

Julie McKinney (Moderator):	Hi everybody. I'm Julie McKinney. I'm going to be moderating the webinar today. And the webinar is about promoting health literacy at Ontario Health. And we're really pleased to welcome our speakers, Sophia Wong and Sarah McBain. Welcome. And I'm just going to go through a little bit of housekeeping and then turn it over to them to start the webinar. Just quickly, I'm sure you all know connecting to audio you will be mute during the webinar. You can feel free to introduce or comment in the chat button. If you have questions for Sarah and Sophia, they will take the last 15 minutes or so to answer the questions. So if you have questions for them, if you could please put them in the Q&A button instead of the chat, that'll help us organize it. If you have technical difficulties, you can email support@healthliteracysolutions.org. This will be recorded and posted in the Health Literacy Solutions Center webinar page. If you are looking for CE credits, we'll send you an email after the webinar, and it will have an evaluation. And once you submit that evaluation, your credits will be emailed to you. The session will be recorded. And the recording and the slides will be available on our webinar page, probably in about a week or so. So you'll have the slides. You don't have to worry about copying and everything. And I think that's about it. I will put all of this in the chat in a moment, in case you missed it. But I want to now welcome Sarah and Sophia. So I'm just going to tell you a little bit about them and then turn it over to them. So Sarah McBain is a senior advisor for the health literacy and patient education program at Ontario Health. She's been a librarian who is focused on patient education, health literacy, and person-centered care—primarily in oncology settings—for over 15 years. Sarah also sits on the board of the Canadian chapter of the Cancer Patient Education Network. Welcome, Sarah. Sophia Wong here is a health literacy and patient education specialist at Ontario Health. She's an internationally trained physician who has focused on patient education in clinical and research settings for more than 8 years. Sophia is also a member of the practice standards committee for the International Health Literacy Association and part of our expert panel of the Health Literacy Solutions Center for IHA (the Institute for Healthcare Advancement). So welcome to you both, Sarah and Sophia. We will get
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	started, and we're excited to hear what you have to say.
Sarah McBain (Presenter):	Thank you so much, Julie, for the kind introduction and for having us here today. Before we get into the presentation, I just want to start with a very brief land acknowledgement. So, I want to acknowledge that we're speaking to you from the city of Toronto today, which is on the traditional territory of many nations—including the Mississaugas of the Credit, the Anishinabek, the Chippewa, the Haudenosaunee, and the Wyandot peoples—and is now home to many diverse First Nations Inuit and Metis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit. So moving into the objectives of the presentation: After the session, you should be able to understand how cancer care is structured in Ontario, describe the different ways to promote health literacy in a public system, and promote the use of health literacy best practices to achieve health equity. So to get started, a little bit about Ontario Health and the Canadian healthcare system. So Ontario Health is a crown agency of the government of Ontario that oversees the administration of much of Ontario's healthcare system. As you probably are aware, Canada has a publicly funded healthcare system that provides universal coverage for medically necessary services to all people. The creation of Ontario Health in 2019 brought together 22 distinct agencies representing nearly all aspects of our healthcare system. And Sofia and I are part of the legacy Cancer Care Ontario agency. And so, as such, most of our work centers around cancer care, though we do support other clinical programs as well. So the approach to care that Ontario Health follows in cancer clinical programs—which is what we now call all the work that is transferred from the legacy agency of Cancer Care Ontario—is called the Disease Site Model. And this approach looks across the entire cancer continuum for a given disease site, from prevention to recovery, and in some cases to end of life care or survivorship—rather than at specific points of care—to set priorities, plan services, and improve the quality of cancer care across Ontario. The principles of this model include recognizing that individual patients interact with multiple parts of the cancer system during their journey (and that's not always a linear process), ensuring that coordination and alignment across multiple clinical programs takes place, promoting a disease-specific lens in how cancer care and services are

planned, defining best practices in the provision of cancer care for all types of cancer, I think really importantly leveraging multidisciplinary expertise from across the province, and building collaboration between cancer clinical programs at Ontario Health and the clinical community who are actually providing the direct patient care to people in our province.

