

## **Groupings**

### ***Statutory***

1. Modify Wis. Stat. § 250.20(2) (Statutes governing DHS' responsibility related to health disparities) to include direction to DHS to reduce and eliminate health disparities on the basis of race and other characteristics, in addition to on the basis of economic disadvantage in (2)(a)-(g)
2. Modify Wis. Stat. § 227 (Statutes governing the rule-making process) so that health equity assessments are a required component of agencies' rule making process, when the rule or program has expected costs greater than \$5 M.
3. Include in Wis. Stat. § 153.05(1)(c) (Statutes governing the state's relationship to WISHIN) additional reporting requirements related to the entities responsibility for publically reporting disparities in health care services and outcomes, as can be elicited from health care claims data.

### ***Program Administration and Policy Making***

4. Make policies and decisions with consideration of racialized difference within the context of differences in age/life course stage of those who policies are being targeted towards.  
(Subcommittee)
5. Direct state agencies responsible for cash assistance, health and social services, including the Department of Health, Children and Families, Corrections, and Employee Trust Funds, and other health-adjacent services and functions to submit analyses of beneficiaries' and customers' time and task (administrative) burdens and corrective actions to reduce these burdens.
6. Direct Medicaid and other state agencies' health and human service programs, in which pay-for-performance withholds and payments are in place, to significantly increase the withhold percentages and to make payment of the withheld amounts contingent on meeting equity-related performance standards.

### ***Data Collection***

7. Direct State agencies to create and implement more granular and nuanced race and ethnicity data collection standards to improve agencies' ability to disaggregate administrative and program data according to racial and ethnic groupings. Presently, the minimum federal standards establish by OMB for collecting race and ethnicity data are those often used in surveys and other data collection efforts.
8. Direct the Department of Health Services to create and maintain a dataset of non-health care determinants of health, using publically available federal data, program and administrative data of from state agencies, and other sources of information.

### ***Data Reporting and Analysis***

9. Require more accurate breastfeeding data and infant feeding practices reporting from largest birthing hospitals in Wisconsin (Subcommittee).

10. Agencies should ensure their data is collected with accurate age information and take steps to age-adjust, race-disaggregated outcome data (Subcommittee).
11. Direct the Department, alongside the state public health association and the association of local public health agencies (WPHA and WAHLDAB) to establish training opportunities and resources for practitioners and communities related to community engagement in health equity analysis, health equity promotion, and equitable health care and community services.
12. Direct the Department of Health Services to create a "Health Equity Data Analysis Guide" for the Department, other state agencies, public health practitioners, health care organizations, community groups, and other interested parties a comprehensive guide to developing, performing, reporting, and communicating health equity analyses.
13. Direct the Department of Health, in collaboration with health care data organization, communities, and other state agencies to develop a health communications guide that reflects a focus on health equity and reducing health disparities.

#### ***Data Sharing***

14. Increasing Data-Sharing Capabilities – allow Medicaid HMOs access to the Homeless Management Information System (Subcommittee)
15. Increasing Data-Sharing Capabilities – allow healthcare payers access to Wisconsin Immunization Registry across all lines of business (Subcommittee)
16. Direct Cabinet-level agencies of Wisconsin to: review existing data sharing agreements, identify useful data held by other Departments, identify gaps in useful inter-agency data, create data sharing agreements where appropriate, provide a report to the governor on regulatory, statutory, and other burdens to effective and comprehensive data sharing

#### ***Data Systems***

17. Improve public health infrastructure by modernizing the Wisconsin Immunization Registry (WIR) and making it more accessible to groups working toward health equity (Subcommittee)