CALIFORNIA HEALTH POLICY STRATEGIES, L.L.C.

Policy Brief

Promoting Health Equity for People with Disabilities Through Unified Efforts

October 2025

Executive Summary

In California, about 7.6 million adults lived with a disability in 2022.[1] This estimate is based on the definition of disability from the Centers for Disease Control and Prevention. People with disabilities experience some of California's deepest health disparities, yet the state lacks a consistent way to define and measure disability across its health agencies.

This policy brief analyzes how California's key health agencies define, measure, and track data on people with disabilities. Four departments were reviewed: the Department of Health Care Services (DHCS), the Department of Managed Health Care (DMHC), the California Department of Public Health (CDPH), and the Department of Health Care Access and Information (HCAI).

Key Findings:

- Nationally, under the Americans with Disabilities Act (ADA) of 1990, Individuals with disabilities are defined as having "conditions that limit a major life activity, including physical and mental disabilities, as well as medical conditions such as cancer or HIV/AIDS". [2]

- DHCS, DMHC, CDPH, and HCAI each use different definitions and metrics, diverging from the federal ADA standard. These inconsistencies obscure overlapping disabilities, limit data comparability, and weaken equity efforts. As a result, California cannot fully assess whether health outcomes for people with disabilities are improving.

[1] CDC Disability and Health Data System (DHDS)

Recommendation: Adopt a standardized definition and measurement framework across all agencies. A unified approach will enable stronger equity initiatives, representative data, and more coordinated care for Californians with disabilities.

ADA Definition and Disparity Data

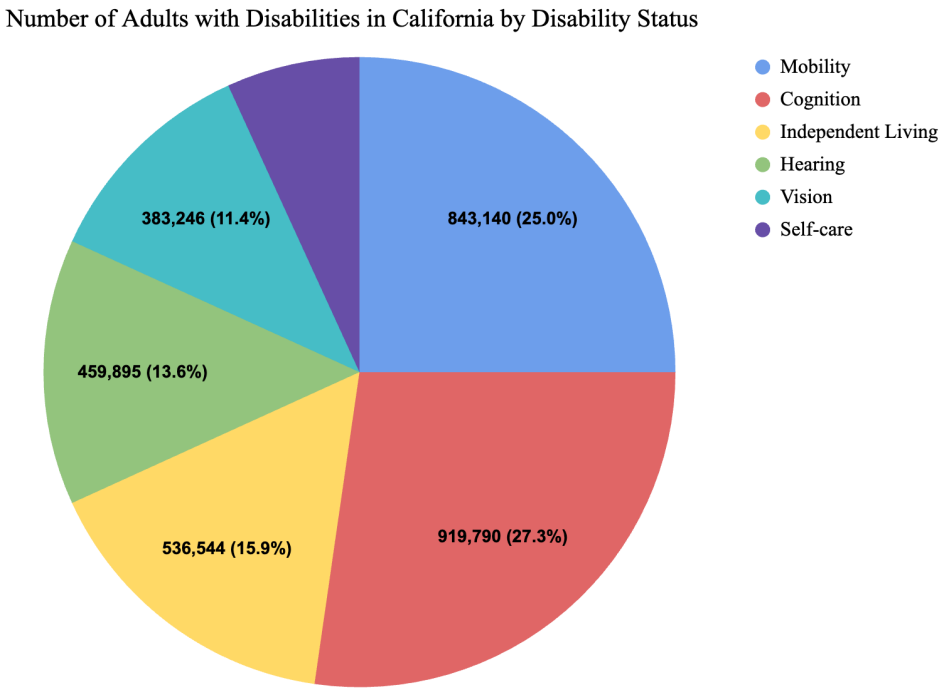
According to the Americans with Disabilities Act of 1990, individuals have a disability if they have a physical or mental impairment, including but not limited to "visual, speech, and hearing impairments; mental retardation, emotional illness, and specific learning disabilities; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; orthopedic conditions; cancer; heart disease; diabetes; and contagious and noncontagious diseases such as tuberculosis and HIV disease (whether symptomatic or asymptomatic)".[2] Although broad, this assessment covers a large and often underrepresented population nationwide.

