new treatments for active TB and latent TB infection; (3) supports coordinated and standardized data management for branch research, and serves as the Data and Coordinating Center for the TB Trials Consortium, collaborating as needed with both internal and external partners; (4) provides clinical support and oversight for the distribution of investigational drugs for the treatment and prevention of TB by CIOs/Scientific Resources/Drug Service; (5) assesses the need for and conducts clinical and field trials of more specific and rapid tests to diagnose active TB and latent TB infection and to identify drug-resistant TB in collaboration with the Laboratory Branch; (6) collaborates with and provides consultation and technical assistance to national and international organizations on the design and conduct of clinical trials and research needs; (7) conducts, participates in, and collaborates with other DTBE units in research on clinical, epidemiologic, immunologic and genetic aspects of TB prevention and control; (8) collaborates with external partners in implementation of research; (9) maintains expertise and addresses special research needs relevant to drug pharmacokinetics, microbiology, drug resistant TB & special populations, including children and persons living with HIV; (10) provides consultation and training to local, state, national and international organizations and to TB program field staff, on design and conducts of clinical trials, TB therapeutics and diagnostics, health care systems research needs, decision and economic analyses, evaluation techniques, qualitative research methods, and research on TB transmission; (11) has responsibility for Divisional engagement in preparing for and participating in trials of new TB vaccines and when appropriate, collaborates with private and public institutions in the area of vaccine development; (12) reports study results to public health practitioners through direct communication, articles in scientific journals and CDC publications, and oral and poster presentations at national and international scientific and program meetings; (13) provides input into statements and guidelines issued by the CDC, the ACET, and professional organizations; and (14) presents research issues and findings to ACET and at national and international scientific meetings.

Surveillance, Epidemiology, and Outbreak Investigations Branch (CVJEG). (1) Directs national surveillance of tuberculosis to provide accurate and timely national data and to monitor progress toward the elimination of tuberculosis in the U.S.; (2) conducts analyses of national TB surveillance data to monitor national trends in TB in order to assist n program planning, evaluation, and policy development and to identify areas for further study to guide elimination efforts; (3) conducts surveillance-related studies that evaluate current TB surveillance systems and develops new surveillance methods and systems in order to better monitor and accelerate TB elimination efforts; (4) provides technical surveillance expertise to state and local TB control programs, other federal agencies, and other organizations involved in TB prevention and control; (5) conducts epidemiologic research to assess the characteristics of persons with M. tuberculosis disease and infection in the U.S.; (6) analyzes research findings to develop improved interventions for eliminating tuberculosis and better analytic tools for future studies; (7) provides technical epidemiologic expertise to state and local tuberculosis control programs; (8) supports the TB Epidemiologic Studies Consortium in the conduct of studies of programmatically relevant epidemiologic, behavioral, economic, laboratory, and operational research concerning the identification, diagnosis, prevention and control of TB disease and latent infection; (9) conducts molecular epidemiologic analyses of TB cases to identify, track, and guide interventions to stop TB outbreaks; (10) investigates outbreaks of tuberculosis; (11) provides consultation and technical expertise on TB surveillance, epidemiology and outbreaks to state and local tuberculosis control programs; (12) analyzes TB outbreak investigation findings in order to improve the ability of tuberculosis control programs to detect future outbreaks and respond to them promptly and appropriately to limit transmission; (13) supervises EIS officers in the conduct of their two-year assignments; (14) prepares manuscripts for publication in scientific journals; (15) presents findings at national and international scientific meetings; and (16) presents surveillance, epidemiology, and outbreak findings to ACET and at national and international scientific meetings

