



December 10, 2018

Mary Amelia Whited-Howell  
Executive Director  
Frost Foundation  
511 Armijo, Suite A  
Santa Fe, NM 87501

Dear Ms. Whited-Howell,

Rio Grande Food Project is requesting \$10,000 to expand our Chronic Illness Care Program for low-income chronic illness sufferers in Albuquerque, New Mexico. Rio Grande Food Project provides resources, educational programs, and more to people in need in the Albuquerque area. We are writing to the Frost Foundation, because we recognize the value your organization places on educational programs that fosters empowerment through respect in their participants. This project focuses on chronic illness rates in low-income individuals in Albuquerque. Last year over 11,000 citizens of New Mexico died due to chronic illnesses. Through this program, we hope to decrease the rate of deaths caused by chronic illness in New Mexico, particularly in low-income individuals who don't have regularly access to the care they need.

The Chronic Illness Care Program wants to prove more low-income individuals with the tools they need to manage their illness, find their vigor, and lead more fulfilling lives. Access to healthy food and options that are within dietary restrictions can make all the difference to those struggling to manage chronic disease. Rio Grande Food Project wants to give this program a familial approach by catering to the families of the individuals already immersed in Chronic Illness Care. Our nutritional expert will provide advice and techniques to the families that will reinforce healthy habits that will work as disease management standards. After each bi-weekly (every other week) session with the nutritional expert, participants will have to opportunity to shop at no cost to them at our pop-up market, where they can stock up on fresh fruits and vegetables, healthy grains, and many more options.

A grant from the Frost Foundation would mean that low-income families in the Albuquerque area will have the chance to receive quality advice and nutrition options that they otherwise would not have access to. In addition to disease management, families will be able to practice disease prevention in younger family members who are unaffected, but face a high risk of chronic illness contraction. With your help, we can assist individuals and families suffering from chronic disease and illness in Albuquerque and reduce the rate of deaths caused by mismanagement of chronic illness in the state of New Mexico.

Sincerely,

Eileen Whittaker  
ENCLOSURE

## **Introduction**

Rio Grande Food Project is a 501(c)(3) applying for a grant of \$10,000 from the Frost Foundation to expand the Chronic Illness Care Program. The goal of this program is to reach families with chronic illnesses in the Albuquerque community and link them with the care and advice they need to manage their needs and lead healthy lives.

## **Organizational Profile**

Rio Grande Food Project was founded in 1989 when Rio Grande Presbyterian Church members were challenged by their pastor to feed the hungry in New Mexico. Starting with an idea of a satellite for a different food pantry, the vision rapidly grew to establishing an independent food pantry. Seed money, donations from church members, other congregations, and grants propelled RGFP from a vision to a realistic project, distributing 2,000 pounds of food in year one.

The end-goal of RGFP is to eradicate hunger in New Mexico, and we are working towards this goal every day. In 2017, we provided a week's worth of meals to an average of 4,230 kids, adults, and seniors every month. Many of our volunteers are members of the community who were once homeless and used RGFP's programs to get back on their feet

Located on the west side of Albuquerque in the middle of a food desert. One in six people are struggling with hunger in New Mexico and do not know where all their meals for the day will come from. Over half of people fighting hunger are also battling at least one chronic illness. RGFP's Chronic Illness Care Program identified and worked with 40 individuals over the course of 2017 to instill healthy habits for managing chronic illness, and provide nutritional advice that promotes healthy lifestyles.

For the past 27 years, RGFP has been working to eliminate hunger and improve the lives of Albuquerque's community members. Some of our on-going programs aside from food distribution, are financial, and literacy training, nutritional education, community gardens, bill-pay assistance, and much more. The "Chronic Illness Care Program" is one of our most recent. Since its beginning in January 2017, the program has worked one-on-one with over 50 individuals dealing with illnesses ranging from diabetes to arthritis. Everyone in the program attends bi-monthly sessions with Dr. Reigner, who specializes in nutrition for chronically ill patients. Dr. Reigner provides nutritional advice and helpful devices to assist in the management of chronic illness. Following each session, the members can experience a market-like shopping experience, where they can choose food items that coincide with their specific nutritional needs from RGFP.

