

West Side Campaign Against Hunger (WSCAH) thanks the Centers for Medicare and Medicaid Services (CMS) for the opportunity to submit commentary on the New York State Department of Health (the State) request of \$13.5 billion over five (5) years to fund a new 1115 Waiver amendment that addresses the inextricably linked health disparities and systemic health care delivery issues that have been both highlighted and intensified by the COVID-19 pandemic. WSCAH supports the section 1115 Medicaid waiver which offers NYS the flexibility to take its Medicaid programs in innovative directions to provide holistic care and to address the social determinants of health. We ask for NYS and the CMS to include addressing food insecurity in its definition of key solutions.

WSCAH serves a New York City **community** of almost 77,000 customers who come to us from across NYC to gain access to healthy food and supportive services. Founded in 1979, WSCAH is the country's first supermarket-style, multi-service food pantry and one of the largest emergency food providers in New York City. WSCAH alleviates hunger by ensuring that all New Yorkers have access with dignity to a **choice** of healthy food and supportive services.

In response to growing community needs, many hospitals and community organizations worked to address one of the key social determinants of health, food access. New York Presbyterian Hospital (NYP), the largest academic healthcare system in New York City and Westchester, with 10 campuses across the region and affiliations with Columbia University Vagelos College of Physicians and Surgeons and Weill Cornell Medicine, in conjunction with WSCAH rapidly mobilized existing partnerships with community-based organizations to establish a multisite clinical-community food pantry called the Food FARMacy program.

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Over the last three years, WSCAH, NYP, and other partners have supported New Yorkers in need with food and social services via the Food FARMacy program. Together, we have served 38,644 individuals with almost 2.6 million pounds of healthy food. At the same time, we have spent time and effort evaluating the effects of this type of project, and the results are promising.

In our evaluation work, we found that despite enrollment in federal supplemental nutrition programs, Food FARMacy participants experience household food insecurity. Food FARMacy participants received food aligned with USDA guidelines up to 14 times over 6 months, and the median attendance rate was 10 sessions. They had improvements in household food insecurity and dietary quality. Families noted they require a layering of programs to meet nutritional needs, and they valued access to fresh, healthy foods through the Food FARMacy program. In our preliminary findings among a small cohort of infants and children age < 6 years, we found that those who were Food FARMacy participants had smaller gains in body mass index - a marker of obesity - compared to non-participants. This supports the important role of access to healthy food in obesity and chronic disease prevention among households with food insecurity.

It's clear from our programs and evaluation that food initiatives such as Food FARMacy work. Funding value-based organizations to help prevent health issues is an incredible mechanism to truly change the health of and better support the community.

The Medicaid 1115 waiver must include food-based initiatives, and we urge CMS and NYS to work with community-based organizations to deliver these important food-based initiatives. Importantly, initiatives should be population based and preventative. Efforts should not only focus on small cross sector initiatives for treatment of adult health issues. Prevention and treatment should be included, starting in early life and continuing across the life course, including families with children.

The truth is communities have many needs; focusing on social determinants of health is a way to not simply treat people in health crises but instead focus on prevention of health issues by supporting the core needs of community members: food, housing, health, etc. Expanding Medicaid waivers to support prevention and to allow for collaboration between community-based organizations and healthcare, is an

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evidence-based approach to reducing health care costs and increasing community health. That's a true win-win.

At present, a core need exists to support clinical screening and referrals for food, benefits, etc. at a population level. Simply put, food is medicine for the population. If we want to decrease the cost of healthcare for the system and increase health for the community, we must focus on social determinants of health. As the evidence above attests, food is central to prevention. As healthcare systems increasingly focus on addressing upstream determinants of health to improve population health, food interventions to reduce household food insecurity should be scaled to meet the ever growing need. Furthermore, there is a need to fund research to determine best strategies to create effective interventions and implementation/dissemination of these interventions.

WSCAH thanks the Centers for Medicare and Medicaid Services for the opportunity to submit commentary on the upcoming New York State Department of Health request of \$13.5 billion over five (5) years to fund a new 1115 Waiver amendment that addresses the inextricably linked health disparities and systemic health care delivery issues that have been both highlighted and intensified by the COVID-19 pandemic.

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