

## DEBATE

# A salutogenic interpretation of the Ottawa Charter

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### SUMMARY

Twenty years have passed since the philosophy and principals were formulated in the Ottawa Charter for health promotion. A critical reflection of the content and success of the Ottawa Charter was published before the IUHPE World Conference in Vancouver in June 2007. This paper contextualizes and discusses Salutogenesis and Antonovsky in the development of health promotion practice and research and, further, relates the salutogenic concept Sense of Coherence (SOC) to the Ottawa Charter. An overview of the development of health promotion and the salutogenic theory of health is presented. In addition, this is illustrated in a new way using the metaphors of 'health in the river of life' and 'SOC in a life course perspective'. Health promotion, including the

Ottawa charter, lacks a clear theoretical foundation. The results of a systematic review of salutogenic research are used to demonstrate how the salutogenic framework could support the philosophical and practical intentions of the OC. The salutogenic model contributes to the maintenance and development of health and quality of life (QoL), i.e. the process and outcome of the principles of the OC. The metaphor of the river and the life cycle are new ways of demonstrating the paradigm shift provided by the Salutogenesis and health promotion in relation to public health and medicine. The salutogenic theory is an important contribution to the theory base of health promotion research and practice.

*Key words:* health promotion; salutogenesis; Ottawa Charter; Antonovsky

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The central document of health promotion, the Ottawa Charter, was discussed and constituted in an international health conference in Ottawa in 1986 (WHO, 1986a). Many of the ambitions and ideas, of the earlier global WHO Health for All policy of 1984, were condensed into a principle document adding five action areas. There was however no clear theoretical framework supporting the principles. This later caused problems for the health promotion movement.

At the heart of the Ottawa Charter, health was seen as a process enabling people to develop health through their assets and thus having the opportunity to lead a good life. Community and policies leading to a healthy society became central thus expanding the focus

from individuals and groups to the context of life. Twenty years after this manifest, the IUHPE asked some of the key actors involved in the development and implementation of the Ottawa Charter to comment on the development of health promotion over the past 20 years. These reflections on the realization of the Ottawa Charter were published before the 19th IUHPE World Conference of Health Promotion and Education in June 2007 (IUHPE, 2007; Hills and McQueen, 2007). Is it at all possible integrate and manage the impact of the challenging global world on our everyday life without over stimulation and stress? This issue can be approached from a philosophical point of view exploring theories enhancing health. The biomedical or pathogenic approach where health is

generated through the elimination of risks for diseases is the dominating paradigm at present. The salutogenic approach, however, focuses on resources for health and health-promoting processes. Antonovsky introduced the salutogenic concept Sense of Coherence (SOC) (Antonovsky, 1979, 1987). He was intrigued by the question why some people, regardless of major stressful situations and severe hardships, stay healthy while others do not. The philosophy behind the salutogenic theory harmonizes well with the essence of the Ottawa Charter. However, the full potential of the salutogenic theory has not been used as much as expected in spite of the theoretical similarities.

Health promotion research is mainly based on theories of organizational behaviour, sociology, social psychology, psychology, anthropology, education, economics and political sciences. Much of this research has been limited to health-related behaviour (Dean, 1996). The diversity of disciplines reflects the fact that health promotion practice is not only concerned with the behaviour of individuals but also with the ways in which society is organized and the policies that underpin social organization (Nutbeam and Harris, 2004). The lack of theory is a concern to many leaders in health promotion research (Nutbeam and Harris, 2004; Kickbusch, 2006; McQueen *et al.*, 2007; Potvin and McQueen, 2007). However, the direction is clear, that is, to focus on health rather than disease (Kickbusch, 2006; Morgan and Ziglio, 2007).

The aim of this paper is (i) to contextualize and discuss Salutogenesis in the development of health promotion research and practice; and (ii) to relate the salutogenic concept SOC to the Ottawa Charter.

## THE SALUTOGENIC THEORY

Antonovsky studied the question of what creates health. His answer was formulated in terms of the SOC and generalized resistance resources (GRRs) (Antonovsky, 1979, 1987). The way we view the world affects our ability to manage tension and stress. The outcome (health) is not a matter of chance. It depends on the SOC and the GRRs, i.e. material, ego identity and social support (Eriksson, 2007). The SOC consists of three dimensions: comprehension, manageability and meaningfulness,

reflecting the interaction between the individual and the environment. Evidence shows that SOC is strongly associated to perceived health, especially mental health, further, SOC has a main, moderating or mediating role in the explanation of health and finally, SOC predicts health (Eriksson and Lindström, 2006; Eriksson, 2007). The SOC scale is a valid, a reliable and a cross-culturally applicable instrument for measuring health as well as quality of life (QoL) (Eriksson and Lindström, 2005; Eriksson, 2007). However, the use of the SOC questionnaire is not the same as being guided by the salutogenic perspective. Salutogenesis, i.e. the perspective on resources, is a much broader concept than simply the measurement via the SOC.

