National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

Lessons in pandemic planning, response and recovery: A summary of Equity in Action stories

The Equity in Action: Interventions to Improve Health Equity in Pandemic Planning, Response and Recovery project (Equity in Action project) is a growing collection of stories from practitioners who prioritized equity during the COVID-19 pandemic. This report synthesizes themes from stories collected during interviews from April 2021 to July 2022, and thus this summary should be considered within the context of that time period.

The stories provide practical examples of action on equity during a pandemic to support knowledge exchange and shared learning. The facilitators, barriers and lessons uncovered in these narratives inform equity-driven response, recovery and future pandemic and emergency preparedness planning. Public health practitioners, researchers, government decision-makers, community members and other professionals keen to advance equity can use this report to:

- identify key facilitators and barriers to advancing equity in practice;
- generate ideas around planning, implementation and evaluation of equity-driven initiatives in their communities; and
- engage in evidence-informed decision-making that prioritizes equity.

Project background

The COVID-19 pandemic revealed and exacerbated existing health inequities across Canada. Addressing inequities is an urgent priority for public health. However, a gap remains between recognizing inequities and taking action to reduce inequities in practice. Practitioners want to advance equity, but questions persist regarding *how*. What does advancing equity look like in pandemic planning, response and recovery within the complex systems public health practitioners work in?

The Equity in Action project aims to bridge the knowledge-to-action gap by sharing stories of initiatives from across Canada that prioritized health equity during the COVID-19 pandemic. This repository of positive narratives profiles practitioners, organizations and communities engaged in innovative and courageous work to advance equity in their communities. The stories facilitate learning, connection and capacity-building among public health practitioners and contribute to the evidence base for action on the social and structural determinants of health during COVID-19 and beyond.

The objectives of the Equity in Action project are to:

1. Promote information and knowledge exchange on health equity-driven COVID-19 interventions among practitioners and service providers, across sectors and jurisdictions.
2. Inform public health, researchers and government decision-makers about the facilitators and barriers to equity-driven interventions within pandemic planning and response to inform pandemic recovery efforts and future emergency preparedness planning.

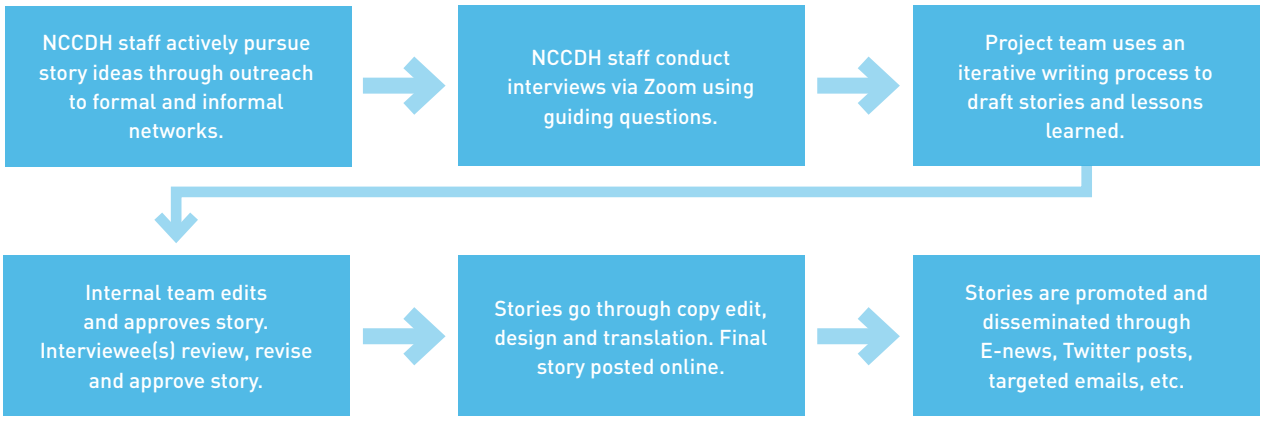
Methods

The NCCDH team began collecting examples of equity-driven initiatives during the second COVID-19 and Equity Conversations webinar series in spring 2021, which explored a health equity approach to pandemic preparedness, response, and recovery. Story ideas were captured in an inventory, which NCCDH staff expanded as additional examples of equity-driven pandemic work emerged through engagement with practitioners during conferences, webinars, workshops, presentations, and formal and informal meetings. Invitations to participate in the Equity in Action project were sent via email, and everyone who participated in a subsequent interview signed consent forms that permitted publishing their stories.

