

MEDICALLY TAILORED MEALS

FOR OLDER ADULTS



Evaluation Report



INNOVATIVE
HEALTH
SOLUTIONS

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SECTION 1

INTRODUCTION

Background

Metabolic and diet-related illnesses are the leading risk factors for mortality in the U.S. Six in ten Americans have at least one chronic condition such as heart disease, cancer, stroke, or diabetes.¹ Additionally, four in ten adults have two or more chronic conditions.² Although people with chronic illness represent 50% of the population, it contributes to more than 85% of healthcare costs.³ In Solano County, the top three leading causes of death are cancer, heart disease, and stroke, with Diabetes being sixth.⁴



Studies have found that food security status strongly predicts chronic illness.^{5 6 7} Currently, 42 million Americans are food insecure; improving food security is critical in managing diet-related illnesses.⁸ Chronic conditions disproportionately affect people who have less access to resources to prevent and manage those conditions.

Healthy access to food can reduce barriers to healthy eating, improve patient outcomes, and assist the overly burdened medical system with solutions for chronic condition management while saving healthcare spending. Since the Social Determinants of Health (SDOH) contribute to 80% of health outcomes, providing support within the built environment is critical in preventing and managing those conditions.⁹

Older adults with chronic conditions are historically a vulnerable population. In the 2020 Napa/Solano Area of Agency (N/S AAA) needs assessment, respondents prioritized nutrition as an area for improvement; needs included expanding culturally appropriate meals, offering more food resources such as emergency meals and snack sacks, and expanding the number of congregate and home-delivery meals.

Respondents reported being unable to afford one or more of their necessities in the past year. The need for home-delivered meals is in the top five requested N/S AAA services. Another finding was the increased need to provide nutrition services to seniors in Solano County, such as increased availability of food options and resources for food access during disasters and community emergencies.

Medically Tailored Meals (MTM) are meals approved by a Registered Dietitian that offer a range of food and nutrition services that will help individuals achieve their nutrition goals at critical times to help them regain and maintain their health.¹⁰ Medically Tailored Meal Programs are a holistic approach now offered by the

¹ Prevention CDC. About Chronic Diseases _ CDC. *National Center for Chronic Disease Prevention and Health Promotion (NCCDP)* 2022; <https://www.cdc.gov/chronicdisease/about/index.htm>.

² Ibid

³ Holman HR. The Relation of the Chronic Disease Epidemic to the Health Care Crisis. *ACR Open Rheumatol.* 2020;2(3):167-173.

⁴ County S. Leading Causes of Death in Solano County (2006-2017). In: Solano County 2017.

⁵ Medicine Tiff. Food Insecurity and Chronic Disease *Insider.*

⁶ Cai J, Bidulescu A. The association between chronic conditions, COVID-19 infection, and food insecurity among the older US adults: findings from the 2020-2021 National Health Interview Survey. *BMC Public Health.* 2023;23(1):179.

⁷ Gregory CAJ-C, A. . Food Insecurity, Chronic Disease, and Health Among Working-Age Adults. 2017.

⁸ America F. Hunger in America 2022.

⁹ Foundation RWJ. Medicaid and Social Determinants of Health. *Robert Wood Johnson Foundation* 2019.

¹⁰ Coalition FiM. The Need MTM FIMC Integration in Healthcare FIMC Service Primary Diagnosis Our Priorities To provide. 2018; <https://www.fimcoalition.org/>.

Department of Health Care Services' recent California Advancing and Innovating Medi-Cal (Cal AIM) initiative. Community Supports are services that help address members' health-related social needs, help them live healthier lives, and avoid higher, costlier levels of care for managing chronic conditions. These chronic conditions can be diabetes, cardiovascular disease, congestive heart failure, stroke, chronic lung disease, HIV, cancer, gestational diabetes, high-risk perinatal conditions, and mental or behavioral disorders that are chronic or disabling. Community support services can be provided to individuals discharged from a hospital or skilled nursing facility who are at high risk of being hospitalized or placed in a nursing home, require extensive care coordination, and reduce the healthcare costs associated with poor management of chronic conditions. Implementing an Ecosystem of Care for Medically Tailored Meals is an emerging and promising solution for a complex community problem that can assist in creating a healthy food ecosystem for people, the community, and the planet.

Project Need and Description

The Solano County Community Health Assessment Report found that 6.5% of Latinx persons do not have healthcare, and 13.7% of the population experience food insecurity, making it harder to prevent and manage chronic illness for people of color.¹¹

Studies found that MTM programs have been proven effective in improving health outcomes in chronic condition management. These include a 50% adherence to treatment, 17% improvement in diabetes control, and 23% of patients are more likely to be discharged to their homes after a hospital stay.¹² One study showed that multivariable analyses revealed that a 1% reduction in HgbA1c was associated with a 2% reduction in all-cause total healthcare costs and a 13% reduction in diabetes-related total healthcare costs and that these reductions resulted in annual cost savings of \$429 and \$736, respectively. For patients with

Studies found that MTM programs have been proven effective in improving health outcomes in chronic condition management.

an index HgbA1c greater or equal to 7%, a 1% reduction in HgbA1c was associated with a 1.7% reduction in all-cause total healthcare costs and a 6.9% reduction in diabetes-related healthcare costs, with associated annual cost savings of \$545 and \$555 respectively.¹³

In MTM recipients, admission to skilled nursing facilities and emergency departments was reduced by 72% and 70%, respectively, resulting in a 16% reduction in net healthcare costs.¹⁴ MTM programs (10 meals were delivered weekly) were associated with significantly fewer inpatient hospital admissions.¹⁵ In 2023, Innovative Health Solutions (IHS) received American Rescue Plan Act funding from the Napa/Solano Area Agency on Aging (N/S AAA) to implement a MTM program in Solano County. IHS in collaboration with Aliados Health plan, develop and coordinated the activities and partnerships to implement the program.

¹¹ County S. *Solano CHA Report 2020 FINAL*. Solano County 2020.

¹² Coalition FiM. *The Need MTM FIMC Integration in Healthcare FIMC Service Primary Diagnosis Our Priorities To provide*. 2018; <https://www.fimcoalition.org/>.

¹³ Lage MJ, Boye KS. The relationship between HbA1c reduction and healthcare costs among patients with type 2 diabetes: evidence from a U.S. claims database. *Curr Med Res Opin*. 2020;36(9):1441-1447. doi:10.1080/03007995.2020.1787971

¹⁴ Berkowitz SA, Terranova J, Randall L, Cranston K, Waters DB, Hsu J. Association Between Receipt of a Medically Tailored Meal Program and Health Care Use. *JAMA Intern Med*. 2019;179(6):786-793.

¹⁵ Ibid



Aliados Health provided IHS with staff and administrative in-kind support to guide the contractual agreement with La Clínica de La Raza Vallejo. La Clínica is a federally qualified health center that provides accessible, culturally appropriate, and high-quality healthcare services to all individuals. IHS partnered with La Clínica to implement an MTM program for 50 patients who were 60 years and older and had diabetes.

La Clínica was contracted to provide light case management, facilitate weekly diabetes education and support groups, collect pre- and post-survey information, including biometric data, and assist in the weekly meal and food pick-up. The selected MTM participants experienced a range of chronic disease conditions, mobility issues, food insecurity, housing instability, limited English speaking, and not being connected to their primary care provider, making it difficult to manage their chronic diseases.

The MTM program provided services to 50 patients with diabetes who received 12 weeks of 10 prepared meals and a weekly grocery bag, along with diabetes education and “Bingocize” classes to provide physical activity. La Clínica provided case management for the patients, facilitated weekly diabetes education and support groups, and provided assistance during meal deliveries.

IHS made a contractual agreement with Provisions by League of Chefs in Vallejo to serve as the food vendor for the MTM program. Provisions was selected for its proximity to La Clínica in Vallejo, convenience, commitment to procuring local ingredients, and our dedication to supporting local businesses. Collaborating with community

partners is crucial to establishing a viable, fair, and sustainable Ecosystem of Care in Solano County. A functional Ecosystem of Care involves interconnected programs and services designed to holistically address the complex health and social needs of community members.

Food is Free Bay Area prepared the weekly grocery box, pick-up the prepared meals from Provisions, delivered meals and grocery box to La Clinica site, distribute the meals and grocery box to the participant’s home when they could not make the weekly diabetes education and support groups and agreed to provide the education provided over the phone.

As part of the planning and implementation of the MTM program, IHS secured a contract with Partnership HealthPlan of California to provide MTM as part of their CalAIM Community Supports initiative. This contract ensures that MTM is offered as an ongoing benefit in the community for Medi-Cal clients in need of this benefit.



Setting and Population

The target population was older adults with diabetes in Solano County who were patients of La Clínica de la Raza- Vallejo. This program assessed health outcomes for adults 50 and older with diabetes living in Solano County. MTM focuses on holistic diabetes care, which decreases hospital stays by assisting patients in managing this condition and improving overall health.

Stakeholders

IHS gathered a diverse group of stakeholders to execute and assess this program. It is crucial to involve older adults with chronic conditions as they are the most affected by the programs success, modifications, and implementation. Other important partners include medical providers, social workers, staff from IHS, Aliados Health, and La Clínica Vallejo, community organizations staff, Public Health Departments, Senior and community centers, food providers and food transporters who are already working with this population.

The stakeholders for the present MTM program are below.