We serve thousands of hungry each year and are well-equipped to handle an expansion of the "Chronic Illness Care" program, because almost half of the hungry population has a chronic illness. This leaves room for an exponential member increase for this program. Rio Grande Food Project wants to inform those without consistent access to medical/psychological care on how they can manage their pain and create good habits that will facilitate pain management.

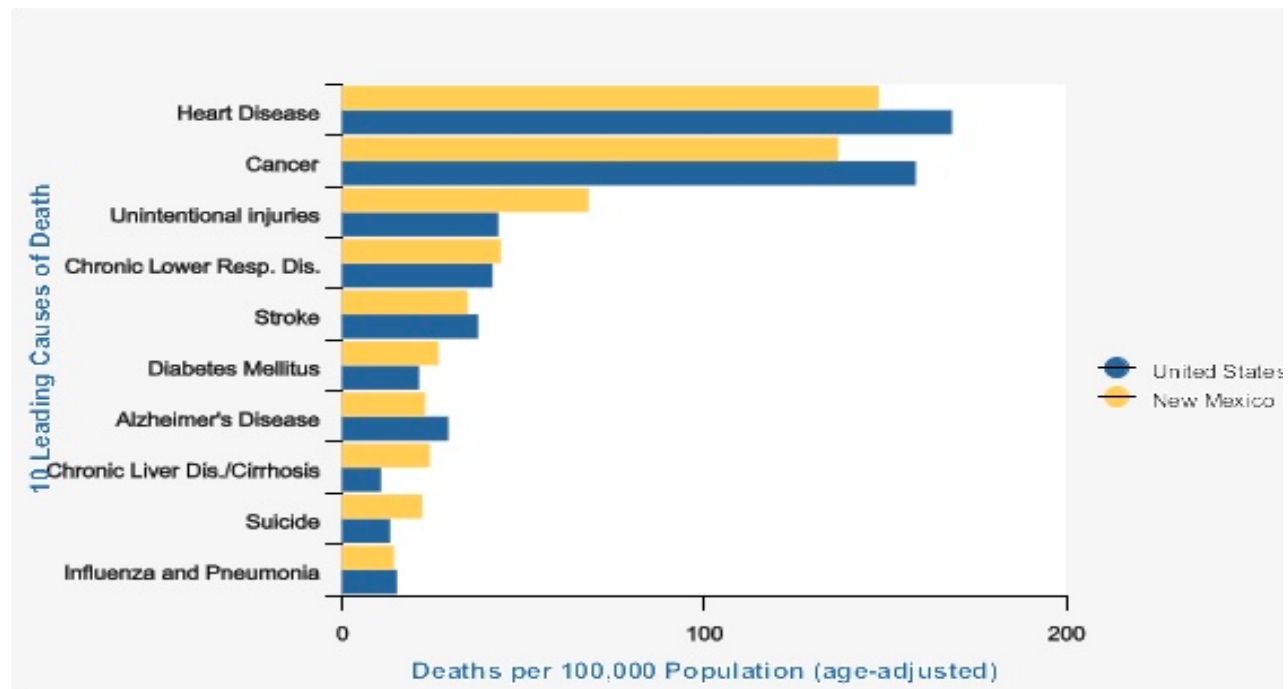
Our staff consists of six dedicated community members, three of which make up the Board of Directors. Because the number of paid members is so low, the Board is a working Board, pitching in on the day-to-day activities, and overseeing program management. Eileen Whitaker brought the idea of “Chronic Illness Care” to life in 2017, and will be heading the further expansion of this program. Whitaker was born and raised in Albuquerque and witnessed the food insecurity in our area first-hand. She is open about the fact that she has a chronic condition and wants to help others who do not have access to proper care and food.

### Needs Statement

The rate of deaths in the state of New Mexico is directly affected by the number chronic diseases in population members. Approximately 40% of Americans are affected by incurable and ongoing chronic diseases.<sup>1</sup> Among the top 10 leading causes of death, 7 are caused by chronic diseases.

