



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

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**Title:** Overdose Data To Action Cross Site Evaluation  
**Project Id:** 0900f3eb81ab78c7  
**Accession #:** NCIPC-APST-1/22/20-b78c7  
**Project Contact:** Underwood\_Natasha (ija2)  
**Organization:** NCIPC/DOP/PPEB/APST  
**Status:** **Project In Progress**  
**Intended Use:** **Project Determination**  
**Estimated Start Date:** 09/16/2019  
**Estimated Completion Date:** 09/15/2023  
**CDC/ATSDR HRPO/IRB Protocol #:**  
**OMB Control #:**

## Determinations

Determination	Justification	Completed	Entered By & Role
HSC: Does NOT Require HRPO Review	Not Research	2/26/20	Angel_Karen C. (idy6) CIO HSC
ICRO: Returned with No Decision		2/26/20	Zirger_Jeffrey (wtj5) ICRO Reviewer

## Description & Funding

### Description

**Priority:** Standard  
**Date Needed:** 02/14/2020  
**Determination Start Date:** 01/29/20

The complex and changing nature of the opioid epidemic highlights the needs for an interdisciplinary, comprehensive, and cohesive public health approach. CDC has developed Overdose Data to Action (OD2A) to support approximately 66 states and certain eligible territories and cities/counties in getting high quality, more comprehensive, and timelier data on opioid prescribing, morbidity, and mortality, and to then use those data to inform and target prevention and response efforts at the state and local level. OD2A is a \$945 million program and there are two core components of this award- a surveillance and a prevention component, which are directly related. Within these two components, there are required and optional strategies to enhance the quality and timeliness of data on opioid prescribing, morbidity, and mortality and then use these data to inform and target prevention and response efforts at the state and local level. A summary list of strategies is provided below:  
 Required surveillance strategies: 1) collect and disseminate (to audiences as defined in OD2A funded jurisdictions' data dissemination plans) timely emergency department (ED) data on suspected all drug, all opioid, and heroin overdose 2) collect and disseminate (to audiences as defined in OD2A funded jurisdictions' data dissemination plans) descriptions of drug overdose death circumstances using death certificates and medical examiner/ coroner data and 3) implement innovative surveillance to support NOFO interventions  
 Required prevention strategies: 4) increase use of prescription drug monitoring programs (PDMPs) 5) integrate of state and local prevention and response efforts 6) establish linkages to care (to recipients as defined in the funded jurisdiction work plans) 7) provide providers and health support systems support  
 Optional prevention strategies: 8) partner with public safety and first responders 9) empower individuals to make safer choices  
 The primary expected long-term outcomes of Overdose Data to Action are: • Decrease drug overdose death rate, including prescription opioid and heroin/illicit opioid overdose death rates • Decrease rate of opioid misuse and opioid use disorder • Increase opioid use disorder treatment • Decrease rate of emergency department (ED) visits due to misuse or opioid use or opioid use disorder.  
 Enter the Methods: Our overall approach to this evaluation uses a mixed method, quasi-experimental design that will enable us to assess program implementation progress and also measure and explain OD2A's impact on several key short-, medium-, and long-term outcomes. To minimize participant burden, we will maximize our use of existing program and secondary data (annual progress reports, National Vital Statistics System, IQVIA), using primary data only when it is necessary to address gaps and add context. We will initiate secondary data collection with a review of the recipient Work Plans and Evaluation and Performance Measurement Plans submitted by each of the 66 funded recipients. We will use the plans to profile the jurisdictions and develop a taxonomy that classifies their jurisdiction-level surveillance and prevention logic models, activities, target populations, evaluation designs, partners, measures, and data sources across sites, tiers, and strategies.

**IMS/CIO/Epi-Aid/Chemical Exposure Submission:** No  
**IMS Activation Name:** Not selected