4665 Business Center Drive
Fairfield, California 94534

MEETING Minutes

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

Date: 5/19/2026 **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; Candy Stockton; Cathryn Couch; Bethany Hannah; Christine Smith; Dawn Cook; Denise Whitsett; DeLorean Ruffin, DrPH, MPH; Folo Akintan; Hannah O'Leary; Isaac Brown; Jason Cunningham; Jesus Hermosillo; Kermit Jones; Kimberly Robertello; Kory Watkins; Leila Romero; Liat Vaisenberg; Lilly Merino; Manleen Randhawa; Mark Bontrager; Mark Netherda; Marshall Kubota; Michele Grupe; Melissa Schumann; Mohamed Jalloh; Monika Brunkal; Naz Sattari; Nicole Curreri, MPH CHES; Sunshine Jackson; Sydni Aguirre; Valerie Padilla; Vicquita Valazquez; Stan Leung, Sue Lee; Kristine Gual; Robert Moore, MD; Sue Quichocho; Tiffany Tryan; Tony Hightower; Wendy Starr;

Absent: Sonja Bjork; Whitney Haggerson; Amanda Smith; Hendry Ton, MD; Ian Kim; Kimberly Robertello; Noemi Doohan; Rachel Newman; Rocio Rodriguez; Rebecca Stark; Shannon Boyle; Latrice Innes; Nisha Guppta; Anna Cambell; Robert Bides; Shahrukh Chishty; Nicole Escobar; Heather Eset; Greg Allen Freedman; Jaymee James; John Lemoine; Sue Quichocho; Dorian Roberts; Tim Sharp; Amy Turnipseed; Edna Villasenor; Kory Watkins; Bridget Gast; Dana Codron; Monica Ferguson; Katherine Barresi; Priscila Ayala; 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; Sydni Aguirre; Denise Rivera; Emily Wellander; Eugene Durrah; Eva Julian; Jeffrey DeVido; Kelly YoungsStone; Liz Romero;

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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	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	X			
Arlene Pena Senior Program of Quality Improvement	Aliados Health	Community Based Org	X	X			
Jeremy Plumb Systems Director, Quality Division	Northbay Medical Center	Hospital					
Lelia Romero Health Program Specialist - Health Equity	Lake County	Public Health Department	X	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	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	X			
Cathryn Couch Chief Executive Officer	CERES Community Project	Community Based Org	X	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 7 external members attended. C. Motion to approve meeting minutes from March 2026. 1st: Cathryn Couch 2nd Denise Whitsett	Motion to approve meeting minutes from March 2026. 1st: Cathryn Couch 2nd Denise Whitsett
Agenda Item 2 **CMO Health Plan Updates**	A. QUAC (Quality utilization advisory committee) updates; Quality improvement programs and primary care provider quality incentive program payment for measurement year 2025. The final payments	

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Speaker: Kermit Jones MD, JD on behalf of Robert Moore, MD, MPH, MBA	will be distributed by the end of this month. The PCP QIP team is working with EDW, (the enterprise data warehouse) to process manual payment and data adjustment before they sign off on those final payments. B. The organization has been through an end-to-end assessment of our member experience with an external consultant. The consultant has given us some recommendations on how to fill gaps on our member experience. C. The regional medical director meeting series is complete. During these meetings, they met with providers and community leaders where they listened to issues and shared updates on policy, public health measures, and ways to improve relationships for the sake of our members. They had meetings in Fairfield, Chico, Santa Rosa, Ukiah, and Truckee at Tahoe Forest Hospital. D. As of April 1st, the state changed the GLP1 prior authorization criteria to not require a TAR for metabolic dysfunction. Now you just have to put the right diagnosis code on the description and it will work. E. Partnership is looking at doing a periodic review of Partnership's medical equipment distribution services (PMEDs program), this is the program where blood pressure cuffs, scales, nebulizers and so on are send directly thorough partners to members in a low cost way, working with Pharmacies to move this forward. F. Partnership is watching closely the Rural Health Transformation grant program. The application was received by CMS and $3 million will be distributed this year with 20% used by the consultants. These grants will most likely be sent out in June. Our regional directors will be working with our providers and organizations that desire to apply for	

