Medically Tailored Meals - Meals Provided: Defining attributes of a medically tailored meals program are that it focuses on treatment of specific conditions that have been clinically demonstrated to respond to dietary changes; provides a sufficient "dose" of tailored food to change a patient's overall diet; produces clinical improvements on a relatively short time frame (~6 months).

Food Production Capacity (excerpted from MTM Readiness Assessment)

- ☐ Understanding of diets with clinical evidence (DASH is an example). Correlated with need in current patient population.
- ☐ Recipes developed with registered dietitian.
- ☐ Ability to do basic modifications for allergens, vegetarian, low spice, texture, etc.
- ☐ Ability to provide a large percentage of a household's daily nutritional needs - above 50%.
- ☐ Food is fully prepared; patient or caretaker does not need to cook.
- ☐ Strong consistency, quality control, food safety protocols. Knowing the meal matches the prescribed diet is critical.

Examples from Current Programs (collected in 2020, reflect primarily 2019-2018 data)

Community Servings (Boston)	2,300 patients* / 650,000 meals (2019)	50-67% Daily nutrition needs for patient + family, including caregiver & children under 18.	15 Diet Types, Clients can choose up to 3 modifications
MANNA (PA & NJ)	4,600 patients / 1.4 million meals (2020)	21 meals / week for patient + dependent minors.	11 Diet Types, Clients can choose up to 3 modifications
God's Love We Deliver (NY)	9,300 patients / 2.4 million meals	Food depends on payer. Baseline = 5 dinners, 5 lunches / week. Patient + dependent minors & caregiver.	
Project Angel Heart (CO)	3,000 patients / 505,000 meals (2019)	7 entrees, 7 breakfasts (some plans), enough additional food for lunch / hearty snacks. Patient + children, caregivers, household members w/ difficulty preparing meals	6 Diet Types, tailoring for texture, GI issues, and ingredient exclusion.
California MTM Pilot (CA)	3 year pilot (2018)	All meals for 12 weeks	Diet for Congestive Heart Failure (CHF)

*As most programs deliver food to the household, the total number of people receiving meals will be greater than the number of "patients" served. Also note, these are annual numbers. Patients cycle off the program at completion of their treatment, most patients do not receive meals for the full year.

Food Production Budgets

Some considerations when building a budget

- ☐ Registered dietitian input into recipes.
- ☐ Nutritionist / educator available to work with patients receiving meals.
- ☐ Distribution schedule and costs - including how to maintain appropriate temperature.
- ☐ Food storage at distribution points.
- ☐ Data management systems to receive meal prescription & allow tailored meals get to their intended recipients (incl HIPAA compliance).
- ☐ Containers for food - includes determining meal format.
- ☐ Staff time - because of need for consistency with nutritionist's guidelines & strict food safety, *all*-volunteer isn't recommended.
- ☐ Facilities cost for commercial kitchen.
- ☐ Ingredients - including higher relative costs for specialty diets & local sourcing options.
- ☐ Patient engagement - including food satisfaction.

Different programs producing MTMs include different elements in their costs - some might partner with another group for distribution or for access to registered dietitians, some combine MTM production with other programs like job training or local food systems building, and so on. Published cost estimates tend to focus more on "total cost of care" per MTM patient than try to disentangle the food by itself.

Additional Resources:

FOOD IS MEDICINE™ COALITION

Nutrition Standards (chart)

Food is Medicine Accelerator

GOD'S LOVE WE DELIVER

Library of Resources Describing Different Diets

Nutrition Guides & Tips

Food Safety FAQs

COMMUNITY SERVINGS FOOD HEALS

Community Recipes Database

Examples of Supplemental Food Programs (alongside MTM)