Medically Tailored Meals for PWH: Research, Policy, and Practice

Access to Nutrition as Key to Ending the Epidemic

Abstract

Research shows that food insecurity is associated with poor functional and clinical health outcomes, less engagement with HIV care and worse adherence to treatment for people living with HIV (PWH). Furthermore, when PWH become food secure it is associated with improvement across all aforementioned indicators. Pathways that link food insecurity and risk for HIV as well as affect course and consequence of infection include structural (economic, social, cultural), physiological, mental health, and behavioral pathways. Access to food for PWH has a profound effect on their health and wellbeing and plays a pivotal role in ultimately Ending the Epidemic.


1985

God’s Love is founded in 1985 when one woman received a meal to a man living of AIDS.

God’s Love assists in creating the first Ryan White Meal and receives funding from the Ryan White Care Act in 1991.

God’s Love establishes its Nutrition Department to help PWH and their caregivers

2001

God’s Love expands its mission to include other clients living with serious illnesses.

2019

To 2 million meals per year to 8,000 clients

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The Research

MTM are a low-cost, high-impact intervention: one hospital night averted could provide medically tailored meals for half a year, and the health benefit is rapid. Research demonstrates that when PWH are nourished, health outcomes and well-being improve, adherence increases and reliance on emergency rooms and hospitals decreases.

Comprehensive and Medically Appropriate Food Support Is Associated with Improved HIV and Diabetes Health

• 63% reduction in hospitalizations
• 50% increase in medication adherence
• 58% decrease in client emergency room visits

Examining Healthcare Costs Among MANNA Clients and a Comparison Group

• Average monthly healthcare costs dropped more than 28% for PWH who received MTM
• Participants who receive MTM also had 50% fewer hospital admissions and were 23% more likely to be discharged to their homes rather than another facility.

Unfortunately, even with research demonstrating the effectiveness of MTM, too many PWH remain food insecure. 42% of PWH who live in the NYC-metropolitan area are food insecure, even with receipt of food assistance.2

Implementation: The Medically Tailored Meal Nutrition Standards

God’s Love runs The Food Is Medicine Coalition, a national volunteer association of medically tailored meal providers that focus on best practices in the provision of high-quality MTM, as well as advancing research and public policy that support access to MTM.

Chart 1. The Medically Tailored Meal Intervention at God’s Love We Deliver


Research shows access to food helps:

• Connect PLWH to core
• Maintain PLWH in care
• Increases medication adherence
• Helps PLWH achieve viral suppression by maintaining food security and reducing side effects
• Therefore, access to appropriate food is key to Ending the Epidemic.

References


Policy

The only dedicated funding stream for medically tailored meals for PLWH is the Ryan White HIV/AIDS Program (RWHP), and it doesn’t cover all those who come to MTM agencies for services, forcing some MTM agencies to institute waiting lists or reduce services. Even within some localities, funding may be inadequate to provide as much MTM as is needed by the most food insecure clients. There remains tremendous variation by state in coverage of food and nutrition outside of RWHP. In states where RWHP continues to pay for medically tailored meals, there remains tremendous variation by state in coverage of food and nutrition outside of RWHP.

RECOMMENDATIONS:

• Federal: The most comprehensive way to increase access is to make MTM a reimbursable benefit in both Medicaid and Medicare for people who are too sick to shop or cook for themselves.
• State: Many states have funded MTM for people with HIV and other critical illnesses through Medicaid waivers and various other demonstration projects with great result.
• Local/EMA/TGA: Local RWHP planning councils can choose to fund MTM in a more robust way, either as a support service or a core medical service.