In 2016 and 2017, the top cause of deaths in the state of New Mexico were due to heart disease. This term can seem vague, but it includes all heart conditions that are defined by diseased vessels, structural problems, and/or blood clots. A few of the most common heart conditions include coronary artery disease, high blood pressure, and congestive heart failure, all of which can be caused by poor diet.<sup>2</sup>

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[http://www.nationalhealthcouncil.org/sites/default/files/NHC\\_Files/Pdf\\_Files/AboutChronicDisease.pdf](http://www.nationalhealthcouncil.org/sites/default/files/NHC_Files/Pdf_Files/AboutChronicDisease.pdf)

<sup>2</sup> <https://www.cdc.gov/heartdisease/about.htm>

<sup>3</sup> [https://ibis.health.state.nm.us/indicator/complete\\_profile/DthRateLdgCause.html](https://ibis.health.state.nm.us/indicator/complete_profile/DthRateLdgCause.html)

Chronic liver disease, which is ranked as the seventh most common cause of death in the US, most commonly occurs in New Mexico. This fatty liver disease can be caused by high blood pressure and linked to other heart conditions.

A lot of people living with these diseases cannot afford to go to the doctor to receive proper advice and treatment. They struggle to find the adequate tools that will help them not only survive, but lead happy lives managing the disease. Although most of the diseases, including heart disease and chronic liver disease are preventable<sup>4</sup> and treated through a balanced diet, nutritious foods that will supplement their diet are not directly available. This only causes the problem to worsen, because the root of the issue is not being solved.

Take Anna for example, she lived with High blood pressure and faced the risk of stroke every day for three years. She didn't have the financial means to get herself on a balance diet and didn't know what to do. Her symptoms worsened and feeling out of control, she sought help at RGFP. Anna was set up with the Chronic Illness Care Program, where she shared her story and was provided with more options than she ever had before. The bi-weekly meetings with her nutrition advisor helped her form healthy habits that she carried into her daily life.

Anna now volunteers for the Chronic Illness Care Program at RGFP and works to reach out to other community members who struggle to manage their diseases. Anna found hope and regained control, and although this is a great impact, we want to do more. In 2016, over 200,000 citizens of Albuquerque lived with chronic diseases,<sup>5</sup> which means that the 50 people our program has assisted is a good start, but it's not nearly as much as we could be doing. We want to improve this statistic and help raise the quality of life in these members of our community. This is the first step in impacting the high death rates in the state.

### **Solution Statement**

**Goal:** Our goal is to decrease death rates in chronically diseased patients in the state, as well as to lower the risk of contracting chronic disease for the Albuquerque community. To achieve this, RGFP is going to expand our Chronic Illness Care Program. We have set the following objectives for the expansion.

**Objective 1:** Reach more community members in need.

Rio Grande Food Project understands that it can be extremely difficult for low-income community members to access the health care they need. For people with chronic diseases, this can mean constant health struggles and even premature death. We want to expand our ongoing Chronic Illness Care program to more chronically ill members of the community. As of right now, the program focuses on individuals with chronic diseases, but we want to take a more familial approach. Children of chronically diseased patients are at a much higher risk of

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<sup>4</sup> <https://health.gov/dietaryguidelines/2015/guidelines/introduction/nutrition-and-health-are-closely-related/#table-i-1>

<sup>5</sup> <https://nmhealth.org/data/view/vital/2112/>

contracting chronic diseases, so we want to invite family members of our current program members and begin instilling nutrition knowledge at young age. We will ask current program members to bring their relatives to an induction meeting and give them a short brief on what the Chronic Illness Care program wants to do for them. We will give them the opportunity to sign up for bi-weekly (every other week) meetings with a nutritional expert and choose food that fits their needs at our pop-up market that will be stocked with fresh fruit and vegetables.

**Objective 2:** Create awareness around chronic health issues in Albuquerque.

Meeting with a nutrition expert will provide knowledge for the families affected by chronic diseases. They will learn that the right foods can not only help manage chronic disease symptoms, but also be used as a preventative measure. There are many different chronic diseases, so each family will receive varying advice. The nutritional expert will tailor each session to each family's needs. Using the food pyramid created by the USDA as a guideline, families will not only be told which foods are best for them, but will be encouraged to learn the foods and understand why it works for them. Raising awareness on the effects of poor diet on individuals who are at risk of chronic illness will lead to lower amounts of people affected in the future.