## HEALTH PROMOTION THEORY

As later explained (Table 1), one can say in retrospect that health promotion starts at the same historical time as the salutogenesis (Lindström and Eriksson, 2006). After World War II, there was a strive to create conditions for a global community and welfare societies guided and guarded by the United Nations. At the centre was the protection of Human Rights. In the area of public health, the establishment of World Health Organization (WHO) served this purpose. The constitution of WHO included a new definition of health: 'health is not only the absence of disease but a state of complete well-being in a physical, mental, and social meaning' (United Nation Department of Public Information, 1948). This declaration had three dimensions and broadened the definition of health from strictly medicine towards the subjective wellbeing of the population. Later the spiritual dimension was included (Nutbeam, 1998). Although the concept of health was widened health still was seen as a dichotomy between health and disease.

In the 1980s, Antonovsky's salutogenic model of health influenced the development of health promotion (although not explicitly stated in the Ottawa Charter). The underlying theories of health promotion research were discussed in a seminar held at the WHO Regional Office in Copenhagen in 1992. Antonovsky attended this workshop and presented his salutogenic model as one direction for health promotion. There was an agreement and conclusion that the focus

**Table 1:** The development of public health and health promotion research positioned to the development of the Salutogenesis

Decade	Public health/health promotion research	Salutogenesis
The 1940s– 1960s	<p>World War II/The Holocaust</p> <p>The Declaration of <i>Human Rights</i> (United Nations Department of Public Information, 1948)</p> <p>The Foundation of the <i>World Health Organization</i> (United Nations Department of Public Information, 1948)</p> <p>Mainly the biomedical model to protection, prevention</p>	<p>A group of Israeli women survived the Holocaust. Three decades later this group became the original study group used in the first study of Salutogenesis</p>
The 1970s	<p>'<i>Health Promotion</i>' theme: tackling preventable diseases and risk behaviours (Catford and St Leger, 1996)</p> <p><i>The Lalonde Report</i> (1974) A new perspective on the health of Canadians (Lalonde, 1974, 2002)</p> <p><i>The Alma-Ata Declaration on Primary Health Care</i> International Conference on Primary Health Care (WHO, UNICEF) in Alma-Ata, USSR (WHO 1978)</p>	<p>A <i>paradigm shift</i> from the pathogenic to the salutogenic perspective on health. <i>Aaron Antonovsky</i> introduces the salutogenic theory and the concept of Sense of Coherence in 'Health, Stress and Coping' (Antonovsky, 1979). The first population approached by salutogenic research is in Israel, i.e. at the scientific department headed by Antonovsky</p>
The 1980s	<p>'<i>Health Promotion</i>' theme: stressing the importance of complementary intervention approaches formulated in the Ottawa Charter (Catford and St Leger, 1996)</p> <p><i>A special meeting</i> (1984) at the WHO EURO headquarters in Copenhagen, Denmark, producing the first document on health promotion, 'Concepts and Principles of Health Promotion' (WHO, 1986b)</p> <p><i>The Ottawa Charter for Health Promotion</i> 1st International Conference on Health Promotion in Ottawa, Canada (WHO, 1986a)</p> <p><i>Health for All Strategy</i>—Targets for Health for All 2000 (WHO, 1981)</p> <p>The Journal <i>Health Promotion International</i> was founded (Catford, 2004)</p> <p><i>The Adelaide Recommendations on Healthy Public Policy</i> 2nd International Conference on Health Promotion in Adelaide, Australia (WHO, 1998)</p>	<p><i>Aaron Antonovsky</i> revises and develops the salutogenic theory in 'Unraveling the Mystery of Health' (Antonovsky, 1987)</p> <p>The distribution of the salutogenic research is still geographically limited. Only a few scientific papers were published, mainly by Antonovsky himself</p>
The 1990s	<p>'<i>Health Promotion</i>' theme: the health promotion setting approach: Healthy Cities, Health Promoting Schools, Health Promoting Hospitals, investment for health (Catford and St Leger, 1996; Ziglio <i>et al.</i>, 2000; Whitelaw <i>et al.</i>, 2001)</p> <p><i>A shift from the life style era to the new (revitalized) public health era</i> with the foci on social and environmental factors affecting health instead of on individual behaviour (Baum, 2002)</p>	<p>Ten issues of <i>The Sense of Coherence Newsletter</i> (1991–1994), edited by Aaron Antonovsky, were published</p> <p>An increasing interest in the salutogenic concept emerges. By 1992, the results from 42 studies had been reported. In the late 1990s, an additional 300 publications were produced. The SOC questionnaire was used in at least 20 countries in 14 languages all over the World (Antonovsky, 1993)</p>