Using methods of appreciative inquiry, NCCDH staff conducted interviews to learn about the process, outcomes and experiences of implementing equity-driven initiatives. Appreciative inquiry is a strengths-based approach to learn about peoples' experiences of positive actions, which allowed the NCCDH to compile examples of what is working to advance equity — that is, to build a repository of equity success stories. Storytelling methods allowed for the events, emotions and nuances of implementation to be captured. Stories were drafted by an internal team, reviewed and approved by interviewees, and translated into French before they were published online. Images from and audio clips of interviewees were included where possible. A summary of the methods used to generate and disseminate individual stories is provided in Figure 1.

See the *Equity informed responses to COVID -19 webpage* for more about the COVID-19 and Equity Conversations webinar series and the NCCDH's other responses to COVID-19.

FIGURE 1: PROCESS USED TO IDENTIFY, PREPARE AND SHARE EQUITY IN ACTION STORIES

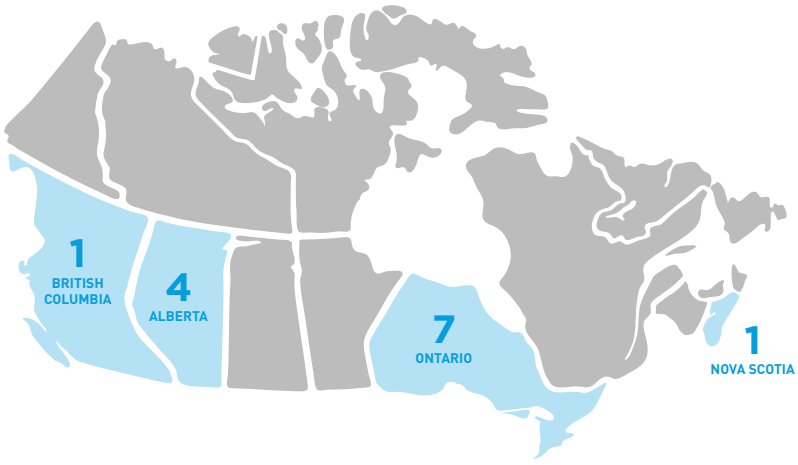


To prepare this report, qualitative analysis was conducted of the 13 stories posted online as of February 2023. The analysis included identifying, theming and synthesizing facilitators and barriers to advancing equity. In some cases, facilitators and barriers were explicitly named (e.g., "pre-existing relationships were a key facilitator"). In other cases, they were implied (e.g., the interviewee shared that "hearing about the impacts of our efforts gave us the fire to keep going," and the report author inferred that positive feedback was a facilitator). Themes in lessons learned were generated by compiling and synthesizing the key learnings within each story and were validated by a second team member.

Overview of stories

The content from the 13 published stories was analyzed, and the findings are included in this report (see the appendix for a list of analyzed stories). The stories were written from interviews that occurred between April 2021 and July 2022. All interviews were conducted in English. Stories explored a range of topics including working conditions, housing, food security, racism, 2SLGBTQI+ health, substance use health, and access to health services. Stories came from four provinces — Ontario, Alberta, British Columbia and Nova Scotia — with one story describing work conducted in Ontario by an organization with a national scope. See Figure 2 for a breakdown of geographic regions of the stories.

FIGURE 2: GEOGRAPHIC REGIONS OF PUBLISHED STORIES*



*Note: As of February 2023, stories from additional regions, such as New Brunswick and Saskatchewan, were in progress.

Facilitators to advancing equity

A number of facilitators to advancing equity in pandemic planning, response and recovery emerged from the stories.

- **Trusting relationships** among service providers and decision-makers across the system and community members facilitated working together. Several stories highlight how established and pre-existing relationships facilitated partners pulling together quickly when needed and how trusted individuals could help bridge connections or "close triangles."
- **Collaborative partnerships** across the system that leveraged people's expertise, skills, social capital and networks facilitated comprehensive responses and community engagement. Stories describe how partners from different sectors and disciplines came together to work quickly and collaboratively on strategies to meet shared goals.
- **Dedicated funding streams** facilitated collaboration on common goals and **decentralized leadership** models facilitated the distribution of shared resources equitably among partners (i.e., according to need).
- **Raising awareness of issues through media** and education helped to engage allies and shift the public discourse. This included news media sharing stories and op-eds.
- **Local data demonstrating inequities**, captured through research or health equity impact assessments, supported evidence-informed decision-making and prompted action.
- Evaluating equity-driven initiatives using **holistic indicators of success** demonstrated a broader impact of efforts and supported sustainability of interventions. Examples included indicators that assessed the strength of relationships among partners and the comfort and dignity of people accessing services such as self-isolation sites.

