OFFICE OF SCIENCE AND TECHNOLOGY POLICY

Request for Information (RFI) on Strengthening Community Health Through Technology

AGENCY: White House Office of Science and Technology Policy (OSTP).

ACTION: Notice of RFI.

SUMMARY: The White House Office of Science and Technology Policy (OSTP) requests input from community health stakeholders, technology developers, and other interested parties about how digital health technologies are used, or could be used in the future, to transform community health, individual wellness, and health equity. This request is part of an initiative led by OSTP dedicated to Community Connected Health—an effort that will explore and act upon how innovation in science and technology can lower the barriers for all Americans to accessing quality healthcare and lead healthier lives by meeting people where they are in their communities. We are particularly interested in information from community-based health settings and about populations traditionally underserved by healthcare. To support this effort, OSTP seeks information about: Successful models of strengthening community health through digital health technologies within the United States and abroad, barriers to uptake, trends from the COVID–19 pandemic, how user experience is measured, need for tools and training, ideas for potential government action, and effects on health equity.

DATES: Date of required notice: January 5, 2022.

FOR FURTHER INFORMATION CONTACT: Sean Robinson, 202–268–8405.


Sean Robinson, Attorney, Corporate and Postal Business Law.

[FR Doc. 2021–28582 Filed 1–4–22; 8:45 am]

BILLING CODE 7710–12–P

POSTAL SERVICE

Product Change—First-Class Package Service Negotiated Service Agreement

AGENCY: Postal ServiceTM.

ACTION: Notice.

SUMMARY: The Postal Service gives notice of filing a request with the Postal Regulatory Commission to add a domestic shipping services contract to the list of Negotiated Service Agreements in the Mail Classification Schedule’s Competitive Products List.

DATES: Date of required notice: January 5, 2022.

FOR FURTHER INFORMATION CONTACT: Sean Robinson, 202–268–8405.


Sean Robinson, Attorney, Corporate and Postal Business Law.

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information and comments about how digital health technologies are used, or could be used in the future, to improve community health, individual wellness, and health equity. Community health, defined as the collective influence of socioeconomic factors, physical environment, health behaviors, and availability of quality clinical care services, serves as one of the most important drivers of health and wellness for all Americans. This request is part of an initiative dedicated to Community Connected Health—an effort that will explore and act upon how innovation in science and technology can lower the barriers to access quality healthcare and lead healthier lives by meeting people where they are in their communities.

Scope and terminology: OSTP invites input from all interested parties as outlined in the instructions. The term ‘digital health technologies’ should be interpreted broadly as any tool or set of tools that improve health or enable better healthcare delivery by connecting people with other people, with data, or with health information. Examples of this include but are not limited to: Telehealth, remote patient monitoring devices, health trackers, mobile devices (e.g., smart phones, tablets), mobile health apps, and technologies for managing health information including electronic health records.

Information Requested: Respondents may provide information for one or as many topics below as they choose.

1. Successful models within the U.S.: Descriptions of innovative examples or models of how community health providers within the United States successfully use digital health technology to deliver healthcare, enable healthier lifestyles, or reduce health disparities. This can include: The key features of the organizations and/or the digital health technologies that have been most successful, what is needed to support the scale up beyond individual organizations, examples of best practices, examples of important user experiences, metrics of how digital health technologies are used, or could be used, in community-based settings through the uptake of innovative digital health technologies and telemedicine at the community level. Please specify whether these opportunities could take place in the immediate future (i.e., 0–2 years), in the next 5 years, in the next 10 years or beyond.

2. Barriers: Specific descriptions of the current barriers faced by individuals or organizations to the use of digital health technologies in community-based settings. It would be very helpful for respondents to indicate how these barriers may align to the following broad categories (including broadband access), training, costs, reimbursement/policies, buy-in across organization or community, user education/comfort, or other. In the case of barriers that include user comfort/willingness to use the technology, it would be useful for respondents to detail any concerns users might have such as privacy, security, discrimination, the effectiveness of the technology, or other such concerns.

3. Trends from the pandemic: Impressions or data reflecting how the use of digital health technologies (including the use of telemedicine) has changed over the course of the pandemic by individuals, community-based organizations, and in community-based health settings. This includes impressions of what is likely to continue, or not, after the end of the public health emergency or COVID–19 pandemic.

4. User experience: Descriptions of how technology developers, community-based healthcare providers, or other community-based stakeholders consider and/or assess the patient and client experience in the use of health technologies. This includes direct experiences from individuals and patients who have used digital health technologies. We welcome descriptions of how digital health technologies could be better designed with the user experience (e.g., community health workers, healthcare providers, or patients) in mind, as well as aspects of the user experience that could be changed to help remove barriers due to willingness to use (e.g., privacy protections).

5. Tool and training needs: Information about the current technological tools, equipment, and infrastructure needs of community health workers and other community-based health providers. Descriptions about what is needed to train and/or certify community health organizations and workers on the use of digital health technologies for their work are also welcome.

6. Proposed government actions: Opportunities for the Federal Government to support the transformation of community health settings through the uptake of innovative digital health technologies and telemedicine at the community level. Please specify whether these opportunities could take place in the immediate future (i.e., 0–2 years), in the next 5 years, in the next 10 years or beyond.

7. Health Equity: Information about how digital health technologies have been used, or could be used, in community-based settings to drive towards a reduction in health disparities or achieving health equity. This could include any concerns about the health equity impacts of digital health technologies.

8. International models: Examples from outside of the United States, particularly from low or middle-income countries, that exemplify innovation at the intersection of healthcare delivery and technology. This can include: The key features of the organizations and/or the digital health technologies that have been most successful, what is needed to support the scale up beyond individual organizations, examples of best practices, examples of important user protections to institute (e.g., privacy best practices), examples of positive user experiences, metrics of how community health providers measure outcomes or success, and creative ideas or models that may be in nascent stages. We encourage responses that extrapolate to how these international models could be applied within the United States healthcare system.

Stacy Murphy, Operations Manager.

BILLS код: 3270-F2-P

SECURITIES AND EXCHANGE COMMISSION
[Investment Company Act Release No. 34457; File No. 812–15223]
Flat Rock Global, LLC, et al.

AGENCY: Securities and Exchange Commission (“Commission”).

ACTION: Notice.

Notice of application for an order (“Order”) under sections 17(d) and 57(i) of the Investment Company Act of 1940 (the “Act”) and rule 17d–1 under the Act to permit certain joint transactions otherwise prohibited by sections 17(d) and 57(a)(4) of the Act and rule 17d–1 under the Act.

Summary of Application: Applicants request an order to permit certain business development companies and closed-end management investment companies to co-invest in portfolio companies with each other and with affiliated investment funds and accounts.

Applicants: Flat Rock Global, LLC (“Flat Rock”) on behalf of itself and its successors,1 Flat Rock Opportunity Fund, Flat Rock Core Income Fund (together, the “Existing Registered

1 The term “successor,” as applied to each Adviser (defined below), means an entity which results from a reorganization into another jurisdiction or change in the type of business organization.