Table 1: Continued

Decade	Public health/health promotion research	Salutogenesis
The 2000s	<i>The Sundsvall Statement on Supportive Environments for Health</i> 3rd International Conference on Health Promotion in Sundsvall, Sweden (WHO, 1991).	
	The <i>WHO seminar</i> (1992) on 'Theory in Health Promotion: Research and Practice', in Copenhagen, Denmark (Dean, 1993).	Antonovsky attended the WHO seminar in Denmark presenting the salutogenic model as a theory to guide health promotion (Antonovsky, 1996)
	<i>The Jakarta Declaration on Leading Health Promotion into the 21st Century</i> 'New Players for a New Era'	Aaron Antonovsky died suddenly in 1994
	4th International Conference on Health Promotion in Jakarta, Indonesia (WHO, 1997)	The first international research courses on Salutogenesis at the Nordic School of Public Health and training courses of the European Training Consortium. The ETC and EUMAHP European-dimension learning model (Davies <i>et al.</i> , 2005)
	'Health Promotion' theme: the salutogenic approach? (Macdonald, 2005)	<i>Vision</i> : a salutogenic society where citizens perceive their lives as structured and comprehensible, enabled to manage stress in a changeable World and perceiving life as meaningful enough to investment energy in order to live an active and productive life, i.e. a good life (Macdonald, 2005)
	<i>The Mexico Ministerial Statement for the Promotion of Health</i> (2000) 5th Global Conference for Health Promotion 'Bridging the Equity Gap', Mexico City, Mexico (WHO, 2000)	
	<i>The 18th IUHPE World Conference on Health Promotion and Health Education</i> 'Valuing Diversity, Reshaping Power', Melbourne, Australia, 2004	Research on the salutogenic concept continues and expands. An extensive, systematic and analytic review of salutogenic research has been in process since 2003. The first summary covering 1992–2003 was finalized in 2007 (Eriksson, 2007). By 2003, the SOC questionnaire has been used in at least 32 countries in 33 languages all over the world on healthy populations from children to older adults, in different patient groups and professionals within different areas of practice (Eriksson and Lindström, 2005; Lindström and Eriksson, 2005a; 2005b, 2006). The systematic review on the salutogenic research continues. By 2007, the SOC is used in 44 languages (Singer and Brähler, 2007)
	<i>The Bangkok Charter for Health Promotion</i> (2005) 6th Global Conference on Health Promotion 'Policy and Partnership for Action', Bangkok, Thailand (WHO, 2005)	The IUHPE Thematic Working Group on Salutogenesis is established at the 19th IUHPE World Conference on Health Promotion and Education in Canada 2007. The first international research meeting and international research seminar takes place in May 2008 in Helsinki, Finland ( <a href="http://www.folkhalsan.fi">www.folkhalsan.fi</a> ). At the same time an international PhD course is given 5th–9th of May 2008
	<i>The 19th IUHPE World Conference on Health Promotion and Health Education</i> 'Health Promotion Comes of Age: Research, Policy and Practice for the 21st Century', Vancouver, Canada (2007)	

henceforth should be on health rather than on disease. This was a fundamental shift from the old and previous theoretical perspectives that largely stemmed from the biomedical model of disease (Dean and McQueen, 1996).

In the last decades of the 20th Century, some specific themes and dimensions in health promotion have emerged (Catford and St Leger, 1996). The chronology of this development is: (i) in the 1970s, the focus was on the prevention of disease and reduction of risk behaviours primarily through information and health education; (ii) in the 1980s, the emphasis was on the central action areas and strategies formulated in the Ottawa Charter; (iii) in the 1990s, the 'settings approach' on health promotion was central. At present, the characteristics of health promotion of the early 21st century cannot be seen because of the shortness of the time span (Catford and St Leger, 1996).

### **SALUTOGENESIS IN THE CONTEXT OF HEALTH PROMOTION DEVELOPMENT**

Just talking of, advocating, health promotion indicates a focus on the positive, dynamic and empowering aspects of health (WHO, 1986b). Furthermore, health promotion research is a combination of research and development, stressing action and encouraging multi disciplinary approaches. The core values are: equity, participation and empowerment. These basic values are also central elements of the salutogenic concept and its perspective on health. The analysis of the historical background is essential to understand the current situation and the prospects of the future. Therefore, some milestones in the development of health promotion research and the Salutogenesis are shown in Table 1.

According to the Ottawa Charter, health promotion is the process enabling individuals and communities to increase control over the determinants of health thereby improving health to live an active and a productive life (WHO, 1986a, 1993; Ziglio *et al.*, 2000). Health promotion is a cultural, social, environmental, economic and political process. The salutogenic view implies strengthening people's health potential making good health a tool for a productive and enjoyable life. Human rights are fundamental to health promotion and a basis for equity, empowerment and engagement

(Davies and Macdowall, 2006). The Bangkok Charter for Health Promotion was the first update of the Ottawa Charter (WHO, 2005).

