

# CALL FOR PROPOSALS

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SUBSTANCE ABUSE  
POLICY RESEARCH

P R O G R A M

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Round X

**Special Solicitation Projects—Brief Proposal Deadline: August 23, 2005**

**Open-Topic Projects—Brief Proposals: Accepted at any time**

This program only accepts proposals  
submitted online

## PROGRAM OVERVIEW

(Please refer to specific sections for complete detail.)

### Purpose

The *Substance Abuse Policy Research Program* is designed to encourage experts in public health, law, political science, medicine, sociology, criminal justice, economics, psychology and other behavioral and policy sciences to address issues related to substance abuse, one of the most pressing public health problems facing our nation. The projects supported are expected to increase understanding of public and private policy interventions to prevent, treat and reduce the harm caused by the use of tobacco, alcohol and other drugs—including the advantages, development, implementation, disadvantages and potential impact of these policies.

### Eligibility and Selection Criteria (page 9)

Preference will be given to applicants who are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations as defined under Section 509(a).

For a complete list of Eligibility and Selection Criteria please see page 9.

### Total Awards—Round X

- Up to \$3.5 million is available in this round of funding.
- Two types of funding are currently available (both for up to three years of funding):
  - Projects totaling \$100,000 to \$400,000 (special solicitation topics only).
  - Projects totaling less than \$100,000 (open topics on substance abuse policy).

### Deadlines

#### For special solicitation projects of \$100,000 to \$400,000:

- **August 23, 2005 (3 p.m. EDT)**—Deadline for receipt of brief proposals submitted online.
- **Early November 2005**—Applicants will be notified if they have been selected to submit a full proposal.
- **January 19, 2006 (3 p.m. EST)**—Deadline for receipt of full proposals submitted online.
- **Early April 2006**—Notification of awards.
- **June 2006–October 2006**—Initiation of projects.

#### For open-topic projects of less than \$100,000:

Grants are awarded on a rolling basis and may be submitted at any time. All brief and full proposals must be submitted online.

### How to Apply (page 13)

**This program only accepts proposals submitted online.**

For information on the program, eligibility criteria and application requirements please contact the National Program Office:

Tracy Enright Patterson, Deputy Director

Phone: (336) 286-4418

E-mail: [patterson@leaders.ccl.org](mailto:patterson@leaders.ccl.org)

[www.saprp.org](http://www.saprp.org)

## BACKGROUND

Substance abuse is one of our nation's most pressing public health problems, responsible for more than half a million preventable deaths annually. Morbidity and mortality from the use of tobacco and the abuse of alcohol and other drugs are staggering, as are the direct and indirect costs to society. These costs include violence, crime, overburdened health care and other service systems, higher health care costs and reduced productivity among workers. Substance abuse touches every aspect of our society, and we need to find ways to reduce its toll.

The mission of the Robert Wood Johnson Foundation (RWJF) is to improve the health and health care of all Americans. One of its four goals is to reduce the personal, social and economic harm caused by substance abuse—tobacco, alcohol and other drugs.

RWJF's *Substance Abuse Policy Research Program (SAPRP)* is designed to encourage experts in public health, law, political science, medicine, sociology, criminal justice, economics, psychology and other behavioral and policy sciences to address issues related to substance abuse. The projects supported are expected to increase understanding of public and private policy interventions to prevent, treat and reduce the harm caused by the use of tobacco, alcohol and other drugs—including the advantages, development, implementation, disadvantages and potential impact of these policies.

To date SAPRP has funded over 260 projects. Please visit the program's Web site at [www.saprp.org](http://www.saprp.org) for a complete list of project summaries.

## THE PROGRAM

SAPRP identifies and assesses policies intended to reduce the harm caused by substance abuse; to analyze the development, feasibility, effectiveness and likely consequences of those policies; and to help ensure that the understanding gained through those analyses will be used by decision-makers in the public and private sectors. The program provides the opportunity for policy researchers from a variety of disciplines to apply their expertise to important and challenging problems.

