NYC Health

Epi Data Brief

October 2026, No. 163

Food Insecurity Risk in New York City from 2021 to 2024

Food security means having consistent access to enough nutritious and desirable food to support an active and healthy life and is fundamental to individual and population-level physical and mental health and well-being.[1] Structural conditions such as income inequality and unfair public policies contribute to a lack of food security, or food insecurity.[2] For instance, structural racism in the form of urban policies like redlining has negatively impacted the food environment which in turn affects food access. Also, administrative policies such as work requirements or immigration status restrictions established by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 limit access to Supplemental Nutrition Assistance Program (SNAP), impacting access to healthy foods. These structural factors disproportionately affect New Yorkers that are predominantly low-income, Black, Latino, or born outside of the United States.[3] Additionally, gender inequalities in wages and care burdens continue to disproportionately affect women, furthering income inequities. These are some examples that illustrate how multiple overlapping structural factors, coupled with people's intersecting, complex identities, affect food insecurity in different ways .[4]

This brief discusses the years immediately after the onset of the COVID-19 pandemic in 2020. To mitigate the economic disruptions caused by the pandemic, the U.S. government expanded access to food through programs such as the CARES Act, emergency allotment of SNAP benefits, Pandemic EBT, and the expanded Child Tax Credit. While these may have improved food security during the pandemic, the sudden loss of these supports after the public health emergency's May 2023 expiration, in addition to sustained inflation and rising food prices, has created a challenging environment for food access in New York City (NYC) and across the U.S.

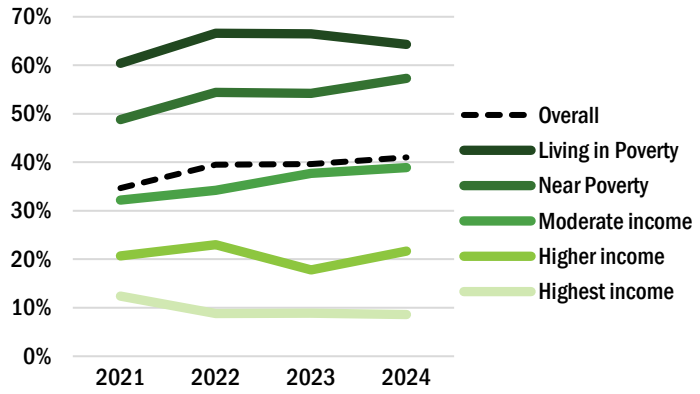
The Hunger Vital Sign (HVS) is a screening tool that identifies people from households that are at risk of food insecurity.[5] This brief presents population-level trends and inequities from 2021 to 2024 in the risk of food insecurity, as measured by the HVS, among NYC adults ages 18 years and older.

Food insecurity risk is common among New York City adults, and the proportion of those at risk increased between 2021 and 2024

- In 2024, an estimated 2.6 million adult New Yorkers (40%) were at risk of food insecurity, an increase from 2.2 million in 2021.
- While food insecurity risk decreased from 2021 to 2024 among those in the highest income group (-4%), it increased among those with moderate household income (+7%) or near poverty household income (+9%).
- Food insecurity risk also increased among several groups from 2021 to 2024, including: adults from households with children (46% to 53%); 18-to-24-year-olds (35% to 45%); adults living in high poverty (41% to 50%) and very high poverty neighborhoods (49% to 60%); adults living in Bureau of Neighborhood Health (BNH) catchment areas (47% to 54%).

The percentage of people at risk of food insecurity has increased, especially among New Yorkers with lower income

Percentage of adults at risk of food insecurity, by household income as a percent of the Federal Poverty Line, New York City, 2021-2024



Household income as a ratio of the Federal Poverty Level (FPL): Living in poverty (<100% FPL); Near poverty (100%-<200% FPL); Moderate income (200%-<400% FPL); Higher income (400%-<600% FPL); Highest income (>=600% FPL)

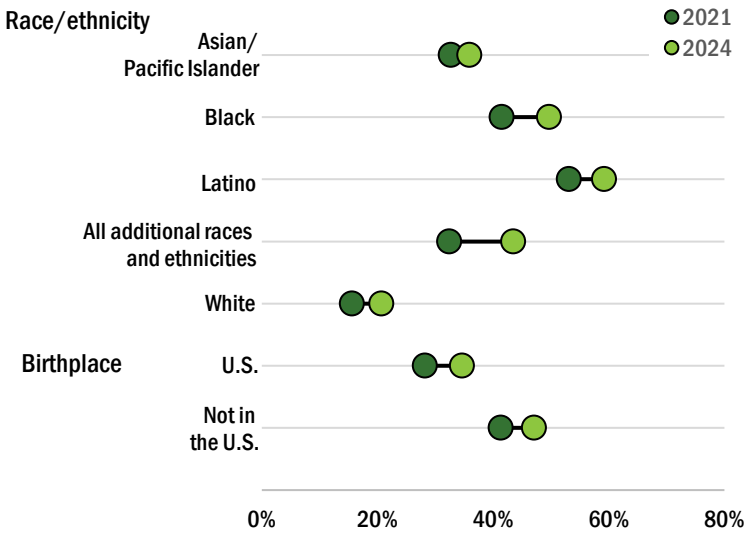
Source: NYC Community Health Survey 2021-2024

Severe inequities in food insecurity risk persisted among New Yorkers from 2021 to 2024

