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Addressing health inequities within the COVID-19 public health response

Key Findings

- There is wide variation in how health equity action is applied to Coronavirus Disease 2019 (COVID-19) efforts. This includes the scope of work (e.g. surveillance, testing, recovery), areas of focus (e.g. race, ethnicity, non-specific equity), and responsibility for implementing the work (e.g. led by government, community partnership, task force).
- Within government-led and government-supported work, there is no standard approach or framework to embedding equity in COVID-19 efforts.
- Use of metrics to track, plan, and build accountability is a common theme within health equity action on COVID-19.
- The majority of documented health equity actions were from organizations in the United States (US) and there was disproportionately less documentation of health equity work in Canada, with the exception of several from First Nations and Métis Nations.

Objectives and Scope

This document summarizes the results of an environmental scan on health equity action within the COVID-19 public health responses that have been led by governments (local/regional/national) or through partnerships with them.

Documenting emerging public health and governmental efforts to address inequities within a COVID-19 context will:

- Build knowledge on what equity-focused COVID-19 responses look like at the local, regional and national levels;
- Highlight feasible and tangible actions that can be taken to strengthen public health responses to the COVID-19 pandemic and manage new waves of cases in an equitable manner.

Current State and Ontario Context

Emerging data are painting a grim picture that highlights how this pandemic and its response are exacerbating existing systemic health inequities. Health inequities are health differences that are systematic, socially-produced, unfair and unjust that limit the health and wellbeing of specific groups.[1] For example, racialized communities in Ontario have disproportionate experiences of COVID-19:

- Ontario neighbourhoods with the highest 'ethnic diversity' rates had the most detrimental COVID-19 outcomes. When compared to the least diverse neighbourhoods, they had higher hospitalization rates (4x higher), higher intensive care unit (ICU) admission rates (4x higher), and higher death rates (2x higher);[2]
- In Toronto, racialized communities account for 79% of COVID-19 cases while representing 52% of the city's population.[3]

In light of those inequities, there have been increasing calls by advocates, public health groups, and researchers to take action to reduce health inequities. In one commentary in Nature Medicine from March 2020, when public health responses to COVID-19 were starting to be implemented, Wang and Tang stated "Solid evidence for tackling health inequities during the COVID-19 outbreak is in urgent need. The scarcity of health-equity assessment during the current outbreak will halve the disease-control efforts".[4]

Ontario's recent implementation of socio-demographic data collection in public health units is critical for monitoring and building evidence on COVID-19 inequities and experiences of marginalized populations.[5] This will also create a need for guidance on how to move from data collection, to interpretation, to action in creating an equitable pandemic response and recovery.

Methods

Information specialists from Public Health Ontario Library Services advised on terms to assist with a grey literature search for equity-related resources. In addition to examining equity-related terms, the strategy included a specific search on race, income, and language (see Appendix). The purpose of this particular search was to align this review with the provincial socio-demographic data collection for COVID-19 cases.

To narrow the search to health equity actions during the COVID-19 pandemic, we used the key terms: "metrics OR indicator", "intervention", "action", and "guide". These terms reflect the structures that create change and build accountability around health inequities.

The first 10 pages of web results were reviewed for resources (October 14-27, 2020), as the relevance of results drops significantly after five pages. This scan relied on a grey literature search and acknowledges that there are many additional innovative and critical equity-focused efforts that have not been documented or were documented following the date of this review.

Following our initial searches and preliminary synthesis three additional documents were released and recommended for inclusion due to their high relevance to the Canadian context for the COVID-19 response.

