

Mr. Chairman, members of the Committee.

Thank you for inviting me here today to speak with you about nutrition assistance programs and specifically about Kitchen Angels. My name is Tony McCarty, and I am the Executive Director of Kitchen Angels. With me is Stephanie Gonzales, our immediate past Board president, and Robert Horwitz, our grant and technical writer.

Before I tell you about Kitchen Angels, I want to offer a few startling statistics. These come from *The American Journal of Medicine*, Brown University, the National Commission on Hunger, and the Robert Wood Johnson Foundation:

- One out of three chronically ill individuals in the United States cannot afford their food, medications, or both.¹
- As many as thirteen percent of nursing home residents are in care simply because they can't feed themselves at home.²
- One in three people admitted to the hospital in the United States is malnourished.³
- And eighty-five percent of primary care physicians believe patients' social needs are as important to address as their medical conditions. Social circumstances, environmental exposure and behavior are estimated to account for 60 percent of the risk of premature death.⁴

The studies that identified these statistics are relatively recent. Kitchen Angels has known for 24 years that the single best way to maintain health, prevent unnecessary complications from illness, and manage the cost of health care, is to make sure people have enough to eat of the right food.

That's why we exist.

Kitchen Angels was created in 1992. At that time, there were no programs in the Santa Fe area providing nutrition services to low-income, chronically and terminally ill, homebound individuals under the age of 60. These people had no where to go for their meals. Many faced the prospect of slowly starving in their own homes. Our first meal delivery was to 30 individuals. We operated out of the kitchen of the Westminster Presbyterian Church. Since then, we have grown both in focus and in size. Last year we served 409 individuals and delivered nearly one hundred thousand meals. But our **mission** has remained the same: provide **free**, nutritious, and freshly prepared meals to low income, chronically or terminally ill, homebound individuals.

While our original focus was those under 60, these days, more than fifty percent of our clients are **over** 60. We offer specific diets that many elderly individuals require. And although our program is about helping clients maintain the best possible health, given their medical conditions, our intent is not merely health maintenance. We are committed to improving clients' quality of life, mitigating the effects of isolation on their emotional health, and developing strong personal connections between our volunteers and the people they serve each day.

Often, our delivery volunteers are the only social interaction clients experience. A University of Chicago study found that loneliness can set into a motion a host of negative health impacts including hardening of the arteries, tissue inflammation, and deteriorating memory.⁵ With additional social contact, some of these

ill effects can be reduced. Our volunteers provide that contact.

We are a privately funded, community based and volunteer driven organization. We rely on donations, grants, and in-kind contributions. With only four paid staff, we rely on the support of more than 550 volunteers. They cook, package and deliver meals every weekday throughout the greater Santa Fe area. Meals are prepared and readied at our facility on Santa Fe's south side and volunteer drivers deliver meals to clients' homes between 4:00 and 6:00 PM each weekday. Occasionally, a client's care giver will come to our facility and pick up meals. Through our frozen meals program, our service can extend as far north as Raton if someone from the client's community can come to our facility on a regular basis. Meals follow one of six dietary tracks, based on each client's unique needs and medical conditions, and nutritional needs are assessed by a Certified Nutritionist who is also a Registered Dietitian.

Services are provided without regard to age, race, ethnicity, culture, language, sexual orientation, literacy, gender or ability to pay. All of our clients are considered "disabled" based on their medical diagnoses. Ninety-eight percent are economically disadvantaged, based on US Department of Health and Human Services guidelines.

To qualify for our program, individuals must demonstrate that they have a chronic or life-threatening illness, live alone, are unable to provide nutrition for themselves on a regular basis, and lack consistent family or other social support to help them with meals. Referrals are usually certified by clients' health care providers.

The Kitchen Angels model is one that can be replicated in any community. In fact, Kitchen Angels was modeled after Project Angel Food in Los Angeles. All that's required is a commitment from interested community members, a kitchen in which to prepare and package meals, volunteers, some funding, and enough organizational skills to manage a large group of volunteers.

Client demographics generally reflect the larger community. Last year:

- 55 percent were Caucasian; 40 percent were Hispanic; three percent were Native American; and one percent was African American;
- 60 percent were female;
- 98 percent were age 18 and over (we occasionally provide meals to dependent children when they live with a client); and
- 52 percent were age 60 and over.

As I mentioned earlier, Kitchen Angels relies on four paid staff:

I've been the Executive Director for 23 years. I joined the organization as a volunteer shortly after it opened. I was there when we moved from the Westminster Presbyterian Church to the National Guard Armory, and then to our current facility, the Coll-Green Angel Depot. I also helped establish and serve on the Santa Fe City/County Food Policy Council.

