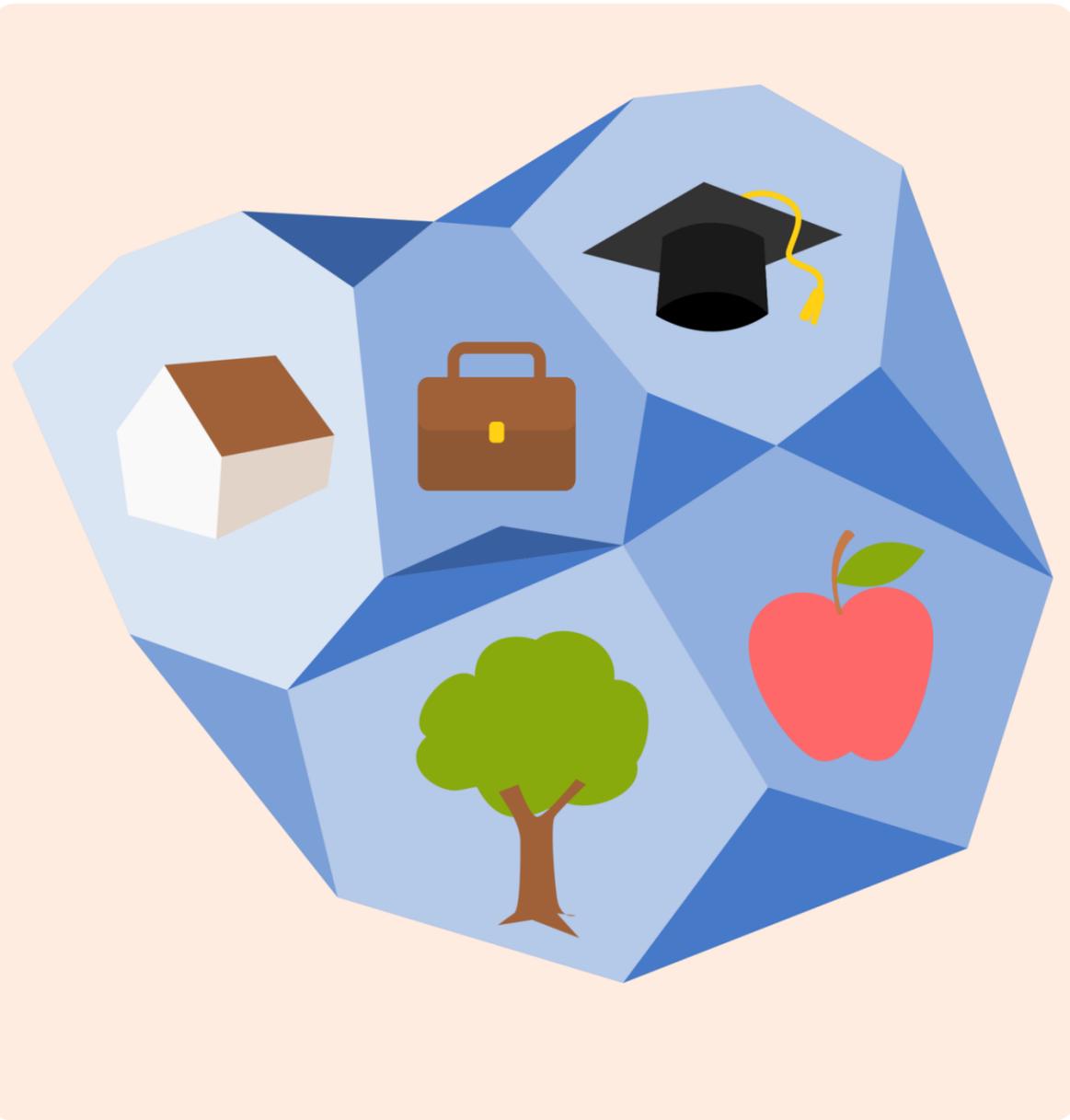




***Christa Colley-Illueca, MSc***  
***February 3rd, 2026***



# Background Information: The Social Determinants of Health



The World Health Organisation (n.d.) defines the Social Determinants of Health (SDHs) as “the conditions in which people are born, grow, live, work and age, and people’s access to power, money and resources.”

In other words, the SDHs are factors, both social and economic, that have an impact on an individual’s health and wellbeing. For example:

- Housing
- Income
- Nutrition
- Employment
- Education

# Background Information: What is a CHWW?

## Community Health and Wellbeing Workers, AKA CHUIs

**C**omprehensive: Works with everyone in a household

**H**yperlocal: Based on geography

**U**niversal: Everyone is visited

**I**ntegrated: with GP practice and Local Authority



*“Community Health and Wellbeing Workers are people recruited from their communities, who are embedded in Primary care teams and the community sector, to **proactively assist in providing health and wellbeing services** to those communities.”*

CHWWs directly address the Social Determinants of Health.

They visit all households (120 for a full-time CHWW) on a monthly basis, regardless of need.

