



Nourishment. Delivered.





We deliver more than meals.
We nourish healthy wellbeing.



Roots in older adults



679 congregate sites | 10,000 homes

18+ million
OAA hot catering
& home meals



Proud meal partner



FEMA

7 major hurricanes | 1 major pandemic

42+ million relief meals



Largest supplier
of non-MRE meal kits
to the U.S. Military

900,000+
military support meals

We deliver meal solutions
for

any plan program or
member need.



Post
Discharge



Chronic
Care



Maternal
Health



Supplemental
Benefits



LTSS



PACE

We deliver healthy variety to accommodate all tastes and needs with

RD-designed menus, 60 DRI*-meal varieties, nutrition-rich additions from local providers, and shelf-stable options.

*Dietary Reference Intakes

GA foods.



Fresh produce & fruits



Prepared flash-frozen meals



Shelf stable, pantry & supplements



We deliver food as medicine



High Calorie, High Protein

- Malnutrition
- Cancer
- HIV
- Wound Healing
- Surgical Recovery
- Breastfeeding Mothers
- Post C-Section



Low Sodium, Heart Healthy

- Congestive Heart Failure
- Hypertension
- Expecting mothers
- Pre-eclampsia



Kidney Friendly Chronic renal failure on dialysis



Weight Management

- Obesity
- Weight standards
- Expecting mothers



Pureed Dysphagia

Reduce costs & admissions with medically-tailored meals

- Participation in medically-tailored meals program appears to be associated with fewer skilled nursing admissions and less overall medical spending
- Difference of \$3,828 vs. \$4,592 in cost of monthly care
- Approximately a 50% reduction in inpatient admissions for those who participated in a medically-tailored meals delivery program
- Reduction of 16% in healthcare costs

Research

JAMA Internal Medicine | Original Investigation

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

Seth A. Berkowitz, MD, MPH; Jean Terranova, JD; Liisa Randall, PhD; Kevin Cranston, MDiv; David B. Waters, MA; John Hsu, MD, MBA, MSCE

IMPORTANCE Whether interventions to improve food access can reduce health care use is unknown.

OBJECTIVE To determine whether participation in a medically tailored meal intervention is associated with fewer subsequent hospitalizations.

DESIGN, SETTING, AND PARTICIPANTS A retrospective cohort study was conducted using near/far matching instrumental variable analysis. Data from the 2011-2015 Massachusetts All-Payer Claims database and Community Servings, a not-for-profit organization delivering medically tailored meals (MTMs), were linked. The study was conducted from December 15, 2016, to January 16, 2019. Recipients of MTMs who had at least 360 days of preintervention claims data were matched to nonrecipients on the basis of demographic, clinical, and neighborhood characteristics.

INTERVENTIONS Weekly delivery of 10 ready-to-consume meals tailored to the specific medical needs of the individual under the supervision of a registered dietitian nutritionist.

MAIN OUTCOMES AND MEASURES Inpatient admissions were the primary outcome. Secondary outcomes were admission to a skilled nursing facility and health care costs (from medical and pharmaceutical claims).

[Invited Commentary](#)

[Supplemental content](#)

[Berkowitz, D. et al. Association Between the Receipt of a Medically Tailored Meal Program and Health Care Use. JAMA Intern Med. 2019;179\(6\):786-793. doi:10.1001/jamainternmed.2019.0198](#)

Malnutrition is a leading cause of hospitalization & readmissions

- Greater than one-third of patients are malnourished upon admission to the hospital
- If left untreated, approximately two-thirds of these patients will become even more compromised during their hospitalization
- Roughly one-third of patients not malnourished at admission will become malnourished during their hospital stay
- 30-day readmission rates decreased from 16.5% to 7.1% in a community hospital that implemented a comprehensive nutrition intervention plan



The image shows the cover of a journal article. At the top left is the 'eat right.' logo. At the top right, a purple banner contains the text 'FROM THE ACADEMY'. The title of the article is 'Critical Role of Nutrition in Improving Quality of Care: An Interdisciplinary Call to Action to Address Adult Hospital Malnutrition'. Below the title are the authors' names: Kelly A. Tappenden, PhD, RD, FASPEN; Beth Quatrara, DNP, RN, CMSRN; Melissa L. Parkhurst, MD; Ainsley M. Malone, MS, RD; Gary Fanjiang, MD; Thomas R. Ziegler, MD. An abstract follows, starting with 'The current era of health care delivery...' and listing six principles for action. At the bottom, a large 'T' begins the start of the article's main text: 'THE UNITED STATES IS entering a new era of health care delivery...'.

[Tappenden, KA, et al. Critical Role of Nutrition in Improving Quality of Care: An Interdisciplinary Call to Action to Address Adult Hospital Malnutrition. J Parenter Enteral Nutr. 2013;37:482-497.](#)



Thank you