**HEALTH IMPROVEMENT COLLABORATIVE**

**OF SOUTHEASTERN CONNECTICUT**

**Health Equity Pretest**

**Directions**

Thank you for taking the time out of your busy schedule to complete this pretest survey, which is intended to assess your organization's capacity to address topics pertaining to a range of health equity practices.

* This survey will serve as a baseline; the same survey will be administered at the end of the CSII/RWJ Grant.
* It is recommended that you discuss and fill out this tool with professionals and stakeholders at different levels of your organization.
* This survey is also a teaching tool as it points out specific practices that forward equity.
* The time that it will take to finish this survey will vary based on your organization’s resources and current equity and inclusion infrastructure. You should plan for at least 30 minutes if you fill out the tool alone and at least 60 minutes if you complete the tool with a group.
* The results of your pretest survey will stay confidential within the Coordinating Team
* You may find that your organization does not have many of these practices in place.  Do not get discouraged!  This is a jumping off point and we are all learning together.
* Please complete the survey by 5pm, Friday, July 25th.

Again, we truly appreciate your time and effort.

**Participant Information**

1) Please tell us a little bit about you.

Name:

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Organization:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Which one of the following categories best describes your job position or primary role?

( ) Administrator/ Director of Organization

( ) Program or Project Manager

( ) Health Educator/ or Trainer

( ) Mental or Behavioral Health Provider/ Clinician

( ) Physical Health Care Provider/ Clinician

( ) Public Information, Media Relations or Communications Specialist

( ) Law Enforcement

( ) Educator

Other, please describe

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3) How many years have you been in your current organization?

( ) Less than 1 year

( ) 1-3 years

( ) 4-6 years

( ) 7-10 years

( ) More than 10 years

**Please tell us where your organization stands regarding the following policies, plans and programs.**

4) **Community Partner Engagement (I)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | We are currently in the process of developing a plan to do this**(Currently Planning)** | We have intentions to develop a plan to do this, but have not started**(Intentions but not Started)** | **No** | **Unsure** |
| (a) meaningfully engages community members in health, equity, or service assessments/ improvement plans: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (b) is generally able to adapt to new communities and changes within the populations we serve: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (c) engages community partners in planning activities and policy decision-making processes: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

5) **Community Partner Engagement (II)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not started** | **No** | **Unsure** |
| (a) uses constituent survey results (i.e. customer satisfaction, 360 evaluations, etc) analyzed by race, ethnicity and language to inform policies and practices: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (b) has formal partnerships with community based partners who are representative of the communities we serve: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (c) creates opportunities for a shared sense of ownership with the communities we serve (i.e. involves communities in identifying issues, seeking solutions and shares decision making power and accountability): | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

6) **Community Partner Engagement (III)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Not Applicable (We do not have this group.)** |
| (a) has a board or governing body that is representative of the racial/ethnic diversity of the communities we serve: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (b) has an advisory board/council that is representative of the racial/ethnic diversity of the community we serve: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

7) **Race, Ethnicity and Language Data Collection (I)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) has the ability to collect, analyze and interpret health data by race/ ethnicity, language, etc. (disaggregated): | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (b) uses data to tailor plans, policies and programs: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (c) uses data to design and implement culturally specific models and programs: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

8) **Race, Ethnicity and Language Data Collection (II)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) uses data to seek targeted grant funding: |   | [ ]  | [ ]  | [ ]  | [ ]  |
| (b) uses data to distribute grant funding to best address health disparities: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (c) uses data to develop materials/resources in other languages: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (d) shares the data that we collect with communities: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

9) **Language Access (I)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) has building signage in various languages: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (b) employs bilingual staff/interpreters: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (c) advertises and submits articles to media outlets that reach ethnically diverse audiences: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

10) **Language Access (II)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) creates and disseminates publications and materials in different languages: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (b) has a multilingual and accessible website: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (c) produces or provides recordings or videos of important information/messages in other languages: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

11) My organization allows for a pay differential for bilingual staff.

( ) Yes

( ) No

12) **Resources for Racial Equity (I)**

My Organization..

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) has an office or program focused on racial equity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

If yes, please provide number of FTE

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13) **Resources for Racial Equity (II)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) has a completed racial equity policy: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (b) has a completed racial equity plan with clear actions, timelines, people responsible for each action, indicators of progress and processes for monitoring and evaluation: |  |  |  |  |  |
| (c) has dedicated funds for diversity, equity and inclusion activities: |  |  |  |  |  |

If yes, provide amount budgeted in last fiscal year

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14) **Resources for Racial Equity (III)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) has SOUGHT grants from public or private entities specifically for work related to health equity and inclusion: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

If yes, total combined dollar amount REQUESTED this Fiscal Year

15) If you have applied for grants for work related to health equity and inclusion, what is the total amount RECEIVED this fiscal year?

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16) **Resources for Racial Equity (IV)**

My Organization…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) provides grants to community partners that focus on health equity, diversity and inclusion activities or projects: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

If yes, total dollar amount provided in last Fiscal Year

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17) **Health Literacy and Client Understanding (I)**

My Organization...

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** | **N/A** |
| (a) uses Universal Precaution[[1]](#footnote-2) approaches to health literacy for consumers/clients: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| (b) uses Teach Back method to confirm client understanding: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |

18) **Health Literacy and Client Understanding (II)**

My Organization. . .