Teresa Norton is our Director of Food Services. She's been with Kitchen Angels for 14 years and supervises all activities of food service including ordering, preparing and packaging of all meals. Teresa has more than 22 years' experience in food service and restaurant management.

Jeanette Iskat is our Client Services Manager. She handles our client database and conducts intakes, screenings, and home visits of potential clients. Jeanette has 29 years of experience in customer service,

consulting, marketing, data administration and operations management, and is a certified Peer Support Worker.

Finally, **Lauren LaVail** is our Community Liaison. Lauren manages our team of volunteers for cooking and delivery shifts, handles community outreach, database management, events organizing, basic marketing and general office management.

These are our only paid staff. With the exception of a few contracted professionals, **everyone else volunteers**. Last year, volunteers gave more than thirty-two thousand hours of service.

To make the most of our limited resources and make sure we reach the widest population, we work closely with others in the community.

For example, we partner with community farms, local restaurants, and grocery stores. Last year, they donated more than 26,400 pounds of food, valued at more than forty thousand dollars.

Some of the health care related partnerships we maintain include:

CHRISTUS St. Vincent Regional Medical Center to provide meal services to newly discharged individuals as they transition back to their homes or other living situations;

Coming Home Connection, a non-profit, volunteer-driven hospice care organization, making sure hospice patients receive the nutrition they need to remain as comfortable as possible while transitioning to their end of life;

The Life Link and Saint Elizabeth Shelter, for their transitional living programs for homeless individuals who are newly discharged from the hospital;

The Cancer Foundation for New Mexico. We provide specially formulated meals to patients while receiving cancer treatment. These folks come from all across northern New Mexico and would be unable to receive their cancer treatment without the Foundation's support. The Foundation pays for their lodging in a local hotel and our specially formulated, high calorie meals help ensure they receive appropriate nutrition while enduring chemotherapy and radiation treatment;

And, in a relatively recent initiative, **Molina Healthcare**, providing post-hospital discharge meals to their Medicaid enrollees in an effort to reduce the likelihood these individuals will return to the hospital.

Our budget is small. Our 2016 operating budget is less than seven hundred-thirty thousand dollars. More than 62 percent of revenues come from private contributions, just under 18 percent come from several contracts with the City of Santa Fe, and the remainder come from various fund raising initiatives. This past legislative session, as well as the 2014 and 15 sessions, we received capital appropriations to help support renovations to our facility in order to keep pace with a growing client demand for service. It costs around \$1,700 to feed a Kitchen Angels client for a full year.

You wanted to hear about the challenges we face.

In our 24 years, we have never had a waiting list for our services. In this era of expanded health insurance and Medicaid coverage, however, we are facing enormous pressures to keep pace with a growing number of referrals. With more insured people seeking health care, providers are seeing more and more just how

many people can't afford to eat.

Client enrollment grows steadily, averaging 13 percent each year over the past seven years. Since 2008, our total client base has more than doubled, from 191 to 409. In 2008, we served 98 senior clients; last year, that number was 213. The average length of time a client remains on service has also increased: from two-and-a-half years to nearly three years. Senior clients tend to remain on service for the duration of their lives.

In 2008, we delivered 55,654 meals. In 2015, we delivered 99,363 meals. Last October, we delivered our one millionth meal.

I cited some statistics at the beginning of my comments about how hunger and food insecurity affect the chronically ill and the elderly. It seems everyone wants to quantify the impact social circumstances have on health and health care, as well as the cost for that health care.

So bear with me. I'm going to give you *a few more* statistics.

Feeding America, the nation's largest domestic hunger-relief organization, estimates the overall food insecurity rate for northern New Mexico at 17.5 percent, or more than one hundred twenty-four thousand people.⁶

The **National Commission on Hunger** identified hunger as one of the most important social determinants of health the country needs to address. Adults who report hunger also report poorer physical and mental health and higher rates of diabetes as well as other health problems. Seniors experiencing hunger are three times as likely to have congestive heart failure or a heart attack. Up to 50 percent of senior patients admitted to the hospital are malnourished and thus compromised in their ability to fight illness and complications.⁷

The **Food is Medicine Coalition** writes that poor nutrition status can affect immune function. Food insecurity is a source of chronic stress that has consequences for mental health and reduced adherence to medical treatments. In addition, providing food and nutrition services can facilitate access to and engagement with medical care, especially among vulnerable populations.⁸

With all its successes, the **Affordable Care Act** has failed to address a significant issue associated with health insurance coverage, that of something called "under-insurance."⁹

Expansion of the state's Medicaid Program and the Affordable Care Act have reduced the *number* of uninsured individuals greatly. But high deductibles and out-of-pocket costs mean it is *still* tough for many people to afford health care. This is especially true for our clients. Consequently, they still have to choose between paying for food and paying for health care.

This is why home-delivered meals is so important. They can *actually* reduce health care costs.

