

Voluntary Collection of Registrants' Race-Based and Indigenous Identity Data

November 2024

Purpose

The intent of this document is to provide registrants with information about ACOT's purpose and plans for the voluntary collection of registrants' race-based and Indigenous identity data and the subsequent sharing with CIHI.

Background

The [Canadian Institute for Health Information \(CIHI\)](#) is a trusted source of Canadian health system data for over 30 years. CIHI collects health human resource (HHR) data to support health workforce planning and policy development in Canada. CIHI obtains their data from many sources including health profession regulators across Canada

All occupational therapy (OT) regulators, including ACOT, share health workforce data with CIHI. Examples of data shared include the percentage of OTs who are part-time or full-time working status, percentage who work at various work locations and types of work. ACOT collects this type of data from registrants when they apply to ACOT and when they renew their practice permit. When shared with CIHI, these data are combined from all OTs who provided it, so it does not link to the identity of any one person. An example of how CIHI uses these data can be found in their 2022 *State of the Health Workforce in Canada* report on the [supply and distribution](#) of health care workers.

In 2022, CIHI updated its HHR minimum data set to include race-based and Indigenous identity data elements. CIHI's intended use of these data is to inform actions and interventions to improve health equity among racialized groups. CIHI has published a [guidance document](#) for collecting these data along with a supplementary report on [Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada](#).

ACOT's Acting Against Racism and Intolerance (AARI) Committee, which is comprised of OTs with living experiences of racism and intolerance has indicated support for the collection of race-based and Indigenous identity data on a

voluntary basis. They noted caveats including use of the data is only done in aggregate and anonymously, and that clear communication is done noting the limitations in use of the data due to the voluntary collection basis. Pursuant to the AARI Committee’s recommendation, ACOT is planning to align with CIHI’s updated minimum data set by collecting race-based and Indigenous identity data from registrants on a voluntary basis and sharing the data with CIHI.

What specific data is ACOT planning to collect and how?

ACOT is planning to collect race-based identity and Indigenous identity data as outlined in the table below. Data will be collected within ACOT’s secure online regulatory member management platform when a registrant completes their annual practice permit renewal. Registrants will have the option to select up to 3 Indigenous and 3 race-based identities that they identify with, or to not provide the information at all.

	Data Elements	Selection
Indigenous Identity	First Nations Inuk/Inuit Métis Do not know Prefer not to answer Not collected Not applicable Unknown	Multiple selection data element. Select up to 3 identities.
Racialized Group	Black East Asian Indigenous Latin American Middle Eastern South Asian Southeast Asian White Mixed racial group Another race category Do not know Prefer not to answer Not collected Not applicable Unknown	Multiple selection data element. Select up to 3 racialized groups.

Is data collection required and when will it happen?

Registrants' sharing of their race-based and Indigenous identity data with ACOT will be entirely **voluntary**, and it will only occur during registrants' annual practice permit renewal. This data will not be collected at the time of application to the College. Applicants can be assured that their application is in no way contingent on or influenced by their race or Indigenous identity.

What is ACOT's purpose for collecting the data and how will it be used?

ACOT's purpose for collecting the data is to contribute to the reduction of race-based inequities in the health system which aligns well with ACOT's legislated mandate to protect the public. This can be achieved when ACOT collects and uses the data themselves, as well as when they share the data with CIHI.

Specific to ACOT and their mandate to protect the public, collection of these data elements increases ACOT Council's awareness of registrants' race-based and Indigenous identities, enabling Council to make decisions that are more representative of the public and the communities served by ACOT registrants. For example, knowing that some of ACOT's registrants identify with a specific racialized group, can bring to light the need for ACOT to incorporate equity-focused approaches including cultural safety, culturally safer practices and collaborative relationship-focused practices supportive of the racialized registrant group. This may be reflected in how ACOT's Council makes decisions, recruits new members or in changes to the content of ACOT's bylaws, standards of practice and code of ethics and hiring practices. By taking these actions, ACOT ultimately influences the quality and safety of the services provided to the public.

In addition to using the data to directly serve ACOT's mandate, ACOT will include race-based and Indigenous identity data in its annual reporting to CIHI. Inclusion of the new data elements contributes to CIHI's endeavours to support equity-focused health workforce planning and policy development in Canada. To this end, CIHI generates analytical and educational products for public use. CIHI also supports third party endeavors towards removing race-based inequities in the health system by disclosing data to and engaging in analysis with relevant third parties, Statistics Canada, and provincial and territorial governments upon receipt of data provider consent.