AGENCY	ROLE
Napa/Solano Area Agency on Aging	Funder
Innovative Health Solutions	Implementing Agency
Aliados Health	Collaboration of Community Clinics and Health Workers
La Clínica de la Raza	Federally Qualified Health Clinic, Health Care Provider, Biometric Collection, Diabetes Education and Support, Case Management
Provisions	Local Vendor Medically Tailored Meals with Local Ingredients
Food is Free Bay Area	Food Transportation and Grocery Box Preparation

Evaluation Goals

The evaluation of the MTM Program serves two main purposes. Firstly, it gathers data that can be used to identify areas for program improvements. Secondly, the evaluation establishes the project as an effective program that can be successfully implemented in Solano County and other communities. The data gathered from the evaluation plays a crucial role in providing detailed insights that can be used to enhance the program's effectiveness, thereby improving the health outcomes of the target population. The goal is to ensure that the program delivers the desired results and positively impacts the lives of those it serves.

Behavioral and medical data from intervention participants was collected and analyzed to evaluate if the intervention achieved the expected outcome. Process evaluation was conducted to make program design and delivery improvements.

Evaluation Questions

This evaluation seeks to answer:

1. Do participants of the MTM Program show objective improvements in their health after participation in the program?
2. Do participants of the MTM Program have improved food/nutrition practices after participation in the program?
3. Does the MTM Program improve diabetes management?



Outcome Indicators

The three indicators below will assess participant food behavior and health.

1. % change in participant Hg A1C, blood glucose, blood pressure and BMI measurement pre- and post-intervention.
2. The average change participants report in healthy and unhealthy eating behaviors.
3. The average change participants report in the level of food insecurity.

Process Indicators

The three indicators below will be used to monitor program implementation and progress.

1. Number of participants referred to the program who participated in the meal services.
2. Number of meals distributed to participants.
3. Number and percent of participants who complete both the pre- and post-surveys.

Procedures

IHS program staff trained clinicians at La Clínica to identify individuals who meet the program criteria, are not currently receiving Meals on Wheels, and are interested in participating in a medically-tailored meal program. Once the eligible individuals were screened and deemed qualified, the La Clínica staff notified IHS of their eligibility, and the individuals were enrolled in the program.

Evaluation Component #1: Attendance Tracking

The IHS staff tracked attendance for all program participants through the course of the program to make sure that if attendees were unable to attend their appointments, designated meals were either delivered to them at their homes or that they were skipped for that week.

Additionally, monthly meetings to discuss how the program was going and to make any necessary changes occurred along the way. Also, Provisions (the food provider) and Food is Free both had Food Safety Plans to ensure the food was handled correctly and safely. The menus (Appendix E.) were approved by a AAA Registered Dietitian (Appendix D) and meet California Code Title IIIC Menu requirements for important nutrients.

Evaluation Component #2: Pre and Post Surveys

Once La Clínica staff had identified interested participants, their team worked with the participants to complete the program intake (PRE) survey. This survey was done at the outset of the program and before individuals received any of their medically tailored meal program intervention components.

IHS provided the La Clínica intake team members with surveys. Surveys were completed by participants with the support of the La Clínica support team members. La Clínica provided completed surveys to the IHS team who entered the records into our Apricot 360 tracking system.

Survey packets included:

- Demographics
- Biometric Data
- Program Eligibility
- General Nutrition and Physical Activity
- Medical Information
- Administrative Questions

Approximately halfway through the program, the evaluation team provided La Clínica team members with mid-point surveys (Interim Medically Tailored Meal Program Feedback [Appendix D]) to assess how the participants were doing with managing their diabetes, challenges they were facing and areas the participants wanted to learn more about during the diabetes and support group sessions. These surveys included all open-ended responses and were not part of the pre/post-evaluation analysis. At the end of the program, La Clínica staff completed a post-program survey with each participant. This included the same core components and questions as the initial survey (General Nutrition and Physical Activity, Medical Information, Administrative Questions, and Biometric Data). In addition, the survey included a program satisfaction survey (Medically Tailored Meal Program Feedback [Appendix E] [POST survey only]).

SECTION 3

ANALYSIS

This report provides results and how well indicators of success were met for both the outcome and process evaluation. Results will be used to improve further implementation cycles of the program, and as a basis for subsequent evaluations.

Quantitative data from the matched pairs (pre and post) were analyzed using t-tests for statistically significant differences in pre and post test results. Sample size and participant response rates are also reported.

Qualitative data was analyzed, themed, and coded for patterns in participant responses and comparatively analyzed and summarized.

Evaluation Component #1: Attendance and Demographics

There was a total of 51 participants who completed an intake form, 34 who completed a post program survey, and 33 who completed both surveys. Forty-nine individuals participated in at least one of the 12 classes and there was a total of 404 attendance records across all classes. 73.5% of participants attended more than 6 sessions.

Number of Sessions Attended	Count of Participants	Percentage of Participants
1–3 sessions	8	16.3%
4–6 sessions	5	10.2%
7–9 sessions	14	28.6%
10–12 sessions	22	44.9%

Table 1: Medically Tailored Meal Program Participant Attendance, count and percentage of participants by number of sessions attended.

Of the 33 individuals who completed the pre and post surveys, 54.5% identified gender as female and 45.5% identified gender as male, 63.6% identified as Hispanic, 15.2% as Asian, 9.1% as Black or African American, 9.1% as White, and 3% as Native Hawaiian or Other Pacific Islander.

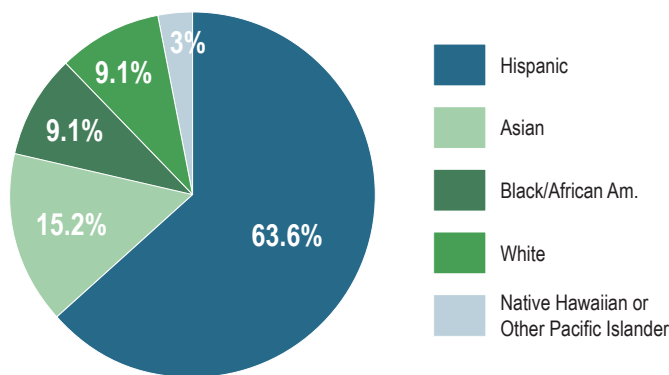


Figure 1: Medically Tailored Meal Program Participant ethnicity (self-reported).

Evaluation Component #2: Pre and Post Surveys

Clinical Health Measures

La Clínica staff recorded health data for participants at the beginning and end of the program period. Key indicators all showed improvement (Figure 2), with HgbA1C and Blood Glucose improvements being statistically significant (Table 2). 90.9% of participants had improved (lower) HgbA1C and 69.7% had improved (lower) Blood Glucose measurements. A similar percentage of participants had lower Body Mass Index (BMI) and Blood Pressure (BP) values.

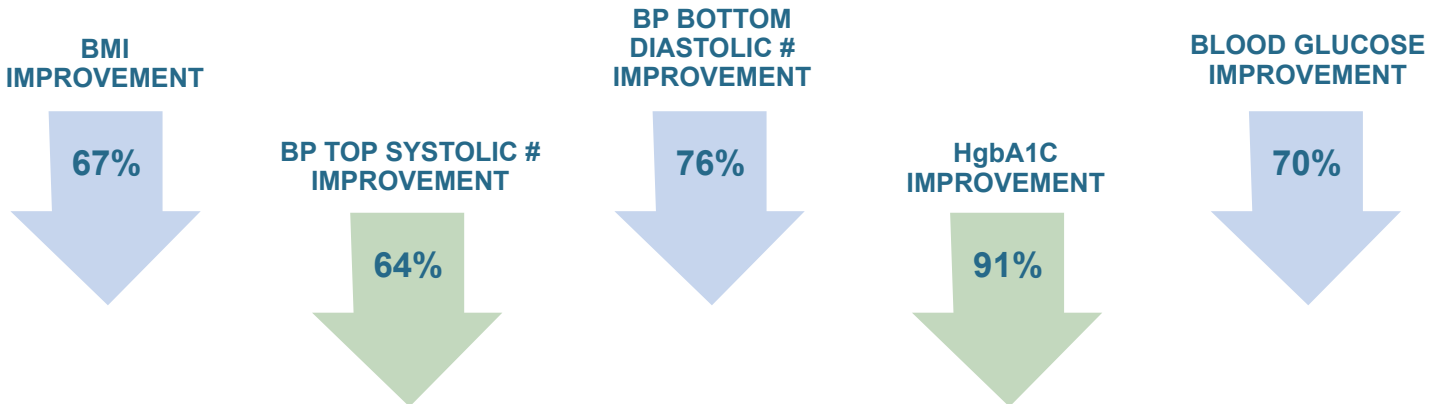


Figure 2: The Percent (%) of Participants with Improvement from pre- to post-intervention in five clinical health measures (BMI, BP systolic, BP diastolic, HgbA1C, and Blood Glucose) associated with diabetes status (controlled versus uncontrolled) and diabetes outcomes.

Questions	Pre-Average	Post - Average	Difference	P-Value	Percent with Improvement
BMI	29.352	28.850	-0.502	0.0754	66.7%
BP Top Systolic #	133.121	125.152	-7.970	0.1021	63.6%
BP Bottom Diastolic #	75.667	70.030	-5.636	0.0567	75.8%
HgbA1C	9.118	7.615	-1.503	0.0001	90.9%
Blood Glucose	197.645	155.408	-34.970	0.0179	69.7%

Table 2: Pre- and Post-survey averages, Differences, P-values, and Percent with Improvement Values for Clinical Health Measures (BMI, BP, HgbA1C, and Blood Glucose) for participants of the MTM program.

At the end of the study, controlled versus uncontrolled diabetes was tracked using HgbA1C results. Before the intervention, 12% (4 out of 33 participants) had their diabetes in control with an overall average HgbA1C of 9.118. **After participating in the MTM program, 33% (11 out of 33 participants) were in control with an overall average HgbA1C of 7.615.** According to the research, any reduction in HgbA1C is associated with health benefits for patients and a reduction in healthcare costs.

