INLAND EMPIRE HEALTH PLAN

Community Advisory Committee

Minutes for Thursday, March 26, 2026

5:00 PM - 7:00 PM

Location: IEHP Center for Learning and Innovation: 9500 Cleveland Ave. Rancho Cucamonga, CA 91730

Facilitator: **Gabriel Uribe, DSW, Director, Health Equity Operations**

Present: **In-Person CAC members:** Charli Eirsman, Daniela Zeitaoui, Dra. Muriel Casamayor Gina Sikorski, Howard Leidner, Robert Jackson, Saiying Tan, Sonder Neault, Sonia Lara, Tartaneisura Rainey, Marina Lopez, Dr. Shene' Bowie-Hussey Robert Jackson,
Virtual CAC members: Dr. Sheri Stevens-Parker, Isaiah Flores, LaTonya Pete, Luis Adrian Camacho, Myia Alston, Shivam Bhakta, Thi Bui
IEHP Staff:, Adai Taylor, Alyssa Romo, Coline Ingalla, DK Kim, Dr. Edward Juhn, Dr. Helen Lee, Dr. Takashi Wada, Jarrod McNaughton, Josephine Ramirez, Kanita Bourne, Kirk Fermin, Lorena Ramos, Lisa Steward, Lorena Chandler, Larry Baldwin, Maria Reveles, Micheal Navarro, Regina Dancer, Remington Paul, Jasmine Morgan, Jessica Barajas, John Keller, Tara Tokijkla, Lindsey Beets, Alexis Abundis, Aileen Yan Goh, Tami Parra, Michelle Abich, Allen Zhang, Ester Iverson, Abbie Ussher, Arianna Serbantes, Lorgia Banuelos, Cita Hendricks
Interpreters: Reilly Hughes (ASL), Alana Zurbrugg (ASL), Mario Perez (Spanish), Eriko Suarez, (Spanish), Na Zhao (Mandarin), Binwu Li (Mandarin),
Guests: Suzette Cunningham, Dori Baeza, Alejandra Sanchez, Josephine Mitchell
IEHP Virtual Attendees: Josephine Mitchell (Captioner), Nick Ngoc (Vietnamese Interpreter), Angelica Gutierrez, Gabriela Ramos Martinez, Crystal Melendez, Stephanie Magallanez, Mark Gutierrez, Jennifer Dawdy

Minutes by: **Mark Gutierrez, Coordinator, Health Equity Operations and Jannette Zito, CAC Program Manager**

Agenda Items	Presentation of Agenda Items	Discussion of Agenda Items	Action Items
Welcome	Edward Juhn, MD, MBA, MPH Chief Medical Officer, Administration, IEHP	I. Dr. Juhn welcomed the Community Advisory Committee (CAC) to IEHPs Center for Learning and Innovation in Rancho Cucamonga, CA.	*No Action Items*
Housekeeping and Meeting Procedures **Introductions**	Gabriel Uribe, DSW Director, Health Equity Operations, CAC Meeting Facilitator CAC Members	II. Gabriel Uribe called the meeting to order. III. Gabriel reviewed housekeeping items, the meeting structure, and procedures with CAC members. IV. CAC members introduced themselves.	*No Action Items*
Approval of Minutes	Gabriel Uribe, DSW Director, Health Equity Operations	V. Gabriel Uribe asked for a motion to approve the December 4, 2025, meeting minutes.	

	CAC Members	• Robert Jackson made a motion to approve the minutes as presented. • Marina Lopez seconded the motion. • The motion carried, and the minutes from December 5, 2025, were approved.	*The approved December 4, 2025, meeting minutes will be published on IEHP's website.*

2025 CAC Annual Highlight of Feedback & Progress	Jannette Zito, CAC Program Manager, HEO	VI. Jannette Zito, CAC Program Manager reviewed 2025 CAC feedback themes and IEHP's responses across the year.
		• Quarterly topics covered wellness centers, transportation, telehealth, member experience, Culturally and Linguistically Appropriate Services (CLAS), and communication efforts.
		• Key recommendations focused on:
		  • Improving transportation reliability
		  • Transportation improvements include new scheduling software, potential driver texting, clearer rules, and enhanced coaching for drivers and staff.
		  • Increasing telehealth education and rural access
		  • Telehealth enhancements include education campaigns, text-based triage, website updates, live-person support, and plans for virtual tutorials and rural mobile clinics.
		  • Enhancing overall member experience
		  • Member experience issues—transport delays, specialty wait times, and rushed appointments are being addressed with new tools and provider engagement.
		  • Strengthening vaccine education
		  • Vaccine and wellness education expanded through online resources, large media campaigns, and CHW outreach, showing	

		measurable improvements in some populations. • Improving language access • Language access strengthened through updated materials, direct interpreter request options in the Member Portal, and improved communication about services.	
Review of Feedback/Response Log	Gabriel Uribe, DSW Director, Health Equity Operations CAC Members	VII. Gabriel Uribe reviewed and summarized the Action Item/Feedback Response Log from December 5, 2025. VIII. CAC members were invited to share any additional feedback on the Action Item/Feedback Response Log with the CAC Program Manager, Jannette Zito.	*Action Items*

