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## Governance Committee

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June 3, 2019

**Chair:** Dr. Joseph Miner

**Present:** Dr. Joseph Miner, Dr. Marc Babitz, Jerry Edwards, Heather Borski, Ralph Clegg, Randall Probst, Lloyd Berentzen, Jeff Combs, Curtis Burk for Paul Patrick, Tiffani Metoyer-Smith

**Visitors:** Lynne Macleod, Brad Belnap, Anna Fondario, Darryl, Theron Jeppson

**Phone:** Jill Parker

**Voting Members:** Dr. Joseph Miner, Heather Borski, Curtis Burk for Paul Patrick, Ralph Clegg, Randall Probst, Lloyd Berentzen

**Co-Chairs:** Dr. Joseph Miner and Ralph Clegg

### Minutes

Approve minutes from May 20, 2019 Governance meeting.

**Motion to approve:** 1<sup>st</sup>: Heather Borski 2<sup>nd</sup>: Randall Probst

**Vote Yes:** Dr. Joseph Miner, Heather Borski, Curtis Burk for Paul Patrick, Ralph Clegg, Randall Probst, Lloyd Berentzen

### Behavioral Risk Factor Surveillance System - Lynne Macleod (handout)

- 2<sup>nd</sup> round of funding for the 5<sup>th</sup> year of the cooperative agreement.
- About \$243,000 was received for the first round of funding in March.
- This is a supplemental grant to make up funding for remainder of budget year 5.
- New cooperative agreement beginning August 2019 through July 2020 creating change in budget period.
- Requesting \$298,087 to fund the following:
  - \$97,840 for the landline component of the BRFSS.
  - \$144,080 for the cell phone component of the BRFSS.
  - \$9,898 to partially fund the 2020 Asthma Call Back Survey.
  - \$46,269 to partially fund the Adverse Childhood Experiences Optional Module on the 2020 BRFSS.
    - VIPP has agreed that they or their partners will fund the remainder of about \$38,000.
- Grant is anticipated to continue beyond 5 year funding.
- Researching how dropping land lines for 100% cell phone usage will affect response rates.
- This year the amount of state added questions on the BRFSS was increased to about 700,000.
- Increase in survey questions amounts requires an increase of staff in the survey center.
- The number of completes increased from 10,000 to 12,500 allowing a data increase from smaller areas.
- The minimum budget amount would depend on the minimum number of completes projected.

**Grant is exempt. No vote needed.**

### Gus Schumacher Nutrition Incentive Program - Brad Belnap (handout)

- \$400,000 in ongoing funding appropriate by State legislature to support low income produce incentives.
- Applying for federal funds to supplement incentive program for SNAP and food stamp recipients to purchase fresh, local produce.
- Utah Produce Incentive Collaborative assisted in advocating for the in-state funding.

- Funding was an appropriation from the Local Food Advisory Council in the Dept. of Agriculture and the Federal Farm Bill through the department's appropriations committee, not social services.
- Total amount applying for is over 4 years, not appropriated yearly .
- Food Insecurity Nutrition Incentive program (FINI) is now the Gus Schumacher Nutrition Incentive program. (GusNIP)
- FINI project "Double Up Food Bucks" is specific to snap recipients and matches the amount spent on fresh produce. Spend \$20 on produce and receive \$40 worth of fresh produce.
  - Applying for \$1.8 million over 4 years. \$1.3 million will fund the incentive per requirements.
  - This program is currently only at Farmer's Markets/stands limiting times of year and locations.
  - \$20 = 40 tokens at Farmer's Markets/stands. Vendors are trained to know what foods qualify.
  - Funding will help expansion to retail stores making it more accessible to participants.
  - Retailers would offer a 50% discount on up to \$40 worth of food.
  - Retail POS system will be similar to WIC in that the system will know which items qualify.
  - USDA funding addresses that retailers must agree to increase local produce in their stores.
- Produce Prescription (Produce RX) is not specific to SNAP and food stamp recipients but is synergistic with Double Up Food Bucks. Participants may qualify for both.
  - \$500,000 grant over a 3-year period estimated to serve about 2,900 Utahans.
  - Program allows healthcare providers to offer vouchers and incentives for healthy produce with funding supporting incentives to pay for vouchers. .
  - Providers may offer up to five (5) \$20 vouchers that can be used at any participating vendor.
  - Successful pilot in 2017 with the refugee population.
- Currently working with Association of Utah Community Health, University of Utah's Wellness Bus (a mobile wellness unit that travels to remote areas to serve patients), and the International Rescue Committee in hopes to branch out state-wide.
- Program will provide technical assistance to help with workflow at the clinics to assist if needed.
- Motion to make exempt by Lloyd Berentzen, second by Ralph Clegg. Governance would like updates.