- By 2024, a majority (59%) of Latino New Yorkers and half of Black New Yorkers (50%) were at risk of food insecurity.
  - From 2021 to 2024, white New Yorkers were consistently less likely to be at risk of food insecurity than NYC adults who are Asian and Pacific Islander, Latino, Black, or who identify as multiracial or as another race.
- Each year from 2021 to 2024, people born outside of the U.S. were more likely to be at risk of food insecurity than those born in the U.S. (47% vs. 35% in 2024).
- New Yorkers living in poverty were more likely to be at risk of food insecurity compared with those in the highest income group (63% vs. 9% in 2024), an inequity that increased from 2021 to 2024.
- Female adults were more likely to be at risk of food insecurity compared with male adults in 2021 (37% vs. 32%), 2022 (42% vs. 38%), and 2023 (42% vs. 36%).
- In 2024, 56% of adults in the Bronx were at risk of food insecurity (over twice the proportion in Manhattan), and among residents of the area served by the South Bronx BNH, two thirds (66%) were at risk of food insecurity.
- In 2024, close to a million adult New Yorkers on Medicaid (60%) were at risk of food insecurity.

Strong inequities exist in the risk of food insecurity by race/ethnicity and birthplace

Percentage of adults at risk of food insecurity by race/ethnicity and birth in the U.S., New York City, 2021 and 2024



Latino includes people of Hispanic or Latino origin, regardless of reported race. Black, white, Asian/Pacific Islander, and 'All additional' race categories exclude those who identified as Latino. The 'All additional races and ethnicities' category includes those who identified as more than one race, American Indian, Native, First Nations, Indigenous Peoples of the Americas, or Alaska Native.

Source: NYC Community Health Survey, 2021 and 2024

Definitions:

Hunger Vital Sign (HVS): A two-item screening tool to identify risk of food insecurity for the household. Respondents are asked if it is true, sometimes true, or never true that 1) Within the past 12 months we [my household] worried whether our food would run out before we got money to buy more and 2) Within the past 12 months the food we [my household] bought just didn't last and we didn't have money to get more. In the context of population surveys (as is the case for data used in this brief), the HVS can be used to track the burden of food insecurity across populations, and to monitor time trends

Food insecurity risk: An individual's household is at risk of food insecurity if they answer "sometimes true" or "often true" to either of the two questions in the HVS. An individual's household is considered not at risk of food insecurity if they answer "never true" to both questions in the HVS.

Household income: Defined as the total household income as a percentage of the FPL and categorized into five levels, as follows: Living in poverty (<100% FPL); Near poverty (100%-<200% FPL); Moderate income (200%-<400% FPL); Higher income (400%-<600% FPL); Highest income (≥600% FPL).

Neighborhood poverty-level: (based on respondent ZIP code) is defined as the percentage of the population living below the Federal Poverty Line (FPL) per the American Community Survey. Neighborhoods are categorized into four groups: "Low poverty" neighborhoods are those with <10% of the population living below the FPL; "Medium poverty" neighborhoods have 10-<20% of the population below FPL; "High Poverty" neighborhoods have 20-<30% of the population living below the FPL; "Very high poverty" neighborhoods have ≥30% of the population living below the FPL.

Bureaus of Neighborhood Health (BNH): NYC Health Department-operated community offices seeking to center and serve residents of historically-disinvested neighborhoods, located in North and Central Brooklyn, South Bronx, and East and Central Harlem.

Race/Ethnicity: For the purpose of this publication, Latino includes people of Hispanic or Latino origin, as identified by the survey question "Are you Hispanic or Latino?" and regardless of reported race. Black, white, Asian/Pacific Islander, and "All additional races and ethnicities" categories exclude those who identified as Latino. The 'All additional races and ethnicities' category includes those who identified as more than one race, American Indian, Native, First Nations, Indigenous Peoples of the Americas, or Alaska Native.

More widespread food insecurity points to greater social and economic vulnerability

- In 2024, about 1 in 12 adults (9%) from households in the highest income category were at risk of food insecurity.
- More than 1 in 5 adults (20%) with a college, graduate, or professional degree were at risk of food insecurity in 2024.
- Among employed New Yorkers, 36% were at risk of food insecurity in 2024.

In 2024, most New York City adults at risk of food insecurity struggled to afford balanced meals, and were more likely to rely on emergency food services

- Nearly 8 in 10 (78%) of those at risk of food insecurity reported difficulty in affording balanced meals, compared with 1 in 10 adults (11%) not at risk.
- Drinking one or more sugar sweetened beverages per day was more common among those at risk of food insecurity compared with those that were not (21% vs. 9%).
- NYC adults at risk of food insecurity were nearly twice as likely as those not at risk to report not eating fruits or vegetables on the previous day (18% vs. 10%).
- Those at risk of food insecurity were almost three times as likely to get food from emergency food services such as food pantries than those not at risk of food insecurity (32% vs. 11%).

Risk of food insecurity is inextricably linked to other mental and physical health burdens

- Over two thirds (69%) of people experiencing serious psychological distress were at risk of food insecurity in 2024, compared with 38% among those who were not.
- In 2022, people who experienced symptoms of depression were more likely to be at risk of food insecurity (61%) than those who did not experience these symptoms (36%).
- From 2021 to 2024, being at risk of food insecurity increased from 39% to 45% among those living with hypertension and/or diabetes.

