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TRAINING & RESOURCES: Collecting Sociodemographic Data During Vaccine Administration in Ontario

March 9, 2021

11:00 am – 12:00 pm

Indigenous Land Acknowledgement

- This webinar is being hosted and recorded in Toronto on the traditional territory of many First Nations, including the Mississaugas of the Credit, the Anishnaabeg, the Chippewa, the Haudenosaunee and the Wendat peoples.
- We also recognize the enduring presence of many diverse First Nations, Inuit and Métis peoples across the regions to which this webinar is being delivered.

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Poll 1

- Where are you calling from?
- Where do you work?
- Please indicate your current experience in sociodemographic data collection

Agenda

Time	Item
03 minutes	Indigenous Land Acknowledgement & Welcome
05 minutes	Why Collect Sociodemographic Data?
05 minutes	Health Equity Principles
20 minutes	What Data are Being Collected?
7 minutes	Data Entry
20 minutes	Questions and Answers Period

Why Collect Sociodemographic Data?

Objectives

After completing this webinar participants will be able to:

- Describe why demographic questions on race, ethnic origin, income and language are important for health equity
- Define health equity principles
- Understand the Canadian context for health equity
- Describe the data collection for questions on race, ethnic origin, income, and language

We cannot manage what we do not measure[1]

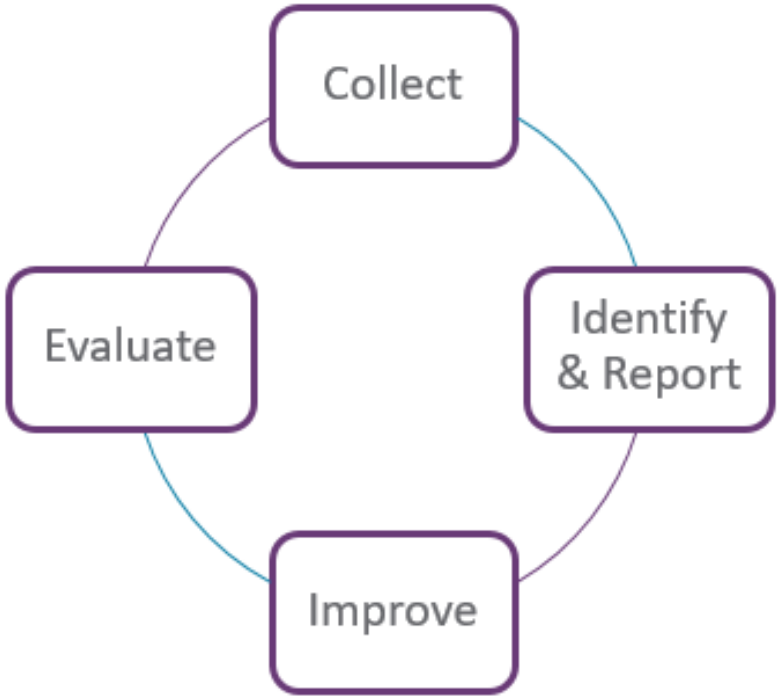
Data can be used to...

Examine various health outcomes

Tailor programs and services for priority populations

Facilitate evidence-based action on addressing health inequities

Framework for data-driven equitable health care[2]