SAPRP-funded projects focus on producing policy-relevant information about ways to reduce the harm caused by the use of tobacco, alcohol and other drugs in the United States, including the advantages, disadvantages and potential impact of those policies. The research is intended to encourage experts in public health, law, political science, medicine, sociology, criminal justice, economics, and other behavioral and policy sciences to address issues related to substance abuse.

The program actively communicates the results of funded projects to the media, policy-makers, researchers, the public health community, the general public and other important stakeholders. In doing so, the program plays an important role in the development of policies intended to improve the way in which society addresses the problems of use and misuse of addictive substances.

### Special Solicitation Projects

In Round X of SAPRP, the program's fourth Special Solicitation is requesting proposals on research topics that are important and timely for public policy decision-making, but are not usually addressed by the pool of SAPRP applications or by the research field in general. Up to \$3.5 million is available in this round of funding.

This Special Solicitation supports research proposals in seven topic areas of particular interest, as detailed in this Call for Proposals. Within these topics, special solicitation projects may address policies

with broad national significance that occur either at the national, state or local levels in the public sector, or in private-sector policies within companies, associations, unions or trade groups. The questions grouped within the research topics that follow serve as examples of the particular issues we are interested in examining. They do not represent a comprehensive list of study questions for each topic.

*Proposals submitted for the Special Solicitation that do not address one of the seven research topics described here will be returned to the applicants.*

### Special Solicitation Topics

#### 1. Policies Relevant to Disparities in Alcohol, Tobacco and Drug Treatment Access and Services Based on Race/Ethnicity.

The literature that examines disparities based on race/ethnicity and socioeconomic status in “mainstream” health care services, treatment decisions and outcomes, including heart disease and primary health care, continues to accumulate. A much smaller body of research addresses such disparities in substance abuse and related policies, including their enforcement and consequences, services, treatment decisions and outcomes. This situation is striking given the acknowledged, though ambiguous, role that race/ethnicity and income play in substance-use patterns, reliance on the public as opposed to the private service system, and the effects on communities. Examples of pertinent research questions include: What is the relationship between race/ethnicity and income and the financing, access, organization and delivery of treatment for dependency on addictive substances (tobacco, alcohol and/or other drugs)? What is the relationship to availability of treatment modalities, approaches and quality offered under Medicaid? How do funding and policy decisions about the public treatment system affect various groups? What are the consequences of recent decreases in the cost and scope of the treatment services covered by health insurance plans, resulting from recession and the sluggish economy, as these cutbacks affect different racial/ethnic and income groups? What differences exist in alcohol and/or tobacco control policies, regulations and enforcement in underserved communities in contrast with other communities?

## **2. Policies or Systems That Facilitate or Impede Progress in Getting Evidence-Based Interventions into Practice.**

Policy-makers and researchers have been concerned in recent years about the gap between what is known through research about the treatment and prevention of alcohol, tobacco and other drug use and what is actually put into practice. All too often, new evidence-based clinical and public health interventions developed by investigators with federal and foundation support fail to gain widespread adoption in community-based settings. A major contributor to this failure of technology diffusion could be policies or organizational systems that impede service providers from using the latest evidence-based interventions. These policies may exist at the federal, state, local and organizational levels. They include health care policies and systems supports as well as external quality improvement interventions, such as financial incentives for quality care and performance measurement and reporting. In response to this challenge, the federal government has developed new policies and initiatives to mandate and support the use of evidence-based interventions at the state and local levels, such as State Performance Partnership Grants (CSAP), and alterations to the Safe and Drug-Free School Act (DOE). Little is known as yet regarding the implementation, outcomes, and unintended consequences of these federal initiatives. The focus of research can be on policies concerning alcohol, tobacco or other drug use, or a combination of these.

## **3. Alcohol Taxation Policies and Practices.**

There is increasing interest, particularly at the state level, in the effects of raising taxes on alcoholic beverages as a strategy to: (1) reduce alcohol-related traffic fatalities; (2) lower overall consumption of alcoholic beverages, particularly among youth and young adults; (3) lower morbidity and mortality associated with alcohol use and abuse; and (4) reduce alcohol-related crime and violence. Given recent drastic cuts in state funds and shrinking federal aid, raising alcohol taxes could also provide additional revenue needed for states. However, raising taxes as an alcohol-control strategy has rarely been used, is vigorously fought by the alcohol beverage industry,

and when it has been enacted, has resulted in only modest increases in the price of alcohol. Given this strategy's potential to reduce the negative consequences of heavy alcohol use and related harms, more research is needed on development and implementation of such policies and comparing price responsiveness across and within specific states.