Laboratory Branch (CVJEJ). (1) Serves as the national reference laboratory in support of the mission of DTBE, fulfilling public health function in leadership, clinical and consultative service, and research; (2) provides laboratory support for epidemiological investigations, surveillance activities, and special studies of Mycobacterium tuberculosis, in collaboration with other branches; (3) administers contracts to provide M. tuberculosis genotyping, maintains a national database of genotypes, and conducts operational research to evaluate genotyping and optimize use of state-of-the-art methods; (4) serves as primary CDC source for reference laboratory services for M. tuberculosis; (5) administers grants and cooperative agreements to strengthen laboratory activities and advance testing services; (6) provides consultation, technical assistance, and training to state and municipal public health laboratories; (7) develops, evaluates, or improves conventional and molecular methods for the detection, characterization, and susceptibility testing of M. tuberculosis; (8) conducts studies to define the role of bacterial virulence factors and host factors in disease processes and protection, and develops, evaluates, and improves methods for the diagnosis and prevention of TB; (9) develops experimental models of TB and conducts studies on therapy, pathogenesis, and prevention for TB; (10) prepares manuscripts for publication in scientific journals; (11) presents findings at national and international scientific meetings; (12) supervises and trains fellows in temporary or multi-year educationally-based programs in areas related to the mission of the branch; and (13) elevates awareness of laboratory issues to ACET and other stakeholders.

Sherri Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2016–19302 Filed 8–12–16; 8:45 am]

BILLING CODE 4160–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[CDC–2016–0067, Docket Number NIOSH 270–A]

NIOSH Center for Motor Vehicle Safety: Midcourse Review of Strategic Plan

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of public web meeting and request for comment.

SUMMARY: The National Institute for Occupational Safety and Health of the

Centers for Disease Control and Prevention announces a public web meeting and an opportunity to comment on future directions for the NIOSH Center for Motor Vehicle Safety. To view the notice and related materials, visit *http://www.regulations.gov* and enter CDC–2016–0067 in the search field and click ''Search.''

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DATES: The public web meeting will be held on September 14, 2016 from 1:00 p.m. to 5:00 p.m. Eastern Time, or after the last public commenter in attendance has spoken, whichever occurs first. The public web meeting will be a web-based event available only by remote access. Written comments submitted to the docket must be received by October 14, 2016.

ADDRESSES: You may submit written comments, identified by CDC–2016–0067 and Docket Number NIOSH 270–A, by either of the following methods:

- *Federal eRulemaking Portal: http://www.regulations.gov* Follow the instructions for submitting comments.
- *Mail:* National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS C–34, Cincinnati, Ohio 45226–1998.

FOR FURTHER INFORMATION CONTACT: Dr. Rosa L. Rodriguez, Division of Safety Research, 1095 Willowdale Road, MS 1808, Morgantown, West Virginia 26505–2888, (304) 285–6299 (not a toll free number), *rer3@cdc.gov;* or Dr. Stephanie G. Pratt, Division of Safety Research, 1095 Willowdale Road, MS 1808, Morgantown, West Virginia 26505–2888, (304) 285–5992 (not a toll free number), *sgp2@cdc.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

The National Institute for Occupational Safety and Health (NIOSH) is seeking input on the progress and future direction of its Center for Motor Vehicle Safety to ensure that the program is (1) addressing goals outlined in the *NIOSH Center for Motor Vehicle Safety: Strategic Plan for Research and Prevention, 2014–2018 http://www.cdc.gov/niosh/docs/2014–122/pdfs/2014–122.pdf;* (2) meeting stakeholder needs; and (3) working effectively toward its overarching purpose of preventing work-related crashes and injuries.

Motor vehicle crashes are the leading cause of work-related injury deaths in the United States. Millions of workers drive or ride in a motor vehicle as part of their jobs. The risk affects workers in all industries and occupations, whether they drive heavy or light vehicles on the job.

Between 2003 and 2014, 22,000 workers died in work-related motor vehicle crashes. In 2013 alone, motor vehicle crashes at work cost U.S. employers $25 billion—$65,000 per nonfatal injury and $671,000 per death.

NIOSH is the only U.S. federal agency whose mission encompasses prevention of work-related motor vehicle crashes and resulting injuries for all worker populations. Since 2014, the NIOSH Center for Motor Vehicle Safety has followed a 5-year strategic plan for research and prevention to work toward meeting five strategic goals.

To help us review midcourse progress, we request your comment on the Center's work and goals. NIOSH is especially interested in comments that address the following topics:

Research Priorities

1. What research should NIOSH consider pursuing during the remaining period covered by the *NIOSH Center for Motor Vehicle Safety: Strategic Plan for Research and Prevention, 2014–2018?*
2. What research should NIOSH begin planning to initiate beyond 2018?
3. Are there additional external research partners NIOSH should work with?