The data that show the changes in HgbA1C and BMI for each gender grouping is displayed in Table 3. Both HgbA1C and BMI went down, on average, for both genders by the end of the MTM intervention. Males with controlled diabetes at the end had a bigger change compared to females with controlled diabetes, whereas the females with uncontrolled diabetes had a bigger change than the males with uncontrolled diabetes. The group with the biggest change was males with controlled diabetes.

Diabetes Status by Gender	Average of Final HgbA1C	Minimum of Final HgbA1C	Maximum of Final HgbA1C	Ave. of CHANGE from pre to post: HgbA1C	Average of Final BMI	Minimum of Final BMI	Maximum of Final BMI	Average of CHANGE from pre- to post: BMI
Controlled	6.21	5.20	6.80	-1.72	30.45	22.11	45.91	-1.06
Female	6.40	5.80	6.80	-1.10	33.03	26.3	45.91	-0.69
Male	5.98	5.20	6.50	-2.46	27.36	22.11	32.04	-1.5
Uncontrolled	8.32	6.60	13.20	-1.40	28.05	20.12	38.86	-0.22
Female	7.73	6.60	8.60	-1.46	27.82	20.12	38.86	-0.49
Male	9.03	7.10	13.20	-1.32	28.32	23.58	38.26	0.1
Total	7.62	5.20	13.20	-1.50	28.85	20.12	45.91	-0.5

Table 3: Changes in HgbA1C and BMI pre- and post-intervention.

The pre and post Blood Glucose values are included to show how they compare against a constant line (Figure 3). Each dot represents a participant of the program. Those that are to the left and above the line had higher (worse) values in the post assessment whereas those to the right and below the line improved. For the 30 participants with complete Blood Glucose measurements, nine participants (30%) did not improve, while 21 (70%) improved their values. Some participants improved more than others, with one participant improving significantly from the pre- to the post-survey, from approximately 540 mg/dL to approximately 240 mg/dL Blood Glucose concentration.

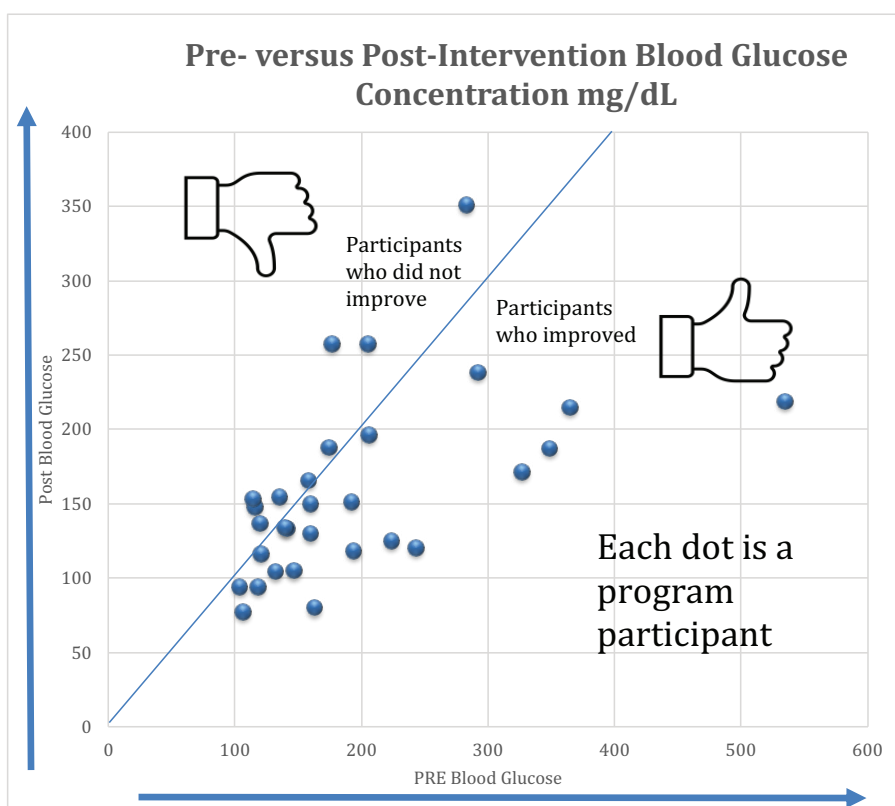
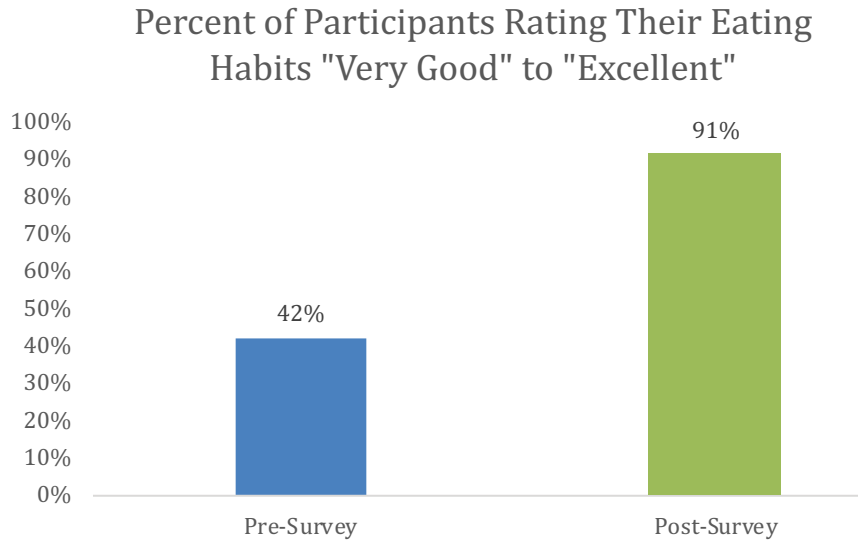


Figure 3: Pre- and Post-Survey Blood Glucose Concentrations for program participants, compared to no change (constant line).

Eating, Nutrition and Physical Activity Habits

Participants were asked to rate their eating habits, with a low of 1 being “poor” and 10 being “excellent” (Figure 4). The change in eating habits was most notable in participants with higher ratings. The average response changed from 6.9 to 8.6 and was highly statistically significant. 76% of participants indicated an improvement in how they rated their eating habits (Table 4).

Figure 4: Results for respondents who answered “Very Well” to “Excellent” to “How do you rate your eating habits?” during the pre and post surveys.



Question	Pre-Average	Post-Average	Difference	P-Value	Percent with Improvement
How would you rate your eating habits? 1 being poor and 10 being excellent.	6.9	8.6	1.7	0.0000	76%

Table 4: Results for how participants rate their own eating habits on the pre- and post-surveys.

Food Insecurity

Participants made modest improvements in their sense of food security. The percentage of participants who answered “Sometimes True” or “Often True” to “In the last 6 months, I worried whether our food would run out before we got money to buy more” decreased in the post-survey relative to the pre-survey. The percentage of participants whose food didn’t last and who didn’t have money to buy more also went down in the post-survey (Figure 5). Detailed results for both questions are displayed in Table 5.

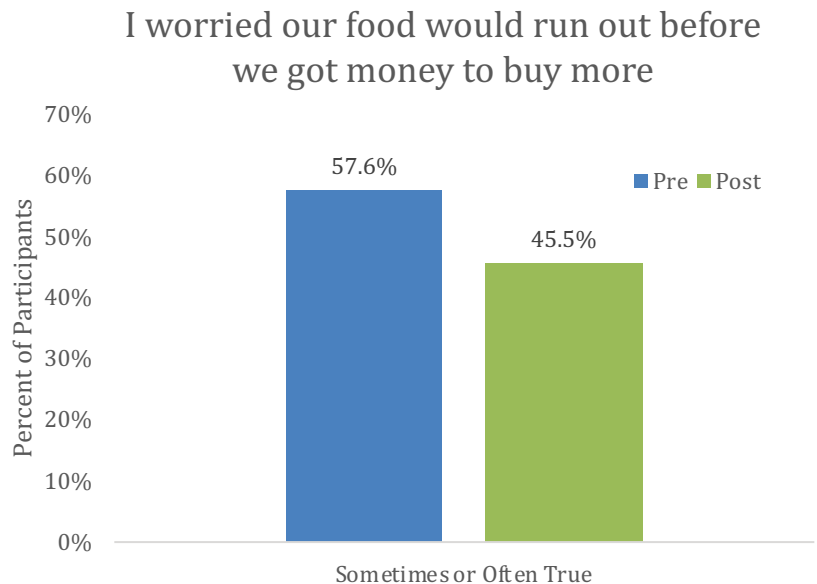


Figure 5: The percentage of participants who responded to the trueness of the statement ‘I worried whether our food would run out before we got money to buy more’ as “Never True,” “Sometimes True,” and “Often True.”

The food I bought didn't last and I didn't have money to get more

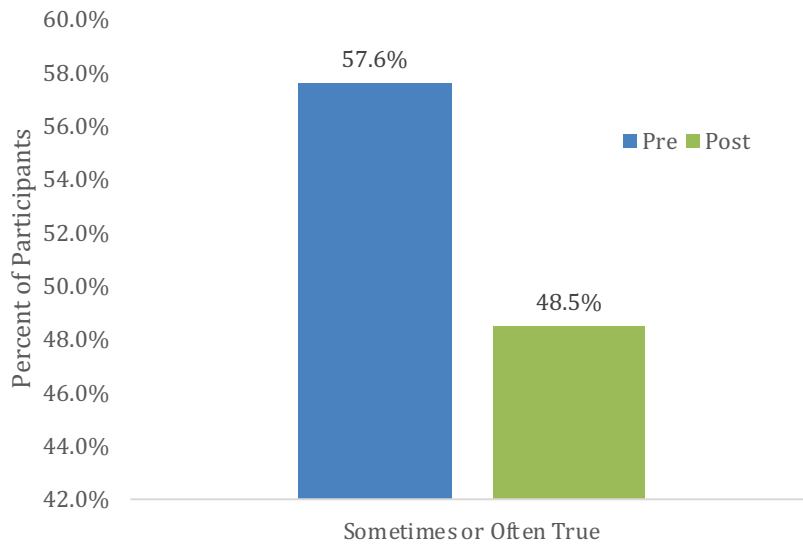


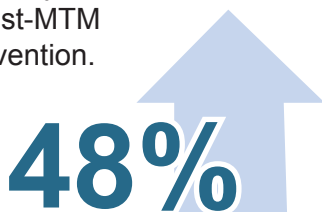
Figure 6. The percentage of participants who responded to the trueness of the statement “The food I bought didn’t last and I didn’t have money to get more” as “Sometimes True,” or “Often True.”

