

For families/households with more than 8 persons, add \$5,080 for each additional person.

2014 POVERTY GUIDELINES FOR HAWAII

Persons in family/household	Poverty guideline
1	\$13,420
2	18,090
3	22,760
4	27,430
5	32,100
6	36,770
7	41,440
8	46,110

For families/households with more than 8 persons, add \$4,670 for each additional person.

Separate poverty guideline figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966–1970 period. (Note that the Census Bureau poverty thresholds—the version of the poverty measure used for statistical purposes—have never had separate figures for Alaska and Hawaii.) The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office that administers the program is generally responsible for deciding whether to use the contiguous-states-and-DC guidelines for those jurisdictions or to follow some other procedure.

Due to confusing legislative language dating back to 1972, the poverty guidelines sometimes have been mistakenly referred to as the “OMB” (Office of Management and Budget) poverty guidelines or poverty line. In fact, OMB has never issued the guidelines; the guidelines are issued each year by the Department of Health and Human Services. The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the **Federal Register** by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

Some federal programs use a percentage multiple of the guidelines (for example, 125 percent or 185 percent of the guidelines), as noted in relevant authorizing legislation or program regulations. Non-Federal organizations that use the poverty guidelines under their own authority in non-Federally-funded activities also may choose to use a percentage multiple of the guidelines.

The poverty guidelines do not make a distinction between farm and non-farm

families, or between aged and non-aged units. (Only the Census Bureau poverty thresholds have separate figures for aged and non-aged one-person and two-person units.)

Note that this notice does not provide definitions of such terms as “income” or “family,” because there is considerable variation in defining these terms among the different programs that use the guidelines. These variations are traceable to the different laws and regulations that govern the various programs. This means that questions such as “Is income counted before or after taxes?”, “Should a particular type of income be counted?”, and “Should a particular person be counted as a member of the family/household?” are actually questions about how a specific program applies the poverty guidelines. All such questions about how a specific program applies the guidelines should be directed to the entity that administers or funds the program, since that entity has the responsibility for defining such terms as “income” or “family,” to the extent that these terms are not already defined for the program in legislation or regulations.

Dated: January 17, 2014.

Kathleen Sebelius,

Secretary of Health and Human Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–14–14GT]

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 404–639–7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to 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

Evaluation of a Trench Safety CD–ROM for Hispanic Immigrant Workers—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. In this capacity, NIOSH requests Office of Management and Budget approval for a three-year clearance to administer surveys to evaluate an interactive and a non-interactive form of the Spanish language computer-based training for trenching and excavation workers whose format and content have been culturally tailored for Latino immigrant workers.

The rapid growth of the Latino immigrant population in the United States has increased the demand for Spanish-language occupational safety and health training materials. Computer-based training (CBT) has been proven as an effective training tool and is increasingly being used for worksite training. It is also relatively inexpensive to produce, easy to distribute, flexible to implement and requires little communication between employer and their employees, therefore making it an attractive option when considering how to reach Spanish-speaking Latino workers with trench safety training.

CBT can generally be categorized as either interactive or non-interactive. The literature suggests that interactive CBT, where the user engages with the program by interacting with the mouse or keyboard, is more effective than non-interactive CBT (i.e. movie format) in the general population; however, some studies demonstrate that significant barriers to computer use exist among populations unfamiliar with computers, which suggests that a non-interactive training would be more effective for such workers. While the basic effectiveness of interactive CBT has been demonstrated, the interactive

version has never been tested against a non-interactive version to determine which format is the most effective with Latino immigrant workers who are relatively unfamiliar with computers.

In order to better understand which format is more effective, NIOSH is developing two Spanish-language versions of the Trench Safety Awareness Training (TSAT) to test with the target audiences. Pre- and post-test, as well as follow-up tests will be administered to groups of workers 1 month and 3 months after training. Workers will be randomly assigned to receive training via either the interactive or non-

interactive computer based program. NIOSH researchers expect to recruit 100 Hispanic immigrant construction workers.

The surveys administered for this study will assess trenching safety knowledge, attitudinal change, and self-reported trenching safety behavior intentions. Differences between pre- and post-training results for each group will be compared for an initial determination as to which version was more effective. Similar follow-up assessments will be conducted one month after training and three months after training in order to assess short term retention of training.

Participants for this data collection will be recruited with the assistance of contractors, such as a research and evaluation firm and a local grass roots not-for-profit organization, who have successfully performed similar tasks for NIOSH in the past. To overcome literacy or computer literacy barriers, the tests will be verbally administered by bilingual NIOSH staff or contractors. It is estimated that each evaluation will take approximately 30 minutes to complete for a total of 200 burden hours.

There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Construction Workers	Trench Safety Awareness Training Survey.	100	4	30/60	200
Total	200

LeRoy Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

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Proposed Project

Total Worker Health for Small Business—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. In this capacity, NIOSH requests Office of Management and Budget (OMB) approval for a three-year clearance to administer in-depth interviews designed to assess perceptions and opinions among small business owners in the Greater Cincinnati area regarding the Total Worker Health concept. This information will guide the development of a model for diffusion of the Total Worker Health approach among small businesses by community organizations.

Total Worker Health (TWH) for Small Business is a four-year field study whose overall goal is to identify the perceived costs and benefits of offering integrated occupational safety and health and workplace wellness services to employees among small businesses, and to inform methods that will successfully diffuse the use of a Total Worker Health approach among small businesses and the community organizations that serve them. The data gathered in this study regarding small businesses' specific training needs, motivational factors, and preferred information sources will be of significant practical value when designing and implementing future interventions.

The proposed in-depth interviews described here for which OMB review and approval is being requested are a critical step toward the development of this TWH diffusion model. Phase 1 of this project included interview development and revision. The primary goal of Phase 2 of this project is to gather key-informant perceptions and opinions among the target audience, small business owners in the greater Cincinnati area. Data gathered from in-depth interviews will guide the development of efforts to diffuse the Total Worker Health approach among small businesses and the community organizations which serve them.

About 90% of U.S. employer organizations have fewer than 20 employees, and 62% have less than five.