

FOUNDATION FOR COMMUNITY HEALTH

Learning & Results Summary

January – December 2022

Last Updated: May 2023

Table of Contents

HOW WE MEASURE IMPACT

<i>Why we evaluate our work</i>	3
<i>How we evaluate our work</i>	4
<i>What we evaluate to learn</i>	5
<i>Learning & Results Framework</i>	6

DATA ABOUT OUR WORK & ACCOUNTABILITY MEASURES

Focus Areas

<i>Strengthen Organizations</i>	7-8
<i>Improve Community Assets</i>	9-10
<i>Support Local Decision-making</i>	11-12

Accountability

<i>Work Plan Progress</i>	13-15
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HOW WE USE LONG-TERM DATA TO MEASURE PROGRESS

<i>Why we track</i>	16
<i>Indicators & trusted resources</i>	17-19

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.

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

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 <i>Annual</i>	Short-Term Outcomes <i>2021-2024</i>	Medium & Long-Term Outcomes <i>2025-2030</i>	Impact
Support Local Decision-making	<p># of communities engaged</p> <p># of participatory events or processes</p> <p>X% of local leaders that report increased confidence in community engagement or facilitating participatory processes</p>	<p>X% of participating towns report making different decisions as a result of the program</p> <p>X of X towns launch comprehensive community engagement campaigns related to broadband, food, and/or housing</p>	<p>X of X affordable housing plans are adopted</p> <p>X of X towns commit to bringing broadband to their community</p> <p>X of X participating towns report citing or using community health information as part of their decision-making process</p>	<p>Local decisions increasingly consider the effects on community health and are improved through the direct input from community members.</p>
Improve Community Assets	<p># of students served</p> <p># of place-based investments developed</p>	<p>X of 3 identified school districts establish a school-based health center</p> <p>X of 2 place-based investees achieve their desired outcomes</p> <p>Community Health & Wellness opens its community health center in North Canaan</p>	<p>Utilization of school-based health center services increases by X%</p> <p>Insurance coverage of patients of Community Health & Wellness in North Canaan is reflective of the community at large</p>	<p>More aspects of our community work to improve the conditions required for health, well-being and equity.</p>
Strengthen Organizations	<p># of organizations that report improvement in their Program Quality, Workplace, Experimentation and/or Mission/financial alignment</p> <p># of goals met by our Multi-Year General Operating Support Grantees</p> <p># of service organizations engaged through local networks and coalitions</p>	<p>X% of nonprofits in the <i>Multi-Year General Operating Support Program</i> report improvement in 4 of 8 functional areas of their organization</p> <p>X% of nonprofits in the <i>Capacity Building Grant Program</i> report improvement in at least 1 of 3 organizational health indicators (function, adaption, and growth)</p> <p>X of 2 FCH invested networks and collaboratives achieve their desired outcomes</p>	<p>X% of nonprofits in the <i>Multi-Year General Operating Support Program</i> and the <i>Capacity Building Grant Program</i> report a strengthened ability to meet their mission</p> <p>X% of nonprofits in the <i>Capacity Building Grant Program</i> participate in the <i>Multi-Year General Operating Support Program</i></p> <p>X of 2 FCH invested networks progress along the engagement continuum</p>	<p>Stronger, more effective and resilient organizations serve our community.</p> <p>Strengthened collaboration between organizations and effectiveness of networks improves the delivery of services to our community.</p>
	Accountability		Attribution	Contribution



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 with whom we partner 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?