### **HEALTH IN THE RIVER OF LIFE**

The river as a metaphor of health development has often been used. According to Antonovsky, it is not enough to promote health by avoiding stress or by building bridges keeping people from falling into the river. Instead people have to learn to swim (Antonovsky 1987). This paper presenting the Salutogenesis in the context of health promotion research uses a new analogue of a river, 'Health in the River of Life', developed by the authors. The river of life is a simple way to demonstrate the characteristics of medicine (care and treatment) and public health (prevention and promotion) shifting the perspective and the focus from medicine to public health and health promotion towards population health.

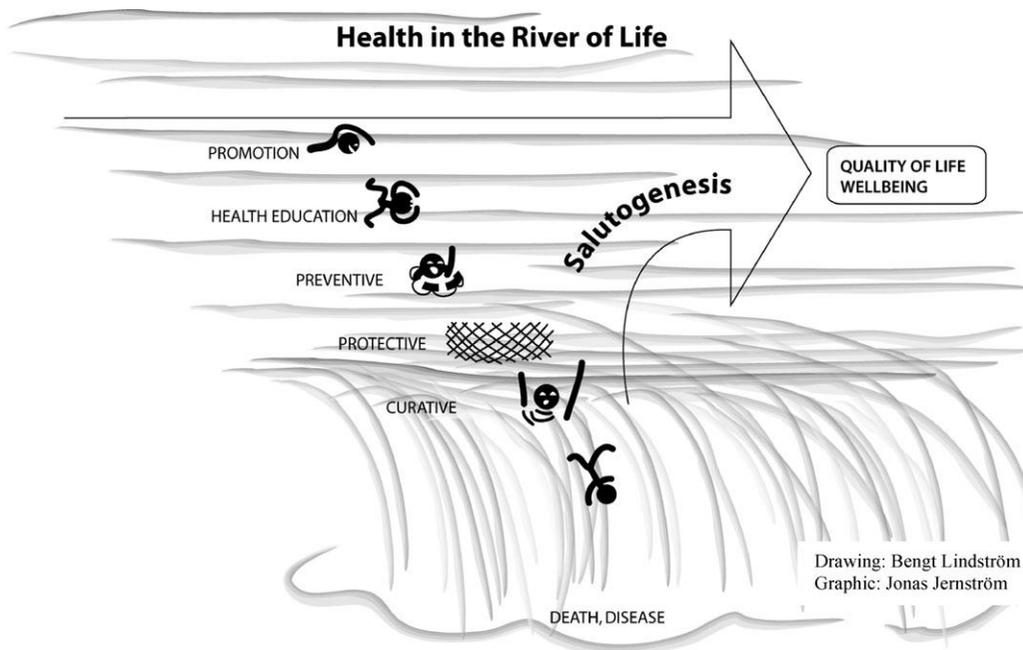
The historical and logical development is shown in Figure 1 presenting the following stages: (i) cure or treatment of diseases; (ii) health protection/disease prevention; (iii) health education/health promotion and (iv) improving health perception/wellbeing/QoL. Figure 1 shows how we traditionally explained the steps of development in public health towards health promotion.

#### **Cure or treatment of diseases**

The curative perspective on health means that we 'save people from drowning' using expensive high technology and well-educated professionals. Up stream thinking would offer people support and interventions at an earlier stage.

#### **Health protection/disease prevention**

This stage can be divided in two phases, i.e. the protective and the preventive. The *protective* perspective means that the interventions are limiting the risks of disease. The efforts and interventions are population-based and passive. In the metaphor of the river, the interventions are aimed at preventing people from falling into the river by 'building fences'. The *preventive* perspective aims at preventing diseases by active interventions characterized by an empowering attitude where people are actively involved.



**Fig. 1:** Health in the River of Life.

People are here 'supplied with a life vest'. The rationale is to reduce the negative effects and risks thus maintaining the health of the public. The interventions are both population-directed (protective) and individual-based (preventive).

### Health education/health promotion

This stage consists both of health education and health promotion. *Health education* has a long tradition in public health practice. Originally, it was a question of the professionals informing people of health risks and giving advice how people should live their lives. Today it is based on a dialogue, involving people in their own lives, making their own decisions supported by the professionals. People are, in general, more actively involved than in the previous stages. The interventions are directed towards both individuals and groups. Improved health literacy is the key outcome of health education (Nutbeam, 2000). Returning to the river, the efforts here aim at 'teaching people how to swim'. In *health promotion*, health is seen as a human right. The focus is on the co-ordination of activities between professions and professionals in societies. This is a positive concept

emphasizing social and personal resources as well as physical capacities. The responsibility of health promotion action extends far beyond the health sector and health behaviour to wellbeing and QoL. It is a humanistic approach having the human being, human rights at focus again. The individual becomes an active and participating subject. The task for the professionals is to support and provide options, enabling people to make sound choices, point out the key determinants of health, to make people aware of them and able to use them (Lindström and Eriksson, 2006). Health education is here replaced by learning about health referring to the reciprocity of a health dialogue. The salutogenic perspective can be applied in all these stages.