Definitions: **Serious psychological distress (SPD)** is defined as having a score greater than or equal to 13 on the Kessler 6 (K6) scale. The K6 is a six-item scale developed to identify persons with a high likelihood of having a diagnosable mental illness and associated functional limitations. The K6 asks about the frequency of each of six symptoms of mental illness or nonspecific psychological distress: "During the PAST 30 DAYS, how often did you feel …1. So sad or depressed that nothing could cheer you up; 2. Nervous; 3. Hopeless; 4. Restless or fidgety; 5. That everything was an effort; 6. Worthless, rated on a 5-point scale from "All of the time" to "None of the time." Only participants who answered all six questions were included in the analysis.
Depression is defined as having a score greater than or equal to 10 on the Patient Health Questionnatire-8 (PHQ-8), an 8-item self-reported scale developed to assess the severity of depressive symptoms.
Data Source: **Community Health Survey 2021 to 2024 (CHS):** The CHS is conducted annually by the NYC Health Department with approximately 9,000 - 10,000 non-institutionalized adults ages 18 and older. Estimates are not age-adjusted. Since 2021, the CHS has used a random sample of NYC mailing addresses, and most surveys are self-completed online. For more survey details, visit nyc.gov/health/survey. **Technical note:** All reported estimates are crude estimates. Statistical comparisons are adjusted for age when comparing levels of educational attainment, household income, employment status, Neighborhood poverty, Bureaus of Neighborhood Health, and Hypertension/Diabetes. The age adjustment is done to account for differences in age structure.

References:

1. "What Is Food Security? | World Food Programme." July 7, 2025. https://www.wfp.org/stories/food-security-what-it-means-and-why-it-matters.
2. Minari TP. Repercussions of Racial, Gender, and Class Inequities on Food and Nutrition Conditions: Implications for Public Health. *Nutrition*. 2026;142:112995. doi:10.1016/j.nut.2025.112995
3. Ku L. Medicaid And SNAP Advance Equity But Sometimes Have Hidden Racial And Ethnic Barriers: Perspective describes hidden racial and ethnic barriers in Medicaid and SNAP. *Health Affairs (Millwood)*. 2023;42(10):1347-1350. doi:10.1377/hlthaff.2023.00994
4. Lander B, Caban T, Hanif S. The Path Forward to a Feminist Recovery: Twelve Steps NYC Must Take to Advance Gender Equity in the Wake of the Pandemic. New York City Comptroller and members of the City Council; 2022. https://comptroller.nyc.gov/wp-content/uploads/documents/The-Path-Forward-to-a-Feminist-Recovery.pdf
5. Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, S. A., Casey, P. H., Chilton, M., Cutts, D. B., Meyers A. F., Frank, D. A. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. Pediatrics, 126(1), 26-32. doi:10.1542/peds.2009-3146.
6. Bailey ZD, Feldman JM, Bassett MT. How Structural Racism Works — Racist Policies as a Root Cause of U.S. Racial Health Inequities. *N Engl J Med* 2021;384(8):768-773. doi:10.1056/NEJMms2025396

Implications

Food insecurity risk is common among NYC adults, and the proportion of those at risk increased between 2021 and 2024. Longstanding affordability issues in NYC, including ongoing financial stressors like inflation and high rent burden, contribute to a landscape of instability and hardship for adult New Yorkers. Structural racism heightens this uncertainty among Black and Latino New Yorkers, New Yorkers with low income, and immigrant communities.[6] Federal cuts to large-scale nutritional support services and health insurance subsidies are expected to worsen the state of food security (both in scale and in severity) and widen existing inequities, in particular among those on fixed incomes, and people with mental and physical health conditions. These impacts necessitate urgent action at the state and local level to mitigate these harms.

The City's Food Forward: A 10-Year Food Policy Plan outlines strategies for building a more equitable, healthy food system, including expanding food benefits for New Yorkers. The NYC Department of Human Resources Administration connects over three quarters of eligible New Yorkers to billions of dollars in federal food assistance via SNAP each year and supports over 700 food pantries and community kitchens across the five boroughs through the Community Food Connection program. Data presented in this report also show that food insecurity risk remains substantial among New Yorkers with incomes above 200% of the federal poverty level, many of whom are unlikely to qualify for federal food assistance, underscoring the need for policies that address the high cost of food in NYC, including through initiatives such as NYC Groceries. Across City agencies, approximately 220 million meals and snacks are served annually to populations including children and youth, older adults, people experiencing homelessness, and people receiving care in public hospitals or correctional facilities. In particular, New York City Public Schools offer free breakfast, lunch and after school meals to all public-school students and free breakfast and lunch to anyone 18 years old or younger during the summer months when school is out of session. Also, the NYC Health Department supports access to healthy food via its nutrition incentive initiatives like Health Bucks, and Get the Good Stuff. The Shop Healthy program also works with food retailers to improve access to healthy food in neighborhoods that have been the target of historical disinvestment. While these programs may provide enough of a critical stopgap for some families, many others still face risk of food insecurity. Indeed, the scale and increasing prevalence of food insecurity risk in NYC indicate a need for more holistic social and economic policies that reduce administrative burden and address the multifaceted structural barriers to food access. These policies should give particular attention to closing the steep economic inequities and address the burden of those most at risk like residents of the South Bronx, New Yorkers with children, and immigrant New Yorkers. Health departments should continue monitoring food insecurity, food access, and the effects of benefits, while using this data to highlight needs and advocate for stronger income support.

