

Your excellencies, dear colleagues, dear students, dear guests

Let me first thank you for this great honour from a young but already distinguished university. My initial doctorate comes from a university which was created in the 1970ies to build new fields of research and teaching. Konstanz is also an old medieval town - and that is one of the reasons I felt at home straightaway in Girona. What a special and beautiful place! And what a wonderful place to have a ceremony - I would like to thank the rector Professor Sergi Bonet for welcoming me here. I will never forget this very special atmosphere in this historical building.

It is a very special pleasure to become - through this honorary doctorate - part of school of nursing and the only chair of health promotion in Spain. Thank you to the Dean of the School of Nursing Professor Josefina Patiño and to the Director of the Chair of Health Promotion Professor Dolors Juvinyà. They have been wonderful hosts and it was fascinating for me to hear about the work of the school and the Chair. I hope we will find ways to cooperate over the next years. Nurses - especially community nurses - play an important role in health promotion, even more so now as we need to develop health promotion models to respond to the challenges of living with chronic disease and multi morbidity.

It is also special to receive such an honour in Catalonia. Dipsalut and the government of Catalonia have shown a strong commitment to health promotion and moved forward strong policy initiatives in Health in all Policies as documented by the implementation of PINSAP. And I am delighted that representatives from the Department of Health of Catalonia are here as well today.

So here in Girona we are in a context of innovation in many ways. One might therefore ask: why still consider health promotion an area of innovation? The Ottawa Charter for Health Promotion after all was adopted in 1986 - that is nearly 30 years ago. Is it still relevant? Should a university, should a government still be working in this area? My answer is of course a resounding YES. The subtitle of the Ottawa Charter is: the move towards a new public health. And that is what we are still constructing - the approach to a public health fit for the 21st century.

For those of you not familiar with the Charter I would like to highlight some of its key features. It defines five action areas: build healthy public policies, create supportive environments, strengthen community action, develop personal skill and reorient health services. Three key strategies are necessary to do this: mediate, advocate and enable. This is a vision that moves away from an authoritarian public health to an democratic approach that empowers people to act on the determinants of their health.

Let me highlight some of the components of the Ottawa Charter and the health promotion approach that are particularly important to me, and like the action areas of the Charter they are closely interrelated:

The Ottawa Charter positions health firmly in the context of everyday life: where people live, love, work and play. If we wrote this today we would probably add: where people travel, shop and google. When the Ottawa Charter was written health professionals focused mainly on individual behaviours - today health promotion strategies much more firmly take the social, cultural and commercial environment of people's lives and decisions into account.

This focus on the "settings" of everyday life was probably one the most forward looking dimensions of the Ottawa Charter. Initially health promotion focused on settings such as schools and workplaces to make them more health promoting through an integrated and participatory strategy. Very important has been the Healthy Cities Project - which has brought together cities and towns from all around the world to become "Healthy Cities". This means that the city parliament and authorities are committed to health and that the political process takes health into account when making decisions about traffic, urban planning, housing and social services. The city of Barcelona has been a strong contributor to this movement from very early on and the Diputació de Girona and the Ajuntament de Girona are members of the Spanish Healthy Cities network RECS.

But in the last 30 years new contextual challenges have emerged that health promotion must be engaged with: the rise of the obesity epidemic clearly shows the need to address the commercial determinants of health which contribute to what we now call an "obesogenic environment" - and it also draws attention to how we plan our cities. In new ways the health agenda has become linked to the environmental agenda through the challenge of climate change - and in political terms we aim to bring together the benefits of a policy approach which contributes to reducing climate change with positive health outcomes - promoting cycling is one such approach. This also indicates the close links between local agendas and global agendas. Health promotion will be very important for the implementation of the Sustainable Development Goals that are to be adopted in September of this year 2015 by the United Nations.

Health promoters - because of the history of health promotion in counter acting a health education approach that blames the individual - have initially been hesitant to engage with issues around individual decision making. But in a highly commercialized environment where every choice becomes a health choice and frequently the health dimensions of choices are not clear - take for example the levels of sugar in soft drinks - the health literacy of people becomes critical. Surveys in Europe have found the health literacy of the population - that means their capacity to make choices that support their health - to be very low. This is an area where health rights and consumer rights meet: a challenge for politicians to create transparency of information for consumers - for example through labelling products clearly, that everyone can understand.

I have already alluded to the fact that health promotion is deeply democratic - participation matters. Many good health initiatives come from the community and can only be implemented with full participation of the community. A defining factor of health promotion is empowerment - and here lies the challenge of involving many different groups in society, especially the socially disadvantaged. There is always the danger that health promotion programmes are taken up more by groups that are already healthier and more involved in society.

That is why the commitment to equity matters - people's access to power and resources influences their health. The Ottawa Charter already alluded to the prerequisites for health - this thinking has been expanded and reinforced through the work on the social determinants of health. The increasing inequality in many European countries and between European countries, the challenges of austerity politics, the challenges through globalization and a deep restructuring of our societies has put health promotion squarely into the political arena. Health is a political choice - it requires - as the WHO European Health 2020 policy framework expands - a whole of government and a whole of society approach. Politics matters, our democratic institutions must value health.

I hope this short overview has shown you the relevance of health promotion. I hope it has also indicated the many possibilities that emerge for cooperating across academic disciplines in health promotion research - to move forward it must build on multi-disciplinary engagement. For example it needs the contribution of the political and social sciences to address the political and social determinants of health, cooperation with law and economics to understand the impact of trade regimes on health and the environmental sciences to cooperate on issues of climate change and health. I hope this challenge will be of interest to many academics and students at Girona university. And I very much hope that you will consider me part of this effort.

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