Change Request

Monitoring and reporting for the Overdose Data to Action Cooperative Agreement

(OMB no. OMB# 0920-1283 exp. date 1/31/2023)

Proposed Changes: Justification and Overview
August 25, 2021

Justification

In October 2017, HHS declared a public health emergency to address the national opioid crisis. This information collection change request supports improvements to CDC monitoring of response efforts in 66 jurisdictions.

Project Description

The purpose of the Overdose Data to Action (CDC-RFA-CE19-1904) notice of funding opportunity (OD2A NOFO), is to support funded jurisdictions, in getting high quality, complete, and timelier data on opioid prescribing and overdoses, and to use those data to inform prevention and response efforts. CDC will use the information collected to monitor each recipient's progress and to identify facilitators and barriers to program implementation and achievement of outcomes. *OD2A is currently in Year 3.* ***To obtain key information not originally captured, streamline data collection, and minimize burden to recipients, changes are being requested to the following data collection tools:***

1) Evaluation and Performance Measuring Plan: Items have been added to capture recipient peer-to-peer activities and more detail within the data collection methods. Items have been moved and, in some cases, removed to streamline the reporting form.

2) Overdose Prevention Capacity Assessment Tool: Items have been added that capture key capacity areas not initially included on the form. This information is pertinent to capacity around health equity, harm reduction, and evaluation. Some language has been edited to reflect more appropriate terms (e.g., disproportionately affected populations).

3) Annual Activity Progress Report and Workplan: *Item*s have been removed from the Annual Activity Progress Report that were duplicative. Also, to improve clarity, several questions have been reworded or had clarifying language added.

These changes are crucial to the success of our program and ability to continue monitoring whether a recipient is meeting performance and budget goals, assess progress with respect to capacity building, and make adjustments in the type and level of technical assistance provided to funded jurisdictions as needed. These functions are central to NCIPC's broad mission of protecting Americans from violence and injury threats.

Proposed Changes

1) Evaluation and Performance Measuring Plan

Table A. Changes from Existing Evaluation Plan 1.0 to Evaluation Plan 2.0 in Partners Portal

Existing	**Change**
Indicators field stated "indicators"	We added clarifying fields "indicator name" and "indicator description"
Data collection methods section	Added "data source" field
Under data collection methods, field "frequency of data collection" currently exists	Delete "frequency of data collection"
In the timeline for data collection and analysis, we did not have data reporting	We have moved the timeline field within the new category of data collection and analysis where evaluation data can be reported. New fields include: - Reporting year - Value (quantitative and qualitative) - Year - Notes
No peer-to-peer evaluation component currently exists in Partners Portal evaluation plan template	An additional "strategy" that would replicate each field for the peer-to-peer funded jurisdictions to complete.

2) Overdose Prevention Capacity Assessment Tool

Table B. Changes from Existing OPCAT 1.0 to OPCAT 2.0

Existing	**Change**
Infrastructure Section	
No direct mention of health equity	Additions of health equity into key infrastructure areas • Under multilevel leadership, added a component on "leadership to incorporate health equity in overdose prevention

	exists across levels" (p3) • Under networked partnerships, added a component, "Shared planning of health equity efforts" (p8)
No evaluation capacity section	Added crucial section on Evaluation Capacity as it is a key component of the NOFO • New section on evaluation capacity has components on "evaluation expertise", "technology for evaluation, data access, management, and analysis", "staff (internal or contract) capacity to collect, manage, and analyze evaluation data", "dissemination and use of evaluation findings" (p5-6)
The word opioid was used in the section Responsive Plans and Planning	Under Responsive Plans and Planning, changed opioid to overdose (p 10 and 11)
Under Data to Action, states high risk populations and uses the work stakeholders	Throughout the document, changed the language to align with the CDC health equity guide • Changed high risk to disproportionately affected (p12) • Changed stakeholders to partners (p14)
Under Managed Resources, stated "your" jurisdiction	Aligned language to the rest of the document to state "my" jurisdiction (p15)
Under Managed Resources, lists types of staff	Added evaluators as a staff type as it was missing (p16)
Topical Capacity Section	
Section Conducting Public Health Surveillance, language states high burden	Throughout the document, changed the language to align with the CDC health equity guide • Changed to disproportionately affected (p18)
In the scoring of each topic, the last two options stated: - Initiatives are developed but are either 1) targeted to the general population and not specifically to those in need or 2) a	- Initiatives are developed but are either 1) implemented with the general population and not specifically to priority populations or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)