Finally, some New Yorkers who have been subjected to historical and ongoing oppression, such as people living with disabilities or transgender people, may face unique barriers to obtaining consistently healthy food sources. Their experiences are not explicitly explored in this brief.

Health equity is attainment of the highest level of health and well-being for all people. Not all New Yorkers have the same opportunities to live a healthy life. Achieving health equity requires focused and ongoing societal efforts to address historical and contemporary injustices such as discrimination based on race/ethnicity, and other identities. For more information, visit the World Health Organization's Health Equity webpage.

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Epi Data Tables

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Food Insecurity Risk in New York City: Trends from 2021-2024

Data Tables

Table 1. Food insecurity risk by demographic and socioeconomic characteristics among New York City adults, 2021-2024

Table 2. Food insecurity risk by neighborhood characteristics among New York City adults, 2021-2024

Table 3. Food insecurity risk by health characteristics among New York City adults, 2021-2024

Table 4. Characteristics of New York City adults at risk of food insecurity, 2024

Data Sources

NYC Community Health Survey (CHS), 2021-2024. CHS is conducted annually by the New York City Department of Health and Mental Hygiene with approximately 10,000 non-institutionalized adults ages 18 and older. Since 2021, the CHS has used a random sample of NYC mailing addresses, with mailings sent to households asking the adult with the most recent birthday to take the survey, and most surveys are self-completed online. For more survey details, visit https://www.nyc.gov/site/doh/data/data-sets/community-health-survey.page

Table 1. Food insecurity risk by demographic and socioeconomic characteristics among New York City adults, 2021-2024

Source: NYC Community Health Survey (CHS), 2021-2024. Since 2021, the CHS has used a random sample of NYC mailing addresses, with mailings sent to households asking the adult with the most recent birthday to take the survey, and most surveys are self-completed online.

CHS 2021 data are weighted to adult residential population per American Community Survey, 2019.
CHS 2022 data are weighted to adult residential population per American Community Survey, 2021.
CHS 2023, updated January 2026, data are weighted to adult residential population per American Community Survey, 2022.
CHS 2024, updated January 2026, data are weighted to adult residential population per American Community Survey, 2023.

