



# Clear Communication

*- A guide to effective communication,  
using a literacy aware approach*

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## **Welcome!**

Thank you for accessing Healthwise Aberdeen's Clear Communication Pack.

We have written this pack to raise awareness of health literacy issues and to provide practical suggestions for improving communication between staff and service users who may have low literacy skills. We aim this pack will be an introduction to health literacy issues; there are links to further reading and resources on the 'Links' section of our website.

We hope you find this pack a practical resource and useful in your everyday work.

Please feel free to contact us if you have any queries or would like further information on any of the topics addressed.

*Suzanne Macaulay*  
*Adult Literacies Worker (Health)*

## About Healthwise Aberdeen

Healthwise Aberdeen is part of the South Adult Literacies team based at the Torry Learning House.

The project is staffed by one part time project worker and one part time co-ordinator.

Healthwise Aberdeen is funded to offer previously disengaged adults the opportunity to improve their literacy and health skills in order to improve their health, and that of their families.

The project aims to:

- raise awareness within the health sector of how literacy issues can impact on patient care
- support the production of easy to understand health information
- increase the number of literacy referrals coming from the health sector
- promote the use of health literacy in everyday tutoring practice by Adult Learning tutors

Since the project began in April 2004, it has worked in variety of ways to achieve these aims.

One area of success is in accessing 'hard to reach' learners, through our Learning Advisor Service. The service involves our Co-ordinator acting as a 'Learning Advisor' and being present in health clinics and approaching local people, who may not be accessing other community services. This approach has proved to be an extremely effective way of gaining referrals from the health sector and also provides an opportunity to raise awareness with health staff through day to day contact. The project has also set up various groups for local people looking at health literacy issues such as health on the web, understanding measurements, food labels, budgeting, nutrition, practical cooking skills and producing health information.

For more detailed reports of the projects activities, please contact us.

## Literacy links to health

### What do we mean by literacies?

The term 'literacy' no longer means the basic ability to read and write. Adult Education now talks about 'literacies', which encompasses so much more; it means the ability to communicate and understand information effectively and confidently in the modern world.

The official definition of literacy in Scotland is as follows:

*"The ability to read, write and use numbers, to handle information, express ideas and opinions, make decisions and solve problems, as family members, workers, citizens and lifelong learners."*

(ALNIS,2001)

This new broader definition demonstrates literacy does not mean simply being able to sit down with a pen and paper and write in a formal manner; it means having the ability to communicate, understand and interpret information. Modern literacies also incorporates Information Technology (IT) skills, as IT skills are increasingly required in the workplace and for home life.

The majority of literacies activities undertaken in the average day are done in an informal way.

### Think about your day today.

Make a list of how many times today have you used a literacy skill, such as reading, writing or number skills, from the time you got up this morning.

Were the majority of skills used for formal activities, (e.g. report writing) or for informal activities (e.g. reading the time)?

Think how difficult your average day would be if you had not had the opportunity to develop literacy skills.

## **What is health literacy?**

**“Health literacy is the ability to read, understand, and act on health care information”**

**<http://www.healthliteracymonth.org>**

Health literacy is receiving an increasing level of interest from health and literacy staff worldwide. There is particular interest in America, where the threat of legal action makes informed consent a priority. There are now various health literacy projects in Britain, with three in Scotland.

There is no universal definition of health literacy; it is a topic that has caused a great deal of debate. The most recent definitions incorporate the social, educational, cultural and empowerment aspects of health literacy. (Waterton; 2009; JWC)

## **Why does health literacy matter?**

Health literacy is relevant to all health staff. Health staff report communication in the health service can be difficult for various reasons. It can be particularly challenging if people have low reading and writing skills, do not speak English as their first language, have hearing or visual impairments, or cognitive or emotional disabilities.

If you work with the public, in any capacity, you have probably come across someone with low literacy skills.

