

**Overdose Data to Action
CDC-RFA-CE19-1904
Surveillance Data Dissemination Plan**

Form Approved
OMB NO: 0920-xxxx
Exp. Date: X/XX/XXXX

Public reporting burden of this collection of information is estimated at 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-xxxx).

Background: A key component of effective public health surveillance is the ability to move quickly from collecting data to meaningful action to reduce drug overdose morbidity and mortality. After developing enhanced surveillance reporting, it is critical that actionable results be disseminated in a user-friendly format to key stakeholders, such as state and local governments (e.g., local health departments, first responders, law enforcement, medical examiners, coroners, city councils, or legislative committees) as well as non-governmental organizations and groups (e.g., people in recovery and their friends and family, people who use drugs, syringe service programs, hospitals or physicians, lay naloxone providers, overdose prevention programs, drug treatment providers, organizations for safer opioid prescribing, or community based organizations). Your CDC project officer and science officers will review your plan for any technical assistance needs.

Deadline: August 31, 2020

Instructions: Please complete the attached tables and add additional rows as needed. As applicable, recipients should include in their plan both dissemination activities that started as part of ESOOS, PFS, or DDPI and are continued in OD2A as well as new activities they plan as part of OD2A.

Table 1: Data Products

- A. What type of data product is being shared (e.g., report, publication, access to a dashboard, etc.)?

- B. Please list the data sources included in this data product from the following list: ED – Syndromic, ED – Billing, Mortality – SUDORS, Mortality – NVSS, EMS, PDMP, Lab/Toxicology, Other (please specify).
- C. What kind of data will be shared in this product? (List information that will be prioritized, such as communities experiencing sharp increases in nonfatal/fatal opioid overdoses, monthly percent changes in nonfatal heroin overdoses, death rates by specific drugs, etc.)
- D. List key stakeholders that will receive this product. Consider both governmental and non-governmental organizations as well as internal and external partners, including leadership. If a dissemination product includes the broad public release of data, please list the stakeholder as the public and then indicate if you have plans to translate the public materials to specific populations.
- E. How frequently will data be shared or updated? Please provide the frequency in which this data product will be shared or updated (e.g., if a dashboard, provide the frequency in which new data are released). If there are no plans to update publications, please note this.
- F. Describe how you receive guidance and feedback (e.g., regular meetings with stakeholders).

Table 2: Data and Prevention Planning and Response

- A. Describe the data in the prevention planning or response activity. Include the data sources used for prevention planning or response and the format in which the data were shared.
- B. Describe how the data will be used or were used (e.g., to inform a funding a proposal, identify a promising prevention or response practice, or evaluate a promising prevention or response practice).

Data Dissemination Plan: [Jurisdiction]

Date:

Table 1. Data Products

A. What type of data product is being shared?	B. What data sources are included?	C. What data will be shared?	D. To which specific stakeholders will you disseminate data?	E. How frequently will data be shared?	F. How will you receive guidance or feedback about the data shared?
Example: Surveillance report	<ul style="list-style-type: none"> • ED – Syndromic • Mortality – SUDORS 	<ul style="list-style-type: none"> • Percent change between quarters in rate of overdose-related ED visits <ul style="list-style-type: none"> - Stratified by county, age group, sex - Presented for all drug, opioid, heroin, and stimulant categories • Number and rate of overdoses by drug category <ul style="list-style-type: none"> - Stratified by county 	<ul style="list-style-type: none"> • Governor’s office • County health departments • Office of the Chief Medical Examiner (OCME) 	Quarterly	In-person meeting with Governor and staff within 30 days of sending report From county health departments and OCME by email

Table 2. Data and Prevention Planning and Response

A. Describe the data in the prevention planning and response activity.	B. Describe how the data will be used or were used for prevention planning or response.
Example: Notifications sent to local health department directors when the number of ED visits for overdose exceeds an established threshold in their jurisdiction.	Notifications trigger an outbreak response team when a threshold is exceeded, which includes naloxone distribution campaigns, academic detailing to healthcare facilities, and a local communication campaign.
Example: Surveillance report	Surveillance report demonstrating a lack of toxicological testing in 25% of deaths in 10 counties with greater than 50 deaths a year led the state General Assembly to increase appropriations for the opioid response, specifically for improved toxicological testing in these areas.