Questions	Pre-Average	Post-Average	Difference	P-Value	Percent with Improvement
In the last 6 months I worried whether our food would run out before we got money to buy more	0.788	0.727	-0.061	0.7116	30.3%
In the last 6 months the food I bought didn’t last and I didn’t have money to get more	0.848	0.667	-0.182	0.2056	30.3%

Table 5: Results for food insecurity questions “I worried whether our food would run out before we got money to buy more” and “The food I bought didn’t last and I didn’t have money to get more”.

Physical Activity

Participants were asked about their overall physical activity level. 48% indicated an improvement in their level of activity from pre- to post-MTM intervention.



Participant Interim Survey and Final Participant Satisfaction

The mid-assessment, or the interim assessment, was administered halfway through the program to participants and asked about how patients were doing managing their diabetes, their challenges, changes made, and what they want to learn more about. Some of the common comments and suggestions included:

- I am more aware now. I look at nutrition labels and I am walking more.
- I have cut back on meat consumption, especially red meats. I have changed to using ground turkey. I feel better. I have also lost a couple of pounds and have been walking more since the program.

Participants overall were very satisfied with the program, with **100% of respondents saying because of the program they learned something new** about how to take care of their diabetes and how to manage their diabetes through diet.

- I am eating less sugary food like cookies and sweets and drinking less soda. I have switched from regular sodas to sugar free sodas.
- I am exercising more. I continue to practice what we learned in class at home. I also am more aware of my portion sizes and use measure my portion sizes.
- I now take my medications every day and watch what I eat. I added vegetables to my meals.
- I exercise more, eat smaller servings of starchy foods and eat 3 meals per day.
- I cut out soda, white bread and sugar. I am also going on walks now and drinking more water.

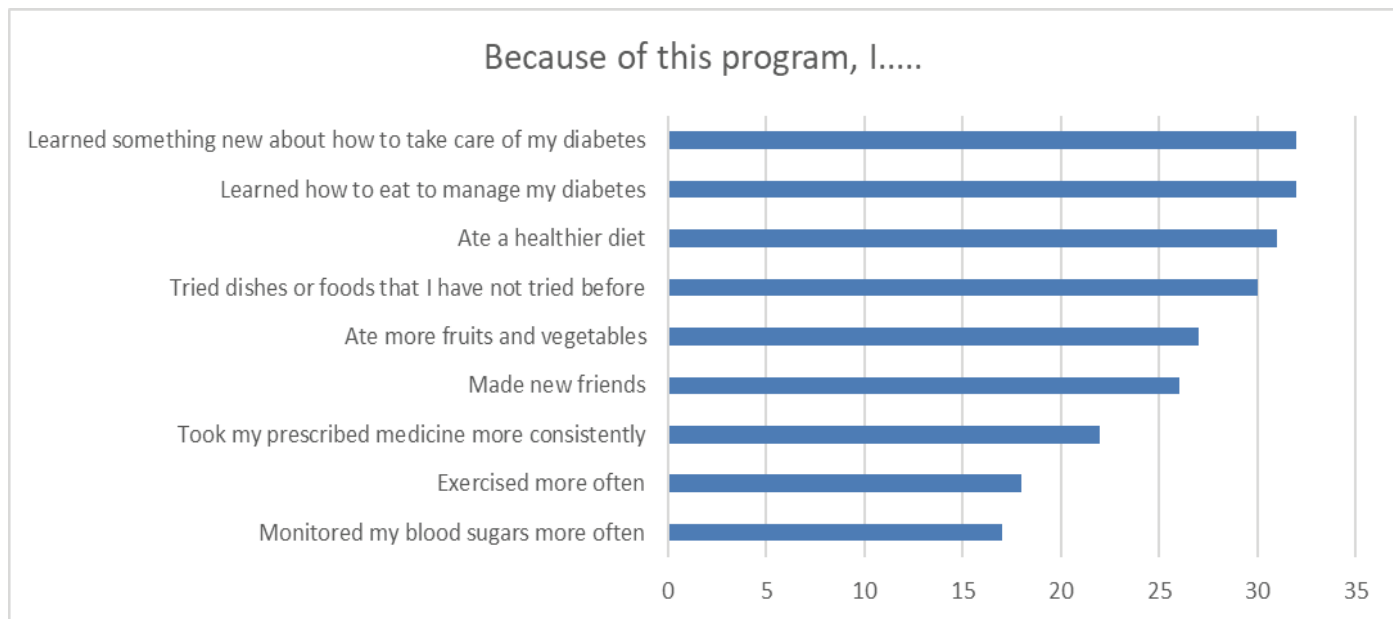


Figure 7: Count of Participants who had the outcomes specified.

Some of the comments that participants provided when asked about the overall program include:

“I would not change anything; Everything was very good.”

“I have enjoyed everything, [and] been more active since the program.”

“It was a very good program. I learned how to eat better, thank you very much.”

Regarding areas for improvement, many individuals commented on wanting more culturally relevant meals.

“Thank you very much for the program. I would like you to do it again, but my suggestion would be with more Mexican style foods, it was very difficult for me to eat another type of food.”

“Most of the food I did not like, I ate it because I wanted to improve my diabetes. I would like to add more Mexican style dishes.”

“The menu should be more varied with Latino recipes and food should be fresher (especially the meat).”

“Some suggestions to improve the program would be to make a way for the food to be fresher longer. I had to freeze some meals because they would not last for the week. The oatmeal had too much cinnamon. There needed to be more variety in the proteins. I want to thank you for participating in this project. It was very beneficial for me.”

SECTION 4

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

Conclusions

The MTM Program had very favorable results, showing that almost half (48%) of participants had an improvement in their activity levels, and more than three-fourths (76%) of participants reported improvement in how they rated their eating habits. Almost all participants (91%) had decreased HgbA1C (your average blood sugar and glucose level over the past two to three months), and 70% had lower Blood Glucose measurements. A similar percentage of participants had lower Body Mass Index and Blood Pressure. Participants also showed modest improvement in their food insecurity.

Additionally, the partnership with Partnership HealthPlan of California has been invaluable in providing sustainability to the MTM program. Partnership HealthPlan is one of Solano County’s Medi-Cal Managed Care Plans (MPCs) providing funding to deliver Medically Tailored Meals to patients with one or more complex, chronic, or acute illnesses. Improved outcomes due to medically tailored meals can save healthcare dollars and improve quality of life for Partnership Health Plan Members.

The partnership with La Clínica has also been an immensely valuable resource for the program, providing quality diabetes education, light case management, ongoing participant connection, recruitment, and clinical data tracking. They also went above and beyond coordinating with Partnership HealthPlan of California for taxi services for those who needed transportation. The program has been able to derive significant benefits from the partnership, such as a better understanding of the health needs of the participants and the development of targeted interventions to address their specific needs. The program has also been able to provide participants with a medically tailored meal program, which has played a crucial role in promoting their health and well-being. The partnership with La Clínica has been a mutually beneficial collaboration that has helped improve the health outcomes of the participants and the community at large.

Lastly, participants themselves were very satisfied with the program overall, learning new things about how to manage their diabetes. They responded positively to their participation, made new friends, and requested that the weekly diabetes education and support groups continue. La Clínica has implemented this continuation, and now offers these support groups as an ongoing service at their clinic.

Limitations & Recommendations

Some limitations of this program and its evaluation, as well as recommendations for future iterations of this intervention are outlined below.

Sustainability

For future programs, it is recommended to put increased emphasis on connecting individuals to ongoing food programs, such as CalFresh and Food pantries, so that they have an opportunity to continue the improvements in their health seen because of this MTM program.

Cultural Appropriateness

It is also recommended to ensure that food menus are culturally appropriate for participants. Many of the participants were accustomed to eating Mexican cuisine, and they noted that the menu was very new to them which they did not always like. It is also important to foresee the languages spoken by potential participants and plan for this in advance. Originally, the classes were meant to be bilingual, with all participants sharing one class. However, this did not work well because translation during class was not feasible. The group was split into two separate groups: English and Spanish-speaking, which greatly improved the feasibility and effectiveness of the classes.

Transportation

Transportation of food for participants was difficult; a lot of them were older adults who could not easily carry the grocery boxes and food. They had to ask for rides or arrange alternate means of transportation because of the food when they may have otherwise walked home. Delivering food to participant's place of residence is best for MTM interventions, where possible.

Scheduling

Another challenge was that people had to come to classes in person to participate and pick up the food, and because of work and scheduling issues they couldn't always attend the classes. This sometimes resulted in them needing to drop the program, since it was necessary to come to classes

to receive the food. It is recommended to be clear about this requirement initially with participants to ensure a smooth enrollment and implementation process. Transportation should be planned for in the beginning when in-person classes or support groups are part of the intervention and especially for seniors who may no longer be driving.

