



**AGENDA  
STRATEGIC PLANNING COMMITTEE**

**Wednesday, April 20, 2022 at 2:00 P.M.**

In accordance with California Government Code Section 54953 teleconferencing will be used for this meeting. Board members, staff and members of the public will be able to participate by webinar by using the following link: <https://us02web.zoom.us/j/83455354912>  
Meeting ID: **834 5535 4912**. Participants will need to download the Zoom app on their mobile device. Members of the public will also be able to participate by telephone using the following dial in information: **Dial in #: (310) 372-7549, Passcode 660448.**

Committee Members: Jennifer Jeffries, Chair and Howard Salmon, Co-chair  
Staff: CEO Rachel Mason, Executive Assistant Linda Bannerman, Wellness Center Administrator Theresa Geracitano, Administrative Officer Judith Oswald

1. Call to Order/Roll Call
2. Public Comments
3. Discussion Items
  - a. Resolution No. 447 – Annual Statement of Investment Policy for Fiscal Year 2022-2023
  - b. Fallbrook Diabetes Prevention Project - Skinny Gene Project
  - c. District Employee Health Insurance Benefits
  - d. Community Health Contracts—Community Grant Process
4. Board Member Comments and Future Agenda Items
5. Adjournment

I certify that on April 19, 2022, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of Fallbrook Regional Health District, said time being at least 24 hours in advance of the meeting. The American with Disabilities Act provides that no qualified individual with a disability shall be excluded from participation in or denied the benefits of District business. If you need assistance to participate in this meeting, please contact the District office 24 hours prior to the meeting at 760-731-9187.

A handwritten signature in blue ink that reads "Linda Bannerman". The signature is written in a cursive style and is positioned above a horizontal line.

Board Secretary/Clerk

## RESOLUTION NO. 447

### RESOLUTION OF THE BOARD OF DIRECTORS OF THE FALLBROOK REGIONAL HEALTH DISTRICT APPROVING THE STATEMENT OF INVESTMENT POLICY FOR FISCAL YEAR 2022-2023

WHEREAS, the Board of Directors may approve and adopt a Statement of Investment Policy; and

WHEREAS, the annual Statement of Investment Policy must be reviewed and adopted at a public meeting, the Investment Policy of the Fallbrook Regional Health District shall be as follows:

#### Section 1 - General Provisions and Objectives

Fallbrook Regional Health District ("District") is a local agency organized and existing pursuant to the California Healthcare District Law (Health & Safety Code Sections 32000, et seq.).

District funds not required for immediate expenditure will be invested in compliance with this policy and the provisions of California Government Code Sections 53600, et seq. Criteria for selecting investments and the absolute order of priority are safety, liquidity, and yield. Investments will be made in a range of instruments and maturity dates to ensure diversification and liquidity of assets in an emergency or when a large cash outlay is necessary. In accordance with California Government Code Section 53607, the authority to invest or reinvest the funds of the District is retained by the Board, with the advice of the Finance Committee.

#### Section 2 – Prudent Investor Standard

All participants in the investment process shall recognize that the investment portfolio is subject to the prudent investor standard as set forth in California Government Code Section 53600.3 and to public review and evaluation and shall seek to act responsibly as fiduciaries of the public trust. Investments shall be made with the exercise of that degree of judgment and care under circumstances then prevailing which persons of prudence, discretion, and intelligence exercise in the management of their own affairs, not for speculation but for investment, considering the preservation of capital, the cash flow needs of the District as well as the income to be derived. In a diversified portfolio, occasional measured losses may be inevitable and must be considered within the context of the overall portfolio's return and the cash flow requirements of the District.

#### Section 3 – Credit Risk

A. Credit risk is the risk that an issuer or other counter-party to an investment will not fulfill its obligation. Concentration of credit risk is the risk of loss attributed to the magnitude of a District's investment in a single issuer. All participants in the investment process shall consider aversion to concentration of credit risk by:

1. Limiting investment purchases to those types and amounts permissible by California Government Code § 53601 and Section 6 of this Resolution;
2. Investing no more than twenty-five percent (25%) of the portfolio with one issuer, except as noted in §6 below; and
3. If pursuing a rated investment, investing only in investments with an AA+/A1 or better rating from Standard and Poor's Corporation and AA1/P2 or better from Moody's Investors Service Inc. at the time of purchase.

B. Custodial credit risk is the risk that the District will not be able to recover deposits or the value an investment or collateral securities that are in the possession of an outside party. All participants in the investment process shall consider aversion to custodial credit risk by:

1. Investing no more than twenty-five percent (25%) of the portfolio with one financial institution, with the exception of LAIF, Cal-Trust, the US Treasury, and funds advanced or in trustee accounts for project construction; and
2. If pursuing a deposit, ensuring that all deposits are fully collateralized as required by California Government Code Section 53652, or are insured by the Federal Deposit Insurance Corporation or National Credit Union Administration, and the "Contract for Deposit of Monies" will indicate the type and amount of collateral.

#### Section 4 – Interest Rate Risk

Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment. All participants in the investment process shall consider aversion to interest rate risk by limiting the term remaining to maturity on purchased investments to five years, unless a longer term is permissible within the California Government Code and specifically approved by the Board prior to purchase.