16 Grants closed in 2022 demonstrated at least one of these outcomes in their work.

Grant Results

10 out of **11** organizations reported improvement in their Program Quality, Workplace, Experimentation and/or Mission/Financial alignment

100% of nonprofits in the *Capacity Building Grant Program* reported improvement in at least 1 of 3 organizational health indicators (function, adaption, and growth)

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

FCH funded **3** collaborative efforts across **2** Focus Areas and participated in **2** other collaborative efforts in 2022

Grantee Partners in FCH's *Capacity Building Grant Program* reported improvements in:

- Program Development
- Program Logistics
- Staffing
- Outreach and Follow-up
- Innovation

STRENGTHEN ORGANIZATIONS

Program Highlight: Adaptive Leadership Cohort for Small Nonprofits

In partnership with Berkshire Taconic Community Foundation, Connecticut Community Foundation, and Northwest Connecticut Community Foundation, FCH launched an Adaptive Leadership Cohort for Small Nonprofits, engaging 14 northwest Connecticut-based nonprofits. The six-month program included an organizational assessment, individual coaching sessions to connect theory to applied practice, and half a dozen cross-team learning sessions to process key concepts. Adaptive leadership helps individuals and organizations adapt and thrive in the face of challenges and prepare them to take on the process of change. This approach involves diagnosing, interrupting, and innovating to better meet the mission of an organization.

At the end of the program, FCH staff synthesized key takeaways in partnership with Executive Directors that participated in the program.

KEY TAKEAWAYS

- One-on-one leadership support was a highlight for many in the program
- Basecamp and LinkedIn were not leveraged by the group in a way that furthered connectivity
- Organizations appreciated the unrestricted funding, felt that it honored the time they were taking to participate in the program

The Northwest Connecticut Funders Collaborative plans to offer this program again in 2024. **In 2023, FCH began working with Fio Partners to offer 1:1 leadership support to its grantee partners and to develop a nonprofit community of practice.**

“...it was, like, help that I didn’t know that I needed. But it was so welcomed. Because I was just operating so much out of instinct, during the pandemic, that it was helpful to know that there were people there that could help me step back and look at things and reframe things...”

Adaptive Leadership Cohort Participant



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?

The Healthcare Consortium, FCH's transportation partner in Columbia County, worked with a **strategic design** consultant to understand opportunities for expansion and partnered with Enterprise **to improve the vehicles in its fleet**, as well as their **fleet financing**. In Connecticut, **Geer launched Go! Geer**, an on-demand, Uber-style transportation service, which will target specific ride types in the greater Torrington and Winsted area.

Sun River Health, FCH's school-based oral health partner in Dutchess County **reinstates its Dover program**, after an 18 month pause due to COVID-19. Historically this program has served over 70% of Dover's K-8 students.

Grant Results

- 1** out of **3** students at Webutuck Central School District are enrolled in the school-based health center
- 200** students received sealants through their school-based oral health program
- 3** transportation providers in our region provided **7,449** rides to **765** community members

IMPROVE COMMUNITY ASSETS

Milestones in 2022

JANUARY 2022

LITCHFIELD COUNTY CENTER FOR HOUSING OPPORTUNITY IS CREATED

The Litchfield County Center for Housing Opportunity opened its doors on January 3, 2022. The Center facilitates a coordinated, regional response to address housing affordability in Litchfield County, aligning and delivering critical resources, data, and technical assistance to municipalities and non-profit housing organizations. Jocelyn Ayer, who previously served as Community and Economic Development Director for the Northwest Hills Council of Governments and has lived and worked in Litchfield County for 14 years, is hired to serve as Director of the Center.

MARCH 2022

NORTH CANAAN HEALTH CENTER SECURES \$3M IN BONDING FUNDS

Operated by Community Health & Wellness of Greater Torrington, the FQHC will provide comprehensive and continuous primary care, behavioral health services, walk-in- non-emergency medical services, and chiropractic care. FCH has worked in close partnership with Community Health & Wellness for many years towards this effort - including granting over \$1.38 million, to date, in flexible funding to make the health center a reality.

MAY 2022

A SCHOOL-BASED HEALTH CENTER OPENS ITS DOORS

The school-based health center at Webutuck Central School District is the first school-based health center to operate in Dutchess County. The school district serves over 600 students in the towns of Amenia, Northeast, Ancram, Washington, Dover, Stanford, and the village of Millerton. FCH made a \$100,000 grant to support necessary renovations to establish the health center in 2020.