Staffing

The implementation of the MTM program for a group of 50 participants, who were expected to attend the program for a period of 12 weeks, turned out to be more demanding in terms of resources and staff time than initially anticipated. This experience illuminated the pressing need for a dedicated team of project staff to oversee such programs in the future, ensuring smooth and efficient coordination of tasks. It is recommended to not only dedicate one person to be point on the program, but to also dedicate one to two backups persons in the event the point person is not available. Generally, MTM intervention programs tend to work best when many partners come together to offer pieces of the overall program (e.g. the clinic offers case management and clinical monitoring, the non-profit coordinates the funding and the program management, the food vendor designs the menu, etc).

Food

Coordination of the food requires careful consideration. The menu must be appropriate to the medical status of the individuals and meet California Code standards. Sometimes food vendors are not familiar with these requirements or how to meet them, and do not realize the work involved with this when initially becoming involved as a vendor. It is important to provide education where necessary to potential food vendors and to work collaboratively on the medically-tailored menus.

Generally, it is recommended that Medically-Tailored Meal Programs be considered for adults with chronic illnesses, such as diabetes, especially in the setting of existing wrap-around services, such as support groups, regular check-ups, or similar repeating touch points in their managed care. Effective partnerships across multiple sectors are key to these efforts.



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COURSE SCHEDULE & TIMELINE

MTM Health Rx / DM Group classes Spanish Group—9 am | English Group—11 am

DATE	CLASS TOPIC
JUNE 19	Introduction to the program DM Topic: What is Diabetes? Monitoring your BG, A1C goal
June 26	DM Topic: Hyperglycemia and Hypoglycemia Why do BG levels rise/go down? Symptoms and what to do.
July 5	Fun Exercise/Physical Activity
July 10	DM Topic: Exercise and Diabetes Benefits, precautions, FIT concept, types of exercise
July 17	Fun Exercise/Physical Activity
July 24	DM Topic: Diabetes and Diet Health management through meal planning Mid time A1C check
July 31	Fun Exercise/Physical Activity Mid time assessment
August 7	DM Topic: Medication and Diabetes Why should we take medication for DM? Oral medication, injected medication
August 14	Fun Exercise/Physical Activity
August 21	DM Topica: Cholesterol, Hypertension & Diabetes DASH diet
August 28	Fun Exercise/Physical Activity

B

MTM PROGRAM INTAKE FORM



Medically Tailored Meals Referral and Intake Form				
*First Name First Name	*MI MI.	*Last Name Last Name	*Date of Birth (must be 60 years of age or older to participate) DOB.	
* Phone Number Phone Number Can we text you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate Phone Alternate phone.		*CIN # CIN#	
Email Address: Email address		* Type of Health Insurance: <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> No insurance		
Select the option that best describes your race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to not answer.				
* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer to not answer		*Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other_____		
*Street Address <input type="checkbox"/> apartment complex? Street Address		*City City	*Zip Code Zip Code	
Eligibility Questions		Yes	No	Comments
Do you have any dietary restrictions due to health conditions? <i>If a patient has heart disease, they can participate. If a patient has Stage 3 chronic kidney disease, need doctor's approval to participate in this pilot project. Note doctor's name and approval in the comment section. Patient cannot participate if has stage 4 chronic kidney disease.</i>		<input type="checkbox"/>	<input type="checkbox"/>	Comments
Do you have any food allergies? <i>Patient is aware and understands that the Medically Tailored Meals are not allergen-free and can contain some allergens. Do not enroll the patient if the patient has life-threatening allergies.</i>		<input type="checkbox"/>	<input type="checkbox"/>	Comments
Any other special dietary instructions or food dislikes (e.g. no pork, chopped textures, vegetarian or vegan)? <i>If there are a lot of special diet restrictions or food dislikes, cannot participate.</i>		<input type="checkbox"/>	<input type="checkbox"/>	Comments



<p>Do you have any problems chewing or swallowing?</p> <p><i>If there are significant chewing and swallowing problems, cannot participate.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Comments</p>
<p>Do you have a working refrigerator?</p> <p><i>Cannot participate if patient cannot store food for the week.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Comments</p>
<p>Do you have a working microwave?</p> <p><i>Can participate if have other ways to heat up food.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Comments</p>
<p>Do you receive meals from the Meals on Wheels program?</p> <p><i>If yes receive MOW, they cannot participate in this program.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Comments</p>
<p>Are you able to attend weekly for 12 weeks on Mondays (except for a Tuesday and a Wednesday noted below)?</p> <ul style="list-style-type: none"> ▪ June 19, 26 ▪ <u>Wednesday July 5</u> ▪ July 10, 17, 24, 31 ▪ August 7, 14,21,28 ▪ <u>Tuesday, September 5</u> 	<input type="checkbox"/>	<input type="checkbox"/>	<p>Comments</p>

Notes:

Additional Information



General, Nutrition and Physical Activity Questions
In the last 6 months, I worried whether our food would run out before we got money to buy more. <input type="checkbox"/> Often True <input type="checkbox"/> Sometimes True <input type="checkbox"/> Never True
In the last 6 months, the food I bought didn't last and I didn't have money to get more. <input type="checkbox"/> Often True <input type="checkbox"/> Sometimes True <input type="checkbox"/> Never True
Do you receive Cal Fresh benefits (SNAP, Food Stamps)? <input type="checkbox"/> Yes <input type="checkbox"/> No
How would you rate your eating habits? 1 being poor and 10 being excellent. Number rating.
Do you snack between meals? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what foods do you snack on: <i>list snack foods</i> What time do you usually eat snacks? <input type="checkbox"/> Between breakfast and lunch <input type="checkbox"/> Between lunch and dinner <input type="checkbox"/> After dinner <input type="checkbox"/> Other: <i>Describe when snack</i>
Do you drink sugar drinks such regular soda, fruit drinks, sports drinks, or punch? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how often do you drink sugary drinks? <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Everyday
I'm going to read statements about how often you do <u>Light</u>, <u>Moderate</u> or <u>Vigorous</u> physical activity. I will read to you the definitions for each. Light: Your heart beats slightly faster than normal, you can talk or sing. Examples: walking slowly (around the house or store), making the bed, preparing food, washing dishes, or chair yoga. Moderate: Your heart beats faster than normal, you can talk but not sing. Examples: Sweeping the floor, walking briskly, vacuuming, shooting basketball, or gardening. Vigorous: your heart rate increases a lot, you can't talk or taking is broken up by large breaths. Examples: running, swimming, bicycling, or aerobics.
I rarely or never do any physical activity. <input type="checkbox"/> Yes <input type="checkbox"/> No
I do some Light or Moderate physical activities but not every week. <input type="checkbox"/> Yes <input type="checkbox"/> No
I do some Light physical activity every week. <input type="checkbox"/> Yes <input type="checkbox"/> No
I do Moderate physical activities every week but less than 30 minutes per day, 5 days per week. <input type="checkbox"/> Yes <input type="checkbox"/> No
I do Vigorous physical activities every week, but less than 20 minutes per day, 3 days per week. <input type="checkbox"/> Yes <input type="checkbox"/> No



I do activities to increase muscle strength, such as lifting weights, calisthenics, once a week or more.
 Yes No

I do activities to improve flexibility such as yoga or Pilates once a week or more. Yes No

Medical Information

*Height Height	*Weight Weight	*BMI BMI	*Blood Pressure BP
--------------------------	--------------------------	--------------------	------------------------------

*Diabetes	
<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled	*Labs HgbA1C: HgbA1C Date: Date of HgbA1C Blood Glucose: blood glucose <input type="checkbox"/> Fasting <input type="checkbox"/> Not Fasting Date: Date of BG

Do you have any complications from diabetes:

- None
- Vision Loss
- Oral Health
- Problems with feet
- Nerve damage
- Heart Disease
- Chronic Kidney Disease
- Other: Other complications.

How frequently do you monitor your blood sugars?

- Never
- Occasionally (weekly or monthly)
- Multiple times per day
- Other: frequency of checking BS

Do you take medication for your diabetes? No Yes

If yes, what medications? medications

Do you ever forget to take your medications?

- Often Occasionally Rarely Never

Have there been 2 more ER visits or hospitalizations in the previous 6 months?

- Yes No

Name of Staff Completing Assessment: Staff Name Title: Title

Date: Date assessment completed

Date Consent form signed: Date consent form signed

Securely email completed form to Norma Lisenko at normalisenko@innovativehealths.com

C

MTM LA CLÍNICA CLINICAL ASSESSMENT FORM



Medically Tailored Meals Final Assessment

*First Name

*Last Name

*Date of Birth

Last Name

DOB

General, Nutrition and Physical Activity Questions

In the last 6 months, I worried whether our food would run out before we got money to buy more.

Often True Sometimes True Never True

In the last 6 months, the food I bought didn't last and I didn't have money to get more.

Often True Sometimes True Never True

Do you receive Cal Fresh benefits (SNAP, Food Stamps)? Yes No

How would you rate your eating habits? 1 being poor and 10 being excellent. Number rating.

Do you snack between meals? No Yes

If yes, what foods do you snack on: [list snack foods here](#)

What time do you usually eat snacks?

Between breakfast and lunch

Between lunch and dinner

After dinner

Other: [Describe when snack](#)

Do you drink sugar drinks such regular soda, fruit drinks, sports drinks, or punch?

No Yes

If yes, how often do you drink sugary drinks?

Sometimes

Often

Everyday

I'm going to read statements about how often you do Light, Moderate or Vigorous physical activity. I will read to you the definitions for each.

Light: Your heart beats slightly faster than normal, you can talk or sing. Examples: walking slowly (around the house or store), making the bed, preparing food, washing dishes, or chair yoga.

Moderate: Your heart beats faster than normal, you can talk but not sing. Examples: Sweeping the floor, walking briskly, vacuuming, shooting basketball, or gardening.