## **4. Impact of State Financing Strategies and Recent Funding Cuts on Prevention and Treatment Programs and Services.**

The response by state governments to the constrained fiscal climate in recent years has taken two major forms, sometimes even simultaneously: (1) reductions in funding for prevention and treatment programs, and (2) creative financing strategies aimed at increasing efficiency with existing funds or even expanding the scope of services financed. Either strategy is likely to affect the delivery, use, quality, quantity and impact of available services for alcohol, drug and tobacco use and misuse. Some states have been experimenting with creative financing strategies such as purchasing services across state programs, fiscal performance incentives, and more advanced information systems. In other instances, state resources dedicated to preventing and treating substance use and misuse have been redirected to meet other fiscal needs. As a result, some states recently have eliminated, reduced or otherwise curtailed funding for prevention and treatment programs and services (including tobacco-use cessation services). Numerous policy questions arise about funding cuts, such as: How are resources being diverted, for which programs, and with what effect? What happens to consumer demand for and use of available services? What happens to prevention? What are the impacts on related state programs (e.g., Medicaid) and on enforcement efforts?

## **5. Implementation and Impact of Clean Indoor Air Policies.**

Research on comprehensive clean indoor air policies remains a high priority for tobacco control. An increasing number of states, localities, and workplaces have become smoke-free yet many segments of the U.S. population are still not covered by comprehensive clean indoor air policies (e.g., foodservice workers). There is still much to learn about the efficacy, cost-effectiveness and sustainability of clean

indoor air interventions and their impact on economic, health and sociocultural issues, as well as the processes and constituencies that have both impeded and facilitated adoption and implementation of these policies. There is also growing interest in assessing the impact of clean indoor air policies on the demand for and use of effective treatment services by smokers and nonsmokers.

#### **6. Policies and Systems Pertaining to the Relationship Between Primary Health Care and Specialty Tobacco, Alcohol and Drug Services.**

Policies and systems that might affect coordination or even integration between primary health care and specialty tobacco, alcohol and drug treatment services require examination. Some attention has been paid to how primary health care settings could be utilized to identify the use and misuse of alcohol, tobacco and drugs, and to conduct brief interventions and/or referral to specialty addiction care. However, there has been no systematic examination of the policy infrastructure at the federal, state and organizational levels that might hinder or facilitate utilizing these interventions. Even less attention has been paid to the other side of the relationship, namely, how primary and chronic care could be made more accessible and coordinated for individuals who are already receiving care from specialty addiction-service providers. These individuals are disproportionately underserved and in need of care for serious conditions such as HIV/AIDS, other STDs, tuberculosis, and liver disease.

#### **7. The “Business Case” for Control and Intervention Policies and Interventions for Alcohol, Tobacco and Drugs.**

The economic trade-offs of policies pertaining to alcohol, drug and tobacco control and treatment are a major consideration in policy debates and decisions. Obtaining a clear picture tends to be complex due to multiple costs and benefits at several levels: federal, state, local government, private nonprofit organizations, and private for-profit organizations. The interplay of shorter- and longer-term costs and benefits also clouds the picture. For example, dollars invested in improving the quality of addiction treatment may produce—most

directly and in the shorter term—improved treatment retention and outcomes as well as financial benefits for the organization; but also, over the longer term, they may have benefits for the purchaser/payer by reducing aggregate costs. In the realm of tobacco, private employers and insurers might find that screening existing employees and new hires for tobacco use and/or raising health insurance costs or limiting coverage for tobacco users could produce financial benefits.

#### **For Projects Requesting Less than \$100,000**

SAPRP will continue to accept brief proposals for projects requesting less than \$100,000 on a rolling basis. These proposals may be submitted at any time and will be reviewed as they are received. Proposed study topics for these smaller grants are *not* limited to the Special Solicitation Topics listed in this Call for Proposals. Examples of the types of issues that would be of interest under the program can be found in the list of funded projects on the SAPRP Web site at [www.saprp.org](http://www.saprp.org).

