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The salutogenic approach to the making of HiAP/healthy public policy: illustrated by a case study
Bengt Lindström¹ and Monica Eriksson²

Abstract: Twenty years have passed since the central document of health promotion, the Ottawa Charter, was constituted. Health was seen as the process enabling individuals and communities to increase control over their determinants of health, thereby improving their health and enabling an active and productive life, that is, a good quality of life. One main strategy was the making of a healthy public policy. At the same time Aaron Antonovsky developed the salutogenic theory and its core concepts the sense of coherence and the generalized resistance resources. This paper integrates Antonovsky’s salutogenic theory and a salutogenic model of quality of life into the core principles of the Ottawa Charter and exemplifies how to make healthy public policy the salutogenic way. A process-oriented coherent health promotion research model integrating an ecological, a salutogenic and a resilient approach is shown. The objective of this theoretical model is to bring together the whole spectrum of risk factors, protective factors and promotion factors in one model. Further, individual, group and society level are considered. The model suggested aims to contribute to the creation of sense of coherence. This is exemplified in practice in a case study of a Nation, that is, on a national level. The case study of the “Nation” is partly masked. The principles behind these processes are explained in detail while the case study of the “Nation” only includes parts of the process explaining some core issues. The overall aim of this paper is to stimulate health promotion activities along the lines presented and invite the readers to comment and continue the discussion. (Global Health Promotion, 2009; 16 (1): pp. 17–28)

Key words: health promotion, healthy public policy, HiAP, salutogenesis

Introduction

It is not every day one gets the opportunity to design a national Public Health/Health Promotion programme. We faced this challenge having won a World Bank Tender in one of the “Transition Countries” in Europe. This gave us the opportunity to design healthy public policy in a way never done before. Using the principles and values of the Ottawa Charter the policy was designed and based on two frameworks: first, the salutogenic model and second, a contextual quality of life model to structure the outcome of the process. The principles behind these processes are here explained in detail while the case study of the “Nation” (partly masked) only includes part of the process to exemplify some of the key issues.

Public health has taken on the challenge to establish co-operation between different sectors in society to make health an issue on the agenda of all society sectors. This was already part of the WHO Health for All by the year 2000 policy (1) and expressed in the Ottawa Charter of 1986 (2), later in the EU Public Health policy, Health in All Policies (HiAP) of 2006 (3). The Ottawa Charter is the key policy document of the international health promotion

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movement. In essence the Ottawa principles are based on coherent health promotion activities in a community perspective based on the population. Healthy public policy was the theme of the WHO Adelaide meeting in 1998 (4). Many of the determinants of health of the population are outside the direct influence of the health sector. Four priority areas for healthy decision making beyond the health sector were recognized, namely: finance, agriculture, environment and communication (4).

In the 1990s the issue of healthy public policy became even more explicit after the WHO Summit on Health Promotion in Djakarta in 1997 (the topic was Building New Partnerships) (5). The “Verona Initiative”, a WHO EURO healthy public policy programme, focused on the investment for health. This started in 1998 and succeeded in bringing the sectors and players together on a common agenda and further constructing case studies (6). The European Union has declared the protection of the population’s health must be considered in all EU policy documents, underlining the importance of healthy public policy. Recently under Finnish EU Presidency a new policy for the Union was designed, the Health in All Policies (HiAP) (3).

Mainstream public health policy research and development still is focused on the development of health policy within the health sector. It seems health policy experts do not easily conceive the term healthy public policy. Reviews of the most important international journals in health policy reveal this fact again and again. Another problem regarding the more theoretical approach to health policy is that the ideas and models largely are taken out of organizational theory and management theory because this is the tradition within policy research. One problem in policy making on a macro level is to keep the framework together and comprehensive since it is hard to maintain the policy coherence when it is applied on a country level across regions, sectors, disciplines and organizations. There are only few instruments and models that encompass this capacity.