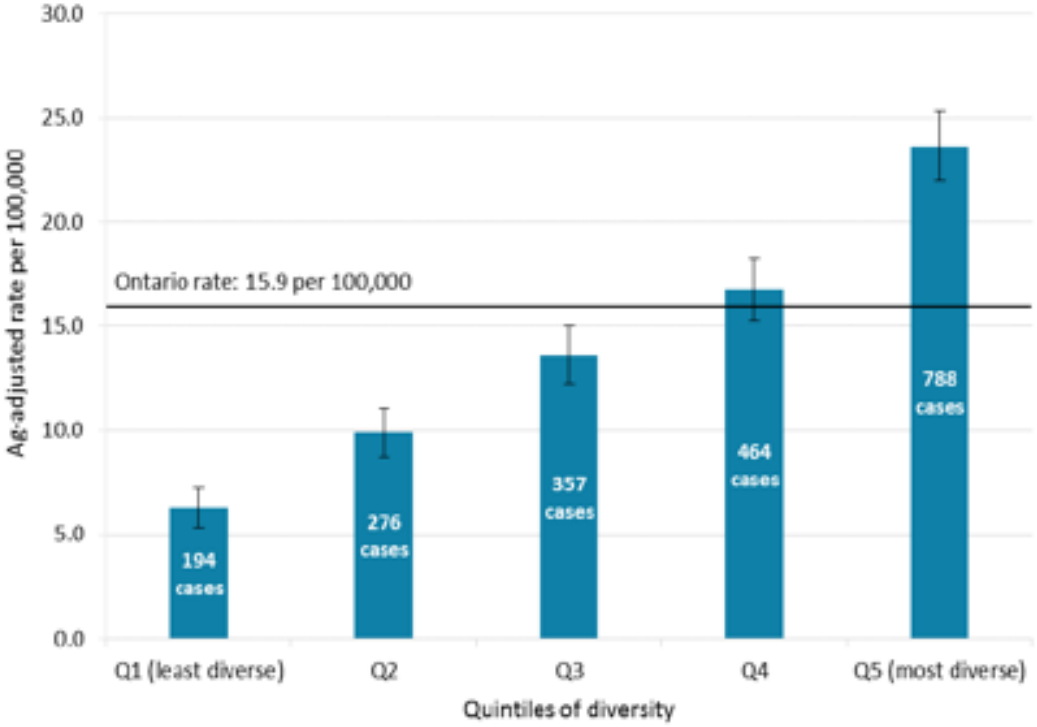


COVID-19 in Ontario: Neighbourhood-level Diversity[3]

Neighbourhoods with the highest ethnic diversity

- Higher percentage of confirmed positive COVID-19 tests
- Over 2x higher hospitalization rates

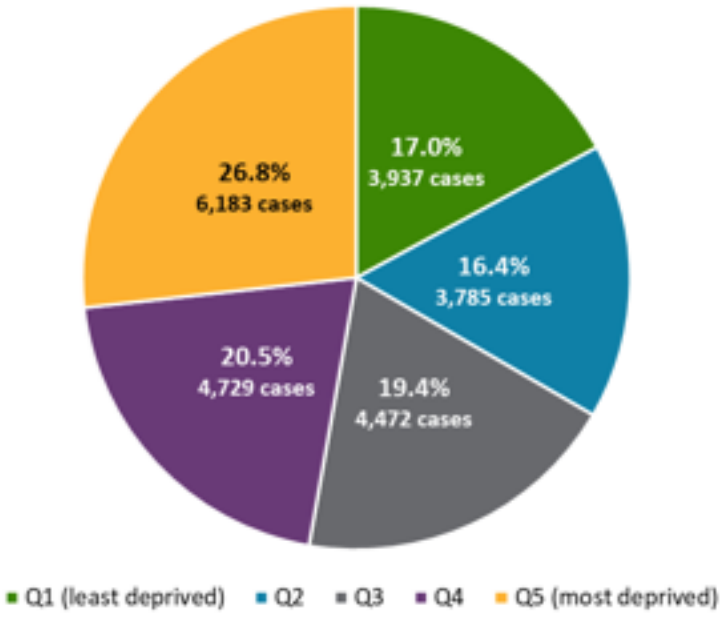
COVID-19 Age-adjusted rate and number of hospitalizations



