

Health Disparities in the Medi-Cal Population

Executive Summary



The California Department of Health Care Services' (DHCS) vision is to preserve and improve the physical and mental health of all Californians. DHCS works closely with health care providers, health plans, advocacy groups, and local government, among others, to ensure that health care services are available and accessible for low-income individuals, families, and persons with disabilities. DHCS finances and administers a number of health care delivery programs, including the California Medical Assistance Program (Medi-Cal), California Children's Medical Services Program, Child Health and Disability Prevention

Program, and Genetically Handicapped Persons Program.¹ To achieve high-quality, equitable health care delivery within these programs, it is important to identify health disparities among the population served and work to eliminate such disparities. DHCS has made a strong commitment to eliminate health disparities and inequities, and this commitment is reflected in the Department's Strategic Plan, the DHCS Strategy for Quality Improvement in Health Care (DHCS Quality Strategy),² and collaborations with various programs statewide.

DHCS has produced fact sheets, entitled Health Disparities in the Medi-Cal Population, to explore potential disparities in various health indicators among Californians. The fact sheets are organized by the priorities of the [DHCS Quality Strategy](#). The first six priorities are very similar to those in the National Strategy for Quality Improvement in Health Care since they are relevant to public- and private-sector care delivery across many patient populations. The seventh priority, "Eliminate Health Disparities," is particularly significant for the population served by DHCS programs, and it represents a cross-cutting commitment to eliminate disparities due to race/ethnicity, gender, age, socioeconomic status, geography, and many other factors.



Health Disparities in the Medi-Cal Population provides a snapshot of the health of Medi-Cal members from various backgrounds, compared to the state population, so that health organizations, government officials, policymakers, and advocates can better understand possible disparities. DHCS elected to use the 39 health indicators in the Let's Get Healthy California Task Force Final Report, as a starting point for the fact sheets.³ There are also fact sheets on quality measures from the Centers for Medicare and Medicaid Services Adult Medicaid Quality Grant. [Click here](#) to review the list of fact sheets. As you review the fact sheets, link to the Data Sources and Methods to understand how the data were gathered and analyzed, as well as any limitations about the data.

In the future, more health topics will be examined such as smoking among adolescents and adults, nonfatal child maltreatment, diabetes prevalence, and hospice enrollment. In addition, other social strata and groups will be explored.

1. California Department of Health Care Services. About Us. <http://www.dhcs.ca.gov/Pages/AboutUS.aspx>. Accessed June 4, 2013.
2. California Department of Health Care Services. DHCS Strategy for Quality Improvement in Health Care, August 2012. <http://www.dhcs.ca.gov/services/Documents/DHCSQualityStrategy81312.pdf>. Accessed July 5, 2013.
3. Let's Get Healthy California Task Force Final Report. <http://www.chhs.ca.gov/Documents/Let%27s%20Get%20Healthy%20California%20Task%20Force%20Final%20Report.pdf>. Published December 19, 2013. Accessed February 25, 2013.

Link to Data Sources and Methods