

Assessing Funded Overdose Data to Action (OD2A) Grantee Implementation and Impacts of Stop Overdose Campaigns

STLT Generic Information Collection Request
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Supporting Statement—Section A

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Program Official/Project Officer

Jasmine Kenney, MPH
Health Communication Specialist
Division of Overdose Prevention (DOP)
National Center for Injury Prevention and Control (NCIPC)
Centers for Disease Control and Prevention (CDC)
4770 Buford Hwy NE, MS S106
Atlanta, Georgia 30341
Phone: 404-639-0826
Email: hbu27@cdc.gov

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Purpose of the data collection: Collect data from National Center for Injury Prevention and Control (NCIPC) Overdose Data to Action (OD2A)-funded grantees about the Stop Overdose campaign materials, specifically to: (1) assess how and to what extent CDC-funded OD2A partners have implemented Stop Overdose campaigns, (2) assess the perceived effectiveness of Stop Overdose materials in supporting their work, and (3) identify barriers, facilitators, and areas of need and support for OD2A partners in using Stop Overdose campaigns to support their drug overdose prevention work.

Intended use of the resulting data: Use feedback to improve and enhance Stop Overdose campaign materials and products, dissemination tactics, and support. Use feedback to optimize the use of campaign materials by OD2A grantees and increase use of Stop Overdose campaign materials and products among OD2A grantees.

Methods to be used to collect data: Data will be collected using an online survey sent to OD2A partners.

Respondent Universe: Existing OD2A funded grantees. There are currently 90 grantees. There will be one survey response per grantee.

How data will be analyzed: For quantitative survey items, we will report frequencies and means. For qualitative open-ended items, text responses will be analyzed to produce a summary of themes and key takeaways. Responses may be reported by grantee type as well (state vs. local).

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This information collection is being conducted using Office of Management and Budget (OMB) No. 0920-0879 “Information Collections to Advance State, Tribal, Local and Territorial Governmental Agency System Performance, Capacity, and Program Delivery” nicknamed the “STLT Generic.” The respondent universe for this information collection aligns with that of the STLT Generic. Data will be collected from 90 respondents across all of the Overdose Data to Action (OD2A) grantee programs. Respondents acting in their official capacities include program director, program manager, communication manager, public health educator, grant coordinator, and outreach worker/manager.

The Centers for Disease Control and Prevention’s (CDC) National Center for Injury Prevention and Control (NCIPC), Division of Overdose Prevention (DOP) wants to assess the implementation of the Stop Overdose campaigns and materials among its grantees. The CDC OD2A program supports jurisdictions in implementing overdose-prevention activities and collecting data to enhance programmatic and surveillance efforts. The multiyear OD2A cooperative agreement was launched in 2019 with 66 recipients, including state, territorial,

county, and city health departments. CDC awarded new 5-year cooperative agreements to 90 jurisdictions (state and local) in August 2023.

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This information collection falls under the essential public health service(s) of

- 1. Assess and monitor population health status, factors that influence health, and community needs and assets
- 2. Investigate, diagnose, and address health problems and hazards affecting the population
- 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
- 4. Strengthen, support, and mobilize communities and partnerships to improve health
- 5. Create, champion, and implement policies, plans, and laws that impact health
- 6. Utilize legal and regulatory actions designed to improve and protect the public's health
- 7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
- 8. Build and support a diverse and skilled public health workforce
- 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- 10. Build and maintain a strong organizational infrastructure for public health¹

Drug overdoses are one of the leading causes of injury death in adults and have risen over the past several decades in the United States.²⁻⁴ Health education campaigns that harness mass media are effective at supporting behavior change for substance use and illicit drug use, but more evidence is needed.⁵ State health departments, local health departments, and community-based organizations are critical to promoting information to raise awareness about the dangers of drug overdose. However, state and local agencies often lack the resources to design, develop, implement, and evaluate health communication campaigns. Providing turnkey (i.e., ready-made) campaigns like the CDC Stop Overdose campaigns can improve agency and system efforts related to drug overdose prevention through the provision of tested campaign materials that are developed using evidence-based health communication practices.