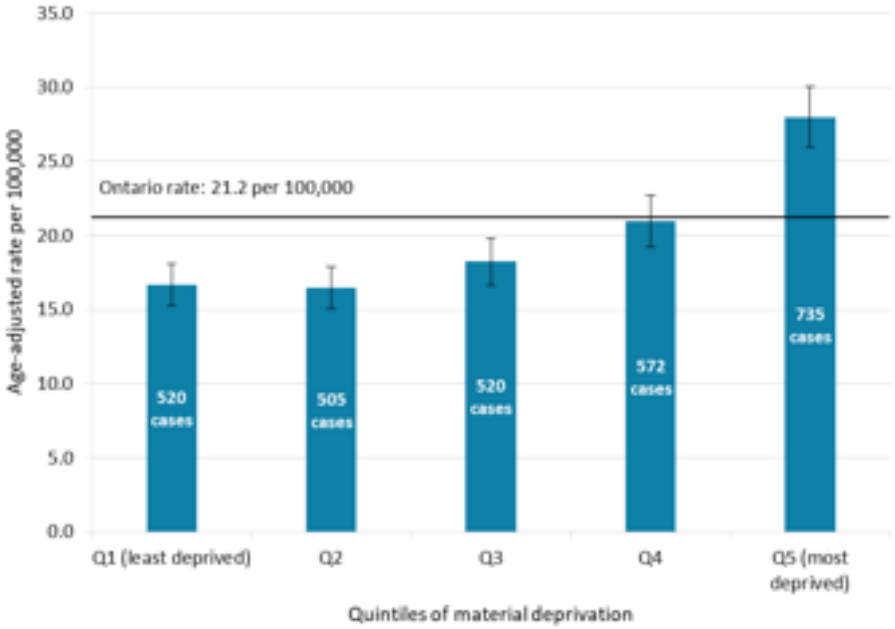
COVID-19 in Ontario: Focus on Material Deprivation[4]

(15 Jan 2020 – 03 June 2020)

Percent and number of confirmed cases of COVID-19 for each quintile of material deprivation: Ontario



Age-adjusted rate and number of hospitalizations among confirmed cases of COVID-19 for each quintile of material deprivation: Ontario



Language

Language as determinant of care/outcomes[5]

- Language barriers are linked to detrimental impacts on client/patient experiences, services provision, and health outcomes

Language considerations in Ontario[6]

- Research suggests that language barriers may be an issue across multiple municipalities in Ontario

Health Equity Principles

Health equity[7]

Health equity means that all people can reach their full health potential without disadvantage due to social position or other socially determined circumstance

Health inequities

Health differences that are:[7]	Systematic
	Unfair and unjust
	Avoidable

Social determinants of health[8]

What are the primary determinants of people's health?[9]
In Canada, 50% of our health is shaped by social determinants including: income, education, social safety net, working conditions, race, and gender, followed by 25% due to health care access and wait times

Determinants of Indigenous health[10]

Proximal Determinants — 'Surface' level factors

- Health care availability/access
- Physical environment
- Health behaviour

Intermediate Determinants — Underlying and persistent factors

- Community infrastructure and relationships
- Kinship networks
- Knowledge sharing

Structural Determinants — Historical, political, ideological, economic, and social foundations/systems

- Colonialism, *Indian Act*, residential schools, systemic racism
- Indigenous world views, spirituality, and resilience

Building blocks of health equity[11]

Anti-colonialism

- Recognise Indigenous peoples' inherent rights and sovereignty and right to self-determination
- Understand Canada's colonial history and its ongoing impacts

Anti-Racism

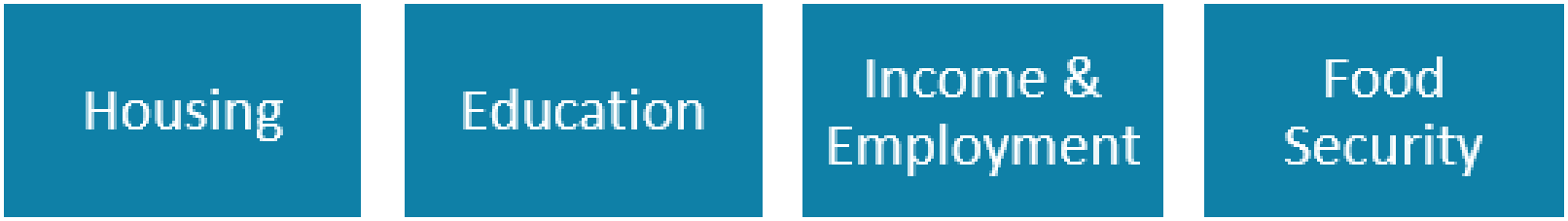
- Identify, remove, prevent, and mitigate the racially inequitable outcomes and power imbalances