What are the benefits and risks to the collection and disclosure of registrants' race-based and Indigenous identity data? How will risks be mitigated?

Collecting registrant race-based and Indigenous identity data and disclosing this data to CIHI has the potential to benefit ACOT, registrants, other health system partners, policy makers, and the public. The data can be used to inform policies, programs, health services and care that is respectful, free of bias and racism, and aims to improve health equity overall.

However, there are some risks related to the collection and disclosure of race-based and Indigenous identity data. In the following table, ACOT has identified risks and proposed means of preventing or mitigating them.

Risk	Mitigation
In the act of self-reporting race-based or Indigenous identity the registrant may be caused to reflect on any racism, inequality or trauma they have experienced as part of a racialized group. This may create discomfort for the registrant.	Self-reporting is voluntary. Options including, “prefer not to answer” may be quickly and easily selected if the registrant is uncomfortable reporting the data or simply chooses not to report the data for any reason.
Data is voluntary and therefore does not represent the complete racial identity mix of ACOT registrants.	With some registrants reporting their race-based or Indigenous identity, at a minimum ACOT becomes informed of having racialized registrants and can use this knowledge towards equity-focused actions and initiatives. When using the data to inform decisions or policy or to share with CIHI, the application of and communication about the data will be made knowing it has limitations due to the voluntary nature of collection.
Registrant fear of discrimination or stigma because of identifying as part of a racialized group and disclosing this to ACOT.	Only ACOT staff whose role includes using, maintaining or reporting the data will be granted permission to view and access the race-based and Indigenous identity data in Alinity. Otherwise, the data will be unavailable for ACOT staff to access.

Risk	Mitigation
<p>Registrant fear that the privacy of their data will not be maintained or that their identifiable data will be disclosed.</p>	<p>ACOT adheres to privacy legislation, including the Personal Information and Protection Act, aimed at protecting the privacy of people’s personal information when collecting, using and disclosing information.</p> <p>Secure systems and contractual agreements are in place with respect to the third party providing and managing ACOT’s regulatory management software, as well as with CIHI. These contracts serve to protect the privacy and confidentiality of registrant information (see next section for more detail).</p>

How will the privacy of registrants’ data be protected once collected and shared?

Collection

Data is collected and stored in ACOT’s secure online regulatory member management software, Alinity. Alinity is provided and maintained through a contractual agreement with Softworks Groups Inc. Softworks’ staff are bound by the contractual agreement to protect the privacy and confidentiality of registrants’ information within the system.

Sharing Data with CIHI

ACOT reports or discloses health workforce data annually to CIHI using a secure portal on the CIHI website. Registrant data is uploaded in a zippered txt file. The file contains data at the individual record level. Registrant name data is not provided with the records; however, the registration number is provided in order for ACOT to refer back to original records to correct any errors in reporting.

A Data Sharing Agreement (DSA) is maintained between CIHI and ACOT. This legal document holds CIHI accountable for protecting and only storing, transmitting, disclosing and using the health workforce data in accordance with the agreement. The DSA permits CIHI to use the health workforce data to develop analytical products, develop educational products, undertake analyses and share these with third parties. The agreement permits CIHI to disclose only aggregate and de-identified data with third parties. The agreement also permits

CIHI to disclose record-level data to Statistics Canada at their request. Any sharing of record-level data by CIHI to the Alberta Government is only done with ACOT's prior written permission. If ACOT were to permit the data to be provided to the Alberta Government, it would only do so if the data were in aggregate form, or unless otherwise required by legislation.

Sharing Data with the Government of Alberta

Section 122 (1)(b) of the HPA enables the Minister of Health to request health service provider information from regulated health profession colleges. As such, regulatory colleges collect this data from registrants and provide it to the Government of Alberta via the Provincial Provider Registry (PPR). Registrant data includes name, college and registration number, date of birth and gender. ACOT is required to ensure the data is up to date and provides it daily to the PPR. The data required does not include race-based or Indigenous identity data and therefore this type of data will not be shared as part of the Provincial Provider Registry. More information about the Provincial Provider Registry can be found on the Government of Alberta website: [Provincial Provider Registry | Alberta.ca](https://www.alberta.ca/provincial-provider-registry).

When will ACOT start collecting the data?

ACOT is aiming to begin the voluntary collection of registrant's race-based and Indigenous identity data during the 2025-26 practice permit renewal period, starting in January 2025.

Who can applicants or registrants contact with questions?

If applicants or registrants have questions or concerns about ACOT's collection, use, and disclosure of race-based or Indigenous identity data, they are encouraged to contact info@acot.ca by December 20, 2024.