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	these grants in these specific areas; clinical staff, IT system enhancements, and OB access.	
Agenda Item 3 **HEO Health Plan Health Equity Updates** *Speaker: Mohamed Jalloh, Pharm.D*	A. NCQA made significant changes to the Health Equity Accreditation. They changed the name from Health Equity Accreditation to Health Outcomes Accreditation. B. DHCS made it clear that they will no longer require health plans to maintain NCQA Health Equity Accreditation after the current contract period. However, DHCS appreciated the original intent of the original Health Equity Accreditation, so they are looking to hold health plans accountable to many previous expectations. The state will be assessing the need for updates to contract language to ensure some of those original elements of Health Equity Accreditation are embodied in their contract requirements. They will be working with Health Equity Officers to coordinate engagement and potential contract language changes and implementation to ensure alignment with expectations that health plans really maintain the goals of structure of the prior health equity requirements. They will share clear communication on the contract update process and notify Partnership in advance of any anticipated major modifications, timelines, or implementation expectations. C. In the interim Partnership will still be using its Health Outcomes Accreditation for the next survey year until further direction from the state is received. D. Partnership is exploring issues regarding TGI Care access. Dr. Jalloh met with some external advisory members to learn about challenges people are facing as well as what solutions have been implemented. Looking to share some of this information internally and see how we can provide support to our members externally as well.	

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Agenda Item 4 **Grand Analysis Presentation** *Speaker: Kory Watkins, MBA-HM*	A. Kory Watkins presents a grand analysis on Grievance & Appeals 2025 data. B. The Grievance & Appeals (G&A) department ensures that members' concerns are heard, addressed, and resolved in alignment with regulatory standards and health plan policies. They manage member grievances and appeals with a focus on timeliness, fairness, and improving overall member experience. C. G&A works with the Transportation department, Compliance department, Quality Improvement team, Medical directors, Member services, and Provider Relations. D. The overview of the process: A case is received, there is a clinical assessment, member is contacted and sent an acknowledgement letter, case is investigated, resolution letter is sent and phone call to the member. E. There are two types of grievances: Standard: Member complaints about dissatisfaction with services, care, or experiences. Exempt: Member concerns that are resolved quickly without the formal grievance process. F. Kory shares a 3-year comparison of the annual caseload. It is trending upwards with an 18% increase from 2024-2025.	

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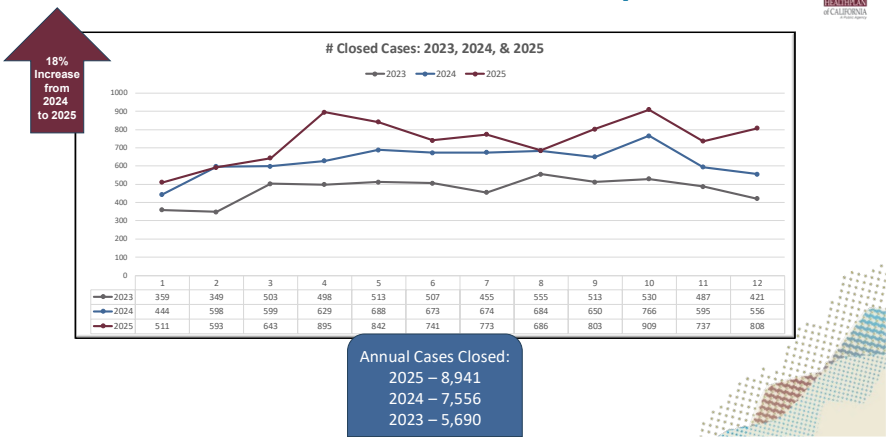
	Annual Case Volume – 3 Year Comparison  G. Kory broke down the case volume by case type. In 2025 there were 5,836 grievances, 1,920 exempt, 980 appeals, and 205 state hearings. H. Kory shares how cases were received; 90% by phone, 6.4% via email, 1.8% via mail, .8% via fax, and .1% in person. I. Only .5% of all cases were classified as expedited in 2025 J. Clinical grievances 33% vs. non-clinical grievance 67% K. Clinical appeals 71% vs non clinical appeals 29% L. Kory shares a map of where members experience problems. The counties with the highest number of grievances are Trinity, Shasta, and Placer.	

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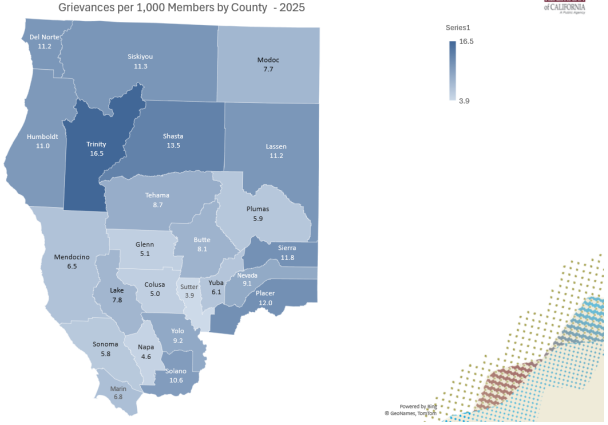
Where Members Experience Problems