### Improving health perception/wellbeing/quality of life

Going up-streams towards the source the last stage deals with health perception and QoL. The ultimate objective of health promotion activities is to create prerequisites for a good life. Perceived good health is a determinant for QoL. The salutogenic framework can create a fusion

of the complexity of health and QoL development (Eriksson and Lindström, 2006, 2007). It is necessary to learn how to reflect on the options of one's life situation, such as what generates health, what improves QoL and what develops SOC. Traditionally, the difference between the biomedical model and public health has been described through a metaphor of a river moving from the down river approach where people already are struck by disease up streams through the stages described above. However, to explain the shift of paradigm of the salutogenic framework, the metaphor of the river is different. This is Health in the River of Life. Here the river flows vertically across your view. Along the front side of the river, there is a waterfall continuously following the whole stretch of the river. This means the main flow and direction of the river is not down the waterfall. At birth, we are dropped into the river and float with the stream. The main direction is life not death and disease in the waterfall. Some are born close to the opposite side of the river where one can float at ease and the opportunities for life are good and there are many resources at disposal, like in a welfare state. Some are born close to the waterfall, at dis-ease, where the struggle for survival is harder and the risk of going over the rim is much greater. The river is full of risks and resources. However, the outcome is largely based on our ability to identify and use the resources to improve our options for health and life.

### **THE SALUTOGENIC INTERPRETATION OF THE OTTAWA CHARTER**

This section aims to explain how the core principles of the Ottawa Charter are connected to the key concepts of the salutogenic theory. An image 'SOC in a life course perspective – creating a salutogenic society?' is used to demonstrate this in a life course perspective from childhood to old age (see Figure 2).

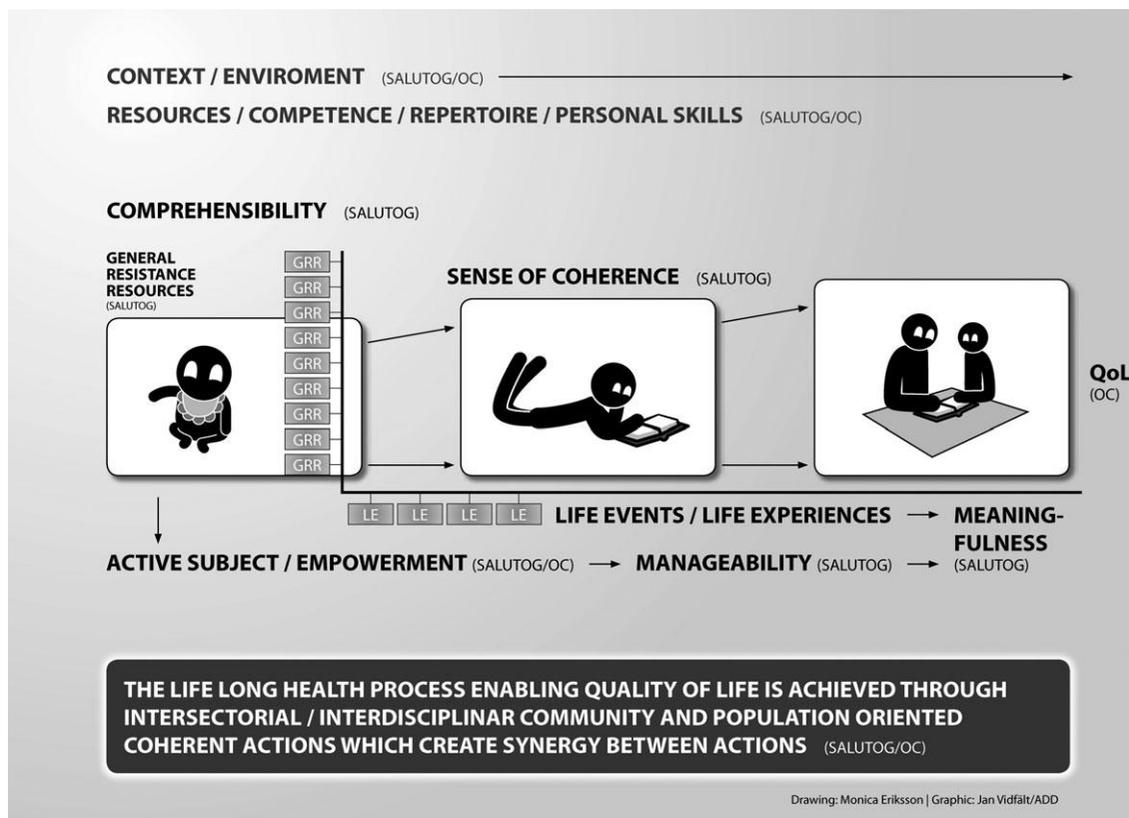
The description here is trying to explain the optimal development through life. We are all living in a context. The first life context symbolizes the family, where the child feels safe, secure and loved. The members of the nucleus family such as a mother and/or a father, siblings, grandparents form the social, psychological and cultural capital of this context. Material resources such as housing, food and clothes are available. In the vocabulary of Antonovsky, the

