

SUPPORTING STATEMENT: PART B

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OMB# 0920-1283

Monitoring and Reporting for the Overdose Data to Action Cooperative Agreements

Point of Contact:

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COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1. Respondent Universe and Sampling Methods

B.2. Procedures for the Collection of Information

B.3. Methods to Maximize Response Rates and Deal with Nonresponse

B.4. Tests of Procedures or Methods to be Undertaken

B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

B.1. Respondent Universe and Sampling Methods

Respondents will include all 90 jurisdictions funded under CDC's Overdose Data to Action (OD2A) cooperative agreements. This includes the 40 jurisdictions funded under the Overdose Data to Action-Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL) cooperative agreement, and all 50 jurisdictions funded under Overdose Data to Action in States OD2A-S cooperative agreement. A list of currently funded OD2A jurisdictions is provided.

No statistical sampling method will be used.

B.2. Procedures for the Collection of Information

Jurisdictions will report progress on their work plan objectives and progress toward completing their activities using questions included in annual work plans and annual performance reports. Information will be collected from recipients on an annual basis. All information is intended to be reported electronically using electronic data collection systems (e.g., Excel, REDCap, Partner's Portal). If any of the intended electronic data collection systems used fail, OD2A jurisdictions will be provided with a data collection list.

The annual work plans and annual performance reports support the collection and reporting of information that will be used by CDC to help examine and monitor program implementation and outcomes. The information collected will be used to describe, appraise, and enhance opportunities for collaborative efforts and partnerships. Information reported to CDC will be accessible to CDC science officers, project officers, evaluators, and contractors (as applicable, depending on the data collection systems used). All information will be maintained securely and will allow CDC support staff to search across multiple programs, help ensure consistency in documenting progress and technical assistance, enhance accountability of the use of federal funds, and provide timely reports as frequently requested by HHS, the White House, and Congress.

B.3. Methods to Maximize Response Rates and Deal with Nonresponse

Annual performance reports are a requirement for each program awarded funding under the relevant Notice of Funding Opportunity in order to continue to receive cooperative agreement funding. Hence, response rates are expected to be 100%.

B.4. Tests of Procedures or Methods to be Undertaken

Methods for gathering information have been previously tested, piloted, or are modified versions of current practices. For example, the annual performance report has been used successfully during the initial period of the current OD2A cooperative agreement along with the current web-based methods for collecting information (i.e., OMB# 0920-1283). Extensive user testing has proven the annual performance report and available data systems to be a user-friendly, secure means of data collection.

B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

An NCIPC/CDC workgroup has been established to assist in the development of data collection instruments and analysis of data. The individuals responsible for design and of the data collection systems include:

OD2A-S and OD2A: LOCAL

Pierre-Olivier Cote, Public Health Advisor, NCIPC, CDC

Lawrence Scholl, Lead Health Scientist, NCIPC, CDC

Alice Asher, Epidemiologist, NCIPC, CDC

Adrienne Herron, Lead Health Scientist, NCIPC, CDC

Aisha Penson, Public Health Analyst, NCIPC, CDC

Jocelyn Wheaton, Public Health Advisor, NCIPC, CDC

Michael Yanosy, Health Scientist, NCIPC, CDC