	2021					2022					2023					2024							
	Weighted N	Prevalence (%)	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value†	Weighted N	Prevalence (%)	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value†	Weighted N	Prevalence (%)	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value†	Weighted N	Prevalence (%)	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value†	Difference in prevalence, 2024 vs. 2021 (%)	Difference in prevalence, 2024 vs. 2021, p-value	Cross-group time difference, 2024 vs. 2021, p-value‡
Overall	**2,207,000**	**34.5 D**	**33.0**	**36.0**	-	**2,666,000**	**39.7**	**38.1**	**41.3**	-	**2,530,000**	**39.3**	**37.6**	**41.0**	-	**2,589,000**	**40.5 D**	**38.8**	**42.2**	-	6.0	**<0.001**	-
Age Group (years)																							
18-24	220,000	34.5 U	29.0	40.5	ref	223,000	33.7	28.1	39.7	ref	271,000	43.1	36.7	49.7	ref	273,000	45.4	39.3	51.7	ref	10.9	**0.012**	ref
25-44	860,000	35.4	32.9	37.9	0.796	1,081,000	40.7	38.1	43.3	**0.032**	980,000	39.8	37.1	42.5	0.361	994,000	40.7	37.9	43.4	0.172	5.3	**0.006**	0.239
45-64	781,000	39.4	36.7	42.1	0.140	948,000	44.8	42.1	47.5	**0.001**	843,000	42.5 U	39.3	45.7	0.873	892,000	45.2	42.2	48.3	0.962	5.9	**0.005**	0.300
65+	304,000	24.8	21.9	28.1	**0.004**	405,000	32.0	28.6	35.6	0.624	419,000	31.5 D	27.9	35.3	**0.003**	427,000	31.1	27.7	34.8	**<0.001**	6.3	**0.009**	0.354
Sex at Birth																							
Male	950,000	31.6	29.3	34.1	ref	1,195,000	37.7	35.2	40.2	ref	1,104,000	36.4	33.7	39.2	ref	1,182,000	39.2	36.5	41.9	ref	7.6	**<0.001**	ref
Female	1,255,000	37.0	35.0	39.0	**0.001**	1,470,000	41.5 U	39.4	43.5	**0.022**	1,412,000	41.7	39.5	44.0	**0.004**	1,403,000	41.6	39.4	43.7	0.185	4.6	**0.002**	0.220
Race/ethnicity																							
Asian/Pacific Islander	316,000	32.7	29.0	36.8	**<0.001**	372,000	37.7	34.0	41.5	**<0.001**	329,000	33.1	29.1	37.2	**<0.001**	360,000	35.9	32.1	39.9	**<0.001**	3.2	0.260	0.555
Black	569,000	41.5 D	37.8	45.3	**<0.001**	703,000	50.1	46.2	54.1	**<0.001**	605,000	47.0	42.8	51.2	**<0.001**	640,000	49.7	45.4	53.9	**<0.001**	8.2	**0.005**	0.346
Latino	935,000	53.1	49.9	56.3	**<0.001**	1,048,000	56.9	53.5	60.2	**<0.001**	1,027,000	57.5 U	54.1	60.9	**<0.001**	1,028,000	59.2	56.3	62.0	**<0.001**	6.1	**0.005**	0.708
All additional races and ethnicities	52,000	32.4	24.3	41.7	**<0.001**	119,000	48.9	40.9	57.0	**<0.001**	144,000	45.5 U *	35.4	56.0	**<0.001**	133,000	43.5 D *	32.0	55.7	**<0.001**	11.1	0.144	0.440
White	335,000	15.6	13.9	17.6	ref	423,000	18.8	16.9	21.0	ref	425,000	20.7	18.3	23.3	ref	428,000	20.7	18.3	23.4	ref	5.1	**0.001**	ref
Birthplace																							
US born	940,000	28.2	26.3	30.2	ref	1,205,000	34.1	32.1	36.1	ref	1,177,000	34.5 U	32.3	36.8	ref	1,181,000	34.6	32.5	36.8	ref	6.5	**<0.001**	ref
Foreign born	1,267,000	41.3	39.0	43.7	**<0.001**	1,461,000	45.9	43.4	48.5	**<0.001**	1,353,000	44.7	42.0	47.5	**<0.001**	1,406,000	47.1	44.4	49.8	**<0.001**	5.8	**0.002**	0.778
Borough of Residence																							
Bronx	512,000	50.0	46.1	53.9	**<0.001**	593,000	56.1	52.4	59.8	**<0.001**	577,000	58.3	54.2	62.4	**<0.001**	549,000	56.0	52.0	59.9	**<0.001**	6.0	**0.035**	0.926
Brooklyn	670,000	34.7	32.1	37.5	**<0.001**	764,000	37.3	34.6	40.1	**<0.001**	771,000	39.1	36.0	42.2	**<0.001**	777,000	39.8	36.7	43.1	**<0.001**	5.1	**0.016**	0.865
Manhattan	271,000	20.5 D	17.6	23.7	ref	370,000	27.2	23.8	30.9	ref	310,000	23.9	20.7	27.5	ref	341,000	26.1	23.0	29.5	ref	5.7	**0.013**	ref
Queens	644,000	36.5 D	33.4	39.6	**<0.001**	809,000	43.1	39.8	46.4	**<0.001**	736,000	40.8	37.3	44.5	**<0.001**	770,000	43.2	40.0	46.4	**<0.001**	6.7	**0.003**	0.745
Staten Island	111,000	30.6	25.0	36.8	**0.003**	130,000	34.5 D	27.9	41.7	0.069	136,000	36.0	29.5	43.0	**0.002**	151,000	40.1	31.4	49.4	**0.005**	9.5	0.086	0.521
Educational attainment																							
GED, or equivalent	569,000	54.1	49.5	58.7	**<0.001**	672,000	62.0	56.7	67.0	**<0.001**	621,000	59.2	54.0	64.1	**<0.001**	594,000	59.3	54.4	64.1	**<0.001**	5.2	0.502	0.665
HS graduate, GED, or equivalent	708,000	45.2	41.7	48.8	**<0.001**	838,000	52.3	48.8	55.9	**<0.001**	761,000	50.5 U	46.6	54.4	**<0.001**	843,000	56.9	53.1	60.6	**<0.001**	11.6	**<0.001**	**0.030**
Some college/technical school	528,000	38.1	35.0	41.4	**<0.001**	679,000	45.7	42.4	49.1	**<0.001**	645,000	46.5 D	42.7	50.3	**<0.001**	620,000	45.7	41.9	49.5	**<0.001**	7.6	**0.002**	0.236
College graduate/Graduate or professional degree	392,000	16.5 D	14.8	18.3	ref	472,000	18.6	17.1	20.3	ref	495,000	20.0	18.0	22.2	ref	515,000	20.4	18.6	22.4	ref	4.0	**0.002**	ref
Household annual income																							
<100% poverty ("living in poverty")	903,000	59.3	55.9	62.6	**<0.001**	1,137,000	66.0	62.6	69.4	**<0.001**	1,171,000	65.2	61.8	68.5	**<0.001**	1,146,000	63.3	59.8	66.6	**<0.001**	4.0	0.111	**0.006**
100% - <200% poverty ("near poverty")	582,000	48.1	44.3	51.9	**<0.001**	787,000	53.8	50.2	57.4	**<0.001**	705,000	53.2	49.1	57.4	**<0.001**	805,000	56.2	52.5	59.8	**<0.001**	8.1	**0.002**	**<0.001**
200% - <400% poverty ("moderate income")	271,000	30.8	26.8	35.2	**<0.001**	391,000	34.3	30.9	37.8	**<0.001**	378,000	35.2	31.1	39.5	**<0.001**	311,000	36.3	31.8	41.0	**<0.001**	5.5	**0.046**	**0.004**
400% - <600% poverty ("higher income")	257,000	20.5 D	17.5	23.7	**<0.001**	225,000	22.7	19.6	26.1	**<0.001**	156,000	17.6	14.6	21.2	**<0.001**	207,000	21.8	18.6	25.5	**<0.001**	1.4	0.683	0.092
>= 600% poverty ("highest income")	193,000	12.6	10.7	14.7	ref	125,000	9.0	7.1	11.3	ref	120,000	8.8	6.9	11.2	ref	119,000	8.8	7.1	10.9	ref	-3.8	**0.007**	ref
Employment status																							
Employed	922,000	28.5 U	26.5	30.6	ref	1,242,000	33.9	31.9	36.0	ref	1,124,000	32.0	29.9	34.2	ref	1,290,000	36.1	33.9	38.3	ref	7.6	**<0.001**	ref
Unemployed	464,000	48.9	44.7	53.1	**<0.001**	424,000	59.4	53.9	64.7	**<0.001**	407,000	60.1	54.3	65.7	**<0.001**	429,000	61.8	56.1	67.1	**<0.001**	12.9	**0.001**	0.138
Not in labor force	685,000	36.8	33.9	39.8	**<0.001**	833,000	42.9	39.9	46.0	**<0.001**	843,000	43.5 D	40.2	46.8	**<0.001**	730,000	39.8	36.7	42.9	**<0.001**	3.0	0.987	**0.026**
Multiple selection	122,000	36.5 U	29.4	44.3	**0.003**	163,000	41.3	34.6	48.2	**<0.001**	143,000	49.8	41.8	57.8	**<0.001**	137,000	48.9	40.8	57.0	**0.001**	12.4	0.078	0.727
Children in household																							
Yes	949,000	45.7	42.8	48.5	**<0.001**	1,085,000	49.6	46.7	52.5	**<0.001**	1,019,000	49.4	46.1	52.7	**<0.001**	1,063,000	53.4	50.3	56.5	**<0.001**	7.8	**<0.001**	0.398
No	1,238,000	28.9	27.1	30.7	ref	1,550,000	34.6	32.7	36.5	ref	1,499,000	34.4	32.4	36.5	ref	1,512,000	34.5 D	32.5	36.5	ref	5.6	**<0.001**	ref