#### Section 5 - Ethics and Conflict of Interest.

All participants in the investment process shall seek to act responsibly as custodians of the public trust. All officials, officers, and employees involved in the investment process shall refrain from personal business activity that could conflict with proper execution of the investment program or which could impair his/her ability to make impartial investment recommendations and decisions. All officials, officers, and employees involved in the investment process shall adhere to the District's Conflict of Interest Code, which is updated biennially by the Board.

Section 6 – Permissible Investments

The permissible investments and limits on amounts and maturities are listed below:

Investment	Limits	
	% of Investment Portfolio	Maturity
LAIF	75%	N/A
US Treasury bills and notes	75%	Maximum 5 years
Cal-Trust	75%	2 Years
Federal agency obligations	25%	Maximum 5 years
SD County Investment Pool	20%	N/A
Insured CDs	20%	1 year
Savings accounts	25%	N/A

Pursuant to the provisions of California Government Code Section 53601.1, no investment will be made in financial futures or financial option contracts without the prior approval of the Board of Directors. Investments permitted by the California Government Code, but not by this policy, will be made only with prior approval of the Board of Directors.

A thorough investigation of any pool or fund is required prior to investing, and on a continual basis. The purpose of this investigation is to determine the suitability of a pool or fund and evaluate the risk of placing funds with that pool or fund. The investigation shall, at a minimum, obtain the following information:

A description of interest calculations and how it is distributed, and how gains and losses are distributed;

A description of who may invest in the program, how often, what size deposits and withdrawals are permitted;

A schedule for receiving statements and portfolio listings;

A description of the pool/fund reserves or retained earnings, or whether all income after expenses is distributed to participants; and

A fee schedule which discloses when and how fees are assessed.

#### §7 – Reporting and Miscellaneous Provisions

Pursuant to California Government Code Sections 53646(b) and 53646(d), a monthly report shall be submitted to the Board of Directors within thirty (30) days following the end of the month covered by the report for review. The report shall include the type of investment, issuer, purchase and maturity dates, rate of interest, dollar amount invested, fund, current market value, and percentage of portfolio. The report shall also state compliance of the portfolio to the statement of the investment policy, or the manner in which the portfolio is not in compliance. The report shall include a statement regarding the ability of the District to meet its expenditure requirements for the next six (6) months.

The Finance Committee shall establish and maintain a system of internal controls to be examined and monitored by the District's independent auditor. The investment policy shall be reviewed annually by the Board to ensure its consistency with applicable state law.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Fallbrook Regional Health District as follows:

The Annual Statement of Investment Policy for Fiscal Year 2022-2023 is hereby approved, and the Finance Committee directed to follow this Statement of Investment Policy in investing funds of the District.

PASSED AND ADOPTED by the Board of Directors of the Fallbrook Regional Health District at a regular meeting held on this 11<sup>th</sup> day of May 2022, by the following roll call vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

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Howard Salmon, Chair  
Board of Directors  
Fallbrook Regional Health District

ATTEST:

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Barbara Mroz, Vice Chair  
Board of Directors  
Fallbrook Regional Health District



# FALLBROOK REGIONAL HEALTH DISTRICT



Skinny Gene Project  
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# OUR WHY

Your **zip code** is a better predictor of your health than your **genetic code**.

\*Harvard School of Public Health





WHY??

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**100 MILLION**

MORE THAN **37**  
**MILLION** AMERICANS  
HAVE DIABETES

**96 MILLION**  
AMERICANS HAVE  
PREDIABETES

**PRE**



**DIABETES**

**PRE**



**EPIDEMIC  
BANKRUPTCY  
LOSS OF LIFE**

# Diabetes Prevention Program (DPP)

A Proven Solution

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A Comprehensive Lifestyle Change Program - Est. 1996

Mandated by Medicare, Medi-Cal and reimbursed by most commercial plans



# DPP Study Outcome

No Lifestyle Change

0%

Metformin

31%

DPP (Under 60)

58%

DPP (Over 60)

71%

0

25

50

75

**Decreased Risk  
in Developing  
Type 2 Diabetes**

**The Medicare DPP  
(MDPP) is a  
covered benefit  
for all Medicare  
Part B  
beneficiaries.**

Required as stated in the Centers for Medicare & Medicaid Services (CMS) issued the Calendar Year (CY) 2018 Physician Fee Schedule (PFS) final rule :

“At §410.79(a), we are finalizing that MDPP services will be available under the MDPP expanded model as a Part B service for eligible Medicare beneficiaries **beginning on April 1, 2018**. Because MDPP services are a Part B service, **all Medicare health plans** (which include plans offered by Medicare Advantage Organizations, cost plans offered under sections 1833 and 1853 of the Act, and PACE organizations), **are required to cover MDPP services for eligible beneficiaries**.

As a Part B service, Medicare health plans are CMS-1676-F 761 required to provide beneficiaries with coverage of all MDPP services using medical necessity criteria that authorize coverage on at least the same terms as Original Medicare.”



