

The PHA has taken as one of its building blocks 'Building sustainable communities', one of the core themes proposed by Sir Michael Marmot in his 2010 report *Fair society, healthy lives*. In this report, Marmot advocates that organisations should:

- prioritise policies and interventions that reduce both health inequalities and climate change;
- integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality;
- support locally developed and evidence-based community regeneration programmes.



Community development is the key component of the PHA's approach to building sustainable communities. The PHA has invested heavily in community development, both as a theme in its own right and as an underpinning approach to a broad range of health improvement programmes.

This work emanates from the growing evidence base that shows the demands of good health and wellbeing go well beyond the provision and capacity of Health and Social Care organisations, and suggests that we need to be working in partnership with a broad range of stakeholders, including the community and voluntary sectors.

There is now a shift in how the health service engages with service users and the community, from viewing people as passive recipients to active citizens. The PHA believes there is a need for individuals and communities to define the problems and develop community solutions through effective partnership working at local level.

Throughout Northern Ireland, the PHA regards the community and voluntary sectors as strategic partners in the alleviation of health inequalities at community level.

In all areas of the PHA's Health and Social Wellbeing Improvement Division, more than 50% of the programme budget is devoted to enabling the community and voluntary sectors to provide a range of services where there is greatest need and often in places that are hardest to reach. Significant investment goes towards services that address:

- mental health promotion and suicide awareness and prevention;
- prevention of obesity;
- smoking cessation;
- reducing drug and alcohol misuse;
- reducing teenage pregnancy.

The PHA also explicitly focuses on those neighbourhoods and communities in greatest need and experiencing the sharpest inequalities. Our most recent analysis of health improvement actions suggests that more than 60% of activities are targeted at disadvantaged communities and specific groupings.

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