So the various clinical programs that you probably noticed on the model in the last slide support the diagnostic and treatment phase of cancer care. The clinical programs, most of them are set up with a hub and spoke model, where the administration of the program is done through Ontario Health staff, and the work is spanned out across the province through regional leads who are based in all 14 of our province's regional cancer centers. Most of the clinical programs also have committees that bring the regional leads—and, in some cases, other stakeholders—together on a monthly schedule to discuss issues, challenges, and successes and to plan the work that's going to get done in each fiscal year. And this is really our conduit for a two-way communication between Ontario Health and the regional leads, where we inform each other of issues and share resources and do that planning. For us, this is a really important way for the provincial programs, who are not providing direct patient care, to keep fingers on the pulse of what's happening on the ground in the regional cancer centers. And in addition—again, importantly—we have a very strong network of patient and family advisors that are embedded in all of the work that we do and on all of our committees.

So to speak a little bit about our program—the health literacy and patient education program—it's one of the clinical programs in cancer care at Ontario Health, and we work to promote patient education and health literacy best practices across that continuum of cancer care that we spoke about. We do this by supporting our regional leads to carry out priority work as identified by them and by the provincial program, often in that two-way communication environment that we were talking about. And we also bring the health literacy lens to internal work done at Ontario Health. So it's the two-pronged thing that we're doing in our program.

And our program mandate is fourfold. So we aim:

- To set the standard for quality cancer patient education. Again, that's both internally at Ontario Health and within the regional cancer programs.

- To ensure that patients and families have access to information—including tools and opportunities for skill development when appropriate—and support across the cancer continuum, so that they can make the best decisions about their care or about the care for people that they may be caring for themselves.
- To advance health literacy in cancer care by enhancing and developing health literacy knowledge among cancer care providers and by practicing health literacy universal precautions ourselves.
- And to support the delivery of equitable care by providing inclusive health information that caters to patients with different literacy levels and social determinants of health.

I want to talk a little bit about the definition of health literacy that our program uses and how we see our responsibility to promoting health literate care. We're probably all aware now, especially on a call like this, that when health literacy was more of an emerging concept, people viewed it more as a personal responsibility that was demonstrated by how well a person carries out the individual skills needed to find, understand, evaluate, communicate, and use information and services to make those health-related decisions and take action for themselves and people that they're caring for. And as we all know, over time, the way that researchers, educators, and organizations themselves have looked at health literacy has really shifted from that personal responsibility of patients to the organizational responsibility and to the healthcare providers who work in various healthcare organizations to provide all aspects of care in a way that patients can understand.

So, as such, organizational health literacy we understand to be the degree to which organizations equitably enable or respond to individuals' health literacy levels. And this is really where we center our work at Ontario Health. So being at the administration and oversight level of the healthcare system, we show a commitment to health literacy by promoting easy, shame-free, and equitable access to care and information about care and by embedding health literacy into all aspects of our work, which is really what we're here to talk to you about today.

So many of you may be familiar with the Agency for Healthcare Research and Quality and their 10 Attributes of a Health

Literate Healthcare Organization, which describes the specific ways that healthcare organizations can make it easier for people to access and navigate care. So we've listed all 10 attributes on this slide, and I want to spend a little bit of time talking about this important work and how it's informed our thinking in our program and how we've advocated for health literacy best practices at Ontario Health.

So there is a process to do a full evaluation of your healthcare organization using the framework of the 10 attributes. We've not, at this point anyways, gone down that road at Ontario Health, but we have used the attributes as a guiding principle of how we shape our work in health literacy and the patient education program, in addition to our own strategic goals and objectives. And while our work crosses most of the attributes, today we're going to focus on four key areas of success that align most closely with the first three attributes that you see there indicated on the slide.

So just to familiarize yourself a little bit with what they are: Attribute 1 is leadership that makes health literacy an organizational value and priority. Attribute 2 is integrating health literacy into all activities of the organization, including planning, evaluation, safety, and quality improvement initiatives. And Attribute 3 is to prepare the workforce to be health literate, and that includes health literacy training for all staff—not just those who do provide direct patient care or come into contact with patients—and, of course, to monitor the progress for the impact of what that work is doing.

We also want to be really intentional in calling out the link between health and health equity in our work. I'm sure, again, many of you are familiar and probably embarking on this work at your own organizations, because many are increasingly, I think, looking for ways to strengthen their commitment to health equity. And a really effective way that you can do that is to commit to health literacy. Since the concepts are so intrinsically linked, you just really cannot achieve health equity without health literacy. And, as we've noted, the personal aspects and attributes that contribute to a person's personal health literacy in many cases are also attributes that may make people part of equity-deserving groups in healthcare, such as socioeconomic status, language, race, and more.