**Objective 3:** Establish healthy habits in program participants.

Creating habits in participants may be a difficult goal to measure, but we plan to do everything in our power to ensure that families will continue program practices after they have exited the program. The best way to do this beyond bi-weekly meetings is provide members with journals in which they can document their diets on a daily basis. The nutritional expert will review the journals alongside family members to give specific feedback on what is working and what needs improvement. Most habits are formed within 21 days, so if we have participants consistently documenting meals for 12 months, many of them will continue this after they have left the program. Prior to each meeting, the families will have access to the Chronic Illness Care pop-up market, where they will be able to choose fresh foods that fit their needs for free. The pop-up market will provide participants with food options suggested by the nutritional expert, so that the advice they receive in meetings can be directly applied to the foods that are put in their homes.

### Solution Table

**Goal:** Decrease death rates in chronically diseased patients in the state, and lower the risk of contracting chronic disease for the Albuquerque community, by expanding the Chronic Illness Care program

Objective	Activities	Timeline	Outcome Results
<p>1. Reach more community members in need</p>	<p>~Board member, Eileen Whitaker will work with Dr. Reigner to identify potential participants.</p> <p>~Potential participants will be contacted and prompted to attend an induction meeting</p> <p>~Families will have the opportunity to sign up for the Chronic Illness Care program</p>	<p>~Number of program participants will increase substantially at the end of the induction meeting</p>	<p>Our program of 30 individuals will increase to 30 families, which will bring the program to an average total of 120 participants</p>
<p>2. Create awareness around chronic health issues in Albuquerque</p>	<p>~Families will meet bi-weekly with a nutritional expert</p> <p>~Meetings will provide participants with vital information on how dietary needs are different for those afflicted with chronic disease</p> <p>~Specified and personally tailored dietary practices will be taught to families</p>	<p>~Participants will be surveyed by the nutritional expert two times a month (after each meeting)</p> <p>~Because this is an expansion, there will not be any time required for program development</p> <p>~The program expansion will run for a year at least</p>	<p>Program participants will have the necessary knowledge and tools they need to better manage the effects of their illness, through dietary focus</p>
<p>3. Establish healthy habits in program participants</p>	<p>~Family members will be provided with a journal in which they will be encouraged to document eating habits.</p> <p>~Journals will be with the nutritional expert, and participants will be given advice on what eating habits they should and should not continue</p> <p>~ After every meeting, families will be able to shop together at our pop-up market and choose foods that fit their needs for free</p>	<p>~Journals will be provided by the nutritional expert at the end of the first meeting</p> <p>~Beginning at the second meeting, the nutritional expert will review the journals with the family members twice every month</p> <p>~The pop-up market will be available two times a month</p>	<p>After the first few months, family members will be in the habit of carefully watching what they eat, and their symptoms will be better managed as a result</p>

## Evaluation

Rio Grande Food Project will evaluate the success of the Chronic Illness Care program's three objectives at specific points throughout the funding period. We will utilize tools for assessment that are strategically designed to measure the distinct results expected from each objective.

We will keep all records on data for the Chronic Illness Care Program evaluation in a computerized database that will be overseen by the nutritional expert. The nutritional expert will log patient journals as the program progresses and will send copies to Eileen Whittaker, the program director, four times a year. Whittaker will analyze the compiled data for the three objectives laid out in our solution statement every third month out of the year. Detailed reports of the analysis will be sent to our Board of Directors and our funders. The analysis will also be given to the nutritional expert who will then make corrections to the program as they see fit, if our analysis shows that we are not on track to reach our original objectives. Our strategies in accordance to each objective are outlined below.

### **Objective 1:** Reach more community members in need.

The program director will take program submissions from those who attended the induction meeting and keep record of new participants. From there, we can calculate the program percentage growth and keep a close eye on this throughout the length of the program. Dr. Reigner, our nutritional expert, will keep close record of which families are attending their bi-weekly meetings. Because this is a program expansion for individuals who are actively participating in the program, we fully expect the families to be active as well. However, if a family misses a meeting, Eileen Whittaker will reach out to them via phone call to ensure they are still interested in participating. The program will not succeed if the members don't attend meetings, so average attendance will be closely monitored, absent members will be contacted, and member drop-out rate will be recorded.