Systemic racism lens

- When institutions or systems create or maintain racial inequity

Public Health Agency of Canada: Anti-Black Racism as a Determinant of Health[12]

- The chronic stress and trauma of anti-Black racism has a direct and detrimental effect on mental and physical health
- Black Canadians experience discrimination at multiple levels of society, including interpersonal, institutional, and structural discrimination in multiple facets



"At the moment, a complete portrait of the health of Black Canadians does not exist because of substantial data gaps"[12]
Public Health Agency of Canada, 2020

What Data are Being Collected & Captured?

Key messages
Introduce the questions
Data entry

Script: Purpose, consent, privacy[11]

Purpose

- Ensure that everyone has equitable access to vaccines
- Determine where/how information about vaccinations can be improved for individuals to make informed decisions
- Inform and monitor vaccine roll-out in communities facing disproportionate impacts

Collection

- Authority to collect alongside the other demographic questions as per routine practices
- Individuals can choose not to answer any or all of these questions

Privacy

- Information is protected by the Personal Health Information Protection Act, 2004 (PHIPA)
- Stored in a secure government data system; disclosed only as permitted/ required by law

Race[11]

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”, etc. **Which race category best describes you? Select all that apply from the options I will read out:**

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)

Ethnic Origin[11]

- Ethnic origin refers to a person's ethnic or cultural origins. Ethnic groups have a common identity, heritages, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics
- **What is your ethnic or cultural origin(s)?**
- **For example: Chinese, Filipino, Scottish, Guyanese, Somali, Korean**
- *Note: to support data quality, responses will be available in COVax as a dropdown list rather than as an open text field.

Income & Household Size[13]

Income can come from various sources such as from work, investments, pensions or government.

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

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

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

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

Language[14]

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 already 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**
- **Neither**
- **English**
- **Do not know**
- **French**
- **Prefer not to answer**

Indigeneity

What about collecting Indigenous data?

- 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 of Health continues to work with Ministry of Indigenous Affairs and Indigenous partners

Data quality considerations

Decline to participate

Where possible, don't leave as missing data

- Don't leave blank/missing
- Ask whether it can be recorded as 'prefer not to answer' across questions
- E.g. *"I see you've left the form blank/you don't want to hear the questions, are you okay with us recording it as 'prefer not to answer'?"*