Source: National Association of Primary Care, n.d.

# Background Information: The Brazilian Model

Implemented over 30 years ago

At present, over 70% of households in Brazil have access to a Community Health and Wellbeing Worker

Impact:

- 34% reduction of cardiovascular mortality
- 31% stroke mortality
- improved horizontal equity
- increased breastfeeding, vaccination and cancer screening rates, nationally.

Source: National Association of Primary Care, n.d.

## Brazilian CHW model

### Each CHW supports:

- Childhood development
- Antenatal and postnatal care
- Immunisations and screening uptake
- Adolescent health
- Social care support
- Community development
- Public health campaigns

### Primary care clinic

- GP
- Nurse
- Nurse auxiliary



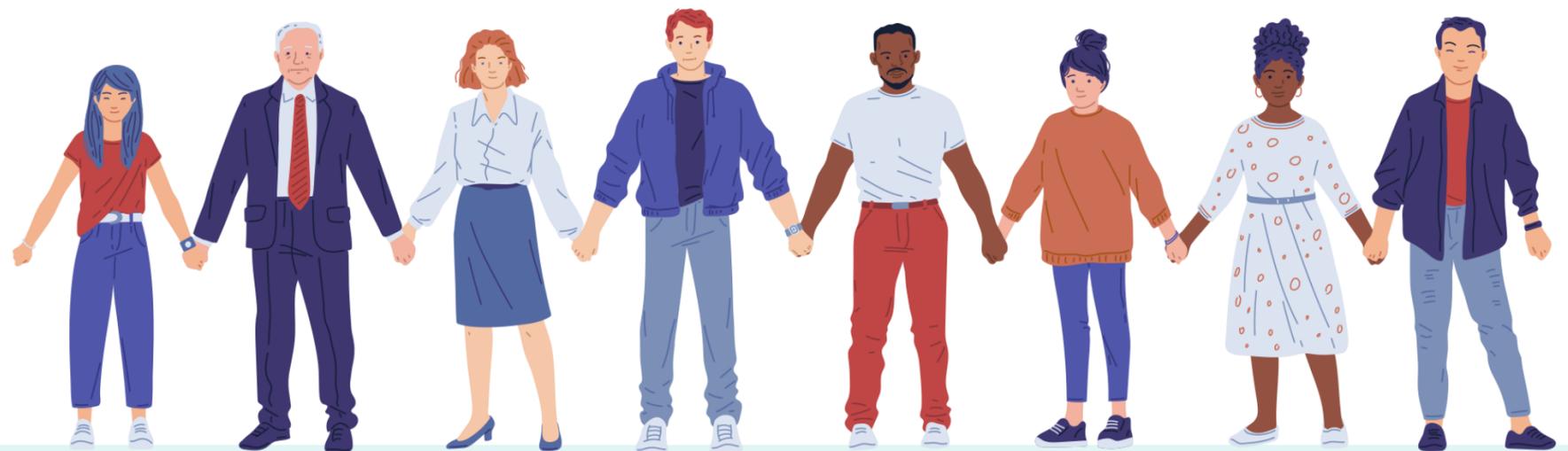
### Catchment area

- 1,000 households

### Micro area

- 150-200 households
- CHW lives in micro area
- Full time role
- Every household visited once a month

Harris M. London Journal of Primary Care 2011;  
Macinko and Harris NEJM 2015



# Background Information: CHWWs in The UK

The model was introduced to the UK in 2020 and was implemented in Westminster. At the end of the pilot programme, it was found that households visited by a CHWW:

- were 47% more likely to have immunisations that they were eligible for and 82% more likely to have cancer screenings and NHS health checks.
- saw a 7.3% drop in unscheduled GP consultations.
- were appreciative of the ease of access, support and comprehensive approach provided.
- Engagement had been maintained with 60% of residents and increasing.
- did not disengage.

