



We Cracked the “Food as Medicine” Code

By James D. Vail and Sylvia I. Landy

“Food as medicine” is a catchy phrase. The three words—jockeying for the attention of people and businesses focused on weight management, diabetes, cardiovascular needs, allergies, and additional chronic illness—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 this is the piece-of-cake answer to preventive health, diet management and a reduction in associated medical care costs that are on a runaway expense train. Hurray!

Not so fast, unfortunately. “Food as medicine” is a tough, complex nut to crack. Throwing up a spiffy shingle and stacking the Board and team with credentialed individuals to gather for conferences and tout outputs-oriented initiatives are common these days. The window dressing and messaging are seductive, attracting new stakeholders and customers clamoring for a solution. But without strategic meat to the bones, the individual and the household on the receiving end all-too quickly hit a dead-end as far as this prescription for better health. Mostly, lackluster outcomes without staying power back up the hype. This is because much of “food as medicine” initiative is missing a core, realistic nutritional formula upon which implementation and follow-through pieces of the pie are diligently executed—as has been true for a long, long time.

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.

So let’s peel back the layers of the onion on how we, as the authors, have defied the odds and partnered with tens of thousands of households and individuals throughout the nation to substantially improve clinical and social (SDoH) health via a holistic approach to “food as medicine.” Meaning...“food” being much more than what we eat.

We put a stake in the ground, learned, evolved, and keep succeeding among one of the nation’s most health-compromised, budget-sensitive and time-strapped populations. Below, we define more about this vital group of individuals, but who among us isn’t prone to “health-compromised, budget-sensitive and time-strapped?” We suspect there is broad application to what we accomplish over and again, and the way in which we do so.

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 focused on what wasn’t—and still isn’t—working.

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. Nor are many earnest, but clearly not cutting it: traditional approaches to nutrition that are often negatively reviewed by users as unrealistic and strident; generalized, risk assessment follow-on recommendations such as “see a nutritionist for weight management intervention;” and online grocery store initiatives that are trying valiantly, but aren’t yet making a noticeable health-improvement dent. Do we even need to point out the age-old ineffectiveness of telling someone to “eat your colors” and “keep a food diary?” Or how all-important, ongoing care coordination seems to be a glaring, missing consideration in most of the above.

The Cracked Code

By stepping outside the status quo box to tackle food holistically—bolstering the whole person and their allied network—we link together six associated fundamentals with our core nutritional formula as the realistic, guiding basis. Our model strategically asks organizations to subscribe for the people they care about. This means we very diligently and uniquely deliver outcomes that span the individual, the household, and the entity, so 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 numerous ways. Multiple, 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 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 a 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 access and impact across diverse population groups.

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

As we ponder where to hitch our time, dollars, and successes, we admit it’s complicated. And the darker side of the equation, which many seem loathe to acknowledge, has to do with the money being made by those “fixing” the problem over and again...“solutions” that keep coming back with slick taglines, neon lights, and only mild variations on the same theme to bank even more while fixing little.

But we trust there are honorable stewards 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/businesses 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. Human services organizations, healthcare providers, states, MCOs and ACOs intent on value-based initiative, medical care cost reductions, and health (clinical and SDoH) improvement subscribe to one or more My25 products for use by the people they care about: the elderly, clients/patients in recovery, and individuals with behavioral health needs, IDD, SPMI, 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.

