A Call to Action for the Human Services Industry: Stop Missing the Preventive Health Outcomes Mark

By James D. Vail and Sylvia I. Landy

This call to action is for *every* stakeholder within the vast human services industry and is based on a critical need for change. There is often a lack of strategic emphasis and coalition building as far as achieving sustainable, preventive health outcomes for individuals with specialized needs. Given that beneficial nutrition is the key driver behind substantial, enduring, and cost-effective wellness for a majority of people, we mean food…and in particular, food as medicine via tailored, holistic resources addressing the unique needs and dynamics of this vital population.

We interface with organizations dedicated to human services on a daily basis; this includes vendors, government, funders, and agencies…entities responsible for supporting and/or benefitting profit-wise regarding people with behavioral and mental health challenges, intellectual and developmental disabilities (IDD), and traumatic brain injury (TBI); the elderly; and clients in recovery/rehabilitation. All told, individuals in waiver, ICF, supported living and home-based residences. Rather than building entrenched processes and coming together as a well-oiled, care coordination machine, only a scant number of organizations—largely operating as silos—are addressing food, and therefore preventive health and associated financial considerations, as a holistic, results-centric priority in their short and long-range operations and planning.

We agree that human services is becoming health services. There are simply too many unwell individuals within this sector to not recognize the seismic shift and expensive reality. Some organizations within the industry already tout health leadership status regarding their residents, while others highlight the valuable benefits they're delivering via consultation, software, or products. But based on the overwhelming subpar data, there is quite a bit of work to do before more than a handful rest on any laurels.

The lack of strategic, collaborative effort is a costly problem, including moral implications, for many stakeholders. Over 70% of people with specialized needs in LTSS settings are outside a normal BMI, with a majority struggling with two to three times mainstream rates of associated, budget-busting chronic conditions such as obesity, diabetes and heart disease.

These dire circumstances aren't necessary for a majority of individuals. Nor are the following beliefs/excuses/practices valid any longer—in most cases—as to why food in an LTSS setting isn't better systematized and managed as assiduously as prescription medication dispensation, nor addressed differently today than menus, meal prep, and grocery shopping were decades ago.

- "It's their choice."
- "We don't have the money for healthier foods."
- "We're happy doing it this way and don't want to change."
- "There's a pill now to reverse all the obesity and diabetes for the people we support; we don't have to worry about food any more."
- Outputs, outputs, outputs. "Risk assessment done, check." "Annual physical health exam completed, check." "10 jumping jacks clocked in, check."
- Said one CEO: "I know—we all know—person-centered choice is often DSP choice at mealtime and in the grocery store; we don't want to push valued staff too hard and jeopardize turnover. Yes, this means our often inexperienced, short-term staff are therefore making long-term health decisions for our residents. This really gnaws at me and is unfair to personnel, residents, and family members."

Along with the above-noted points, we can also take off the table excuses used too long and proven wrong time and again, such as "pharmacological complications" and "inherent in the disability." These are not the culprits behind poor health for a majority of people with specialized needs.

So where's the disconnect? Why is the industry, in a great many nooks and crannies, getting away with the slippery slope of using taxpayer monies to fund non-nutritious food options and then the resulting, poor health of individuals reasonably expected to be honorable stewards of charitable largesse? Why aren't the industry's overseers—of which there are many as far as human rights and regulatory eyes—up in arms and doing something about "food as medicine" and associated preventive health outcomes?

In truth, we're not sure of the whole answer. Beyond the fact that preventive health outcomes are not a standard most human services organizations are held accountable for as far as reimbursement, licensing or accreditation, it's a head scratcher as to why much progress isn't being made or expectations aren't higher. We know there are hard-working, dedicated professionals in this industry who care deeply and juggle a myriad of responsibilities each day. Still, we encounter a lot of skepticism—and often an unwillingness to learn more as far as proactive change… including innovation that can take a great deal of the burden, and expense, off a number of plates.

Various vendors, overseers, and funders that interface with the organizations directly serving people with specialized needs—and which we've approached, believing there is strength in strategic synergy and numbers—typically have a, "We'll stay in our lane…thanks, but no thanks" answer to our, "Let's please talk about how we can collaborate" request. Such vertical alliances, in our opinion, could have incredible tentacles for creating immediate, massive quality, operational and financial improvement on many levels.

