

Prescribing Vegetables, Not Pills

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Credit

Yvetta Fedorova

Alaijah Borden was 10 years old and significantly overweight when Dr. Sundari Periasamy, a pediatrician at Harlem Hospital Center in New York, enrolled the middle-schooler in an innovative program to increase her consumption of fruits and vegetables — and, hopefully, to reduce her weight.

After two years in the program, Alaijah is an unqualified success story: She lost five pounds the first year by snacking on fruits and vegetables, then eight pounds more the second year, when she cut down on greasy foods.

Her mother, Sheryl Brown, 33, said Alaijah used to sabotage home-cooked family dinners by buying junk food — cookies, cakes and other snacks — on her way to and from school. Now Alaijah carries fruit or cut-up vegetables to school. She likes raw carrots, celery and broccoli. “It’s really an awesome program that’s made it more affordable for me to get fruits and vegetables,” Ms. Brown said. “I told my daughter it’s better to be told you’re overweight and here’s the solution than to just be told you’re overweight and sent home.”

Mom, too, has benefited. Though not overweight, Ms. Brown loves to snack and had developed [high blood pressure](#). She brought it under control without medication when, like her daughter, she switched her snacks to fruits and vegetables.

The Browns are among 50 low-income families with overweight or obese children enrolled in the Fruit and Vegetable Prescription

Program, or FVRx, at Harlem Hospital Center. Three other hospitals in New York also have been testing the program.

The program was created by [Wholesome Wave](#), a nonprofit organization that advocates for access to better food in low-income neighborhoods, in partnership with the [Laurie M. Tisch Illumination Fund](#) and the city's Health and Hospital Corporation. It is a startlingly simple idea to deal with a complex problem.

Instead of drugs or admonishments to lose weight, which typically fall on deaf ears, doctors provide families in the FVRx program with a “prescription” to eat fruits and vegetables. The families also are given nutritional education, recipes and, most important of all, so-called Health Bucks that are redeemable for produce at a local farmers’ market — at twice the amount that the families could purchase with food stamps alone. (Ms. Brown receives \$325 in food stamps each month to feed her family of five.) There is no single solution to the nation’s epidemic of [obesity](#) and the costly diseases that result from it. But this and similar programs at community health centers in 30 states strongly suggest that providing access to fresh fruits and vegetables, with the means to purchase them and the motivation to do so, can make a meaningful dent in the problem.

New York’s FVRx program operates in poor areas known as “food deserts,” where eating at places like McDonald’s is both cheaper and easier than purchasing fresh foods and preparing them at home.

“For people today with income shortages, getting good food like high-quality fruits and vegetables is a big problem,” said Michel Nischan, founder of Wholesome Wave, which supports the programs at community health centers.

“A movement to restrict food stamps to healthy foods is well-meaning, but it wouldn’t work in many areas where 7-Elevens are the main source of people’s food,” said Mr. Nischan, a former chef who began focusing on nutrition when his son developed Type 1 diabetes. The goal is to “level the playing field between artificially cheap unhealthy stuff and the healthy foods that wealthier people enjoy.”

It is a win-win endeavor. Participants who qualify get tokens — or, in New York and Boston, Health Bucks — to spend on fruits and

vegetables at local farmers' markets. The farmers are reimbursed for the full value of their goods with dollars from community-based nonprofits and grants.

Participating farmers also benefit: They sell more produce, increasing their income on average nearly 37 percent. And they are able to hire more people, put more land in production, diversify crop plantings, and invest more in farm operations, Mr. Nischan said.

Last year, two New York public hospitals — Harlem in Manhattan and Lincoln Medical Center in the Bronx — tested this approach with 550 children and their families, through a two-year \$500,000 grant from the Tisch fund. This year Elmhurst Hospital in Queens and Bellevue Hospital in Manhattan offered the program to an additional 650 children and family members.

Each month, the young patients meet with their doctor or nutritionist to renew their FVRx, have their weight and body mass index evaluated, and get additional advice on how to achieve a healthy diet.

An analysis of last year's results found that 97 percent of the children and 96 percent of their families ate more fruits and vegetables after joining the program. More than 90 percent of families shopped at farmers' markets weekly or more than two or three times a month, and 70 percent understood more about the health value of fruits and vegetables.

Most astonishing, perhaps, after just four months in the program 40 percent of participating children lowered their B.M.I.

Dr. Periasamy said there is "so much enthusiasm for the program" among both the children and their families, all of whom benefit from the nutrition education and fresh produce. One child told her, "I tried a cucumber today, and it's good, actually." A grandmother who had been eating canned foods "all these years" said she is now happy to be eating fresh fruits and vegetables.

The hospital-based programs and accompanying farmers' markets in New York ended last month. But competition and consumer enthusiasm have prompted nearby markets and bodegas to carry more and better produce and to price it more affordably, so that families with limited incomes can have year-round access, according to the

program directors.

Ms. Brown froze some summer produce to use in cooking after the markets shut down for the season. And her daughter has developed a new enthusiasm.

“Alaijah had conversations with the farmers at the market and learned a lot about how things are grown and what’s in season,” Ms. Brown said. “Last summer she participated in a new community garden. She was excited by what was grown, because she knew what they were after going to the farmers’ market.”

The goal now, Laurie Tisch said in an interview, is to let other cities know that this approach works and is worth replicating on a larger scale.

Correction: December 4, 2014

The Personal Health column on Tuesday about the FVRx program to increase consumption of fruits and vegetables referred imprecisely to the program’s creation and its funding. While the Laurie M. Tisch Illumination Fund, Wholesome Wave and the city’s Health and Hospital Corporation were all involved, Wholesome Wave created the program, not the Tisch Fund. And the grant from the Tisch Fund for the program was \$500,000 over two years, not \$15 million over five years, which was the amount for all of the fund’s “Healthy Food and Community Change” initiatives. The article also misstated the disease Michel Nischan’s son has. It is Type 1 diabetes, not Type 2.

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