Communications and Outreach

4. What specific resources or tools are most urgently needed to move prevention of work-related crashes forward?
5. What audience(s) for workplace crash-prevention information should NIOSH prioritize in planning its communication strategy?
6. What are your organization's preferred digital communication channels for receiving workplace crash-prevention information (*e.g.,* email, social media, eNewsletter, Web page)?

Use of NIOSH Products

7. How have you or your organization used information from the NIOSH Center for Motor Vehicle Safety? Of particular interest is information on changes made in workplace motor vehicle safety programs based on research results and/or communication materials and the impact of those changes.

For information about the NIOSH Center for Motor Vehicle Safety, visit *www.cdc.gov/niosh/motorvehicle.*

For information about Center for Motor Vehicle Safety progress towards meeting strategic goals, see the following supporting documents in *http://www.regulations.gov: NIOSH Center for Motor Vehicle Safety: Strategic Plan for Research and Prevention, 2014–2018; NIOSH Center for Motor Vehicle Safety: Progress Report 2016 http://www.cdc.gov/niosh/motorvehicle/pdfs/progressreport.pdf* and *NIOSH Center for Motor Vehicle Safety: Performance Measures http://www.cdc.gov/niosh/motorvehicle/pdfs/performancemeasures.pdf.*

II. Public Web Meeting

NIOSH will hold a public web meeting on September 14, 2016 from 1:00 p.m. to 5:00 p.m. Eastern Time, to allow for comments on future directions for the NIOSH Center for Motor Vehicle Safety. Attendance to this public web meeting is first come, first served.

Confirm your attendance to this web meeting by sending an email to *rolsavsky@cdc.gov* with the subject line ''Attendance: Public web meeting'' by September 1, 2016. An email confirming registration will be sent from NIOSH and will include details needed to participate.

Requests to make presentations at the public web meeting should be emailed to *rolsavsky@cdc.gov* with the subject line ''Request to present: Public web meeting'' by September 1, 2016. All requests to present should contain the name, address, telephone number, and relevant organizational affiliation(s) of the presenter. Presenters will be assigned a 10-minute slot on the agenda. Presenters who wish to use slides must email an electronic file in Microsoft PowerPoint format to *rolsavsky@cdc.gov* with the subject line ''Presentation: Public web meeting'' by September 1, 2016. An email confirming the presentation request will be sent from NIOSH and will include details needed to present and an approximate start time for the presentation. Presenters are encouraged to be on-line at the start of the web meeting, since the web meeting could end early and presenter may miss their opportunity to present. For assistance with technical difficulties the day of the web meeting, email Sydney Webb at *yht4@cdc.gov.*

If a presenter is not on-line when his/her presentation is scheduled to begin, the remaining presenters will be heard in order. After the last scheduled presenter is heard, those who missed their opportunity may be allowed to present, limited by time available.

Attendees who wish to speak, but did not submit a request for the opportunity to make a presentation, may be given

this opportunity after the scheduled presenters are heard, at the discretion of the presiding officer and limited by time available.

Instructions

All information received in response to this notice must include the agency name and docket number [CDC–2016–0067 and NIOSH 270–A]. The public web meeting, including all presentations and slides, will be recorded, transcribed, and posted without change to *http://www.regulations.gov,* including any personal information provided as well as all relevant comments received. All information received in response to this notice will also be available for public examination and copying at the NIOSH Docket Office, 1150 Tusculum Avenue, Room 155, Cincinnati, Ohio 45226–1998.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2016–19350 Filed 8–12–16; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: National and Tribal Evaluation of the 2nd Generation of the Health Profession Opportunity Grants.