A 2013 Philadelphia study examined the cost-saving impact home-delivered meals have on health care. The **Metropolitan Area Neighborhood Nutrition Alliance** (or MANNA) looked at the health care expenditures of 65 chronically ill clients over time and compared those expenditures with a similar group of Medicaid patients who did not receive meal delivery services. MANNA is a non-profit organization similar to Kitchen Angels.

All health care expenditures were examined both before and after clients began receiving services. Here's what the researchers found.

Mean monthly health care costs dropped by 28 percent for the 65 clients receiving nutrition services, from \$38,937 to \$28,183.

The cost and frequency of hospital admissions and length of stays also decreased. More precisely ***“not only was the length of stay 37 percent shorter for the MANNA client group, but also the number of admissions was half that of the comparison group.”***

In the 12 months following the start of MANNA's home-delivered meal services, 93 percent of clients with in-patient hospitalizations were discharged to their homes; 72 percent of those who did not receive home-delivered meal services were discharged to an acute care facility.¹⁰

The **American Association of Retired Persons** forecasts that one in five adults will be 65 or older by 2030.¹¹ Closer to home, the *2013 Santa Fe Community Health Profile* estimates those 65 and older will constitute almost one-third of County residents by 2040. This will stretch our capacity to meet an aging population's needs even further.

The **US Centers for Medicare and Medicaid Services** announced earlier this year that they will spend up to 122 million dollars to study how to best link social services to primary health care. None of the funds will go to the delivery of services, however. CMS wants to focus specifically on *linkages*. Essentially, their goal is to determine the most effective way to improve the connection from health care to social services. At some point, however, without additional resources, the non-profits through which most social services are provided, will collapse.

This, then, is the challenge we face.

I want to close my comments with some results of our own.

We regularly ask clients how we've affected their quality of life and their ability to access health care. These results come from our client survey conducted earlier this year.

- 95 percent of clients said their ability to live independently had improved;
- 97 percent said their quality of life had stabilized or improved;
- 76 percent said they were better able to afford their medications;
- 70 percent were better able to afford to see their doctor;
- And 86 percent reported they would probably have to move into some type of nursing care facility if they couldn't stay in their own home.

At \$75,000 a year to live in a nursing home¹², the cost savings of that one item alone is huge.

Equally as important as these statistics, though, are the words we hear from our clients. For example, we hear regularly how the daily visits and support of Kitchen Angels delivery volunteers give clients a sense of being “cared for” and “respected.” As one client wrote:

“It is so lonely being ill and to see the bright smiles and get to chat with and come to know the angels who deliver the meals truly helps me get through some very long and difficult days. Some days these are the only contacts I have with anyone.”

Thank you for the opportunity to share a bit about my organization and the challenge we face.

I've given out some charts that display a few of the results from our client survey, in addition to a brochure that describes Kitchen Angels. The charts show:

- ***Clients' Perceived Quality of Life*** as a result of Kitchen Angels services;
- ***Where Clients Would Live*** if they couldn't stay in their own homes because they couldn't provide for their own meals – this is broken out between clients age 60 and under and those over age 60;
- ***Clients' Ability to Access Healthcare***, specifically their ability to afford medications and their ability to afford to see their doctor – broken out by age and years on Kitchen Angels service; and
- ***Clients' Total Reported Emergency Room Visits*** before and after starting Kitchen Angels services, again broken out by client age.

Now I am pleased to answer any questions you might have.

¹ "Access to Good Food as Preventive Medicine;" *The Atlantic*; April 7, 2014.

² "Delivered Meals Keep Seniors in Their Homes;" Brown University; December 4, 2012.

³ "Freedom from Hunger: An Achievable Goal for the United States of America. Recommendations of the National Commission on Hunger to Congress and the Secretary of the Department of Agriculture;" National Commission on Hunger; 2015.

⁴ "Health Care's Blind Side: The Overlooked Connection Between Social Needs and Good Health;" the Robert Wood Johnson Foundation; December 2011.

⁵ "Loneliness triggers cellular changes that can cause illness;" *University of Chicago News*; November 23, 2015.

⁶ Feeding America; feedingamerica.org

⁷ National Commission on Hunger; 2015.

⁸ Letter to the Senate Finance Committee Re: Bipartisan Chronic Care Working Group Policy Options Document;" the Food is Medicine Coalition; January 26, 2016.

⁹ "The Problem of Underinsurance and How Rising Deductibles Will Make It Worse: Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2014;" The Commonwealth Fund; 2015.

¹⁰ "Examining Health Care Costs Among MANNA Clients and a Comparison Group;" *Journal of Primary Care & Community Health*; September, 2013.

¹¹ American Association of Retired Persons

¹² Genworth 2015 Cost of Care Survey New Mexico; Genworth Financial Inc; 2015.