SEPTEMBER 2022

CONNECTING WITH THE SCHOOL COMMUNITY IN REGION ONE

Connecticut Association of School Based Health Centers begins community conversations with northwest Connecticut providers and administration from the Region One School District to understand need for and interest in the school-based health center model. This effort was funded through a grant made by FCH earlier that year.



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?

2 Grants closed in 2022 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 2022 FCH partnered with two regional housing organizations:



Grant Results

11 affordable housing community engagement projects were completed in Dutchess and Litchfield counties

100% of affordable housing initiatives participating in our *Community Engagement Mini-Grant Program* report increased confidence in engaging with the broader community

SUPPORT LOCAL DECISION-MAKING

Program Highlight: Community Engagement Mini-Grants

In 2022, eleven affordable housing community engagement projects were launched in Dutchess and Litchfield counties through FCH’s partnership with the Litchfield County Center for Housing Opportunity and Hudson River Housing. Projects were conceived, organized, and facilitated by town-led affordable housing initiatives. Projects included an affordable housing expo, a public art series, and the creation of a short film.

“The grant was very helpful, allowing us to afford additional outreach to the community, as well as allowing us to try some new strategies. [Partner Organization] staff were very responsive, but provided us with a good deal of freedom. The simplicity of the application process, and upcoming reporting is very helpful for a volunteer organization such as ours with limited time and capacity.”

2022 Mini-Grant Recipient

Project Spotlight: Falls Village Community Development Corporation



Falls Village Community Development Corporation (FVDC) was one of seven grantees based in northwest Connecticut. In 2022 FVDC used their grant to produce a short film, *Housing Our Neighbors* with Director Yonah Sadeh, a resident of Falls Village. The 25-minute film includes 24 interviews and highlights how the lack of affordable housing is impacting the community and economy.

In 2023, FCH has continued its partnership with Litchfield County Center for Housing Opportunity to offer grant funds for affordable housing community engagement efforts.














2022 WORK PLAN PROGRESS REPORT





















KEY













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

 = updated deadline

-  = Strengthen Organizations
-  = Support Local Decision-making
-  = Improve Community Assets
-  = Foundation Effectiveness

Long-Term Goals	Focus Area	Annual Objectives	Delivery	Q1 2022	Q2 2022	Q3 2022	Q4 2022
			Confidence	Jan- Mar	April-Jun	Jul - Sep	Oct - Dec
<p>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.</p>		1. Support grantee partners in our Multi-Year General Operating Support Grant Program through the identification and development of peer learning interests.					
		2. 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.					
		3. Seek to fund at least 50% of small organizations (organizations with an annual operating budget at/under \$500K) through our Capacity Building Grant Program.					
		4. Support and contribute to bi-directional collaboration within the Northwest Connecticut Funders Collaborative, through the creation of co-sponsored programs and other initiatives.					
		5. Identify at least two networks or other collaborative system change efforts ready for financial support by end of Q4.					
		6. Inform FCH's support beyond the grant efforts from Adaptive Leadership Cohort for Small Nonprofits (an initiative of the Northwest Connecticut Funders Collaborative) and our Grantee Perception Survey.					

Long-Term Goals	Focus Area	Annual Objectives	Delivery Confidence	Q1 2022 Jan- Mar	Q2 2022 April-Jun	Q3 2022 Jul - Sep	Q4 2022 Oct - Dec
<p>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.</p>		<p>1. Identify opportunities with at least one school district in our region to discuss the need for and feasibility of a school-based health center by Q4.</p>					
		<p>2. Develop a place-based investment strategy for FCH based on best practices and local need by Q4 2023.</p>					
		<p>3. Identify at least two potential place-based investment opportunities within our region no later than Q4 2023.</p>					
		<p>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.</p>					
		<p>5. Identify and create at least one state-level advocacy aim that is informed or generated by our grantee partners no later than Q4 2023.</p>					
		<p>6. Actively garner community support for Community Health & Wellness' North Canaan Clinic, leveraging FCH's relationships and existing partnerships in the community to strengthen Community Health & Wellness' outreach and capital campaign.</p>					
<p>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.</p>		<p>1. Identify at least one partner to support locally led community engagement efforts and co-create a grant program together to benefit multiple towns in our region.</p>					
		<p>2. Create a concept for an online series that can disseminate information to decision-makers and the public at-large about initiatives in the region and the conditions influencing health on the local level.</p>					

