

# FOOD AS MEDICINE DIGITAL

## Human Services & Healthcare Innovators Subscribe For The People with Specialized Needs They Care About

### WHO

Human services/healthcare organizations and government agencies subscribe for the people they care about, largely Medicaid and SNAP recipients . . . individuals with IDD, behavioral and mental health challenges, autism, Down syndrome, and TBI; clients in recovery and rehabilitation; and the elderly. *My25* resources are geared to individuals and whole households whether living at home or in a waiver, ICF, smart home, or supported/independent living setting. B2B2C



### WHAT

**Food as Medicine, tailored to people with specialized needs.** We focus on the whole person via digital delivery of personalized, holistic and integrated resources. Keeping the guardrails up surrounding eat-better behavior and habit change is possible due to *My25*'s scalable and affordable approach. Our family of customized products—including dynamic engagement—drives substantially improved nutrition, clinical health, social health (SDoH), and cost reduction outcomes . . . tracking and trending key data in the process. Multiple stakeholders and funders benefit, simultaneously.

### HOW

The USDA was our original backer, investing in nation-wide trials to test the efficacy of *My25*. We collaborated with professionals from Northwestern University's Feinberg School of Medicine to establish our nutritional foundation and uniquely-tailored approach for people with specialized needs. *My25*'s robust, proprietary software; experienced team; and pivotal partners paved the way to commercialization. Today, we span 36 states among the nation's leading human services and healthcare organizations as subscribers.

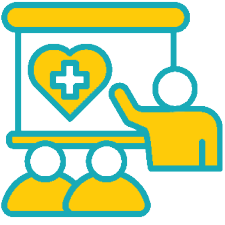
Early on, we recognized the need for a holistic, integrated approach to materially move the nutrition, health, and cost needles simultaneously and sustainably. We connect critical linkages, alleviating the roadblocks getting in the way of long-lasting behavior and habit change. Sticky.

### WHY

We alone recognized a number of reasons clamoring for a holistic, integrated solution. As a result, *My25* successfully tackles each of the following points and, for the first time ever in the industry, marries nutrition, choice, cost, engagement, and ease of implementation on a scalable and sustainable basis. Value and performance-based innovation at its very best.

Please read further for eye-opening insight . . .

# WHY



Same-old, traditional methods of diet and risk management have not been effective for a majority of this population as far as sustainable nutrition/health improvement. People with specialized needs *unnecessarily* struggle with two to three times the mainstream rates of costly obesity, diabetes, heart complications, medication usage, and more. This subpar health is largely a result of eating the wrong foods in the wrong amounts and not due to the disability nor pharmacological complications.

(Post 12 months & ongoing My25: Approximately 70% of people are at or moving toward a normal BMI, with concurrent improvement to additional health parameters.)



Food costs are on a runaway train. SNAP maximization is a critical component as far as improving the nutrition and health of people with specialized needs.

(My25 is the SNAP maximizer throughout the industry, which is scaffolded by our partnership with Walmart.)



Engagement regarding healthy eating, specifically geared to people with specialized needs and their associated caregivers/staff, has been sorely lacking. Dynamic engagement leads to 2 times the rate of wellness improvement among this population group and its stakeholders.

(My25's various platforms embed multi-media, interactive, and highly visual, tailored resources.)



So many "solutions," while earnest attempts, lack both sustainable and scalable possibility on a cost-effective basis. MTM and GLP-1 initiatives often fall into this category.

(The expansive family of My25 products affords opportunity for cost-effective sustainability and scalability. As a result, and for example, My25 can add measureable value to both MTM and GLP-1 initial efforts.)



Waiver and ICF providers are challenged by staff turnover and inexperience.

Operational efficiency and risk-reduction needs abound. It's a worry, because nothing beyond menu planning, grocery shopping, recipe prep and mealtime occupies as much passion, time, expense, and risk in a group home setting.

(My25's toolkit of resources and supports substantially and cost-effectively foolproof & streamline staff's daily efforts in community-based settings.)



Reliable, actionable data regarding people with specialized needs is lacking. Data tracking and trending in real time regarding health, grocery spend, choice, engagement, and Medicaid cost savings contribution enhance oversight, planning, documentation, and leverageable opportunity purposes.

(My25 embraces data, providing on-demand, actionable information to its subscribing organizations/agencies.)