GRRs are at disposal. The following contexts exemplify the transitions from childhood to adulthood. New situations in new arenas test the abilities to manage stress in a manner that promotes health. A strong SOC helps us to identify and use the resources needed to solve emerging problems. Each transition is a sensitive period that makes us vulnerable to change. On the other hand, they give us possibilities to mobilize our resources making the transitions manageable and giving new life experiences. Here, the organization of society becomes important. The optimal society regards people as active participating subjects (society supporting human rights). Aspects of health are included in all policies. This again serves as prerequisites for a good life. Ultimately, peoples' ability to enjoy a high QoL is depending on how well society through coherent interdisciplinary and inter-sectorial action is able to support the process of health through the course of life. In all, such a development may create a salutogenic society.

Based on the findings from the review on the Salutogenesis (Eriksson, 2007), a certain possibility to modify and extend the health construct is becoming discernible, implicating a health construct including salutogenesis and QoL. The idea is to improve the existing definition of health by integrating the principles of health promotion (the Ottawa Charter) with Antonovsky's salutogenic concept. 'Health promotion is the process of enabling individuals, groups or societies to increase control over, and to improve their physical, mental, social and spiritual health. This could be reached by creating environments and societies characterized of clear structures and empowering environments where people see themselves as active participating subjects who are able to identify their internal and external resources, use and reuse them to realize aspirations, to satisfy needs, to perceive meaningfulness and to change or cope with the environment in a health promoting manner' (Eriksson and Lindström, 2007).

### **IMPLEMENTING THE SALUTOGENIC THEORY IN PRACTICE**

The contemporary evidence clearly demonstrates how important both the theory of salutogenesis and the SOC instrument are for the discourse of health and a good life



**Fig. 2:** SOC in a life course perspective—creating a salutogenic society?

(Eriksson, 2007). There is an urgent and imminent need to implement this knowledge to a much greater extent. Here some examples of its use in practice:

- (1) implementing the principles and the perspectives of the salutogenic concept in all policies/healthy public policy (society);
- (2) including the SOC in health indicator systems (society);
- (3) using this perspective and the SOC instrument in interventions and treatment (group/individual);
- (4) using the salutogenic perspective in a learning process and school development (individual/group).

## DISCUSSION

The aim of this paper was to examine how the salutogenic concept (framework) can contribute to health promotion research and practice and how it is related to the Ottawa Charter.

The thoughts and the ideas behind the salutogenic model for health have, for quite some time, influenced the discussion and the debate in the health promotion movement. However, there is even more to gain than presently has come to use. Health promotion research has to adapt to social, economic and political changes in a world where public expectations and preferences are constantly changing. In this situation, the capabilities of the individual, the group and the society to manage change become crucial. The way people are able to perceive structures, create coherence and keep everything together has a central impact on health.

The analysis and the review of salutogenic research, here used as reference, give a clear indication of the potential of the salutogenic model for health promotion research (Eriksson, 2007). The origin of the salutogenesis stems from the narratives of the survivors of the Holocaust. It was further developed into a life orientation theory and a model. Based on interviews with people who had survived this horror,

a valid and reliable instrument was constructed, i.e. the 'Sense of Coherence' scale. This was done through an empowerment process much to the spirit and original intentions of health promotion as stated in the Ottawa Charter. The contemporary evidence-base giving detailed knowledge as of the effectiveness of the salutogenic model demonstrates its potential in research as a positive and health-promoting construct (Eriksson and Lindström, 2005, 2006; Lindström and Eriksson, 2005a, 2005b, 2006). Overall, this corresponds closely with the key concepts, intentions, principles and values of the Ottawa Charter.

A challenge for future research and practice is the realization of the salutogenic approach on a society level creating healthy public policies based on the salutogenic framework, i.e. forming salutogenic societies. Here the key issue is coherence combining the present knowledge of the Salutogenesis to the main message from health promotion research in the recent update of the Ottawa Charter and Bangkok Charter. Both put emphasis on the need for synergy in and between action arenas in order to increase the overall effectiveness. The Bangkok Charter confirms the importance of the Ottawa Charter and reaffirms its values, principles and purposes giving a new direction to health promotion by calling for policy coherence across all levels of societies by adding four new action areas (WHO, 2005).