Appropriate health promotion theory needs to be applied to this sector. One of the most promising theoretical approaches is the salutogenic model, which explores the origin of health (7). The model emphasizes the importance of developing the determinants of health focusing on how health is created instead of disease. Its operative concept, sense of coherence, appeals to policy making, as the broad policies have to become one co-ordinated, coherent movement in every sector of society to be effective. The salutogenic approach is strongly correlated to a positive health outcome on the individual, organizational and population levels (8). However, health is a complex concept. This paper adopts a salutogenic approach to the health concept integrating physical, mental, social and spiritual health on the individual, group and society levels. It emphasizes the importance of structured and empowering environments, where people are able to identify their internal and external resources, use and reuse them in a health promoting manner. In addition, health is considered as a constant movement in an ease–disease continuum, where people always to some extent have health independent of simultaneous symptoms of illnesses.

However, the salutogenic rationale has hardly been explicitly used in the making of a healthy public policy on a national level. In this paper the salutogenic framework is applied to the making of healthy public policy. To make it more concrete, the theory is applied to a case study of a European country in transition, the “Nation”, where such an attempt was made earlier in this millennium. This is a society with all the problems that occur in transition societies: a rather chaotic situation in the midst of a system change and a rapid deterioration of the population’s health, in addition to ethnic conflicts and economic difficulties. In this vulnerable period the country is exposed to the free market forces putting strain on the national sense of coherence. At the same time this is really a situation of great opportunity for fundamental positive change. The “Nation” is here anonymous and partly masked. The description and reflection of this presentation is on how a national healthy public policy can be developed using the salutogenic framework. This has never been done before.

Health promotion

Health promotion is the process that enables people to gain control over their determinants of health, thereby improving their health to be able to enjoy a good quality of life (Ottawa Charter) (2). This principle can be applied on both the individual and system level. The key elements of the health
The promotion process are first the determinants for health (that can be identified within the individual, in the social context and on the socio-economic and societal level). Second, people have to be able not only to gain control over these health determinants but also be able to use them for the best of their health; in other words, one has to identify the mechanisms that makes this possible. Finally, the overall objective of this process is to give people the possibility to live the life they want to live or give them a good quality of life. In public health policy there is further an ethical/value requirement or prerequisite because of the importance of the issue of equity and equal distribution of health in society. This means that people should not attain health and quality of life at the cost of other people or by damaging or harming the ecological systems. At the heart of it all is the recognition of human rights where people are active participating subjects in charge of their own lives.

Health promotion aims at identifying important settings for health development on both social (such as a family) and organizational level. The first international settings project launched by WHO was the Healthy City Project (9). The most extensive settings project is the Health Promoting Schools Project but there are several others such as the Health Promoting Hospital Project, Safe Community Project, Health Promoting Prisons Project (10). These projects aim at modifying settings in a direction that enhances people’s health. The Health Promoting Nation Project is yet to be seen. Not even Costa Rica (11,12), where the army was abolished and the resources allocated to the development of the health of the population, can fully qualify. Much effort has been put into finding good ways of evaluating these processes. Although the setting approach has gained a lot of interest, much less thought has been given to the development of the quality of life concept, the ultimate outcome measure for health promoting activities (13).

The salutogenic approach

Antonovsky introduced the salutogenic model as a new paradigm for health research (14). He never explicitly defined the salutogenesis apart from explaining the words salus (health) and genesis (origin). He extensively described the ease–dis-ease continuum of health and defined the life orientation concept sense of coherence. However, salutogenesis is the process of enabling individuals, groups, organizations and societies to emphasize on abilities, resources, capacities, competences, strengths and forces in order to create a sense of coherence and thus perceive life as comprehensible, manageable and meaningful. Recent research results show this model is an effective approach to human health development in a life course perspective. The potential of this model has not been fully explored in health promotion practice and research (8). The salutogenic model is based on two concepts: generalized resistance resources, and sense of coherence. The generalized resistance resources (GRRs) are of both external and internal character. As Antonovsky explained, people have at their disposal resources of both internal and external character which makes it easier for them to manage life (15). The GRRs are of any character ranging from material to virtual spiritual dimensions of the mind, processes and psychological mechanisms. The main thing is that people are able to use the GRRs for their own good and for health development. The GRRs, characterized by, underload–overload balance, and participation in shaping outcomes (empowering processes), provide a person with sets of meaningful and coherent life experiences, which in turn create a strong sense of coherence (SOC) (16).