The Centers for Disease Control and Prevention defines individuals with disabilities across six functional domains: mobility (difficulty walking or climbing stairs), cognition (difficulty concentrating, remembering, or making decisions), independent living (difficulty completing errands alone), hearing (deafness or serious difficulty hearing), vision (blindness or serious difficulty seeing even with glasses), and self-care (difficulty dressing or bathing).[3] Chart A provides the percentage of adults with disabilities in California by their disability status:

[2] Americans with Disabilities Act

[3] U.S. State Profile Data: Adults 18+ years of age

Chart A: Adults with Disabilities in California by Disability Status[3]



Source: U.S. Centers for Disease Control and Prevention, 2025

The CDC also highlights that people with disabilities are growing in California, as in 2016, about 6.4 million adults were living with some form of disability.[4] This growth of about 3% from 2016 to 2022 confirms the increasing need and use of healthcare services in the state. The CDC estimates that 38% of the state's total healthcare spending, that's about $102.8 billion annually, is tied to caring for people with disabilities.[5] Despite this high cost, people with disabilities still face higher rates of chronic disease, mental health conditions, and barriers to care than people without disabilities, as noted in Table A.

[4] CDC Disability and Health Data System (DHDS)

Table A: Health Disparities for Persons with Disabilities in California

	Prevalence	
Health Condition[5]	**Persons with Disabilities**	**Persons without Disabilities**
Diabetes	16%	8%
Depression	40%	12%
Heart Disease	9%	3%
Obesity	33%	26%

Source: U.S. Centers for Disease Control and Prevention, 2025

Healthy People 2030 and the National Institute on Minority Health and Health Disparities also recognize people with a disability as a health disparity population.[6] Although limited, the data highlights systemic gaps in care coordination, mental health access, and social services. Adults with disabilities are less likely to receive age-appropriate cancer screenings, dental care, and wellness visits.[7] A recent national study also found that adults with disabilities have nearly double the mortality rate of their non-disabled peers.[8]

While previous studies have examined the disparities people with disabilities face, this report highlights a public health problem from a policy reform perspective.

Methodology

The project assesses the effectiveness of current policies and programs in California in addressing health disparities among individuals with disabilities, with a focus on evaluating the performance of health agencies. Official reports, strategic plans, and programs run by the DHCS, CDPH, DMHC, and HCAI were explored. Each agency plays a distinct role in managing healthcare administration in the state. The following departments were chosen as focus agencies because of their direct role in shaping health access, quality, data, and equity initiatives in California:

[5] U.S. State Profile Data: Adults 18+ years of age
[6] Healthy People 2030 People With Disabilities
[7] Persons With Disabilities as an Unrecognized Health Disparity Population
[8] Disability Mortality Disparity

- DHCS – California's state health agency, responsible for administering Medi-Cal, which provides health coverage to low-income residents, including many people with disabilities. DHCS also sets policy on eligibility, benefits, managed care contracts, and health equity requirements for plans and providers. Its decisions shape access to both medical and long-term services for some of the state's most vulnerable populations.

- DMHC – regulates commercial health plans and Medi-Cal managed care organizations, overseeing the benefits, quality standards, and consumer protections that these plans must meet. It enforces state and federal parity laws, resolves consumer complaints, and has the authority to require plans to stratify and report performance data by demographic factors, including disability

- HCAI – serves as California's health data and planning agency. It collects, analyzes, and publishes data on hospital performance, workforce supply, costs, and quality of care. It also manages financing programs that expand access to care in underserved areas.

- CDPH – oversees statewide public health programs, disease prevention initiatives, emergency preparedness, and population health data systems. Its Office of Health Equity (OHE) works to reduce health disparities across racial, ethnic, and other vulnerable populations, and has begun integrating disability into its chronic disease prevention and behavioral health equity programs.

Direct outreach was also conducted to clarify agency definitions, measurement approaches, and equity activities. The analysis focused on three main questions:

1) How agencies define and categorize disability in their programs.
2) What metrics or data do they use to measure disparities?
3) What initiatives or policies are underway to improve health equity?

Written responses were received from DHCS, DMHC, and HCAI, and a formal interview was held with CDPH agency staff who serves as the Rural and Disability Equity Specialist at CDPH. This mixed-methods approach helped identify not only the agency's priority programs but also any gaps in implementation.

Findings

We analyzed each department's mission statement, definition of disability, disparity measurement, and data (if any), and equity-related activities. All four departments include people with disabilities in their programs; however, **the criteria and definition of disability vary across agencies, as highlighted in Table B**.

