

FOUNDATION FOR COMMUNITY HEALTH

Learning & Results Summary

January – December 2025

Last Update: June 2026

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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.

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>Three Years</i>	Medium & Long-Term Outcomes <i>Five Years</i>	Impact
Support Local Decision-making	<p># of communities engaged</p> <p># of participatory events or processes</p> <p># earned media placements elevating public and policymaker understanding of regional health and housing issues</p>	<p>X% of participating communities report influence of program on decisions and/or outcome of project</p> <p>X of 17 towns launch community engagement campaigns related to housing, food, and/or broadband</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 through school-based health services</p> <p># of place-based investments developed</p>	<p>X of 3 school districts in our region 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 organizations engaged through local networks and coalitions</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, adaptation, and growth)</p> <p>X of 4 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 <i>Multi-Year General Operating Support Program</i> grantee partners previously received capacity building grants.</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

	Outputs <i>Annual</i>	Short-Term Outcomes <i>Three years</i>	Medium & Long-Term Outcomes <i>Five years</i>	Impact
Support Local Decision-making	<p>10 communities engaged</p> <p>14 participatory events or processes</p> <p>11 earned media placements elevating public and policymaker understanding of regional health and housing issues</p>	<p>62% of participating communities report influence of program on decisions and/or outcome of project</p> <p>12 of 17 towns launch community engagement campaigns related to housing, food, and/or broadband</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 towns in our region 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>743 students served through school-based oral health services</p> <p>198 students received care through CHWC's three Region 1 school-based health centers</p> <p>1 of place-based investment made</p>	<p>2 of 3 school districts in our region establish a school-based health center</p> <p>1 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>7 organizations reported improvement in their Program Quality, Workplace, Experimentation and/or Mission/financial alignment</p> <p>34 organizations were engaged through local networks and coalitions</p>	<p>90% of nonprofits in the <i>Capacity Building Grant Program</i> report improvement in at least 1 of 3 organizational health indicators (function, adaptation, and growth)</p> <p>3 of 4 FCH invested networks and collaboratives achieved 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>75% of <i>Multi-Year General Operating Support Program</i> grantee partners previously received capacity building grants.</p> <p>1 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 a way that leverages community partnerships, contributes to its resiliency and effectiveness, and bolsters leadership development.

OUTCOMES	<ul style="list-style-type: none"> • 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
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LEARNING QUESTIONS	<ul style="list-style-type: none"> • 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?
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In 2025, **100%** of closed Grants (7) met at least one of these outcomes during their funded period.

Grant Results

100% of 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

2 out of **7** nonprofits in the *Capacity Building Grant Program* reported improvement in at least 2 of 3 organizational health indicators (function, adaptation, and growth). Almost all reported changes in how their organization functions.

FCH funded **4** organizations through our Multi-Year General Operating Support Grant Program. Each organization will receive general operating support for 5 years.

In 2025, Grantee Partners in FCH's *Capacity Building Grant Program* were most likely to report improvements in Program:

- Staffing
- Logistics
- Development

STRENGTHEN ORGANIZATIONS

Grant Program Highlight: Four years of Capacity Building Funding

OUR WHY
 In our region, unrestricted philanthropic support for nonprofits' organizational health is rare. State and federal restrictions leave most organizations without the flexible resources to function, adapt, or grow — creating brittle organizations ill-equipped to meet community needs. This grant program was built to close that gap.



Small organizations defined as organizations with operating budgets at or under \$500,000 annually.