## **International definitions of health literacy**

Waterton discusses the following definitions of health literacy in her 2009 paper “Health Literacy – A Scoping Study”

### **The World Health Organisation state that health literacy:**

*“means more than the ability to read pamphlets and make appointments” but rather “implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal lifestyles and living conditions.”*

### **US Department of Health and Human Services:**

*“(health literacy is) ...the degree to which individuals have the capacity to obtain, process, and understand basic health information and the services needed to make appropriate health decisions.”*

### **Australian Bureau of Statistics:**

*“(health literacy is)... the knowledge and skills required to understand and use information relating to health issues such as drugs and alcohol, disease prevention and treatment, safety and accident prevention, first aid, emergencies, and staying healthy.”*

### **Zarcadoolas et al (2005) offer the following broader definition of health literacy:**

*“...the wide range of skills and competencies that people develop to seek out, comprehend, evaluate and use health information and concepts to make informed choices, reduce health risks, and increase quality of life.”*

### **Kickbush and Maag (2006) define health literacy as:**

*“..the ability to make sound health decision(s)in the context of everyday life – at home, in the community, at the workplace, the health-care system, the market place and the political arena. It is a critical empowerment strategy to increase people’s control over their health, their ability to seek out information and their ability to take responsibility.”*

## International Context

Health literacy is being recognised increasingly as an important topic in many countries.

*“People with low literacy skills may not understand what health professionals tell them. They may not be able to read health information. Some may not use health services, except in an emergency. “*

(The National Literacy and Health Program,  
Canada, 2005)

American research has found that some 12 percent or 23 million of U.S. adults are estimated to have very low level literacy skills, while an additional 7 percent or 13.4 million are not able to perform even simple health literacy tasks with a high degree of proficiency.

<sup>(2)</sup> The health literacy movement in America is growing, with Harvard University dedicating research and resources into the subject, and organisations such as Pfizer Inc promoting clear communication approaches to health staff.

Studies in Ireland by the National Adult Literacy Agency (NALA) have shown that health literacy is a problem in the country. It showed that adults with low literacy skills may struggle with health information and do not fully understand health procedures and information. NALA has since worked to raise awareness of health literacy issues in government and the health service. <sup>(3)</sup>

Many other countries, such as Canada, Africa, New Zealand, Mexico and Switzerland have also established health literacy initiatives.

## Why should I care about health literacy?

23% of adults in Scotland have significant difficulties with reading, writing and numbers. It is estimated that 49,000 adults in Aberdeen have problems with their literacy skills.

This means roughly 49,000 of all adults in Aberdeen will not understand, or will have difficulty understanding, the written health education materials they receive as part of their health care provision.

Those who struggle to understand written information may be missing the health advice or message.

***“Health Education and Health Literacy; you can’t have one without the other.”***

**[www.whattoexpect.org](http://www.whattoexpect.org)**

Health literacy is relevant to all health staff. Health staff report communication in the health service can be difficult for various reasons. It can be particularly challenging if people have low reading and writing skills, do not speak English as their first language, have hearing or visual impairments, or cognitive or emotional disabilities.

NHS Scotland state they are “*a responsive service where people are:*

- *Treated as individuals*
  - *Treated with respect*
  - *Enabled and involved in their own care”*
- (Patient Focus and Patient Involvement, Dec 2001)*

In order to achieve this responsive service, health service users must understand information given to them about their health and care. This requires the ability to read prescriptions and medicine bottle labels, letters and understand health -related materials they are given.

The Healthwise Aberdeen project is based on the acknowledgement that literacy and health are closely related, as without basic literacy and numeracy skills it is not possible to read prescription instructions, health information or directions for taking medicine. Health staff who work in the project's target areas have told of cases where mothers have been unable to make up formula milk, or give medicine due to problems with reading and writing.

Patients who have difficulty reading and writing will struggle with the standard information they are required to fill out, read and understand in order to manage their health care.

## **Effect on your patients**

American research has shown that patients with low literacy skills are twice as likely to have poor health and are twice as likely to be hospitalised, at a high cost to the health service in treatment costs. This may be due to misunderstanding health information they have been given or prescription/dosage instructions.

It may also be due to patients not accessing health services when required. Patients may not be aware of the services available to them, or how to access them. It may also be because patients may not have the confidence to attend appointments for fear of being out in a situation where they may be expected to read information or write in a public place.

Patients with low literacy skills are more likely to:

- Miss appointments
- Have difficulty, or be unable to fill out forms
- Answer “no” when asked “Do you have any questions?”
- Provide an incomplete medical history because they don’t understand medical terms
- Misinterpret instructions and not follow recommended regimens
- Make medication errors
- Be unable to access health information
- Call, or make frequent appointments for reassurance or to repeat instructions
- Feel ashamed, confused and/or afraid

The majority of people who have problems reading and writing do not openly admit to having a problem. Reading and writing skills are normally seen as skills that all adults possess, so it can be extremely hard for an adult to openly admit that they have difficulty. Adults who come for Adult Learning provision often talk about feeling ashamed and embarrassed about the difficulties they experience; they often try to conceal it from family and friends, and find situations where they are expected to read or write in public very stressful and embarrassing. This may also impact mental health.