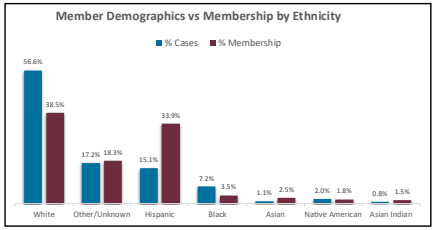


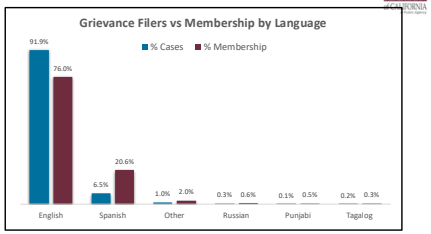
Top 3 Counties by Grievances Per 1,000 members:

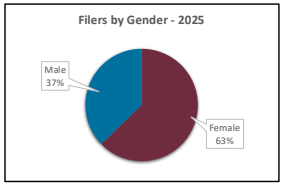
- Trinity – 16.5
- Shasta – 13.5
- Placer – 12.0

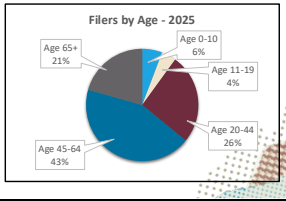
M. Kory shared the demographics of those members who filed a grievance. In 2025 63% of those who filed a grievance were female, 37% were men.

Member Demographics









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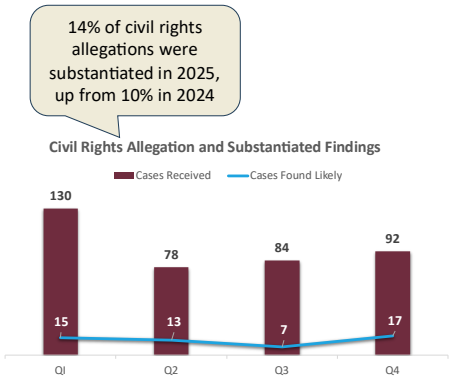
N. The top grievance concerns by category are, Transportation 50%, Provider service 25%, Access 15%, and Partnership service: 10%

O. Transportation related grievance concerns are broken down into non-medical transport which account for 81% of the transportation related concerns and non-emergency medical transport accounted for 19% of the transportation related concerns. The 5 most common issues in both categories are: missed rides (17%), late driver arrivals (12%) driver behavior issues (11%) poor transportation company customer service (8%) and scheduling difficulties (8%). Partnership provided 1,562,928 rides in 2025 and received 5947 transportation concerns, representing less than .4% of total rides.

P. Kory shared discrimination allegations – with a civil rights focus. 14% of civil rights allegations were substantiated in 2025, up 10% from 2024.

Discrimination Allegations - Civil Rights Focus



Type of Civil Rights Concern	Total Concerns Reported
Disability	135
Race or Ethnicity	89
Limited English Skills	39
Language Assistance Services	32
Age	25
Gender	14
Religion	12
Gender Identity	8
Sexual Orientation	8
Auxiliary Aids and Services	7
Basis of Sex	6
Gender Expression	3
Nationality	3
Character Associations	2
Genetic Information	1
Total	384

Note: Members May alleged discrimination for many reasons. This slide only reflects allegations that fall under federally protected civil rights laws.

Q. Dr. Jalloh raises the question of why disability is the highest on this chart. Kory states it could be because disability is a broad umbrella that

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	lots of things full under it. She gives an example of someone bringing their service animals and is denied being able to bring their animal. Dr. Netherda comments that some of disability could be temporary disability as well.	
Agenda Item 5 **Grand Analysis Discussion and Vote** *Speaker: ALL*	A. Dr. Jalloh asked QIHEC members if there is any data points they would want included in a future analysis of Grievance and Appeals. B. Cathryn Couch brought up having a separate assessment of if there is any correlation with grievances and member satisfaction scores.	Motion to approve the Grand analysis. 1st Jason Cunningham 2nd Cathryn Couch
Agenda Item 6 **Community and Member Voice Presentation** *Speaker: Jesus Hermosillo, MPH*	A. Jesus conducted two focus groups on Vaccine hesitancy in the Santa Rosa region on 4/24/26 and 5/01/26. The setting was at Alliance Medical Center, in person. The demographics of the 9 participants is Hispanic/Latino ages from 23-55+. Topics discussed were knowledge and perceptions around vaccines, decision making processes around vaccines, and communication and trusted sources around vaccines. Key findings were fear of side effects or long-term harm, low trust in provider communication, and access and system navigation. Facilitators to vaccination involve simple direct bilingual vaccine information, trusted provider or CHW conversations, and community based education. B. The focus groups brought about Key themes across the coding Matrix.	

