



Foodlink remarks for the 1115 Medicaid waiver public hearing

May 10, 2022

Good afternoon, my name is Mitch Gruber, and I am the Chief Partnerships & Strategy Officer at Foodlink, the regional food bank in Rochester. While the core of our work for more than 43 years has been food banking, we have deliberately transformed in recent years into one of our region's leading public health organizations. In addition to distributing over 20 million pounds of food per year, we operate a kitchen that produces more than 10,000 healthy meals & snacks per day for children in our community, and we have a suite of Community Health Programs that increase the accessibility of healthy, local foods, anchored by the Curbside Market, one of the most effective mobile markets in the nation.

The Curbside Market proved to be one of the bright spots for DSRIP in our region, as we worked with our PPS, MCOs, and Payers to create new programs that deliver healthy foods to the most vulnerable in our community. We have executed three fee-for-service campaigns with Excellus BlueCross BlueShield members, providing regular access to boxes of healthy produce via the Curbside Market. The percentage of participants who reported that they "never worried about running out of food" increased by nearly 15 percentage points due to this unique partnership and intervention. We are now engaged with Excellus once again for a new healthy food box program aimed at improving the health and food security of pregnant individuals, who receive a box of food via the Curbside Market on a biweekly basis.

With all of that context, when examining the state's 1115 waiver proposal, we have a few focus areas that excite us and a few areas of concern:

We applaud the draft for promising to invest in CBOs. We look forward to engaging with the HEROs and SDHN to ensure that CBOs get the requisite support for personnel, infrastructure, IT and more. We also applaud the focus on workforce development in the health care sector, and hope there is an opportunity for us to collectively develop a pipeline for careers in the CBO sector, as well. CBOs are chronically understaffed, and we need to build workforce development opportunities for us to be effective at the work outlined in this draft waiver.

We are concerned, however, that there is too narrow a focus on "evidence-based" interventions for CBOs. The reality is that healthy food is one of the greatest needs in our community, but food-based interventions do not necessarily lead to specific improvements in health outcomes that would be described as "evidence-based." The link between a nutritious diet and access to healthy foods to health care costs is widely documented. Food insecurity and poor diet compromise our region's health and burden the healthcare system. In a survey of more than 60,000 households who visited emergency food programs, 66% reported making the difficult choice between paying for food and paying for medical care. Over 150,000 people in our 10-county region struggle with food insecurity every year.

Let's not overcomplicate this. Let's not make every food-based intervention frame itself as "medically tailored meals" or a "food pharmacy." Let's not allow specific and problematic language to get in the way of critical work. For example, terms like "food insecurity" and "food deserts" may suggest that someone who lives a few blocks from a grocery store may not need a food-based intervention, but that person's lived experience may tell a different story. Let's not make this waiver so rigid that food banks, meal programs, and food pantries have to jump through unnecessary hoops to provide food and nourishment to those who need it the most.

Let's make sure there is opportunity for regional customization and innovation; after all, a success story in New York City or North Carolina does not always translate to a success in Rochester. Regional success stories should serve as the foundation for how we identify and scale projects.

Thank you for allowing us to comment publicly. It is our hope that the early successes we've found through our health care partnerships can be supported, scaled up, and serve as a model for other nonprofits and health care systems across the state.