**WHY??**



**DPP**



**DESERT**



# ACCESS TO DPP

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## Within 50 Miles- San Diego Only

### MEDICARE DPP PROVIDERS:

- Skinny Gene Project
- Scripps Health
- Centro De Salud De La Comunidad De San Ysidro Inc

### MEDI-CAL/ MEDI-MEDI DPP PROVIDERS:

- Skinny Gene Project- (ONLY)

## Nationwide- Only 15% of Doctors Refer to DPP

- Not knowledgeable about DPP – 50%
- No known program to refer to – 75%

**85% of people with prediabetes don't know they have it**

**PLANT**



**WATER**



**GROW**

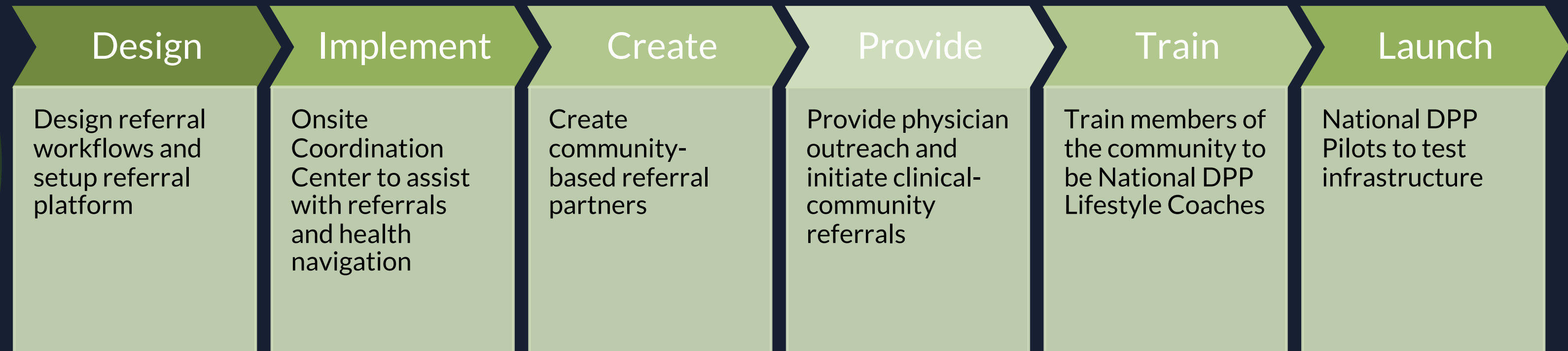


Fallbrook Regional Health District  
Prevention Network

# PLANT



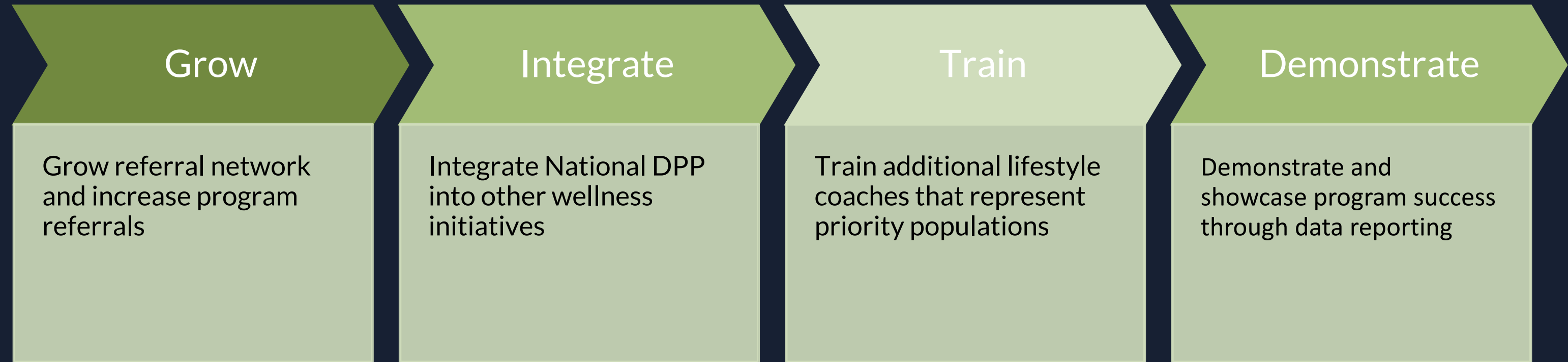
## BUILD THE INFRASTRUCTURE



Estimated Timeline: 18

# WATER

# STRENGTHEN



Estimated Timeline: 18

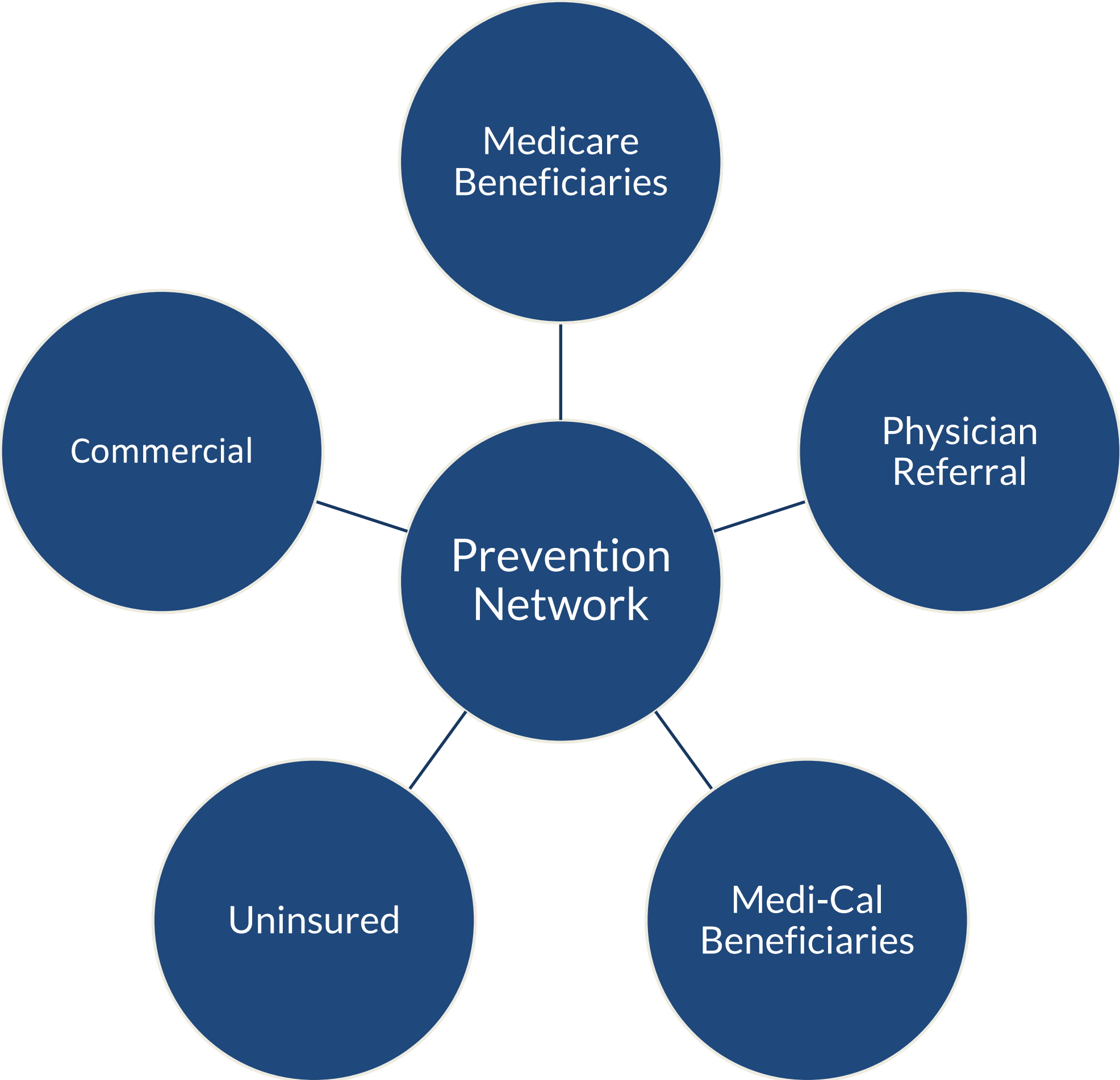
# GROW

# SUSTAINABILITY

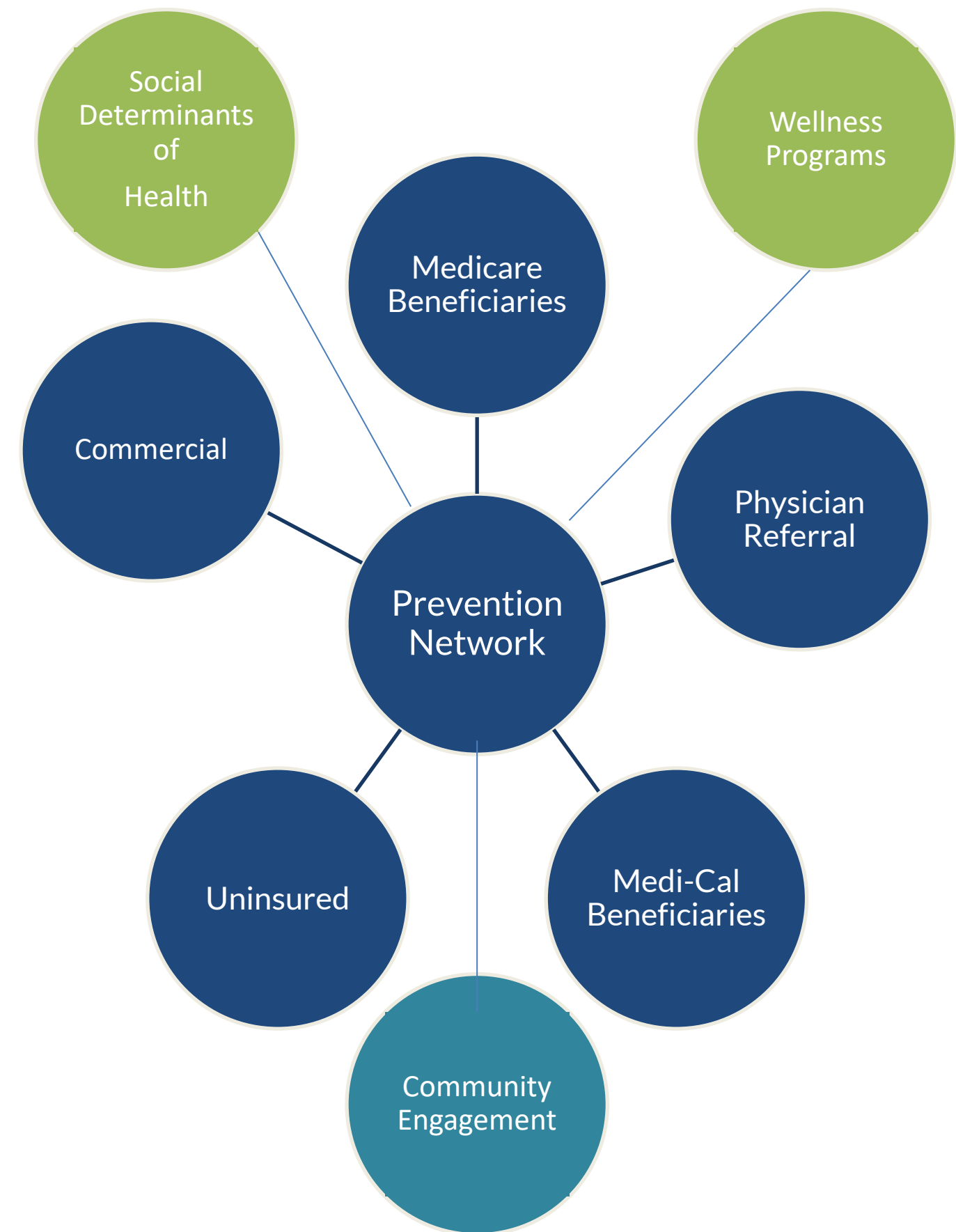


