

AT A GLANCE

Collecting Information on Race, Ethnic Origin, Income, Household Size, and Language Data: A Resource for Data Collectors

Purpose

This document provides information to support data collectors' use of new COVax data fields for the collection of socio-demographic data from individuals who receive a vaccine for COVID-19; socio-demographic variables include race, ethnic origin, income, household size, and language. This resource includes a sample script that can be used for data collection, tips for data collectors, frequently asked questions, as well as background information. It should be used in conjunction with other relevant guidance documents (e.g., COVax Sociodemographic Data Collection Job Aid) organizational policies, and legislation.

Experience in a Canadian health setting suggests that people are open to answering socio-demographic questions if they understand why the data are being collected and that providing the information will not negatively impact treatment or access to services.¹

Data collection tip

Ask questions on race, ethnic origin, income, household size, and language toward the end of your conversation or interaction since you will have started building a rapport with the client.

Script

Why we are asking

The Ministry of Health (MOH) is collecting information on race, ethnic origin, income, household size, and language from people who receive a vaccine for COVID-19. There are six questions so this should only take a few additional minutes.

Collecting this information will help us understand characteristics of individuals who receive a vaccine for COVID-19. This information will help us to:

- Ensure that everyone has equitable access to vaccines.
- Determine where information can be improved, so that individuals have the facts they need to make informed decisions about vaccination.
- Inform and monitor vaccine roll-out in communities facing disproportionate impacts;

“I’m happy to answer any questions you may have. If you choose not to answer these questions it will not affect your access to services.”

Questions

Race²

The first question is about race. In our society, people are often described by their race or racial background. For example, some people are considered “White” or “Black” or “South Asian.”

Which race category best describes you? Select all that apply from the options I will read out:

[Additional instructions for interviewer: You can use ‘description/examples’ when clients need guidance or help]

Race categories	Description/examples
Black	African, Afro-Caribbean, African-Canadian descent
East Asian	Chinese, Korean, Japanese, Taiwanese descent
Latino	Latin American, Hispanic descent
Middle Eastern	Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, etc.
South Asian	South Asian descent, e.g. East Indian, Pakistani, Sri Lankan, Indo-Caribbean, etc.
Southeast Asian	Filipino, Vietnamese, Cambodian, Thai, other Southeast Asian descent
White	European descent
Another race category	Another race category (write-in response)

Additional information for the interviewer: “Race” is a social construct without a biological basis and created to categorize people into different groups based on visual traits (e.g. skin colour, facial features, hair type). The categorization of people as Indigenous, Black, and other racial categories has been historically and currently used to mark certain groups for exclusion, discrimination, and oppression. Therefore, racism, racial categorization and racial discrimination continue to shape the lives and opportunities of those who are categorized as “racialized people”.³

Ethnic Origin²

Ethnic origin refers to a person's ethnic or cultural origins. Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics

What is your ethnic or cultural origin(s)?

For example, Canadian, Chinese, East Indian, English, Italian, Filipino, Scottish, Irish, Portuguese, German, Polish, Dutch, French, Jamaican, Pakistani, Iranian, Sri Lankan, Korean, Ukrainian, Lebanese, Guyanese, Somali, Colombian, Jewish, etc.

Additional information for the interviewer:

- The terms 'race' and 'ethnic origin' are sometimes used interchangeably but have evolved in health research to refer to two connected but different terms
- While race categories are socially constructed and applied to communities, ethnic origin often refers to communities' learned or adopted characteristics such as language, practices, and beliefs⁴
- Health researchers examine race and ethnic origin together to enable a more complex analysis of community needs and experiences. For example, a more in-depth analysis of experiences in Black communities is possible through examining the unique needs of Afro-Caribbean and African communities⁵
- The list of examples noted refers to the most commonly reported ethnic origins within the 2016 Census. Given the overlap between nationality and ethnicity in this listing, it may be useful to describe nationality as a reference to the country of citizenship of an individual while ethnicity refers to a communities' learned or adopted characteristics such as language, practices, and beliefs. There may be individuals that share the same nationality but be of different ethnic groups (i.e. Nigerian nationality and Yoruba or Igbo ethnicity).

Income⁶

Income can come from various sources such as from work, investments, pensions or government. Examples of income include your pay, Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, spousal support (alimony) and rental income.

What was your total household income before taxes last year? Select one from the list of income ranges I will read out:

[Additional instructions for interviewer: Clients should include all members of the household in the total and can use a rough estimate if it helps with the response]

- 0 - \$29,999
- \$30,000-\$49,999
- \$50,000-\$69,999
- \$70,000-\$99,999
- \$100,000-149,999
- \$150,000 or more
- Do not know
- Prefer not to answer

We also know that income is impacted by the number of people supported by that income. The more people, the more stretched the income will be. So as part of asking about your income⁴, can you let us know...

