FOUNDATION FOR COMMUNITY HEALTH

Learning & Results Summary

January – December 2024

Last Update: April 2025

FOUNDATION FOR COMMUNITY HEALTH

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EVALUATION PURPOSES

why we evaluate our work

We evaluate to be accountable to the region we serve, to learn with the organizations we partner with, and to determine if our strategies to improve health, well-being, and equity are working. Understanding our impact and being open to improvement helps us be a better partner, funder, and community leader.

FOUNDATION FOR COMMUNITY HEALTH

EVALUATION PURPOSES

how we evaluate our work

At Foundation for Community Health, we center the experiences, expertise, and goals of the nonprofits we partner with. This looks like:

- developing reporting metrics in partnership with our grantee partners
- accepting reports created for other stakeholders
- using grant check-ins in lieu of a written report
- surveying our grantee partners to learn more about the effectiveness of the foundation

FOUNDATION FOR COMMUNITY HEALTH

EVALUATION PURPOSES

what we evaluate to learn

Grant Results

Outcomes and outputs as reported by FCH's Grantee Partners, to understand progress towards the outcomes identified in our Theory of Change.

Foundation Effectiveness

The factors related to how FCH works and the ways we support our grantee partners, to understand if we're living our values and providing meaningful support.

Community Health Indicators

Information related to health factors and health outcomes, to understand if our strategies to change the conditions that influence health are working.

	Outputs *Annual*	Short-Term Outcomes *Three Years*	Medium & Long-Term Outcomes *Five Years*	Impact
Support Local Decision-making	**#** of communities engaged **#** of participatory events or processes **X%** of local leaders that report increased confidence in community engagement or facilitating participatory processes	**X%** of participating communities report influence of program on decisions and/or outcome of project **X of 17** towns launch community engagement campaigns related to housing, food, and/or broadband	**X of X** affordable housing plans are adopted **X of X** towns commit to bringing broadband to their community **X of X** participating towns report citing or using community health information as part of their decision-making process	Local decisions increasingly consider the effects on community health and are improved through the direct input from community members.
Improve Community Assets	**#** of students served through school-based health services **#** of place-based investments developed	**X of 3** school districts in our region establish a school-based health center **X of 2** place-based investees achieve their desired outcomes Community Health & Wellness opens its community health center in North Canaan	Utilization of school-based health center services increases by **X%** Insurance coverage of patients of Community Health & Wellness in North Canaan is reflective of the community at large	More aspects of our community work to improve the conditions required for health, well-being and equity.
Strengthen Organizations	**#** of organizations that report improvement in their Program Quality, Workplace, Experimentation and/or Mission/financial alignment **#** of goals met by our Multi-Year General Operating Support Grantees **#** of organizations engaged through local networks and coalitions	**X%** of nonprofits in the *Multi-Year General Operating Support Program* report improvement in 4 of 8 functional areas of their organization **X%** of nonprofits in the *Capacity Building Grant Program* report improvement in at least 1 of 3 organizational health indicators (function, adaptation, and growth) **X of 4** FCH invested networks and collaboratives achieve their desired outcomes	**X%** of nonprofits in the *Multi-Year General Operating Support Program* and the *Capacity Building Grant Program* report a strengthened ability to meet their mission **X%** of *Multi-Year General Operating Support Program* grantee partners previously received capacity building grants. **X of 2** FCH invested networks progress along the engagement continuum	Stronger, more effective and resilient organizations serve our community. Strengthened collaboration between organizations and effectiveness of networks improves the delivery of services to our community.
	Accountability		Attribution	Contribution