few minor program gaps or challenges remain (resource plan in development to fill gaps) - Have targeted initiatives to those in need (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.	- Have prioritized initiatives to those disproportionately affected (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed. Changes in the following pages: 22-34, 36
Section name was Highest burden populations identification, assessment of needs, and targeted initiatives to address needs (e.g., AA, NA/AI, Women Reproductive age, Adolescents, Senior Citizens, Chronic Pain Patients)	Section name changed to the following due to changes in health equity language: Identification of populations who are disproportionately affected by overdose, assessment of needs, and prioritized initiatives to address needs (e.g., AA, NA/AI, Women Reproductive age, Adolescents, Senior Citizens, Chronic Pain Patients) (p33)
No topical section on health equity	Added section in topical capacity to measure health equity in overdose "Incorporating Health Equity into Overdose Efforts (e.g., implementing health equity initiatives, utilization of health equity indicators, leveraging partnerships to address health equity)" (p35)
No topical section on harm reduction	Added section in topical capacity to measure harm reduction efforts, "Harm reduction initiatives (e.g., support of syringe service programs, safer injection education programs, outreach to people who use drugs)" (p37)

3) Annual Activity Progress Report and Workplan:

Table C. Changes from Existing Annual Progress Report 1.0 to Annual Progress Report 2.0 in Partners Portal

	Original question from APR	Change Needed	Revised question, if applicable	Any additional comments?
	Summary Level			
1	Briefly describe how your		Briefly describe progress	What aspects

	jurisdiction plans to sustain programmatic successes and how facilitators impacted your successes.		to date on this strategy and what factors have facilitated your progress. (e.g., existing/strong partnerships, policies, champion for initiative, etc)	facilitated your success?
2	Briefly describe how your jurisdiction overcame programmatic challenges/barriers (e.g., budgetary, political, etc.).		Briefly describe how your jurisdiction overcame programmatic challenges/barriers implementing this strategy (e.g., budgetary, political)	
3	Describe what CDC can do to help further address challenges your jurisdiction is experiencing.	Omit question since it is answered under TA Needs (under each activity)		Make sure to capture contextual progress elsewhere (include instructions in the barriers section)
4	How effective were the administrative and assessment processes to ensuring successful implementation and quality assurance?	Omit question since this information is already captured in the workplan		
5	What are examples of how lessons learned were translated and disseminated?	Change wording of the question	Provide examples of how the findings of the activity were disseminated.	What if any, lessons were learned implementing this activity? Describe implementation lessons learned here (e.g., information others might want to know when implementing a similar activity in their jurisdiction) Was information from this activity disseminated into products? Were resources developed, papers

				What are some lessons learned (at the strategy level) and what are you going to do with these lessons that you learned? What are some lessons learned and what are some changes that you plan to make based on the lessons learned
	Objectives	Pre-populated from the workplan		
14	Describe your progress to date for this objective	Omit question, information is captured for each activity		
15	How did you address barriers to reaching this objective?	Omit question, duplicative		Option 1: Potentially keep this question and delete at the summary level
16	How effective were the facilitators you used to help reach this objective?	Omit question, information is captured for each activity		Option 2: Roll this question up to the summary level to streamline
	ACTIVITY	Pre-populated from the workplan		
20	Activity: Describe your progress to date for this activity			Include successes here; include where is the activity to date
21	Successes	Delete question; this can be rolled up into the progress to date question. Successes are oftentimes discussed in that question		Ok to omit
22	Challenges			
23	What steps were taken to engage each target population?			
24	What was the role of staff	Duplicative		Ok to omit

	and administration in supporting this activity?	question, omit; this information is already captured in the workplan		
25	Report progress on the output, if applicable.	All activities should have an output	Report progress on the output. Including additional outputs that may have been generated by this activity.	In the instructions provide concrete examples; include translation and dissemination
26	Do you need Technical Assistance?			Remove
27	TA Need			Describe what CDC can do to help you with your activity?

Legend

Omit question from APR	Orange

Change to Burden and/or Cost

The proposed templates do not collect sensitive information. In addition, these changes are non-substantive and do not include changes to the currently approved burden and/or costs."

Current approved burden and cost associated with the collection of data:

Estimates of Annualized Burden Hours and Costs

Annual Burden Hours

Respondents will be the 66 funded jurisdictions of the Overdose Data to Action funding opportunity. Respondents are starting Year 3 of funding. Annually, funded jurisdictions will report: 1) activity progress and work plan information using a the Partner's Portal (attachment 3c); 2) evaluation and performance measurement plan using the Partner's Portal (attachment 3a); and 3) organizational capacity using a web-based assessment tool (attachment 3b). The estimate burden for each instrument includes time for reviewing instructions, searching sources, data collection, and completion of the templates.