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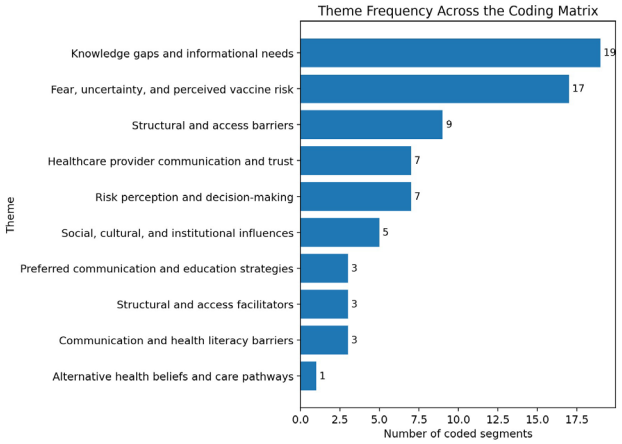
Focus Group Key Findings



C. 5 top themes include:
   - Knowledge gaps and informational needs
   - Fear, uncertainty and perceived vaccine risk
   - Structural and access barriers
   - Healthcare provider communication and trust
   - Social, cultural, and institutional influences

D. Participants expressed a need for some type of visual aid explaining the benefits of getting vaccinated.

E. Cathryn Couch comments that the issue of health care provider communication and trust is the most important thing that underlies patient satisfaction.

F. Jesus shared an illustrative pathway from the data he collected. The pathway shows what helps reduce vaccine uncertainty.

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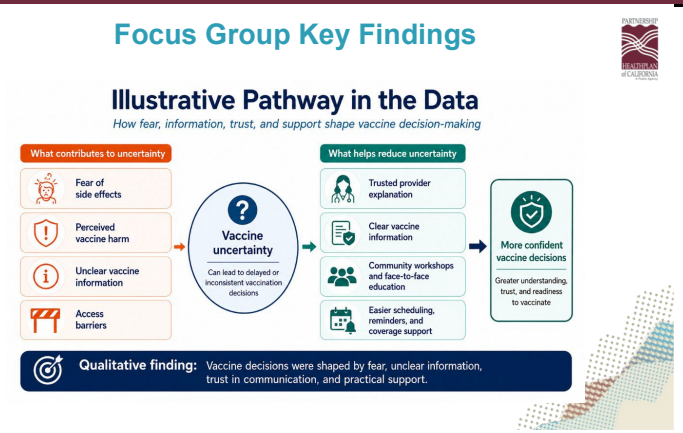
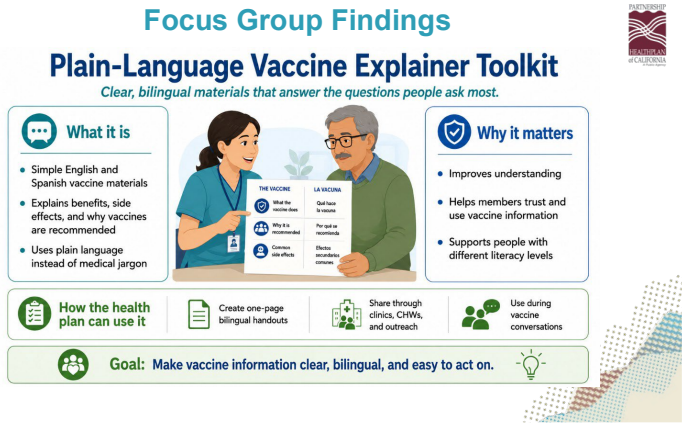


G. Jesus shared a graphic of what the focus group attendees are asking for – a toolkit with visual illustrations to reduce vaccine hesitancy.



H. Dr. Jalloh asked Jesus if anyone has provided feedback on the VIS forms that are handed out after the vaccine is given. Jesus shares that they mentioned that the material they received was written material that lacked the visual aid component that they were wanting to be included.