## **Put yourself in their place.....**

Your patients may be experiencing barriers to accessing healthcare that you may not be aware of. If you have not been made aware of literacy issues in healthcare before, you may not have considered how many barriers people with low literacy skills experience when trying to access health services.

Patients are generally expected to possess a certain level of literacy and numeracy skill. Think about the level of literacy and numeracy needed for the following required activities:

- **Registration with a new Practice**

A form is normally handed to a potential patient by the receptionist to be filled out in a waiting room surrounded by other people. This requires both reading and writing skills and there is often a time limit due to the appointment time.

- **Receiving an appointment time**

A letter is received by the patient, who then has to read, understand and act on the information.

- **Attending an appointment**

Patients have to find their way to the correct department or surgery, the directions are often given by written signs and written directions. They then have to understand the advice they are given and any instructions for treatment.

- **Collecting a prescription**

Patients have to sign a form and pay correctly, again in a public setting.

▪ **Taking medication**

Involves the understanding of written directions, dosage instructions and any measurements that may need to be made, for example 5ml. This requires prior knowledge, such as:

- what does 'ml' mean?
- how much does 5ml look like?
- how do I measure 5ml?

▪ **Understanding health information**

Involves reading written information materials, understanding complex information, such as information on medical conditions and medical terminology. May also include advice on what and what to do in order to benefit health – this requires knowledge and understanding of the complex information in order to act upon effectively.

These activities may be preventing your patients from receiving effective healthcare. However, there are steps that can be taken to minimise these barriers.

## Your role

The approaches outlined in the 'Your Role' section can help your communication with **all** patients.

If someone has eyesight or hearing problems they will appreciate additional help with forms, or a clearer layout in forms and letters. Patients who speak English as a second language will benefit from clearer verbal communication, visual aids, or illustrations in written information.

Improving communication will also benefit you and the health service in general. According to The Developing Patient Partnerships (DPP) Survey, 2005, patients miss about 10m GP appointments and 5million Practice Nurse appointments each year. They estimate this costs the NHS £180 million every year.

Dr Terry John, a spokesman for the DPP, said:

*"These results are disappointing especially if we consider that each GP appointment costs £18.*

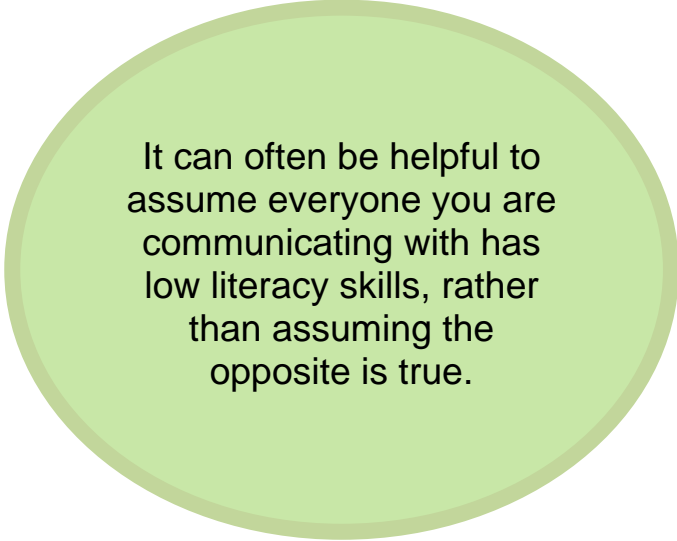
*"On the bright side, most practices believe that this figure can be reduced through effective communication about the impact of missed appointments."*

(BBC Website, 2005)

Checking that patients understand the information they are being sent and given out could also reduce the number of missed appointments.

Missed appointments may occur due to patients being unable to read appointment letters or misunderstanding them. It may also be due to patients having difficulty understanding times or dates, travel timetables, or being unable to estimate how much time it takes to travel to the appointment. These are all literacy and numeracy issues that can be addressed by adopting a literacy friendly, clear communication approach.

This clear communication approach can benefit patients from all walks of life.



It can often be helpful to assume everyone you are communicating with has low literacy skills, rather than assuming the opposite is true.

This does not mean talking down to people, it means checking you and your patients understand each other at every stage in their healthcare, which may result in improved and informed healthcare for all.

Effective verbal communication can be the easiest way to remove literacy barriers.

