4665 Business Center Drive
Fairfield, California 94534

MEETING Minutes

Meeting & Project Name: Quality Improvement Health Equity Committee (QIHEC)

Date: 3/17/2026 **Time**: 7:30 a.m. – 9:00 a.m.

Facilitator: Mohamed Jalloh, Pharm D

Coordinator: Bethany Hannah

Meeting Locations:

- Webex

Attendees: Aaron Brincko; Amanda Kim; Amanda McNair; Anthony Sackett; Arlene Pena; Ben Spencer; Bethany Hannah; Candy Stockton,MD,; Cathryn Couch; Christine Smith; Dawn Cook; Denise Rivera; Denise Whitsett; DeLorean Ruffin, DrPH, MPH; Emily Wellander; Eugene Durrah; Eva Julian; Folo Akintan; Hannah O'Leary; Isaac Brown; Jason Cunningham; Jeffrey DeVido; Jose Purga, Kelly YoungsStone; Kermit Jones; Kory Watkins; Leila Romero; Liat Vaisenberg; Lilly Merino; Liz Romero; Manleen Randhawa; Mark Bontrager; Mark Netherda; Marshall Kubota; Michele Grupe; Mohamed Jalloh; Monika Brunkal; Naz Sattari; Nicole Curreri, MPH CHES; Sunshine Jackson; Sydni Aguirre; Valerie Padilla; Vicquita Valazquez; Stan Leung, Sue Lee

Absent: Sonja Bjork; Whitney Haggerson; Amanda Smith; Hendry Ton, MD; Ian Kim; Kimberly Robertello; Noemi Doohan; Tiffany Tryan; Rachel Newman; Rocio Rodriguez; Rebecca Stark; Shannon Boyle; Latrice Innes; Nisha Guppta; Anna Cambell; Robert Bides; Monica Brunkle; Shahrukh Chishty; Nicole Escobar; Heather Eset; Greg Allen Freedman; Tony Hightower; Jaymee James; John Lemoine; Sue Quichocho; Dorian Roberts; Tim Sharp; Amy Turnipseed; Edna Villasenor; Kory Watkins; Bridget Gast; Dana Codron; Monica Ferguson; Jesus Hermosillo; Katherine Barresi; Kristine Gual; Naz Sattari; Priscila Ayala; Robert Moore, MD; Wendy Starr; Katheryn Power, Vicky Klakken; Wendi Davis; Monica Ferguson; Chloe Ungaro; Kristina Coester; Ledra Guillory; Lisa Wada; Tiffani Thomas; Chloe Ungaro; Kristina Coester; Ledra Guillory; Dana Constantino; Sunshine Jackson; Sydni Aguirre.

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External Advisory Members

Name	Affiliation	Org Type	3/17/26	5/19/26	7/21/26	9/15/26	11/17/26
Jason Cunningham, MD Chief Executive Officer	West County Health Centers	FQHC	X				
Eugene Durrah Equity Services Manager	Solano County	County	X				
Ian Kim Family Physician	Communicare + Ole	FQHC					
Hendry Ton, MD Associate Vice Chancellor	UC Davis	Health System					
Shandi Fuller, MD Maternal Child and Adolescent Health	Solano County	Public Health Department					
Eva Julien Senior Manager, Quality Improvement	Providence	Health System					
Valerie Padilla Director of Quality and Patient Safety	Open Door Community Health	Health System	X				
Arlene Pena Senior Program of Quality Improvement	Aliados Health	Community Based Org	X				
Jeremy Plumb Systems Director, Quality Division	Northbay Medical Center	Hospital					
Lelia Romero Health Program Specialist - Health Equity	Lake County	Public Health Department	X				

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Robin Schurig, MPH, CPH Executive Director	Health Alliance of Northern California	Community Based Org					
Candi Stockton, MD Health Officer of Humboldt County	Humboldt County	Public Health Department	X				
Tiffani Thomas Case Manager	Solano County Superior Court	Local Government					
Brandon Thornock Chief Executive Officer	Shasta Community Health Center	Health System					
Denise Whitsett Quality Improvement Coordinator	Community Medical Centers	Health System	X				
Cathryn Couch Chief Executive Officer	CERES Community Project	Community Based Org	X				