So we've given a bit of a background about our organization, where we sit within Ontario Health, and some of the foundational thinking around what we do. But we want to shift

gears now, to get to the meat of the presentation, which is to talk about how we have approached embedding health literacy best practices into our work at Ontario Health and the four key elements of success that we've identified in doing this work.

We also want to mention as a little bit of a caveat that while we see these elements as distinct, there is a lot of overlap between them. So they should really be taken as a whole in terms of how you consider applying them to your own work. And some of the things that we talk about could be part of different elements. But we've just split them up for the sake of making the presentation clear and being able to give you some distinct advice when it comes to all four of these elements that we think are so important.

I also want to recognize that every organization is different. So we work in a very, very large systems-level healthcare organization. Our approach is definitely not one-size-fits-all. And it's also fluid within our own organization and has changed over time to respond to the culture and the changing landscape of our organization that is really an emerging one. We're quite young, being only a few years old at this point. So we hope that over the next slides you'll be able to envision how you can use or adapt these four key elements of success to achieve success in your own organizations.

So the first key element that we want to talk about is leadership, and this includes building your reputation as an expert in health literacy, as well as leading the work. So why did we choose this as one of our key elements? As noted in the attributes that we discussed a few slides ago, leadership that makes health literacy a priority is really a key component of achieving a health literate organization.

And I think when we hear this, we think of leadership as being senior leadership—maybe your CEO, other people who may be high up in the org chart of your organization. But in an organization as large as Ontario Health, top-down buy-in for adopting a health literacy best practice—or any best practice, really—can be challenging to achieve.

Since these leaders have a lot of competing priorities, they may or may not be dialed into the importance of health literacy right off the bat. So we're lucky that our CEO does value health literacy. But making a change from that level, even with senior leadership support, can be slow and can take a long time to make an impact. That being said, though, it's absolutely essential that the work be woven in at the organizational level

in order to make the most impact.

So we definitely feel that getting buy-in from senior leadership is an important place to put your efforts. And although more and more people understand health literacy and its importance and its impact on care, they may see it as more of a frontline responsibility. But we're trying to weave it into all levels and functions of the organization as well.

So how have we done this? We have found that a strategy focused on leading the work from the ground up has really gotten the most traction. At most organizations, there are many levels and layers of leadership, and you don't necessarily need to focus on the top in order to be successful. So there are a few ways that we've gone about this that we want to talk to you about today. So first, we've really spent a lot of time and energy leveraging existing programs that we have good relationships with, whose leadership either has already bought into health literacy or that we have encouraged to do so in some cases.

So for instance, we do a lot of work with our systemic therapy program and creating information sheets about specific medications and drug regimens that live on our website. And we have a strong relationship with that program. We work with them all the time to create patient education materials. And just through this work in building this relationship and this reputation with this program, their clinical leader is now a real champion for health literacy in her own right. And she advocates for health literacy to be a priority at the leadership tables that she sits at that we are not a part of as program staff. And when we have leaders at all different levels advocating for health literacy in our work, that's when we really start to get that critical mass and develop that stronger voice.

Secondly, we feel it's important to build your program's reputation as a leader in health literacy and to lead by example. So for us in Ontario Health (and formerly Cancer Care Ontario), the way that has looked is that it's happened over many years. We began the work of building this reputation as leaders in patient education and now in health literacy way back in the 1990s. So prior to us being here, this been going on for a long time. So we do have a lot of history in building our program and our leadership in the area over many years.

Over the course of this time, we've worked to ensure there is an established patient education program at all 14 of the

cancer centers in our province. So this is where that hub and spoke model comes in as well. And in doing this, we're not only establishing leadership internally at Ontario Health (or formerly Cancer Care Ontario) at the time, but we're setting up a network of regional leads who do this work in turn at their own organizations.

And we've also continued to evolve and change as the body of evidence to support patient education has changed to focus more on health literacy. So recently we were supported by our leadership to change our program name from the patient education program to the health literacy and patient education, which we felt was a really necessary step to not only reflect the scope of the work that we're actually doing and that our regional leads are doing at the cancer centers, but it also sends a signal internally that we are playing a leadership role in the field of health literacy.