- **Community engagement** allowed service providers to learn about communities' needs, respond appropriately and receive feedback about response efforts. Positive feedback from community members inspired service providers to continue their efforts. Dedicated resources for community engagement, and intentionally building these actions into project plans, facilitated its prioritization.
- Service providers had **flexibility from funders and organizational leadership** in how they offered services. For example, they had latitude in their approaches and in the products they developed to assess and meet community members' needs, rather than being confined to employing a certain model or developing a certain type of resource. Many stories describe responses that were rapid, adaptive and tailored to local contexts and population needs.
- The **translation of communication materials** into different languages by service providers who belong to those communities they were trying to reach facilitated cultural appropriateness, safety and specificity.
- **Organizational leadership demonstrated a commitment to equity** by retaining staff in equity positions (i.e., not reassigning them to COVID-19 response) and communicating community needs to local governments. Staff in equity roles brought an equity lens to planning and decision-making, allowing for an intentional, sustained focus on equity action.
- **Support from senior leadership to act quickly, take risks and try new approaches** allowed service providers to prioritize the needs and rights of equity-denied groups. Service providers valued person-centred approaches, including Housing First and harm reduction models. Regarding being able to do things differently, one interviewee noted:

> During the first lockdown, in a meeting with our clinical leadership, we talked about what our pandemic response would look like. We thought: Wouldn't it be great if we could just bring the treatment to our clients? Right then and there, we crunched some numbers and determined that 75% of our current clients were housed. Theoretically, it was feasible to bring the treatment door to door.... Within 48 hours of that initial meeting, we received the go-ahead for an outreach model, acquired a vehicle and had a 2-week timeframe to pull together a staffing group to get it going. The 48-hour turnaround was remarkable and rare; COVID-19 has been a great revealer in that sense. Initiatives have moved ahead rapidly during emergency response efforts despite barriers we have faced with similar projects in the past.[1]

Barriers to advancing equity

A number of barriers to advancing equity in pandemic planning, response and recovery also emerged from the stories:

- It takes **time to build trust in relationships** with community members, among partners, and across agencies and organizations. In the absence of pre-existing relationships, it is challenging to move ahead together quickly in response to a crisis.
- **Lack of awareness about inequities** that exist limited action. A lack of race-based data concealed the disproportionate burden of COVID-19 on racialized communities. Some members of the public were not familiar with inequities in their community — that is, how health outcomes differ based on people's circumstances (e.g., their socioeconomic or housing status).

- **Lack of understanding about one another's roles and responsibilities** to address inequities among health and social service providers hindered collective action. In some cases, partners were not aware of which organizations were funded for what actions, and service providers did not recognize that everyone in their own organization had a role to play in advancing equity.
- **Communication materials and messages that lacked cultural specificity** or were available only in English were not inclusive, preventing critical information from reaching diverse communities.
- **"Group think"** in a congregate setting influenced community members' opinions about engagement with public health services, such as vaccinations.
- **Ideologies of stigma, paternalism and neoliberalism and changing political will** obstructed approaches that meet the needs of equity-denied groups. For example, Housing First models, paid sick days legislation and harm reduction approaches were hindered by bias against people experiencing unstable housing, people with precarious employment or people who use substances.
- People's experiences of stigma, racism, trauma or feeling dismissed by the health system resulted in **mistrust towards governments, health systems and health care providers**.
- **Limited access to technology or varying levels of digital literacy** excluded community members from accessing and using online health and community services.
- **Organizations and service providers had limited capacity** to enhance services for equity-denied groups due to competing pressures, evolving pandemic guidelines and finite resources.
- **Popular rhetoric** perpetuated the status quo of systemic inequities by making service providers believe that it costs too much to do things differently. The status quo was identified as the biggest barrier to collaboration, innovation and change.

