

IF-P1 ZDRAVSTVENA PISMENOST NEKADA I SADA: PEDESET GODINA KONCEPTUALNOG RAZVOJA

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Zdravstvena pismenost prvi put je pomenuta u kontekstu zdravstvenog vaspitanja i socijalne politike, kroz delo Skota Simonda (1974), ističući da pismenost učenika u oblasti zdravlja ne sme biti zanemarena. Uprkos slučajnoj upotrebi termina, zdravstvena pismenost je prepoznata kao važna determinanta zdravlja, a njena definicija i koncept značajno su se menjali tokom decenija. Cilj ovog rada je da prikaže razvoj konceptualizacije zdravstvene pismenosti kako bi se bolje razumele rasprave koje oblikuju ovu oblast. Zdravstvena pismenost je prvobitno posmatrana kao individualna karakteristika, naglašavajući primenu veština čitanja, pisanja i računanja u kontekstu zdravlja. *Nutbeam*-ov okvir funkcionalne, interaktivne i kritičke zdravstvene pismenosti (2000) pomerio je fokus sa osnovnih veština ka širem spektru kognitivnih i socijalnih kompetencija koje pojedincu omogućavaju aktivno učešće u donošenju odluka o zdravlju. Zdravstvena pismenost je tako prerasla iz koncepta koji se posmatrao kao klinički faktor rizika povezan sa lošijim zdravstvenim ishodima u javnozdravstveni resurs koji omogućava uspešnu promociju zdravlja. Nadovezujući se na ove ideje, *Sørensen* i saradnici (2012) predložili su integrisani konceptualni model koji je objedinio različite definicije i uspostavio okvir zasnovan na sposobnostima pristupa, razumevanja, procene i primene zdravstvenih informacija. Važnost ovih sposobnosti potvrđuju *Malloy-Weir* i saradnici (2016), kroz analizu 250 definicija iz baze MEDLINE, ali ističu zabrinutost da većina interpretacija zanemaruje druge zdravstvene i kontekstualne odrednice. Time se ističe da zdravstvena pismenost mora biti posmatrana kao zajednička odgovornost pojedinaca, organizacija i zdravstvenih sistema. Iako ključni principi zdravstvene pismenosti ostaju isti, proširenje njenog koncepta je predstavilo nove izazove u definisanju, proceni i implementaciji u oblasti istraživanja, politike i prakse.

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IF-P1 HEALTH LITERACY THEN AND NOW: FIFTY YEARS OF CONCEPTUAL EVOLUTION

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Health literacy was first mentioned in the context of health education and social policy by Simonds (1974), who emphasized students' health literacy shouldn't be neglected. Despite accidental use, health literacy has been recognized as an important health determinant, and its definition and conceptualization have changed considerably over the decades. This paper aims to outline health literacy conceptualizations development to better understand the debates shaping the field. Initially, health literacy was viewed as an individual characteristic, emphasizing the application of reading, writing, and numeracy skills in a health context. *Nutbeam's* framework of functional, interactive, and critical health literacy (2000) shifted the focus from basic skills toward a broader range of cognitive and social competencies enabling individuals to actively participate in health decision-making. Health literacy thus evolved from being viewed as a clinical risk factor associated with poor health outcomes to a public health resource enabling successful health promotion. Building on this, *Sørensen* and colleagues (2012) proposed an integrated conceptual model that consolidated various definitions and established a framework based on the abilities to access, understand, appraise, and apply health information. By analyzing 250 definitions in MEDLINE, *Malloy-Weir* and colleagues (2016) confirmed the importance of these abilities. They also highlight concerns that most interpretations neglect health and contextual determinants. This underscores that health literacy is as a shared responsibility among individuals, organizations, and health systems. Although the core principles remain the same, the broadening of its concept has introduced new challenges for its definition, assessment, and implementation in research, policy, and practice.

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