

# Healthy Communities:

## University of Oxford Medical Humanities Phase 1 Evaluation of CHDO and WT Programmes

### Executive Summary

Community Health Development Officers (CHDO) and Well Together (WT) are two community health programmes aiming to reduce health inequalities in the ten Oxfordshire wards identified as priority wards. These are Abingdon Caldecott, Banbury Cross and Neithrop, Banbury Grimsbury and Hightown, Banbury Ruscote, Barton & Sandhills, Blackbird Leys, Littlemore, Northfield Brook, Osney & St Thomas, and Rose Hill & Iffley. Health inequalities are differences in health outcomes and access to healthcare. These can include differences in rates of illness, average life expectancy, or the availability of resources such as medical care, healthy and affordable food, or green space.

The CHDO and WT community health programmes draw on [Community Insight Profiles](#), detailed overviews of quantitative and qualitative evidence about which local health and wellbeing assets residents identify as important. They also record community views on what residents appreciate about their ward and which community issues they would like to see addressed, including challenges to health and wellbeing.

### Methodology

Our phase one evaluation uses the criteria and issues raised in the Profiles to assess the CHDO and WT programmes. It uses empirical research to analyse the ways in which these programmes have been implemented, and how the programmes engaged with community capacity for health and wellbeing, from January to December 2024. Our evaluation applied methods from medical history, community history, economics, medical anthropology, and public health to understand the social and cultural contexts of community health. Our research team analysed the long-term health and social context of the ten wards; the funding activities of the two programmes; and the implementation of the two programmes through two workshops, four focus groups, 24 semi-structured interviews, and extensive fieldwork and event participation. Evaluation and research were conducted by Erica Charters, Yuxin Peng, Urvi Khaitan, Theeba Krishnamoorthy, and Julia Gustavsson.

### Findings

**Phase one of our evaluation finds that the CHDO and WT programmes demonstrably fulfilled their goals in terms of distribution of grant funding as well as widespread and sustained engagement with community groups.** Within the given period, over 100 community organizations were funded via 196 health and wellbeing activities, distributed across the ten wards.

Our research also found: **Individual Community Health Development Officers and Well Together's Community Capacity Builders are particular strengths of each programme. They effectively engage with local communities through regular presence in community activities;**



**excellent communication and networking skills; and active partnerships with existing organizations and networks.**

Our analysis identified effectiveness in health and wellbeing community activities not only through quantitative assessment of funding, events, and feedback, but also through a qualitative analysis of place-based social relationships, which serve as the building blocks of social infrastructure and healthy, resilient communities.

Portraying medical care and health by counting institutions and financial assets alone obscures the key issues of how and why people access health care, choose healthy behaviours, and maintain healthy communities. As shown in analysis of the ten priority wards, many residents share concerns regarding sustained accessibility to community assets and organizations, and often suggest improved sharing of information and access. Residents note the ways in which their wards can be unfavourably characterized by those who live elsewhere and by residents themselves, which can encourage community disengagement. As the Community Insight Profiles show, residents are aware of these issues, but many also recognize key assets of their communities, including a strong sense of local neighbourhood identity and local organizations.

**A major obstacle to improving health and wellbeing in the ten priority wards is not simply a lack of health resources, but improving access to existing resources. This includes developing and maintaining confidence in health programmes to combat indifference to such activities.**

**Residents access and engage with medical and health infrastructures through social relationships that require trust and familiarity, and – crucially – through social relationships that encourage aspirations and expectations of improved health and wellbeing.**

#### Recommendations

**We recommend a continued emphasis on what is called ‘rooted research’ that focuses on long-term and equitable collaborations with local partners, in contrast to ‘parachute projects’ and repetitive but unpredictable cycles of ‘new’ initiatives.**

As the Community Insight Profiles note, and as organizers of health and wellbeing activities also observe, a major challenge facing community health and wellbeing engagement is the tendency to be distracted by novelty rather than investing in continuity. In response:

**We highlight the benefit of continuity and recommend a long-term approach to public health initiatives: while policy cycles are usually short, communities have long-term memory.**

A key theme of our research, methodologically as well as in terms of findings, is the nature and quality of social relationships and their role in supporting health and wellbeing. **In phase one we found that the WT and CHDO programmes are crucial in linking residents to existing public health and medical provision in the wards, as well as ensuring that vital health infrastructure is accessible and trusted.** One community wellbeing event – such as a coffee morning – provides direct access to other events, whether volunteering at a community larder, accessing social services, or attending a medical screening. **The quality of social relationships provided through the CHDO and WT programmes is therefore an essential foundation for the success of overarching health programmes such as NHS screening and medical provision.**