Lessons learned to advance equity

Each published Equity in Action story includes lessons learned for public health practitioners and decision-makers seeking to advance health equity. A synthesis of these learnings revealed eight key themes for advancing equity during pandemic response or recovery: tailored services, community engagement, building relationships, partnerships and collaboration, advocacy, leadership, addressing root causes of disparities, and measuring success holistically (see Figure 3).

FIGURE 3: THEMES FROM LESSONS LEARNED TO ADVANCE HEALTH EQUITY

A brief summary of the findings for each of these themes is provided below.

Tailored services

Services that are tailored to community needs advance equity. Flexible services that take into consideration the local context are more likely to be accessible, appropriate and accepted. For example, establishing testing and vaccination services in settings such as workplaces and shelters better reaches groups who otherwise may be unable to access them. Designing public health education that is reflective of different cultural and community contexts is another example. Engaging people who live with inequities to codesign and deliver services contributes to tailored services. In addition, upholding harm reduction and Housing First principles and models ensures community members are supported to achieve their self-determined goals.

One interviewee, describing flexibility and person-centred approaches at a self-isolation site, noted:

> As soon as we had our first client leave against medical advice, who was COVID positive and who left because they couldn't access alcohol, we were like, okay, we've got to change how we do things. Because we can't have people leaving because they can't access a legal item that anyone with a home can buy and enjoy in their own home if they were self-isolating.[2]

Community engagement

Community engagement is essential to understand the local context and work with diverse communities on tailored, culturally appropriate and safe approaches. Engaging community members with lived/living expertise of inequities to plan new initiatives or modify existing ones is an equity-driven approach. Listening deeply and respectfully and allowing time for relationships to develop are key elements of community engagement. Community engagement facilitates the collection of community-based data (e.g., through health equity impact assessments) that supports evidence-informed decision-making to put community priorities into action.

Dedicated resources and building community engagement into project plans can help ensure it is prioritized.

Regarding the value of community engagement, one interviewee noted:

> The biggest "aha" moment for me throughout the project was when we were developing our video to introduce the resources. In that video, one of the folks on the committee spoke to her own experience going through a COVID-19 testing clinic as a trans woman and experiencing deadnaming, misgendering and the feelings of fear and stigma that came along with that. It really highlighted the need for community engagement in this type of work because, while I can give you a rant and a ramble to make a case for this work, community members speak from the heart in a different kind of way. People's personal stories better illustrate the impacts of inclusive practices and the trauma that folks may experience when those practices are not in place.[3]

Another interviewee described how partnering with local groups and people who are trusted by community members aided community engagement:

> We also partnered with local community organizations and local peer workers to ensure that we were arriving in the community with what we call "friendly faces" from the client perspective.... We would work side-by-side with these folks to get our messages out to the communities and to hear what the community challenges were.[4]

See *Let's Talk: Community engagement for health equity* for more on how deep and authentic community engagement advances equity.

Building relationships

Relationships enable community engagement and collaboration. Service providers need to spend time in the community to build trusting relationships with community members. Existing relationships between service providers facilitate timely collaboration in response to a crisis. Getting to know individuals and building trust and understanding before a challenge arises enables collective action when needed. Community organizations that have trusting relationships with equity-denied communities can facilitate new relationships with other service providers (i.e., can close triangles).

Regarding building relationships before a crisis, one interviewee noted:

> "When people ask me how I was able to get all those CEOs and organizations together in the Collaborative, my response is that I spent 5 years prior to this connecting socially, for example outside of working hours or over meals, and just getting to know different people in organizations and building trust relationships. If you spend the time to build relationships with people when there's not a crisis — and get to know people and their personalities, respect the way that they think, the way that they work and the value of everything that they're doing —when a crisis happens, then it's easy to pull together.[5]

Partnerships and collaboration

Advancing equity requires collaboration across different disciplines, sectors and levels of the system. For example, partners may include local and provincial public health agencies, primary care providers, social services, community organizations, community organizers, social enterprises, public health laboratory services and municipal, provincial and federal governments. Collaboration across levels of an organization (i.e., from front-line staff to leaders to funders) allows for more comprehensive responses that leverage the skills, experience and strengths of all involved individuals. Within a public health agency, for example, public health nurses, public health inspectors and equity specialists each bring a unique expertise. By working across organizations, partners learn from one another, leverage one another's resources and expand the reach and quality of their services. Engaging new and diverse partners, such as public health laboratories, 211 or Uber, promotes innovation. Public health has a role to play in coordinating partners across the community, as well as being an active partner in collaborations.