The capability to use GRRs is based on people’s SOC, a concept that has been shown to be of key importance in health research, correlating positively with good health outcomes, quality of life and most psychological measures of well-being (13,17,18). Today, there are hundreds of articles referring to the SOC in individual, group, and population studies that demonstrate the strength of the concept. Antonovsky stated that people’s SOC is mainly developed in childhood and early adulthood. However, new research points to the fact it is a continuous process through life (8,19–21). The perception of coherence is based on cognitive, behavioural and motivational factors which are improved by raising the awareness of the population, empowering the population and engagement in areas which are meaningful for the population.

The salutogenic model has been used in health outcome studies on the individual, group and population level (17). It has also been used as a tool for the learning process, making it operational in
problem solving, education and communication (22,23). We know from research that people (and organizations) who have developed skills to use the available resources, focus on problem solving and positive outcomes tend to have better perceived health, adjustment to chronic disease, positive health behaviours, a longer life span and a better general well-being, mental health and quality of life and a stronger sense of coherence (SOC) (8).

In this paper the salutogenic framework is transferred to policy making. The question raised is, what has to be considered in order to make a salutogenic process out of making a healthy public policy? What salutogenic questions have to be addressed and how can healthy policy be made comprehensive, manageable and meaningful to all involved.

The next tool/innovation, the contextual quality of life model, was first developed for the Nordic Child Quality of Life Study in 1994 (24,25). Here it was used to structure the deficits and resources of the “Nation” in combination with an analysis of the salutogenic Generalized Resistant Resources. Four GRR-resource levels are considered: 1. the personal level listing indicators and processes supporting physical, mental and spiritual health and well-being of the population; 2. the inter-personal level listing sources for social cohesion and capital; 3. the external level listing sources for the economy, housing and education; and finally, 4. the global (national) level looking at macro societal sources such as cultural traits, the national laws and how they abide to the enforcement of Human Rights and Equity in national policy and welfare systems.

Healthy public policy the salutogenic way

There are several logical steps in the process of creating a healthy public policy. It is of course essential, on the one hand, to identify what the health problems are and what causes them (problem statement). At the same time it is just as important to identify the salutogenic factors, that is, what health resources are available and identify what mechanisms can support a positive development and, on basis of this, form them into a comprehensive picture (vision). In policy making the latter two are often not made explicit thus the salutogenic question is not raised.

After the situation analysis where the health problems are identified in an overall presentation of the present situation and processes involved (i.e. collection of health data, analysis and discussions with important actors, historical and cultural processes, political scenery) it is necessary to consider what could serve as GRRs. Thereafter you have to formulate the mechanisms that can improve the SOC from the individual to the structural-organizational and societal level. In a comprehensive salutogenic approach it is necessary to consider the overall situation: What would be the coherent movement, that would make most sense out of the situation (coherence)? In salutogenic terms it is an empowerment process where it is necessary that the population becomes aware of what factors serve as strong motivators for themselves and their context (motivation/meaning). It is important people become involved and understand (comprehensibility); further that good arguments are formulated and it is clear what would be the most sensible chain of activities. For the professionals it is necessary to find the right language and have good communication skills. Besides the involvement and knowledge of the population concerned, the process requires considerable historical, socio-economical, anthropological and cultural competence from all actors, also the outside actors.

Further, it is necessary to find the best direction, the best strategic choices to manage the development that induces the right processes and behaviours empowering the people (manageability).

Antonovsky said: “Think salutogenically and act salutogenically!” (26). In policy making this means one automatically is directed towards positive outcomes and solutions to problems. The principles of the Ottawa Charter, Adelaide, Bangkok and the HiAP have to be considered and used in a salutogenic model as shown in Figure 1.