The evaluation and performance measurement plan template (Attachment 3a) has an estimated burden per response of 12 hours for the initial submission and 4 hours for subsequent submissions. The burden is based on feedback from jurisdictions funded by a previous funding opportunity that used a similar template to plan their evaluation and performance measurement opportu*nities (OMB# 0920-1155 -*

Monitoring and reporting systems for the prescription drug overdose prevention for states coop agreement). The operational capacity assessment (Attachment 3b) is web-based tool. Based on pilot testing using 9 staff members from the Association of State and Territorial Health Officials, the estimated burden per response is 1 hour for the initial submission and 1 hour for subsequent submissions.

The annual activity progress report and work plan (Attachment 3c) is web-based tool. The estimated burden per response is 20 hours for the initial submission and 4 hours for subsequent submissions. The burden is based on feedback from jurisdictions funded by a previous funding opportunity that used a similar progress report which was modified for this funding opportunity opportu*nities (OMB# 0920-1155 - Monitoring and reporting systems for the prescription drug overdose prevention for states coop agreement)*. The surveillance data dissemination plan (attachment 3d) is a web-based tool. The estimated burden per response is 1 hour for the one-time submission. The burden is based on feedback from jurisdictions funded by a previous funding opportunity that used a similar template which was modified for this funding opportunity.

The total estimated annual burden for all funded jurisdictions is summarized in Table A.

Table D. Estimated Annualized Burden Hours

Type of respondents	Form Name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Overdose Data to Action funded jurisdictions (State, territories, counties and cities) and their Designated Delegates	Evaluation and Performance Measuring Plan Template – Initial Population (Att. 3a)	22	1	12	264
	Evaluation and Performance Measuring Plan Template - Annual reporting (Att. 3a)	66	1	4	264
	Organizational Capacity Assessment - Initial Population (attachment 3b)	22	1	1	22

	Organizational Capacity Assessment - Annual Reporting (attachment 3b)	66	1	1	66
	Activity Progress Report and Work Plan Tool – Initial Population (Att. 3c)	22	1	20	440
	Activity Progress Report and Work Plan Tool – Annual Reporting (Att. 3c)	66	1	4	264
	Surveillance Data Dissemination Plan Tool (attachment 3d)	22	1	1	22
				Total	1,342

Annual Burden Costs

Respondents will be health department program staff or designated delegate, who are program managers or several types of staff. Program manager salaries vary widely based on actual title and institution. The average hourly wage for a program manager is $32.35 according to the 2018 National Occupational Employment and Wage Estimates from the U.S. Bureau of Labor Statistics. The salary of an evaluator also varies based on title and institution. The average hourly wage for an evaluator is $33.34. The total estimated cost over four years annualized is $68,213.64 as summarized in Table B.

Table E. Estimated Annualized Burden Costs

Type of respondents	Form Name	Total Burden Hours	Average Hourly Wage Rate (in dollars)	Total Costs
Overdose Data to Action funded jurisdictions (State,	Initial Evaluation and Performance Measuring Plan Template	264	$33.34	$8,802
	Annual Evaluation and	264	$33.34	$8,802

territories, counties and cities) and their Designated Delegates	Performance Measuring Plan Template			
	Initial Organizational Capacity Assessment	22	$33.34	$734
	Annual Organizational Capacity Assessment	66	$33.34	$2,200
	Initial Activity Progress Report and Work Plan Tool	440	$33.34	$14,670
	Annual Activity Progress Report and Work Plan Tool	264	$33.34	$8,802
	Surveillance Data Dissemination Plan Template	22	$33.34	$735
			Total:	$ 45,479

A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

No capital or maintenance costs are expected. Additionally, there are no start-up, hardware, or software costs.

Annualized Cost to the Government

The average annualized cost to the federal government is $1,939,659.

Table F. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
CDC Personnel	• 100% GS-12@$71,901/year = $71,901 • 50% GS-13 @ $85,500/year = $42,500 • 25% GS-14 @ $101,035/year = 25,258	$139,659

Created: 7 December 2009

	Subtotal, CDC Personnel	
Contractor	Contractor	$1,800,000
	Total Annual Estimated Costs	$1,939,659