

236 *Promoting Equity through Health Literacy*

Research demonstrates that outcomes in health care are affected by the consumer's ability to "access, understand, evaluate and communicate information to engage with the demands of different health contexts to promote good health across the life-span" (British Columbia Health Literacy Measurement Research Team, Personal Communication, Irving Rootman, April 2, 2006). This ability to engage meaningfully with health information is termed health literacy. Health care systems, battered by decreasing budgets and overwhelming demands, are increasingly devolving the responsibility for accessing, interpreting, and using complex health information to the individual, in spite of the recognition that this is well beyond the capacity of most citizens (Institute of Medicine [IOM], 2004). It is widely acknowledged in both literacy and health promotion circles that over forty percent of Canadian adults have literacy difficulties leading to increased health challenges, with low literacy being most prevalent in Atlantic Canada (Statistics Canada, 2005). Among marginalized populations, such as indigenous and immigrant populations, both broad and specific equity issues become more urgent, as the high rates of chronic illness and inadequate literacy intersect to exacerbate negative health outcomes (Statistics Canada, 2005).

This research project focuses on a systematic analysis of structures and resources affecting health literacy policy and practice in Nova Scotia, Canada. These structures, resources, delivery practices, and policies all converge to influence not only the access, but uptake and utilization of health information. By establishing a baseline understanding of the basic structural integrity of the system, the range of services, providers, and resources available, and the nature of current formal and informal practices, a conceptual map can be developed to illustrate the scope of health literacy initiatives in Nova Scotia. Through this process of inquiry, researchers will develop an understanding of where strengths and gaps exist in current health structures, enabling a proactive approach to policy development which will support positive action to equity issues and promote positive health outcomes for all Nova Scotians. Partnerships with key stakeholders in the Departments of Health, Health Promotion, and Education, serve to enable access to relevant stakeholders, policy and delivery documents, and practitioners. Further stakeholders will be identified over the course of the project and may include additional government service departments, advocacy groups, and others.