We understand how some might suggest that all this disregard and avoidance is on us and our inability to captivate the industry. Respectfully, we don't believe so. Yes, pioneers get arrows in their backs, but the data is telling this sad story. Plus, there are scant, effective plan Bs in place. Age-old methods of diet management persist and focus is largely centered on outputs or fixes that typically amount to throwing mainstream resources at the wall to see what sticks. Not much of this is showing superglue potential.

We've been around the human services and health services blocks for a while. Very successfully so. Our observations and conclusions are based on what we've learned from respected medical care and industry experts and also as a result of our astute partnerships and experiences across the U.S. in thousands of LTSS settings.

Fortunately, there are human services agency leaders with day-to-day responsibility regarding residents in LTSS settings—with whom we partner—who are committed to similar goals and necessary change. Albeit a relatively small subset as we consider the larger potential for impact, we gain confidence and statistically-significant justification from these collaborations and the outcomes we've been facilitating together for a long time. Our first customer from several years ago is still our customer today. Our organic growth rate is the envy of most any business in any industry.

The choice-based/budget-sensitive/eat-better/grocery shop task is nuanced with unique dynamics…the job being far too complex for same-old/same-old solutions to be effective for people with specialized needs. When pushed up against the wall for an honest answer, we believe most of the industry in the trenches would agree that the status quo surrounding food is costly, messy and risky—totally contrary to value-based and managed care expectations. Which is exactly what we identified and committed to change.

So that's what we did. Today, we materially, sustainably and simultaneously: improve the nutrition and clinical health and social health (SDoH) of people with specialized needs on a person-centered basis; streamline/foolproof both mealtime and grocery shopping for busy, inexperienced staff; bolster education and independent living skills; reward progress; and reduce key expenses regarding food, labor, PRNs, medication usage/dosage and acute care events. We accomplish all this via our holistic, 6-step approach and robust, proprietary software…with multi-media resources tailored to the unique needs of this marginalized sector.

All in all…we cracked the "food as medicine" code for people with specialized needs. And we not only address the most unwell/most expensive/most complex 5% as some "solutions" zero in on today, but we uniquely solve the problem for at least 70%, and often more, of the population target. We focus on the greatest need with the greatest return.

We respectfully challenge you to help alter the dismal status quo. Join us to spearhead long overdue change to benefit a vast number of stakeholders and funders. We're available to talk this week or next.

And if it's not us, that's ok. But what is your outcomes-based, cost-effective, preventive health plan B for people with specialized needs amid runaway food prices and staff shortages?

About the Authors & Add'l

We Cracked the "Food as Medicine" Code

Be sure to check out Sylvia and Jim's popular article: We Cracked the "Food as Medicine" Code, here (use "my25" as the password when prompted)—specific to people with specialized needs.

Jim and Sylvia sold their first start-up, centered on simultaneous patient quality of care and cost reduction enhancement in hospitals, to a Fortune 500 healthcare leader. Two Kellogg MBAs never rest easy nor for long. They next launched Mainstay, Inc. and created the *My*25 brand.

Jim and Sylvia spearhead all aspects of the company and Mainstay's *My*25 products focused on population health via personalized, digital nutrition for people with specialized needs. Throughout the U.S., progressive human services providers and agencies, MCOs, ACOs, and state disabilities services—recognizing and embracing that they are indeed health services entities—subscribe to one or more *My*25 products for use by the people they care about: the elderly, clients in recovery, and individuals with behavioral and mental health needs, IDD, TBI, and physical challenges.

*My*25's foundational guidelines were established with backing from the USDA—the United States Department of Agriculture—and via collaboration with professionals from Northwestern University's Feinberg School of Medicine. The *My*25 team is comprised of nutrition, preventive health, disease management, culinary, technology, business, and human services professionals. Fiber nerds . . . straight across the board.

You can reach Jim and Sylvia at: hello@my25.com and learn more about Mainstay's *My*25 innovation and 6-step approach at my25.com and by watching the *My*25 Overview video: vimeo.com/673619713. As frosting on this high-fiber cake, check out the most recent About video showcasing *My*25's newest product, the *My*25 Personal mobile app and messaging platform for people with specialized needs and allied stakeholders: vimeo.com/797854459.