And I think overall our best piece of advice in trying to establish leadership in health literacy is that you can start building this in pieces. It doesn't have to be all or nothing. And the way you approach it, you don't have to have that top-down buy-in right from the beginning. Even looking for small, less formal opportunities to connect with senior leadership can make a really big difference in how this plays out over time. So does your organization have town halls or other ways that staff come together where you can just simply ask a question about your organization's commitment to health literacy? Can you get yourself on agendas of leadership meetings to present your ideas about how your organization can be more health literate? You can even refer back to those 10 attributes and really let that document do a lot of the work for you and find the needles that you can thread in that work to show how you could maybe make some small improvements at your own organization.

So these are the types of opportunities—they're small; they don't take a lot of time or resources—that we really do look for in order to put health literacy at the forefront of people's minds, but also to build our own reputation of leading the work. We want—as the health literacy and patient education program—to be the people that people think of when they want to start to embark on some of this work, even small initiatives. And we want them to think of us as being people that they can consult internally to help them do this.

So I'm going to hand it over to Sophia to talk about the next

	three elements of success.
Sophia Wong (Presenter):	Thank you, Sarah. And so the next element we want to share with you is strategy. And so why we think this is important, and as mentioned by Sarah, in the attributes of health literate organizations, is that it mentions the importance of really having to integrate health literacy work into the planning, evaluation, and quality efforts that is happening in our organization. And so it's important for us to really be able to integrate health literacy in our organizational strategic objectives to show our organizations commit to the work that we're doing. And like what Sarah mentioned, it sends a signal to staff and all our other partners that resources and considerations for health literacy will be given when we conduct our projects or when we build our business cases. And so we identify this as a key success to our work because we're able to position ourselves well in our organization when our health literacy work is identified as a priority that needs to be integrated in all aspects of the healthcare services that we deliver. So just to show you how it's specifically called out here under person-centered care to improve health literacy competencies among healthcare providers or healthcare professionals, patients, care partners to improve communication, self-management, and quality of life. And there's a lot of other pieces here in equitable, efficient, timely delivery of care that we can also integrate health literacy with. But having it specifically called out in our Ontario cancer care plan we think is a big win. And with that, we're able to then create our own strategic framework that really flows nicely from an organizational level to then our own program and specifically identify our goals on how we can address this Ontario cancer plan commitment. And so what we've identified is really being able to set the standard for quality cancer patient education by engaging with our partners to advance health literacy in cancer care, and also by promoting self-management and self-management support as a cancer system responsibility. And so how we were able to do this is that building on Sarah's points earlier about leadership, we were able to leverage that buy-in from our leaders to get us a seat at the table in shaping these strategic objectives. So we were able to participate in those discussions and really lobby for the importance of prioritizing patient education and health literacy into the planning and evaluation of our services.

So with the support of our regional cancer care leads as well, who we have very close working relationships with, we're able to promote that this strategy also be advocated to their own regional centers' strategic objectives and plans, so that we really have more of a wide provincial spread in advocating for this work.

We continue to look for all these opportunities and touchpoints to be able to advocate a clear callout for health literacy in the different tables that exist within our organization. With a strong push for health equity practices, as you may have seen in our plan, we were also able to build that connection to collaborate with different groups to show the close symbiotic relationship between health literacy and health equity to really buy in our case to push forward as to why they should be a priority. And so currently we are also developing a framework to really show this relationship and importance of integrating these two principles together.

And our next key point that we want to share with you is about capacity building. And I think that this is really the biggest bulk of the work that we do at Ontario Health and working with our partners. And in the attributes for our health literate organization, this is specifically called out about the importance of preparing the workforce to be health literate and ensuring that we provide information that is accessible and using design that people can understand or can access and navigate through, and giving it in ways that they could understand and act on. And to be able to build a community of advocates, we do acknowledge the importance of giving people like teams across Ontario Health we work with or our other partners that they need those tools to really be able to build health literacy into all aspects of their work, and really view this as everyone's job that's applicable in most if not all of the work that we do.

And so how are we able to do this? One of the biggest things that we get for requests is to provide plain language consultations. And I find that when we get these requests, it's important for us to have a meeting with that team, especially if it's a new working relationship or a new team member, so that we could really fully understand the scope and the objective of the project or the resource that they're building, and together we can work on creating this resource that is health literate—and so really understanding the scope of their work before we're able to provide our input and feedback into their

material.