The aim of proposing a coherent process-oriented model for health promotion research, integrating an ecological, a salutogenic and resilient approach to health and quality of life, is to combine a risk and protective approach (resilience) with the perspective on health promotion and salutogenic research. Further, the model includes different levels of analysis, the individual (micro), group (meso), social environment (exo) and global (macro) environment. The theories behind this model are Bronfenbrenner’s health ecological system theory (27), Bourdieu’s

Continued
concept of habitus (28), Antonovsky’s salutogenic theory (7), the concept of resilience as developed and applied by Sun and Stewart (29) and the concept of connectedness by Blum et al. (30). This theoretical model could be useful in research and practice for building healthy public policy/Health in All Policies. This model creates a synergy between research on risk factors for vulnerability and adversities, protective factors for survival and a good health outcome with salutary factors promoting health and quality of life (QoL), that is, it creates a balance between the risk approach and the salutogenic approach of health research. In addition, the model integrates a solid ethical foundation and adopts the core values and principles of the Ottawa Charter (31–33). Up to now, most of the research on the salutogenic model has focused on the level of the individual. However, many of the serious stressors in life are collective stressors and must be viewed in terms of the social context in which they occur. The important question of how the salutogenic model contributes to the understanding of the role of a network orientation (family, community, workplace) in promoting health. In a series of studies conducted during the last 15 years, the findings show that knowing the family orientation of coping with stressors provides a better understanding of adaptation than only knowing the orientation of the individual. The research on collectives, especially families, in the salutogenic framework will have major productive consequences in the work of public health professionals, family therapists, social workers and so on (34).

Finally, the model corresponds well to the Lindström model of QoL integrating the personal, interpersonal, external and global resources for the enhancement of an active and productive life (24). In addition, the model is coherent to the spirit and ethics of Human Rights, the Convention on the
Rights of the Child and the Ottawa Charter. The need for an ethical agenda for health promotion has recently been revitalized (35). The steps in this process are, first, the situation analysis or problem statement structured in the contextual quality of life model; second, the identification of the GRRs of the society; third, the vision statement where all the salutogenic components are included; and finally, it is necessary to make the strategic action plan and implementation.

Integrating these approaches, the Ottawa Charter for health promotion, the Salutogenesis and the QoL approach means we are looking for determinants and processes that have a long-term impact on health (OC), resources (GRRs) that makes it possible for people to develop their capacity for life (SOC) and, finally, resources or prerequisites for QoL. The terminology of these approaches differs somewhat but together they form the elements needed for a salutogenic approach to healthy public policy.

The salutogenic policy process

Generally, policy making in the health sector is based on a situation analysis where the risks and major disease panoramas, public health threats are combined with an analysis of the organization of health care such as the various EU Public Health Task Forces targeted at eliminating health threats. The intention is to be prepared to combat new risks and to restructure health care and public health delivery in the most effective way to meet new health threats. Healthy public policy again uses a broader framework where the other sectors of society influencing the health of the population are considered, but most of the time the focus still is ultimately on health problems and threats. Both of these approaches are necessary and effective but there is an added long-term value in the salutogenic approach to the issue. The salutogenic process on a society level first identifies the cultural/national driving forces as GRRs, that is, what is meaningful for the population. Thereafter the main GRRs are identified (preferably by representatives of the population itself). In contrast to the ordinary identification of health determinants one ends up with a complementary set of factors and processes because the salutogenic question was raised and QoL set as the objective. Thus not only risks but resources/assets are identified in the process. The salutogenic approach to healthy public policy builds on resources to create a nurturing culture, physical and social environment, prevent injustice, create working and living conditions that are enriching, provide opportunities for individual and communal flourishing, provide social support, support skills for life navigation, remove or block stress exposures and infuse empathy into all encounters with all who suffer (36).

