



We Cracked the “Food as Medicine” Code

(While our experiences and successes are within the human services industry, we believe what we’ve accomplished is highly leverageable across mainstream sectors.)

By James D. Vail and Sylvia I. Landy

“Food as medicine” is a catchy phrase. The three words increasingly jockey for the attention of human services providers and agencies due to the outsized weight, diabetes, cardiovascular, and additional chronic illness struggles impacting the people they care about...the elderly, clients in recovery/rehabilitation, and individuals with behavioral and mental health needs, IDD, TBI, and physical challenges. The three words also trumpet a revived sense of hope to what we’ve known for a long, long time: eating the right foods in the right amounts is good for you. All the activity surrounding “food as medicine” might lead us to believe that this is the piece-of-cake answer to preventive health, diet management, and much-needed reduction in associated labor and medical care costs that are on a runaway expense train regarding our most marginalized citizens. Hurray!

Not so fast, unfortunately. “Food as medicine” is a tough, complex nut to crack—particularly on a person-centered, budget-minded basis. Throwing up a spiffy “we’re a human services and healthcare company now” shingle and bolstering the team with some new titles and a few credentialed Board members are common these days. The window dressing and messaging are seductive, momentarily appeasing stakeholders, funders—even investors—clamoring for a solution and wellness branding oomph.

But without strategic meat to the bones and “food as medicine” running through the organization’s DNA, the individual on the receiving end all-too quickly hits a dead-end as far as this prescription for better health. It’s alarming how many human services agencies and providers fail to involve top leadership in long-range planning and dogged oversight regarding food, grocery, nutrition, and preventive health—all factors that are tremendously expensive and key to accomplishing goals related to value-based expectations.

“Food as medicine” initiatives need a core, realistic nutritional formula as the foundational basis, with layers of scaffolding paving the way from there; both are equally important. And similar to forcing a square peg into a round hole, there is an erroneous assumption that sidestepping the unique dynamics within human services is inconsequential when it comes to “food as medicine.” In actuality, without tailoring and deep understanding and respect regarding people with specialized needs and their associated stakeholders and funders, a great number of subpar, costly realities unnecessarily fester and grow. And grow they do, on all counts.

Health data supports the ineffectiveness of current “solutions.” The mark is clearly being missed with the U.S. adult population registering, approximately, as: 70% overweight, 40% obese, 11% diabetic, and another 19% pre-diabetic. Medical care costs associated with treating obesity-related disease are climbing and currently top off at an astounding \$210 billion annually in the U.S. Worldwide obesity will increase from 2 billion people to 4 billion people between now and 2035; we are in step with this escalation in our country. The population of individuals with specialized needs in LTSS settings *unnecessarily* struggles with two to three times the mainstream rates of obesity and diabetes.

So let’s peel back the layers of the onion on how we, as the authors, have defied the odds and partnered with thousands of households and individuals throughout human services provider agencies to substantially improve clinical and social (SDoH) health via a holistic approach to “food as medicine.” By holistic, we mean “food” being much more than what we eat—the layers of scaffolding referenced earlier.

We put a stake in the ground, learned, evolved, and succeeded despite the sector’s persistent health-compromised, budget-sensitive, and time-strapped challenges. And of late...record-breaking staff shortages and break-the-bank grocery-expense inflation. We committed to “food as medicine” well before today’s catch-phrase catapulted to stardom, subscribing to the Dietary Guidelines for Americans, moderation versus deprivation, rebalancing the plate, and that super nutrient: fiber. This is our core, nutritional formula that is our realistic, guiding basis. But there’s more.