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	I. Candy Stockton comments that they are required to give out VIS pages, which are issued by the federal government CDC and they could be changed or updated to include information that does not align with California recommendations. She cautions building on those documents because it is unknown if they will remain reliable. Dr. Jalloh asks if Dr. Stockton has heard of anyone making their own versions of these documents, to which Dr. Stockton was unsure. Dr. Stockton said they are thinking about their options on what paperwork they could hand out in addition to the VIS page.	
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. Dr. Jalloh shared the Committee Charter with the committee. C. Candy Stockton asked to be able to get more time to read the document. D. Dr. Jalloh stated that we could vote on the committee charter at the next QIHEC meeting to give members a chance to review it. E. Dr. Jalloh asked the group if there were any policies that they would like reviewed by QIHEC, to which there were none.	
Agenda Item 8 **Tribal Disparities Projects Updates** *Speaker: Tribal Liaison, Sunshine Jackson*	A. Sunshine introduces the Tribal Perinatal Program (TPP) The goal of the program is to support Tribal communities and achieve the best possible outcomes for Native Americans in Northern California. B. There are currently 6 Tribal health programs fully contracted, 3 contracts in process and one in the application process. C. This upcoming year will be focusing on PPC 1st visit within 21 days and 2 postpartum visits. D. Sunshine will be setting up a meeting cadence with each Tribal Health Program to discuss 2023-2024 data, PPC measures, future trainings, impacts and continued support.	

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	E. Sunshine is developing a Partnership prenatal and postpartum passport. F. Sunshine is working with Amanda McNair and Aja Monroe to create a Tribal Maternal photoshoot. G. Sunshine is working with Dr. Moore and Dr. Townsend to create a more detailed PP on the PHPS program to deliver Tribal Health Programs.	
Agenda Item 10 **Disparities Projects Updates** *Speaker: Mohamed Jalloh, PharmD*	A. Dr. Jalloh introduced the Barbershop CHW Program (CLIPS). The purpose of this project is to train local barbers to act as community health workers and screen clients for high blood pressure. They key things they will be doing is screening people for high blood pressure, providing basic health education, and reconnecting them back to the medical home. B. Our vendor: Oben Health/Roots Clinic – Identifies Barbershops and trains barbers as CHWs, provides EHR software and directly pays Barber C. We have trained 14 Barbers already in Solano County, we are looking to train more Barbers and beauticians this upcoming June. D. There are two options of referral pathways: 1. Oben → Clinic. We screen patients in Barbershops; Route them directly to your clinic 2. Clinic → Oben. You refer patients with uncontrolled conditions; we engage and support them in the community. E. Dr. Jalloh shares the cycles for the Barbershop project.	Motion to approve Barbershop CHW Program (CLIPS) project 1st Jason Cunningham 2nd Densie Whitsett

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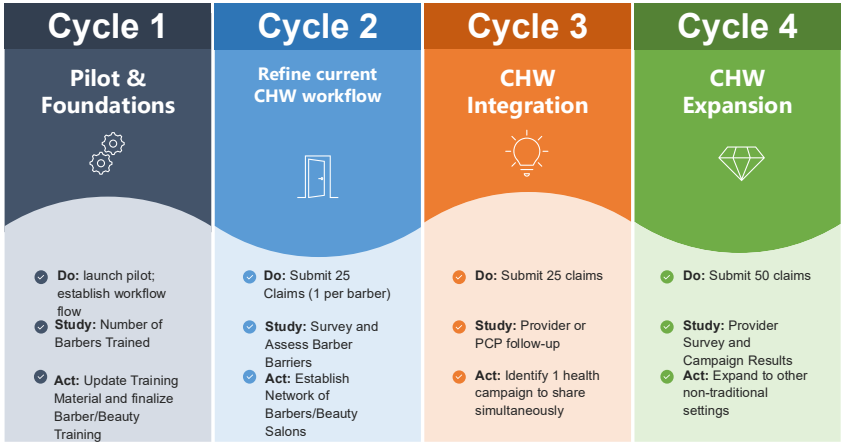

F. Cathryn Couch feels it is important to continue to share this information.
G. Jason really likes the project and wonders how we can standardize this as it grows and takes off, he feels it will be hard to have consistent implementation.
H. Dr. Jalloh shares that it has been challenging to get people into the clinics.
I. Cathryn states that Series and Providence in Sonoma County has a 5-year grant to reduce health disparities and cardiovascular disease, and this is a program they have been talking about, she would like to meet offline and discuss further with Dr. Jalloh. She can also connect Dr. Jalloh with Dr. Monica Ferguson at Providence to discuss it further.
J. Dr. Kubota brings up the point that those who are being screened but don't have hypertension still need to be seen and may have other needs.

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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: **July 21, 2026** • **7:30 a.m. -9:00 a.m.**	