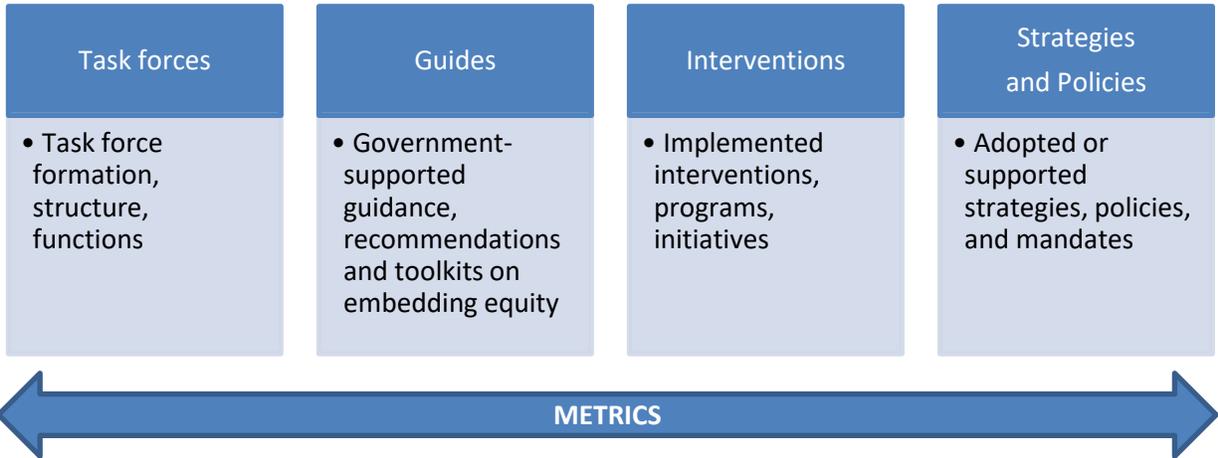## Focusing on Implemented, Supported, or Mandated Actions

This environmental scan includes actions that exhibit evidence of being mandated, supported, or implemented by at least one level of government. We excluded recommendations and frameworks that have not been used, adopted, or implemented in COVID-19 responses. This allows us to focus on actionable measures that health agencies, governments, or other organizations have committed to and translated to practice. Limiting the search to implemented initiatives, programs, policies, or monitoring frameworks highlights the feasibility of action and provides models for other interested jurisdictions. These represent key learning opportunities for COVID-19 responses in Ontario, Canada, and elsewhere.

Results

Summary of findings

Our results indicate recent growth in a previously under-explored area: equity action in health emergency responses. Based on the final list of 40 relevant and unique records, we extracted actions and grouped them into the four themes illustrated in Figure 1. As many included documents had a focus on the role of data and metrics (e.g., surveillance thresholds), we also included "metrics" as a cross-cutting theme across task forces, guides, interventions, and strategies.

Figure 1. Addressing health inequities within the COVID-19 public health response themes

Task forces	Guides	Interventions	Strategies and Policies
• Task force formation, structure, functions	• Government-supported guidance, recommendations and toolkits on embedding equity	• Implemented interventions, programs, initiatives	• Adopted or supported strategies, policies, and mandates

◄ METRICS ►

Multiple actions may have originated in the same jurisdiction but were led by different organizations. For example, in Ontario, the scan included one equity action by the Government of Ontario and another by the Six Nations of Grand River Territory. In other cases, the same government body was involved in several actions:

- The Government of Scotland and the US Department of Health and Human Resources each led three of the listed actions;
- The California Department of Public Health, the National Health Service (NHS) England, and the Rhode Island Executive Office of Health and Human Services each led two of the listed actions.

Four jurisdictions were involved in actions in more than one theme. For example:

- The State of Massachusetts outlined two distinct actions: mandating data collection (listed under 'strategies/policy') and forming a task force (listed under 'task forces');
- The Government of Scotland formed a task force as well as developed a guide;
- The US states of Virginia and Rhode Island both formed task forces as well as implemented a number of interventions.

The scan points to an increased reliance on implementing or expanding socio-demographic data collection and reporting as critical tools for action on equity. Accordingly, we further summarized the cross-cutting theme of metrics, which includes information from documents across the four main themes.

TASK FORCE

Four task forces met the search criteria for this review: two American states (Virginia, Rhode Island), one American city (Chicago), and Scotland.[6-9] This is not a comprehensive list of task forces functioning at the local, state/provincial or national level, and others have been established by public health agencies and community groups.