Presentation	Dr. Takashi Wada, Vice President, Population Health & CalAIM, IEHP	IX. **Presentation Title:** IEHP Population Health Assessment (PHA) and Health Disparities – CAC input
		• **Description:** IEHP assesses the characteristics of its entire membership to identify needs and in response to update its Population Health Management (PHM) structure, strategy, and resources. The assessment includes areas such as social determinants of health, identification of subpopulations, needs of children/adolescents and individuals with disabilities and with serious and persistent mental illness (SPMI), and health disparities.
		• **CAC member feedback:**
		  • CAC members were asked the following feedback question:
		  o What thoughts do you have about the cause of these disparities?
		  o What ideas do you have to address these disparities?
			Action Items:

		• **CAC member responses:** o **Marina Lopez** suggested practical hands-on and conversational training such as meal preparation, to educate members about their health. o **Dr. Sheri Stevens-Parker** suggested the implementation of fitness and exercise classes. ▪ Dr. Wada shared about the exercise classes offered at IEHP's Community Wellness Centers, outreach among Community Health Workers, as well as county wide health efforts with Public Health Departments. o **Dr. Shene' Bowie-Hussey** asked if there are targeted outreach efforts to reach communities where the disparities exist. ▪ Dr. Wada confirmed initiatives to target certain groups, such as partnering with barber shops in the Black community and faith-based organizations. o **Myia Alston** suggested the improvement of marketing materials. The message should be simple and eye-catching. Myia recommended the use of AI to make campaigns more appealing to the public. Free and low-cost services should be highlighted. o **Sonder Neault** brought up their negative experience going into a doctor's office as an individual with a larger body. Sonder stated that weight loss is not the only cure for chronic conditions. Genetics and other social determinants play a big role in obesity and other	1. *Provide hands-on training to educate members about their health.* 2. *Share IEHP's targeted outreach areas that address the communities with disparities.* 3. *Market to the community with simple and eye-catching messages to capture attention.* 4. *Explore alternatives to health education by providing*

		chronic conditions. Sonder does not believe that nutrition classes are culturally sensitive. ○ **Dra. Muriel Casamayor** discussed immigration related concerns and safety challenges in accessing services. Many mixed-status families including UndocuBlack, UndocuNHPI, and UndocuLatinx communities are not receiving needed services because they do not feel safe or comfortable seeking care. Dra. Muriel shared that some families avoid routine activities, such as going to the grocery store or visiting a doctor, out of fear of being detained. This ongoing stress significantly affects their overall health and contributes to additional health issues. ○ **Dr. Shene' Bowie-Hussey** asked if the vendors who are providing health services to members are culturally aware of the communities they are serving? *All members have access to Member Services at meetings. If any member is dissatisfied or has a complaint, they can contact the IEHP's Grievance Department by calling 1-855-433-4347.	*information on the role of genetics and social determinants of health that affect chronic conditions.* 5. *Address safety and immigration related barriers to accessing services for mixed status-families seeking care.* 6. *Share strategies for providing cultural awareness training to IEHP vendors.*

Presentation	Dori Baeza, Public Health Program Coordinator, San Bernardino County Community Vital Signs Initiative	X. **Presentation Title: Shaping Healthier Futures: Transforming Community Voices into Action** ○ **Description:** Share updates on how the community is collaborating to address health issues prioritized by county residents, highlighting partnerships with schools, businesses, government, and others to improve health outcomes and create lasting solutions. The CAC will continue to give input and advice on community health issues. ○ **Feedback questions:** ▪ What is the most effective way to engage the community in improving health? ▪ What is the best way to meet the greatest needs of the community? ○ CAC member responses: ▪ **Tartaneisura Rainey** stated that trending social media like YouTube and TikTok can be an effective way to engage the community in improving their health. ▪ **Dr. Shene' Bowie-Hussey** asked if there is any progress regarding the goals, studies, and the community health forums. • **Dori Baeza** stated that progress has been made on the goals presented. However, it will take time to identify and fill all the gaps across the entire county of San Bernardino. ▪ **Dra. Muriel Casamayor** asked if the issue of trust between underserved	7. *Engage more of the community by using trending social media platforms such as YouTube and TikTok.* 8. *Continue to provide progress updates on goals presented.*