Agenda Topic	Notes	Action Item
Agenda Item 1 **Welcome/ Introductions/Roll Call/ Minutes Review** *Speaker: Mohamed Jalloh, Pharm.D*	A. Dr. Jalloh welcomed everyone to the meeting as well as took a roll-call for external members. B. Bethany confirmed that quorum had been met, as 8 external members attended. C. Dr. Jalloh asked if there were any new members on the call, to which there were none. He reminded the group that new members will be voted on, in order for them to join the QIHEC meeting. D. Motion to approve meeting minutes from November 2025. 1st: Valarie Padilla 2nd Candy Stockton	Motion to approve meeting minutes from November 2025. 1st: Valerie Padilla 2nd Candy Stockton

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Agenda Item 2 **CMO Health Plan Updates** *Speaker: Kermit Jones on behalf of Robert Moore, MD, MPH, MBA*	A. Regional Medical Director meetings have started, the first one occurred last week in Fairfield. There are others scheduled in Redding, Eureka, Santa Rosa, and other regions. Updates are based on information given in these meetings. B. Partnership Advantage: Target date for rolling it out is Jan 1st, 2027. The plan is to go live in 8 counties, with the estimates being 50,000 members are eligible, estimated that 500-1000 will sign up, so it will be a small plan. C. On track for HRP to go live this summer and JIVA to go live in October. D. There is some state budget uncertainty because of the War in Iran; the legislative affairs office said it could be close to about 20 billion. Medical changes coming in 2026 and 2027 for FQHCs and rural health clinics: They will receive the FFS rate for UIS individuals. The plan under implementation of HR1 is dental will also be eliminated for UIS in July. In October, the federal matching rate for MediCal will be reduced from 90% to 50% for emergency services for UIS individuals.In the beginning of Jan 2027, the work requirements will kick in, renewals required every 6 months.MCO tax revenue ends and in October 2027, $30 per month MediCal premiums for UIS adults between 19 and 59 will go into effect. In February 2026, Governor Newsome signed SB106 which provided 90 million dollars in emergency grant funding for planned parenthood. E. 2023/2024 prenatal and postpartum care HEDIS measures on timeliness in prenatal and postpartum care and prenatal immunization status had very strong results, with some of the measures hitting the national 90th percentile.	

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	F. Timeliness of prenatal care was 85.4% in 2022, then dipped a little bit to 84.4% in 2023, then went up to 84.6 in 2024. Some counties that had lower rates were Shasta, Solano, and Chico, in the prenatal visit area. In the prenatal vaccine area, Nevada, Del Norte, and the Trinity counties were on the low end. G. New DHCS mandatory transitional care services for the pregnant population. Pregnant members and up to 12 months postpartum have been divided into two groups: a high intensity group and moderate intensity group based on their RSST score. H. There is a new community support with transitional rent which came into effect in January 2026, which provides up to 6 months of rent for MediCal members who are experiencing or are at risk of homelessness who meet certain criteria.	
Agenda Item 3 **HEO Health Plan Health Equity Updates** *Speaker: Mohamed Jalloh, Pharm.D*	A. There is a new assembly bill currently being discussed surrounding Tribal family support services, where they are hoping to provide more support to our Tribal communities. B. NCQA has changed their health equity accreditation standard from HEA to HOA (Health Outcomes Accreditation.) SOGI data collection and DEI training: looking to expand our data collection regarding people's disability status as well as geographic updates. C. Health Equity is continuing their Community Reinvestment work, and have developed a preliminary list of ideas and are working with counties to identify core investment options to choose • Cathryn Couch states that in the Counties where she is operating in, community-based organizations that are contracted to provide community supports and ECM services are being completely left out of the conversation around reinvestment, she feels it is a big, missed opportunity. She feels CBOs should be included in the conversation.	