The four task forces fall into two categories: policy-focused task forces established by a state or national government in order to provide recommendations to that government, and action/intervention-oriented multi-sector partnerships that implement interventions locally. [6-8,10,11]

POLICY-FOCUSED TASK FORCES

Scotland's Expert Reference Group was established as one of five components in Scotland's COVID-19 response. Members were appointed by the government and consist of academics and politicians. The group provides advice on policy actions.[6] The reference group submitted two papers with 30 recommendations for the Scottish government: 14 recommendations relate to improving data and evidence on ethnic inequalities in health, and 16 recommendations relate to alleviating systemic issues, such as employment, education, housing, and school curriculum.[12, 13]

The Minister for Older People and Equalities in Scotland provided an initial response to the recommendations relating to data and evidence, stating that "striving for race equality is everyone's business and that it is not sufficient for our actions to be non-racist, we must be actively anti-racist".[14] The Minister's response separates the recommendations into immediate, short-term and long term actions and states that the recommendations have been incorporated into the Program for Government.[13]

In Virginia, Rhode Island, and Chicago, the task forces are working directly on the COVID-19 response at the state or local level.[7,8,15] Each task force consists of community leaders of color such as leaders of non-governmental organization, local politicians, ministers, and doctors. Each task force is implementing a number of specific interventions, such as:

- Using data to identify communities with the highest need and provide this information to local jurisdictions;[10]
- Delivering masks, sanitizer and education materials door-to-door (Rhode Island, Virginia) and to correctional facilities;[10]
- Partnering with local agencies to expand testing services in high-risk neighbourhoods;[7,8,10]
- Securing grant dollars to provide rent relief or emergency funding.[7,8]

No information could be found regarding the governance or structure (such as terms of reference) of these task forces.

GUIDES

We identified seven documents functioning as a guide, toolkit, or recommendation list on how to embed equity in COVID-19-related efforts. These resources originated from England and Scotland in the United Kingdom (UK), British Columbia (Canada), Oregon (US), and Virginia (US). Three of those documents were developed by a government-appointed task force or working group closely aligned with government responses.[6,16] The remaining four were developed by government agencies supporting COVID-19 responses.[17-20]

In terms of equity focus, three documents primarily addressed race, though terms sometimes varied (e.g. 'ethnic minorities' or 'people of color'). The remaining four had a broad equity focus, either using non-specific references to equity, or specifying a range of variables such as race, disability, lesbian, gay, bisexual, transgender, questioning and plus identities (LGBTQ+).

Four of the guides included a focus on staff diversity as a critical piece for integrating equity into operations.[6,16,17,19] For example, goals on staff diversity and inclusion are part of NHS England's equity COVID-19 responses (e.g. target: racialized staff comprise 15% of workforce, leadership, and boards). [16]

The areas of focus in the reviewed guides varied widely and can be broadly grouped into:

- Four document focusing on integrating equity into operations and planning [6,18-20]
- Two documents focusing on improving data collection and use [6,17]
- One document focusing on using equitable language [20]

Highlights from the integrating equity in COVID-19 operations and planning theme:

- The City of Portland developed a toolkit of resources and guidance on integrating equity into COVID-19 action. In addition to data summaries and feedback from communities, the toolkit lists two categories of reflective questions. The first category of 'one-off' decisions includes questions such as "Is this relief culturally appropriate?" For the policy or programmatic design category, staff were asked to follow a Results-Based Accountability (RBA) model; for example, "What's the (evaluation) feedback loop that will allow to implement changes based on learnings and intended or unintended results?".[18]
- The Virginia Department of Health authored a comprehensive guidebook on COVID-19 testing and contact tracing with an equity lens. With a focus on inclusiveness and accessibility, the guidebook provides guidance on integrating experiences of racialization, disability, and other determinants of health in testing and contact tracing. The guidebook is a comprehensive look at the "end-to-end process" of understanding key populations; planning a testing event; developing inclusive and accessible communications; preparing personnel; executing a testing event; providing culturally-tailored contact tracing.[19]

Highlights from a guide on using equitable language:

- The British Columbia Centre for Disease Control (BCCDC) has published a guide for internal staff and external partners on de-stigmatizing language within COVID-19 reporting. More specifically, it lays out terms and language to use or to avoid to ensure minimal harm from reporting COVID-19 data, particularly for communities living with oppression. Categories of terms they cover include substance use, race and ethnicity, gender identity, sexual orientation, age, and ability.[20]

INTERVENTIONS

We identified thirteen interventions in North America. Six of these interventions are from First Nations and Métis Nations. Nine interventions are comprehensive in nature, with multiple components ranging from testing, to distributing Personal Protective Equipment (PPE), to housing grants. Two of those are Requests for Proposals (RFPs) for community health workers that will deliver comprehensive programs with LatinX communities and 'hot spot' communities.[21,22] Four interventions focus on one single approach. Table 1 captures the range of interventions reviewed.