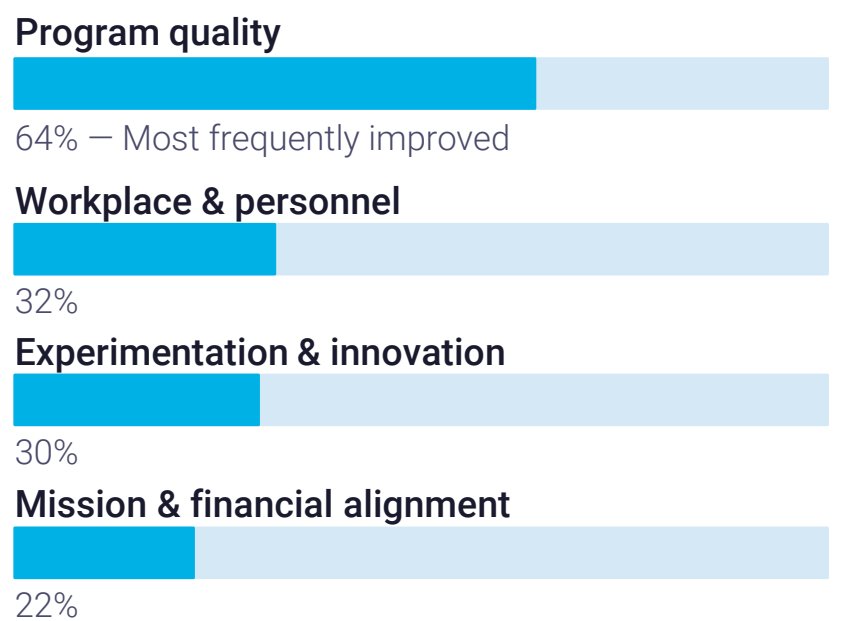
Most common improvements reported

2021–2025 (n=50)



Improvements by category

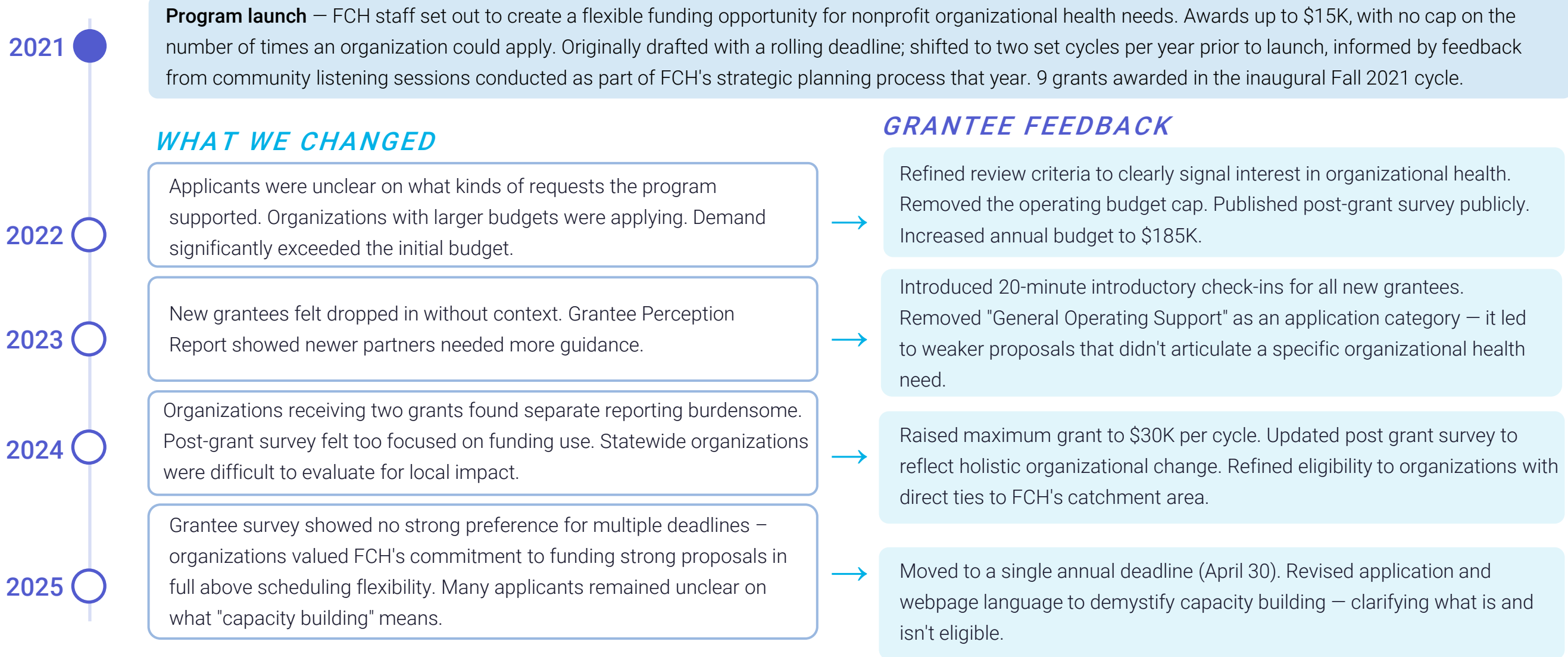
Share of funded periods with any improvement



Percentages reflect share of completed funded periods (n=50). Open 2025 funded periods not yet included.

