

The Evidence for Medically Tailored Meals

God's Love We Deliver prepares and delivers nutritious, medically tailored meals to patients living with serious, life-altering illnesses.

Below is a summary of the evidence demonstrating the impact of medically tailored meals.

The Problem:

One in three hospital patients is malnourished



The Need:

Malnourished patients have lower quality of life and higher healthcare costs.

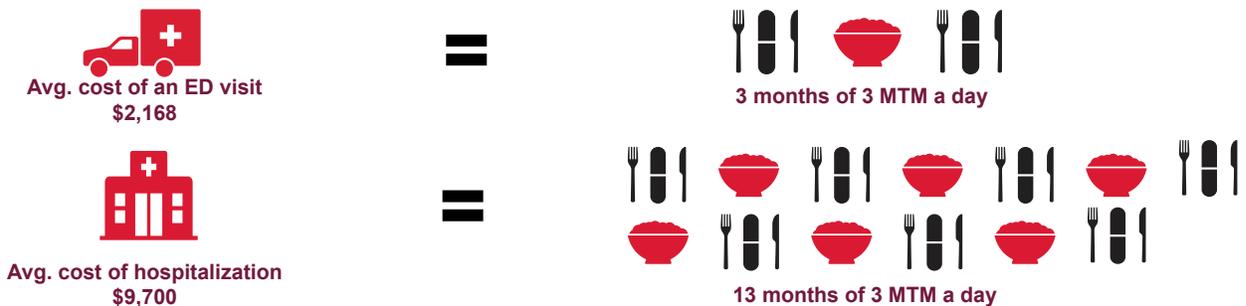
Malnourished patients compared to nourished patients have:



The Solution:

Medically tailored meals are a low-cost, high-impact intervention.

Cost of standard healthcare vs medically tailored meals:



What our clients are saying:



1. Weiss, AJ, et al. Characteristics of Hospital Stays Involving Malnutrition, 2013. HCUP Statistical Brief #210. September 2016. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb210-Malnutrition-Hospital-Stays-2013.pdf>
 2. Corkins MR et al., Malnutrition Diagnosis in Hospitalized Patients: United States 2010, J. Parenteral and Enteral Nutrition (2013)
 3. Corkins MR et al., Malnutrition Diagnosis in Hospitalized Patients: United States 2010, J. Parenteral and Enteral Nutrition (2013)

Selected Publications from Peer-reviewed Journals

Healthcare Costs and Utilization:

Association Between Receipt of a Medically Tailored Meal Program and Health Care Use (2019)

Berkowitz, Terranova, Randall, Cranston, Waters, Hsu



Sample:

499 intervention group; 521 control group

Intervention Length:

Varying; interquartile range: 6-18 months

- MTM receipt was associated with 16% lower medical costs. Mean monthly costs for a patient receiving MTM would have been \$3838 compared to \$4591 if they had not received MTM.
Relative risk: 0.84; 95% CI: 0.67–0.998; risk difference: -\$753; 95% CI: -\$1225 to -\$280.
- The intervention group had approximately 50% fewer inpatient admissions.
IRR: 0.51; 95% CI: 0.22-0.80; risk difference: -519; 95% CI: -360 to -678 per 1000 person-years.
- Compared to the control, the intervention group had approximately 1/3 the skilled nursing facility admissions.
IRR: 0.28; 95% CI: 0.01-0.60; risk difference: -913; 95% CI: -689 to -1457 per 1000 person-years.

Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries (2018)

Berkowitz, Terranova, Hill, Ajayi, Linsky, Tishler, DeWalt



Sample:

133 intervention group; 1002 matched controls dual Medicaid/Medicare eligible

Intervention Length:

Varying; average approximately 19 months

- The intervention group had approximately 70% fewer emergency department visits.
aIRR: 0.30; 95% CI: 0.20 to 0.45.
- The intervention group had approximately 52% fewer inpatient admissions.
aIRR: 0.48; 95% CI: 0.26 to 0.90.
- The intervention group has approximately 72% fewer emergency transports.
aIRR: 0.28; 95% CI: 0.16 to 0.51.

Health Outcomes and Behaviors

Comprehensive and Medically Appropriate Food Support Is Associated with Improved HIV and Diabetes Health (2017)

Palar, Napoles, Hufstedler, Seligman, Hecht, Madsen, Ryle, Pitchford, Frongillo, Weiser



Sample:

72 adults living <300% of FPL with Type 2 diabetes and/or HIV receiving MTM

Intervention Length:

6 months

- Very low food security decreased 48.1%.
From 59.6% of participants at baseline to only 11.5% at follow-up (p<0.0001).
- Participants had on average 1.74 fewer depressive symptoms.
From 7.58 at baseline to 5.84 at follow up (p=0.028).
- Participants reporting binge drinking decreased by 12.5%.
From 26.0% at baseline to 13.5% at follow-up (p=0.008).
- 15.4% fewer participants reported giving up healthcare for food.
From 34.6% at baseline to 19.2% at follow up (p=0.029).
- 19.3% fewer participants reported giving up food to spend money on healthcare.
From 38.5% at baseline to 19.2% at follow up (p=0.007).
- 13.5% fewer participants spend money on prescriptions.
From 28.9% at baseline to 15.4% at follow-up (p=0.046).
- Among participants with T2DM, diabetes distress scores decreased from 2.64 to 2.02.
(p<0.001) and perceived diabetes self-management scores increased from 24.8 to 27.3 (p=0.007).
- Among participants with HIV, antiretroviral medication adherence increased from 46.7% to 70.0%.
(p=0.046).