Estimated Timeline: 24

# Fallbrook Regional Health District Prevention Network

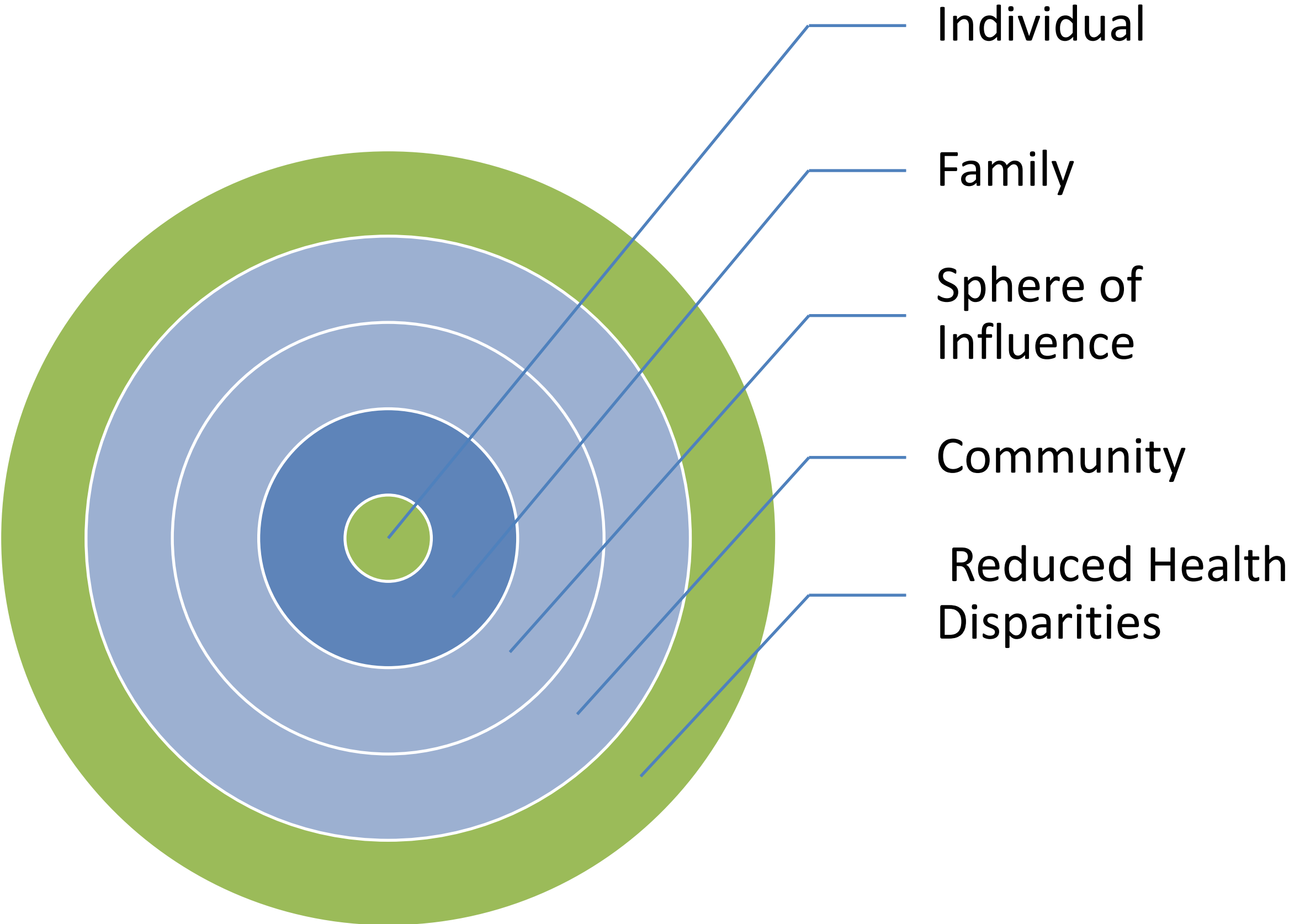


# Fallbrook Regional Health District Prevention Network





Fallbrook  
Regional  
Health  
District  
Prevention  
Network





# ABOUT US

The Skinny Gene Project (SGP) is a 501(c)(3) non-profit organization dedicated to preventing the intergenerational epidemic of type 2 diabetes throughout the US.