STRENGTHEN ORGANIZATIONS

Grant Program Highlight: How Grantee Feedback Has Shaped the Capacity Building Grant Program



WHAT WE'VE LEARNED

Flexibility is the point Grantees direct this funding toward needs they cannot bring to other funders.	Language matters "Capacity building" is unfamiliar to many nonprofit leaders – we've continually worked to improve how we communicate about the program and its purpose.	Small orgs need proactive support Selection priority alone isn't enough; direct outreach matters equally.	Gains are operational Flexible funding unlocks foundational work – logistics, staffing, and innovation.	The program opens doors 7 of 29 partner organizations were new to FCH when first funded.
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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?

8 Grants closed in 2025 demonstrated at least one of these outcomes in their work.

Grant Results

49% 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 from 58-76%).

3 transportation providers in our region provided 6,010 rides to 335 community members

LCCHO supported a pipeline of 211 affordable rental units and 20 homeownership units across the region, formalized through updated MOAs with 11 housing nonprofits



Photo by Walter Hergt.

In its first full year of operation, Community Health and Wellness Center's North Canaan Health Center:

➡ Served 1,633 community members, more than double its 2024 total

➡ Provided 7,606 patient visits, more than tripling patient visits in 2024

Additionally, the three Region 1 school-based health centers served 198 students through 990 visits in 2025, sustaining the access established in 2024.

IMPROVE COMMUNITY ASSETS

Place-Based Investment Highlight: Regional Food Hub



Photo by Walter Hergt.

What We're Learning

Pass-through structures reduce administrative burden Seed Commons handles underwriting, disbursement, and monitoring – FCH provides capital and stays informed through quarterly reports.

Pairing a loan with a grant helps A \$40K companion grant over two years offsets Rock Steady Farm's borrowing costs, making the investment accessible to a small organization.

Immediate & Short-Term Impact

\$1M

in capital unlocked – Rock Steady Farm can finance and begin construction

15+

local farms maintain access to markets and aggregation infrastructure during construction

WHAT IS A PLACE-BASED INVESTMENT? As a foundation, FCH can deploy capital as loans that generate a modest financial return alongside social impact – a practice known as impact investing.

In 2025, FCH made its first pass-through loan – \$1,000,000 to Seed Commons, a Community Development Financial Institution, to Webatuck Valley Farm Collaborative's construction of a regional Food Hub in Millerton, NY. For the project, Rock Steady Farm secured a \$2.2M NY State administered grant to build two connected processing facilities, but because that grant reimburses costs after the fact, construction needed upfront financing. FCH's two-year loan bridges that gap.

Long-Term Impact

Doubled regional processing capacity

Two new facilities serve at least 15 small farms, enabling them to scale operations and reach institutional contracts year-round.

Expanded food access

55+ confirmed buyers – food pantries, schools, hospitals, grocery stores – gain access to increased local food volume and new value-added products.

Jobs and economic activity

Full-time agriculture jobs created; ~\$2.09 of regional economic activity generated per \$1 invested (USDA).



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?

No grants closed in 2025 in our Support Local Decision-Making focus area, due to our focus on multi-year support.

Affordable housing work in Litchfield County depends on a small, two-person team who manages day-to-day project oversight, provides technical assistance and project support for **11** local volunteer-led housing nonprofits, and more – all while also running the county's largest convening on housing, its annual Housing Summit. In 2025, FCH covered event costs and contributed staff time for event logistics, freeing **Litchfield Center for Housing Opportunity's** team to focus on program design and engaging **113** people in a more participatory summit experience.



Photo by Pig Iron Films.

Grant Results

As part of a statewide funder collaborative, FCH supported **Housing for All's** first year of work to build a network of grassroots resident groups advocating for affordable housing – reaching **543** residents and engaging **98** towns across Connecticut, including early organizing connections in Litchfield County.

The Center on Main completed its first year of a multi-year community collaboration grant, hosting **13** partnership programs in Falls Village and drawing an estimated **740** attendees.

Community Health Center Association of Connecticut garnered **11** earned media placements that elevated public and policymaker understanding of Medicaid funding changes and rural health center needs statewide.



ACCOUNTABILITY

This section of our Learning & Results Summary tracks our progress against the annual objectives in our 2025 work plan. Each objective is tied to a long-term goal and reviewed quarterly. We share this not only to report on what we accomplished, but to be transparent about where we fell short, changed course, or are still figuring things out.

