

## 1.19 Interview with Julie McKinney



**Julie McKinney, M.S.**, is a health literacy specialist with expertise in health literacy curriculum resources for adult educators and health professionals. She is the moderator of the LINCS online discussion list, which has more than 1,600 subscribers from many different health and education fields. She has also coordinated the Health and Literacy Special Collection, an online resource center. Ms. McKinney is a teacher trainer and develops health literacy curricula for adult basic education and English for speakers of other languages classes.

**You have worked on health literacy issues in a variety of interesting ways over your adult education career. Please tell us a little about the different kinds of work you have done.**

**JM:** Yes, I've promoted health literacy in a wide variety of capacities. I started in the Peace Corps in Papua New Guinea, where I conducted health education and literacy instruction. I thought health and literacy were both so interesting and couldn't decide which one I wanted to focus on in my future work. It turned out I didn't have to choose. I went on to work for the Well Woman Project in Boston for which we recruited uninsured women from the local adult literacy program for health screenings. That experience got me interested in the potential of collaborations between adult ed and health care. From there I taught ESOL in a hot dog factory in a 90% Salvadoran neighborhood; I taught on Indian reservations; and I've piloted health education brochures with various populations. Empowering learners around health and health care was always a part of instruction. I've done a lot of work with World Education in Boston in recent years, developing health literacy publications and two online health literacy resource collections [see resource list below]. I give trainings for the health care and adult education fields to educate people on what health literacy is and how to partner with other agencies to address health literacy issues.

**What variety of professions subscribe to the Health and Literacy Discussion List?**

**JM:** We have all manner of professionals from the medical field. We have a lot of people from the public health field and researchers from many areas, like health communication and education. Medical librarians are growing in numbers lately on the list. We have adult literacy teachers and professional developers, but lately they're quiet and much more hidden than they used to be.



## **What are some of the possible benefits for adult ESOL educators of following the health literacy discussion?**

**JM:** First of all, what health literacy means and how it is understood has been changing over time. Being on the list could help ESOL teachers keep up with what others mean when they talk about health literacy. ESOL educators could see stories of partnerships and find ideas and inspiration, as well as contacts for partnering. Many partnerships and coalitions have been born on the health and literacy discussion list. [Health Literacy Wisconsin](#) is a good example. ESOL educators could learn about state coalitions, which really need to hear the voices of adult ESOL teachers. Teachers can find funding ideas on the list and see what other literacy programs are doing, how people found funding and partners, and what kind of curricula are being used.

## **What might be some of the benefits for the whole list discussion if more ESOL educators participated in it?**

**JM:** One of the biggest benefits to being on the list is that ESOL teachers can make their voices heard in the whole discussion of health literacy in the U.S. There are a lot of benefits that ESOL educators can offer the field through the list. There's the whole concept of a literacy classroom being a safe haven, a safe environment for learning new health information with the help of a teacher who is trusted by learners. Trained ESOL teachers know how to take a group of diverse people with different backgrounds, lower education, and lower health literacy skills and introduce new information to those learners and help them make meaning out of it, process it, and incorporate it into their lives. Others in health care don't have the same kind of time, expertise, and environment that ESOL teachers do. That's why I think that communication with ESOL and literacy teachers should be part of medical training.

## **What changes have you seen in the way people view health literacy since you started moderating the list in 2005?**

**JM:** What I have seen change is the narrow earlier view of health literacy, which looked at it primarily as a mismatch between grade levels of printed health information and the reading level of most Americans. The view is widening. Earlier focus for solutions was on writing in plain language to address patient skill deficiencies. The concept of health literacy has expanded to include oral information, taking information and using it – taking action on health information is huge, as is the need for health care providers to present information in clearer ways. Now health care providers' communication skills are examined, too. New health literacy definitions have been proposed which take into consideration both patient and health care



provider communication skills. The responsibility is now on all parties. The [Calgary Charter definition](#) is the one I currently like best because it incorporates both patient and provider communication skills.

It's exciting to see the really practical understanding of health literacy skills that is developing. What I would like to see now is the expertise of adult literacy and ESOL incorporated as a valuable piece of understanding health literacy.

**Having worked on health literacy with both the health care and adult literacy fields over the years, what advice do you have for adult ESOL educators who are interested in collaborating with the health care field? What strengths do you see in the ESOL field to promote to potential collaborators?**

**JM:** Most of all, believe that you have value to the health literacy effort and don't be afraid to put your value out there. As I mentioned earlier, ESOL educators have special expertise in the populations they work with. They can present and process health information in a meaningful way with adult English language learners. ESOL programs have access to diverse, vulnerable populations that health organizations want to reach. ESOL teachers have classrooms where these learners regularly meet and have an established sense of community.

I recommend looking at examples of what's already being done by other programs and coalitions, for example what has been done in Wisconsin. Find examples of other collaborations to share with potential partners and point out the benefits that the health care system got from the collaborations.

Also, look out for somebody in health care with a soft spot in their heart for adult ESOL learners. There are people with a foot in both worlds – for example, a health care provider who has volunteered in an ESOL classroom – who can be advocates for your learners.

**What advice do you have for health care providers interested in collaborating with adult ESOL programs?**

**JM:** Recognize the strengths ESOL programs can offer. Look at ways that partnering with ESOL teachers can benefit you as a health care provider. It can lead to more empowered patients who are less afraid to come into hospitals and doctors' offices. If you talk with ESOL programs, it will become clear to you how they can help you. Find a program and sit in on a class. Take a step into that world.



**As you know, these are challenging times for adult ESOL instructors, with funding cuts, decreasing resources, heavy workloads, and many demands on class time. What advice do you have for instructors who want to address health literacy with their learners but feel a bit overwhelmed?**

**JM:** Addressing health doesn't *have* to cost any extra money or take much time. There are free lesson plans and curricula available online now. It has been shown that using health as a content area does improve people's literacy as much as other content areas if not more. People are engaged and excited to learn about health. Health can enhance more than it takes away from ESOL teaching goals.

**Thank you so much for taking the time to share your expertise with us, and for all the work you've done to help advance the interdisciplinary health literacy discussion in the United States.**

## **Resources**

### **[LINCS Health Literacy Discussion List](#)**

To join the health literacy discussion list that Julie McKinney moderates, go to the LINCS Community webpage. Click "Register now," and mark the box for "Join Health Literacy" on the registration page.

### **[Health Literacy Special Collection: Tools and Resources for Health Literacy Initiatives](#)**

Julie McKinney developed this extensive resource collection.

### **[Culture, Health and Literacy: A Guide to Health Education Materials for Adults with Limited English Literacy Skills](#)**

This 2000 guide by Julie McKinney and Sabrina Kurtz-Rossi is available in print from World Education.

### **[Family Health and Literacy: A Guide to Easy-to-Read Health Education Materials and Websites for Families](#)**

This 2006 guide by Julie McKinney and Sabrina Kurtz-Rossi is made available by World Education.



**Communicating Health Information Through Community Coalitions**

Helen Osborne, president of Health Literacy Consulting, wrote this 2008 article.