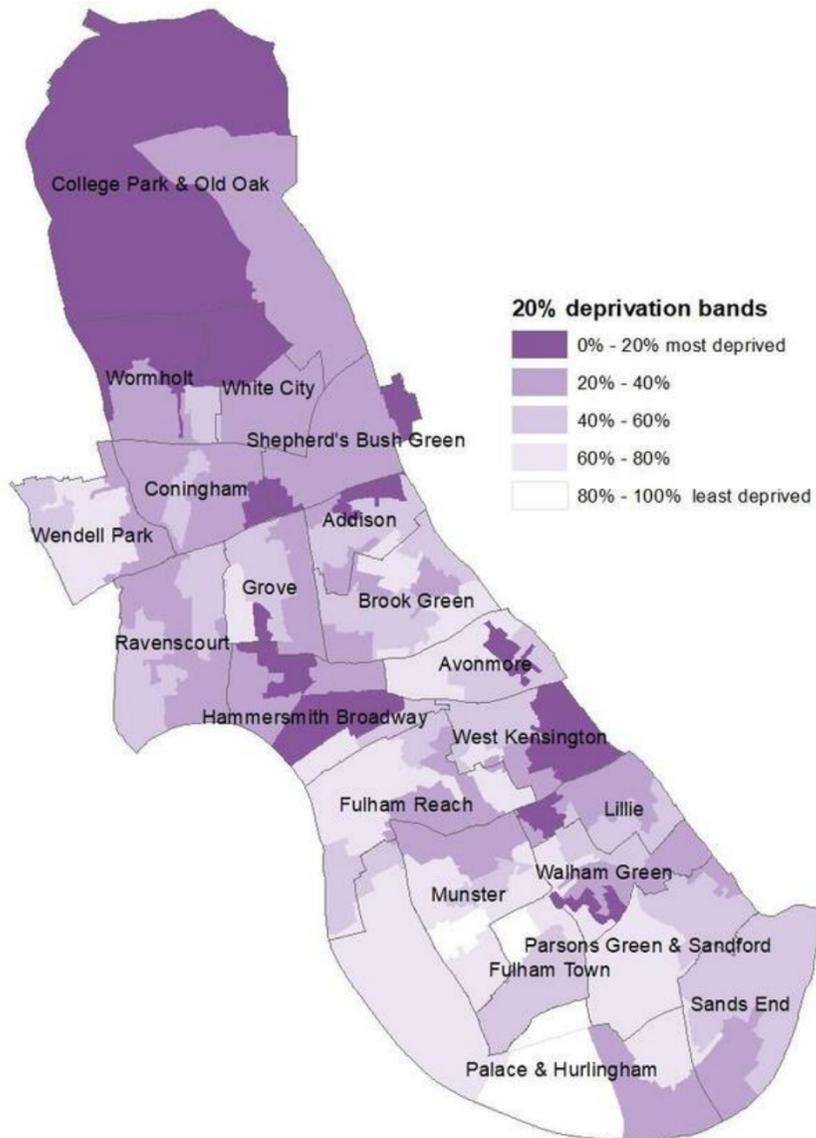
Multiple instances of issues being unearthed around suicidal ideation, child carers, domestic violence and intractable housing.

Source: National Association of Primary Care, n.d.



# Health Inequalities In Hammersmith and Fulham

## Deprivation levels across the borough Hammersmith and Fulham Council, 2024



- **20** out of 113 Lower Super Output Areas in the Borough are among the **20% most deprived nationally (270 000 people)**.
- **24%** of residents in Hammersmith and Fulham are **income deprived**.
- **32** out of 113 Lower Super Output Areas in the Borough are among the 20% most deprived nationally on the **Income Deprivation Affecting Children Index**.
- **59** out of 113 Lower Super Output Areas are among the 20% most deprived nationally on the **Income Deprivation Affecting Older People Index**.
- **Clem Attlee Estate: Among the 10% most deprived neighbourhoods in the UK.**

Source: London Borough of Hammersmith & Fulham, 2024

# CHWWs in Hammersmith and Fulham



Local Services



Residents

The CHWW role is similar to that of a link worker, with two key difference: residents are not referred to CHWWs, and residents who wish to engage with the service will not be discharged from a CHWWs patient list unless they move away. In other words, CHWWs provide **continuous care** to those who engage.

# A Week in the Life of a CHWW



**Door knocking**



**Calling Residents**



**Coffee Mornings**



**Referrals + Advocacy**



**Community Events**



**Community Outreach**

# CHWWs Success Stories



ARRS Learning & Development Day

# CHWWs Success Stories - Resident Feedback

Research was carried out by fellow Community Health and Wellbeing Worker, Maryam Said.

She developed the **Community Health and Wellbeing Feedback Questionnaire** to understand participants' experiences, measure satisfaction, identify areas for improvement, and assess the broader community impact of the role - 30 residents who have been engaging with CHWWs participated.

## Patient Feedback:

- Service users described **improvements in their physical and mental wellbeing**, noting the CHWW initiative provided reassurance, emotional support and a renewed sense of purpose.
- Service users expressed the CHWW programme **improved their awareness of and access to local services**, including healthcare, community groups, and wellbeing activities.
- Across all participants, feedback on the quality, reliability, and responsiveness of CHWW support was overwhelmingly positive.
- The CHWW service contributed significantly to **increased confidence, self-efficacy, and independence**.

# CHWWs Success Stories - Resident Feedback

*“Maryam has been very supportive and helpful with the advice given in directing me to the right provisions to help with my general wellbeing. She has a caring and compassionate nature and she always been a good listener”*

*“My health has improved and I have noticed a change in my wellbeing with having access to services provided”*

*“Useful service. There are days when I do not speak to anybody and you come up and I hear your knock and we have nice conversation. Personally I think it is important as it allows me to talk about things and it’s out of my system”*

# Challenges encountered by CHWWs



- **Capacity and reach**
- **Mistrust of service**
- **Lack of continuity and financial support**
- **Communication between local partners**

# References and Contact Information

## References

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