

Dose, Delivery, and Duration for Key FIM Programs

This table is based on the latest evidence and expert perspectives from faculty and staff at the Food is Medicine Institute at Tufts University.¹

| Intervention | Description | Outcomes with Evidence for Benefits in Diabetes | Typical Dose | Duration | Delivery Mode | Clinical Staffing Recommendations |
|---|--|--|---|-------------------------|--|--|
| Medically Tailored Meals (MTM) | Fully prepared meals designed by a Registered Dietitian Nutritionist (RDN), tailored to the patient’s nutrient and health needs | <ul style="list-style-type: none"> • Food security • Diet quality • HbA1c • Mental health • Healthcare utilization: reduced hospitalizations, ED visits, total cost of care | 10 meals per week | 3-6 months ² | Home delivery (most common) | Provider or clinic staff to support referral <i>Meals typically delivered by MTM distributor</i> |
| | | | | | In clinic | Clinic staff to support referral, MTM storage, and distribution. |
| | | | | | Community location (e.g., food pantry, school) | Clinic staff to support referral <i>Meals typically produced and distributed by a community-based organization.</i> |
| Medically Tailored Groceries (MTG) | Specific food items from an approved product list (APL) that are both linked to improved health outcomes <i>and</i> generally underconsumed in the U.S. or in the target population of interest ³ | <ul style="list-style-type: none"> • Food security • Diet quality • HbA1c • Blood pressure • Mental health | From \$50 to \$200 USD per month ⁴ | 3-6 months ⁵ | Home delivery | Clinic staff to support referral <i>Typically delivered by food retailers and/or food delivery companies.</i> |
| | | | | | In clinic | Clinic staff to support referral <i>Food may be picked up or delivered by retailer or distributor, then collated and distributed by clinic staff.</i> |

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| | | | | | Community location or retailer (e.g., food pantry, grocer) | Clinic staff to support referral <i>Food may be picked up from a central community location or retailer.</i> |
| | | | | | Voucher, credit, or electronic debit card | Clinic staff to support referral |
| Produce Prescriptions (PRx) | Fruits and vegetables, fresh and sometimes frozen, jarred, or canned; with little or no added salt, sugar, or fat | <ul style="list-style-type: none"> • Food security • Diet quality • HbA1c⁶ • Blood pressure | From \$50 to \$150 USD per month ⁷ | 3-6 months | Home delivery | Clinic staff to support referral Typically delivered by food retailers, food delivery companies, and in some instances, farmers that operate community-supported agriculture (CSA) programs. |
| | | | | | In clinic | Clinic staff to support referral Food may be picked up or delivered by retailer or distributor, then collated and distributed by clinic staff. |
| | | | | | Community location or retailer (e.g., food pantry, grocer, farm) | Prescribing health team member <i>Food may be picked up from a central community location or retailer.</i> |
| | | | | | Voucher, credit, or electronic debit card | Prescribing health team member |

¹ Based on studies reported in Mozaffarian et al., *J Am Coll Cardiol* 2024;83:843-864; Hager et al., *Food is Medicine Research Action Plan*; Harper et al., *J Nutr Educ Behav* 2024;56:794-821; Seligman et al., *Circulation* 2025;152:e32-e46; and newer published reports.

² Patient health outcomes appear to improve within 3 months; meaningful reductions in avoidable health care utilization may require a longer period of continuous enrollment. At the end of each enrollment period, patients should be reassessed with re-enrollment as needed in MTM, step down to MTG/PRx if needs are less intensive (e.g., mobility has improved, food preparation and cooking are feasible), or no further FIM treatment.

- ³ Some standard-setting organizations are considering alternative criteria for foods that appear on an APL, such as the total percentage of an individual's daily nutritional needs. Research on this guidance is forthcoming; recommendations will be updated when available.
- ⁴ Both lower (e.g., \$50/month) and higher (e.g., \$200/month) benefit amounts are currently used across FIM programs. There is limited evidence to support a specific dollar amount or a clear dose-response relationship. Program dosage should be determined based on available resources and health system program infrastructure. Some interventions adjust benefits based on household size, though the impact of such scaling on outcomes remains understudied.
- ⁵ Patients may experience improvements in clinical outcomes at 3 months, and some programs require a renewed prescription at this interval. For these reasons, 3 months is indicated as the lower anchor for initial program duration. However, evidence suggests that longer periods yield greater improvements. Many programs require reenrollment through a new prescription at 6 months, providing an opportunity for clinicians to reassess patients' health and social needs. At that point, patients may continue with the MTG benefit, transition to a lower-intensity option (PRx), or shift to complementary lifestyle interventions alone (e.g., MNT, nutrition education, or culinary medicine).
- ⁶ Like MTG, PRx programs offer a range of monthly benefit amounts, with lower doses typically around \$50/month and higher doses up to \$150/month. There is limited evidence to support a specific dollar threshold or a clear dose-response relationship. Program dosage should be guided by available resources and local food costs. Some PRx programs scale benefits based on household size, though the impact of such scaling on clinical outcomes remains understudied.
- ⁷ Studies of PRx and change in HbA1c provide mixed results. Many pre-post studies suggest a reduction in HbA1c, whereas a smaller number of randomized control trials have not identified significant effects. See fimtoolkit.org/design/key-considerations for more information on which food groups are most likely to improve different cardiometabolic outcomes.