Table B: Agency Specific Definition of Disability

Department	Definition of Disability
DHCS	Those who are "blind/visually impaired, cognitively impaired, deaf/hard of hearing, intellectually/developmentally disabled, learning disabled… physically disabled, psychiatrically disabled, and traumatic brain injury."[9]
DMHC	No clear definition, status of disability recognized as "Assessments of a patient's physical, cognitive, intellectual, or psychiatric disabilities (e.g., vision, hearing, memory, activities of daily living)."[10]
CDPH	"Conditions that limit a major life activity, including physical and mental disabilities, as well as medical conditions such as cancer or HIV/AIDS."[11]
HCAI	Not explicit, however, their programs identify individuals who "have serious difficulty hearing…seeing, even when wearing glasses…concentrating, remembering, or making decisions..walking or climbing stairs…dressing or bathing… or doing errands alone" as disabled.[12]

[9] Cal HHS Data Dictionary for Total Served by Disability

[10] Health IT Health Status Assessments

[11] CDPH Demographic Report on Health and Mental Health Equity in California

[12] CMS Disability Definiton

Department Specific Missions, Definitions, Data, and Activities

California Department of Health Care Services

Department Mission Statement:

The Department of Health Care Services affirms that "in an equitable health system, everyone, regardless of race, background, gender, sexuality, or **ability**, has a fair and just opportunity to attain their highest levels of health."[13]

Disability Definition:

DHCS does not have an explicit definition for disability; however, it includes people with disabilities for Medi-Cal eligibility purposes as Seniors and Persons with Disabilities (SPDs). SPDs are individuals who are Medi-Cal beneficiaries who qualify for coverage based on being above age 65, blind, and/or disabled, and whose incomes fall below the federal poverty level.[14] Additionally, they reference the California Health and Human Services aid codes to categorize "disabled" as those who are blind/visually impaired, have a cognitive impairment, are deaf/hard of hearing, have an intellectual/developmental disability, learning disability, physical disability, psychiatric disability, or traumatic brain injury.[15]

Disparity Measurement/Data:

The DHCS Data Research Committee (DRC) Team shared a 2019 evaluation of Medi-Cal's Seniors and Persons with Disabilities (SPD) population.[16] The report confirmed that this group represents a high-cost, high-need subgroup within the program, with persons with disabilities averaging approximately $20,669 in annual expenditures. This supplemental information further confirmed the need for comprehensive, equitable care for people with disabilities in California.

Health Equity Activities:

DHCS's efforts are part of the state's commitment to providing accessible and quality healthcare to all, including those with complex health needs due to a disability. As part of its Health Equity Roadmap for Disabilities, the Department of Health Care Services (DHCS) has undertaken a multi-phase approach to better address the needs of Medi-Cal members with disabilities.[17] The initiative began with a statewide listening tour in February of 2024, during which DHCS engaged Medi-

[13] DHCS Equity Statement

[14] DHCS Seniors and Persons with Disabilities Program Evaluation

[15] Cal HHS Data Dictionary for Total Served by Disability

[16] Seniors and Persons with Disabilities Program Evaluation

[17] DHCS Health Equity Roadmap Initiative

Cal members with disabilities to better understand their experiences and identify barriers related to access, care coordination, communication, and overall quality of services. Building on these insights, DHCS launched a co-design phase that brought together community advocates, health care providers, and Medi-Cal members to analyze the feedback and identify recurring themes such as challenges in access to specialty care, gaps in coordination, and mental health.[18] From this initiative, DHCS can take actionable steps to transform Medi-Cal into a more person-centered and equitable delivery system that better responds to the lived experiences of people with disabilities. Through the California Advancing and Innovating Medi-Cal (CalAIM), efforts to make Medi-Cal more coordinated, person-centered, and equitable are underway. Although these efforts are for the broader Medi-Cal population, people with disabilities are included in the overall objective towards a healthier California population.

California Department of Managed Health Care

Department Mission Statement:

DMHC promotes health equity through the vision that "the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, **disability**, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes."[19]

Disability Definition:

The Department of Managed Health Care (DMHC) incorporates disability into its equity framework by referencing the Office of the National Coordinator for Health IT (ONC) guidelines on disability status, which includes individuals with physical, cognitive, intellectual, or psychiatric disabilities, such as limitations in vision, hearing, memory, or activities of daily living.[20] This broad approach allows DMHC to capture a wide range of disability experiences within its regulatory oversight.

