

necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherette.funncoleman@hhs.gov](mailto:Sherette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

*Proposed Project:* Evaluation of SAMHSA Primary and Behavioral Health Care Integration Grant Program.—Revision—OMB No. 0990-0371—Assistant Secretary for Planning and Evaluation.

*Abstract:* The Assistant Secretary for Planning and Evaluation (ASPE) and the Substance Abuse and Mental Health Services Administration are funding an independent evaluation of the Substance Abuse and Mental Health Services Administration/Center for Mental Health Services' (SAMHSA/CMHS) Primary and Behavioral Health Care Integration (PBHCI) grant program. Four-year PBHCI grants for up to \$500,000 per year were awarded to thirteen grantees on September 30, 2009. A second group of nine grants and a third group of 34 grants were awarded September 30, 2010, for a total of 56 grants. The purpose of the PBHCI program is to improve the overall wellness and physical health status of people with serious mental illnesses

(SMI), including individuals with co-occurring substance use disorders, by supporting communities to coordinate and integrate primary care services into publicly-funded community mental health and other community-based behavioral health settings. The information collected through the 3 year evaluation will assist SAMHSA in assessing whether integrated primary care services produce improvements in the physical and mental health of the SMI population receiving services from community-based behavioral health agencies. Data will be collected from grantee staff at all sites and from clients at up to 10 sites (client exam/survey). An Emergency Clearance Request covering the first six months of data collection starting February 15, 2011 and ending August 14, 2011 was approved February 15, 2011. This submission will cover data collection for the period starting August 15, 2011 and ending October 1, 2013.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Instrument name	No. of respondents	No. responses per respondent	Average burden per response (in hours)	Total burden hours
Grantee Data Staff .....	Individual Service Utilization Data .....	56	4	8	1,792
Grantee Data Staff .....	TRAC Indicators .....	56	1,000	5/60	4,667
Grantee Project Directors .....	Quarterly Reports .....	56	4	2	448
SMI Clients .....	Client Exam and Survey-Baseline .....	1,000	1	45/60	750
SMI Clients .....	Client Exam and Survey-Follow-up .....	1,667	1	45/60	1,250
Grantee Leadership .....	Site Visit Interview .....	40	1	2	80
Grantee MH Providers .....	Site Visit Interview .....	40	1	1	40
Grantee PH Providers .....	Site Visit Interview .....	40	1	1.5	60
Grantee Care Coordinators .....	Site Visit Interview .....	20	1	1.5	30
Control Site Leadership .....	Site Visit Interview .....	50	1	2	100
Grantee Key Staff .....	Web Survey .....	560	1	1.5	840
<b>Total .....</b>	.....	.....	.....	.....	<b>10,057</b>

**Mary Forbes,**  
Office of the Secretary, Paperwork Reduction Act Clearance Officer.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS-0990-New; 30-day Notice]

**Agency Information Collection Request; 30-Day Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is

publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections

referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherette.funncoleman@hhs.gov](mailto:Sherette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

*Proposed Project:* Wellness Program Study: Assessing the Impact of Workplace Health and Wellness Programs—OMB No. 0990-New—Assistant Secretary for Planning and Evaluation (ASPE).

*Abstract:* The Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Employee Benefits

Security Administration (EBSA) is requesting Office of Management and Budget (OMB) approval on a new collection to conduct a survey on employers to learn about their experiences and attitudes regarding workplace wellness programs. ASPE will use the employers' experience to assess the effectiveness and impact of workplace wellness programs, as well as identify best practices and lessons learned in program implementation with a particular focus on the use of incentives. As part of the study, a one-time, self-administered survey will be

administered to 3,000 employers selected from the Dun & Bradstreet database, a comprehensive listing of private companies and government agencies in the U.S. The survey will assess prevalence and type of wellness programs as well as the use of employee incentives. The survey design and content is informed by a review of the literature on the characteristics, prevalence and impact of workplace wellness programs. Data collection will also include employee focus groups and key informant semi-structured interviews at each of 4 employer sites

that will inform in-depth case studies of those employers. The focus groups will consist of 12 employees and will be conducted to get the end-user perspective on the impact and effectiveness of the wellness program. The key informant interviews will be carried out with 5 wellness leaders at each employer, and will gather information on employer background, health insurance and wellness programs offered, and anticipated changes due to the Affordable Care Act. Data collection activities will be completed within 18 months of OMB Clearance.

ESTIMATE OF ANNUALIZED TIME BURDEN TO RESPONDENTS

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Survey .....	Human Resource Manager	3,000	1	30/60	1,500
Focus Group Protocol .....	Employees in All Occupations	48	1	1.5	72
Key Informant Interview Script .....	Human Resource Manager .....	20	1	45/60	15
Total .....	.....	.....	.....	.....	1,587

**Mary Forbes,**  
*Paperwork Reduction Act Clearance Officer,*  
*Office of the Secretary.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-11-11IN]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 or send comments to Daniel Holcomb, CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the

agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Testing and Evaluation of Tobacco Communication Activities—New National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

Tobacco use remains the leading preventable cause of death in the United States, causing over 443,000 deaths each year and resulting in an annual cost of more than \$96 billion in direct medical expenses. The only proven strategy for reducing the risk of tobacco-related morbidity and mortality is to never smoke, or to quit if tobacco use has been initiated.

Within the Centers for Disease Control and Prevention (CDC), the Office on Smoking and Health (OSH) serves as a primary resource of tobacco and health information for the public, health professionals, various branches of government, and other interested groups. OSH distributes tobacco-related

health communications using a wide array of formats and media channels, conducts formative research to develop and test tobacco-related communications, and evaluates the effectiveness of messages and campaigns. OSH employs a strategic and systematic approach to the design and evaluation of high-quality health messages and campaigns, by applying scientific methods to the development of health messages, obtaining input from public health partners, and pre-testing with target audiences.

Recent legislative developments highlight the importance of tobacco control—and appropriate tobacco control messages—in efforts to improve the nation's health. These developments include the Prevention and Public Health Fund, established by the Affordable Care Act (ACA), which supports initiatives designed to reduce the health and financial burden of tobacco use through prevention and cessation approaches. An essential component of this initiative is a national campaign to increase awareness of the health consequences of tobacco use and exposure to secondhand smoke. OSH is primarily responsible for planning, implementing, and evaluating the campaign.

CDC requests OMB approval of a new, generic clearance mechanism to support information collection for the development, implementation and evaluation of tobacco-related health messages and campaigns. The proposed generic mechanism will establish a