This paper underlines the need and usefulness of an organized international record of interventions, contextual conditions and what strategies applied. The authors are presently constructing an electronic database of salutogenic activities, research, projects etc. and were given the responsibility to lead the IUHPE Thematic working group on Salutogenesis in 2007. All this will serve as a resource for further research, interventions and the practice of health promotion. Here the European system of social indicators which is under development will play an important role. The EUHPID Consortium is proposing the design and construction of a socio-ecological model of public health and health promotion incorporating the central characteristics of salutogenic approach (Bauer *et al.*, 2003). A model for measuring health promotion outcomes or QoL, such as the Lindström model could be particularly useful (Lindström, 1994). This approach, derived from the salutogenic theory on health, combines the societal and the individual perspective on health, includes physical, mental, social

and spiritual health and considers people in their social and cultural context. Further, it takes into account the material and economical resources, integrates social capital and, finally, includes ethics and human rights. This model has already proved its value for health evaluation (Rootman *et al.*, 2001; Bauer *et al.*, 2003). The Centre for Health Promotion's conceptual approach to QoL in Canada is another valuable model for measuring health and QoL (Renwick and Brown, 1996).

## FUNDING

This study was supported by grants from the European Commission (European Masters in Health Promotion (EUMAHP) and Folkhälsan Research Centre/Health Promotion Research Programme).

## REFERENCES

- Antonovsky, A. (1979) *Health, Stress and Coping*. Jossey-Bass, San Francisco.
- Antonovsky, A. (1987) *Unraveling the Mystery of Health. How People manage Stress and Stay Well*. Jossey-Bass, San Francisco.
- Antonovsky, A. (1993) The structure and properties of the sense of coherence scale. *Social Science and Medicine*, **36**, 725–733.
- Antonovsky, A. (1996) The salutogenic model as a theory to guide health promotion. *Health Promotion International*, **11**, 11–18.
- Bauer, G., Davies, J. K., Pelikan, J., Noack, H., Broesskamp, U., Hill, C. *et al.* (2003) Advancing a theoretical model for public health and health promotion indicator development. Proposal from the EUHPID consortium. *European Journal of Public Health*, **13**, 107–113 (supplement).
- Baum, F. (2002) *The New Public Health*, 2nd edition. Oxford University Press, New York.
- Catford, J. and St Leger, L. (1996) Moving into the next decade—and a new dimension? *Health Promotion International*, **11**, 1–3.
- Catford, J. (2004) Health promotion's record card: how principled are we 20 years on? *Health Promotion International*, **19**, 1–4.
- Davies, M. and Macdowall, W. (2006) *Health Promotion Theory*. McGraw-Hill, New York.
- Davies, J., Hall, C. and Linwood, E. (2005) *European Masters in Health Promotion (EUMAHP): Phase 2: Programme Delivery Final Report to the European Commission (DG SANCO)*. IHDR, Faculty of Health, University of Brighton, Brighton.
- Dean, K. (1993) *Population Health Research. Linking Theory and Methods*. Sage Publications, London.
- Dean, K. (1996) Using theory to guide policy relevant health promotion research. *Health Promotion International*, **11**, 19–26.