Vigorous: your heart rate increases a lot, you can't talk or taking is broken up by large breaths. Examples: running, swimming, bicycling, or aerobics.

I rarely or never do any physical activity. Yes No



I do some Light or Moderate physical activities but not every week. <input type="checkbox"/> Yes <input type="checkbox"/> No		
I do some Light physical activity every week. <input type="checkbox"/> Yes <input type="checkbox"/> No		
I do Moderate physical activities every week but less than 30 minutes per day, 5 days per week. <input type="checkbox"/> Yes <input type="checkbox"/> No		
I do Vigorous physical activities every week, but less than 20 minutes per day, 3 days per week. <input type="checkbox"/> Yes <input type="checkbox"/> No		
I do activities to increase muscle strength, such as lifting weights, calisthenics, once a week or more. <input type="checkbox"/> Yes <input type="checkbox"/> No		
I do activities to improve flexibility such as yoga or Pilates once a week or more. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Information		
*BMI BMI		*Blood Pressure BP
*Diabetes		
<input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled		*Labs HgbA1C: HgbA1C Date: Date of HgbA1C Blood Glucose: blood glucose <input type="checkbox"/> Fasting <input type="checkbox"/> Not Fasting Date: Date of BG
How frequently do you monitor your blood sugars?		
<input type="checkbox"/> Never <input type="checkbox"/> Occasionally (weekly or monthly) <input type="checkbox"/> Multiple times per day <input type="checkbox"/> Other: frequency of checking BS		
Do you ever forget to take your medications?		
<input type="checkbox"/> Often <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never		
In the last 12 weeks, has your diabetes medication been reduced? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have there been 2 more ER visits or hospitalizations in the previous 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What do you think of the Medically Tailored Meal Program?		
#	Question	Response
1.	On a scale of 1 to 5, how satisfied were you with the overall program? (1=not satisfied to 5 = very satisfied)	Enter response 1-5 here
2.	On a scale of 1 to 5, how satisfied were with the diabetes education? (1=not satisfied to 5 = very satisfied)	Enter response 1-5 here
3.	On a scale of 1 to 5, how satisfied were with the meals provided? (1=not satisfied to 5 = very satisfied)	Enter response 1-5 here.



4.	On a scale of 1 to 5, how satisfied were with the grocery box? (1=not satisfied to 5 = very satisfied)	Enter response 1-5 here
5.	Because of this program, I <u>(check all that apply to you)</u> <input type="checkbox"/> Ate a healthier diet. <input type="checkbox"/> Tried dishes or foods that I have not tried before. <input type="checkbox"/> Ate more fruits and vegetables. <input type="checkbox"/> Learned how to eat to manage my diabetes. <input type="checkbox"/> Learned something new about how to take care of my diabetes. <input type="checkbox"/> Monitored my blood sugars more often. <input type="checkbox"/> Took my prescribed medicine more consistently. <input type="checkbox"/> Exercised more often. <input type="checkbox"/> Made new friends. <input type="checkbox"/> Other: enter other areas I got out of the program.	
6.	Please add anything else you would like us to know about improving this program. Enter other information here.	

Name of Staff Completing Assessment: Staff Name Title: Title

Date: Date assessment completed

Date Consent form signed: Date consent form signed

Completed forms will be picked up by Norma Lisenko or Denise Kirnig.

D

AREA AGENCY ON AGING MENU APPROVAL

PSA 28 Napa/Solano Area Agency on Aging

TITLE III C MENU CERTIFICATION

*California Code of Regulations Title 22, Division 1.8, Chapter 4, Article 5, §7636.9(b)(1) and §7638.5
CDA PM 21-19. CRFC 113820.5(a)(b). Dietary Guidelines 2020-2025*

DATE: May 27, 2023
 TO: Innovative Health Solutions (Solano)
 FROM: Stella Wu Chu, RD, MA, AAA Nutrition Program Consultant
 RE: **MTM Menus – 2 meals/day, 6/19-9/4/2023**

Menu Approval:

 approved NOT approved Conditional approval, pending revision before.....

MENU REQUIREMENT (for one meal 1/3 DRI compliance)	YES	NO	COMMENTS
Menu submitted one month prior to use	x		
Menu item listed	x		
Food components or ingredients listed separately	x		
Portion size is listed (production sheet or serving suggestions)	x		
Standardized recipes and/or food specifications available for all menu items. <i>All food products shall be in nutrient-dense forms; lean or low-fat and prepared with minimal added sugars; refined starches, saturated fat, or sodium.</i>	x		
Good use of seasonal foods	x		
Ethnic, cultural, and religious preference	x		
Low in sweets & saturated fats. No trans fat	x		
Low in sodium, less than 760 mg per meal- <i>Single menu day more than 1,000 mg marked and restricted to once every other week. 400mg single source entree marked and restricted to once per week</i>	x		
High in fibers, 7 gm daily average	x		
Variety in types of foods	x		
Variety in preparation	x		
Variety in color/texture/flavor	x		
Vitamin A source 3 to 4 times/week, 233ug-3 times/5-day, 4 times/7-day week	x		
Vitamin C source ½ cp daily, 25 mg*- <i>single source</i>	x		
Protein Foods 3 ounces daily- <i>vegetable protein can't be used as vegetable, other requirements See Below</i>	x		
Vegetables one to two ½ cup daily, or two to three ½ cup daily for breakfast+lunch - <i>one ½ cup non starchy vegetables, other requirements See Below</i>	x		
Fruit one ½ cup daily, <i>other requirements See Below</i>	x		
Whole Grains Bread or Alternate one to two servings daily	x		
Milk 8 ounces enriched/low fat or soy beverage, or 1½ oz cheese, daily	x		
Nutrient analysis meets target value	x		
Major food allergen listed	x		
Food Allergen: Milk, Eggs, Fish (bass, flounder, cod etc.), Crustacean Shellfish (crab, lobster, shrimp etc.), Tree Nuts (almonds, pecans walnuts, etc.), Wheat, Peanuts, Soybeans, and a food ingredient that contains protein derived from a food listed above, inclusive.			

Target Nutrients

Nutrient	Target Value per meal -represent 1/3 DRI for a 1600 calorie range	Daily Compliance Range
Calories (Kcal)	>550 Kcal	>550-700 Kcal
Protein	15 gm	15 gm (in the entrée or primary protein source)
Fat (% of total calories)	25-35%	<35% (may average over a week)
Saturated Fat (%calories)	<10%	<10%
Trans Fat	<0.5g	CRFC Chapter 12.6 section 114377
Sodium (mg)	500-750 mg	<1000 mg place an icon on the menu if > 1000 mg
Fiber (gm)	>7 gm	>7 gm (may average over a week) based on AI value
Vitamin A (ug RAE)	233 ug	>233 ug 3 out of 5 days/wk or 4 out of 7 days/wk
Vitamin C (mg)	25 mg	25 mg
Vitamin B12 (ug)	0.8 ug	0.8 ug (may average over a week)
Calcium (mg)	400 mg	>400 mg (may average over a week)
Magnesium (mg)	105mg	>105 mg (may average over a week)
Potassium (gm)	1565 mg	1565 mg (may average over a week) based on AI value
Vitamin D	200 IU/ 3 ug	200 IU/ 3 ug (may average over a week)

Effective July 1, 2022:

Protein Foods. Legumes should not be counted as both vegetable and protein. Other protein sources may be used such as those in the vegetarian meal to meet the protein requirements. *Weekly* amounts from the three protein groups for a 5-day per week meal pattern:

- Meats, poultry, eggs: at least 9 ounce per week
- Seafood: at least 3 ounce per week
- Nuts, seeds, soy products: at least 1.5 ounce per week

Vegetables. Vegetables as a primary ingredient in soups, stews, casseroles, or the combination dishes should total ½ cup per serving and raw leafy vegetables (salads) should equal 1 cup if they are to be considered a serving. *Weekly* amounts from the five vegetable groups for a 5-day per week meal pattern:

- Starchy vegetables: at least two servings per week, but shall not be provided more than one serving per meal
- Dark green vegetables: at least two servings per week
- Red and orange vegetable: at least three servings per week
- Beans, peas, lentils: at least one serving per week
- Other vegetables: at least two servings per week

Fruit. A serving of fruit is generally a medium sized whole fruit, ½ cup fresh, chopped, cooked, frozen or canned, drained fruit, or ½ cup 100 percent fruit juice. Fresh, frozen, or canned fruit should be packed in juice, light syrup, or without sugar.

MTM Program Menu





Medically Tailored Meal Menus

Week 1: June 19-June 25 Medically Tailored Meal Day on Monday, June 19

	Meals	Meals	Meals	Meals
Breakfast/Lunch	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each* (in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, sunflower seeds, and butter, 1 cup Banana, 1 medium Milk 1%, 1 cup *(in grocery box)	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each* (in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Meals Porridge with cinnamon, raisins, almonds, and butter, 1 cup Strawberries, ½ cup Milk 1%, 1 cup *(in grocery box)
Dinner	Spring Mix Salad with beets and garbanzo beans, 1 cup Balsamic vinaigrette, 1 tbsps Apple Cider Grilled Pork Loin, 3oz with applesauce unsweetened, ½ cup Herb Brown Rice, ½ cup Roasted Carrots, ½ cup	Roasted Chicken Thighs (3oz) with garlic tomato sauce, ½ cup topped with Mozzarella cheese (1oz) Baked sliced potatoes, ½ cup Roasted Brussel sprouts, ½ cup Seasonal fresh fruit salad, ½ cup	Carrot Ginger Soup, 1 cup Grilled Cod with lemon and butter, 3oz Herb brown rice, ½ cup Asparagus, ½ cup Seasonal fresh fruit, ½ cup	Meals Roasted Chicken Thighs (3oz) with garlic tomato sauce, ½ cup topped with Mozzarella cheese (1oz) Baked sliced potatoes, ½ cup Roasted Brussel sprouts, ½ cup Seasonal fresh fruit salad, ½ cup
				Meals Carrot Ginger Soup, 1 cup Grilled Cod with lemon and butter, 3oz Herb brown rice, ½ cup Asparagus, ½ cup Milk 1%, 1 cup *(in grocery box) Spring Mix Salad with beets and garbanzo beans, 1 cup Balsamic vinaigrette, 1 tbsps Apple Cider Grilled Pork Loin with applesauce unsweetened, 3oz Herb Brown Rice, ½ cup Roasted Carrots, ½ cup

* The grocery box includes 1% milk ½ gallon, Greek yogurt, 100% whole wheat bread or rolls, fresh fruit, and other staple items for at least 2 additional meals.

