

University of Oxford Health Humanities Evaluation of Oxfordshire 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 in the Oxfordshire Director of Public Health Annual Report 2019/20. 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

As these two programmes were initiated in 2023 and our research was conducted from January 2024 to December 2025, their impact will not be demonstrable in population-level data. Instead, our evaluation uses empirical research to analyse the ways in which these programmes have been implemented, to what extent the programmes helped to develop and support community capacity for health and wellbeing, and the extent to which target communities engaged with the two programmes.

We used a mixed-methods approach, combining qualitative and quantitative evidence. This drew on methods from the humanities and social sciences, including history, anthropology, economics, and public health in order to understand the social and cultural contexts of community health. Our research analysed the health and social contexts of the ten priority wards; the funding and grant activities of the two programmes; and community engagement with the two programmes. This drew on statistical analysis; focus groups; semi-structured interviews; neighbourhood surveys; and extensive fieldwork and event participations. Lead researchers were Erica Charters (PI), Sally Frampton, Urvi Khaitan, and Yuxin Peng.

Findings

Our evaluation presents quantitative and qualitative data showing that the CHDO and WT programmes have demonstrably fulfilled their objectives. They were successful in taking a community-based approach to support health and wellbeing through effective communication, activities, and practices in the communities most likely to experience health inequalities. The two programmes also demonstrated substantial reach into underserved groups. This was accomplished by: implementing the recommendations of Community Insight Profiles; working with ‘anchor’ organisations, key partners, and stakeholders; and coordinating with grassroots and voluntary sector groups.

A key factor that enabled this collaboration was each programme's allocation of community activity funding. This supported over 100 community organizations to help deliver over 200 health and wellbeing activities distributed across the ten wards. In our survey of c. 1600 households in the target neighbourhoods, we found that two-thirds (73%) of residents had heard of, attended, or wished to attend these local community health activities; moreover, one-third (34%) of residents had participated in at least one CHDO- or WT-funded health and wellbeing activity in their ward. Both programmes therefore had a significant impact on households in the target neighbourhoods of the ten priority wards.

Collaboration and coordination with communities fundamentally relied on the programmes linking residents to existing medical and health provision and health and wellbeing activities in the wards, as well as ensuring that local health infrastructure is accessible and trusted. To accomplish this, we found that 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 organisations and networks.

Our research found that communities understand health through social relationships: through concerns over family and household health, rather than simply through individual health. Residents also prioritize people – neighbours, family, and social ties – in what is important to them in their communities. At the same time, each community is unique, requiring individuals and approaches that take account of local identity and culture, rather than simply implementing models. Above all, community health and wellbeing depend on communities themselves as active and engaged networks of social and cultural relationships.

Recommendations

The CHDO and WT programmes offer a model for long-term preventative and community health. By working with existing community organisations, supporting resident-identified priorities, and making use of trusted individuals who excel at working with local communities, these programmes provide effective bottom-up and relationship-based community health infrastructure.

Our research found that long-term approaches and sustained initiatives and engagement are crucial to the continued effectiveness of community health programmes. Rather than one-off projects, we recommend that such community-based and relationship approaches be categorized as key long-term strategies to achieve resilient community health, prioritizing sustainability over innovation.

Residents access and engage with health and wellbeing activities and 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. We recommend that methodologies for evaluating the effectiveness of community health programmes prioritize resident engagement and trust to achieve meaningful reporting while ensuring proportionate demands on the responsibilities of community organizers.