### **Objective 2:** Create awareness around chronic health issues in Albuquerque.

To ensure that the information we are providing is helpful and applicable to their daily eating habits, we will provide a pre- and post-survey to program participants. The pre-survey will be administered before the first meeting with the nutritional expert, and will assess their knowledge of their dietary needs in accordance to their chronic disease. The post-survey will be administered in the sixth month of the program, and will re-assess the participants' knowledge on the same topic. To safe-guard from any lurking variables, the post-survey will include a section in which participants can specify any places they may have learned the assessed knowledge outside of the program. This section will help us find potential allies and partners who are providing similar information to people who live with chronic disease. The amount of correct answers in the pre- and post-test will be analyzed and compared, which will allow us to know exactly how much more knowledge participants have about their chronic disease before and after going through the program. Of the numbers of correct answers from the pre-test to the post-test have not increased by at least 30%, adjustments to the program will be made by our nutritional expert.

**Objective 3:** Establish healthy habits in program participants.

Monitoring habits can be a challenge, but providing participants with diet journals will allow us to track what types of foods they eat on a daily basis. Once we compile information for each individual participant, we can analyze trends for improvement. Once we have an understanding of ongoing trends in the participant's eating habits, we can measure efficacy by percent. Some participants may display a negative trend while others display a positive trend. Each individual's progression will be calculated as well as the participants as a whole. The analysis of individuals will allow us to target participants who are doing poorly or displaying negative trends and make minor adjustments to the care they are receiving. The analysis of the participants as a whole will allow us to quantify the efficacy of the program and make major adjustments to the program activities.

Through careful assessment of each of our program objectives and analysis of the data we compile from the program expansion, we will be able to evaluate the Chronic Illness Care Program as it occurs. This will give us the ability to learn the strengths and weaknesses of our program. Understanding what is and is not working for our participants will allow us to make any adjustments as needed and correct any flaws in the program design, which will strengthen the outcomes for our Chronic Illness Care Program participants.

### **Conclusion**

Thank you for taking the time to review Rio Grande Food Project's proposal for a \$10,000 grant for the Chronic Illness Care Program. We truly believe that together, the Frost Foundation and Rio Grande Food Project can help families in Albuquerque become healthier and stronger, and decrease the rate of deaths due to chronic disease in New Mexico. This program will not only help participants, but it will affect the health of the state as a whole. Please don't hesitate to contact us with any questions or concerns that may arise. We look forward to hearing from you soon.



<b>Project Budget for Chronic Illness Care Program Expansion</b>					
	<b>Description</b>	<b>Request</b>	<b>Other Funding</b>	<b>In Kind</b>	<b>Total</b>
<b>Personnel</b>					
Nutritional Expert	Dr. Reigner provides bi-monthly support for the participating families. They will work eight days out of the month meeting with the families, logging journal.		\$14,000		\$14,000
Program Coordinator	Eileen Whittaker will oversee volunteer staff and works in tandem with the nutritional expert to compile, organize, and analyze collected program data.		\$19,000		\$19,000
Volunteers	Our current 10 volunteers work to set up the pop-up market, by assembling tables and organizing food. They are also responsible for clean-up and tear-down.			\$30,000	
<b>Total</b>		<b>-</b>	<b>\$33,000</b>	<b>\$30,000</b>	<b>\$63,000</b>
<b>Supplies</b>					
Journals	We hope to expand our program by 500 percent. The total projected participants will be around 200 people. Dietary habit journals will be provided to each existing and new member.	\$1,000			\$1,000
Exam Software	We will be utilizing a software to track the progress of our participants and allow them to take a pre- and a post-test.	\$5,000			\$5,000
Online Database	We will be storing our data on a computerized database that will keep the				

	information of the participants secure.	\$2,000			\$3,000
<b>Total</b>		<b>\$8,000</b>	-	-	<b>\$9,000</b>
<b>General Operations</b>					
Facilities	We will be renting out an office at Newton's Cradle Co-Working Space across the Presbyterian Church to hold private meetings between Dr. Reigner, the nutritional expert and program participants.	\$2,000			
Utilities	There is no utility charge for the co-working space and we will also be using space at the Presbyterian Church for our pop-up market.			\$1.00	
Cash on Hand			\$1,000		
<b>Total</b>		<b>\$2,000</b>	<b>\$1,000</b>	<b>\$1.00</b>	<b>\$3,001</b>
<b>Total Expenses</b>		<b>\$10,000</b>	<b>\$34,000</b>	<b>\$30,001</b>	<b>\$74,001</b>