

Job Aid: Completion of Sociodemographic Data

COVAX Role	Site Super Users, Vaccinators
Designation:	

In this document:

- Sociodemographic data overview.
- Completion of Sociodemographic Data in a client record.

Sociodemographic Data Overview

Sociodemographic information will be used for planning purposes to determine how vaccines were distributed and promoted in Ontario. A client must provide consent for the user to record sociodemographic details about them.

Completion of Sociodemographic Data in a client record

The sociodemographic data in a client record should be completed after the client has received their dose and it has been documented in COVax.

Obtain Consent

- 1. Provide the **Social Determinants of Health (SDOH) Guide** to the client. After the Client reads the **Consent** section, ask the client for consent to collect SDOH information.
 - Inform the client that providing this information is voluntary.
 - IMPORTANT: Remember to ask all clients if they would like to provide sociodemographic information and record whether consent was obtained. There is an option to record when clients <u>decline</u> consent (see Step 3 below).



Collect Indigenous Identify information

IMPORTANT: only do this step if the client identifies as Indigenous.

Do you identify as Indigenous? If so, please indicate your Indigenous identity.					
I DO NOT IDENTIFY AS INDIGENOUS	FIRST NATIONS	INUK/INUIT	MÉTIS	UNKNOWN	
OTHER INDIGENOUS IDENTITY	PREFER NOT TO	ANSWER			



1. In COVax, navigate to the **Details** tab to collect Indigenous identity information.

Person Account Test Client	
Age 29 Years 11 Month(s)	Total Doses 3
Alerts (0)	
Exemptions (0)	
Related <u>Details</u>	Client Immunizations
Client Name	Test Client
Alias	1

2. Navigate to the **Indigenous** field and click on the pencil icon to edit. Then, click the drop-down and select a response.

		5
Indigenous	None	•
Other Indigenous specify	✓None	
	First Nations	
	Métis (includes members of the Métis organization or Settlement)	
	Inuk/ Inuit	
Appropriate Documentation () Shown	Prefer not to answer	
Reason for Immunization	Unknown	
	Other Indigenous	

If a client's Indigenous identify is not listed, select **Other Indigenous** in the drop-down list and enter information in the **Other Indigenous specify** field.

Indiaepous		3
Indigenous	Other Indigenous	•
Other Indigenous specify		

Complete the SDOH survey/module

1. The **Sociodemographic Data** section is located under the **Related Tab** in a client record.



Person A Test C	Account Client				
Age 29 Years 11 Mo	onth(s)	Total Doses 3			
Alerts (0))				
🗾 Exempti	Exemptions (0)				
<u>Related</u>	Details	Client Immunizations			
🛅 Sociod	5 Sociodemographic Data (0)				

2. Under **Sociodemographic Data** click **New** or edit an existing SDOH if one is already listed using the dropdown arrow.

Related Details	Client Immunizations			
5 Sociodemographi	c Data (1)			New
Sociodemographic Data		Last Modified Date	Status	
SES-000638441		2022-05-19, 4:25 p.m.	Active	-
		View All		

- 3. For a new SES record, you must check one of the two checkboxes for SES:
 - If the client was asked but declined, click the **Declined to provide SES data** checkbox.
 - If the client was asked and consents, click on the **Consent to collect sociodemographic data** checkbox

Click Save to continue.