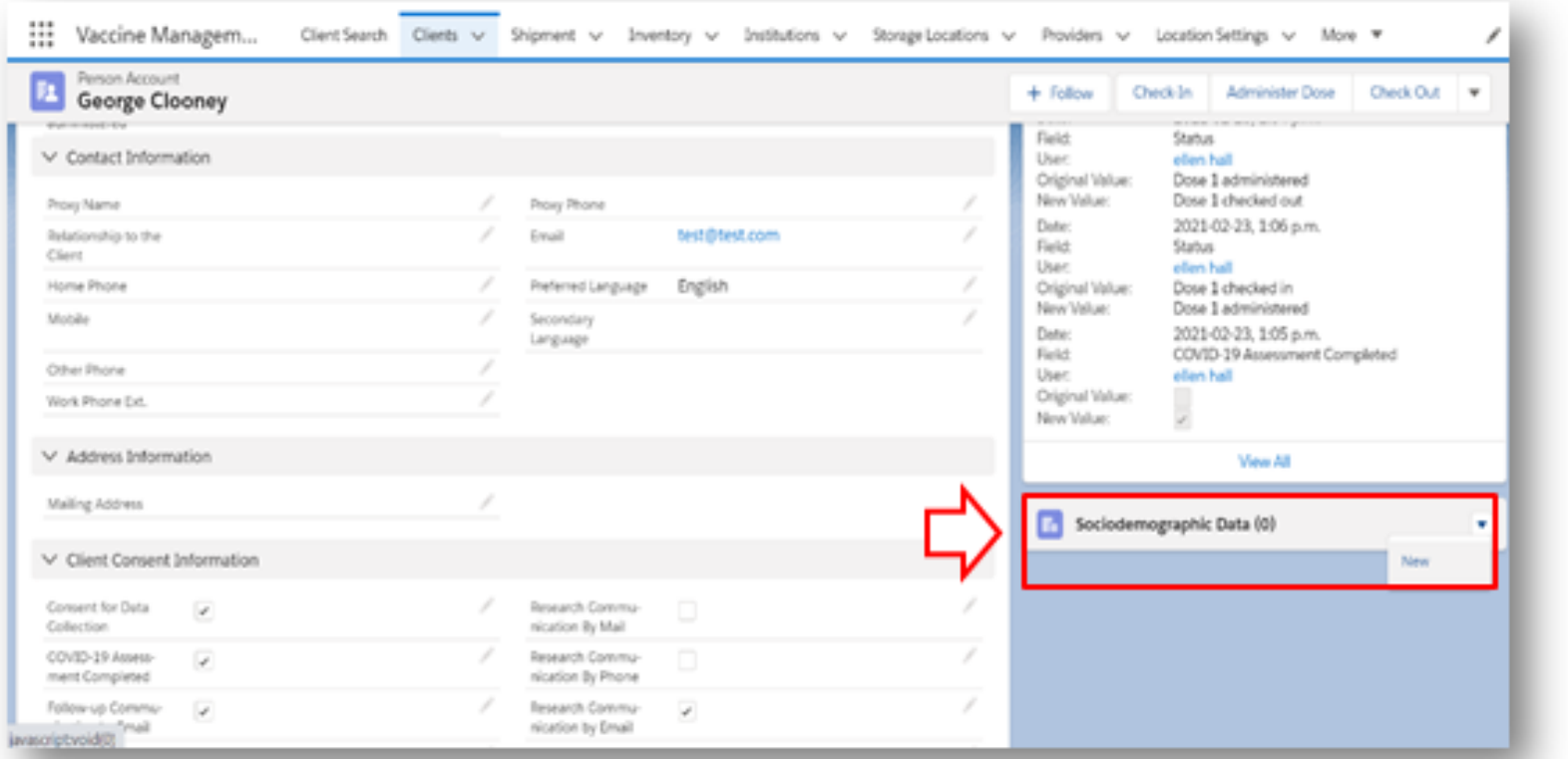
'Other' category

Where possible, minimize the use of 'other'

- If person provides a response that is not part of the categories but closely related, ask about using existing options
- E.g., for the race categories question: *"You indicated that your racial group is Lebanese, would that fit under 'Middle Eastern'?"*

COVAX screen

Client check in & consent to data capture COVax$_{ON}$ → Ask client if willing to provide sociodemographic info → From the Client record, scroll down to the "Sociodemographic Data" section and select "New"