Table 1. Range of interventions reviewed

Jurisdiction	Testing	Health information and communication	Data collection and reporting	PPE	Access to care (financial, telehealth)	Food security	Contact tracing	Community checkpoints	Emergency financial aid
US Dept. of Health and Human Services	x	x	x		x				
Chicago	x								
North Carolina (LatinX Community)	x	x					x		
North Carolina (Underserved COVID-19 Hot Spots)	x	x			x	x			
Rhode Island	x	x	x	x			x		
San Francisco	x	x	x	x		x			
Virginia	x	x	x	x					
New York	x								

Jurisdiction	Testing	Health information and communication	Data collection and reporting	PPE	Access to care (financial, telehealth)	Food security	Contact tracing	Community checkpoints	Emergency financial aid
Six Nations	x	x	x					x	
First Nations Health Authority (British Columbia)		x		x	x				
Métis Nation Saskatchewan				x		x		x	
Métis Nation of Ontario									x
Métis Nation of Alberta									x

The most common intervention type is testing (n=9), which includes reducing costs for testing (in the US) and increasing access to testing by bringing testing centres into marginalized communities. For example, in New York, testing centres were established at churches in communities that were hardest hit by COVID-19.[23]

All but one of the comprehensive interventions (n=8) included education and communication. These included "care packages" with information on COVID-19 and community resources, developing a website to share information, community and media connections, door-to-door outreach, tailored guidance for individuals and communities most at-risk, culturally competent communications, and moderated presentations and discussions.[8,10,23-25]

The interventions developed by First Nations and Métis Nations are rooted in community and culture. The comprehensive interventions developed by Six Nations in Southwestern Ontario prioritized elder protection, by limiting visitations to long term care facilities and prioritizing testing of elders and workers in close contact with them.[24] Métis Nation Saskatchewan and Six Nations included community checkpoints to restrict the flow of traffic into communities.[24,26] The Métis Nation in Alberta developed a support plan to respond to individual needs identified by Métis Albertans. Financial supports are available by request, for needs such as rent and food security.[27]

STRATEGIES AND POLICIES

We identified fifteen strategies and policies related to equity and COVID-19. Race and ethnicity were overarching themes in ten of the strategies and policies. Three explicitly mentioned Black and Indigenous people as a primary focus of the equity efforts, acknowledging the impact of race and racism on health.[28-30] Income and poverty were secondary themes in five of the reviewed documents. For policies and strategies where data collection was a key component, race, ethnicity, and income were the most common determinants of health addressed.

Key components of equity-focused policies or strategies included the provision of appropriate funding for equity efforts and targeted investments to address the disproportionate impacts of the pandemic on marginalized communities.[29,31-33] Another key component was developing equity-centered programs and practices for testing, contact tracing, isolation, healthcare, and recovery that takes into account the unintended negative consequences of the response and includes mitigation strategies to address those impacts.[30,31,34] Building community trust through consistent engagement efforts that allow impacted communities to be part of the decision-making for planning, delivery and reporting on response and recovery effort was identified as pivotal when addressing equity concerns.[11,28-30,32-34] Knowledge production and translation, including training and capacity building efforts, were also prominent features of a number of policies and strategies.[11,28,30,32-34] Finally, data collection was identified as a significant component in many policies and strategies, and the section on metrics below addresses the data collection portion of those policies and strategies.

Given the disproportionate negative impact of the pandemic on some of its residents, the City of Portland's Equity and Climate Action Values Resolution includes a prioritization of Black, Indigenous and other racialized peoples along with people with disabilities and other historically oppressed communities.[28] This resolution includes practical ways to center equity, such as the adoption of a citywide COVID-19 Equity Toolkit, as well as consistent community engagement. The Government of Canada's funding announcement supports urban Indigenous peoples during the current COVID-19 pandemic. The funding is to assist with supports and services for shelters, distribution of PPE, traditional and nontraditional medicine, food delivery, and other financial supports.