CDC assists OD2A grantees with media materials upon request, including resource sharing, planning support, consultation, resizing, and content review. This assistance develops capacity through delivery mechanisms, including technical assistance (consultation and services), training (skills building), technology, and information transfer. OD2A grantees are allowed to create their own materials and are strongly encouraged to disseminate CDC-developed resources.

After more than 2 years of implementation, there is a need to assess grantee implementation of the Stop Overdose campaigns and how the campaigns support OD2A grantees in conducting their public health essential services as related to drug overdose prevention communication.

The data collection effort will be supported by Fors Mash, a funded contractor who supports NCIPC with communication research projects and technical assistance with OD2A grantees.

The purpose of this data collection effort is to identify and assess OD2A grantees' implementation of CDC's four Stop Overdose campaigns. The respondent universe is all 90 OD2A-funded grantees. The data will be used to develop strategic communications recommendations for the Stop Overdose campaigns to optimize their use among funded OD2A grantees to support their drug overdose prevention work.

Overview of the Information Collection System

Data will be collected from up to 90 OD2A-funded grantees via an online survey (see **Attachment 1—Survey Instrument** and **Attachment 2—Programmed Survey**). The instrument will be used to gather information from representatives of the OD2A grantees regarding the Stop Overdose campaigns implementation at the state or local level (see **Attachment 6—Respondent Universe**).

The information collection instrument was reviewed and pilot tested by six public health professionals. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns, and establish the estimated time required to complete the information collection instrument.

Participants will be contacted by email about the process evaluation and invited to complete a survey. Through the online survey, we will collect quantitative and some qualitative (open-ended) responses from OD2A grantees about their experiences implementing—and their perspectives on—Stop Overdose materials and products. The survey will be fielded for up to 4 weeks to ensure grantees have sufficient time to respond.

Voxco is the online survey platform used to host the survey. Hosting for Voxco is done onsite and the system resides in our Federal Information Security Modernization Act (FISMA)-compliant environment. This software is housed internally within our secure IT infrastructure and access to the raw data collected is limited to the system administrator and the survey designer. Voxco employs state-of-the-art encryption protocols to safeguard information at every stage of the data collection process. From transmission to storage, data are encrypted using industry-standard encryption algorithms, ensuring protection against unauthorized access or interception. Moreover, Voxco Online adheres to strict compliance standards, including General Data Protection Regulation (GDPR) and Health Insurance Portability and Accountability Act (HIPAA), assuring users of its commitment to data privacy and regulatory requirements.

Items of Information to be Collected

The data collection instrument consists of 38 questions of various types, including dichotomous (yes/no), multiple response, interval (rating scales), and open-ended items. Open-ended narrative questions were kept to a minimum and programmed as optional to reduce the response burden. The instrument will collect data on the following domains (also, see table below):

- Use/Implementation of Stop Overdose Campaigns
- Perceptions of Stop Overdose Campaign Products
- Facilitators and Barriers to Campaign Implementation
- Lessons Learned from Campaign Implementation
- Support Needs for Implementation and Campaigns Areas of Improvement
- Organization Information

| Domain | Measures | Response Types |
|---|--|-------------------------------------|
| Use/Implementation of Stop Overdose Campaigns | Actual implementation of campaign assets, frequency of use, channels disseminated, implementation date(s), evaluations planned or conducted, metrics collected/evaluated | Likert, Open-ended, Binary (Yes/No) |
| Perceptions of Stop Overdose Campaign Products | Informativeness, likeability, memorability, visual appeal, and clarity of products; satisfaction with products; areas of improvement; perceived benefit of products | Likert, Open-ended, Rank choice |
| Facilitators and Barriers to Campaign Implementation | Identification of specific facilitators and barriers to implementation, rating specific facilitators/barriers (e.g., cost, human resources, product types) | Likert, Open-ended |
| Lessons Learned from Campaign Implementation | Identification of specific knowledge or understanding gained by implementing campaign resources | Open-ended |
| Support Needs for Implementation and Campaigns Areas of Improvement | Identification of needs, rating specific types of support areas (e.g., training, strategy), areas of improvement | Likert, Open-ended |
| Organization Information | Organization type, years as an OD2A grantee | Multiple choice, Likert, Open-ended |