New Sociodemographic Data: Sociodemographic Record Type				
onsent for Collection, Use and Disclosure of So	ociodemographic Information			
*Client				
Test Client	×			
Status				
Active	•			
Sociodemographic Consent Details				
The Ministry of Health is collecting sociodemograp includes information about their race, ethnicity, inco	hic information from people getting the COVID-19 vaccine. This ome, household size, and language.			
If you decide to provide this information to the Mir planning how vaccines are distributed and promote	nistry, the Ministry will use and disclose it for the purpose of ad in Ontario, and other purposes authorized and required by law.			
The Ministry will use the information to create repo information that could be used to identify you. The and respects people's privacy.	rts that will be publicly available. These reports will not include any Ministry will make sure that this information is used responsibly			
Any information you provide will be stored in the C vaccination clinics. COVax is a health record system	OVax system and will be available to health care providers at under the custody and control of the Ministry.			
Providing this information is voluntary.				
You do not have to provide this information if you o other services if you do not consent. You can provid	do not want to. You will not be denied the COVID-19 vaccine or any de answers to all, some or none of the questions.			
If you do provide your information and then chang Ministry to ask that your sociodemographic inform	e your mind about it being used in the future, you can contact the ation not be used or disclosed.			
You can do this by emailing the Ministry at Consent	tWD@ontario.ca.			
Do you consent to providing your information to the	e Ministry?			
Consent to collect sociodemographic data				
Declined to provide SES data 🕚				

3. Use the Client answer guide to go through the questions and record the answers in COVax.

hich of Canada's o	fficial languages (Eng	lish or French) are	you most comfortable	speaking?			
ENGLISH FREN	CH BOTH ENGLISE	AND FRENCH	ETHER PREFER NO	I TO ANSWER			
hat is the language	that you first learne	d at home in childl	nood and still understa	nd?	Sociodemographic Data		
ARABIC	CHINESE (CANTO	NESE,HAKKA, MAN	IDARIN) CRE	OLE	Race O Available	Chosen	Another race cate- gory- Please specify
ENGLISH	FRENCH	HINDI	ITALIAN	SOMALI	Black	•	Complete field if "Other" is selected
SPANISH	TAGALOG	OTHER LANGUAG	SE PREFER NO	DT TO ANSWER	East Asian		
hat race category l	best describes you? O	hoose <u>all</u> that apply	ŀ		Latino 🗸		
ASIAN (EAST) – e.g.	. Chinese, Japanese, K	orean, Taiwanese			Ethnicity 0		Other ethnicity-
ASIAN (SOUTH) - e	.g. Indian, Pakistani,	Bangladeshi, Sri La	nkan, Indo-Caribb <u>ean</u>		Available	Chosen	Please specify
SIAN (SOUTH EAS	6T) – e.g. Cambodian,	Indonesian, Filipina	o, Thai, Vietnamese	i li	Aboriginal (Central/So	•	Complete field if "Other" is selected
BLACK – e.g. Africa	ın, Afro-Caribbean, Aj	rican-Canadian		i :	Acadian	4	
hat is your ethnic	or cultural origin(s)?				Afghan		
CANADIAN CH	INESE COLUMBI	NN DUTCH	ENGLISH FREN	сн	Total boundhold		
FILIPHINO GEI		IRANIAN	IRISH ITALIAN		incomeNone-		 Select the best option from the drop down
JAMAICAN JE	WISH KOREAN	LEBANESE	PAKISTANI POL	ISH	(number of people)		
PORTUGUESE	SCOTTISH SOM	ALI SRI LANKA	N UKRAINIAN	— I	Childhood Language 0 Available	Chosen	Other childhood language: Please
OTHER ETHNIC/C	ULTURAL ORIGIN	DO NOT K	NOW PREFER NOT 1	O ANSWER	English	•	Complete field if "Other" is selected
'hat was your tota	r housenola income p	efore taxes last yea	11 f		French		
\$0 to \$29,999 \$	30,000 to \$49,999	\$50,000 to \$69,99	99 \$70,000 to 99,9	999	Abkazian	•	
\$100,000 to \$149,9	999 \$150,000 or n	HORE DO NOT KN	IOW PREFER NOT TO	DANSWER	Official language ONone-		*
cluding yourself, h	ow many family mer	nbers live in your h	ousehold?		with		
	DO NOT KNOW	PREFER NOT TO	ANSWER		L		
						Cano	el Save & New Save

4. Thank the client and click **Save**.

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