Disparity Measurement/Data:

Under the guidelines of the Health Equity & Quality Committee, 13 Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures are evaluated by key

[18] DHCS Listening Tour Session
[19] DMHC Equity Statement
[20] Health IT Health Status Assessments

demographic factors, including **disability** status.[21] Its focus spans adult prevention, chronic conditions, mental health, etc., and overall equity.

Health Equity Activities:

DMHC has advanced its equity efforts through the Health Equity & Quality Committee, convened under AB 133. All DMHC-licensed full-service and behavioral health plans must collect and report data on measures such as cancer screenings, diabetes and blood pressure control, asthma medication adherence, depression screening and follow-up, prenatal and postpartum care, childhood and adolescent immunizations, and early life visits. Plans must also administer the CAHPS Health Plan Survey to capture patient experiences, including access to needed care. By applying a functional definition of disability and embedding it into quality reporting, DMHC has created a regulatory framework that positions disability as a central factor in evaluating health plan performance and advancing equity.

California Department of Public Health

Department Mission Statement:

The Office of Health Equity within CDPH is dedicated to promoting "equitable social, economic, and environmental conditions to achieve optimal health, mental health, and well-being for all." They further recognize that disparities exist by "gender, age, race or ethnicity, sexual orientation, gender identity, education or income, disability or functional impairment, or geographic location".[22]

Disability Definition:

CDPH references the California Department of Fair Employment and Housing's definition of disability as "conditions that limit a major life activity, including physical and mental disabilities, as well as medical conditions such as cancer or HIV/AIDS."[23] Using this framing, CDPH integrates disability into a number of equity-driven initiatives.

Health Equity Activities:

The Office of Health Equity (OHE) at the CDPH has established several initiatives and programs that all aim to improve health equity for populations facing disparaties. The Advancing Community Equity (ACE) Branch, established in 2021, seeks to embed a culture of health and racial equity across all public health efforts in

[21] DMHC Health Equity and Quality Committee Recommendations Report
[22] CDPH Mission Statement
[23] CDPH Demographic Report on Health and Mental Health Equity in California

California, including the COVID-19 response and broader recovery initiatives.[24] The branch explicitly identifies people with disabilities as one of the groups most deeply impacted by inequities and ensures they are represented in statewide equity strategies. The Advancing Equity in Chronic Disease (AECD) program applies a health equity lens and leverages community partnerships to reduce disparities impacting people with disabilities, with targeted work around Alzheimer's disease management, diabetes prevention, and cardiovascular health promotion.[25] Additionally, the Community Inclusion and Partnerships (CIP) section of CDPH emphasizes building intentional, sustained relationships with communities to drive equitable health outcomes.[26] Recently, CDPH created its first dedicated role focused specifically on disability equity: Holly Laird, MPH, Rural and Disability Equity Specialist. This position was established to identify disability-focused efforts across CDPH, ensuring that people with disabilities are consistently included in the department's broader equity agenda.

Department of Health Care Access and Information

Department Mission Statement:

HCAI's mission is to expand "equitable access to quality, affordable health care for all Californians through resilient facilities, actionable information, and the health workforce each community needs".[27]

Assembly Bill (AB) 1204 authorizes funding and defines the scope for HCAI's Hospital Equity Measures (HEM) Reporting Program. The program aims to measure and report "patient access, quality, and outcomes by race, ethnicity, language, **disability** status, sexual orientation, gender identity, and payor, as required by Assembly Bill (AB) 1204".[28]

Disability Definition:

The Department of Health Care Access and Information (HCAI) does not specify a definition for disabilities; however, its Hospital Equity Measures (HEM) Program incorporates disability into its health equity framework. They've adopted the Centers for Medicare & Medicaid Services (CMS) functional classification, which defines disability through six categories: mobility, cognition, hearing, vision, self-

[24] CDPH Advancing Community Equity (ACE)
[25] CDPH Advancing Equity in Chronic Disease (AECD)
[26] CDPH Community Inclusion and Partnerships (CIP) section
[27] HCAI Mission, Vision, and Values
[28] HCAI HEM Mission Statement

care, and independent living.[29] This definition is operationalized through the HEM's efforts, which recognize disability as a core equity category within its reporting infrastructure.[30]

Disparity Measurement/Data:

Under the HEM program, hospitals are required to stratify and publish performance data by disability status across all six categories, making HCAI the first California agency to embed disability consistently into statewide equity reporting. According to HCAI's Quality Indicators Group, the agency's internal team is currently focused on evaluating the quality and completeness of hospital-reported data. Once submissions are finalized, further analyses will be conducted, and in 2027, HCAI will publish an evaluation of implementation challenges and issue formal recommendations for improvement, as mandated under Section 127376(d).