	Outputs *Annual*	Short-Term Outcomes *Three years*	Medium & Long-Term Outcomes *Five years*	Impact
Support Local Decision-making	**8** communities engaged **12** participatory events or processes **100%** of local leaders report increased confidence in community engagement or facilitating participatory processes	**62%** of participating communities report influence of program on decisions and/or outcome of project **12 of 17** towns launch community engagement campaigns related to housing, food, and/or broadband	**X of X** affordable housing plans are adopted **X of X** towns commit to bringing broadband to their community **X of X** participating towns report citing or using community health information as part of their decision-making process	Local decisions increasingly consider the effects on community health and are improved through the direct input from community members.
Improve Community Assets	**743** students served through school-based health services **1** place-based investment	**2 of 3** school districts in our region establish a school-based health center **1 of 2** place-based investees achieve their desired outcomes Community Health & Wellness opens its community health center in North Canaan	Utilization of school-based health center services increases by **X%** Insurance coverage of patients of Community Health & Wellness in North Canaan is reflective of the community at large	More aspects of our community work to improve the conditions required for health, well-being and equity.
Strengthen Organizations	**9** organizations reported improvement in their Program Quality, Workplace, Experimentation and/or Mission/financial alignment **4** goals were met by our Multi-Year General Operating Support Grantees **57** organizations were engaged through local networks and coalitions	**90%** of nonprofits in the *Capacity Building Grant Program* report improvement in at least 1 of 3 organizational health indicators (function, adaptation, and growth) **3 of 4** FCH invested networks and collaboratives achieved their desired outcomes	**X%** of nonprofits in the *Multi-Year General Operating Support Program* and the *Capacity Building Grant Program* report a strengthened ability to meet their mission **100%** of *Multi-Year General Operating Support Program* grantee partners previously received capacity building grants. **X of 2** FCH invested networks progress along the engagement continuum	Stronger, more effective and resilient organizations serve our community. Strengthened collaboration between organizations and effectiveness of networks improves the delivery of services to our community.
	Accountability	Attribution	Contribution	

STRENGTHEN ORGANIZATIONS



We are investing in our community's social sector in ways that leverages community partnerships, contributes to its resiliency and effectiveness, and bolsters leadership development.

OUTCOMES

- Nonprofits are better able to anticipate, prepare for, respond and adapt to incremental or sudden changes
- More networks, coalitions, and collaborative efforts further their engagement efforts

LEARNING QUESTIONS

- To what extent and in what ways is the operational health of organizations changing?
- What improvements to organizational health lead to resiliency and strengthened effectiveness?
- What conditions support increased engagement amongst the networks and coalitions with whom we partner?
- In what ways does increased collaboration improve service delivery in our region?

In 2024, **80%** of closed Grants (17 out of 21) met at least one of these outcomes during their funded period.

Grant Results

9 out of **10** organizations that received funding through our *Capacity Building Grant Program* reported at least one improvement in Program Quality, Workplace, Experimentation and/or Mission/Financial alignment

90% of nonprofits in the *Capacity Building Grant Program* reported improvement in at least 2 of 3 organizational health indicators (function, adaptation, and growth). Most reported changes in how their organization functions.

3 out of **4** FCH-invested networks and collaboratives achieved their desired outcomes

FCH funded **2** collaborative efforts, including one network that completed a feasibility study on purchasing local food at fair prices and selling to consumers on an income-based sliding scale.

In 2024, Grantee Partners in FCH's *Capacity Building Grant Program* were most likely to report improvements in:

- Program Logistics
- Evaluation
- Innovation

STRENGTHEN ORGANIZATIONS

Grant Program Highlight: *Multi-Year General Operating Support*

Our Why

FCH created this program in 2021 to support nonprofits with flexible, unrestricted funding over multiple years. We moved away from our traditional approach of restricted grants with heavy reporting requirements to build stronger, more transparent relationships with our grantees.

Expected Impact

- Help nonprofits respond better to challenges and opportunities
- Allow organizations to focus on their core mission
- Build stronger, more resilient organizations
- Create a healthier social sector in our rural communities
- Improve trust between our foundation and grantees

WHAT HAPPENED

3
New York based nonprofits received general operating support for **three years.**

$900K
was invested to support core operations, during the funded period.

2 out of 3
organizations implemented strategic staffing and compensation changes

100%
of grantee partners self-reported improvements in financial operations, cultural competence, and organizational strategy and adaptability.

WHAT WE LEARNED

Funding Streams Shape Potential
Revenue diversity fundamentally shapes organizational culture, enabling nonprofits to develop more innovative, risk-tolerant approaches to strategic funding and mission advancement.

Reexamining Historical Processes
Grantee partners discovered valuable opportunities to questions and improve longstanding operational procedures, separating essential program requirements from historical processes to create more efficient service delivery systems.