**Motion to make grant exempt with updates to Governance: 1<sup>st</sup>: Lloyd Berentzen 2<sup>nd</sup>: Ralph Clegg**

**Vote Yes:** Dr. Joseph Miner, Heather Borski, Curtis Burk for Paul Patrick, Ralph Clegg, Randall Probst, Lloyd Berentzen

#### **Emergency Department Surveillance of Nonfatal Suicide - Related Outcomes (ED-SNSRO) - Anna Fondario and Theron Jeppson (handout)**

- Award ceiling is \$200,000 per budget period and floor is \$100,000 per budget period.
- Project period is 3 years. Average award is about \$163,000 per year.
- Expecting to award 9 applicants meeting eligibility of State, county, city, and territorial governments.
- Purpose is to support state's efforts to improve the timeliness of surveillance of nonfatal suicide-related outcomes, including nonfatal self-directed violence, suicidal ideation, and intentional opioid overdoses.
- Grant requires increase in timeliness of aggregate reporting of nonfatal suicide related outcomes using syndrome definitions by providing state and county quarterly Emergency visits and disseminating data to key stakeholders.
- Applicants are required to track nonfatal suicide related outcomes on a minimum of 50% of ED visits.
- 48 hospitals with 35 ED's currently reporting to Essence and 7 onboarding to Essence.
- Award would allow the program to include a suicide indicator to look at syndromic surveillance in the internal dashboard and expand existing response plans to include response plans for suicide.

- Funding would support 0.5 FTE's of a suicide epidemiologist and 0.10 FTE to allow current suicide prevention coordinator's focus to expand from youth suicide to adult suicide as well.
- Award would fund 1 FTE for Opioid Epidemiologist and 0.5 of a Suicide Epidemiologist. The Violent Death Reporting System grant will fund the other 0.5 of a Suicide Epidemiologist.
- Epidemiologist classification is usually an MPH with an epidemiology emphasis and possess analytical skills with statistical software in large data sets and linkage of data required for data analysis.
- Lloyd Berentzen would like a more specific definition of the Epidemiologist classification for future use of the term in Governance.
- Syndromic surveillance is not dependent on a diagnosis code, the registration of the patient visit or discharge triggers information to be sent.
- Codes and chief complaints are queried by an Epidemiologist and compared for similarities to build and define a syndrome.
- Syndromic Surveillance System is reported within 3 months of an encounter whereas the ED Data Set is available yearly. Syndromic data will be checked against yearly ED data.
- Randall Probst does not want to make this exempt but motions to approve and would like to be updated on progress. Heather Borski seconds.

**Motion to make grant exempt with updates to Governance:** 1<sup>st</sup>: Randall Probst 2<sup>nd</sup>: Heather Borski

**Vote Yes:** Dr. Joseph Miner, Heather Borski, Curtis Burk for Paul Patrick, Ralph Clegg, Randall Probst, Lloyd Berentzen

#### Other Agenda Items:

- None.

**Next Meeting - June 17, 2019 – 11:30am – Room 401.**

#### Motion to adjourn:

**Motion 1<sup>st</sup>:** Lloyd Berentzen **2<sup>nd</sup>:** Ralph Clegg

**Vote Yes:** Dr. Joseph Miner, Heather Borski, Curtis Burk for Paul Patrick, Ralph Clegg, Randall Probst, Lloyd Berentzen