## **ELIGIBILITY AND SELECTION CRITERIA**

Preference will be given to applicants who are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations as defined under Section 509(a).

Collaborative policy research projects involving researchers and community organizations or policy-making organizations are consistent with the goals of the program; multidisciplinary studies are encouraged. Because the focus of this program is the United States, studies of policies in other countries will be considered only to the extent that they may directly affect U.S. policy.

To be considered favorably under this solicitation, proposals must demonstrate the potential to produce new information that is directly relevant to policies intended to reduce the harm caused by substance

abuse. All proposals will be assessed by a committee composed of RWJF staff, National Program Office (NPO) staff and senior program consultants, and outside reviewers.

The committee will use the following criteria:

- Significance of the substance abuse policy being analyzed or evaluated.
- Timeliness of the project for affecting policy development or implementation.
- Innovativeness of the project.
- Quality and availability of the data to be used and the strength of the proposed methodology. (Depending on the focus of the project, primary data collection or secondary data analysis may be supported.)
- Applicant's expertise and qualifications for conducting proposed research.
- Reasonableness of the work plan and budget for the scope of work proposed. All applicants are expected to conform to RWJF's indirect-cost policy.

All primary data collected under this program are subject to the Foundation's general requirement for producing datatapes for public use. All potential applicants are encouraged to visit the program's Web site at [www.saprp.org](http://www.saprp.org) and review the abstracts of funded projects and suggestions for strengthening proposals, which give a good idea of the types of studies that have previously been awarded grants.

## USE OF GRANT FUNDS

Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, supplies and other direct expenses, including a limited amount of equipment deemed essential to the proposed project. RWJF will support indirect costs at a rate of up to 9 percent. In keeping with RWJF policy, grant funds may *not* be used to subsidize individuals for the cost of health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying or as a substitute for funds currently being used to support similar activities.

Grant funding amounts and time periods are flexible and will be commensurate with the size and scope of the proposed activity. Projects that require substantial primary data collection, for example, would probably require more time and funding than would be involved in some other types of policy analyses. Total project awards will be funded up to a maximum of \$400,000 (including indirect costs) and may extend for a maximum of three years.

## GRANT MONITORING

Grantees will be expected to meet RWJF requirements for the submission of progress and financial reports. Principal investigators are expected to participate in annual grantee meetings (typically held in the fall or winter) that include communications training sessions, and to give progress reports on their grants. At the close of each grant, principal investigators are expected to provide a written report on the project and its findings. Principal investigators and other project staff are expected to respond to inquiries from SAPRP and RWJF staff and to participate in planning discussions about the release of publications and other products related to their grant. In some instances, principal investigators and co-investigators will be asked to participate in media and policy briefings and other forums that will help communicate research results to a wide audience.

## PROGRAM DIRECTION

Direction and technical assistance for this program are provided by the Center for Creative Leadership, which serves as the NPO:

**Substance Abuse Policy Research Program**  
**Center for Creative Leadership**  
**One Leadership Place**  
**Post Office Box 26300**  
**Greensboro, NC 27438-6300**  
**Web site: [www.saprp.org](http://www.saprp.org)**  
**E-mail: [pattersont@leaders.ccl.org](mailto:pattersont@leaders.ccl.org)**

Responsible staff members at the NPO are:

- David Altman, Ph.D., *Program Director*
- Marjorie Gutman, Ph.D., *Co-Director*
- Andrea Williams, M.Ed., *Deputy Director*
- Tracy Enright Patterson, M.A., *Deputy Director*
- Susan James Frye, M.M., *Administrative Coordinator*
- Prabhu Ponkshe, M.A., LL.B., *Communications Director*

Additional program direction is provided by the following senior program consultants:

