Evidence from Scientific/Medical Literature about Impacts of Food Is Medicine

In the Food=Medicine study by Project Open Hand, 59.6% of the participants were affected by food insecurity at the start of the pilot. By the end, food insecurity decreased to 11.5%.

- The study also helped decrease other negative factors pertaining to health like the intake of fatty foods (from 3.19 time per day to 2.21), sugary foods \(p=0.07\) and drinks (from 0.994 to 0.650), binge drinking (from 26.0 to 13.5%), smoking (from 44.2 to 38.5%), substance abuse and hazardous drinking (from 17.3 to 13.5%),
- The follow-up showed fewer depressive symptoms in the participants (from 7.58 to 5.84), giving up healthcare for food (from 34.6 to 19.2%), giving up food for healthcare (from 38.5% to 19.2%) or purchasing prescriptions (from 28.9 to 15.4%).


A MANNA study resulted in an automatic decrease in healthcare cost after clients received services.

- The total cost for all MANNA patient decreased monthly cost (from $38,937 to $28,183).
- The average monthly inpatient cost decreased after 3 months (from $174,320 to 121,777).
- The average monthly cost for MANNA clients decreased to $28,183 while the NON-MANNA clients cost averaged to be $41,000 (55% difference).

- Hospital admissions and stay were lower in cost for the MANNA clients in comparison to the NON-MANNA Clients ($132,000 vs. $220,000).
- 93% of MANNA clients who were inpatient hospitalization returned home, compared to 72% of NON-MAANA clients who were discharged to an acute care facility.
- MANNA client’s hospital stay was 37% shorter than the NON-MANNA clients.


The Simply Delivered for ME (SDM) study discovered 30-day readmission rates for 622 discharge patients decreased 10.3% after 24 months. 16.3% lower than patient solely obtaining Community-based Care Transition programs (CCTP).


MEND study states: “Conducting a randomized controlled trial to assess the outcomes of providing home-delivered meals to older adults after discharge from the hospital in partnership with a small nonprofit organization is feasible.”

- 1 in 6 Medicare patients are readmitted after medical care. 1 in 8 after surgery.
- Malnutrition occurs in 20% to 70% of older adults who are hospitalized, up to 40% of older adults recently discharged from the hospital.

“The common health problem in older adults is poor nutrition or under-nutrition: it is reported that global malnutrition occurs in 15%-50% of older adults.”


Community Servings (in partnership with AARP and Massachusetts General Hospital) conducted a study to determine if medically tailored and non-medically tailored meal deliveries could have a positive association with food insecurity, ED visits, and “Big Ticket” health services (inpatient admissions and emergency transportation) reduction.

- Medically tailored meals revealed lower healthcare usage in all aspects compared to control group A. Fewer ED visits (adjusted incidence rate ratio: 0.30; 95% confidence interval: 0.20, 0.45), inpatient admissions (aIRR: 0.48; 95% CI: 0.26, 0.90), and use of emergency transportation (aIRR: 0.28; 95% CI: 0.16, 0.51).

- Non-medically tailored meals had a similar outcome compared to control group B. Fewer ED visit (aIRR: 0.56; 95% CI:0.47, 0.68), use of emergency transportation (aIRR: 0.62; 95% CI: 0.49, 0.78), however didn’t show a reduction in inpatient admissions.

- Participants in the medically tailored program and the non-medically tailored program were associated with lower medical spending.

- Medically tailored meals displayed a difference of $570 compared to the control group, and non-medically tailored meals displayed a difference of $156 compare to the control group.


A 2009 survey of home-delivered meals program recipients found that 59 percent of the recipients seventy-five or older reported that home-delivered meals program provided at least half of their daily intake.

- 59 percent of recipients were 65 and older, and reported home-delivered meal programs provided at least half of their daily intake.

- 4 out of 10 home-delivered meal program recipients reported requiring assistance involving 1 or more of the 5 core activities pertaining to daily living (bathing, dressing, eating, utilizing the restroom, and transferring into or out of bed or a chair).

- Increasing the population of individuals who receive home-delivered meals by 1 percent, translates into a decrease in the state’s low-caring nursing home population.

- Home-delivered meal programs would increase initial savings to Medicaid programs. Exceeding $109 million for the country as a whole.

- 92 percent of home-delivered meal program recipients stated the meals enabled them to continue living in their homes.

85% of chronic diseases and disabilities among older adults (60 and older) can be mitigated with adequate nutrition.


Near-poor older adults (65+) who receive home-delivered meals experience less loneliness because of the home-delivered meals.


60% of Medicare reimbursements come from adults ages 65 and older. These adults are diagnosed with congestive heart failure and readmitted within 6 months of being hospitalized.