One interviewee described the impact of collaboration across the system:

> "I don't know of a time when senior levels of Alberta Health, Alberta Health Services, the Ministry of Community and Social Services and the Calgary Homeless Foundation have continuously worked together before, but we have collaborated for a year now, and found common ground for goals. If there can be more funding streams that allow for this merging of funds to work on overlapping mandates, I think this model has shown success. Yes, there can be challenges to ensuring a truly integrated team, rather than the health team and the social team, but when it works, it's beautiful and the impact is seen in our clients.[2]

Advocacy

Cohesive, consistent and solutions-oriented advocacy messages are more likely to influence public policy. Public health priorities are more likely to be achieved when partners, including health professionals and strategically positioned leaders, are united by a shared passion and work across silos. Health professionals have a role in raising community voices and advocating for community needs.

For example, one interviewee noted:

> I really can't say this enough: as health providers and as public health practitioners, we have so much social capital to really amplify demands that are coming from a grassroots level.[6]

Leadership

The prioritization of equity by organizational leadership advances equity. One way for public health agencies to prioritize equity is by maintaining staff in health equity roles during public health emergencies, instead of redeploying these staff to front-line COVID-19 response, for example. Organizations that systematically embed health equity values into their work and support staff to develop health equity competencies also demonstrate leadership for equity and social justice.

One interviewee, commenting on their hopes for the future, noted:

> One key piece is the importance of systematically embedding health equity and health equity values into all that the organization does. That includes an equity-specific strategic plan, but also ensuring that equity is embedded into what everyone does, whether you're a health inspector or checking people in at reception. No matter what your job is within the organization, everyone has a role to play for health equity.[7]

A decentralized model of leadership among partners supports equitable approaches to collaboration, such as allocating shared resources based on partners' needs. Public health has a responsibility to demonstrate leadership for equity and to support communities in addressing their self-determined priorities.

Regarding resources required to advance equity, one interviewee noted:

> A big takeaway from this project was that structural inequities create disparities in capacity and resources across communities. When a crisis like the COVID-19 pandemic hits, communities have differing abilities to respond. As we saw in this work, providing communities with flexible support and resources can help them come together to respond to crises in the way that they need. Moving forward, we hope to see the health system direct resources towards building community-level capacity and resilience so that communities are better equipped to respond to priority health needs in the future.[4]

Addressing root causes of disparities

Public health can raise awareness of social and structural determinants of health, such as housing, income and working conditions, to influence program and policy decisions. People with precarious employment or living on a low-income face unfair and difficult choices — for example, staying home when sick or going to work so they can feed themselves or their family. People experiencing homelessness are denied rights that people with housing have, such as having choice or control in the conditions of their self-isolation. Housing for people who use substances is key to advancing equity as it can offer stability and make people eligible for outreach services that visit them in their homes.

Tackling root causes such as systemic inequities and power imbalances is necessary to advance health equity and justice. Service providers can help people navigate systems and provide culturally appropriate care in a person's first language. However, to move beyond access to health services, public health action on the root causes of health inequities is needed to improve overall health outcomes for individuals, communities and systems.

One interviewee raised the issue of responsibility for addressing the root causes of inequities:

> I think the fact that the onus is put on our own community to fix the issues that were not caused by us, but rather by structural inequities, is problematic and unjust. We do it because we have that responsibility and concern for our community's well-being, but the responsibility cannot fall fully on the community to address structural determinants outside of their control.[8]

Measuring success holistically

In efforts to advance equity, success is measured within processes as well as outcomes. For example, a shift in public discourse, enhanced collaboration, and strengthened relationships with community organizations can all represent valuable indicators of success.

One interviewee described how they adopted a more holistic definition of success:

> For us, success isn't just the number of people of who successfully completed isolation. If someone is uncomfortable — for example, going through intense withdrawal, is without social supports, is lonely, or has suicidal thoughts — that's not really a successful isolation. It's successful in that we prevented other people from getting COVID, but it can be really triggering and not trauma-informed to be in a hotel room for 2 weeks by yourself. I think success would be providing for people's needs while they're here so they can isolate in a dignified, safe, and comfortable manner that aligns with their own goals.[2]

Another interviewee, describing trans-inclusive practices in clinics, noted:

> When it comes to measuring impact, there is more to the story than counting numbers of clients.[3]

Reflecting on advocacy efforts, one interviewee explained:

> When I went into this, I was thinking that success was a legislative win, and now in hindsight I don't think that that's the win. I think the win was the fact that we were able to change public discourse. We've moved public understanding beyond the myths that we would get from the government like workers abusing paid sick days.[6]

See *Measuring what counts in the midst of the COVID-19 pandemic: Equity indicators for public health* for more on indicators to measure performance in addressing inequities or advancing equity in COVID-19 response, recovery, and beyond.