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	• Dr. Jalloh appreciated the feedback and stated that we will be mindful of including key people in these meetings. D. Launched the Community Health worker barbershop pilot. 10 Barbers have been trained so far, further trainings will be on the 23rd and 30th. Looking into how to optimize this project, before we bring it to other regions.	
Agenda Item 4 **Grand Analysis Presentation** *Speaker: Hannah O'Leary, MPH*	A. Hannah presents the Cultural and Linguistic Trilogy presentation. B. The presentation structured based off Partnership's program description which describes all the services Partnership has to offer, as well as a work plan. The ultimate goal of the evaluation result is to drive forward the next set of trilogy documents for the coming year. Hannah O'Leary, manager of population health proceeds to present the 2026 Population Health Needs Assessment. C. The needs assessment looks at the overall needs of our members, pulls from a variety of sources for the data. (local community needs assessment/HEDIS Data etc.) D. Community Needs Assessment findings: • Economic instability • Lack of access to health care • Neighborhood and built environment challenges • Limited access to quality education • Social and community context challenges E. Other local findings: • Access to care • Differences in Health Outcomes • Transportation • Environmental concerns • Chronic Conditions 1. Adults: hypertension, tobacco use, and depression.	

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	2. Children: anxiety, trauma/stress, and depression. = F. Partnership's Organizational Structure • In 2025 the Health Equity department hired a Cultural and Linguistic Liaison, Supervisor of Health Equity training, a Cultural Community Manager and a Project Coordinator. • In 2025 Partnership hired its community health needs liaison team which is fully staffed to cover all 24 counties. G. Social and Environmental needs • Partnership was able to leverage funding from the CalAIM Incentive payment program, which has helped build out grant opportunities to address housing concerns. The incentive payment program has awarded over $52 million in grants. • Partnership offers a member scholarship program which aids members who are interested in pursuing career paths and education with the focus on health care, social work, and other related fields. • Partnership also continued to utilize its fire and disaster reporting inbox for monitoring disasters in Partnerships region in 2025. • Partnership continued the Asthma Emergency Department visit outreach program, to better support members with Asthma. H. Access to Care • To increase access to care, Partnership has continued to work to improve poor behavioral health outcomes and increase access to care among students. • Partnership contracts with Medical Imaging company to bring mobile mammography services to our rural regions. In 2025	

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	there were 75 mobile mammography days conducted in 17 regions. • Partnership conducts 1:1 provider trainings for 111 total sites. • Partnership's growing together program encourages our parents to take their children to their Well care visits to get vaccinations. • Partnership's provider recruitment program focuses on recruiting and retaining providers to improve access to care. • Partnership was able to administer basic health population management programs and added a texting component. • Partnership was able to conduct health education sessions on vaping and positive coping strategies. • Partnership was able to continue to support and update its community resources pages that are tailored to each county. • Member services department conducted member/community informative sessions, where staff can give an overview of what their benefits are. These sessions are conducted in English and Spanish. I. The presentation structured based off Partnership's program description which describes all the services Partnership has to offer, as well as a work plan. The ultimate goal of the evaluation result is to drive forward the next set of trilogy documents for the coming year. J. In 2025 there were 1864 translation requests. (In 2024 there were 1113) In 2025 there were 444,134 interpreter calls, in 2024 there were 320,760. In 2025 there were 13,790 alternate format requests fulfilled; in 2024 there were 689. The stark contrast is due to being able to get better data in 2025. K. In 2025 there were 32+ languages spoken. The top languages were English, Spanish, Russian, Punjabi, and Tagalog. There were over 47	