** Menu items may be substituted with a similar item**

Week 2: June 26-July 2 Medically Tailored Meal Day on Monday, June 26

	Meals	Meals	Meals	Meals
Breakfast/Lunch	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each * (in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, sunflower seeds, and butter, 1 cup Banana, 1 medium Milk 1%, 1 cup *(in grocery box)	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each * (in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, almonds, and butter, 1 cup Strawberries, ½ cup Milk 1%, 1 cup *(in grocery box)
Dinner	Chicken Tika Masala, 1 cup Brown Rice, ½ cup Roasted Broccoli, ½ cup Seasonal fresh fruit, ½ cup	Arugula, Carrot and Pickled Onion Salad, 1 cup Shallot vinaigrette, 1 tbsp Cheesy Black Bean Quinoa Chicken bake with scallions, 1 cup Salsa, 1 cup Apple medium *(in grocery box)	Potato Leek Soup, ½ cup Grandma's Meatloaf, 3oz Cauliflower, ½ cup Seasonal fresh fruit, ½ cup	Potato Leek Soup, ½ cup Grandma's Meatloaf, 3oz Cauliflower, ½ cup Tangerine, 1 medium *(in grocery box) Milk 1%, 1 cup *(in grocery box)

Week 3: July 3-July 9 Medically Tailored Meal Day on Wednesday, July 5

	Meals	Meals	Meals	Meals
Breakfast/Lunch	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, sunflower seeds, and butter, 1 cup Banana, 1 medium Milk 1%, 1 cup *(in grocery box)	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, almonds, and butter, 1 cup Strawberries, ½ cup Milk 1%, 1 cup *(in grocery box)
Dinner	Roasted Chicken Thighs (3oz) with garlic tomato sauce, ½ cup topped with Mozzarella cheese (1oz) Whole wheat pasta, ½ cup Roasted carrots, ½ cup Seasonal fresh fruit salad, ½ cup	Spring Mix Salad with beets, 1 cup Balsamic Vinaigrette, 1 tbsp Turkey Meatballs (3oz) with marinara sauce, ½ cup Mashed sweet potatoes, ½ cup Orange, 1 medium*(in grocery box)	White Bean and Kale soup, 1 cup Herb Roasted Pork, 3oz Quinoa, ½ cup Seasonal fresh fruit salad, ½ cup	Roasted Chicken Thighs (3oz) with garlic tomato sauce, ½ cup topped with Mozzarella cheese (1oz) Whole wheat pasta, ½ cup Roasted carrots, ½ cup Apple, 1 medium *(in grocery box)

* The grocery box includes 1% milk ½ gallon, Greek yogurt, 100% whole wheat bread or rolls, fresh fruit, and other staple items for at least 2 additional meals.
** Menu items may be substituted with a similar item**

Week 4: July 10-July 16 Medically Tailored Meal Day on Wednesday, July 10

	Meals	Meals	Meals	Meals
Breakfast/Lunch	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, sunflower seeds, and butter, 1 cup Banana, 1 medium Milk 1%, 1 cup *(in grocery box)	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, almonds, and butter, 1 cup Strawberries, ½ cup Milk 1%, 1 cup *(in grocery box)
Dinner	Chopped Romaine Salad with apples, 1 cup Green Goddess dressing, 1tbsp Black Bean and Chicken Chili (1 cup) topped with Cheese (1oz) and scallions Cilantro Quinoa, ½ cup	Chicken and Vegetable Soup, 1 cup Cheese Spinach and Brown Rice casserole, 1 cup Tangerine, 1 medium *(in grocery box) Greek yogurt, 1 cup *(in grocery box)	Chopped Romaine Salad with apples, 1 cup Green Goddess dressing, 1tbsp Black Bean and Chicken Chili (1 cup) topped with Cheese (1oz) and scallions Cilantro Quinoa, ½ cup	Apple Cider Pork Loin (3oz) with applesauce unsweetened, ½ cup Roasted potatoes, ½ cup Roasted Broccoli, 1 cup Greek yogurt, 1 cup *(in grocery box) Chicken and Vegetable Soup, 1 cup Cheese Spinach and Brown Rice casserole, 1 cup Tangerine, 1 medium *(in grocery box) Milk 1%, 1 cup *(in grocery box)

Week 5: July 17-July 23 Medically Tailored Meal Day on, July 17

	Meals	Meals	Meals	Meals
Breakfast/Lunch	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, sunflower seeds, and butter, 1 cup Banana, 1 medium Milk 1%, 1 cup *(in grocery box)	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, almonds, and butter, 1 cup Strawberries, ½ cup Milk 1%, 1 cup *(in grocery box)
Dinner	Carrot Ginger Soup, 1 cup Grandma's Meatloaf, 3oz Mashed sweet potatoes, ½ cup Roasted summer vegetables, ½ cup Seasonal fresh fruit, ½ cup	Chicken Tika Masala, 1 cup Brown rice, ½ cup Zucchini, ½ cup Tangerine, 1 medium *(in grocery box)	Spring salad mix with beets, 1 cup Carrot Ginger Soup, 1 cup Grandma's Meatloaf, 3oz Mashed sweet potatoes, ½ cup Roasted summer vegetables, ½ cup Strawberries, ½ cup	Spring salad mix with beets, 1 cup Cheesy Black Bean Quinoa Chicken Bake with scallions, 1 cup Salsa, 1 cup Tangerine, 1 medium *(in grocery box) Chicken Tika Masala, 1 cup Brown rice, ½ cup Zucchini, ½ cup Tangerine, 1 medium *(in grocery box) Milk 1%, 1 cup *(in grocery box)

* The grocery box includes 1% milk ½ gallon, Greek yogurt, 100% whole wheat bread or rolls, fresh fruit, and other staple items for at least 2 additional meals.

** Menu items may be substituted with a similar item**

Week 6: July 24-July 30 Medically Tailored Meal Day on Wednesday, July 24

	Meals	Meals	Meals	Meals
Breakfast/Lunch	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, sunflower seeds, and butter, 1 cup Banana, 1 medium Milk 1%, 1 cup *(in grocery box)	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, almonds, and butter, 1 cup Strawberries, ½ cup Milk 1%, 1 cup *(in grocery box)
Dinner	White Bean and Kale Soup, 1 cup Herb Crusted Pork, 3oz Herb Quinoa, ½ cup Roasted Broccoli, ½ cup Seasonal fresh fruit salad, ½ cup Greek yogurt, 1 cup *(in grocery box)	Arugula, Carrot and Pickled Onion Salad, 1 cup Shallot vinaigrette, 1 tbsp Turkey Meatballs (3oz) with marinara sauce, ½ cup Whole wheat pasta, ½ cup Apricots, 3 each *(in grocery box)	White Bean and Kale Soup, 1 cup Herb Crusted Pork, 3oz Herb Quinoa, ½ cup Roasted Broccoli, ½ cup Seasonal fresh fruit salad, ½ cup Greek yogurt, 1 cup *(in grocery box)	Roasted Chicken thighs (3oz) with garlic tomato sauce, ½ cup topped with Mozzarella cheese, 1oz Mashed sweet potatoes, ½ cup Sautéed Spinach, ½ cup Orange, 1 medium *(in grocery box) Greek yogurt, 1 cup *(in grocery box)

* The grocery box includes 1% milk ½ gallon, Greek yogurt, 100% whole wheat bread or rolls, fresh fruit, and other staple items for at least 2 additional meals.
 ** Menu items may be substituted with a similar item**

Week 7: July 31-August 6 Medically Tailored Meal Day on Wednesday, July 31

	Meals	Meals	Meals	Meals
Breakfast/Lunch	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, sunflower seeds, and butter, 1 cup Banana, 1 medium Milk 1%, 1 cup *(in grocery box)	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, almonds, and butter, 1 cup Strawberries, ½ cup Milk 1%, 1 cup *(in grocery box)
Dinner	Cheesy Black Bean Quinoa Chicken Bake, 8oz Salsa, 1 cup Seasonal fresh fruit, ½ cup Greek yogurt, 1 cup *(in grocery box)	Split Pea Soup, 1 cup Cheese, Spinach and Brown Rice Casserole, 1 cup Zucchini, bell pepper and tomato stir fry, ½ cup Cantaloupe, ½ cup	Chopped Cabbage, Scallion and Peanut Salad, 1 cup Sesame Salad dressing, 1 tbsp Grandma Meatloaf, 3 oz Mashed sweet potatoes, ½ cup Green beans, ½ cup Seasonal fresh fruit salad, ½ cup	Chopped Cabbage, Scallion and Peanut Salad, 1 cup Sesame Salad dressing, 1 tbsp Grandma Meatloaf, 3 oz Mashed sweet potatoes, ½ cup Green beans, ½ cup Orange, 1 medium *(in grocery box)

Week 8: August 7-August 13 Medically Tailored Meal Day on Wednesday, August 7

	Meals	Meals	Meals	Meals
Breakfast/Lunch	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, sunflower seeds, and butter, 1 cup Banana, 1 medium Milk 1%, 1 cup *(in grocery box)	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, almonds, and butter, 1 cup Strawberries, ½ cup Milk 1%, 1 cup *(in grocery box)
Dinner	Apple Cider Grilled Pork, 3oz with applesauce unsweetened, ½ cup Sliced potatoes, ½ cup Roasted carrots, ½ cup	Chopped Romaine Salad with apples, ½ cup Green Goddess dressing, 1 tbsp Black Bean and Chicken Chili (1 cup) topped with Cheese (1oz) and scallions Cilantro Quinoa, ½ cup Steamed Cauliflower, ½ cup	Chicken and Vegetable soup, 1 cup Sesame Ginger Chicken, 2oz Buckwheat noodles, ½ cup Stir fry broccoli, ½ cup Peach, 1 medium *(in grocery box)	Chopped Romaine Salad with apples, ½ cup Green Goddess dressing, 1 tbsp Black Bean and Chicken Chili (1 cup) topped with Cheese (1oz) and scallions Cilantro Quinoa, ½ cup Steamed Cauliflower, ½ cup Peach, 1 medium *(in grocery box)

* The grocery box includes 1% milk ½ gallon, Greek yogurt, 100% whole wheat bread or rolls, fresh fruit, and other staple items for at least 2 additional meals.