COVAX data entry

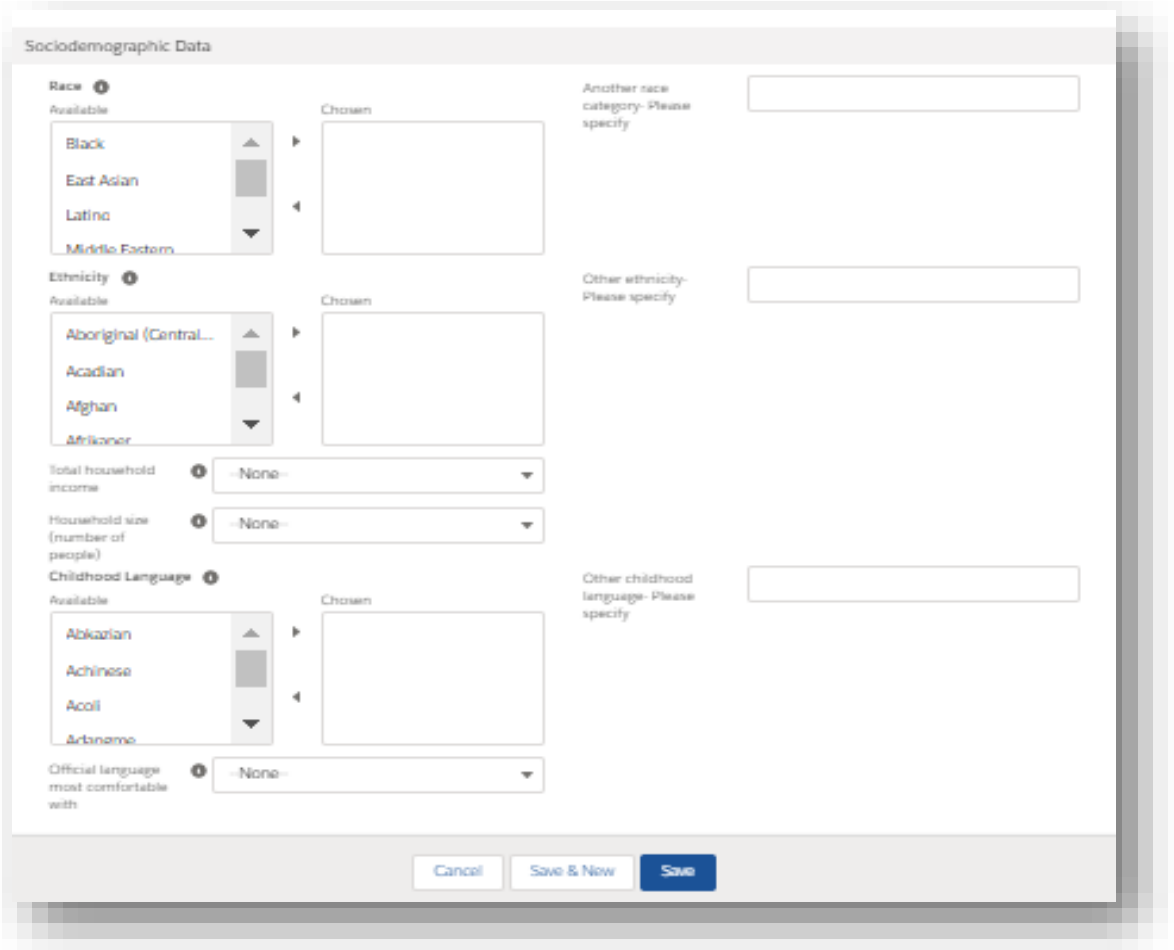
Read & obtain consent section before filling out

Client *must* provide consent for the user to record Sociodemographic details about them

Sociodemographic data fields

Data fields

- Select responses from list or dropdown
- Use arrows to move answer into /out of ‘chosen’ box
- Use free text where needed
- Click ‘save’



Wrap up reminder: A health equity perspective[15]

- Embed health equity in practice
- Reflect on world view, assumptions and beliefs
- Be open, non-judgemental
- Ground work in mindfulness: paying attention, being purposeful and intentional
- Building rapport can be the start of having a conversation and asking about sociodemographic information

For more information

- Resources
  - **Guide**: **Introducing Race, Ethnic Origin, Income, Household Size, and Language Data Collection: A Resource for Data Collectors (opens in a new window)**

    Document developed by Public Health Ontario to provide data collectors with a script, tips, and FAQ when collecting sociodemographic data
  - **Resource: Ontario's Data standards for the identification and monitoring of systemic racism (opens in a new window)**[11]

    Resource that outlines and established standards to help identify and monitor systemic racism and racial disparities within the public sector
  - **Website: Torontohealthequity.ca (opens in a new window)**[16]

    Website that includes a data collection guide, videos, tips on asking questions, patient/client resources, and more

Poll 2

- What would be the main barrier to successfully collecting sociodemographic in your role?

Q&A

- We’re opening the session to a Question & Answer discussion.
- Please submit questions in the chat box!

Poll 3

I'd like another webinar to be on... (choose up to 3):

- Applying equity principles to data analysis/interpretation
- Community engagement around data collection and use
- Data collection methods and workflows
- Further knowledge exchange on improving data quality
- How to respond to racism and harmful language during data collection
- Other

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