

Racial/Ethnic/Indigenous Identity: Collection of Identifiers

Beginning on May 1, 2020 we are directing all health-care providers completing the COVID-19 investigation forms to ask a mandatory question regarding Racial/Ethnic Identity.

This is in addition to the collection of First Nations, Metis and Inuit identifiers which began on April 3, 2020.

These questions are to be asked of all cases.

Rationale

Leaders are broadly recognizing the need for reporting on the impacts of COVID-19 by race, ethnicity, and indigeneity (REI). Organizational leaders and health professions from BIPOC (Black, Indigenous, People of Color) communities, human rights organizations, public health organizations, community serving organizations, and the public in general are requesting the data. The ability to monitor and report on the impacts of COVID-19 by REI is important because:

- Emerging evidence from other jurisdictions about COVID-19 and past experience with respiratory illnesses show disproportionate negative impacts on Black and Indigenous peoples.
- Epidemiological and surveillance information is necessary to empower informed health system responses to these disproportionate impacts on members of different communities.
- Racism in the health system has the potential to be amplified during the COVID-19 response and the health system needs to be able to monitor and respond promptly.
- BIPOC communities rely more on community organizations for essential services and these organizations have the potential to play a vital role in targeted health and social services that can mitigate the anticipated disproportionate impacts. Information could help inform planning, resourcing, and evaluation of these services.

On the following page is a script that public health staff are required to use to ask the questions about REI identity. Also outlined is a list of potential questions individuals may ask and sample responses to help you with assisting those individuals.

The client is asked and encouraged to answer the question but responding is voluntary. If the client does not wish to answer the question it should be documented as “Declined.” If a client declines to answer DO NOT guess or select the client’s REI identity.

If the person is unable to answer it is reasonable to ask the next of kin or a relative about the client’s REI identity if they are responding to the other elements of the Case Investigation form.

Script for Collection of REI Identifiers

Introduction:

Public Health has been directed to collect information about Racial/ Ethnic/ Indigenous identity in people who test positive for COVID-19. This will help us monitor how COVID-19 is impacting different communities. With this information we are able to respond to specific community needs and better plan for your healthcare, public health, and other services.

We are asking all people who test positive for COVID-19 in Manitoba to answer this question.

Below is the Initial question you will ask, including a list of identifiers.

We recognize this list of racial or ethnic identifiers may not exactly match how you would describe yourself. Keeping that in mind, which of the following best describes the racial or ethnic community that you belong to?

- African
- Black
- Chinese
- Filipino
- Latin American
- North American Indigenous- that is, First Nations, Metis or Inuit
- South Asian
- Southeast Asian
- White
- Other

REI Identifier's Possible Countries or Origin

Sometimes clients will select a category that is not in our list of minimum identifiers. They may need your help with selecting the right category for them. Below are countries or regions of origin that are associated with the REI Identifier categories, where that is applicable. If the client chooses one of the listed countries of origin, let the client know that you will indicate the identifier associated with that country. Ask them if that is ok.

REI Identifiers	Examples of Possible Countries/ Regions of Origin
African	Algeria, Cameroon, Cote d'Ivoire, Democratic Republic of the Congo, Egypt, Eritrea, Ethiopia, Kenya, Morocco, Nigeria, Somalia, South Africa, Tunisia ¹
Black	Canada, United States, Caribbean, Africa
Chinese	
Filipino	
South Asian	India, Pakistan, Bangladesh, Sri Lanka, Bhutan, Nepal, Maldives
Southeast Asian	Vietnam, Cambodia, Laos, Thailand, Singapore, Malaysia, Indonesia, Timor-Leste, Myanmar (Burma), Brunei
Latin American	Mexico, Brazil, Colombia, El Salvador, Guyana, Peru, Argentina, Venezuela, Cuba, other countries in Central and South America
North American Indigenous	
White	Canada, United States, Britain, France, other European countries, Australia, New Zealand
Other	

¹ Note: There are 50+ countries in Africa. These examples are based on Census information on Place of birth for Immigrants to Manitoba and this list should not be considered exhaustive.