2025 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 2025 Jan- Mar	Q2 2025 April-Jun	Q3 2025 Jul - Sep	Q4 2025 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, 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. Continue to develop a Nonprofit Community of Practice for FCH grantee partners and achieve on average participation from 20 unique organizations in 2025, offering structured learning opportunities, as well as convenings focused on peer-to-peer education, and networking.					
		3. Stay attuned to the needs and challenges of our region's nonprofit sector created or exacerbated by federal and state policy changes, and offer responsive and meaningful grant programs, as well as support beyond and without a grant.					

Staff Reflections
Navigating an Uncertain Funding Landscape *The context in which our grantee partners operate changed meaningfully in 2025. Federal policy changes created real uncertainty for many of the nonprofits we fund – particularly those with revenue tied to federal programs. We increased outreach, created space for conversations beyond the grant, and in some cases moved faster than we typically would to get funds to organizations that needed stability. We're still learning what it means to be a responsive funder in a volatile policy environment, and we expect that to continue to shape how we work in 2026.*

<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>		<ol style="list-style-type: none"> 1. Support efforts to sustain the operations of three school-based health centers in Region 1 and work with partners in southeast Columbia County (Taconic Hills School District) and northeast Dutchess County (Dover Union Free School District) 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 (annually) in our region through a Revolving Loan Fund. 3. Develop and launch at least one new place-based investment strategy by Q4 2025. 4. Build and strengthen strategic partnerships with elected officials and community leaders to advocate for policies, funding, and initiatives that ensure the long-term financial sustainability of the North Canaan Health Center and other essential health services across our region, including school-based health services, emergency medical services, non-emergency medical transportation services, and other critical community health services. 	<p>● ● ● ●</p>	<p>Progress bars for each goal: Goal 1 (filled), Goal 2 (dashed), Goal 3 (filled), Goal 4 (partially filled)</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 affect health and well-being.</p>		<ol style="list-style-type: none"> 1. Explore and develop funding opportunities in partnership with local decision-makers that will support their efforts to collaborate with one another, strengthen communication with their residents, and/or increase their capacity to support, build or strengthen the volunteer committees and or boards that support their work. 2. Support direct connections between community leaders, legislators and community members who can influence policy and funding decisions through special convenings and events that showcase the region and elevate local voices. 3. Explore potential partnerships and/or the use of technology 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. 4. Build town-level leadership capacity, training key decision-makers, and fostering collaboration between experienced housing organizations and community stakeholders. 	<p>● ● ● ●</p>	<p>Progress bars for each goal: Goal 1 (partially filled), Goal 2 (partially filled), Goal 3 (filled), Goal 4 (filled)</p>

<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. 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 2024 by end of Q2 2025.</p>	●	
		<p>2. Share information about FCH's progress towards its objectives and stories from our region by publishing a Learning & Results Summary no later than Q3. Publish at least three Stories from our region through FCH's website. Improve dissemination through earned and paid media.</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. Operationalize and continue to make meaningful progress against 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. Draft 2025-2028 strategic communications plan by Q4 2025.</p>	●	
		<p>2. Provide region-specific health information to policy makers through data rich issue briefs that provide actionable recommendations.</p>	●	
<p>FCH's operations are meaningfully improved through increased engagement and leadership development of our Board of Directors.</p>		<p>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.</p>	●	
		<p>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.</p>	●	
		<p>3. Develop and implement a comprehensive leadership succession plan that ensures organizational stability and continued strategic growth through and beyond the CEO transition in 2027, including talent development, knowledge transfer, and preservation of key relationships and institutional memory.</p>	●	

Staff Reflections *cont.*

The Difficulty of Advocacy Work at Our Scale Our objective to strengthen strategic partnerships with elected officials and community leaders in support of regional health services remains genuinely hard. We made progress building relationships, but translating those relationships into meaningful policy influence – particularly around health services sustainability – is slow, nonlinear work. We don't think the goal is wrong, but we're being more honest with ourselves about what a small foundation can realistically move in this space and where we can be truly additive to existing efforts.

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.

A note on this year's baseline changes: A few indicators on the following pages are marked "★ New baseline" instead of a trend arrow. This means we have a current, accurate figure, but not a fair prior-period comparison — either because the underlying data changed, or because we changed how we calculate the figure. Specifically:

Food Insecurity (CT and NY): Feeding America updated its methodology in 2021, making prior figures not directly comparable to current data. In September 2025, USDA also ended its 30-year annual food security survey.