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) designs and distributes print, audio visual and social media content that is easy to understand and act on: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (b) integrates health literacy/ plain language in all published materials: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (c) has dedicated staff time and/or a full-time staff to health literacy/ plain language work: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

19) **Health Literacy and Client Understanding (III)**

My Organization. . .

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) directs funds to improve health literacy/ plain language access: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (b) includes populations served in the design, implementation and testing of health information and services: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

20) **Workforce Development (I)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) has staff that are representative of the racial/ethnic diversity of the communities we serve throughout all levels of the organization: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

If yes, what is the percentage of management positions occupied by people of color?

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21) **Workforce Development (II)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) utilizes specific diversity recruitment practices when recruiting for staff positions: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

If yes, please describe your organization's diversity recruitment and hiring practices

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22) **Workforce Development (III)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) has systems that support the retention and mentoring of a diverse workforce: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

If yes, please describe your organization's retention and mentoring practices

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23) **Workforce Development (IV)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) assesses staff for cultural proficiency and ability to navigate across cultural differences: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (b) uses staff assessment results to inform staff development activities related to navigating across cultural differences: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

If yes, please describe your organization's process for assessing staff and how assessment results are used.

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24) **Workforce Development (V)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) regularly reflects on how our organizational culture and climate support diversity and inclusion:  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

If yes, please describe how your organization uses reflections and assessment results to continually improve organizational culture and climate.

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25) **Workforce Development (VI)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) requires management and non-management staff to acquire training on cultural competency: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

If yes, please describe how often (annual, quarterly, monthly, other) and what types of training are offered

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

26) **Workforce Development (VII)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) utilizes pro-diversity initiatives to reduce social isolation (i.e. support of affinity groups, assessment of recruitment and retention of staff of color by managers): | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (b) conducts regular reviews of organizational compensation programs to ensure salaries are equitable and nondiscriminatory: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (c) conducts recruitment efforts at colleges and universities with predominately racially/ethnically diverse student enrollment: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (d) offers internships, residencies and fellowships to racially/ethnically diverse students: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

27) **Civil Rights (I)**

My Organization...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **Currently Planning** | **Intentions but not Started** | **No** | **Unsure** |
| (a) assesses for accessibility of programs and services for people with disabilities: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (b) assesses for equitable access to and distribution of all programs and services to diverse populations: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (c) has a clear process for addressing client civil rights: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| (d) has a clear process for addressing employee civil rights: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

 28) **Civil Rights (II)**

My organization is familiar with and providing protections in health care included in Section 1557 of the Affordable Care Act.

( )Yes

( )Yes- and we will continue to provide protections to LGBTQ people, people with limited English proficiency, and women despite the rule change enacted by the current administration on June 12, 2020.

( )Unsure

( )No

( )N/A-- Not a healthcare providing organization.

29) **HIC Questions (I)**

How long have you been a member of the HIC?

( ) 6 months or less

( ) 7 months to 1 year

( ) 2-3 years

( ) 4-5 years

30) **HIC Questions (II)**

Do you attend the full HIC meetings?

( ) Yes

( ) No

If not, what would make it desirable and possible to attend these meetings?

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31) **HIC Questions (III)**

Please choose the response that fits best.

( ) I am part of the Black Health Collective

( ) I am part of the LatinX Mental Health Action Team

( ) I am part of the Access to Care Team

( ) I am part of the Overdose Action Team

( ) I am not part of a HIC action team

If you are not part of an action team, what would make it desirable and possible to participate in an action team?

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32) **HIC Questions (IV)**

So far, the HIC has made decisions using consensus. If the group was faced with a choice where consensus did not happen, how should the group move forward to both respect multiple points of view and to make a decision?

( ) Ranking options and determining which option most people can live with

( ) Voting

( ) Choosing a group of people to make choices for the group

What other ways could the HIC make a decision when consensus cannot be reached?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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33) **HIC Questions (V)**

Have you made any changes, to support equity and inclusion in your organization that stemmed from conversations or efforts related to the HIC or any of its action teams?

( ) Yes

( ) No

If yes, please explain below.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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34) **Process Question (I)**

How did you fill out this pretest?

( ) By myself

( ) With a group

( ) Other (please specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

35) Is there anything else that you would like to tell us?

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Thank You!

Thank you for completing this HIC Health Equity baseline assessment survey! Your responses are very important to the Coordinating Team, as we work together to build our capacity to address racism as a public health issue. If you have any questions or concerns about this survey, please contact Isabelle (isabelle@isabellebarbour.com or 860-245-1290).

NOTE: This instrument was based on a tool created by and for the use of the Developing Equity Leadership Through Action Program at the Oregon Health Authority. Questions and directions have been altered slightly to better meet the needs of the Health Improvement Collaborative of Southeastern Connecticut.

1. Experts recommend assuming that everyone may have difficulty understanding and creating an environment where patients of all literacy levels can thrive. In the case of health literacy universal precautions, primary care practices should ensure that systems are in place to promote better understanding for all patients, not just those you think need extra assistance. Improving patient understanding is beneficial for the patient and health care provider. Research suggests that clear communication practices and removing literacy-related barriers will improve care for all patients regardless of their level of health literacy. (DeWalt DA, Callahan LF, Hawk VH, Broucksou KA, Hink A, Rudd R, Brach C. Health Literacy Universal Precautions Toolkit. (Prepared by North Carolina Network Consortium, The Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill, under Contract No. HHSA290200710014.) AHRQ Publication No. 10-0046-EF) Rockville, MD. Agency for Healthcare Research and Quality. April 2010.) [↑](#footnote-ref-2)