If Person Answers “Other”

Thank you. I can write in an answer that better describes your identity. How would you describe the racial or ethnic community that you belong to?

If Person Declines or States They Are Uncomfortable Answering:

Is there any other information I can provide you or questions I can answer that would help you feel more comfortable answering? The information that you provide will be really helpful for the health system to understand how COVID-19 is impacting our province and country.

If person still declines to answer, record answer as “declined” and move on.

Possible Questions and Answers

Why do you need to know my Race/ Ethnicity?

In places where they collect this type of information it has been shown that some communities, for example Black and Indigenous communities, are more greatly impacted by the virus. We want to know if any communities in Manitoba have higher rates so that we can plan better in our health system, and with public health or other services. We want to make sure that all communities are getting the health care for COVID-19 that they need.

Who can see the information about my Race/ Ethnicity?

I will record your information on this Case Investigation Form and the results go into our Public Health Information Monitoring System. The Public Health Team members who will be following up with you for this or future public health needs will have access to this information. The Surveillance Team and statistical analysts who pull all of the information together into reports for monitoring can see it. No one else can see your individual record and the information, like all other aspects of your medical information, remains confidential.

How will the information that I provide be used?

The most important use for this information is for us to pool it together with all of the information from other people who have tested positive for COVID-19. When we pool the information together, we can see if any communities are being impacted more by COVID-19. Then we would be able to work with the community, organizations that serve the community and the health care system to better respond to that community's needs.

In the future it is possible researchers may want to use the information. If that was the case, all of the information that would identify you as an individual would be removed before providing it to the researcher.

Will this information be reported on in the daily briefings that Dr. Roussin does?

If we were to see higher rates than expected in different communities, then yes, it might be reported on publicly. This is important so that we can all understand how COVID-19 is impacting our communities, and participate in understanding why, proposing solutions, and taking action.

What if there aren't many people in my community who get COVID-19? Won't that mean people might know it was me?

Any public reporting of this information would never be done in a way that would make it possible for anyone to identify you as an individual. We are collecting this information in a way that respects all of the health and information privacy laws.

What if my community does have more cases? Are we just going to be blamed for that?

For COVID-19 and for other existing health gaps, the evidence shows that it is not related to genetics or behavior choices. Rather, these health gaps are present because of factors like racism and colonialism that impact income levels, housing situations, food access, access to education and employment opportunities, and other things that influence peoples' health. If we see differences in COVID-19 infection rates between communities, we will review the information and work with communities to understand why that is. We will be very careful in how we talk about the differences to make it clear that individuals in the community are not to be blamed.

There's lots of racism in the health care system. If people see my answer, isn't it possible that I might be at more risk for this?

That's a concern that people have often expressed when these types of questions are asked. One of the reasons that we want to collect this information is so that we can see if the health care that is provided to different racial or ethnic communities for COVID-19 is different. Collecting this information will actually allow us to monitor for this type of racism in a way that without it we are not able to. This will create an opportunity to identify and respond to any difference in health care by race or ethnicity that we might see.

If you are ever concerned that the way you are being treated in health care is different because of your race or ethnicity, then if you feel safe doing so, there are ways that you can report it. Every regional health authority has a Client Relations or complaint process that can be used, and more information about these processes can be found on their websites. If you need support in deciding whether or not to report something or help in navigating the process you might reach out to someone that you know or a community organization that you trust.

What will happen with my information after COVID-19?

Your information will stay in the Public Health Information Monitoring System and we may use it in the future to understand how other public health issues are impacting different communities. The same privacy protections will stay in place.

In the future we may be collecting this type of information in other parts of the health care system too. What we learn by doing this for COVID-19 will help us improve how we do that.

What if I still don't feel comfortable answering even though you've answered my questions?

If you don't feel comfortable answering I will record this as "declined to answer" and we will move on to the next part of the form.