Human Services LTSS/HCBS Stakeholders & Funders: Are you Flight or Fight?

Much of the human services industry dedicated to people with specialized needs supported in LTSS and HCBS settings is missing the mark regarding food, nutrition, and associated preventive health. Case in point if we already lost you as you bowed out from reading more with, "Not my responsibility."

Respectfully, it's a responsibility that should be fully embraced across agency leadership, licensors, accreditors, managed care, states, and association groups. We're referring to strategic prioritization regarding unnecessary expense impacting a great number of stakeholders . . . to say nothing of the moral implications. There are band-aids galore regarding food, nutrition and wellness, but as a whole—based on eye-opening, concerning health and cost trends—there is a gaping hole . . . a slippery slope of vast amounts of monies spent on non-nutritious foods and resulting subpar health.

We don't mean to be critical of leadership responsible for individuals in waiver, ICF, supported living and home-based settings. We understand there are numerous tasks at hand, strapped budgets, and staffing challenges like never before. But there is a solution. We worked hard to make sure that "it's their choice" is no longer an excuse, but is part of the solution. Our intent here is to provide perspective and highlight our fix. To keep doing same-old/same-old or throwing stuff at the wall to see what sticks, well . . . this persistent go-to is simply a dead-end habit.

To provide a bit of background . . . based on our longstanding experiences in thousands of LTSS and HCBS settings—that we interface with daily throughout the U.S.—we largely see a flight or fight approach when it comes to addressing the key fundamentals of: choice, mealtime, nutrition, grocery shopping, and preventive health.

FLIGHT MODE

Those in flight mode push down the task of dealing with these key fundamentals to a number of different employees/contractors. This fragmentation generally leads to working hard, but not smart. There is typically a lack of urgency, including hinging inaction on a massaged definition of "choice" and/or "staff just won't get on board."

Plus . . . a cohesive system bringing together these key variables crying out for integration—and outcomes versus outputs—is sorely lacking prioritization.

• "You're talking about food and health? Oh, ok, that's what our dietitian and nurse handle—talk to them."

(Neither of these earnest, highly capable professionals have much sway over direct support personnel nor the operations of an organization. Additionally, the nuanced and ever-changing dynamics—perpetually revised menus to address dietary needs and person-centered food preferences; food procurement and its expense; census changes; compliance; risk factors; and all kinds of overarching costs—underscore a job that is massive with many tentacles. Nurses and dietitians clearly, and understandably, haven't been able to manage the lift.)

• "Grocery shopping? The house manager has a favorite store they use, I believe."

(Food costs are largely dependent on sticking to a well-constructed, scaled and choice-based menu at the grocery store and typically not just based on what you can purchase in bulk through a food services vendor or a big box retailer. Plus, there are immense time savings associated with a strategic approach to grocery shopping that are sidestepped when different house managers are charged with managing this important operational and financial responsibility in their own way.)

• “We try various wellness approaches all the time. Walking clubs, Weight Watchers subscriptions, food services vendor menus, and more.”

(Outputs versus outcomes. Further, food is the primary driver behind preventive health for people with specialized needs. The unique dynamics surrounding this vital population require tailored resources and deep understanding of, and respect for, diverse challenges and needs.)

• “We’re not pushing staff when it comes to mealtime, because they’ll leave and we just can’t have that these days. I’d even rather write off backdoor shrinkage than have to recruit.”

(There are demonstrated ways to foster buy-in and momentum among staff—even bolstering their own personal health improvement in the process. We’ve only ever seen how staff being engaged and educated regarding nutrition has a positive impact on the nutrition and health of people supported. As such, this is a critical piece of the puzzle that must be addressed head on, rather than being excused away.)

• “We’re doing the best we can with what we’ve got—and we’re just so busy.”

(As one CEO said, “When the health of people supported is better, *everything* is better; we become less harried, with our perpetual busyness pointed in a much more proactive way. And we shouldn’t be assigning the task of long-term preventive health to what is unfortunately short-term, inexperienced staff these days.”)