- Dean, K. and McQueen, D. V. (1996) Theory in health promotion: introduction. *Health Promotion International*, **11**, 7–9.
- Eriksson, M. (2007) *Unravelling the Mystery of Salutogenesis. The Evidence Base of the Salutogenic Research as Measured by Antonovsky's Sense of Coherence Scale*. Research Report 1. Åbo Akademi University Vasa, Turku.
- Eriksson, M. and Lindström, B. (2005) Validity of Antonovsky's Sense of Coherence Scale—a systematic review. *Journal of Epidemiology and Community Health*, **59**, 460–466.
- Eriksson, M. and Lindström, B. (2006) Antonovsky's Sense of Coherence Scale and the relation with health—a systematic review. *Journal of Epidemiology and Community Health*, **60**, 376–381.
- Eriksson, M. and Lindström, B. (2007) Antonovsky's Sense of Coherence Scale and Its relation with quality of life: A systematic review. *Journal of Epidemiology and Community Health*, **61**, 938–944.
- Hills, M. and McQueen, D. (2007) At issue: two decades of the Ottawa Charter. *Promotion and Education*, (Suppl. 2), 5.
- IUHPE (2007) *The Ottawa Charter for Health Promotion: A Critical Reflection. Background to the 19th IUHPE World Conference on Health Promotion and Health Education*. 'Health Promotion Comes of Age: Research, Policy & Practice for the 21st Century'.
- Kickbusch, I. (2006) The health society: the need for a theory. *Journal of Epidemiology and Community Health*, **60**, 561.
- Lalonde, M. (1974) *A New Perspective on the Health of Canadians*. Ottawa Information Canada.
- Lalonde, M. (2002) New perspective on the health of Canadians: 28 years later. *Pan American Journal of Public Health*, **12**, 149–152.
- Lindström, B. (1994) *The Essence of Existence. On the Quality of Life of Children in the Nordic countries*. Doctorial thesis. Nordic School of Public Health, Göteborg.
- Lindström, B. and Eriksson, M. (2005a) Salutogenesis. *Journal of Epidemiology and Community Health*, **59**, 440–442.
- Lindström, B. and Eriksson, M. (2005b) Professor Aaron Antonovsky (1923–1994)—the father of the Salutogenesis. *Journal of Epidemiology and Community Health*, **59**, 511.
- Lindström, B. and Eriksson, M. (2006) Contextualising salutogenesis and Antonovsky in public health. *Health Promotion International*, **21**, 238–244.
- Macdonald, J. J. (2005) *Environments for Health. A Salutogenic Approach*. Earthscan, London.
- McQueen, D. V., Kickbusch, I., Potvin, L., Pelikan, J. M., Balbo, L. and Abel, T. (2007) *Health and Modernity. The Role of Theory in Health Promotion*. Springer, New York.
- Morgan, A. and Ziglio, E. (2007) Revitalising the evidence base for public health: an assets model. *Promotion and Education*, (Suppl. 2), 17–22.
- Nutbeam, D. (1998) *Health Promotion Glossary*. WHO, Geneva.
- Nutbeam, D. (2000) Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, **15**, 259–267.
- Nutbeam, D. and Harris, E. (2004) *Theory in a Nutshell. A Practical Guide to Health Promotion Theories*. 2nd edition. McGraw-Hill, Sydney.
- Potvin, L. and McQueen, D. V. (2007) In McQueen, D. V. and Kickbusch, I. (eds), *Modernity, Public Health, and Health Promotion*. Springer, New York.
- Renwick, R. and Brown, I. (1996) The Centre for Health Promotion's Conceptual Approach to Quality of Life: Being, Belonging and Becoming. In Renwick, R. et al. (eds), *Quality of Life in Health Promotion and Rehabilitation. Conceptual Approaches, Issues, and Applications*. Sage Publications, Thousand Oaks.
- Rootman, I., Goodstadt, M., Hyndman, B., McQueen, D. V., Potvin, L., Springett, J. et al. (eds) (2001) *Evaluation in Health Promotion. Principles and Perspectives*. WHO, Copenhagen.
- Singer, S. and Brähler, E. (2007) *Die 'Sense of Coherence Scale'. Testhandbuch zur deutschen Version*. Vandenhoeck & Ruprecht, Göttingen.
- United Nations Department of Public Information. (1948) *The Universal Declaration of Human Rights*. <http://www.unhcr.ch/udhr/miscinfo/carta.htm> (last accessed 14 November 2006).
- Whitelaw, S., Baxendale, A., Bryce, C., Machardy, L., Young, I. and Witney, E. (2001) 'Settings' based health promotion: a review. *Health Promotion International*, **16**, 339–353.
- WHO. (1978) *Declaration of Alma-Ata. International Conference on Primary Health Care*. 6–12 September, Alma-Ata, USSR. [http://www.who.int/hpr/NHP/docs/declaration\\_almaata.pdf](http://www.who.int/hpr/NHP/docs/declaration_almaata.pdf) (last accessed 23 October 2006).
- WHO. (1981) *Global Strategy for Health for All by the Year 2000*. World Health Organization, Geneva.
- WHO. (1986a) Ottawa charter for health promotion: an International Conference on Health Promotion, the move towards a new public health. 17–21 November, World Health Organization, Ottawa, Geneva, Canada.
- WHO (1986b) A discussion document on the concepts and principles of health promotion. *Health Promotion International*, **1**, 73–76.
- WHO (1991) Sundsvall Statement on Supportive Environments for Health. *Third International Conference on Health Promotion*. 9–15 June, Sundsvall, Sweden. <http://www.who.int/healthpromotion/conferences/previous/sundsvall> (last accessed 23 October 2006).
- WHO. (1993) *Health for All Targets: The Health Policy for Europe*. Copenhagen (Updated edition).
- WHO. (1997) The Jakarta Declaration on Leading Health Promotion into the 21st Century. *Health Promotion International*, **12**, 261–264.
- WHO. (1998) *Adelaide Recommendations on Healthy Public Policy. Second International Conference on Health Promotion*. 5–9 April, Adelaide, South Australia. <http://www.who.int/healthpromotion/conferences/previous/adelaide> (last accessed 23 October 2006).
- WHO. (2000) Mexico Ministerial Statement for the Promotion of Health: from ideas to action. *Health Promotion International*, **15**, 275–276.
- WHO. (2005) *The Bangkok Charter for Health Promotion, 'Policy and Partnerships for Action'*. The 6th Global Conference on Health Promotion. 7–11 August, Bangkok, Thailand. [http://www.who.int/healthpromotion/conferences/6gchp/bangkok\\_charter](http://www.who.int/healthpromotion/conferences/6gchp/bangkok_charter) (last accessed 22 October 2006).
- Ziglio, E., Hagard, S. and Griffiths, J. (2000) Health promotion development in Europe: achievements and challenges. *Health Promotion International*, **15**, 143–154.