You communicate with people everyday, but when trying to convey a health message, it is important to be aware of some basic points. It may seem obvious, but it is amazing how often we slide into bad habits without realising it!

**Try to avoid using complicated language or jargon.**

It is easy to fall into the habit of using jargon without realising you are doing it. Think about the words you are using and use the simplest explanation you can think of, or “layman’s terms” whenever possible. For example, instead of saying ‘*cardiac*’ say ‘*heart*’, or instead of saying ‘*paediatric*’ say ‘*children’s*’ instead. These little changes may make a huge difference to a patients understanding.

**Use visual aids as you talk**

When explaining a health problem, try using visual aids, such as picture cards or models of body. Draw a picture or diagram if you do not have resources available to you. Having a visual image may increase understanding, or mean a patient remembers the information given, especially when being given complex information.

**Tailor medication schedules to fit a patient’s daily routine**

Try colour coding medicines, or use daily events as reminders, for example 2 tablets at in the evening when the evening news is on TV. These memory aids can make instructions clearer and can help patients to take their medication correctly.

**Check understanding**



# Healthwise

Aberdeen

Clear Communication

To check that patients understand, try asking patients to “teach back” by repeating or restating the instructions, for example, “Can you explain the prescription instructions to me? This discourages a yes or no answer, so patients will show their level of understanding in their reply.

## **Frontline contact**

Prior to an appointment, clinic or office staff can tell a patient what information they will need— medicines they are already taking, as well as the reason they are seeing the doctor. Staff also might suggest that the patient bring a family member or friend.

Front line staff can make a huge difference. Simply asking; ‘Would you like any help any help with that?’, when handing out a form could offer the patient the opportunity to ask for much needed help, and avoid a stressful situation.

## **Written communication**

Effective written communication is difficult when trying to communicate with patients with low literacy skills.

There are a number of steps that can be taken to improve written communication which may benefit all readers.

### **Letters**

#### **Presentation**

Think about the font and size of text you are using. This can make a difference to the reader.

Try using the following the following hints on producing a clear written information.

#### **Text and background**

Choose plain sans serif fonts like Comic Sans, Helvetica or Arial. Some fonts are overcomplicated and can be fussy and difficult to read.

Never use a font size smaller than size 12, if possible.

Never use more than two types of font in one document. It can be confusing and look messy.



Don't write paragraphs in capital letters.

It can look aggressive and people who have problems with reading recognise the shape of small letters in relation to each other.

For example, look at the word 'reading' when written in both small letters and capital letters.

**READING**

**reading**

It is easier for people who struggle with reading to recognise the letters 'd' and 'g' due to their size and shape, than if it were written in capitals.

Capitals are the same size, making individual letter recognition more difficult.

Do not use a complicated background for text. It can be difficult to read text when the background is too 'busy'! Try to keep the background plain when possible.

Use **bold** to emphasise words.

Use hyphens and commas where appropriate to break up text.

### **Use illustrations**

Use illustrations wherever appropriate. When used properly, they can help get your message across.

### **Keep it short and simple.**

Try to keep information short and simple. It may be tempting to use formal language, but this may complicate your intended message and may lead to the reader misunderstanding the information given.



**Try to make written communication simpler by using the hints below.**

Use:

- Short sentences
- An informal, personal tone
- Short paragraphs
- Simple terms
- Essential information only

## **Word choice**

The Plain English Campaign advises calling the reader 'you' and your organisation 'we'. This will help simplify your message. For example:

*"Applicants must send us...*

- ***You must send us...***

*We always tell customers before we...*

- ***We will tell you before we...***

*Advice is available from...*

- ***You can get advice from...*** "

(Plain English Campaign, 2005)

## **Give clear instructions**

When writing to a patient for an appointment, be direct and make sure the message is clear. If a patient needs to attend an appointment, state it clearly. To make the message clearer to people with low literacy skills, try putting the most important information in bold. For example;

Your appointment is at **10am** on **January 16<sup>th</sup>**,  
with **Dr Greene**, at the **Outpatient Department**.

This will allow the reader to pick out the essential information from the main body of the text.

**Use bullet points**

If the letter or form includes a lot of information, use bullet points. Think about the main points and separate out the information into bulleted sections. Bullet points are an extremely effective way of drawing the readers attention to main points of the letter or form. They can be used as an alternative to listing information in one long sentence, or to break up dense text.

## Form Layout

When designing forms it is essential to give clear instructions. If a form is unclear about the information required, or is laid out in a confusing way, the patient may not give the correct information or may not fill it out at all.