A spin-off effect is the pride and satisfaction this analysis creates among the representatives of the population; for once the analysis is targeting something good. The QoL model addresses the question of what essentially is required and how well these requirements are met. Finally, all the factors are put into the OC/SOC model, which visualizes the overall process and gives an indication for future direction.

The state of the “Nation”

The “Nation” is a transition society in Europe struggling in the aftermath of the dissolution of the Soviet Union. It has its very own ethnic and language history deeply cultivated in the “Nation”. It has never been a powerful “Nation”. Before the War the country was rather prosperous and the health of the “Nation” was among the best in Europe. However, it was hit hard by the Second World War and many lives were lost, reducing the social, cultural, political and intellectual capital; many emigrated, many were killed or deported, as the country was invaded and despoiled both from the East and the West, finally, to be incorporated in the Soviet Union for almost half a century. There were now two major ethnic groups in the country, one of Russian origin, the other natives of the “Nation”. Geographically the country is strategically situated on the main communication lines between Eastern and Western Europe. The country is rather flat, very similar to the Netherlands. There is a largely unspoiled natural environment, vast natural fields and some forests, rich wildlife and a long uninhabited coastline with beautiful sandy beaches. In traditional farming, pesticides have not been used, thus preserving the soil and ground water unspoiled.

The problem statement

There are no major natural or energy sources in the country nor has any alternative energy production
been developed. The economy is shattered, being earlier based on trading and refining agricultural and forest products for the Soviet Union, and there is some regional tourism because of the extensive coastline. Trade agreements have been based on the Soviet system too but the transit agreements are no longer valid and have been renegotiated. The roads, housing and communication systems are worn out and outdated, badly in need of modernization and infrastructure. The capital in the centre of the country attracts a large and increasing part of the total population, necessitating better communication and infrastructure. In spite of low wages, people are realizing their dreams of having a private car. This has led to a mass congestion of traffic on narrow, unkept, outdated roads, especially around the capital. Vital statistics are somewhat better than in the “previous Mother Nation” but lag far behind average EU standards. In addition, alcoholism is accentuated and cardiovascular disease (CVD) and its complications are on the rise, tuberculosis (TB) is widespread and HIV infections are on an alarming increase. Accident rates, especially road accidents, are among the highest in Europe. The health care system needs modernization. The national health insurance system is in chaos. Having more than 40 parties in the Parliament the political processes are sluggish and governments are often based on unstable political coalitions. The scenery is similar to many other countries at that time in Europe. Now the European Union is knocking on the door, there are negotiations for new economic and military alliances while there is unrest in the “Nation” because of ethnic conflicts.

People are proud of their “Nation”, of the history and the new independence. The National Heritage, a unique language and culture have been preserved in spite of the forced Russian language in schools and government under the Soviet system. Cultural identity has also been one of the major forces behind the process of independency, uniting the “Nation” and its neighbours in the “Singing Revolution” where little blood was shed. However, the spirit of the “Nation” has been declining as so many new problems are occurring, such as the declining economy, an increase of inequity and new health problems. At the same time, people are dreaming of and want an immediate prosperity.

In the case of the “Nation” described here, the World Bank and the Ministry of Health and Welfare had provided a list of people and organizations to be interviewed in the process of forming a view on the health situation of the “Nation”. Here the National Health Promotion Unit, the Public Health Department at the university, some key politicians like the Director of the National Health Insurance were to be interviewed. In addition the central statistician, the head of the National Cardiovascular Unit, the Head of the Lung Clinic and people working in Mental Health Care served as key informants. The country was not unfamiliar because of earlier projects and public health training of key actors in this country and the region. Thus many other persons outside the Ministry list were known. The history and culture and customs of the “Nation” were known prior to this. An interdisciplinary professional group had made an extensive analysis of what creates meaningful and what represented quality of life. Therefore additional knowledge was available besides what the informants provided. This cultural and anthropological and practical knowledge is important in a salutogenic process since many of the vehicles and roots of change have to be based on a meaningful understanding of the context and the deep cultural traditions of a country (habitus) (28).