Weighted N population estimates are rounded to the nearest thousand.

95% Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

Race and ethnicity: Latino includes persons of Hispanic or Latino origin, regardless of reported race. Black, White, Asian/Pacific Islander, and Other race categories exclude those who identified as Latino.
The 'All additional races and ethnicities' category includes those who identified as more than one race, American Indian, Native, First Nations, Indigenous Peoples of the Americas, or Alaska Native

†Year specific and cross-year comparisons for educational attainment, household income and employment status were adjusted for age to the US 2000 Standard Population to account for cross-neighborhood differences in age distribution.

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, or the 95% Confidence Interval half width is greater than ten, making the estimate potentially unreliable.

D When rounding to the nearest whole number, round down.

U When rounding to the nearest whole number, round up.

‡The p-value tests whether the observed change in prevalence from 2021 to 2024, is different to the reference group

Bold p-values indicate a statistically significant difference from the reference group at $p < 0.05$.

Table 2. Food insecurity risk by neighborhood characteristics among New York City adults, 2021-2024

Source: NYC Community Health Survey (CHS), 2021-2024. Since 2021, the CHS has used a random sample of NYC mailing addresses, with mailings sent to households asking the adult with the most recent birthday to take the survey, and most surveys are self-completed online.

CHS 2021 data are weighted to adult residential population per American Community Survey, 2019.
CHS 2022 data are weighted to adult residential population per American Community Survey, 2021.
CHS 2023, updated January 2026, data are weighted to adult residential population per American Community Survey, 2022.
CHS 2024, updated January 2026, data are weighted to adult residential population per American Community Survey, 2023.

	2021					2022					2023					2024							
	Weighted N	Prevalence (%)	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value†	Weighted N	Prevalence (%)	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value†	Weighted N	Prevalence (%)	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value†	Weighted N	Prevalence (%)	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value†	Difference in prevalence, 2024 vs. 2021 (%)	Difference in prevalence, 2024 vs. 2021, p-value	Cross-group time difference, 2024 vs. 2021, p-value ‡
Bureaus of neighborhood health																							
South Bronx	191,000	60.9	53.7	67.6	**<.001**	205,000	62.8	55.8	69.2	**<.001**	197,000	67.3	60.9	73.2	**<.001**	253,000	65.6	59.9	70.9	**<.001**	4.8	0.297	0.732
East and Central Harlem	61,000	30.9	24.2	38.6	0.716	92,000	46.5 D	36.8	56.4	0.070	88000	43.3	34.8	52.3	0.216	85,000	42.5 D	33.0	52.6	0.278	11.6	0.066	0.280
North and Central Brooklyn	175,000	43.0	37.0	49.1	**0.002**	210,000	47.4	41.7	53.3	**<.001**	188,000	44.1	37.1	51.3	0.062	210,000	48.9	41.7	56.2	**0.007**	5.9	0.221	0.916
All Other Neighborhoods	1,780,000	32.5 D	30.8	34.1	ref	2,159,000	37.5 U	35.8	39.3	ref	2,057,000	37.3	35.4	39.2	ref	2,041,000	37.9	36.1	39.8	ref	5.5	**<.001**	ref
Neighboorhood Poverty*																							
0 - < 10% (Low Poverty)	312,000	20.8	18.1	23.7	ref	418,000	24.4	21.7	27.2	ref	368,000	26.0	22.8	29.5	ref	391,000	26.9	23.4	30.7	ref	6.2	**0.008**	ref
10 - < 20% (Medium Poverty)	1,028,000	34.9	32.6	37.2	**<.001**	1,271,000	41.6	39.1	44.2	**<.001**	1,196,000	38.2	35.7	40.9	**<.001**	1,175,000	38.7	36.2	41.2	**<.001**	3.8	**0.030**	0.420
20 - < 30% (High Poverty)	491,000	41.2	37.6	44.9	**<.001**	532,000	45.1	41.5	48.9	**<.001**	589,000	48.1	44.1	52.0	**<.001**	605,000	50.2	46.2	54.3	**<.001**	9.0	**0.001**	0.457
30 - < 100% (Very High Poverty)	376,000	49.5 D	45.0	53.9	**<.001**	445,000	57.6	53.1	62.0	**<.001**	377,000	56.3	51.6	60.9	**<.001**	418,000	59.5 U	54.9	64	**<.001**	10.1	**0.002**	0.418
Bureaus of Neighborhood Health (BNH) Catchment Area																							
Yes	428,000	46.5 U	42.5	50.5	**<.001**	507,000	52.4	48.3	56.5	**<.001**	473,000	51.3	46.9	55.7	**<.001**	547,000	54	49.7	58.2	**<.001**	7.5	**0.012**	0.609
No	1,780,000	32.5 D	30.8	34.1	ref	2,159,000	37.5 U	35.8	39.3	ref	2,057,000	37.3	35.4	39.2	ref	2,041,000	37.9	36.1	39.8	ref	5.5	**<.001**	ref