Discussion and implications

Main takeaways

Overall, the Equity in Action stories describe more facilitators than barriers to advancing equity. Many of the barriers contained in the stories mirrored facilitators — for example, having relationships with partners advanced equity, whereas not having pre-existing, positive or strong relationships impeded collective action. The importance of relationships, partnerships and collaboration with a wide range of people and organizations is reflected strongly across the stories. Practitioners seeking to advance equity are encouraged to invest time and energy into building relationships before a crisis arises that requires collective action.

Several stories also suggest that timely collaboration on shared goals was a new way of working catalyzed by an urgent and emergent situation (the pandemic). Given that working in collaboration advances equity, service providers are encouraged to sustain partnerships beyond crisis response and into recovery and beyond. Funders can facilitate this through funding streams that support organizations from different sectors to work together on shared goals.

Three stories describe the creation of self-isolation sites for people who did not have a place to isolate (people experiencing precarious housing, homelessness or using substances), and two more stories describe supporting people in congregate living settings, suggesting that resources were mobilized to address a lack of housing or precarious housing during the pandemic. These initiatives highlight the severity of the housing situation across Canada and the importance of future work, for the NCCDH and others, on housing as a social determinant of health.

Several stories describe advocacy efforts to raise awareness of social and structural determinants of health such as housing, precarious employment and structural racism. These initiatives tended to be led by community groups that strategically engaged public health partners at various levels. While public health has a responsibility to support and amplify grassroots voices, there are also opportunities for enhanced public health leadership in advocacy efforts, given that advocacy is central to the mission of public health.

See: *Let's Talk: Advocacy and health equity* for more about public health's responsibilities and roles in advocacy.

While the aim of the Equity in Action project is to feature stories from all geographic regions in Canada, there are currently no stories from the northern territories, highlighting an opportunity for strengthened relationships with partners in the North.

Implications for equitable pandemic planning, response and recovery

The Equity in Action stories illustrate that advancing equity requires tailored services, community engagement, building relationships, partnerships and collaboration, advocacy, leadership, addressing root causes of disparities, and measuring success holistically. These themes are interconnected and do not exist independently of one another. For example, community engagement can strengthen relationships, and existing relationships can facilitate community engagement. Public health practitioners seeking to advance equity are encouraged to act in each of these eight areas.

A 2021 article by NCCDH staff, "'Back to better': Amplifying health equity, and determinants of health perspectives during the COVID-19 pandemic,"[9] captures public health practitioners' desire to sustain and further a focus on equity across the public health system. The article calls for a more just and equitable society post-COVID-19, suggesting the public health system go "back to better" rather than "back to normal." Public health practitioners and decision-makers can leverage the lessons learned contained in this report to continue advancing equity across the public health system throughout pandemic recovery and beyond.

In "Back to better," the authors also discussed how the initial pandemic response did not include a strong focus on equity and how efforts did not apply past learnings about which population groups were most likely to be impacted by crises. The article notes, "Where equity was addressed, it appears to have been through later responses, as an afterthought rather than an initial driver or part of the emergency preparedness planning."[9(p14)] Findings from this report can also be leveraged to ensure that equity is built into future emergency preparedness plans beforehand rather than as an afterthought or "on the fly."[9(p10)] This includes emergency preparedness plans related to climate change, natural disasters and other infectious diseases, for example.

Conclusion

The Equity in Action stories offer practical examples of equity-driven initiatives, building public health practitioners' knowledge and confidence for action on health equity. Feedback from the NCCDH's audience confirms that stories from practice about what is working — equity success stories — are inspiring and foster innovation. This repository of positive narratives achieves the objectives of the Equity in Action project to promote knowledge exchange on health equity-driven initiatives and to inform on facilitators and barriers to equity-driven initiatives.