A partnership between Bay Area Regional Health and Public Health Alliance of Southern California provides an example of a public health strategy which embeds equity into emergency operations.[30] Their strategy was developed following a jurisdictional scan of case studies of equity-focused actions and policies in public health organizations. Examples of these include task force development, embedding equity in leadership, developing metrics, and developing community collaborations to conduct testing and contact tracing. The strategy also outlines the list of processes that include:

- Providing equity training and capacity building;
- Establishing an authentic process for engaging communities in response and recovery efforts;
- Integrating an equity team throughout the emergency response structure;
- Usage of data to identify and remove equity barriers; and
- Mobilizing resources for equity.[30]

Table 2 provides an overview of the most common components identified in nine of the policies and strategies reviewed, the remaining six policies are summarized under the subsection below on socio-demographic data collection.

Table 2. Common components identified in policies and strategies reviewed

Strategy or Policy	Funding	Data Collection	Program delivery	Process change	Community Engagement	Knowledge translation
Portland City Response health equity strategy				x	x	
Embedding equity into emergency operations: Strategies for local health departments during covid-19 and beyond	x	x	x	x	x	x
Centers for Disease Control and Prevention (CDC) Health Equity Strategy			x		x	x
Government of Canada is providing assistance to urban Indigenous organizations in the GTA to address COVID-19 pandemic	x				x	x
COVID-19 funding minority, rural and	x				x	x

Strategy or Policy	Funding	Data Collection	Program delivery	Process change	Community Engagement	Knowledge translation
socially vulnerable communities for linkages to services, information and education						
Blueprint for a safer economy: Equity focus	x	x	x			x
An act addressing COVID-19 data collection and disparities in treatment (House, No. H4672)		x			x	x
Metrics to Guide Reopening Los Angeles County		x				

SOCIO-DEMOGRAPHIC DATA COLLECTION

COVID-19 was a strong catalyst for the introduction and expansion of socio-demographic data collection. Six records outlined data collection mandates from Canada and the US.[5,35-39] Manitoba became the first province in Canada to mandate socio-demographic data collection from COVID-19 cases, followed by Ontario.[5,36] Efforts in the US largely focused on expanding existing data collection mandates. California became the first state to include the collection of data on gender and sexual orientation.[40] At the federal level, CARES Act Section 18115 embedded socio-demographic data collection in laboratory data reporting.[35] For reporting, New Jersey made the reporting of racial disparities part of their COVID-19 daily briefing mandate; California expanded reporting beyond COVID-19 to approximately 90 other communicable diseases.[37,38] It is important to note that many states had already been collecting race and ethnicity data prior to COVID-19 and have leveraged that data during the pandemic. The State Health and Value Strategies program created a data tool with a comprehensive list of state socio-demographic data dashboards and is a wording document that is periodically updated.[39]

Table 3 outlines the list of socio-demographic data collection fields from records above (beyond standard fields of age, birth-assigned sex, residence).

Table 3. Additional socio-demographic data collection fields reviewed

Data element	California	Manitoba	Massachusetts	Ontario	New Jersey	US-Federal
Disability			x			
Ethnicity	x					x
Gender	x		x			
Indigeneity		x				
Income				x		
Language			x	x		
Occupation	x		x			x
Race	x	x	x	x	x	x
Sexual orientation	x					

CROSS-CUTTING THEME: METRICS

We identified eight documents with a main focus on health equity metrics and and twelve with a strong focus, including guides or toolkits, task force recommendations, strategy or policy documents, and descriptions of programs or interventions. [5,6,15,17-19,23,30,31,34,35,37-39,41] These documents originated from Scotland, England, the US (national or within the states of California, Illinois, Virginia, Massachusetts, New Jersey, Oregon, Washington), as well as a guide for data collection from Public Health Ontario.[5] Eight documents focused on general equity, six on race or ethnicity, and others included multiple indicators such as income/poverty, language, disability, and others.

