



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Dave A. Chokshi, MD, MSc

February 17, 2021

Dear Colleague,

The New York City Department of Health and Mental Hygiene (NYC Health Department) is asking health care providers and facilities to support the collection of key demographic information of people who receive COVID-19 vaccine and COVID-19 testing and to ensure the data are reported to the NYC Health Department. This letter provides additional detail regarding best practices for collecting and reporting race and ethnicity data, as a follow up to [Health Advisory #3](#).

Record patient self-reported demographics, including **race, ethnicity and ZIP code of residence**, in:

- Your practice's electronic health record (EHR);
- COVID-19 laboratory requisitions and test results sent via the Electronic Clinical Laboratory Report System (ECLRS); and
- Reports of COVID-19 vaccinations entered in the Citywide Immunization Registry (CIR).

The NYC Health Department uses race, ethnicity and ZIP code data to [inform its public health response to COVID-19](#). Yet this information is frequently missing from COVID-19 testing and vaccination reports. **Race and ethnicity were unknown for 30% of vaccinations reported to the CIR (as of February 15, 2021) and for almost 80% of COVID-19 test results reported to ECLRS during January 2021.** Race and ethnicity data are critical to our ability to monitor inequities in COVID-19 impact, assess access to COVID-19 testing and vaccine, address systemic barriers to care, and ensure that New Yorkers with increased risk of exposure and severe COVID-19 receive testing, care, and vaccination.

In NYC, Black and Latino communities have faced historic and persistent systemic racism and inequitable treatment practices in jobs, education, housing and health care. The COVID-19 pandemic has laid bare and exacerbated racial inequities and health disparities. Black and Latino New Yorkers experience disproportionately higher rates of COVID-19 diagnoses, hospitalizations and deaths compared to White New Yorkers ([NYC data](#)). Early data, though incomplete, suggest that despite this increased risk, a disproportionately low percentage of Black and Latino New Yorkers have been vaccinated ([NYC data](#)). As a provider, you can help us reverse this trend by supporting more complete data collection and reporting so that we can better monitor the impact of the virus on communities of color and address vaccine distribution and testing inequities.

Strategies to Improve Demographic Data Collection

- Make sure all patient-facing staff are trained to use best practices (see below) to collect race and ethnicity data in a consistent way and are prepared to answer common patient questions.

- Explain why the data are being requested and how they will be used, such as “Your answers to these questions will help make sure we are serving all New Yorkers, particularly New Yorkers who were hardest hit by the pandemic.”
- Let every patient know that the same demographic questions are asked of all patients.
- Clarify that everyone’s demographic information is combined when displayed publicly and is never used to track or identify individual patients or stigmatize communities.
- Create safe and trusted spaces to answer demographic questions, being mindful that the presence of other people or law enforcement staff can affect how comfortable patients are disclosing personal information.
- Acknowledge that some patients may be reluctant to share personal demographic information due to experiences with racism, racist practices and policies and other traumatic experiences.
- Practice empathy and cultural sensitivity and address any language barriers through appropriate translation.
- Let patients know that immigration status is never asked, and that COVID-19 testing and vaccination are not considered a public benefit under the [public charge](#) rule.

Best Practices for Collecting Patient Demographics

- **Demographic information must be self-reported by the patient. Ask patients which races or ethnicity they identify as. Never assume a person’s race or ethnicity from observation, language spoken or their name.**
- Let patients know that they may choose more than one race and may indicate that they do not identify as a particular race. Consider updating your practice or system’s EHR to document multiple racial identities for better and complete data flow into the CIR and in laboratory reports to the NYC Health Department.
- Ask the following for a patient’s ethnicity and race:
 1. Do you identify as either Hispanic or Latino?
 2. Which race or races do you identify with? Let the patient know they can select more than one race.
 - If a patient selects “Other,” make sure to write in the other race they identify as.
- If patients do not understand the terms Hispanic or Latino, you can share the federal government’s definition:
 - The United States Office of Management and Budget defines “Hispanic or Latino” as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Providers should select “Prefer not to answer” when a patient chooses not to disclose their race or ethnicity, rather than skipping the question.

Strategies to Improve Demographic Data Reporting

- **Ensure that each patient’s race, ethnicity and ZIP code are collected in your EHR intake system and routinely reported to the CIR and ECLRS on laboratory test requisitions or results sent by electronic laboratory reports to the NYC Health Department.**
- Develop procedures and tools to help staff implement best practices for collecting and reporting race and ethnicity such as staff training, scripts they can use when asking for race and ethnicity, and talking points and answers to frequently asked questions.

- Train staff on how to accurately report data to the CIR and to the NYC Health Department [via ECLRS](#).
- The CIR and ECLRS use separate data fields to collect ethnicity and race information.
- The CIR supports all race and ethnicity codes. For a list of CDC-approved values and information on how to report to the CIR, please visit: www1.nyc.gov/site/doh/providers/reporting-and-services/cir-how-to-report.page#electronic
- For instructions on how to report to ECLRS, please visit www1.nyc.gov/assets/doh/downloads/pdf/covid/providers/covid-19-rapid-test-reporting.pdf
- For patients who need help completing the [New York State COVID-19 vaccine form](#), which is required of all vaccine recipients, providers should follow the [instructions](#) and encourage patients to self-report their race and ethnicity.

Resources on staff training, communicating and collecting race and ethnicity data:

- Agency for Healthcare Research and Quality. [Race and Ethnicity Data Improvement Toolkit](#).
- American Hospital Association; Institute for Diversity and Health Equity. [Deaf and Hard of Hearing Populations](#).
- American Hospital Association; Institute for Diversity and Health Equity. [AHA Disparities Toolkit – Staff Training](#).
- Azar KMJ, et al. [Accuracy of data entry of patient race/ethnicity/ancestry and preferred spoken language in an ambulatory care setting](#). *Health Serv Res*. 2012;47(1 Pt 1):228-240.
- Jarrín OF, et al. [Validity of race and ethnicity in Medicare administrative data compared with gold-standard self-reported race collected during routine home health care visits](#). *Med Care*. 2020;58(1):e1-e8.
- Institute of Medicine. [Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement](#). Washington, DC: The National Academies Press; 2009.

We are grateful for your assistance in improving race and ethnicity information so that together we can reduce the unacceptable inequitable impacts of COVID-19 on Black and Latino New Yorkers. Thank you for your ongoing collaboration and support.

Sincerely,



Torian Easterling, MD, MPH
First Deputy Commissioner and Chief Equity Officer



Celia Quinn, MD, MPH
Senior Science Advisor
Bureau of Healthcare and Community Readiness
Office of Emergency Preparedness and Response