We dug in even further on what wasn't, and still isn't, working as far as "food is medicine." Millions, dare we say billions, of healthy recipes and menus—whether protein-laden, points-tabulating, plant-based, or infused with a zen-like aura—simply aren't enough according to the above-noted health data and what we witness each day. Nor are the following cutting it: traditional approaches to nutrition that are often formulaic, unrealistic and strident; generalized, risk assessment follow-on recommendations, such as "see a nutritionist for weight management intervention;" and food services vendor and grocery store initiatives that brand themselves as trying, but simply aren't making a meaningful health-improvement dent. Do we even need to point out the age-old ineffectiveness of inexperienced, short-term/high turnover staff making menu, grocery shopping, and long-range health decisions for constituencies? And we shudder at such outputs-oriented advice as: "eat your colors" and "keep a food diary." Then there's the fact that care coordination is a glaring, missing link when it comes to connecting food and health outcomes.

The Cracked Code

We stepped outside the status quo box to tackle food holistically—bolstering the whole person *and* their allied network—with our core, nutritional formula as the realistic, guiding basis. We scaffold this foundation by linking together six critical, associated fundamentals. This combo delivers the failsafe, one-two punch of effectiveness.

Our model strategically asks organizations (human services agencies and providers, MCOs, ACOs, state disabilities services) to subscribe for the people they care about. This means we commit to thoughtfully deliver outcomes spanning the individual, the household, and the organization. Multi-pronged benefit is realized on all sides. This whole-enchilada dynamic creates a perpetual, momentum-generating bandwagon with messaging, engagement and motivation continuously fortified in various ways. Numerous, allied stakeholders are on the same page, with skin in the game and reaping reward after reward. Sustainable change takes hold as a result.

We outline our 6-step, holistic approach [here](#). You can review the impressive outcomes we facilitate [here](#).

Ensuring an apple a day keeps the doctor away—cementing the 6 steps as a seamless, sticky, person-centered solution—we had to be creative and willing to invest in proprietary innovation. So we forged key partnerships. We further built one-of-a-kind, robust technology that is the driver's seat solidifying our holistic approach and elevating personalization, immediacy and interactivity on an affordable, scalable basis...all in a multi-media, highly visual format. Providing a variety of digital platforms and support options to address diverse needs, preferences, and budgets allows for broad-based subscription, access, and impact across diverse organizations and their unique population groups.

We're excited about leveraging what we've accomplished and doing what it takes to further validate the "food as medicine" initiative as one with teeth rather than a dead-end. Respectfully, change is needed with the literal elephant in the room highlighting a widespread disconnect preventing a majority of people from staying on the eat-better bandwagon to benefit their health.

And dare we suggest that our approach has application throughout much of the mainstream sector? Without hesitation, we give a definitive thumbs up. At the very least, it's worth a try as a strategy far afield from same-old/same-old "solutions" coming back year after year with mild variations on the same theme that fix little despite slick taglines and neon lights.



As we ponder where to hitch our time, dollars, and successes, we admit it's complicated. But we trust there are honorable stewards within the "food as medicine" and human services sectors working to get it right and open to what we have to share. We want to join those who are sure-footed and dedicated to solving a complex problem in a simple way. It isn't easy; we vouch for this hand over heart. But our approach—that we've proven sticks like molasses in most instances—is hopefully a eureka stepping stone for those intent on the meaningful change we're demonstrating in multiple ways, simultaneously, for organizations and the people they care about. Individuals and whole households benefit as a result of improved clinical and social (SDoH) health, quality and enjoyment of life, knowledge gains, and independent living skills. Subscribing entities realize financial and operational upsides with elevated health-leadership branding centered on value-based, measurable outcomes.

The cherry on top? "Food as medicine" maximized. The code is cracked.

About the Authors & Add'l



Bringing Much-Needed Teeth to "Food as Medicine"

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.

Jim and Sylvia spearhead all aspects of the company and Mainstay's My25 products focused on population health via personalized, digital nutrition. 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 My25 products for use by the people they care about: the elderly, clients in recovery/rehabilitation, and individuals with behavioral and mental health needs, IDD, TBI, and physical challenges.

My25'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 My25 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 My25 innovation at my25.com and by watching the My25 Overview video: vimeo.com/673619713. As frosting on this high-fiber cake, check out the About video showcasing My25's newest product, the My25 Personal mobile app and messaging platform for people with specialized needs and associated stakeholders: vimeo.com/797854459.

