

Mini Review

FAIR Start: Improving Health Outcomes through a Primary Care Food Justice Project

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Submitted: 18 September 2025

Accepted: 04 November 2025

Published: 05 November 2025

ISSN: 2333-6706

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INTRODUCTION

What drives population health? While many may believe it is clinical care and quality of health care systems, others argue it is the quality of air and water, opportunities for exercise, livable wages, and social networks that reduce loneliness and allow us to feel connected. Food security and eating healthy food is also one of these social determinants that is related to establishing healthy populations [1].

Food security is an increasing concern for many households in the United States. "Very low food security" is defined as living in situations with disrupted eating patterns and reduced food intake. While the "food is medicine" movement and the importance of eating healthy food to reduce illness has garnered the attention of researchers and governments alike, there are still many families and individuals in the United States facing low food security [2].

Many families could not afford a balanced meal or have skipped meals over the past three months. Almost 98% of those who are defined as having low food security are worried their food would run out and 97% reported the food they bought just did not last [3]. With almost 14% of US households or over 47 million people experiencing food insecurity, it is important to assess the impact of an intervention that provides food on the health and well-being of individuals living in those households.

Poverty may be the main cause of food insecurity. People living in low-income neighborhoods are at greatest risk. But not only because of their lack of income. In many of these neighborhoods, there are fewer, if any, full-service grocery stores and access to healthier food options is compromised [4]. Food insecurity also may be related to an increase in chronic conditions and overall poorer

health. The result of increased illness can be higher costs to pay for treatment, increases in emergency room visits, and increased financial strain on households as well as the health care systems [5].

It is clear that there is a strong relationship between food insecurity and poor health outcomes and overall food security continues to be an issue in the United States. While many interventions focus on only a few of the important factors related to food insecurity such as access, availability, utilization and stability, there is a recognition that providing food may impact all four and result in positive outcomes [6]. This is also illustrated in the American Heart Association's "health care by food" initiative which provides participants a fresh start creating healthier food related behaviors [7].

As food costs have increased it has become even more difficult for many families to afford healthier food options even when they are accessible. 32 studies have evaluated "food is medicine" interventions. Most of these efforts did not use organizational or institutional support and many provided medically tailored meals for individuals with complex medical conditions [8]. Some suggest that providing food can reduce budgetary concerns and help participants maintain healthier diets. They also argue that more data is needed at assessing the overall effectiveness of free food programs.

The purpose of this study was to initiate a food, cooking and exercise program that might impact overall health outcomes. The literature is clear that access and affordability are key factors that act as barriers to leading a healthier lifestyle. In addition to increasing the accessibility of exercise and nutritional cooking classes can further impact health outcomes.

METHOD

Participants were enrolled by word of mouth and advertising in public housing and a veterans center. Participants were asked to keep food journals and report on what foods they were eating and comment on their overall impressions. A total of 30 individuals completed between 1 and 16 journals. All food journals were reviewed to assess for trends and commonalities. One participant decided to keep their own health information during the food distribution. He believed this would allow him to monitor his behavioral changes and health progress.

Program Description

The goal of the project was to address health inequities in Staten Island, New York, specifically, and New York City more broadly. The study looked at social determinants from the perspective of access to food and health nutrition as well as access to healthy food options, exercise, life-skill training, primary care consultations, and public health interventions. The project is hybrid, featuring virtual cooking classes, virtual yoga classes, life-skills classes, health fairs, and in-person consultations with physician assistant students from Wagner College in Staten Island. There was an in-person weekly food hub that provided medically tailored food for individuals. Participants were made up of four groups: college students, individuals in Medicaid, individuals living in New York City Housing Authority (NYCHA) and veterans.

RESULTS

1. Many of the participants said in at least one entry that they felt more energy and slept better
2. Not all of the meals were eaten, and there was a range of adherence, with some participants eating all of the food and others eating the provided food a few days a week.
3. Food was shared with others outside of the home at times
4. Some reported that they liked all of the food provided, while others wanted more variety
5. Some reported that they lost a little weight and felt like their health was improving
6. The range of responses about the food and range of

adherence suggests that even when food is provided, not everyone participates in the same way

CONCLUSIONS, LIMITATIONS & RECOMMENDATIONS

1. Providing free food makes a difference in people's lives
2. People reported that they ate most of the food as provided but they wanted less repetition in what was provided
3. Food that wasn't eaten was given to neighbors, expanding the impact of the program while also building community relationships
4. Food logs were not always completed

ACKNOWLEDGEMENT

We wish to acknowledge the Columbia University Mailman School of Public Health, the Health Policy and Management Department, and Epicured, Inc.

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