## OUR MISSION

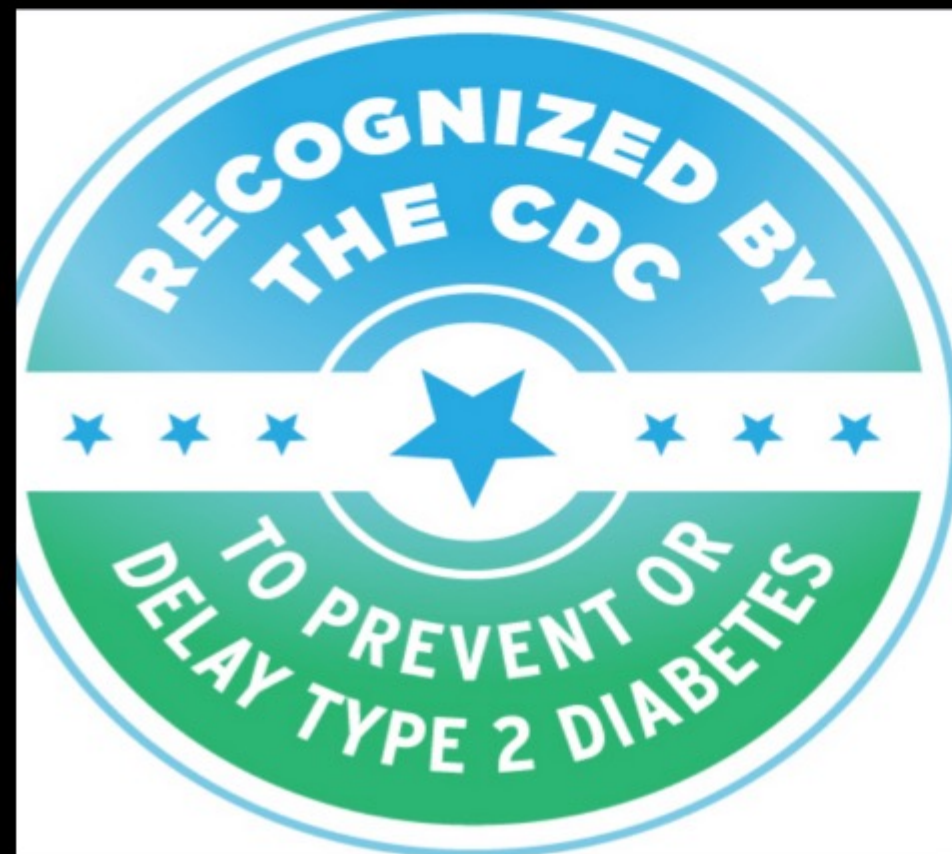
As diabetes prevention network, our mission is to **increase access to lifestyle modification programs**, enable organizations to be agents of change in their communities, and connect those with prediabetes to the resources that address their social needs.

Together we **fight racial and health inequity** and enable those at-risk to thrive, not just survive.

# TRIPLE THREAT

We are the only known organization working with the CDC to address all three barriers to scaling the National DPP – programming, staffing, and organizational support.

Fully Recognized



CDC Training Entity



Umbrella Organization





THANK YOU!

MARLAYNA BOLLINGER  
FOUNDER, EXECUTIVE DIRECTOR

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E: MBOLLINGER@SKINNYGENEPROJECT.ORG

AYA MORIHANA  
DIRECTOR OF STRATEGIC PARTNERSHIPS

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EDUCATE. EMPOWER. PREVENT DIABETES

[WWW.SKINNYGENEPROJECT.ORG](http://WWW.SKINNYGENEPROJECT.ORG)

**Prepared for:**

Rachel A. Mason, MS, MA  
Chief Executive Officer  
Fallbrook Regional Health District  
138 South Brandon Rd  
Fallbrook, CA 92028

# Fallbrook National Diabetes Prevention Program Proposal

Draft

December 12, 2021

**Prepared by:**

Marlayna Bollinger  
The J. Moss Foundation  
Skinny Gene Project  
10620 Treena St. Ste 230  
San Diego, CA 92131  
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619-793-2002

## Letter of Intent

**THIS LETTER OF INTENT** (the "Document") made as of this 18th day of November, 2021(the "Execution Date"),

### BETWEEN:

Fallbrook Regional Health District (FRHD)

138 South Brandon Road, Fallbrook, CA 92028

(the "Client")

- AND -

Skinny Gene Project

10620 Treena St, San Diego, CA 92131

(the "Contractor")

### BACKGROUND:

- A. The Contractor is available for hire to perform certain services.
- B. The Client wishes to hire the Contractor to perform the services.

This Document will establish the basic terms to be used in a future Statement of Work (SOW) between the Contractor and the Client. The terms contained in this Document are not comprehensive and it is expected that additional terms may be added, and existing terms may be changed or deleted. The basic terms are as follows:

### Non-Binding

1. This Document does not create a binding agreement between the Client and the Contractor and will not be enforceable. Only the future Statement of Work, duly

executed by the Client and the Contractor, will be enforceable. The terms and conditions of the SOW will supersede any terms and conditions contained in this Document. The Client and the Contractor are not prevented from entering into negotiations with third parties with regard to the subject matter of this Document.

#### Transaction Description

2. The services for hire are described Exhibit B

#### Purchase Price

3. The Contractor will charge the Client for the services (the "Compensation") as provided in Exhibit C.

#### Representations

4. The Contractor represents and warrants that the Contractor has the necessary qualifications, experience and abilities to provide the described services to the Client. If the representations of the Contractor are untrue upon the Closing Date, the Client may terminate any SOW agreement without penalty and any deposits must be refunded.