You can make a form easier to fill out by taking the following steps;

### **Keep the guidelines short.**

For example,

*'If you are a **new patient**, only fill out sections 1 and 2.'*

### **Be clear**

Be clear when asking for information, explain or avoid using any jargon or abbreviations such '*Next of kin*', '*Spouse*', '*DOB*', '*Maiden Name*', or '*Dependants*'.

It is easy to assume everyone knows what these terms mean, but many people struggle with formal or unfamiliar words.

It is much better to use alternatives, such as '*Date of Birth (Day/Month/Year)*' for '*DOB*'. This alternative explains exactly what is being asked for, as well as giving the format that is required.

### **Allow plenty of room for written answers**

Make sure you allow enough room for people to write their answers; do not set lines too close together. Try writing in the answer yourself to see if more room is needed.

### **Plan the layout**

Group together similar information, like Patient Details or Medical Information.

Leave plenty of room between different sections.

Try to leave plenty of white space on the page. If there is a lot of information on the page, use two pages instead, or cut down the amount of text used.

**Look at the letters on the next page.**

**The left hand side shows a standard health letter being used at a clinic in America. The letter on the right shows the revised version, which has been changed with literacy in mind.**

**Which one do you prefer?**

**Letter to Parents of a New Baby**

Dear Parents,

Congratulations on the recent addition to your family.

As parents, you will probably be interested in making all aspects of your baby's life as happy and comfortable as possible. To assist you we have enclosed some information that you might find useful.

If you are interested, we have further information available on post-partum adjustment, immunization, child development, communicable disease, family nutrition, and parenting. Please feel free to contact us on any of these or other topics.

Sincerely,

Your Community Health Nurse

[Flesch-Kincaid reading level: grade 12]

**Letter to Parents of a New Baby (revised)**

Dear Mr. and Mrs. Carter,

Congratulations on your new baby.

We know that you will want to keep your baby happy and comfortable. We have enclosed some information that may help you.

We also have information on

- Post partum adjustment (getting used to having a baby in your life)
- Child development (how your child grows)
- Communicable diseases (diseases your child can catch)
- Immunization (protecting your child against those diseases)
- Family nutrition (healthy eating)
- Parenting

Please call us if we can help you.

Sincerely,

Jane Doe,

Your Community Health Nurse

[Flesch-Kincaid reading level: grade 5.8]

**Comments**

1. One of the simplest ways of warming the tone of your letter, and getting a positive response, is to address the recipient by name.
2. Expressions such as "the recent addition to your family" may be difficult for the person with low reading skills.
3. Keep paragraphs (and sentences) as short as possible. Then the information will be easier to digest.
4. In the original letter, the third paragraph with its long list of topics is formidable. It begs to be bulleted.
5. The recipient will probably have to get used to medical terms, but always give an explanation in plain language.
6. Always follow George Orwell's rules for good writing:  
"Never use a long word if a short one will do."  
"If it's possible to cut a word out, always cut it out."

**(Literacy Partners of Manitoba, 2005)**

## The Referral Process

### How to address a health literacy need

In Aberdeen there are currently very low levels of referrals from the health sector into literacies provision, as shown in the **Health and Literacy Survey** carried out by the project in 2005. This is a situation Healthwise Aberdeen is trying to address. We can provide health and literacy learning opportunities, or arrange provision with the relevant Adult Learning area.

Most people with literacy difficulties will already have thought about getting help, but it can be a very frightening experience to admit they need would like to come along to a service like Adult Learning, which has stigma attached to it. It is important to offer people the opportunity to say they are interested in coming along. It takes the right approach to allow people the opportunity to do this.

It can be difficult to broach the subject, but it is best to do it in an open and honest way. Some people will not want to admit they have a problem, but that is their choice and it may just take them a while to feel confident enough to admit it. The individual involved must **want** to admit they are struggling and must **want** to access help.

You may meet people who are happy to discuss their difficulty with literacies and are relieved to find out others have the same problems; other people may take a long time to talk about it or will be happier to continue as they are, without ever addressing the issue. It can be difficult to accept that someone does not want help when you know the benefits they would gain from improving their skills, but if a person does not respond positively to the idea, it can be important not to push it and to accept it is not the best time for that individual.

You can approach the subject by being up front, but remember to be sensitive about the language you use. For example, try not to use the term 'illiterate', as it can be seen as an insulting, or derogatory term.