Long-Term Goals	Focus Area	Annual Objectives	Delivery Confidence	Q1 2022 Jan- Mar	Q2 2022 April-Jun	Q3 2022 Jul - Sep	Q4 2022 Oct - Dec
<p>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.</p>		<p>1. Create a learning and results framework and identify community health indicators to guide the foundation's learning and accountability by Q3 2022.</p>					
		<p>2. Share about FCH's progress towards its objectives and <i>Stories</i> from our region by publishing a <i>Learning and Results Summary</i> no later than Q3 2023 and at least five <i>Stories</i> from our region through FCH's website.</p>					
<p>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 deliberate engagement with our partners and community, strengthening ties and furthering organizational learning and progress towards our goals.</p>		<p>1. Identify a firm to create a new FCH website no later than Q4 2022.</p>					
		<p>2. Create a communications plan detailing content development and plans for dissemination no later than Q3 2022.</p>					
		<p>3. Identify a communications consultant to review communications plan and work to date and complete an audit of FCH's communication efforts no later than Q2 2023.</p>					

LONG-TERM COMMUNITY HEALTH INDICATORS

why we track long term health outcomes

We track long-term community health indicators 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.

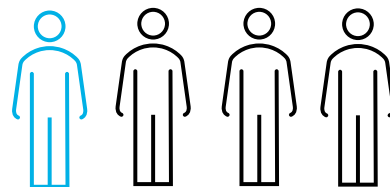
LONG-TERM COMMUNITY HEALTH INDICATORS

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%.

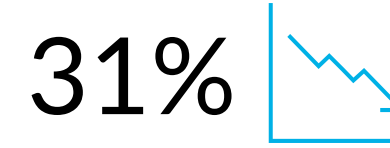


7 out of 17 towns have a median household income below their state's median. Dover, NY and Amenia, NY have the lowest median household incomes in FCH's region (\$54,600 and \$58,000).

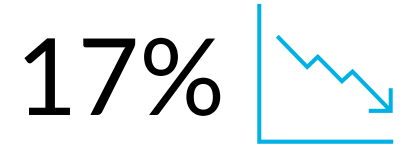
COMMUNITY HEALTH INDICATORS

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**



Food insecurity



Excessive drinking



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)

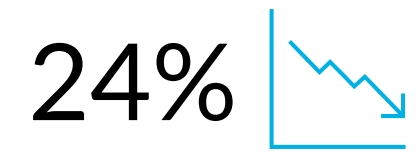
[County Health Rankings & Roadmaps](#) (University of Wisconsin-Madison Population Health Institute & the Robert Wood Johnson Foundation)

[Litchfield County Center for Housing Opportunity](#)

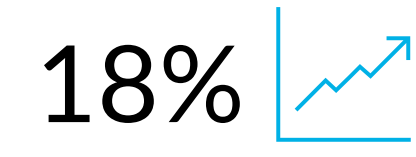
COMMUNITY HEALTH INDICATORS

HIGH HEALTH DISPARITIES IN NEW YORK

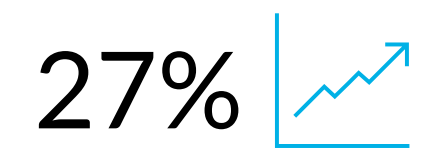
- Between those with less than a high school education and college graduates for **physical inactivity**
- Between females and males for **excessive drinking**
- Between Hispanic and white for **severe housing problems**



Depression



Poverty



Food insecurity

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)