Evolving Measurement of Success
Nonprofit partners evolved their definition of program success beyond simple expansion metrics to embrace more holistic approaches that balanced growth with financial sustainability and operational efficiency.

Interested in learning more? *Read the full report here.*

Our Next Steps

In fall 2024, we refined our selection process and extended support to a five-year funding model, informed by insights from the 2021-24 cohort.

IMPROVE COMMUNITY ASSETS

We are investing in the development of health access points and community infrastructure that will expand access for those most adversely impacted by our community's social determinants of health.

OUTCOMES

- Fewer barriers to health exist, a result of more school-based health centers, a new health center in North Canaan, and increased effectiveness of our rural transportation operators and school-based oral health providers
- Our community's infrastructure bolsters the local economy while supporting food access, job security, and the affordability of housing

LEARNING QUESTIONS

- How is health advanced through existing and new community assets?
- How do changes in local infrastructure improve the living conditions that support health and well-being?

100% of Grants (9) closed in 2024 demonstrated at least one of these outcomes in their work.

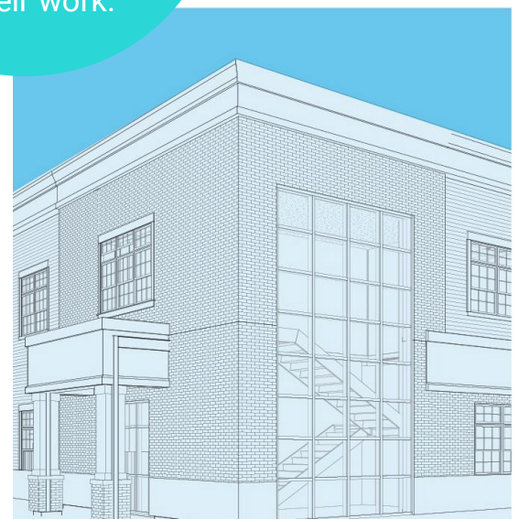
Grant Results

45% of students participating in our region's school-based oral health program received sealants—the highest rate since the pandemic, but still below pre-pandemic levels (which ranged 58-76%).

3 transportation providers in our region provided 5,486 rides to 289 community members.

A 119 affordable housing units were underway in the 8 northwest Connecticut towns FCH serves.

192 conservation opportunities were identified between town based affordable housing and conservation organizations.



In 2024, Community Health and Wellness opened its North Canaan Health Center, delivering essential primary care, mental health, chiropractic, and nutrition services. In just *six months* (June-December), the center:

- Served 800 community members
- Provided over 2,200 patient visits
- Employed 15 staff (half local residents)

Additionally, three Region 1 school-based health centers launched and operated by Community Health and Wellness in 2024 served 139 students through nearly 400 visits.

IMPROVE COMMUNITY ASSETS

Regional Network Highlight: *Tri-Corner Nutrition Security Coalition*



In 2024, the Tri-Corner Nutrition Security Coalition completed a comprehensive feasibility study for a fair food pricing program that would make locally-grown produce accessible to households at all income levels while creating sustainable markets for regional farmers.

This collaborative network of food pantries, agricultural producers, and community organizations across three counties identified practical strategies to strengthen the regional food system, addressing both nutrition insecurity and agricultural viability through coordinated action and shared resources that build on the unique strengths of each partner.

Key Findings

- Local residents face significant barriers accessing fresh food including high costs, transportation challenges, and limited retail options
- **55%** of producers were "very interested" in Fair Food Program participation
- **57%** indicated they would increase production to meet program demand

Potential Long-term Impact

- Expanded access to local food across economic spectrum
- Fair compensation for regional producers
- Strengthened regional food system infrastructure and resilience

IMPROVE COMMUNITY ASSETS

Milestones in 2024

APRIL 2024

COMMUNITY HEALTH & WELLNESS OPENS THREE SCHOOL BASED HEALTH CENTERS IN REGION 1

Three school-based health centers began providing services in Region 1 schools in April 2024, offering physical and mental health care at Housatonic Valley Regional High School, North Canaan Elementary School, and Sharon Center School. Staffed by Community Health & Wellness Center's advanced practice nurse and licensed clinical social worker, each SBHC provides school physicals, illness treatment, chronic condition management, and mental health counseling.