*[Remainder of Page Intentionally Left Blank]*

*[Signature Page to Follow]*



IN WITNESS WHEREOF, the Parties have executed this Letter of Intent on the date first written above.

By: \_\_\_\_\_

Name:

Title:

Fallbrook Regional Health District

(Client)

*Marlayna Bollinger*  
\_\_\_\_\_

Marlayna Bollinger

Executive Director

Skinny Gene Project (Contractor)

## **EXHIBIT A- OVERVIEW**

The Fallbrook Regional Health District (FRHD) is created by residents for residents. The Community Health & Wellness Center is the hub, from which prevention is possible for Fallbrook families. A recent community needs assessment revealed that addressing the obesity and type 2 diabetes epidemic was a high priority for both the board and residents of Fallbrook.

The National DPP is an evidence-based program that aligns with several of the district's goals (e.g., community engagement, collaborative partnerships, reduce health disparities, "lifetime" health, wellness and healthy behaviors), and fits synergistically with other planned programming (e.g., group exercise, walking path, prevention/screening, support meeting etc.). While offering a diabetes prevention program is important, the assessment also noted the degree of difficulty required to implement this service.

The Skinny Gene Project (SGP) is uniquely suited to help FRHD launch a diabetes prevention network in Fallbrook at the Community Health and Wellness Center. The SGP is the only known organization in the country that is a CDC-Recognized Diabetes Prevention Program, a CDC Training Entity, and a CDC Umbrella Hub Entity. As such, the SGP has the expertise needed to launch the National DPP and make Fallbrook a healthy-zone for generations to come.

### **National DPP Background**

According to a study released by the UCLA Center for Health and Policy Research, nearly half of CA adults have either prediabetes – a precursor to type 2 diabetes – or undiagnosed diabetes. In fact, in some areas of San Diego County, it is believed that 62% of adults (55-69 years of age) have prediabetes.

Without intervention, up to 30% of people with prediabetes may develop type 2 diabetes within five years, and as many as 70% of them will develop the disease in their lifetime.

It is crucial to ensure Fallbrook residents at-risk or diagnosed with prediabetes have access to evidence-based lifestyle change programs in order to prevent or delay progression to type 2 diabetes. Those who participate in the National Diabetes Prevention Program (National DPP) may have a 58% reduced incidence of type 2 diabetes (71% for seniors), which saves an average of \$2,671 in medical expenditures per person every year.

- More than 30 million Americans have diabetes (approximately 10% of the population) – the majority of which have type 2 diabetes.
- Diabetes is the seventh leading cause of death in the United States.
- Individuals with diagnosed diabetes typically have medical expenses 2.3 times higher than those without diabetes.

The National DPP is now the 'gold standard' for preventing type 2.

## **National DPP and Quality Improvement Metrics**

### **USPSTF Grade B Recommendation (August, 2021):**

Asymptomatic adults aged 35 to 70 years who have overweight or obesity: The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer participants with prediabetes to effective preventative interventions.

The Affordable Care Act requires a subset of health plans to cover items and services with a **grade A or B USPSTF recommendation** without cost-sharing for the relevant member.

### **MACRA QPP Improvement Activities:**

On November 2, 2017, CMS released the 2018 Quality Payment Program (QPP) Final Rule which establishes required quality reporting for clinicians billing under Medicare Part B. The Medicare Improvement Payment System (MIPS) track of the QPP evaluates clinicians in four performance categories: Quality, Cost, Advancing Care Information, and Improvement Activities (IAs). Under the IAs performance category, **CMS has identified two activities directly tied to the National DPP lifestyle change program**. Clinicians required to report under MIPS and are involved in the National DPP lifestyle change program can utilize these measures when reporting under the IAs performance category.

For at-risk outpatient Medicare beneficiaries, individual MIPS eligible clinicians and groups must attest to implementation of systematic preventive approaches in clinical practice for at least 60 percent for the CY 2018 performance period and 75 percent in future years, of medical records with documentation of referring eligible patients with prediabetes to a CDC-recognized organization.

### **New Quality Metrics include:**

American Medical Association (AMA) convened a cross-specialty, multidisciplinary technical expert panel (TEP) to identify and define **new quality measures for prediabetes**. The draft measures proposed by the TEP represent the first measures in the U.S. intended to assist in the prevention of type 2 diabetes. The proposed measures address screening for prediabetes, providing intervention for those with prediabetes, and follow-up testing for those with prediabetes.

The Core Quality Measures Collaborative has indicated the potential development of a prediabetes measure for the ACO & PCMH/Primary Care Measures core quality measurements. Prediabetes measures can be developed through the **CMS MACRA Quality Measure Development Plan** finalized under the MACRA final rule.

