This section of the FEDERAL REGISTER contains documents other than rules or proposed rules that are applicable to the public. Notices of hearings and investigations, committee meetings, agency decisions and rulings, delegations of authority, filing of petitions and applications and agency statements of organization and functions are examples of documents appearing in this section.

DEPARTMENT OF AGRICULTURE
Economic Research Service
Notice of Intent To Request New Information Collection

AGENCY: Economic Research Service, USDA.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice invites the general public and other public agencies to send comments regarding any aspect of this proposed information collection. This is a new collection for a Survey on Rural Community Wealth and Health Care Provision.

DATES: Written comments on this notice must be received on or before November 14, 2011 to be assured of consideration.

ADDRESSES: Address all comments concerning this notice to John Pender, Resource and Rural Economics Division, Economic Research Service, U.S. Department of Agriculture, 1800 M. St., NW., Room N4056, Washington, DC 20036–5801. Comments may also be submitted via fax to the attention of John Pender at 202–694–5774 or via e-mail to jpender@ers.usda.gov. Comments will also be accepted through the Federal eRulemaking Portal. Go to http://www.regulations.gov, and follow the online instructions for submitting comments electronically.

FOR FURTHER INFORMATION CONTACT: For further information contact John Pender at the address in the preamble. Tel. 202–694–5568.

SUPPLEMENTARY INFORMATION: All written comments will be open for public inspection at the office of the Economic Research Service during regular business hours (8:30 a.m. to 5 p.m., Monday through Friday) at 1800 M. St., NW., Room N4056, Washington, DC 20036–5801.

All responses to this notice will be summarized and included in the request for Office of Management and Budget approval. All comments and replies will be a matter of public record. 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, including the validity of the methodology and assumptions used; (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 those who are to respond, including use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Title: Survey on Rural Community Wealth and Health Care Provision.

OMB Number: 0536–xxxx.

Expiration Date: Three years from the date of approval.

Type of Request: New collection.

Abstract: This survey will collect information on the assets and investments of rural communities and their influence on recruitment and retention of rural health care providers, and on the effects of rural health care provision on economic development of rural communities. This information will contribute to a better understanding of the roles that rural communities play in promoting or retarding the development and provision of health care services, and of how improved health care provision contributes to development of these communities. Such understanding is critical to develop effective policies to address the challenge of inadequate access to health care services in many rural communities, and to realize the opportunities offered by improved health care provision to attract and keep residents in rural areas, provide employment, and improve the quality of life.

Health care services is one of the largest and most rapidly growing industries in rural America, and adequate provision of health care services is increasingly critical for achieving economic development and improved well-being of rural people. In many rural communities, health care services is the largest employer, and rapid growth in this sector is occurring and will continue to occur, especially as the Baby-Boom generation retires. Provision of adequate health care services is likely to be one of the key factors in attracting retirees and other migrants to rural areas, helping to stem persistent outmigration from many of these areas and in some cases, contributing to rural growth and prosperity. Despite recent growth and potential for continued growth in this sector, many rural communities suffer from poor access to health care services, especially because of the limited supply of health care professionals. Addressing these access problems likely will become increasingly important as the Patient Protection and Affordable Care Act is implemented, increasing rural people’s access to health insurance.

Although substantial research has investigated the problems of attracting and retaining health care providers in rural areas, very little of this research addresses the issue from the perspective of rural communities themselves. For example, prior research has established that physicians who grew up in a rural area, who attended a medical school with a rural emphasis, or who completed a residency in a rural hospital are more likely than other physicians to locate their practice in a rural community. Policies and programs that provide incentives to physicians to locate in rural areas have also been shown to increase recruitment of physicians to rural areas, although the impacts on retention of physicians are more questionable. Much less research has focused on factors affecting recruitment and retention of health care providers other than physicians to rural areas, or on the roles local communities play in affecting these decisions. Of the research that investigates the roles of local communities, the studies have been conducted in only a few communities with a small number of respondents, limiting the ability to draw conclusions applicable to broader rural regions.

The proposed rural community survey will address this information gap by collecting information from representatives of 150 rural communities in three regions of the United States and from health care providers in the same communities. The
The telephone survey will be conducted within a six month period during 2012. After the telephone survey and analysis of its results are completed, a follow up information collection will be conducted in a sub-sample of the surveyed communities (at most 40), with the goal of deepening understanding of (i) how and why the community factors that appear to influence recruitment and retention of health care providers (as will be identified by the telephone survey) are able to do so, and (ii) how development of the health care sector contributes to broader economic development in rural communities. This second phase will use more qualitative methods, including in depth individual and focus group interviews, and will be completed in 2013. This notice focuses on the telephone survey; another notice will be provided before the second phase begins.


Affected Public: Respondents will include health care providers, local government and community leaders, and other stakeholders involved in recruiting and retaining health care providers in rural communities.