MAY 2024

NORTH CANAAN HEALTH CENTER OPENS ITS DOORS

The North Canaan Health Center officially began providing services to patients in May 2024, offering comprehensive primary care, behavioral health services, walk-in non-emergency medical care, and chiropractic services to northwestern Connecticut residents. Operated by Community Health & Wellness of Greater Torrington, this Federally Qualified Health Center (FQHC) represents the culmination of a decade-long partnership between Community Health & Wellness and the Foundation for Community Health.

SEPTEMBER 2024

VILLAGE OF MILLERTON SECURES NEARLY $6.4M TO COMPLETE PARK PROJECT

The NY SWIMS capital grant program awarded $6.385 million to the Village of Millerton to build a community pool, bathhouse, community room and septic system at Eddie Collins Memorial Park. This transformative project will address multiple social determinants of health by creating accessible recreational spaces that promote physical activity, foster community connections, serve as an emergency shelter, and reduce inequities for residents with disabilities and limited economic resources.



SUPPORT LOCAL DECISION-MAKING

We are building the capacity and skills of our community's decision-makers to incorporate input from community members and anticipate how their decisions affect health and well-being.

OUTCOMES

- Community health information is used more frequently to guide local decision-making
- Our community is better off in ways community members define for themselves

LEARNING QUESTIONS

- What resources enable participatory and health-informed decision making from our local leaders?

1 grant that closed in 2024 demonstrated at least one of these outcomes in their work.

In our region, efforts to preserve and create affordable housing are largely led by volunteers through town-dedicated housing trusts, nonprofits, and town-sponsored planning commissions and boards. In 2024, we continued to partnered with The Housing Collective's Litchfield County Center for Housing Opportunity (LCCHO) to provide funding for community engagement initiatives, funds were made available by FCH and Berkshire Taconic Community Foundation, and administered by LCCHO.



Grant Results

Through our partnership with The Housing Collective 2 affordable housing community engagement projects were completed in Litchfield County, in 2024:

In partnership with the Kent Volunteer Fire Department, Kent Affordable Housing engaged community members on the connection between affordable housing and emergency services. The two organizations also explored converting an existing KVFD building to housing. 115 members of the community responded to their survey.

The Northwest Connecticut Affordable Housing and Conservation Collaboration engaged over 60 individuals, representing 8 towns. Their work included 1 draft resolution for towns and organizations to formally endorse the strategy of the collaboration and 1 mapping tool to evaluate parcels for conservation and/or housing.

ACCOUNTABILITY

2024 WORK PLAN PROGRESS REPORT

KEY

- = complete
- = on track
- = some risk to deliverable
- = significant risk to deliverable

 = Strengthen Organizations

 = Support Local Decision-making

 = Improve Community Assets

 = Foundation Effectiveness

Long-Term Goals	Focus Area	Annual Objectives	Delivery Confidence	Q1 2024 Jan- Mar	Q2 2024 April-Jun	Q3 2024 Jul - Sep	Q4 2024 Oct - Dec
We are investing in our community's social sector in a way that leverages community partnerships, contributes to its resiliency and effectiveness, and bolsters leadership development.		1. Work towards a 70% application approval rate within our Capacity Building Grant Program by the first two years of the program, through continual improvements to outreach, communication, and application requirements. Seek to fund at least 50% of small organizations (organizations with an annual operating budget at/under $500K) through our Capacity Building Grant Program.					
		2. Provide significant 'support beyond the grant' to further bi-directional collaboration for at least one network or coaltion with or without FCH project-restricted funding.					
		3. Continue to develop a Nonprofit Community of Practice and one-on-one leadership support for FCH grantee partners. Facilitate Executive Director monthly calls.					
		4. Launch a new Multi-Year General Operating Support Grant Program based on lessons from the 2020 pilot and 2021-2024 cohort, emerging evidence, and direct feedback from our grantee partners.					