**EXHIBIT B- SERVICES**

**OBJECTIVE** “Plant. Water. Grow”: Making FHD a Diabetes-Free Zone

*The Skinny Gene Project will serve as the Outsourced National DPP Infrastructure for the Fallbrook Regional Health District. As such, the SGP will create the FRHD Prevention Network- a collaborative network of FRHD partners, programs, and initiatives that work together to end the trend of type 2 diabetes.*

*By implementing the “Fallbrook Health District National DPP Program”, the FRHD may improve quality metrics, reduce health care cost, prevent type 2 diabetes, and improve the residents’ overall quality of life.*

<b><u>TERM OF THE AGREEMENT</u></b>	5 years
<b><u>SERVICES</u></b>	<p>The Outsourced National DPP Infrastructure may include the following services (*Recommended or Required by the CDC):</p> <ul style="list-style-type: none"> <li>Bi-directional Referral Platform</li> <li>*Billing- Medicare, Medi-Cal, etc.</li> <li>Coach Support and Management</li> <li>Collaborative Partnerships with Community Orgs</li> <li>*Coordination Center- Eligibility and Enrollment</li> <li>Cybersecurity (Protection of PHI and PII)</li> <li>*Data collection, cleaning, and submission to the CDC</li> <li>*Lifestyle Coach Training and Advanced Trainings</li> <li>National DPP Case Management</li> <li>Prediabetes Risk Screening</li> <li>*Referral Management</li> <li>*Regulatory Compliance</li> <li>*Technical Assistance</li> </ul>
<b><u>PHASE 1</u></b>	<p><b>“Plant”</b></p> <p>During the first phase, the SGP will <i>plant the seed</i> (i.e., create the infrastructure) from which a sustainable National DPP will grow.</p> <ul style="list-style-type: none"> <li>• Create strategic community partnerships</li> <li>• Design referral workflow</li> </ul>

- Launch “Pilot” National DPP classes to test workflow and infrastructure
- Provide information sessions and other program recruitment events
- Train selected FHD residents and staff to be CDC Lifestyle Coaches
- Work with FHD on National DPP marketing efforts

**Estimated Timeline:** January 2022 - June 2023

**PHASE 2**

**“Water”**

During the second phase, the SGP will strengthen and scale the Fallbrook Health District National DPP.

- Grow referral network and increase program referrals
- Increase social needs assessment and referrals to FRHD partners
- Integrate National DPP into other FRHD Wellness Initiatives
- Train additional lifestyle coaches that represent priority populations
- Use data to showcase participant and program success

**Estimated Timeline:** July 2023- December 2024

**PHASE 3**

**“Grow”**

During this final phase, the SGP will ensure the program has long-term growth and on the path towards sustainability (self-funded)

- Assist FRHD in becoming listed as an authorized Medicare DPP supplier
- Train FRHD Lifestyle Coach to be a Master Trainer (train-trainer model)
- Training previous participants to be Lifestyle Coaches

**Estimated Timeline:** January 2025- December 2026

In the proposed relationship, in addition to the providing the services outlined above, the SGP would use a portion of the funding to support a Community Chest. The "chest" would provide participants with items needed to overcome barriers to living a healthier lifestyle (e.g., bus/travel vouchers, clothes, shoes, cooking supplies, devices).

We kindly request, FRHD market the prevention program, provide program space, and leverage their relationships to connect SGP to community partners.

**EXHIBIT C- BUDGET**

<b>YEAR #</b>	<b>YEAR</b>	<b>PHASE(S)</b>	<b>AMOUNT</b>
<b>1</b>	2022	PLANT	\$150,000
<b>2</b>	2023	PLANT/WATER	\$200,000
<b>3</b>	2024	WATER	\$200,000
<b>4</b>	2025	GROW	\$200,000
<b>5</b>	2026	GROW	\$200,000
<b>TOTAL</b>			\$950,000



## Riverside County Rates

<b>Benefit/Provider</b>	<b>Plan</b>	<b>Cost from CalPERS</b>
Blue Shield Access+ HMO	Employee Only	779.87
	Employee + 1	1559.74
	Family	2027.66
Health Net Salud y Mas HMO	Employee Only	463.87
	Employee + 1	927.74
	Family	1206.06
Health Net Smart Care HMO	Employee Only	764.96
	Employee + 1	1529.92
	Family	1988.9
United Healthcare Signature Value Alliance	Employee Only	771.85
	Employee + 1	1543.7
	Family	2006.81
PERS Gold PPO	Employee Only	575.56
	Employee + 1	1151.12
	Family	1496.46
PERS Platinum PPO	Employee Only	863.37
	Employee + 1	1726.74
	Family	2244.76



## San Diego County Rates

Benefit/Provider	Plan	Cost from CalPERS
Blue Shield Access+ HMO	Employee Only	900.22
	Employee + 1	1800.44
	Family	2340.57
Anthem Blue Cross Select HMO	Employee Only	712.43
	Employee + 1	1424.86
	Family	1852.32
Health Net Salud y Mas HMO	Employee Only	548.26
	Employee + 1	1096.52
	Family	1425.48
Health Net Smart Care HMO	Employee Only	845.69
	Employee + 1	1691.38
	Family	2198.79
Sharp Performace Plus HMO	Employee Only	699.21
	Employee + 1	1398.42
	Family	1817.95
United Healthcare Signature Value Alliance	Employee Only	775.09
	Employee + 1	1550.18
	Family	2015.23
United Healthcare Signature Value Harmony	Employee Only	782.74
	Employee + 1	1565.48
	Family	2035.12
Kaiser HMO	Employee Only	706.02
	Employee + 1	1412.04
	Family	1835.65
PERS Gold PPO	Employee Only	587.78
	Employee + 1	1175.56
	Family	1528.23
PERS Platinum PPO	Employee Only	882.18
	Employee + 1	1764.36
	Family	2293.67