2. Purpose and Use of the Information Collection

The purpose of this data collection effort is to assess and characterize OD2A grantees' implementation of CDC's four Stop Overdose campaigns. To achieve this, we will use an online survey to assess grantees' implementation of Stop Overdose campaigns, understand their perceptions of campaign materials, identify barriers to and facilitators of implementation, identify lessons learned from implementation, and identify areas of campaign improvement areas and opportunities for CDC to better support state and local partners. This effort addresses essential public health services (EPHS) 3 and 7. The Stop Overdose campaigns are health education efforts that support communicating effectively to inform and educate people about drug overdose, the factors that influence it, and how to improve outcomes related to the drug overdose epidemic (EPHS 3). By engaging in a process evaluation of campaign implementation among OD2A grantees, this effort will serve to improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement of the Stop Overdose campaign products, materials, and support for OD2A grantees (EPHS 7).

The data will be used to develop strategic communications recommendations for the Stop Overdose campaigns to optimize campaign usefulness to funded OD2A grantees in their drug overdose prevention work. The recommendations will support increasing the reach of the Stop Overdose campaign materials to grantees, and ultimately, expand dissemination and reach among people at risk of drug overdose.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via an online survey. This method was chosen to reduce the overall burden on respondents by minimizing the level of effort and time needed to provide the requested information. The data collection instrument was designed to collect the minimum information necessary for the purposes of this project. The survey is limited to 38 items, which were reduced from the original larger number of items. Skip logic has been included so participants are only asked questions that are relevant to their experiences. "Other (specify)" questions are offered as a convenience to respondents and reduce the number of possible response options. Open-ended narrative questions were reduced and programmed as optional to reduce the burden.

4. Efforts to Identify Duplication and Use of Similar Information

There are no current CDC efforts to evaluate OD2A or other jurisdiction implementation of the Stop Overdose campaigns. This effort complements a data collection taking place currently to assess the Stop Overdose campaign messages among its primary audience—U.S. adults ages 18–34 (Message Evaluation for CDC's Stop Overdose Campaigns [Broadcast Radio & Digital Ad Surveys], OMB control number: 0920-1154, expiration date 3/15/2026).

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this information collection.

6. Consequences of Collecting the Information Less Frequently

This request is for a one-time data collection. There are no legal obstacles to reduce the burden. If no data are collected, then CDC will be unable to:

- Have comprehensive knowledge of whether grantees are implementing Stop Overdose campaigns and products intended for them;
- Assess grantees' perceptions about the Stop Overdose campaign materials and how they support grantee drug overdose prevention work; nor
- Identify whether changes or improvements should be made to existing and future Stop Overdose campaign products and materials based on grantee feedback.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances with this data collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

This data collection is being conducted using the Generic Information Collection mechanism of the Public Health Infrastructure Center (PHIC) STLT Generic Information Collection Service (STLT Generic)—OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on January 23, 2023, Vol. 88, No. 14, pp. 3991-3992. One non-substantive comment was received; no changes were made to the generic clearance. Additional public comment periods are not required for project-specific data collection requests submitted under this generic clearance.

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same time frame.

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The Privacy Act does not apply to this data collection. STLT governmental staff and/or delegates will be speaking from their official roles. Data will be kept private to the extent allowed by law.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

No information will be collected that are of personal or sensitive nature. This data collection is not research involving human subjects.

12. Estimates of Annualized Burden Hours and Costs

The estimate for burden hours is based on a pilot test of the data collection instrument by three public health professionals. In the pilot test, the average time to complete the instrument—including time for reviewing instructions, gathering needed information, and completing the instrument—was approximately 20 minutes (range: 10–25). For the purposes of estimating burden hours, the upper limit of this range (i.e., 25 minutes) is used.

Estimates for the average hourly wage for respondents are based on the U.S. Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for Health Education Specialists http://www.bls.gov/oes/current/oes_nat.htm. Based on DOL data, an average hourly wage of \$32.07 is estimated for all 90 respondents. Table A-12 shows estimated burden and cost information.