OMB NO.: 0970–0462

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) is proposing data collection activities as part of the Health Profession Opportunity Grants (HPOG) Program. ACF has developed a multi-pronged research and evaluation approach for the HPOG program to better understand and assess the activities conducted and their results. Two rounds of HPOG grants have been awarded—the first in 2010 (HPOG 1.0) and the second in 2015 (HPOG 2.0). There are federal evaluations associated with each round of grants. HPOG grants provide funding to government agencies, community-based organizations, post-secondary educational institutions, and tribal-affiliated organizations to provide education and training services to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. Under HPOG 2.0, ACF awarded grants to five tribal-affiliated organizations and 27 non-tribal entities. The proposed data collection activities described in this notice will provide data for the implementation studies of the National and Tribal Evaluation of the 2nd Generation of the Health Profession Opportunity Grants (*i.e.,* the HPOG 2.0 National Evaluation and the HPOG 2.0 Tribal Evaluation) as well as the impact study for the HPOG 2.0 National Evaluation. OMB previously approved baseline data collection and informed consent forms for the HPOG 2.0 Evaluations under OMB Control Number 0970–0462.

The design for the HPOG 2.0 National Evaluation features an implementation study and a cost benefit study. The National Evaluation will use an experimental design to measure and analyze key participant outcomes and impacts including completion of education and training, receipt of certificates and/or degrees, earnings, and employment in a healthcare career.

This information collection clearance request pertains to the implementation study and impact study. Future information collection requests will be submitted related to the implementation study, cost-benefit study, and impact study. The goal of the implementation study is to describe and assess the implementation, systems change, outcomes and other important information about the operations of the 27 non-tribal HPOG grantees, which are operating 38 distinct programs. To achieve these goals, it is necessary to collect data about the non-tribal HPOG program designs and implementation, HPOG partner and program networks, the composition and intensity of HPOG services received, participant characteristics and HPOG experiences, and participant outputs and outcomes.

The goal of the HPOG 2.0 Tribal Evaluation is to conduct a comprehensive implementation and outcome evaluation of the five Tribal HPOG 2.0 grantee programs. The evaluation will assess the HPOG 2.0 programs administered by tribes, tribal organizations, and tribal colleges to identify and assess how programmatic health profession training operations are working; determine differences in approaches being used when programs are serving different sub-populations, including participants with different characteristics and skill levels; and identify programs and practices that are successful in supporting the target population to achieve portable industry-recognized certificates or degrees as well as employment-related outcomes.

The information collection activities to be submitted in the request package include: (1) *Screening Interview to identify respondents for the HPOG 2.0 National Evaluation first-round telephone interviews.* (2) *HPOG 2.0 National Evaluation first-round telephone interviews* with management and staff. These interviews will collect information about the HPOG program context and about program administration, activities and services, partner and stakeholder roles and networks, and respondent perceptions of the program's strengths. (3) *HPOG 2.0 National Evaluation in-person implementation interviews with HPOG personnel* will collect information from six HPOG 2.0 programs with promising approaches to the topic areas of specific interest to ACF. (4) *HPOG 2.0 National Evaluation participant contact update forms.* (5) *HPOG 2.0 Tribal Evaluation grantee and partner administrative staff interviews* will collect information on high-level program strategies, partnerships in place to implement the Tribal HPOG 2.0 program, program development and lessons learned. (6) *HPOG 2.0 Tribal Evaluation program implementation staff interviews* will collect information from instructors, trainers, recruitment and orientation staff, and providers of program or supportive services on Tribal HPOG 2.0 program processes including recruitment, screening, orientation, provision of supportive services, and program implementation. (7) *HPOG 2.0 Tribal Evaluation employer interviews* will collect information from local or regional employers that are partnering with Tribal HPOG 2.0 programs or have employed participants and collect information on employers' impressions of the tribal HPOG 2.0 program and program graduates. (8) *HPOG 2.0 Tribal Evaluation program participant focus groups* will collect information on participants' perceptions, experience, outcomes and satisfaction with the Tribal HPOG 2.0 program. (9) *HPOG 2.0 Tribal Evaluation program participant completer interviews* will collect information on the current employment status of the participants who completed a training program and their perceptions of and satisfaction with the Tribal HPOG 2.0 program. (10) *HPOG 2.0 Tribal Evaluation program participant non-completer interviews* will collect information on reasons participants left the program, short-term outcomes, how they feel the program could be improved, and any plans for future academic training.

ACF will request approval for additional information collection