		communities and Providers is being addressed. Are Providers being trained on how to be more culturally competent? • **Dori Baeza** confirmed that the trust issues are being addressed in community forums. Patients feel rushed and unsatisfied with their doctor's visits, which highlights a disconnect between the Provider and the patient. This feedback is shared with regulatory agencies to help guide solutions. ▪ **Marina Lopez** suggested the best way to meet the community needs would be to partner with trusted community organizations such as faith-based organizations, and organizations that serve after typical business hours to meet the needs of members with busy schedules. *All members have access to Member Services at meetings. If any member is dissatisfied or has a complaint, they can contact the IEHP's Grievance Department by calling 1-855-433-4347.	9. *Provide cultural competence trainings for Providers aimed at improving trust with community members.* 10. *Partner with trusted, including faith-based groups and those offering convenient hours.*
Presentation	Coline Ingalla, Manager, Provider Network, IEHP	XI. **Presentation Title:** Assessment of Network Adequacy o **Description:** Ensuring IEHP has enough Providers to serve members o **Feedback Questions:** ▪ What specialties (types of doctors) do you feel members have a challenge getting an appointment with?	

		▪ How challenging is it for you to access care when you feel you need it? o CAC member responses: ▪ **Shivam Bhakta** provided some feedback from a member from Needles' experience traveling in the Barstow and Victorville area. The member expressed positive feedback from IEHP but also had some concerns with unreliable Uber and Lyft rides. Green Med Transportation has been a positive experience for members in the Needles area. ▪ **Kimberly Barmer** shared that transportation is unreliable in the Trona/Ridgecrest area. She also shared that members travel from Trona to Lancaster to see a high-risk doctor. There are no surgeons in Ridgecrest to help women. More OBGYN's are needed in the Trona area. ▪ **Dr. Shene' Bowie-Hussey** highlighted maternal mental health issues. How are the services that CHW's and Doulas provide being tracked and are these services effective? ▪ **Tartaneisura Rainey** brought up issues with the 1-4 hour wait time to be seen by a physician. Members have other obligations and should not have to wait so long to see a doctor. The wait-time and travel time should be reduced. ▪ **Howard Leidner** stated that he had a doctor's appointment that was running behind schedule. However, the appointment was expedited when he agreed to be seen by a Nurse Practitioner. He was then able to get in and out of the doctor's office much quicker.	*11. Share strategies for providing regional access to OBGYN doctors in the Trona/ Ridgecrest area.* *12. Share data on use of doulas and CHW's and their effectiveness.* *13. Share strategies to reduce wait times and long-distance referrals.*

		▪ **Sonder Neault** stated that the wait times for doctor appointments have been so long that it makes them not want to be seen by a doctor at all. Sonder stated that a normal wait time can take at least two hours, even when showing up early. Sonder also added that transportation, and the long commute and long wait time adds additional time to the appointment and can become an all-day affair. ▪ **Dr. Sheri Stevens-Parker** stated that double and triple bookings of clients have contributed to the longer wait times. Dr. Parker also stated that transportation plays a role in causing delays and rescheduling appointments when members arrive more than 10 minutes late. • **Coline Ingalla** noted that CAC feedback can be shared with the Provider Network Access Subcommittee to strategize interventions for long wait times. ▪ **Dra. Muriel Casamayor** stated that she has a hard time connecting her trans-identifying clients with specialized doctors or psychiatrists to provide affirmative services and medications needed. Dra. Muriel calls the specialists with her clients, because her clients get triggered when preferred names or pronouns are not being used properly. Most of her clients don't want to attend their appointments because of these inequities. *All members have access to Member Services at meetings. If any member is dissatisfied or has a complaint, they can contact the IEHP's Grievance Department by calling 1-855-433-4347.	*14. Share the policy on rescheduling late appointments and booking multiple appointments.* *15. Build on network access to trained and affirming Providers.*

Adjourn	Gabriel Uribe, DSW Director, Health Equity Operations	XII.	Meeting Adjourned at 7:00 pm. Next CAC meeting will take place on June 10, 2026.	

FEEDBACK /ACTION ITEMS
1. *Provide hands-on training to educate members about their health.*
2. *Share IEHP's targeted outreach areas that address the communities with disparities.*
3. *Market to the community with simple and eye- catching messages to capture attention.*
4. *Explore alternatives to health education by providing information on the role of genetics and social determinants of health that affect chronic conditions.*
5. *Address safety and immigration related barriers to accessing services for mixed status-families seeking care.*
6. *Share strategies for providing cultural awareness training to IEHP vendors.*
7. *Engage more of the community by using trending social media platforms such as YouTube and TikTok.*
8. *Continue to provide progress updates on goals presented.*
9. *Provide cultural competence trainings for Providers aimed at improving trust with community members.*
10. *Partner with trusted, including faith-based groups and those offering convenient hours.*
11. *Share strategies for providing regional access to OBGYN doctors in the Trona/ Ridgecrest area.*
12. *Share data on use of doulas and CHW's and their effectiveness.*
13. *Share strategies to reduce wait times and long-distance referrals.*
14. *Share the policy on rescheduling late appointments and booking multiple appointments.*
15. *Build on network access to trained and affirming Providers.*