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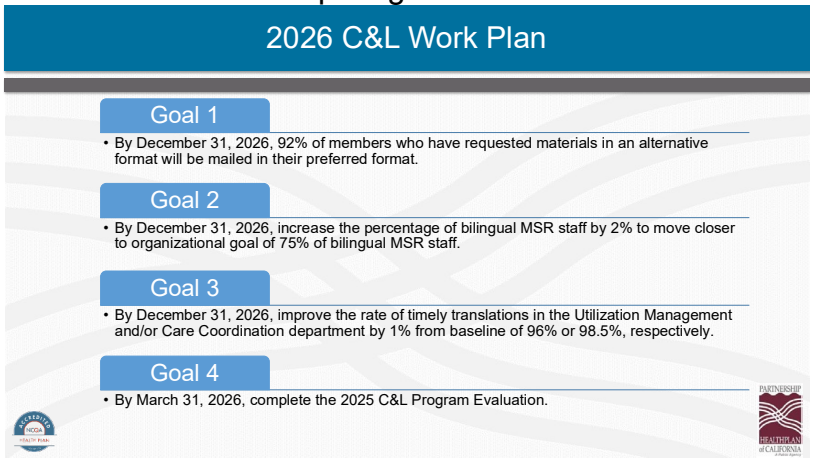
attendees at each QIHEC meeting, and each Agenda item was discussed. Each quarterly CAC meeting met quorum.

L. In 2025 all C&L policies reviewed and approved.

M. Health Equity staff was Hired to support:
- Discrimination cases
- DEI regulatory requirements
- Addressing key health disparities

N. In 2026 we split the workplan from C&L/QIHETP to C&L workplan (Population Health) and QIHETP work plan (Health Equity)

O. 2026 C&L workplan goals



P. Services Partnership offers (Cultural & Linguistic)
- Translation services
- Interpreter services
- Alternative formats and/or auxiliary aids and services
- Language data collection
- Trainings for staff
- Compliance monitoring

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	○ Goals for 2026 around C&L services ○ C&L team structure	
Agenda Item 5 **Grand Analysis Discussion and Vote** *Speaker: ALL*	A. Dr. Jalloh asked QIHEC members if there is any disparity assessment data they would want included in a future analysis of the CL trilogy (e.g. Additional stratifications, etc). B. There was no additional recommendations.	Motion to approve the Grand analysis. 1st Candy Stockton 2nd Denise Whitsett
Agenda Item 6 **Community and Member Voice Presentation** *Speaker: Amanda McNair on behalf of Jesus Hermosillo, MPH*	A. Jesus has been working diligently on launching focus groups. B. There was a focus group on 2/27, they spoke with 6 African American mothers age 23-38 who have had 1-5 pregnancies. a. The topics discussed in the focus group surrounded postpartum care, support resources, and Healthplan reflection. C. Key findings: • Associating PPC visits with addressing depression • Lack of continuity in providers, new providers each time • Limited education on monitoring, procedures, and classification D. Community interviews were conducted from 1/12/26-2/24/26, at the foodbank, resource fair, and a member informative session. a. The demographics of those interviewed were: • 30+ community members were interviewed • Their ages ranged from 23-65+	

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	• Their race/ethnicity was African American, White, Hispanic/Latino, and AAPI E. The topics discussed: • Respect and dignity • Communication • Experiences of unfair treatment • Trust • Quality of care • Partnerships strengths and weaknesses F. Key findings from these interviews: • Relationships drive engagement • Members want to be included in decisions about their care • Members hesitate to raise concerns • Continuity and follow through build or erode trust. E. Cathryn Couch asks if the regional staff will be included in these conversations. Dr. Jalloh answers that we are working with the regional staff and how we can integrate these meetings.	
Agenda Item 7 **Health Equity Policy Discussion** *Speaker: Mohamed Jalloh, Pharm.D*	A. On a year to year basis, QIHEC will provide an "equity" review of policies/procedures. B. QIHEC Reviewed the following 3 policies a. Medical Member Grievance System Policy b. CMO Credentialing Program c. Authorization of Ambulatory Procedures and Services d. No suggestions were made for the policies C. Dr. Jalloh asked if there are any policies the committee would want to review at the upcoming meeting, to which there was no additional recommendations from the committee members.	