** Menu items may be substituted with a similar item**

Week 9: August 14-August 20 Medically Tailored Meal Day on Wednesday, August 14

	Meals	Meals	Meals	Meals
Breakfast/Lunch	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, sunflower seeds, and butter, 1 cup Banana, 1 medium Milk 1%, 1 cup *(in grocery box)	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, almonds, and butter, 1 cup Strawberries, ½ cup Milk 1%, 1 cup *(in grocery box)
Dinner	Chicken Tika Masala, 3oz Brown Rice, ½ cup Zucchini, ½ cup Seasonal fresh fruit salad, ½ cup	Arugula, Carrot and Pickled Onion Salad, 1 cup Shallot vinaigrette, 1 tbsp Cheesy Black Bean Quinoa Chicken Bake with scallions, 8oz Salsa, 1 cup Nectarines, 1 medium *(in grocery box)	White Bean and Kale Soup, 1 cup Grandma Meatloaf, 3oz Roasted potatoes, ½ cup Roasted summer vegetables, ½ cup Seasonal fresh fruit salad, ½ cup	Chicken Tika Masala, 3oz Brown Rice, ½ cup Zucchini, ½ cup Cantaloupe, ½ cup

Week 10: August 21-August 27 Medically Tailored Meal Day on Wednesday, August 21

	Meals	Meals	Meals	Meals
Breakfast/Lunch	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, sunflower seeds, and butter, 1 cup Banana, 1 medium Milk 1%, 1 cup *(in grocery box)	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Herb Crusted Pork, 3 oz Quinoa, ½ cup Summer Squash, ½ cup Cantaloupe, ½ cup Milk 1%, 1 cup *(in grocery box)
Dinner	Chopped Cabbage, Scallion and Peanut Salad, 1 cup Sesame salad dressing, 1 tbsp Roasted Chicken Thighs (3oz) with garlic tomato sauce, ½ cup topped with Mozzarella cheese, 1 oz Mashed sweet potatoes, ½ cup Sautéed Spinach, ½ cup Seasonal fresh fruit salad, ½ cup	Split pea soup, 1 cup Herb Crusted Pork, 3oz Quinoa, ½ cup Summer Squash, ½ cup Cantaloupe, ½ cup Greek yogurt, 1 cup *(in grocery box)	Turkey meatballs (3oz) with marina sauce ½ cup topped with Mozzarella cheese, 1oz Whole wheat pasta, ½ cup Zucchini, Bell peppers, and Tomato stir fry, ½ cup Seasonal fresh fruit salad, ½ cup	Split Pea Soup, 1 cup Turkey meatballs (3oz) with marina sauce ½ cup topped with Mozzarella cheese, 1oz Whole wheat pasta, ½ cup Zucchini, Bell peppers, and Tomato stir fry, ½ cup Cantaloupe, ½ cup

* The grocery box includes 1% milk ½ gallon, Greek yogurt, 100% whole wheat bread or rolls, fresh fruit, and other staple items for at least 2 additional meals.

** Menu items may be substituted with a similar item **

Week 11: August 28-September 3 Medically Tailored Meal Day on Wednesday, August 28

	Meals	Meals	Meals	Meals
Breakfast/Lunch	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, sunflower seeds, and butter, 1 cup Banana, 1 medium Milk 1%, 1 cup *(in grocery box)	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Meals Porridge with cinnamon, raisins, almonds, and butter, 1 cup Strawberries, ½ cup Milk 1%, 1 cup *(in grocery box)
Dinner	Sesame Ginger Chicken, 3oz Buckwheat noodles, ½ cup Stir fry Broccoli, ½ cup Seasonal fresh fruit salad, ½ cup	French Lentil soup, 1 cup Apple Cider Grilled Pork, 3oz with applesauce unsweetened, ½ cup Roasted potatoes, ½ cup Green beans, ½ cup	Chopped Romain salad with apples, 1 cup Green goddess dressing, 1 tbsp Black Bean and Chicken Chili (1 cup) topped with Cheese (1oz) and scallions Cilantro Quinoa, ½ cup Summer Squash, ½ cup	Meals Sesame Ginger Chicken, 3oz Buckwheat noodles, ½ cup Stir fry Broccoli, ½ cup Apple, 1 medium *(in grocery box) Milk 1%, 1 cup *(in grocery box) Chopped Romain salad with apples, 1 cup Green goddess dressing, 1 tbsp Black Bean and Chicken Chili (1 cup) topped with Cheese (1oz) and scallions Cilantro Quinoa, ½ cup Summer Squash, ½ cup

Week 12: September 4-September 10 Medically Tailored Meal Day on Tuesday, September 5

	Meals	Meals	Meals	Meals
Breakfast/Lunch	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Porridge with cinnamon, raisins, sunflower seeds, and butter, 1 cup Banana, 1 medium Milk 1%, 1 cup *(in grocery box)	Vegetable Cheese Frittata, 1 cup Whole wheat bread or roll, 1 slice/each *(in grocery box) Seasonal fresh fruit salad, ½ cup Milk 1%, 1 cup *(in grocery box)	Meals Porridge with cinnamon, raisins, almonds, and butter, 1 cup Strawberries, ½ cup Milk 1%, 1 cup *(in grocery box)
Dinner	Cheesy Black Bean Quinoa Chicken Bake with scallions, 1 cup Salsa, 1 cup Seasonal fresh fruit salad, ½ cup	White Bean and Kale soup, 1 cup Cheese Spinach and Brown Rice casserole, 1 cup Zucchini, ½ cup Strawberries, ½ cup Greek yogurt, 1 cup *(in grocery box)	Arugula carrots and pickled onion salad, 1 cup Shallot Vinaigrette, 1 tbsp Grandma's Meatloaf, 3 oz Roasted potatoes, ½ cup Roasted carrots, ½ cup Seasonal fresh fruit salad, ½ cup	Meals Cheesy Black Bean Quinoa Chicken Bake with scallions, 1 cup Salsa, 1 cup Nectarine, 1 medium *(in grocery box) Milk 1%, 1 cup *(in grocery box) Arugula carrots and pickled onion salad, 1 cup Shallot Vinaigrette, 1 tbsp Grandma's Meatloaf, 3 oz Roasted potatoes, ½ cup Roasted carrots, ½ cup Strawberries, ½ cup

* The grocery box includes 1% milk ½ gallon, Greek yogurt, 100% whole wheat bread or rolls, fresh fruit, and other staple items for at least 2 additional meals.

** Menu items may be substituted with a similar item**

MTM Program Flyer



Dealing with health issues can be overwhelming and confusing, especially if you need to learn a new diet or make lifestyle changes. **The Medically Tailored Meal Program** can help you with food preparation. The meals are designed and created by a Registered Dietitian and a Chef and are tasty, healthy meals in the correct portion size.

Once a week for 12 weeks, you will receive:

- **10 ready-to-eat meals** (just need to be heated)
- **Grocery box**
- **Diabetes education**

Eligibility:

- 60 or older and diagnosed with diabetes
- Have had a recent Hgb A1C
- Able to participate for the 12 weeks
- Stably housed and able to refrigerate/freezer and reheat meals
- Live in Solano County

Program Exclusions:

- Receives meals from Meals on Wheels or lives in a facility that provides meals
- Has food allergies to: milk and milk products, seafood, shellfish, nuts, wheat or soy
- Has renal disease that needs to modify the amount of protein foods eaten



Meals prepared by: **Provisions by League of Chef** | Transportation services provided by: **Food is Free Bay Area**

MEDICALLY TAILORED MEAL PROGRAM

SCHEDULE

The program is for 12 weeks and starts June 19, 2023 and ends on September 5, 2023.

Mark these dates on your calendar for Mondays 11–12 pm (*except two days that are not on Monday, noted below):

- **June 19, 26**
- **Wednesday, July 5***
- **July 10, 17, 24, 31**
- **August 7, 14, 21, 28**
- **Tuesday, September 5***

If you cannot attend on a scheduled day, please let La Clinica staff know ahead of time.

PICK UP LOCATION

La Clinica de la Raza
415 Georgia St.
Vallejo, CA 94590

For questions or information, call Paola at 707-551-1304 or Alma at 707-346-0202

MEALS PREPARED BY: **PROVISIONS BY LEAGUE OF CHEF** | TRANSPORTATION SERVICES PROVIDED BY: **FOOD IS FREE BAY AREA**



**INNOVATIVE
HEALTH
SOLUTIONS**