- Lawrence Brown, Jr., M.D., M.P.H., *Senior Vice President, Division of Medical Services, Evaluation and Research, Addiction Research and Treatment Corporation, Brooklyn, New York*
- R. Lorraine Collins, Ph.D., *Senior Research Scientist, Research Institute on Addictions, State University of New York, Buffalo*
- Michael Eriksen, Sc.D., *Professor and Director, Institute of Public Health, Georgia State University, Atlanta*
- Arthur Evans, *Director, Office of Behavioral Health and Mental Retardation Services, Philadelphia*
- Richard Frank, Ph.D., *Professor, Department of Health Care Policy, Harvard Medical School*
- Dennis McCarty, Ph.D., *Professor, Department of Public Health and Preventive Medicine, Oregon Health & Science University, Portland*

- Lorraine Midanik, Ph.D., *Associate Dean for Academic Affairs and Professor, School of Social Welfare, University of California, Berkeley*
- Robert Rabin, J.D., Ph.D., *A. Calder Mackay Professor of Law, Stanford Law School*
- Stephen Sugarman, J.D., *Agnes Roddy Robb Professor of Law, University of California, Berkeley*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Victor Capoccia, Ph.D., *Senior Program Officer*
- C. Tracy Orleans, Ph.D., *Senior Scientist and Senior Program Officer*
- Joseph Marx, *Senior Communications Officer*
- Gloria Fitzgerald, *Grants Administrator*

## HOW TO APPLY

There are two stages in the application process: submission of a *brief proposal*, and, *if invited*, submission of a *full proposal* at a later date.

All brief and full proposals must be submitted through the RWJF Grantmaking Online system. To access the system please visit the Web links listed on the following page.

A limited number of applicants who have submitted brief proposals will be requested to submit more detailed proposals for which a formal application package and instructions will be provided. RWJF does not provide individual critiques of proposals submitted. For information on the program, eligibility criteria and application process please contact:

**Tracy Enright Patterson**  
**Phone: (336) 286-4418**  
**E-mail: [pattersont@leaders.ccl.org](mailto:pattersont@leaders.ccl.org)**

For more information on funded projects and frequently asked questions, please visit the SAPRP Web site at [www.saprp.org](http://www.saprp.org).

**For Projects Requesting \$100,000 to \$400,000 (Special Solicitation topics only).**

Brief proposals for projects requesting \$100,000 to \$400,000 must be submitted by the deadline in the Timetable. Upon review of all brief proposals a limited number of applicants will be invited to submit full proposals.

Please go to <http://grantmaking.rwjf.org/spr3> to submit your brief proposal.

**For Projects Requesting Less Than \$100,000 (open topics).**

Brief proposals for projects requesting less than \$100,000 may be submitted at any time and will be reviewed as they are received. A limited number of applicants will be invited to submit full proposals.

These proposals also will be reviewed as they are received. Such projects usually are: (a) time-sensitive; (b) of shorter duration; and (c) involve analysis of current policies or secondary data analysis.

Please go to <http://grantmaking.rwjf.org/spr1> to submit your brief proposal.

## TIMETABLE

**For special solicitation projects of \$100,000 to \$400,000:**

August 23, 2005 (3 p.m. EDT)

Deadline for receipt of brief proposals submitted online.

Early November 2005

Applicants will be notified if they have been selected to submit a full proposal.

January 19, 2006 (3 p.m. EST)

Deadline for receipt of full proposals submitted online.

Early April 2006

Notification of awards.

June 2006–October 2006

Initiation of projects.

**For open-topic projects of less than \$100,000:**

Grants are awarded on a rolling basis and may be submitted at any time. Brief proposals will be reviewed as they are received and a limited number of applicants will be invited to submit full proposals. All brief and full proposals must be submitted online.

## ABOUT RWJF

The Robert Wood Johnson Foundation® is the nation's largest philanthropy devoted exclusively to health and health care. It concentrates its grantmaking in four goal areas:

- To assure that all Americans have access to quality health care at reasonable cost.
- To improve the quality of care and support for people with chronic health conditions.
- To promote healthy communities and lifestyles.
- To reduce the personal, social and economic harm caused by substance abuse—tobacco, alcohol and illicit drugs.

*This document, as well as many other  
Foundation publications and resources, is available  
on the Foundation's Web site:*

[www.rwjf.org](http://www.rwjf.org)

Sign up to receive e-mail alerts on  
upcoming Calls for Proposals at:

<http://subscribe.rwjf.org>

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