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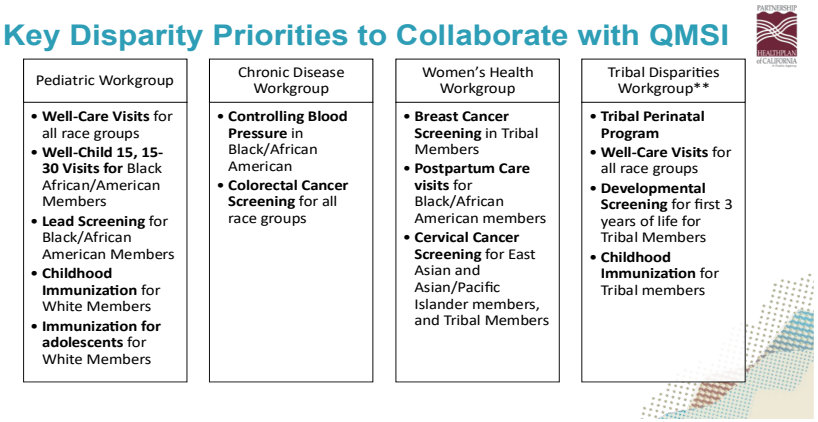
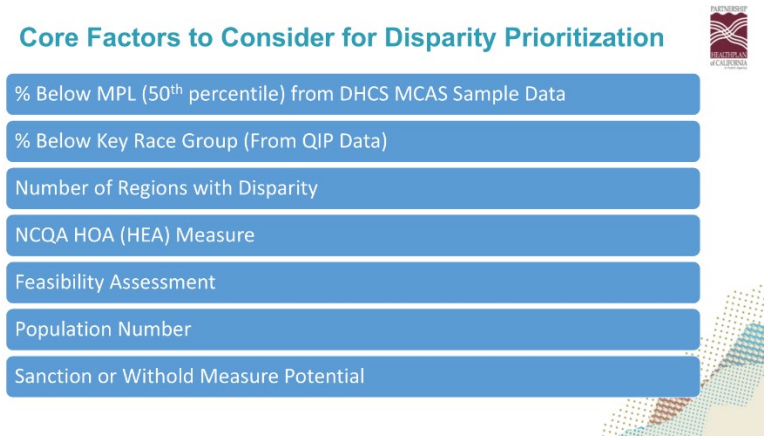
Agenda Item 8 **Disparity Project review** Speaker: All	 A. Committee members to vote on the core factors to consider for Disparity Prioritization:  B. Dr. Jalloh asks the committee if there are other factors to consider. • Dr. Stockton responded by saying that looking at smaller counties that the population numbers are so small it is hard to assess trends over time. She states it is something to keep in	Motion to approve the core factors to consider for Disparity prioritization 1st Valerie Padilla 2nd Cathryn Couch

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	mind that some of the rural counties have such small numbers that it becomes a challenge to do a comparison. • Dr. Jalloh agreed and will work with leaders to see how adjustments can be made when assessing population number.	
Agenda Item 10 **Tribal Disparities Projects Updates** *Speaker: Tribal Liaison, Sunshine Jackson*	A. Sunshine Jackson introduces herself as the new Tribal Liaison. B. The goal of the Tribal Perinatal program is to support Tribal communities achieve the best possible outcomes for Native Americans in Northern California. a. The program uses a strength-based approach based on traditional values, traditional practices, and local workforce. b. Care models are used that support the best outcome across the perinatal continuum. These care models include ambulatory medical care both prenatal and postpartum, ensuring timely culturally aligned clinical support. It also includes Doulas, who provide culturally grounded continuous emotional and physical support before, during and after birth. It includes the family spirit program, which is an evidence based culturally tailored home visiting model created for native communities. As well as enhanced care management designed to support individuals with complex needs. C. PHPS program (formally CPSP) which expands comprehensive perinatal services and collaborative relationship building with the care delivery system and surrounding communities. D. When fully utilized, these resources can provide significant system level improvements in pregnancy outcomes. E. The training curriculum integrates several key trainings including trauma informed care emphasizing safety trust, and healing. The	Motion to approve Tribal Perinatal Initiative projects 1st Candy Stockton 2nd Densie Whitsett