So in doing it this way, every time we're approached for a consultation, we are building capacity with that team that we're working with. When they see the impact of the work that we do, then they become champions within our organization in promoting this work and really advocating the difference of having health literate resources being developed. And at the same time, while we're working with them on this, we're also developing their capacity in how to develop health literate materials, and to also be able to identify materials that are not health literate that might not be very helpful for the patients and care partners who would be needing these resources.

And so usually also when we have these consultations with our teams as we work together, we get feedback that we could really use more training on this. We could really try and understand more the principles that we need to adapt this in our work. And so with that we have facilitated a few sessions within Ontario Health. And one of the sessions we've conducted is actually with our group that develops patient experience surveys. So really helping them understand how to integrate universal precautions for health literacy in developing the questions and shaping the questions of what we're really asking our patients when we conduct surveys. So not just changing the words to make it plain language, but also asking about that access, or do you have access to the information? Were you able to understand? Or were you given information that you really needed for your self-management? And be able to incorporate this in our patient surveys to really gather the correct data that we need to inform our healthcare service delivery.

The other sessions we've done is actually with our patient family advisors. And we think that this is a very important relationship because patient family advisors could really use these skills, not just in advocating for their own health interactions, but because there are key partners for us, with their widespread participation in the different working groups, in the different communities across Ontario Health. When we have their buy-in, then they are able to be our advocates in those tables to always consider health literacy principles in our care delivery and services.

And just to give you somewhat of a personal story, in one of these health literacy trainings that we've had, we had a patient

advocate who is very active and is actually well recognized and respected in the healthcare space as a patient advisor, and she's always invited in different forums. And so during our training, being a health equity advocate, she really saw also the close tie-in between health literacy and health equity. And the week following, she was a speaker in my spouse's health forum, and my spouse was saying, "I have this patient advisor that you should connect with because she is strongly advocating for health literacy, and I know that's something you're doing in your work," only to find out that that's actually the person that had attended our training. So it was really nice to see that when you share this work and you get more advocates, they also go around their own communities in their own networks advocating for the same work. And that's really nice to see.

As a third point, some things that we're also developing is that we have our own materials that we offer ourselves with our clinical leads, our clinical advisors. And these materials are really to help patients and their caregivers manage their cancer symptoms. And so what we try and do when we develop this is really follow our own best practice that we share with the community so that we can set this as a standard for what patient-facing resources should look like across our organization and across our province.

Between me and Sarah and our team, we only have very limited capacity to keep doing all these consultations and trainings. So one key thing that we've done is to also develop our own toolkit for plain language best practices, so the people who are developing their own resources could also use this as something to consult with when they are developing as to what they should follow. And sometimes even if they still want that extra consultation with us, it's in a better form that we could help provide feedback and input as well.

We are currently developing and have shared our first iteration, but want to continue to develop different chapters for our inclusive writing toolkit. So, as I've mentioned, really there's very close relationship between health literacy and health equity, and we have identified the need in using inclusive language in our resources. So we are developing through research and consultations with our health equity leads what are the best practice in using inclusive language and inclusive terms in our health resources. And so this is a continuous work, and also understanding this is going to be a living document as we share more of this in a wider community

and get more feedback.

And finally, we've mentioned to you our close relationship with our regional cancer leads and how this two-way communication really works for us. And so we're really able to leverage that within our network to be able to share those best practices and brainstorm on how to address health literacy in their regional level when they are encountering some barriers or just have a general question to improve their work, and really use our regional network to brainstorm and think about how we could address this health literacy concern.

And so there's really also a lot of sharing of materials that happens within our network, which helps so that we don't need to recreate the wheel. And this also really promotes sharing resources where possible so that those regions who might have a smaller budget don't have to use that in resources that already exist in some regions with a bigger budget, and really have that equitable distribution of resources to promote health literacy.

And the last key point we want to share with you is about accountability. And this is the last but very important key point I find for us to really be able to show the importance of our work in a way that is measurable and strategic, so that we can really show its progress and outcomes to hold us in our work—but also our organization—accountable in our commitment in advancing this health literacy work.

And so how we are able to do this is instead of creating a new avenue, a new metric, or a new form to share with people—and doing that might take a lot of work on its own to promote—we try to look at what are the existing levers in our organization. So I really welcome you to think about that too in your own organizations. Understand what currently exists. So, for example, for us at Ontario Health, we have existing regional agreements and performance deliverables. And so because health literacy is incorporated in our strategic objectives and we have that leadership buy-in, we are able to advocate for this to be measured in our performance metrics. So we have a yearly reporting and performance review with our regional leads. And this is where we are able to leverage and specifically asking: Well, what work have you been doing to advance health literacy and patient education? And so this really highlights the obligation that they have in promoting health literacy as a performance deliverable in their own work and their own space.