The facilitators, barriers and lessons contained in the stories will inform pandemic recovery efforts and future emergency preparedness planning. As public health professionals navigate pandemic recovery, the stories can help envision a better future together. Public health practitioners currently have a critical opportunity to sustain equity gains and build collective narratives about possibilities for the future that will support transformation and help us get back to better. NCCDH staff intend to continue to build the repository of narratives into pandemic recovery and to explore additional innovative knowledge translation methods that can support practitioners engaging in equity action.

To view the collection of Equity in Action Stories, visit nccdh.ca/learn/equity-in-action. If you have questions about the Equity in Action project, or want to get in contact with story interviewees, reach out to nccdh@stfx.ca.

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Appendix – Summary list of analyzed stories

STORY TITLE	INTERVIEWEE(S)' ORGANIZATION(S)	PROVINCE WHERE WORK OCCURRED	LINK TO STORY
Peel Public Health tackles inequities in workplaces and increases access to worker protections during COVID-19	Peel Public Health	Ontario	https://nccdh.ca/equity-in-action/entry/peel-public-health-tackles-inequities-in-workplaces-and-increases-access-to-worker-protections-during-covid-19
Prioritizing health equity in Hastings Prince Edward Public Health's COVID-19 response	Hastings Prince Edward Public Health	Ontario	https://nccdh.ca/equity-in-action/entry/prioritizing-health-equity-in-hastings-prince-edward-public-healths-covid-19-response
Advocacy wins – Paid sick days, public support and sustainable change	Decent Work and Health Network	Ontario	https://nccdh.ca/equity-in-action/entry/advocacy-wins-paid-sick-days-public-support-and-sustainable-change
Culturally appropriate COVID-19 supports are only a phone call away through the Calgary East Zone Newcomers Collaborative	Calgary East Zone Newcomers Collaborative	Alberta	https://nccdh.ca/equity-in-action/entry/culturally-appropriate-covid-19-supports-are-only-a-phone-call-away
Mobilizing Opioid Agonist Therapy to bridge gaps during COVID-19	Alberta Health Services	Alberta	https://nccdh.ca/equity-in-action/entry/mobilizing-opioid-agonist-therapy-to-bridge-gaps-during-covid-19
Niagara Region adapts their COVID-19 response to prioritize seasonal agricultural workers	Niagara Region Public Health & Emergency Services Niagara Region	Ontario	https://nccdh.ca/equity-in-action/entry/niagara-region-adapts-their-covid-19-response-to-prioritize-seasonal-agricultural-workers
Alberta Public Health meets the challenges of outbreak control in Calgary shelters	Calgary Zone Alberta Health Services Alberta Precision Laboratories	Alberta	https://nccdh.ca/equity-in-action/entry/alberta-public-health-meets-the-challenges-of-outbreak-control-in-calgary-shelters
Island Health response teams mitigate impacts of COVID-19 in underhoused populations	Vancouver Island Health Authority	British Columbia	https://nccdh.ca/equity-in-action/entry/island-health-response-teams-mitigate-impacts-of-covid-19-in-underhoused-populations
Wisdom2Action develops targeted resources to facilitate transgender inclusion in health services	Wisdom2Action	Ontario, although work has a national scope	https://nccdh.ca/equity-in-action/entry/wisdom2action-develops-targeted-resources-to-facilitate-transgender-inclusion-in-health-services

Health professionals join together to bring timely COVID-19 information to South Asian communities and advocate for equitable systems	South Asian Health Network	Ontario	https://nccdh.ca/equity-in-action/entry/health-professionals-join-together-to-bring-timely-covid-19-information-to-south-asian-communities-and-advocate-for-equitable-systems
Leading the way for more school health nurses in Ontario	Ontario Association of Public Health Nursing Leaders Chief Nursing Officers Network Registered Nurses' Association of Ontario	Ontario	https://nccdh.ca/equity-in-action/entry/leading-the-way-for-more-school-health-nurses-in-ontario
Calgary's Assisted Self-Isolation Site integrates health and social supports for people experiencing homelessness	The Alex	Alberta	https://nccdh.ca/equity-in-action/entry/calgarys-assisted-self-isolation-site-integrates-health-and-social-supports-for-people-experiencing-homelessness
Nova Scotia Health conducts tailored sessions to bring its e-mental health resources to communities	Nova Scotia Health, Mental Health and Addictions Program	Nova Scotia	https://nccdh.ca/equity-in-action/entry/nova-scotia-health-conducts-tailored-sessions-to-bring-its-e-mental-health-resources-to-communities

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