## **Practical Suggestions**

Every situation will be different but here a few practical suggestions if you think someone may be interested in brushing up on their skills, or learning more about health.

### **Be direct**

The most obvious approach is to be direct. If the subject comes up mention there is an Adult Learning service the person may be interested in. Explain Adult Learning can provide classes or one to one tutoring all over the city on lots of different subjects. Please see the next section for a list of what we can offer.

### **Talk about general learning opportunities**

When talking to potential learners, we have found that listing the various subjects Adult Learning provides, allows people to say they are interested in the service without forcing them to admit they would like specific help with literacy; they can say they would like to learn computing or brush up on skills for work. Some people do just want to attend to learn computing, or brush up on filling in application forms, but we get a high number of referrals into literacy learning after they have attended a group for another reason, such as cooking or computing.

Attending Adult Learning provision for other subjects gives people the opportunity to get to know our tutors and once a relationship has been established, it is easier to say they would like additional help. Literacy is embedded in all our provision, so even if the group is a session on cooking, it allows the people to work on literacy and numeracy skills and bring up the subject of attending classes to brush up on skills.

**Talk about the Healthwise Aberdeen project**

Mention there is a project in Aberdeen that you think they might be interested in. Explain we can offer groups on different things, such as budgeting, learning about health on the web and also help if people want to brush up on any skills, such as improving their reading, writing or numbers.

**Relate it to employment**

If you know the person you are dealing with is looking for a job, or is unhappy with their job situation and think they may be interested in brushing up on their skills, it can be ideal opportunity to discuss returning to learning. Ask if they would be interested in brushing up on, or improving their skills, or getting help with form filling/CV writing.

**Once you have established someone is interested in the service, stress that the service is free, confidential and can provide childcare if required.**

## **To refer someone to Healthwise**

This stage of the referral process is one of the most important. If you pass someone our contact details, there is a chance they will never pick up the phone to contact us.

### **We have found the most effective referral process involves face to face contact at every stage.**

Therefore, if you then contact us directly and pass on the person's details, we will phone them and arrange provision from there. Many learners say that picking up the phone to contact Adult Learning is the hardest step to take, so removing this barrier for them can make the difference between a successful and unsuccessful referral.

Ask if they would like you to contact the service for them, and check if it is alright to pass on their contact details to Healthwise Aberdeen. Stress their details will be kept **confidential** and not passed on to other agencies without their consent.

Once we have been contacted, we will phone the person involved and arrange a time and place to meet up for a chat. During this chat, we take down a number of details and begin their Individual Learning Plan (ILP). The chat is kept very informal, but we try to find out what and why that person wants to learn, where and when they can attend and if they would prefer a group or one to one tuition. We then find a suitable learning opportunity and tutor we think they will get on with.

**Please fill in our referral form and contact Theresa Dines, Healthwise Co-ordinator on 896 156, or email [tdines@aberdeencity.gov.uk](mailto:tdines@aberdeencity.gov.uk)**

Learners can either work in a small group or one to one with a literacies tutor.

## Referral process

- Speak to patient
- Ask permission to pass on details to Healthwise
- Fill out referral form
- Phone/ email project to pass on details or post / fax form
- Project staff will contact the learner and arrange time to meet up for initial meeting/ informal chat
- Healthwise staff initial meeting with patient/learner.  
we will:
  - have an informal chat with the learner
  - agree on what they want to learn
  - agree where and when they can attend
  - fill out an individual learning plan together
  - arrange a suitable group or 1:1 tutor
- Project staff will either pass the details to a colleague in Adult Learning, or match the learner with an appropriate tutor, agree on a time, organise an appropriate venue and contact the learner to confirm

### **Healthwise Aberdeen provides:**

- Free, confidential tutoring and advice to adults who have low literacies skills and would like to brush up on their, reading, writing or number skills or learn more about health
- Small, free and friendly group tutoring, or one – to – one literacies tutoring
- Free advice on clear communication skills
- Awareness raising sessions on health literacy

If you come into contact with anyone you think is struggling with literacy, numeracy or health information, instructions or labels and forms, we can help.

## **Further Information**

**Thank you for taking the time to read this pack.**

We hope you find it useful, and would welcome any feedback on how relevant, or useful you found it.

We have a range of resources that can be taken out to centres for community use by Healthwise tutors. Please contact us for more details.

If you are interested in learning more about health literacy, please contact us. We can also provide with advice or further information on how to work in a literacy friendly way, and how to create written materials using a Plain English approach.

**Please contact us if you would like further information.**

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