	And personally, between me and Sarah, too, we have our own employee personal development goals, where we're able to then provide ourselves accountable on how we specifically see ourselves promoting this work in our organization. And that is more of our own personal metric on how we are advancing this work. And so we have prepared here some questions that may also help you reflect on your own personal accountability in doing this work. So some of the few questions we have here is: Think about where you can build health literacy into your own work. Second is: Can you make a personal goal to grow your knowledge or integrate a project into your work and into your job and have a performance measurement to report on it? And we really see this as a good way to trickle up accountability. So when we hold ourselves accountable, then we're able to really also hold our organization accountable in our commitment in doing this work. And so Sarah and I just kept sharing a lot of our own experience and really promoting this work. And we want to summarize this for you to help you really reflect on whether these key elements could also be used in your organizations, or maybe develop your own key elements to really achieve that success. So just to summarize: First that leadership buy-in—being able to build a reputation that we are leaders in this work and how we promote that within our own circles and build relationships. Second is strategy—really trying to find that opportunity to have a seat on the table, to have this health literacy be identified in your organizational strategic objectives, business plan, or whatever exists in your own space, and being able to align then your own program's objectives to this so that it can really be considered an organizational priority. Third is that capacity building. And I think this is something that a lot of you may also already be doing—providing those materials, those trainings, those toolkits to help others really build on their skills, which then helps them promote health literacy in their own spaces. And finally is accountability. So again, capitalizing on those existing reporting measures and performance deliverables to really help inform on this work. And I think this is what all of us are looking forward to. We are now opening the floor for any questions you might have.
Julie McKinney	Okay. Thank you guys so much. That was really comprehensive.

(Moderator):	I kept thinking of questions of my own, and you would answer them. So one question is asking if you can speak as to how or why you chose the attributes you did—I think it was three or four, maybe—to focus on out of the 10 in your organization. So maybe you could speak to that a little bit.
Sarah McBain (Presenter):	Sure. So we didn't necessarily choose those three to focus on from a work perspective. We chose those three to focus on today because they're where some of the examples that we were using for our key elements overlap the most. But certainly I think it makes sense to focus in on one or two, or maybe even three. I know a lot of us are probably working in the space or adjacent to the space of health literacy, if you're on this call, or at least have an interest. So I would say looking at what you're already doing and which attributes that aligns to most naturally, and then just seeing where you might be able to go a little bit deeper. And I think I noticed that Julie linked the actual attribute document in the chat. I really do encourage you to take a look at that, if you haven't. It gives a lot of concrete examples, and it actually shows the examples of how AHRQ has done the work themselves. So you can almost model it—depending on which attribute you think would be most aligned with your organization—to the work that they've done themselves. So it's really, really helpful. I hope that answers the question.
Julie McKinney (Moderator):	Yes, thank you so much. And I do like the way that you decided not to do everything all at once. You didn't address all the 10 attributes. You started with the three most relevant or beginning ones. And I like your concept of starting in pieces. Because that's really the only way to take on this huge effort. So we have another question. If you could give some examples of your toolkits—like, for example, on inclusive writing, and so on.
Sophia Wong (Presenter):	I can share that. So actually our toolkit is also a supporting resource to what we are doing. So what we did not mention and might also be good for the community to know is that we started developing a speaker series. So we've invited speakers who are experts in the space of our LGBTQIA+ community in a healthcare space at Ontario. We also have someone who is an advocate who was a cancer survivor—who as a black woman