ACCOUNTABILITY *cont.*

We are investing in the development of health access points and community infrastructure that will expand access for those most adversely impacted by our community's social determinants of health.		1. Support efforts to establish three school-based health centers in Region 1 and work with partners in southeast Columbia County and northeast Dutchess County to explore and/or support the development of additional school-based health centers.		
		2. In partnership with The Housing Collective, successfully launch and support the acquisition of at least two affordable housing projects in our region through a *Revolving Loan Program* .		
		3. Actively pursue and develop at least one new place-based investment strategy for FCH based on best practices and local need by Q4 2024.		
		4. Continue to convene the transportation providers in our region to generate technical assistance needs or other ways in which FCH can provide support beyond the grant.		
		5. Leverage FCH's relationships and existing partnerships in the community in support of the long-term financial viability of Community Health & Wellness' North Canaan Health Center.		
We are building the capacity and skills of our community's decision-makers to incorporate input from community members and anticipate how their decisions effect health and well-being.		1. Support locally led community engagement efforts of town-led affordable housing initiatives in eastern Dutchess County, NY.		
		2. Seek a strategic partnership with a local news outlet to increase information for decision-makers and the public at-large about initiatives in the region and the conditions influencing health on the local level.		
As an organization, we move from systems of monitoring to systems of learning and more meaningful evaluation. FCH, the community, our grantee partners, and peers benefit in measurable ways from the foundation's learning.		1. Develop tools to operationalize FCH's Learning & Results Summary, moving the organization further along the learning organization continuum. Update FCH's Learning & Results Summary for 2023 by end of Q1 2024.		
		2. Share information about FCH's progress towards its objectives and stories from our region by publishing a *Learning & Results Summary* no later than Q2. Publish at least three *Stories* from our region through FCH's website. Improve dissemination through earned and paid media.		

ACCOUNTABILITY *cont.*

We create high quality content which directly supports storytelling by our board, grantee partners, and peers. More of our community understands what we do, why it matters, and the health issues impacting our community. Our visibility is improved through delibrate engagement with our partners and community, strengthening ties and furthering organizational learning and progress towards our goals.		1. Operationalize and continue to make meaningful changes to FCH's 2023-2025 strategic communications plan, which aims to improve internal operations and the quality and effectiveness of FCH communication with its target audience.		
		2. Expand *Past Grants* database on FCH's website to include Key Takeaways, Lessons Learned, applicable reports/briefs and other relevant information for the community at large.		
FCH's operations are meaningfully improved through through increased engagement and leadership development of our Board of Directors.		1. Explore new processes to recruit members of FCH's Board of Directors, to increase transparency within the community about the foundation's processes and strengthen representation from our community.		
		2. Experiment with new formats and processes at Board of Director meetings to support leadership development and overall engagement. Assess progress through Annual Board Self-Assessment.		

Staff Reflections: 2024 Workplan Progress

Embracing the Learning Curve

Our goal to develop a second place-based investment encountered both expected and unexpected hurdles this year. First the creation and launch of our Revolving Loan Program for Affordable Housing proved to a be a more substantial undertaking than we initially anticipated. The process was tremendously valuable and successful, but required significant staff time and organizational resources to execute properly. Second, we came remarkably close to finalizing another promising investment opportunity, only to face circumstances beyond both our control and that of our prospective borrower that prevented us from moving forward. While we're disappointed we couldn't make two place-based investments to fruition this year, we're energized by what we've learned through both processes. The Revolving Loan Program is not operational and has provided us with a blueprint to launch similar initiatives.

Partners Make Progress Possible

Despite dedicated efforts throughout the year, we weren't able to identify the right partner to support community engagement initiatives in eastern Dutchess County. While this outcome wasn't what we had initially hoped for, it has provided valuable clarity about the landscape of potential collaborations in the region and the specific challenges involved. This experience has prompted us to take a step back and thoughtfully reevaluate our strategies related to our *Support Local Decision-making* focus area. We'll be removing this objective from our 2024 work plan as we develop a refreshed strategies in 2025. We're hopeful that this pause for reflection and recalibration will ultimately lead to more impactful community partnerships moving forward.

LONG-TERM COMMUNITY HEALTH INDICATORS

why we track long term health outcomes

We look at long-term community health indicators every three years to understand how health and well-being outcomes change. Our intention is that over time our work can contribute to improvements in these areas.

These indicators do not tell us why something is happening, but they can be the beginning of figuring out root causes and the conditions creating a particular health outcome. Unlike our measures of accountability, these long-term community health indicators are influenced by many factors that go beyond the work of FCH or our grantee partners.

