



COLLECTING RACE AND ETHNICITY DATA AT COVID-19 VACCINE SITES: A REFERENCE GUIDE

This guide to identifying best practices for demographic data collection—specifically, race and ethnicity data—is a reference resource for staff who collect information at COVID-19 vaccination sites. The content is based on resources from the Agency for Healthcare Research and Quality and the American Hospital Association.

WHY COLLECTING RACE AND ETHNICITY DATA IS IMPORTANT

COVID-19 has disproportionately affected communities of color in the United States. Collecting and analyzing race and ethnicity data from COVID-19 vaccination recipients can help identify inequities in vaccine distribution and inform outreach and engagement efforts.

HOW THE INFORMATION IS USED

Data for all COVID-19 vaccine recipients, including race and ethnicity data, is submitted to Federal, state, and, where appropriate, local government. The information is tracked and analyzed for trends and to ensure that vaccination progress is happening for all demographic groups.

WHERE THE INFORMATION IS CAPTURED

Race and ethnicity data is collected from vaccine recipients in a few ways:

- In New York State, the New York State Vaccination Form (<https://forms.ny.gov/s3/vaccine>) captures race and ethnicity data
- Race and ethnicity data may already be documented in patient medical records
- Race and ethnicity data should be requested at the vaccination site as part of the intake process. That's where this reference guide could help.

WHY YOU ASK FOR RACE AND ETHNICITY DATA

Explain why you are requesting this information and why it is important.

Information on race and ethnicity is collected from everyone who receives a COVID-19 vaccine. This information can help us make sure that vaccines are reaching all demographic groups.

HOW TO ASK

You should request the information directly from the vaccine recipient or a designated representative:

Do you consider yourself Hispanic or Latino? (Record response)

What is your race? (Record response)

A vaccine recipient may seek to provide additional race and ethnicity detail, may identify as multiracial or multiethnic, or may wish to decline to answer. If the recipient responds "Other," please ask them to clarify. [Please document vaccine recipient responses.](#)

ABOUT RACE AND ETHNICITY CLASSIFICATIONS

The Census Bureau defines race as a person's self-identification with one or more social groups. At a minimum, it is best practice to organize race into the following minimum categories used by the Federal government for research purposes:

- African American or Black
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Ethnicity is a term representing social groups with a shared history, sense of identity, geography, and cultural roots, which may occur despite racial difference. *For Federal reporting purposes, ethnicity is defined as either of Hispanic or Latino origin or not of Hispanic or Latino origin.* People of Hispanic or Latino origin do not necessarily belong to any one racial group, and so ethnicity is often asked first as a separate question, followed by a question on race.

WHAT NOT TO DO

- Do not rely on your own interpretation of a vaccine recipient’s characteristics
- Do not suggest a race or ethnicity
- Do not assume that the person has already answered the question elsewhere (e.g., on their New York State Vaccination Form or their medical record). Redundancy is not bad in this case.

WHEN VACCINE RECIPIENTS CAN’T SPEAK FOR THEMSELVES

A vaccine recipient may have a disability or something else to prevent them from answering questions about their demographic information. If this is the case, you should notate who provided their data or list the recipient’s information as Unavailable or Unknown.

CONSIDERATIONS WHEN A VACCINE RECIPIENT REFUSES TO RESPOND

Patients may be hesitant to provide their demographic data due to uncertainty regarding how the information will be used. Be ready to address their questions or concerns. Having a blanket statement prepared in advance to diffuse awkward or uncomfortable situations is a best practice. For example, *“We are collecting demographic information to best serve all communities that need assistance during this time. The same questions are asked of each patient that we assist to avoid making assumptions about who we serve.”*

Possible responses from someone who is hesitant or uncomfortable	Suggested responses
“I’m American”	Would you like to use an additional term, or would you like me to just put American?
“Can’t you tell just by looking at me?”	Well, usually I can. But sometimes I’m wrong, so we think it is better to let people tell us. I’m trained not to make any assumptions and I don’t want to put in the wrong answer.
“I don’t know. What are the options?”	You can say White, Black or African American, Latino or Hispanic, Asian, American Indian or Alaska Native, Pacific Island or Native Hawaiian, or some other race or any combination of these. You can also use more specific terms such as Irish, Jamaican, Mexican, etc.
“It’s none of your business.”	I’ll just put down that you didn’t want to answer, which is fine.
“Is this legal? Do I have to answer this?”	Yes. The government is seeking this information to make sure that vaccines are reaching all demographic groups. Your response is optional, and it is fine if you wish to decline.
“Are you trying to find out if I’m a US citizen?”	No. Definitely not. Please know that the confidentiality of what you say is protected by law. This information will only be used for vaccine tracking purposes.

Know where to find available language access resources at your vaccination site for persons with Limited English Proficiency. [Educational material that can be handed out to vaccine recipients is available.](#)

Content for this guide was adapted from:

- Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project: Race and Ethnicity Data Improvement Toolkit (hcup-us.ahrq.gov/datainnovations/raceethnicitytoolkit/home_race.jsp)
- American Hospital Association, Health Research and Educational Trust Disparities Toolkit (hretdisparities.org)