Weighted N population estimates are rounded to the nearest thousand.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

*Neighborhood Poverty is defined by the percent of ZIP code population living below 100% Federal Poverty Line (FPL) per 5-year American Community Survey for the year before the CHS, specifically: ACS 2016-2020 for CHS 2021, ACS 2017-2021 for CHS 2022, ACS 2018-2022 for CHS 2023 and ACS 2019-2023 for CHS 2024. Data imputed in 2021 & 2023, data not imputed in 2022 & 2024

D When rounding to the nearest whole number, round down.

U When rounding to the nearest whole number, round up.

Bold p-values indicate a statistically significant difference from the reference group at $p < 0.05$.

Bureaus of Neighborhood Health: NYC Health Department-operated community offices seeking to center and serve residents of historically disinvested neighborhoods, specifically located in North and Central Brooklyn, South Bronx, and East and Central Harlem.

‡The p-value tests whether the observed change in prevalence from 2021 to 2024, is different to to the reference group

†Year specific comparisons were adjusted for age to the US 2000 Standard Population to account for cross-neighborhood differences in age distribution.

Table 3. Food insecurity risk by health characteristics among New York City adults, 2021-2024

Source: NYC Community Health Survey (CHS), 2021-2024. Since 2021, the CHS has used a random sample of NYC mailing addresses, with mailings sent to households asking the adult with the most recent birthday to take the survey, and most surveys are self-completed online.

CHS 2021 data are weighted to adult residential population per American Community Survey, 2019.

CHS 2022 data are weighted to adult residential population per American Community Survey, 2021.

CHS 2023, updated January 2026, data are weighted to adult residential population per American Community Survey, 2022.

CHS 2024, updated January 2026, data are weighted to adult residential population per American Community Survey, 2023.

	2021					2022					2023					2024							
	Weighted N	Prevalence (%)	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Weighted N	Prevalence (%)	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Weighted N	Prevalence (%)	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Weighted N	Prevalence (%)	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Difference in prevalence[a]	Difference in prevalence, p-value	Cross-group time difference, p-value ‡
General health																							
Excellent/Very good/Good	##########	31.0	29.4	32.7	ref	1,994,000	35.4	33.7	37.2	ref	1,853,000	34.8	32.9	36.7	ref	1,866,000	35.8	34.0	37.7	ref	4.8	**<0.001**	ref
Fair/Poor	517,000	53.3	49.2	57.3	**<0.001**	670,000	61.6	57.6	65.5	**<0.001**	675,000	61.1	56.9	65.1	**<0.001**	720,000	60.6	56.4	64.7	**<0.001**	7.3	**0.013**	0.429
Hypertension and/or Diabetes†																							
Yes	853,000	39.3	36.6	42.0	**<0.001**	1,091,000	46.6	43.8	49.4	**<0.001**	1,091,000	46.0	43.1	49.0	**<0.001**	1,036,000	45.2	42.3	48.0	**<0.001**	5.9	**0.003**	0.970
No	##########	31.9	30.1	33.9	ref	1,567,000	35.9	34.0	37.9	ref	1,436,000	35.4	33.3	37.5	ref	1,550,000	37.9	35.8	40.1	ref	6.0	**<0.001**	ref
Insurance Status																							
Private	484,000	18.9	16.9	20.9	ref	605,000	22.4	20.4	24.5	ref	536,000	21.8	19.6	24.1	ref	599,000	23.8	21.6	26.2	ref	4.9	**0.002**	ref
Medicare	382,000	32.6	29.2	36.2	**<0.001**	470,000	39.2	35.6	43.0	**<0.001**	446,000	38.2	34.4	42.2	**<0.001**	513,000	38.5 U	34.9	42.3	**<0.001**	5.9	**0.023**	0.755
Medicaid	812,000	51.6	48.2	55.0	**<0.001**	987,000	57.6	54.3	60.9	**<0.001**	988,000	59.6	56.0	63.2	**<0.001**	984,000	59.6	56.2	62.9	**<0.001**	8.0	**0.001**	0.301
Other	75,000	27.6	21.7	34.3	**0.010**	132,000	41.5 D	33.5	49.8	**<0.001**	117,000	37.1	29.4	45.5	**<0.001**	125,000	44.9	36.6	53.5	**<0.001**	17.3	**0.001**	0.028
Uninsured	418,000	55.5 D	50.5	60.3	**<0.001**	457,000	61.6	56.2	66.8	**<0.001**	403,000	54.8	48.8	60.7	**<0.001**	339,000	59.9	53.5	66.0	**<0.001**	4.5	0.274	0.912
PHQ-8																							
No significant depressive symptoms (0-4)	##########	29.1	27.3	31.1	ref	1,498,000	33.4	31.5	35.4	ref											4.3	**0.002**	ref
Mild symptoms (5-9)	503,000	38.6	35.3	41.9	**<0.001**	621,000	46.1	42.7	49.6	**<0.001**											7.5	**0.002**	0.247
Moderate symptoms (10-14)	252,000	48.2	42.4	54.1	**<0.001**	297,000	57.2	51.0	63.2	**<0.001**											9.0	**0.038**	0.302
Moderately severe symptoms (15-19)	124,000	56.9	48.5	64.9	**<0.001**	143,000	63.7	55.3	71.3	**<0.001**											6.8	0.248	0.673
Severe symptoms (20-24)	69,000	66.2 *	54.7	76.1	**<0.001**	79,000	78.1	66.7	86.3	**<0.001**											11.8	0.113	0.319
Current depression																							
Yes (PHQ-8 ≥ 10)	445,000	52.7	48.3	57.0	**<0.001**	519,000	61.4	56.8	65.8	**<0.001**											8.7	**0.006**	0.266
No (PHQ-8 < 10)	##########	31.4	29.8	33.1	ref	2,119,000	36.3	34.6	38.0	ref											4.9	**<0.001**	ref
Serious psychological distress																							
Yes (K6 ≥ 13)											305,000	68.7	62.7	74.2	**<0.001**	374,000	68.5 U	63.0	73.5	**<0.001**	-0.2	0.959	0.807
No (K6 < 13)											2,194,000	36.9	35.1	38.7	ref	2,193,000	37.7	35.9	39.5	ref	0.8	0.525	ref