There will be 90 respondents and up to 90 responses.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents

| Data Collection Instrument: Form Name | Type of Respondent | No. of Respondents | No. of Responses per Respondent | Average Burden per Response (in hours) | Total Burden Hours | Hourly Wage Rate | Total Respondent Costs |
|---------------------------------------|------------------------------------|--------------------|---------------------------------|--|--------------------|------------------|------------------------|
| Survey Instrument | State health department OD2A staff | 50 | 1 | 25/60 | 21 | \$32.07 | \$673.47 |
| Survey Instrument | Local health department OD2A staff | 40 | 1 | 25/60 | 17 | \$32.07 | \$545.19 |
| | TOTALS | 90 | 1 | | 38 | | \$1,218.66 |

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

There will be no direct costs to the respondents other than their time to participate in each data collection.

14. Annualized Cost to the Government

There are no equipment or overhead costs. The only cost to the federal government would be the salary of CDC staff and the contractor, Fors Marsh, to develop the data collection instrument, collect data, and perform data analysis. Contractors are being used to support the following tasks: develop data collection protocol; develop, program, and test survey instrument; manage, clean, and analyze data; develop final report. The total estimated cost to the federal government is \$65,135.82 Table A-14 describes how this cost estimate was calculated.

Table A-14: Estimated Annualized Cost to the Federal Government

| Staff (FTE) | Average Hours per Collection | Average Hourly Rate | Total Average Cost |
|---|------------------------------|---------------------|--------------------|
| [Health Communication Specialist – GS-13, Step 3; Contractor oversight, project management, OMB package preparation, partner outreach and quality assurance. | 100 | \$55.85 /hour | \$5,585 |
| Principal Researcher/Fors Marsh; Study design, implementation, data collection, analysis, and reporting | N/A | N/A | \$59,550.82 |
| Estimated Total Cost of Information Collection | | | \$65,135.82 |

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

After the raw survey data are downloaded from the Voxco platform, the project team will use Stata statistical software for data processing and cleaning. Each variable will be clearly named and labeled, and each will be properly identified by type (e.g., Likert-type variables designated as interval variables). Any personally identifiable information (PII) provided by respondents will be removed.

Data analysis methods include frequencies, subgroup comparisons, and rapid thematic analysis for open-ended responses. Frequencies will be reported as percentages (%) and means will be

reported on a scale from 1 to 5, with 1 generally being the least favorable and 5 being the most favorable. Subgroup comparisons will include z tests for frequencies (proportions) and t tests for continuous data (means), using a confidence level of 95% (significance level of $p < .05$). Subgroup analyses may include comparisons between state- and local-level organizations and new versus original grantees. Open-ended responses with text data will be analyzed to identify common themes across participants' responses. Qualitative responses will provide insights on grantees' experiences and needs from CDC.

The data set cleaning procedures will include independent review of data set creation to ensure accuracy. The data will be password protected and stored in a secure environment maintained by the contractor.

Project Time Schedule

- ✓ Design instrument (COMPLETE)
- ✓ Develop protocol, instructions, and analysis plan (COMPLETE)
- ✓ Pilot test instrument (COMPLETE)
- ✓ Prepare OMB package (COMPLETE)
- ✓ Submit OMB package (COMPLETE)
- OMB approval (TBD)
- Conduct data collection (4 weeks)
- Code data, conduct quality control, and analyze data..... (4 weeks)
- Prepare summary report(s) (2 weeks)
- Disseminate results/reports (4 weeks)

17. Reason(s) Display of OMB Expiration Date is Inappropriate

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

- A. Attachment 1—Survey Instrument**
- B. Attachment 2—Programmed Survey**
- C. Attachment 3—Recruitment Email**
- D. Attachment 4—Reminder Email**
- E. Attachment 5—Final Reminder Email**
- F. Attachment 6—Respondent Universe**
- G. Attachment 7—STARS Project Determination**
- H. Attachment 8—Privacy Act Statement**

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5. Wakefield, M. A., Loken, B., & Hornik, R. C. (2010). Use of mass media campaigns to change health behaviour. *The Lancet*, 376(9748), 1261-1271.