Furthermore, under Health & Safety Code Sections 1339.85–1339.87, HCAI runs a program to collect and publish hospital supplier diversity plans.[31] These plans outline how hospitals report the amount of their spending towards enterprises led by certified minorities, including those with disabilities.

Health Equity Activities:

While HCAI administers the HEM program, the HEM Advisory Committee (HEMAC) provides oversight on its development and implementation. To support hospitals in meeting equity-related requirements, the Hospital Equity Data Toolkit serves as a key resource within the HEM program.[24] The toolkit offers step-by-step guidance on data collection and reporting, including strategies for capturing patient-reported disability information in ways that are accurate, respectful, and equity-driven. It also provides hospitals with resources to identify and address related social determinants of health. This includes food insecurity, housing, transportation barriers, and more, ensuring that disability equity is integrated into broader health system transformation efforts.

Significance of Findings

The absence of a unified definition of disability across California's health agencies has created significant ripple effects that undermine statewide equity efforts. Because

[29] CMS Resource for Health Equity Data
[30] Hospital Equity Measures Reporting Program
[31] Hospital Supplier Diversity Reporting Program

departments apply different criteria, data sets are not comparable. This inconsistency makes it impossible to conduct statewide analyses, track long-term trends, or determine whether disparities are improving. The variability also fragments services and eligibility: individuals who would qualify as disabled under broader CDC or ADA definitions may be excluded from programs tied to Medi-Cal eligibility, leaving Californians with similar health needs subject to very different levels of access, benefits, or protections depending on which agency they encounter.

The lack of consistency also reduces accountability, as only some agencies can demonstrate progress, while others lack sufficient metrics to show whether equity is advancing. Ultimately, the greatest harm falls on individuals with disabilities, who experience uneven care quality, inequitable access to preventive screenings, and inconsistent protections across health systems. In practice, this misalignment perpetuates preventable disease, poorer outcomes, and persistent barriers to care for one of California's most vulnerable populations.

Recommendations

California's progress toward advancing health equity for people with disabilities is limited by the absence of a shared definition of disability. Without consistency, the state cannot effectively track or reduce disparities.

The core problem lies in how agencies define and operationalize disability. As a result, data collection is inconsistent, cross-agency comparisons are impossible, and service delivery remains fragmented. This variability creates policy blind spots, where interventions may not align across departments, leading to gaps in access, duplication of efforts, and missed opportunities for improvement. To address these challenges, California should pursue the following actions:

- Adopt a Statewide Definition – Establish a uniform definition across all health agencies, drawing from the CMS functional categories or the Americans with Disabilities Act (ADA) framework. A single, statewide standard would ensure consistency in eligibility criteria, data collection, and reporting.

- Create a Disability Health Equity Workgroup – Convene a cross-agency workgroup—including DHCS, DMHC, CDPH, HCAI, and disability advocacy organizations—to coordinate strategies, set priorities, and ensure lived experience informs decision-making. This collaborative forum would help bridge siloed approaches and develop consensus-driven solutions. The Social Model of Disability, a framework supported by many disability rights advocates and disability-serving

organizations, can serve as a guide to center equitable policies in this workgroup. The model shifts the focus away from an individual's impairments and toward the barriers society creates.

- Standardize Data Collection & Performance Metrics– Require all health agencies and health plans to collect and report disability data using consistent categories. This would enable apples-to-apples comparisons, more accurate statewide assessments, and a stronger evidence base for policy and program development.

By implementing these actions, California can move from fragmented, department-specific initiatives to a cohesive, statewide strategy that meaningfully reduces disparities and advances equity for people with disabilities.

About the Author

- Christy Sidhu, MPH is a policy researcher at CalHPS. She has recently completed her Master's in Public Health, with a concentration in health services and health policy from the University of Southern California. She is also an experienced research coordinator at the University of California, Los Angeles, where she manages clinical trial activity of oncology clinical trials and a diversity, equity, and inclusion program to increase trial participation for the underserved. For any questions, please contact christysidhu.business@gmail.com.

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