Estimated Number of Respondents and Respondent Burden: The telephone survey will be completed at one point in time within a six month period in 2012. The survey will have a complex mixed survey administration to include telephone screening, pre-notification letter with Web access, multi-contact telephone interviewing, and follow-up non-respondent mail questionnaires. The time required for respondents and non-respondents to read the notification materials, review instructions, participate in the screening interview, and decide whether to complete the questionnaire is estimated to average 15 minutes per person. Completion time for each questionnaire respondent is estimated to average 20 minutes per completed questionnaire. In addition, the screening interviews used to select
the sample will involve telephone conversations with knowledgeable people in each community. We estimate that this may require 15 minute interviews with up to 8 people per community, or a maximum burden of 2 hours per sample community.

Full Study: The maximum sample size for the full study is 2,812 respondents (15 respondents maximum per community × 150 communities/80% response rate). The expected overall response rate is 80 percent. The maximum total estimated response burden for all of those participating in the study is 1,313 hours (2,250 respondents × 35 minutes per respondent) and for the non-respondents is 141 hours (562 non-respondents × 15 minutes per non-respondent). In addition, we estimate a maximum burden of 300 hours on non-sample interviewees contacted during the pre-sample screening process for the full study (150 communities × 8 interviewees/community × 15 minutes per interviewee).

Pilot Study: A pilot test of the survey will be done in advance of the full survey. The purpose of the pilot is to evaluate the survey protocol, and test instruments and questionnaires. The initial sample size for this phase of the research is 100 respondents (10 respondents per community × 10 communities). The expected response rate is 80 percent. The total estimated burden for full respondents in the pilot testing is 47 hours (100 respondents × 80 percent × 15 minutes per respondent), and for non-respondents is 5 hours (100 respondents × 20 percent × 15 minutes per non-respondent). In addition, we estimate a maximum burden of 20 hours on non-sample interviewees contacted during the pre-sample screening process for the pilot study (10 communities × 8 interviewees/community × 15 minutes per interviewee).

The total respondent burden, including the pilot and full study, is estimated at 1,826 hours (see table below).

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<tr>
<th>TABLE—ESTIMATED RESPONDENT BURDEN FOR THE SURVEY ON RURAL COMMUNITY WEALTH AND HEALTH CARE PROVISION</th>
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Dated: August 31, 2011.

Laurian Unevehr,
Acting Administrator, Economic Research Service.

[FR Doc. 2011–23158 Filed 9–9–11; 8:45 am]
BILLING CODE 3410–18–P

DEPARTMENT OF AGRICULTURE

Food Safety and Inspection Service

[Docket No. FSIS–2011–0016]

National Advisory Committee on Microbiological Criteria for Foods

AGENCY: Food Safety and Inspection Service, USDA.

ACTION: Notice of public meeting.

SUMMARY: This notice is announcing that the National Advisory Committee on Microbiological Criteria for Foods (NACMCF) will hold public meetings of the full Committee and subcommittees on September 27–30, 2011. The Committee will discuss: (1) Control strategies for reducing foodborne Norovirus infections, and (2) Study of microbiological criteria as indicators of process control or insanitary conditions.

DATES: The full Committee will hold an open meeting on Friday, September 30, 2011, from 9 a.m. to 12 p.m. The Subcommittee on control strategies for reducing foodborne Norovirus infections and the Subcommittee on study of microbiological criteria as indicators of process control or insanitary conditions will hold concurrent open meetings on Tuesday, September 27, Wednesday, September 28, and Thursday, September 29, 2011, from 8:30 a.m. to 5 p.m.

ADDRESSES: The September 27–29, 2011, subcommittee meetings will be held at the Patriot’s Plaza 3, 9th Floor OPHS Conference Rooms, 355 E Street, SW., Washington, DC 20204. The September 30, 2011, full Committee meeting will be held in the conference room at the south end of the U.S. Department of Agriculture (USDA) cafeteria located in the South Building, 1400 Independence Avenue, SW., Washington, DC 20250. All documents related to the full Committee meeting will be available for public inspection in the FSIS Docket Room, USDA, 1400 Independence Avenue, SW., Patriots Plaza 3, Mailstop 3782, Room 163A, Washington, DC 20250–3700, between 8:30 a.m. and 4:30 p.m., Monday through Friday, as soon as they become available. The NACMCF documents will also be available on the Internet at http://www.fsis.usda.gov/Regulations_Policies/Federal_Register_Notices/index.asp.

FSIS will finalize an agenda on or before the meeting dates and post it on the FSIS Web page at http://www.fsis.usda.gov/News/Meetings_Events/.

Please note that the meeting agenda is subject to change due to the time required for Committee discussions; thus, sessions could start or end earlier.

1 The 35 minutes per respondent includes 15 minutes to review the materials, participate in the screening interview, and decide whether to participate.

2 The 15 minutes per non-respondent is to review the materials, participate in the screening interview, and decide whether to participate.