Nutrition and Aging Resource Center

Senior Nutrition Program: Medically Tailored Meal Survey

In October 2024, 223 senior meal programs representing at least 30 states were surveyed to collect data on programs offering medically tailored meals (MTMs). In addition, four programs with established medically tailored meal programs in the Northeast, Midwest, Southeast, and Northwest regions of the United States were interviewed to identify tips and best practices for programs that would like to begin serving MTMs.

Currently, there is no universally accepted definition of MTMs. For the purposes of this document, we are defining MTMs as nutritious meals designed to meet the specific dietary needs of individuals with certain chronic health conditions and eating difficulties, including but not limited to heart disease, diabetes, and other conditions. MTMs ensure individuals receive the appropriate nutrients to manage their health. MTMs include texture modified foods for individuals with chewing and swallowing difficulties. MTMs are approved by a Registered Dietitian Nutritionist (RDN). (Adapted from Food is Medicine Coalition)

Main Findings

Of the programs surveyed, over one-third currently provide MTMs. Diabetic diets were the meal type most often provided, followed by heart-healthy diets, then texture modified for chewing and swallowing difficulties diets, and lastly, renal/kidney-friendly diets.

For those survey respondents who do not provide MTMs, the greatest identified barriers included lacking the kitchen capacity, staff capacity, and/or funding to provide more than one menu choice. However, the largest majority of survey respondents that do provide MTMs reported that MTMs make up ten percent or less of the total monthly meals served. This means that making accommodations for a few participants doesn't necessarily require huge changes for meal providers. Offering MTMs can have a positive impact in meeting all participants' needs.

For other survey respondents, they simply do not know how to start.

There are several myths about MTMs that may prevent exploring MTMs as an option to better serve meal participants.

Myth: Medically tailored meals don't meet the nutritional standards required of senior meal programs.
Fact: Many low sodium, cardiac, diabetic, and texture modified MTMs meet the Dietary Guidelines for Americans.

Myth: Medically tailored meals are expensive.
Fact: Many programs need to only make small changes to their meals to offer MTMs. A Registered Dietitian can help identify low-cost menu modifications.

Myth: Medically tailored meals are complicated.
Fact: MTMs can consist of menu items already being served. A RDN can work with common menu items currently being used to help develop menus that are appropriate for the dietary needs of participants.

Examples of MTMs include:

- **Diabetic Diet:** 3 oz baked salmon; ½ cup quinoa; 1 cup steamed broccoli; small pear
- **Dysphagia Diet:** 1 cup pureed chicken and vegetable stew, ½ cup pureed sweet potatoes, and ½ cup pureed peaches
- **Renal Diet:** ½ cup chicken salad on white bread, 1/2 cup sliced cucumber and carrots, ½ cup sliced apple, 2 small shortbread cookies

Advice from Senior Nutrition Programs who offer MTMs

Defining MTMs will help you target participants

- Decide how your program will define MTMs. Differentiate MTMs from meal preferences and ensure MTMs are tailored to specific medical conditions.
- Identify which nutrition-related medical conditions exist with current and potential participants to determine which types of MTMs would be best to focus on.
- For some programs, creating policies such as intake screening and/or requiring doctor's notes for complicated conditions can ensure appropriate use.
- Consider what your program calls the meals and how MTMs are marketed to participants to ensure they are appealing to eligible individuals. (Examples: Carb Conscious, Heart Healthy, Kidney Friendly, etc.).

Keep it Simple

- Start small — Begin with a manageable pilot group (10-20 participants) and refine processes before expanding. A pilot group allows for testing systems, fixing errors, and ensuring processes are manageable.
- Build systems — Plan early for when you are ready to scale up meal production and delivery systems. Scaling requires significant planning, staffing, training, and infrastructure (e.g., kitchen upgrades, software investment).
- Don't overthink the process — Start with basic medically tailored options (e.g., diabetic, low sodium) and build from there. Sustainability requires planning and partnerships.

Learn from Others

- Visit established programs, join coalitions, and connect with RDNs, healthcare providers, and experienced MTM organizations for knowledge and support.
- Leverage shared resources like menus, guidelines, and tools already developed by organizations like Food is Medicine Coalition to avoid wasting time creating resources that already exist.
- If you are unable to provide a specific meal type in-house, explore partnerships with other providers to supply those meals.

Secure Funding Early

- Sustainability remains a key challenge, as MTMs may be more expensive to produce. MTMs may require creative funding solutions like Medicaid 1115 waivers and public-private partnerships.
- Build relationships with funders and demonstrate accountability with smaller grants first. Look for grants, Medicaid waivers, and partnerships with insurance providers.

Clinical Oversight and Menu Development

- RDN involvement is essential for tailoring meals to specific medical conditions (e.g., diabetic, cardiac, texture-modified, renal). Pre-approved substitutions and standardized menus help manage complexity.
- Some programs have altered their entire menu to be carb consistent. This ensures that the regular menu is also appropriate for participants with diabetes.

Document and Share Outcomes

- Collect health and cost-saving data to demonstrate program impact. Use success stories to build support and secure funding.
- Report improved health outcomes for clients (e.g., reduced hospitalizations, diabetes reversal), demonstrating MTMs' impact.

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