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:
- 3x Higher Healthcare Costs
- 3x Longer Hospital stay
- 2x More Likely Discharged to a Facility rather than their Home

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

Cost of standard healthcare vs medically tailored meals:
- Avg. cost of an ED visit $2,168
- Avg. cost of hospitalization $9,700
- 3 months of 3 MTM a day
- 13 months of 3 MTM a day

What our clients are saying:
- 92% Say the meals help them live more independently.
- 92% Say the meals help them eat more nutritiously.
- 74% Say the meals make their treatment more bearable.
- 91% Say they would recommend God’s Love to a friend.

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 would have been $3838 compared to $4591 if they had not received MTM (16% lower costs).
  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 had 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).