	didn't see herself represented in their resources—as well as accessibility speakers who are experts in the field. And they are able to speak about how these considerations actually affect health literacy and health service delivery and the existing healthcare resources available to them. So what we did in our toolkit is we're building this—and this is still an evolving work. So the first chapter that we've created in our inclusive toolkit is to address the gender-inclusive language. And so really just to share more of the best practices that came out of that speaker series, but also doing our own literature search of existing best practice materials and consulting with our own health equity leads. And so, for example, we promote those practices where we use the person first, where applicable—where instead of saying “cancer patients,” we say “patients with cancer”—and also thinking about the use of pronouns in our interactions with patients and their caregivers, as well as thinking about how to advocate for inclusive language while promoting cancer screening. So when we say, “Really, it's a breast that we're talking about, and not necessarily just women having breasts.” So just those concrete examples and having that written down in a toolkit.
Julie McKinney (Moderator):	Yeah, it sounds like you guys do a really nice job on connecting your health literacy efforts to equity and inclusivity. So it's really nice to hear you talk about that and put your money where your mouth is. There's a couple of questions about measuring your impact. So how are you measuring this work, and are there some examples of outcome measures or evaluations that you've done?
Sarah McBain (Presenter):	Yeah, I can speak to this a little bit. I think this is actually somewhere where we need to put more resources and thought into it. We don't actually do a lot of evaluating outcome measures in our own program. I would say that we are connected through our consultations to outcome measures and different areas of measurement through our work in collaboration with other programs. Do we mean health literacy best practices, or do we mean more in terms of what we've been talking about today and measuring how health literate your organization is? So maybe I'll speak just really briefly to both. So in terms of outcomes of health that are applying health

literacy and plain language best practices to resources, earlier in the presentation I was speaking to our collaboration that we do with our systemic treatment programs—specifically this is with our drug formulary—colleagues who create drug information and regimen information sheets for the specific drugs—usually for chemotherapy and other drugs. And so we did do a lot of work with them. It was a larger project, where we looked at all of the different sections. The way that the work goes is the sections tend to repeat themselves in terms of the side effect, because many drugs have the same side effects. So we went through all of those side effects and did a plain language edit on all of them. And then their content management system pulls the side effects out and populates them for every specific drug and regimen that they publish these sheets on. I hope that makes sense. It's a long, complicated process, but that's the nutshell version.

And so we did do some evaluation of those sheets. And the point of this project was to have focus groups of patients and figure out: Are these sheets useful to patients? What do patients really want to know? What format makes the most sense for patients? Are they too long? Are they too short? Do patients feel that they can act on the information?

So in terms of evaluating a piece of work and a product that would be considered a patient education material, that's one thing that we've done. I don't think, again, that that's a one-size-fits-all evaluation strategy. I think you can look at the PMAT framework for using evaluation for different patient education materials and things like that. But I do think you have to craft your own to get at exactly what it is you're looking at, and also to be realistic with what resources you have to actually act on that information. So I'd say that's on the specific piece of work side.

And then on evaluating your organization, we've already spoken to those attributes. And I briefly mentioned that there is a framework to do a full evaluation of your healthcare organization, in terms of how health literate the organization is. So I believe you can find that on the AHRQ website. Again, Ontario Health has not done that. But some of our regional partners have embarked on that work, and they have used that specific framework—I think possibly not in its entirety. Again, I think you can cherry pick which parts you want to do. It doesn't have to be all or nothing. But there's lots of resources out there to help you with those types of evaluation strategies,

	I think.
Julie McKinney (Moderator):	Alright, thank you. We have a bunch of questions here. And I just want to tell everybody that if we don't have time to get to everybody's questions, we are documenting them. And we will ask Sophia and Sarah—if that's okay with you guys—to perhaps write out some answers to the ones we don't get to, and then we will get those out to everybody. Okay, let's see. Is the cancer care program in Ontario planning to invest in translating patient education resources in multiple languages? They know that it's a challenge for local hospital networks.
Sarah McBain (Presenter):	So yeah, we do have a translation strategy that's emerging. But we have been in this space for quite some time. So if you spoke to our symptom management guides, those are translated into multiple languages—between six and eight depending on if they were undergoing a review process. So previously we had budget to do six, which was secured through a wonderful donation from the Princess Margaret Cancer Center Foundation. And as we update and review them, we will be translating them into eight languages, in addition to some indigenous languages as well. And that's all done through the ICCU—the part of our system that plans and administers care for indigenous persons. And so, yeah, that is part of it. We could sit here and talk about translation all day—probably for many days. It's identified as a priority. It's something that we would really like to have a more formal strategy for, and most importantly, of course, a very dedicated budget, too, and possibly a centralized way of prioritizing what gets translated and what doesn't at Ontario Health. We don't currently have that. I would say we're approaching that very similarly to how we have approached health literacy in the past, which is just for mentioning it everywhere to the point of obnoxious until we get some type of traction on it, which we haven't yet. But I think it's something that a lot of people are thinking of. And I guess the other point I would say is within our provincial network of regional leads in Ontario, we try to really advocate for the sharing of resources and sharing—not budgets. But when somebody gets a win and is able to translate something through their own regional budgets, we do try to facilitate that sharing to the other cancer centers in the province of that resource. And people are always asking, "Do you have a

