

FOOD IS MEDICINE IN NYC: A MEMO ON NUTRITION-BASED HEALTH INTERVENTIONS



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I. An Overview of Food is Medicine

Food is Medicine (FIM) refers to the provision of healthy food resources—such as medically-tailored meals (MTMs) and produce prescriptions (often called Veggie Rx) —to prevent, manage, or clinically treat specific conditions.¹ FIM programs can directly address social determinants of health linked to food insecurity, as structural inequalities often limit access to a healthy diet.² A growing body of research demonstrates the effectiveness of FIM interventions. Neighborhood-based and clinical programs have been shown to reduce diet-related disease and improve health outcomes in adults^{3,4} and children.⁵ A meta-analysis of 100 studies involving more than 43,000 patients found that participation in FIM initiatives led to significant clinical outcomes, including reduced risk of cardiovascular events, lower LDL cholesterol and systolic blood pressure, decreased prevalence of metabolic syndrome, weight reduction, and lower chronic kidney disease mortality.⁶ Beyond clinical benefits, FIM programming has demonstrated social and behavioral impacts, such as reducing food insecurity and improving mental well-being.⁷ Community food pantries and food distribution organizations play a central role in improving access to nutritious foods and are increasingly being leveraged as key partners in FIM implementation.^{8,9} This brief describes how limited access to healthy food contributes to diet-related diseases and food insecurity in New York City. It also offers evidence-based policy recommendations to expand Food is Medicine programming across the city and state.

II. The Food and Health Landscape in New York City

In New York City, more than half of adults¹⁰ and nearly one in three children have overweight or obesity,¹¹ and type 2 diabetes affects more than one in ten residents— with rates among Black, Hispanic, and Asian/Pacific Islander New Yorkers nearly twice those of White residents.¹² Citywide, 9.4% of adults report food insufficiency, or very low food security,¹³ with some neighborhoods experiencing rates as high as 19.4%.¹⁴ These disparities are shaped primarily by structural barriers in the retail food environment, not solely by individual behaviors. Access to healthy food varies greatly by neighborhood, income, and race, with measurable consequences for diet and disease risk.¹⁵ For example, while 81% of Upper East Side residents eat at least two servings of fruits and vegetables daily, only 54% do so in the South Bronx.¹⁵ Bed-Stuy faces even greater access inequities, with a 57:1 bodegas-to-supermarket ratio, compared to 3:1 in the Upper West Side.¹⁶ Limited food affordability further compounds these challenges, as families are often priced out of healthier options and pushed toward cheaper, less nutritious foods. While overall obesity prevalence in NYC has declined, research shows that childhood obesity has decreased primarily in wealthier areas,

with no improvements observed in low-income neighborhoods.¹⁷ These inequities underscore both the urgency and the opportunity to strengthen the city's food environment while expanding FIM programming to improve health outcomes.

III. Structural Barriers to Implementing FIM in NYC

Despite strong evidence supporting FIM programs, significant barriers limit their reach and sustainability in New York City. Existing programs—which range from fruit and vegetable incentive initiatives to improving cholesterol levels—are impactful,¹⁸ yet they serve only a small fraction of the populations experiencing food insecurity¹⁹ and face persistent challenges such as transportation, accessibility, and funding. Efforts to expand access, including home delivery and flexible distribution points, have helped mitigate logistical barriers,²⁰ but many participants still encounter obstacles such as limited provider referrals, language barriers, and stigma.²¹ While Medicaid, Medicare, and nonprofit partnerships increasingly fund MTMs and Veggie Rx, most initiatives rely on short-term grants, limiting their capacity for long-term impact.²¹ Additionally, the clinical framing of many FIM programs often overlooks the cultural dimensions of food,²¹ highlighting the need for models that are not only sustainable and accessible but also culturally responsive to the diverse communities they intend to serve.²²

IV. Recommendations

With the expiration of the 1115 waiver—a federal Medicaid waiver that allows states to test innovative approaches to delivering and financing care—approaching in 2027, ensuring Medicaid stability is critical to securing long-term funding for FIM programs.²³ New York City already benefits from strong, evidence-based nutrition assistance programs that can be expanded and strengthened. Expanding eligibility and increasing benefit levels for the Supplemental Nutrition Assistance Program (SNAP) would help address food insecurity while improving dietary outcomes across NYC.²⁴ Restoring funding for nutrition and culinary education programming, such as SNAP-Ed, would help families stretch limited food budgets and prepare nourishing meals with SNAP-accessible foods. Increasing funding for the Gus Schumacher Nutrition Incentive Program (GusNIP)—which supports fruit and vegetable incentives in both farmers markets and retail stores—would improve the affordability and availability of fresh produce,²⁵ potentially increasing fruit and vegetable consumption in underserved communities.²⁶⁻²⁹ The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), should expand eligibility from age 4 to age 6 through the passage of a new Child Nutrition Reauthorization Act, recognizing the critical role of early nutrition in child development.³⁰ Finally, providing funding for MTM programs (like Veggie Rx, which experienced federal cuts in 2025), would support broader integration across clinical settings, farmer markets, and community-based organizations such as food pantries.³¹ To ensure the success of these initiatives, the city must invest in technical assistance and infrastructure, enabling pantry leaders and community organizations to build efficient referral pathways, track outcomes, and improve patient adherence.³² Sustained funding, policy integration, and culturally responsive program design are essential to advancing Food is Medicine initiatives within a comprehensive, population-level strategy to reduce food insecurity and diet-related diseases among New York City's most vulnerable communities.

The NYU Food Environment and Policy Research Coalition is comprised of faculty, staff members, and students who—through community-based and interdisciplinary research—aim to shape food environments that are health-driven, sustainable, and equitable. The Coalition conducts research that informs policy change on a range of topics to reduce disparities in nutrition and health.

To keep up with the NYU Food Environment and Policy Research Coalition, please visit us at www.nycfoodresearch.org or follow us on [LinkedIn](#) and [Instagram](#).

City Harvest is New York City's first and largest food rescue organization. We rescue nutritious, high-quality food that would otherwise go to waste and deliver it for free to hundreds of food pantries, soup kitchens, community partners, and our own Mobile Markets® across the five boroughs. In response to the urgent and ongoing demand for food assistance and a commitment to sustainability, this year we will rescue more than 86 million pounds of food and deliver it to New Yorkers experiencing food insecurity. With deep connections to the communities where we work and with a focus on localized investment, City Harvest is dedicated to strengthening our network of agency partners and the local food system through capacity building, advocacy, and nutrition education. Through our food rescue model, we support environmental health—this year, we will prevent the equivalent of more than 25.4 million kilograms of CO2 from entering the atmosphere—while providing New Yorkers with the food they need to thrive. City Harvest is recognized as a leading equity-driven organization and has been named one of America's Top 100 Charities by Forbes. Since our founding in 1982, we have rescued more than one billion pounds of food and provided it for free to our neighbors in need.

To learn more, visit cityharvest.org.

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