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	addition of Doula training is also being explored to further strengthen perinatal support and widen access to culturally aligned birth workers within tribal communities. F. This program provides funding for capacity building and long-term sustainability. Grant funding from Partnership is based on practice size with up to 150,000 distributed periodically as programs meet key deliverables: • Identify a case manager or Doula • Completing 80% or 100 hours of training curriculum • Securing assigned ECM contract with birth equity as a population focus G. To advance this work a large emphasis is on building relationships with providers to understand the needs in Tribal communities for perinatal case management programs that are culturally congruent and support best access to quality care. H. Partnership currently has 5 Tribal Health Programs fully contracted, 3 contracts in process, and one application process and 8 with little to no interest. I. Sunshine asks input from the QIHEC committee on any effective strategies, resources, and best practices that could strengthen the Tribal Perinatal Program. • Dr. Kubota asks what is missing from our program that would engage the communities that show little or no interest. • Sunshine states that some of the Tribal Health programs don't have time to take on another initiative due to being understaffed, some also declined because they do not do prenatal care and have to refer those patients out. Sunshine has done out reach to these clinics, making them aware they can still be a part of the program even if they have to refer patents out.	

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	• Dr. Stockton shares that from her perspective, Tribal communities have been open to any data that they can share with them which helps support grant requests for their Tribal programs locally, however she does not feel qualified to speak specifically to what would make the program more attractive or useful to our Tribal partners. She has had the best success in asking them directly what they want. • Leila Romero asks if Tribal health programs include both clinics and CBOs • Sunshine states that currently we only offer the Tribal health program to the Tribal Health Clinics • Anthony Sacket asked if a more holistic approach been explored for the training? (cultural/spiritual) • Sunshine states as of right now it has not, she has just recently taken over the role and has been focused on building relationships but will take note of bringing in the cultural and spiritual dimensions of prenatal care in those Tribal communities.	
Agenda Item 11 **Women's Health Disparity Projects Updates** *Speaker: Amanda McNair*	A. The maternity photo shoot is a collaborative effort with Population Health and Health Equity. The next photo shoot is on April 17th. There are 60 slots for members to reserve, and this event is free for our members. This event is open to all races but is focused on the disparity for prenatal African American mothers. B. Currently collaborating with the Humboldt region for the first photo shoot event outside of Solano County, it will be in the Eureka area on July 25th. C. Marketing for the event is through event bright, social media, and physical flyers that would be handed out to other CBOs, cafes, and any other places that expected mothers may be congregating.	Motion to approve Maternity Photoshoot projects 1st Candy Stockton 2nd Densie Whitsett

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	D. Amanda states they are open to expanding this effort, and asks the committee what counties they would like to see this maternity photo shoot in. • Catheryn Couch feels that some of the rural areas should be a focus. • Dr. Netherda states that last year he and other leaders attended a LHPC DHCS meeting where they discussed innovative activities to improve member engagement. He brought this project up and many other health plans thought it was a great idea. He asked if any organizations have reached out with interest. • Amanda confirms they are reaching out to other community partners, recently they connected with Black Infant health in Solano County. She recently tabled at a community baby shower in Vallejo, and there were several organizations who were unaware of the Maternity photo shoot and have reached out as a result. • Cathryn Couch wonders about looking at where there is low engagement of moms in care through the community health center lens and see if there are opportunities to collaborate with community health centers. She feels this is a member engagement strategy that could be very helpful. • Amanda states she does have contact with La Clinica and Promotores. • Cathryn Couch states that Solano County is not the biggest need. She calls out Mono County, Dell Nort and Plumus County. • Amanda shared her contact information, and she welcomes any feedback regarding the Maternity photo shoot.	

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	• Monica Brunkal adds that the reason they started in Solano County is because of what the disparity data showed. • Dr. Kubota that it is an interesting project that could be considered outside of woman's healthcare. For instance, completing childhood immunizations and bringing your child in for a photo.	
Agenda Item 12 **Chronic Disease Disparity Project Updates** *Speaker: ALL*	CHW Barbershop Project • There was not enough time to discuss this disparity project, and it will be brought up in the next QIHEC meeting.	
Agenda Item 13 **New Committee Member Vote** *Speaker: Mohamed Jalloh, Pharm.D*	There were no new members to vote in at this time.	
Agenda Item 14 **Adjournment** *Speaker: Mohamed Jalloh, Pharm.D*	Next meeting: **May 19th, 2026** **7:30 a.m. -9:00 a.m.**	