Outcome and expectations from interviews

The health insurance had at the beginning of the new independence adapted a market approach allowing free establishment of health insurance agencies. About 15 new agencies had been established but several of the agencies had collapsed, leaving poor people especially with loss of personal savings and no insurance. There have been negotiations re. adapting a new national insurance system where some of the expensive tax-based Scandinavian models were discussed. However, the income from taxes was reduced. The most modern hospitals had already been purchased by international consortia, leaving the “Nation” with a poorly equipped tertiary and secondary care system. The trend for privatization was visible in the whole health care sector, while the political will to re-establish a national system was poor.
Preventive care in pregnancy, childhood and school health or work places was no longer available. The specialists in CVD care described the alarming rate of CVD and demanded tertiary special care units in every hospital but expressed no interest in prevention or health promotion issues. From the lung disease department there were descriptions of a widespread resistant tuberculosis epidemic especially among HIV infected people. The highest combined rates were seen among male drug addicts in prisons, some prisoners infecting themselves on purpose as TB gave special privileges to prisoners. Further, there were indications of a rising prevalence of HIV among prostitutes.

The statisticians provided us with vital statistics on causes of deaths in the country. The trends were mainly negative. Mental problems were on an increase but there were plans for a broad clinically based development through a Canadian national project well on the way. There was a lack of well-trained public health professionals and health promotion specialists. At the time, public health ran on very traditional terms and the national health promotion unit was mainly producing pamphlets on various health risks and prevention issues. This was to please the politicians who at least then saw some concrete “results”. Many of the informants said they were tired of foreign consultants and described the situation as being like the Wild West. Many cowboys (i.e. consultants) rode into the country on shining horses, not really knowing where they were, waving their expertise, demanding change at gun point and promising hidden money bags, then rode away further to the East, leaving nothing but bullet holes in the budget. This project was only considered as one of many.

The time limit for the project was extremely short. The tender was issued late in May, the interviews were made in June and the New National Health Promotion Programme was to be presented to the Ministry of Welfare and the key politicians and the World Bank six weeks later. The decision was first to describe the state of the “Nation” as above, then use the central tools of the salutogenesis and apply the contextual QoL model. The next step was to write a vision of the development in the next 20 years and list what main health promotion processes were needed to achieve this. Our main strategic choice was to establish a sustainable macro economy based on the principles described earlier. The economic development should be conducive to a positive health development of the “Nation” in the long run.

Having finished the interviews, the first task was to decide what was the most important: population social context, socio-economic context or society context?

The vision

It is December 10th in the year 2020. The President of the “Nation” has just received the Nobel Peace Award in Oslo given to the “Nation” for its outstanding achievement of positive development improving the overall health of the “Nation”. His speech at the ceremony starts as follows:

Twenty years ago we made the right decisions, we were able to co-operate over broad sectors of society and set the individual political agendas aside in order to create the “Nation’s” way of a healthy development to the pride of the “Nation” and to serve as an example for others to follow. The result is a sustainable direction, an overall improvement of health, prosperity and quality of life of the population.

Outcomes at the macro level of the “Nation”

Unlike many other countries, there had been a Parliamentary decision to abolish the army and to use the resources to develop the welfare and well-being of the “Nation”; only a well-trained police force was kept. The example was taken from Costa Rica in Central America (11). This released some vital financial resources now used for the development of health and welfare systems. Another crucial decision was to establish ecological farming in the whole “Nation”. There was no problem finding a market for these attractive products in Europe and overseas. This decision was made on the basis of study visits to the Netherlands where there was pollution of farmland and the groundwater was irreversibly destroyed by pesticides. The contacts with the Netherlands had brought another innovation of infrastructure. This small flat country had built an extensive railway system making the communication so efficient and fast that private cars...
became impractical. The urbanization trend shifted into reverse. In the major cities, public transportation was based on trams and ecological buses. The overall consequence was a better national and private economy, less pollution and extremely low traffic accident rates. As a consequence there was less dependence on imported energy as energy now was based on wind and solar energy. The train system was linked to the main West–East European train link connecting to the international toll way linking Lisbon to St Petersburg and further East. Both these features had increased tourism, which now was based on ecological tourism. Tourism now was one of the main sources of income for the “Nation”. The global warming had helped and this region had become the “New Mediterranean”.