Data isn't perfect! The data *we* collect and how data is reported is a product of human systems, which are prone to bias. As a small, place-based foundation, FCH relies on data collected and analyzed by others, but we strive to be mindful consumers of this information. Data included in the following section will be updated again in 2025.

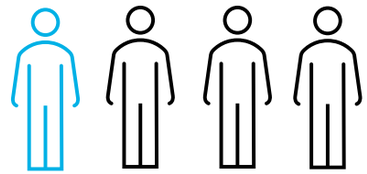
LONG-TERM COMMUNITY HEALTH INDICATORS

a bird's-eye view of our 17-town region

FCH serves 17 rural towns in the northwest corner of Connecticut, and eastern Dutchess and southern Columbia counties in New York State. The conditions that define our region, also constrain it, notably:



1 out of 4 residents 25 and older in FCH's region only have a high school diploma



20% of individuals living in poverty in FCH's region live in Dover, NY.

Ancram has the highest concentration of poverty at 20%.



7 out of 17 towns have a median household income below their state's median. Dover, NY and Amenia, NY have the lowest median household incomes in FCH's region ($54,600 and $58,000).

COMMUNITY HEALTH INDICATORS

HIGH HEALTH DISPARITIES IN **CONNECTICUT**

- Between those with less than a high school education and college graduates for high health status
- Between Hispanic and white for child poverty
- Between those with less than a high school education and college graduates for physical inactivity

31%
Food insecurity

17%
Excessive drinking

18%
Premature death

LITCHFIELD COUNTY HEALTH INDICATORS

Litchfield County has similar rates of post-secondary education and reported health status, which means that the high disparities that exist in Connecticut are at play on the county level, as well. While the number of children in poverty in Litchfield County is comparable to Connecticut, this rate has increased in recent years. **Litchfield County experiences higher rates of fatal overdoses than the statewide rate, contributing to the increase in premature deaths, which is on the rise.**

69% of adults (age 25-44) had completed some post-secondary education, including vocational/technical schools, junior colleges, or four-year colleges. *This includes those who had and had not attained degrees.* Statewide the rate is 70%.

10% of adults reported being in fair or poor health. Statewide the rate is 11%.

10% of children lived in poverty. Statewide the rate is 13%.

Regional Housing Affordability Challenges

9,735
households are severely housing cost burdened

50%
of young adults are living with their parents

DATA SOURCES
America's Health Rankings Health Disparities Report (United Health Foundation)
County Health Rankings & Roadmaps (University of Wisconsin-Madison Population Health Institute & the Robert Wood Johnson Foundation)
Litchfield County Center for Housing Opportunity

COMMUNITY HEALTH INDICATORS

HIGH HEALTH DISPARITIES IN **NEW YORK**

- Between those with less than a high school education and college graduates for physical inactivity
- Between females and males for excessive drinking
- Between Hispanic and white for severe housing problems

24%

Depression

27%

Food insecurity

18%

Poverty

DUTCHESS COUNTY HEALTH INDICATORS

While health outcomes in Dutchess County are better when compared to statewide outcomes in New York, residents in Dutchess County experience worse health outcomes than their Columbia County and Litchfield County neighbors. Notably, while the number of children in poverty in Dutchess County is lower than the for the state of New York, this rate has been on the rise in recent years.

12% of children live in poverty. Statewide the rate is 19%.

19% of households experienced at least one of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities. Statewide 23% of residents experience this.

COLUMBIA COUNTY HEALTH INDICATORS

Columbia County has comparable health outcomes as its neighbor Dutchess County, apart from a handful of health outcomes and conditions detailed below. Notably, as is the case throughout FCH's 17-town region the number of children in poverty in Columbia County has increased in recent years.

15% of children live in poverty. Statewide the rate is 19%.

64% of people lived close to a park or recreation facility (a known indicator for physical activity). Across New York 93% of residents live close to a park or recreation facility.

27% of motor vehicle crash deaths involved alcohol. This is 25% higher than the statewide rate.

DATA SOURCES

America's Health Rankings Health Disparities Report (United Health Foundation)
County Health Rankings & Roadmaps (University of Wisconsin-Madison Population Health Institute & the Robert Wood Johnson Foundation)