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*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, or the 95% Confidence Interval half width is greater than ten, making the estimate potentially unreliable.

^ Data are suppressed due to imprecise and unreliable estimates.

D When rounding to the nearest whole number, round down.

U When rounding to the nearest whole number, round up.

Bold p-values indicate a statistically significant difference from the reference group at $p < 0.05$.

[a] This column presents difference in prevalence comparing 2024 to 2021 estimates for the indicators general health, hypertension and/or diabetes, and insurance status. This column presents difference in prevalence comparing 2022 to 2021 estimates for the indicators PHQ-8 and current depression. This column presents difference in prevalence comparing 2024 to 2023 estimates for the indicator non-specific psychological dist

Table 4. Characteristics of New York City adults at risk of food insecurity, 2024

Source: NYC Community Health Survey (CHS), 2024. Since 2021, the CHS has used a random sample of NYC mailing addresses, with mailings sent to households asking the adult with the most recent birthday to take the survey, and most surveys are self-completed online.

CHS 2024, updated January 2026, data are weighted to adult residential population per American Community Survey, 2023.
Data are not age-adjusted.

	At Risk of Food Insecurity				Not at Risk of Food Insecurity						
	Weighted N	Prevalence (%)		Lower 95% Confidence Interval	Upper 95% Confidence Interval	Weighted N	Prevalence (%)		Lower 95% Confidence Interval	Upper 95% Confidence Interval	Difference	p-value
Overall	**2,589,000**	**40.5**	**D**	**38.8**	**42.2**	**3,810,000**	**59.5**	**U**	**57.8**	**61.2**	**...**	**...**
Couldn't afford balanced meals												
Sometimes/Often	2,012,000	77.9		75.4	80.2	405,000	10.6		9.4	12.1	67.2	**<0.001**
Never	571,000	22.1		19.8	24.6	3,402,000	89.4		87.9	90.6	-67.2	**<0.001**
Total servings of fruit and/or vegetables the previous day												
None	466,000	18.1		16.1	20.4	375,000	10.0		8.7	11.4	8.2	**<0.001**
1-4 servings	1,944,000	75.7		73.2	78.0	3,141,000	83.5	D	81.8	85.0	-7.8	**<0.001**
5+ servings	159,000	6.2		4.9	7.8	247,000	6.6		5.7	7.6	-0.4	0.675
Drank one or more sugary beverages per day												
Yes	536,000	20.8		18.6	23.2	346,000	9.1		8.0	10.4	11.7	**<0.001**
No	2,041,000	79.2		76.8	81.4	3,446,000	90.9		89.6	92.0	-11.7	**<0.001**
SNAP recipient in last 12 months												
Yes	1,239,000	48.1		45.2	50.9	685,000	18.0		16.4	19.7	30.1	**<0.001**
No	1,338,000	51.9		49.1	54.8	3,122,000	82.0		80.3	83.6	-30.1	**<0.001**
Received free food from church, food bank, food pantry, etc. in last 12 months												
Yes	835,000	32.4		29.7	35.2	423,000	11.1		9.7	12.6	21.3	**<0.001**
No	1,744,000	67.6		64.8	70.3	3,385,000	88.9		87.4	90.3	-21.3	**<0.001**

Weighted N population estimates are rounded to the nearest thousand.

Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

D When rounding to the nearest whole number, round down.

U When rounding to the nearest whole number, round up.

Bold p-values indicate a statistically significant difference at $p < 0.05$.