	translated resource for XYZ topics that you would be willing to share?” And so we definitely advocate for that when it comes to translating resources, because there isn’t an unlimited budget everywhere. And so I think that’s a good informal way to start to get access to more materials—even though they might not be branded from your own hospital, but still contain that important evidence-based vetted health information that might have just been created somewhere else.
Julie McKinney (Moderator):	Great, thank you. So there’s a couple questions about how you guys prepared your own health literacy skills and how others might do it. So one question is: What kind of health literacy training have you received? And another is asking if you can recommend a program for continuing education in health literacy.
Sophia Wong (Presenter):	I think Sarah and I have been in this space for quite some time now, so I think we’ve been involved in a lot of trainings. And honestly, I can’t think of each and every one on top of my mind, but I think just being connected to organizations like IHA, who have very rich resources about current best practice for health literacy, is very important. Sarah mentioned earlier AHRQ, who have those. And there are also community networks here at IHA, if you’re not part of that already, where these questions are also asked and where people also promote their own health literacy training classes that they have. I know some of them I’ve participated in through the years. But also, like what I mentioned, I’m also part of the International Health Literacy Association. So having that opportunity to speak with other people who are working in the area to also share those resources and best practice principles, I think that really just helps us to keep ourselves updated and make sure that what we’re advocating there is currently what’s the best practice in this space.
Sarah McBain (Presenter):	And I would add to that: I think with budgets being what they are and from both a money and a time perspective, it feels like there’s less and less opportunities for people to do formal courses that are supported by different organizations, at least in Canada. I think that’s been the trend, as of late. But one thing that I found the most valuable when I was starting out work in this field is to find a mentor who’s experienced and who’s been doing this work for a long time. And to be honest, I would say that is almost more valuable in some cases than doing a formalized course. Because learning

	from experience is really important when you're doing this work and finding out what people's experiences have been and what they've tried and that has worked and not worked. And even when it comes to something like plain language training, it really is art and science. And so you can learn the basic principles in a course. But doing that work over time and practicing it and getting that experience over and over again and getting feedback from somebody who is an expert in the field is just really incredibly valuable. So I think you might not have access to that type of mentor in your own organization. But I'm sure even through the Health Literacy Solutions Center, potentially, and being on listservs and things like reaching out to people that you find that you agree with their point of view could be beneficial. And actually the person that I first started doing this work with is on this call today—Janet Papadakos. She works at the Princess Margaret Cancer Center. She's an expert in this field, and she has developed a course with the Michener Institute. So in terms of something that you could actually do as a course and go do some concrete learning, I believe they are still running it. Maybe Janet can pop the link to that course in the chat, if she's still here and is able to. But that is a plain language course that really gives you that hands-on skills, and also very concrete feedback on learning the best practices in plain language, and then learning how to apply it, and then getting that feedback about where you can make improvements. So I think those two things are probably what I would recommend the most.
Sophia Wong (Presenter):	I echo what Sarah said, and also I think Julie had popped in the chat there that IHA also currently has a certificate program that is really helpful. So I know I volunteered to beta test some of those courses. So it's really good to set the foundation for your understanding of health literacy and definitely like having a good mentor to help you in the space.
Julie McKinney (Moderator):	And I'll add that Marissa also mentioned the health literacy certificate program and suggested to see if your organization will reimburse you for things like this. Also in the chat, a couple people suggested a course at Simon Fraser University that they had really good experience with. And I also mentioned the health literacy discussion list. It's part of the Health Literacy Solutions Center. You can ask people specific questions. You

	can share what you're doing. So a lot of people learn through that as well. So it's the top of the hour. We have to stop. I have recorded everybody's questions—copied them, and we will try to get answers sent to everybody if Sophia and Sarah can graciously write down a little bit about them. So thank you to the audience. Thank you for being here. You asked great questions. And Sarah and Sophia, that was an excellent presentation, and it's so relevant on a large scale, on a small scale for everybody doing this work in healthcare. So we want to thank everybody so much. And we will see you all at the next webinar. And we'll get some information to you and CE credits, as long as you do the evaluation. So thanks so much everybody and to our speakers.
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