Among documents with a main focus on health equity metrics, highlights included:

- The Scottish Government's Expert Reference Group on Ethnicity and COVID-19 provided 14 recommendations in four areas: 1) Improving ethnicity coding through improved data infrastructure (e.g., ethnicity as a mandatory field for health databases); 2) Improving ethnicity data collection at source (e.g., primary care health data collection); 3) Improving workforce data (e.g., monitoring workforce data); and 4) Reporting, accountability and governance (e.g., reporting data by ethnicity).[12]
- The State of California implemented The California Health Equity Metric on October 6, 2020.[31] This policy requires that counties meet an equity metric or demonstrate targeted investments to eliminate disparities in COVID-19 transmission. The equity metric ensures that test positivity rates in most disadvantaged neighbourhoods do not significantly lag behind the overall county rate. Plans for targeted investments using grant funds can include spending to augment testing, case investigation, contact tracing, isolation support and outreach efforts.

- Massachusetts enacted An Act Addressing COVID-19 Data Collection and Disparities in Treatment in June 2020, which includes a requirement for the department of public health to compile information from boards of health including demographic data for people who are tested, found positive, hospitalized, or died from COVID-19, including gender, race, ethnicity, age, disability, language and occupation.[11] The Act also includes the creation of a task force to make recommendations by August 2020 on addressing health disparities for underserved and underrepresented populations, including ways to increase access to testing and remove barriers to care.
- In the US, the State Health and Value Strategies program of the Robert Wood Johnson Foundation tracks states that are regularly reporting data relevant to health equity issues during the COVID-19 pandemic.[39] It provides interactive maps of all 50 states with case and death data by age, gender, race, ethnicity, and health care worker occupation, highlights examples of states undertaking new initiatives to understand health disparities in the population, and summarizes federal guidance on data reporting, including demographic data elements.
- In Los Angeles County, metrics to guide reopening include targets that include a decreased or stable seven-day average of daily number of deaths by race or ethnicity categories and by area poverty (i.e., categories reflecting the percentage of the population living at or below the federal poverty line) to ensure cases in those areas have not increased over the past 14 days.[15]
- Virginia describes the Health Equity Leadership Taskforce during COVID-19 as the first-of-its kind to exist in an emergency response body, both in the Commonwealth of Virginia or within the US overall.[10] The Taskforce uses data and mapping techniques to apply a health equity lens to every part of the response by its COVID-19 Unified Command. The approach of the taskforce includes identifying at-risk populations and encouraging local jurisdictions to collaborate with impacted communities.

Additional examples from documents with a strong focus on health equity metrics include:

- The City of Chicago formed a Racial Equity Rapid Response Team structured around coordinating four pillars of education, prevention, testing and treatment, supportive services.[7] The team is described as "a data-driven, community-based and community-driven mitigation of COVID-19 illness and death in Black and Brown neighborhoods." [7]
- The City of Portland developed an Equity Toolkit for COVID-19 Community Relief and Recovery Efforts that outlines data and trends as a foundation for teams working in relief and recovery efforts to assess needs and priorities in the population.[18] It describes CDC-identified high-risk populations (e.g., experiencing homelessness, ethnic minority groups), and the use of local COVID-19 data on demographics and employment.
- The CDC developed a COVID-19 Health Equity Strategy in July (updated August) that includes tracking intended outcomes of its immediate actions.[34] Outcomes include tracking timely, complete, and representative data to inform actions on addressing racial and ethnic disparities and implementing routine assessment of progress for program expansion to prevent transmission and mitigate unintended harms. Additionally, a priority is to expand an inclusive workforce to address the needs of a diverse population.

REFERRED DOCUMENTS

Subsequent to our original search, the Chief Public Health Officer of Canada's report on the state of public health in Canada 2020 titled *From risk to resilience: An equity approach to COVID-19* was released on October 28, 2020.[42] This report highlighted a number of crucial health equity measures taken by various levels of government across Canada beginning in January 2020.[42] Furthermore, it provided a list health equity approaches which are important to consider during the pandemic response particularly in

the areas of employment, housing, health, social service, education, built environment and environmental sustainability.[42]

Some of the measures the report highlighted were the implementation of emergency income support for Canadians who lost employment and moratoriums on evictions during the emergency measures. A number of municipalities mobilized to address housing concerns through the repurposing of city buildings to provide self-isolation options for those who are not able to shelter in place.[42] The number of people held in correctional facilities was reduced at the federal, provincial and territorial levels. The federal government launched funding for Canadian Healthy Communities Initiative to address infrastructure challenges in the use of community spaces arising from the COVID-19 public health measures.[42] Health Canada issued temporary exemptions for all provinces and territories to open and operate safe drug consumption sites.[42] The federal government also launched a mental wellness and substance use initiative that provides free and accessible services to all Canadians. The Government of Canada has also provided additional funding to Indigenous communities. Data collection initiatives are also underway at federal, provincial and territorial government levels in order to address data gaps that are necessary to support an equity approach to the COVID-19 response and recovery.[42]