Poverty (NY): This year, we moved from a single statewide poverty figure to a population-weighted calculation built from town- and county-level Census data specific to our service area. This gives a more accurate picture of FCH's region but means this year's figure isn't directly comparable to poverty figures shown in past summaries.

Excessive Drinking (CT): County Health Rankings & Roadmaps discontinued county-level reporting for this measure in 2025 as part of Connecticut's shift to planning regions. This year's figure reflects the rate for the Northwest Hills planning region (the closest available substitute for Litchfield County) rather than a directly comparable county figure.

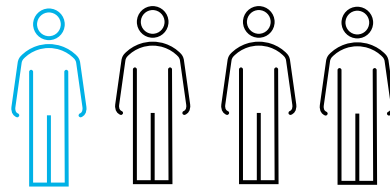
LONG-TERM COMMUNITY HEALTH INDICATORS

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 – the largest concentration of any single town.

Ancram has a poverty rate of ~9% – among the higher rates in the Columbia County towns FCH serves.



Amenia and Washington, remain among the lowest median household incomes in FCH's region (\$76,400 and \$74,500). Many of our region's towns still lag their respective state medians.



Nearly 1 in 4 Litchfield County residents is 65 or older – well above the CT statewide rate (19.5%). Dutchess County median age: 45.

Litchfield County is the fastest-shrinking county in our region.

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**

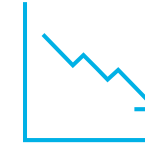
13%

Food insecurity
★ New baseline

21%

Excessive drinking
★ New baseline

6,767



Premature deaths
(per 100,000)
↓ Decreasing

LITCHFIELD COUNTY HEALTH INDICATORS

Litchfield County has similar rates of post-secondary education and reported health status. **Overdose-driven premature deaths remain above the statewide rate. Uninsured rates dropped over the past decade, but an estimated 3,800 residents in Senate District 30 (most of Litchfield County) are projected to lose Medicaid under H.R.1.**

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%.

11% of children live in poverty. Statewide the rate is 13%. Rate has risen each year since 2022.

Regional Housing Affordability Challenges

9,254

households are severely housing cost burdened

61%

of households have just 1-2 people – yet 65% of homes have 3+ bedrooms

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)
- DataHaven, Coverage at Risk (Sept. 2025) / Manatt Health
- [Litchfield County Center for Housing Opportunity](#)
- U.S. Census Bureau, American Community Survey (5-year estimates)

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**

9%
Poverty
★ New baseline

11%
Food insecurity
★ New baseline

20

19%
Depression
↓ Decreasing



DUTCHESS COUNTY HEALTH INDICATORS

Dutchess County's poverty rate (8.4%) runs well below the New York state rate (14%).

Within our service area, that average hides real variation: Washington's poverty rate (6.7%) is among the lowest in the region, while North East and Stanford (13.8% each) run well above the county average – more than double Washington's rate.

Amenia, home to a significant share of the region's agricultural workforce, has a substantial Hispanic population, and reflects two of the disparities we track most closely: Hispanic residents in Dutchess County are uninsured at more than twice the rate of white residents (9.1% vs. 2.6%), and Hispanic children experience child poverty at more than double the rate of white children (10.2% vs. 4.1%).

Overall uninsured rate in Dutchess County: 3.9% – a decade of coverage gains countywide.

COLUMBIA COUNTY HEALTH INDICATORS

Columbia County's health outcomes are broadly comparable to Dutchess. Child poverty holds at 15% – below the state rate.

Within our service area, Copake's poverty rate (13.5%) runs above the county average; Ancram's (9.3%) runs below it.

Copake's median household income (\$111K) is the highest of any FCH town in Columbia County; its poverty rate (13.5%) is also among the higher ones – both can be true in a community with a large second-home population.

18% of motor vehicle crash deaths in Columbia County involved alcohol – below the statewide rate (22%), though based on a small number of crashes (33 total) that can shift year to year.

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)
CDC PLACES: Local Data for Better Health, County Data 2025 release (Centers for Disease Control and Prevention)
NY DOH Health Indicators by Race & Ethnicity (2021–2023, rev. Feb 2026)
U.S. Census Bureau, American Community Survey (5-year estimates)