Including yourself, how many family members live in your household?

- _____(people)
- Do not know
- Prefer not to answer

Additional information for the interviewer:

- These wider income ranges increase client comfort by improving their sense of privacy while providing us with information we can use in many ways, such as identifying poverty and comparing income groups.
- Capturing a numerical response for income will allow us to compare health outcomes based on income ranges, a significant goal of these data collection activities.

Language⁷

We know that language barriers can impact people's experiences when accessing health services and other programs. In order to understand language profiles of our clients/patients, we are going to ask you two questions on language.

What is the language that you first learned at home in childhood and still understand?

- Drop down list of languages in COVax
- Another childhood language (write-in response)

In which of Canada's official languages, English or French, are you most comfortable?

- Both English and French
- English
- French
- Neither
- Do not know
- Prefer not to answer

Additional information for the interviewer:

- Research on the impact of language barriers provides compelling evidence about its negative impact on client/patient experience, on care provision, and on outcomes⁸
- In Ontario, research has found that language barriers can pose a significant issue for healthcare in multiple municipalities particularly as immigration continues to increase⁹

Data Entry Instructions

Please see COVax Sociodemographic Data Collection Job Aid Frequently Asked Questions by Clients

Q1. Is it legal for me to be asked me these questions? Isn't it racist?

Yes, it's legal. The data are collected under the authority of the Personal Health Information Protection Act (PHIPA).¹⁰ We know from research in Canada and other places that we cannot fully understand people's health without knowing more about who they are.

Q2. Who will see my information? How will my privacy be protected?

Access to this information is protected by privacy legislation; specifically, the Personal Health Information Protection Act, 2004 (PHIPA). This information being collected and used by the Ministry of Health under the authority of PHIPA to support and inform the effective rollout of the COVID-19 vaccine program. Data will be stored in a secure government data system and will only be used and disclosed as permitted or required by law. Any information reported publicly will be combined with information from many other people and all personal or identifying information (i.e., information that could identify your own answers) will be completely removed.

Q3. What does race/ethnic origin/income/language have to do with receiving a vaccine for COVID-19?

Race, ethnic origin, income, and language impact communities in all areas of life. These areas include day-to-day interactions (such as in providing health care) and structures (such as the impact of colonialism on health systems that exclude Indigenous practices). For example, in Ontario neighbourhoods with higher ethnic diversity have a higher percentage of confirmed positive COVID-19 tests and over twice the hospitalization rate compared to those with lower ethnic diversity.

With more data we will be able to understand needs and plan programs, services, and supports.

Q4. What is the difference between race and ethnic origin? Aren't they the same?

No, they are connected but distinct. Race is a social and not a biological term used to differentiate between communities or groups based on superficial physical differences such as skin colour. On the other hand, ethnic origin is often used to refer to a shared heritage that may include practices and language. Knowing both will allow us to better understand the experiences of people in the community. For example, Afro-Caribbean and African communities may fall under a single 'Black' race category but have distinct experiences and needs.

Q5. Why are you asking me 'how many family members live in your household'? What does it mean?

We know that information on income alone will not tell us enough about the ability to afford medication, daycare, food, and other essentials. That's because supporting more people with a certain income makes it harder to ensure everyone has the essentials they need. Looking at household number is a very common way to calculate the number of people being supported by the reported income. We acknowledge this still does not capture some issues, such as individuals supported outside the household with this income.

Q6. How will you use this information?

Our first goal is to understand the characteristics of individuals receiving a vaccine for COVID-19, including race, ethnic origin, income and language, so collecting information from you and others will help us form that picture. This information will allow us to look at who is able to access available vaccines for COVID-19 and whether that is related to factors such as race and income. This information will also help us put services and supports where they are needed most and work on addressing the inequities in accessing the vaccine. Ultimately we can look at whether certain services can make it easier for people to get vaccinated (e.g. language services)

Q7. What if this information is used to discriminate against me? Or to stereotype my community?

We know that these concerns are important and reflect the experiences of many communities. They are also the reason we are collecting this information. Individual privacy will be protected by privacy legislation, specifically the *Personal Health Information Protection Act, 2004*. When we are using and analyzing this information, the goal will be to use a human rights approach to understand the results and highlight the impacts of discrimination and racism.

Q8. Why aren't you collecting data on Indigeneity or Indigenous identity?

It is important that collection processes respect Indigenous culture and nationhood and capture the diversity of Indigenous people who access public services. This supports the advancement of racial equity, and respects Indigenous peoples' constitutional status.

To address health inequities faced by Indigenous Peoples, the Ministry continues to work with the Ministry of Indigenous Affairs and Indigenous partners to identify whether and how collecting information about Indigenous identity will lead to meaningful change in program and service delivery while supporting Indigenous cultural expression, self-determination, and equitable health outcomes.

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