Additionally, the City of Toronto had established equity action in ten areas that include communication and outreach through multi-lingual campaigns, non-stigmatizing data reporting, community health access, supporting community partners, shelter and housing support, income support, food security, care for seniors, mental health and family safety as well as child and family supports. [43] On November 23, 2020 the city released enhanced COVID-19 supports for targeted neighbourhoods that have experienced higher rates of COVID-19 cases. The enhanced measured focused on expansion of testing sites increased community engagement and education, evictions prevention advocacy and emergency assistance. [43]

Further, the Ottawa Neighbourhood Equity Index provides data and maps related to community planning for the COVID-19 response. The maps include highlighting neighbourhoods where most households are unsuitable, crowded and unaffordable. Neighbourhoods with vulnerable older adult populations include those who are low income, living alone, linguistically isolated, and live with disabilities. [44] The maps also showcases youth who are in low income, unemployed, Indigenous, racialized or immigrant categories. [44]

Limitations

Our search strategy was not exhaustive, and the strategy and timing of our search did not yield as many Canadian documents, compared to the US. The findings represent a snapshot of information available at the time the search was conducted.

Due to timing and resource limitations, we did not validate the results with local public health units to ensure the inclusion of their products and to provide an opportunity for the suggestion of additional resources. Future work could include reaching out to field experts in Ontario to inquire about additional documents for referral and other initiatives without publicly available documentation.

Conclusions

The equity approaches in COVID-19 response plans are evident in many jurisdictions with government-supported actions, and considered as critical to mitigating the disproportionate impacts of the pandemic. No standard approach or framework was identified for embedding equity in COVID-19 efforts. Metrics are a common way to track, plan and build accountability within health equity action on COVID-19.

In Canada, significant examples were the introduction of socio-demographic data collection at the provincial level in Manitoba and Ontario. The introduction of these data-driven practices are important steps forward toward measuring and monitoring to enable action on equity.

Our scan also highlights that impact and accountability on equity will be difficult without the data to guide it. Given historic and current experiences of racism, the explicit mention of Black people in equity actions, as well as interventions and funding opportunities First Nations and Métis Nations, are important steps towards integrating equity actions in pandemic response and recovery.

Based on our review, there were a number of unanswered questions largely driven by the recent and ongoing nature of COVID-19 response. They include:

- Ongoing challenges in defining which measurements provide evidence on health equity (e.g., directly through measuring disparities or indirectly through frameworks and models), and position systems for achieving it;[45]
- Information on the level of community involvement and engagement in these efforts, which is necessary for applying an equity-focused, community-driven approach;
- The impact or effectiveness of these actions, which may become easier to assess over time.

It will be important to continue learning about the implementation and impact of equity actions during the pandemic to inform further policies and programs to improve outcomes in the population.

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Appendix: Search Terms

Search concept	Search Query
Health equity (general)	equality OR inequality OR inequalities OR equity OR inequity OR inequities OR disparity OR disparities OR unequal OR "social determinant" OR "social determinants" OR "health determinant" OR "health determinants"
Health equity (general)	"public health" "vulnerable populations" OR "priority populations" OR "health impact assessment" OR prejudice OR discrimination OR privilege OR injustice OR unjust OR justice OR underserved OR "hard to reach" OR "difficult to reach"
Income/ employment	income OR employment OR unemployment OR employed OR unemployed OR underemployed OR job OR "out of work" OR "laid off"
Race/ethnicity	race OR racial OR racist OR racialized OR "people of color" OR "people of colour" OR ethnic OR ethnicity OR "minorities" OR "visible minority" OR "minority populations"
Indigenous status	indigenous OR "first nation" OR "first nations" OR aboriginal OR native OR "American Indian" OR metis OR Inuit OR "Alaska native" OR "Torres strait islander"

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