Instead of continuing the ethnic conflicts in the “Nation” it was decided in Parliament the Russian language should be maintained in the school curriculum. A wise decision as the “Nation” now had a source of well-trained professionals proficient in Russian who served in trade and business negotiations between the East and the West. Because of the language, Russians also preferred to travel to the “Nation” for holidays. Overall the national expenditures had decreased and the income increased dramatically. The positive balance was used for infrastructure and the development of welfare systems, health and education based on salutogenic principles for system organization.

Overall the health status of the population had improved. An interesting spin-off was the improved family cohesion and an increase in birth rates. Initially there had been much resentment as the “Nation” had supported the EC initiative to increase tobacco and alcohol taxation. Much to everyone’s surprise, it was rather easy to solve many of the seemingly impossible resource and economic problems so quickly. This was because the salutogenic policy analysis immediately gave good options for solutions/problem solving because the thinking was taken out of the traditional policy framework. Time restriction made it impossible to work differently; letting the representatives of the “Nation” develop themselves. This would have shifted the ownership of the process and served as an empowerment process. The project members would have had the capacity to train the people from the “Nation” involved to develop their own model – a question of empowerment and ownership. The time framework did not allow for this. However, we were fortunate enough to have earlier experience of the national context, which made it easier to proceed quickly.

This is not the only time a team has used the contextual QoL model and the salutogenic policy analysis model for healthy public policy. It has been tried out in many international and national interdisciplinary professional training sessions in public health and health promotion in Europe. At present such models have been developed for many European countries, within the ETC (the European Training Consortium in Public Health and Health Promotion); in all Nordic countries and some of
their regions (Greenland). Further, several of the Baltic countries have done this kind of analysis of their own countries. People who have gone through these training sessions learn how to think differently on resources and processes and solutions of problems. Moreover, it is inspiring and fun. In addition, the relationships between SOC and health have been examined in an autonomous province of Finland (Åland), especially regarding the generalized resistance resources specific for this province (37).

No theory is stronger than its weakest link; this also goes for the salutogenic theory. Critical objections contribute to the development of a theory. The salutogenic theory by Antonovsky has been criticized from some points of view: the SOC scale is psychometrically unclear, a theory confounded with emotionality and the lack of evidence of the stability (SOC) over time (8). A part of the criticism can be justified; another part cannot. The recently published research synthesis shows the SOC seems to have a multidimensional character rather than a unidimensional one. The possible overlaps with similar constructs on an individual level may be considered as a weakness in the theory. However, as discussed in this paper, salutogenesis is more than a measurement of the SOC. The critique of the theory to be confounded with emotionality seems to be a misunderstanding. According to Antonovsky, emotions are closely related to the SOC. Regarding the stability of the SOC over time the critique is justified. Results from longitudinal research show the SOC to be relatively stable but not as stable as Antonovsky assumed. The SOC seems to increase with age during the whole life span.

Independent of a certain criticism, the theory base of the salutogenic theory is solid and supported by empirical studies.

The aftermath

The identity of the “Nation” cannot be revealed. The reporting to the ministries and the international bodies involved went fluently although the expectations were quite different. Negative reactions came from some of the clinicians because the emphasis was on public health and health promotion. Regarding the HIV and TB situation, it was suggested to design a project based on the health promoting prisons project. The World Bank experts introduced TB programmes and drugs from the USA rather than consulting the European centre for TB prevention in Moscow.

We would like to see more activities along the lines presented in the paper and invite you to comment and continue a further discussion.

Acknowledgement

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Notes

1. There was a detailed list for all slots in the contextual QoL model, each one with a salutogenic analysis and outcome. Because of space limitations this is not included here.

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