• “It’s their choice.”

(There is often confusion over “choice,” including great disparity over adherence and how to accomplish personalization regarding food. We see a lot of DSP choice taking precedence over client-supported choice in LTSS and HCBS settings. Further, in speaking with officials writing “choice” regulations, we’re assured the intention refers to “responsible choice” and not supporting a day-to-day that allows individuals with specialized needs—and utilizing SNAP benefits in a majority of cases—to eat themselves into life-threatening, costly illness. With robust, customized technology and integrated resources, it’s absolutely possible to marry choice, nutrition, time savings, and budget.)

FIGHT MODE

Those in fight mode are committed to doing better, with urgency. There is recognition that no other priority can possibly trump the clinical health and social health (SDoH) of people supported. They don’t suggest a conversation around the topic “some time in the next few months or so,” “after the golf outing,” or “next year, when we knuckle down on budgets again.” Food is respected the same way they respect prescription medications.

From the top down, these human services innovators proactively buy into the need to integrate the key fundamentals of: choice, mealtime, nutrition, grocery shopping and preventive health. A holistic, strategic approach. They choose outcomes versus outputs and commit to accountability and galvanizing their teams around a comprehensive system.

RESULTING OUTCOMES

As a result, those in fight mode simultaneously realize the following as a result of *My*25’s Food as Medicine integrated system. Included is the *My*25 Admin Tracker, which provides on-demand access to trended data regarding usage of resources, health status, grocery spend, engagement, and healthy eating scores.

- Substantially improved choice, clinical health and social health (SDoH) for people supported.

And because improved health, via *My*25's integrated Food as Medicine system, is an incredibly potent catalyst and leverageable linchpin, they also realize . . .

- Reduced costs on a number of fronts, including for food, labor, PRNs, acute care, prescription medication, risk, and compliance.
- Streamlined/foolproofed menu planning, recipe prep and grocery shopping . . . taking into account diverse dietary needs and preferences.
- Materially elevated education and engagement among people supported as well as throughout their allied support network of individuals (staff and family/guardians).
- Amplified independent living skills development and enjoyment of life.
- Multiple steps forward regarding technology opportunities and maximization.
- Wellness . . . sells well. Health leadership branding is a valuable asset and opportunity driver within the human services industry.

OF INTEREST

A number of studies conclude that by implementing an effective Food as Medicine (FaM) program, a 15% to 20% reduction in healthcare costs (inpatient hospital admissions, ER visits, prescription medication) registers. In our own experiences throughout many years—across the U.S.—and via *My*25's FaM, our subscribers share that similar cost reductions occur regarding medical care expense in LTSS and HCBS settings. Further, *My*25's FaM impacts a majority of individuals with specialized needs—not just the 5% most unwell as is all-too often the singular, limiting goal—making *My*25 a definitive population health solution.

*My*25: BRIEF BACKGROUND

Watch **About *My*25**: vimeo.com/938798779. *My*25's foundational guidelines and technology framework were established in partnership with the USDA and via collaboration with professionals from Northwestern University's Feinberg School of Medicine. With personalization as our constant underpinning, we subscribe to the Dietary Guidelines for Americans, the USDA's Healthy Eating Index, moderation versus deprivation, rebalancing the plate, and that super nutrient: fiber. *My*25's proprietary software is in the driver's seat to optimize customization and spot-on management of diverse nuances and highly leverageable data.

The *My*25 team is comprised of nutrition, preventive health, disease management, culinary, education, technology, human services, and business professionals and partners. Fiber nerds…each one of us. *My*25's expansive family of digital resources provides product options to address diverse populations, needs, challenges, and budgets. In all instances, we deliver a holistic, strategic approach to food…tailored and personalized for people with specialized needs and their associated network of support. Our Food as Medicine track record is impressive, underscoring *My*25 success after success; click **here**.