



Lifestyle & Diet Health in Winthrop, ME

Current resources and understanding
diet and nutrition in patient care



Overview

Obesity is a chronic disease that significantly contributes to other conditions including heart disease, diabetes, hypertension, high cholesterol, liver disease, osteoarthritis, and certain cancers.¹ According to the Kennebec County Health Profile, 35% of adults are obese (>30 BMI) and 33.5% of adults are overweight (25-30 BMI).² With obesity-associated chronic disease accounting for 70% of U.S. health costs,³ improving lifestyle health through a healthier diet is key. Despite the availability of numerous resources within the community, primary care providers feel overburdened, unequipped to fully discuss nutrition,^{4,5} and unaware of the current resources within the community to which they can refer patients.

Policy Recommendations



Cover Nutrition Dietician Appointments Under MaineCare

By utilizing the “Food as Medicine” expansion of Medicaid, pilot programs to cover more nutrition counseling could substantially reduce health costs in years to come.



Improve Provider Awareness of Local Resources

Due to high turnover rates of providers in the community, there is a significant lack of knowledge of local resources—even resources offered by the same care organization.



Improve Transportation Access

Transportation limitations are a significant issue within the community. While KVCAP provides terrific service for medical appointments, there is a lack of affordable transportation for health classes and food pantry deliveries.



Utilize Community Health Workers (CHW) & Registered Dietitians (RDN)

With specific knowledge of community resources, the ability to counsel, and more time to check in on patients, more clinics should utilize a holistic care team.

Current State

- Primary care offices offer a food insecurity screening and can send patients home with a food box provided by the Good Shepherd food bank, but the patient may not receive other community resources or counseling.
- Patients can be referred through the electronic medical record to the community dietician who provides a no-cost nutrition consult and to the office of healthy living for further programming. Patients who are referred have high follow-through rates. Most primary care providers do not use this resource.
- Most nutrition services must be paid by private insurance, paid out-of-pocket, or require a diagnosis of diabetes or a bariatric consult. Only one community RDN provides consults at no cost to patients.
- MaineGeneral’s new practitioners have a forty-five-minute, one-on-one meeting with the Peter Alford Prevention and Healthy Living Center. After that meeting, many resources are never used. New programs are rolled out in newsletters; however, it is unclear how many providers have the time to read about them.
- Online resources are infrequently updated. Many links are no longer in use and contact information is incorrect leading patients and individuals seeking resources to dead ends.
- Many free and inexpensive classes (which can be free on scholarship) on healthy cooking and eating are offered by SNAP-Ed and MaineGeneral’s Peter Alford Prevention & Healthy Living Center. These programs are offered via in-person cookshops in a teaching kitchen and online in a YouTube playlist.

Background

Being overweight and obese has been strongly correlated with low-income populations and rural areas due to a lack of community resources, less ability to pay for healthy food, and decreased access to care providers--especially dietitians, nutritionists, and weight management experts.⁶ Where the average American with diabetes attributes \$12,022 of their medical expenditures directly to diabetes,⁷ prevention is the answer for a healthier population and lower healthcare costs.

A 2023 systematic review analyzed medical nutrition therapy provided by registered dietitian nutritionists (RDN) for adults with dyslipidemia. Across thirty randomized controlled trials (RCT), low-density lipoproteins, blood pressure, BMI, and A1c dropped in the cohort that was provided counseling.⁸ Along with improved health, cost savings were noted as healthier patients have improved quality-adjusted life years and better cost savings from a reduction in medication. Similarly, an RCT investigating RDN counseling for Medical Nutrition Therapy of prediabetic patients found significant reductions in diabetes risk scores after a twelve-week program.⁹

Motivational interviewing combined with longitudinal check-ins are key for developing long-lasting, lifestyle changes.¹⁰ While primary care providers (PCP) can inform patients on the health effects of obesity, healthy eating, and routes for lifestyle change, they have busy schedules that make it difficult to provide long-term lifestyle interventions that last beyond a year.¹¹ RDNs and CDWs, however, have proven to be successful at implementing year-long programs designed to enact lifestyle change, and they are able to assist people with finding the resources they need.

Currently, referrals to nutrition care throughout the US are low.⁸ This is also true in Kennebec county where the community RDN had only 58 patients in the first half of the year. Of these, 34 were referred by PCPs (a handful of which were through the MaineGeneral referral department because PCPs did not know where to send the patient), 11 were self-referral, and 13 were CHW referrals. The RDN can provide motivational interviewing, information on how to find healthier or more affordable groceries, and even provide information on free cooking resources. The majority of these visits are via telephone providing the most access to patients; however, some are in-person if the patient requests it. According to the community RDN, "Telehealth diet appointments have been well-received by patients and are effective." It was also noted that no-show rates are low because the appointments are virtual.

MaineGeneral Health, the central care organization in Kennebec County, also offers Healthy Living Classes through the Peter Alford Prevention & Healthy Living Center. These cover prediabetes, diabetes, chronic pain, physical movement, meditation, and more. They offer cooking classes as well as shared medical appointments (SMA) in a teaching kitchen that host a physician, chef, and RDN. SMAs are offered to patients with diabetes, prediabetes, hypertension, or other comorbidities for hands-on nutrition education. MaineGeneral has seen sustained growth in these appointments, particularly after moving the time from 2-4pm to 5:30-7:30pm. The program now has a waitlist because of its popularity. The course leaders mentioned very high retention rates, and courses like this across the nation have been shown to significantly reduce A1C and LDL cholesterol levels with just six sessions.¹² In addition to teaching how to cook and eat healthier on a budget, the program also provides culturally relevant diets through Oldways diets.

One major barrier to community classes is access. Individuals may not have the time, availability at the class's offered time, or have transportation. Most of these classes are offered in Augusta or Waterville which can impose time and travel burdens. MaineGeneral currently contracts with KVCAP and Delta Ambulance to provide transportation for patients who wish to attend classes in person but find transportation to be a significant barrier. Some classes also have a cost, but MaineGeneral waives one class fee a quarter if needed. The program also uses a mobile teaching kitchen to overcome the travel burden. It has been effective throughout the community; however, a representative from the Winthrop Food Pantry, mentioned a large proportion of the community they serve (which is approximately 10% of the Winthrop population) does not have the time to watch a demonstration. To remedy this, the Winthrop Food Pantry provides healthy recipes for cooking inspiration and videos along with the week's supply of food. They also provide nutritionally rich food and try to avoid chips, desserts, and other nutritionally poor food.

At the state level, MaineCare does not currently cover diet counseling or food assistance beyond SNAP. Four states have approved “Food as Medicine” Medicaid programs:¹³ Arkansas is offering nutrition counseling and healthy meal preparation for at-risk populations; Oregon is offering meals tailored to an individual’s health needs; Massachusetts will cover six months of meals focused primarily on children and pregnant and postpartum women; and North Carolina is providing vouchers for fruits and vegetables that may otherwise be too expensive for low-income people. Where 30.5% of Kennebec County is on MaineCare,² implementing a Food as Medicine nutrition program could have a substantial effect on the community. Careful oversight must be practiced when implementing a program like this to ensure food meets both quality and nutrition standards. Community partnerships can also be enhanced, such as local gleaning groups, to ensure lower food waste and higher nutritional value.

Many resources exist for the small, rural community of Winthrop. Through expanding awareness of existing resources, improving transportation access, and covering nutrition appointments, patients will be able to receive preventative care that will increase healthy lifespans and reduce the overall burden on the medical system.

Community Resources

- Peter Alford Prevention & Healthy Living Center Classes
- Shared Medical Appointments (Requires diagnosis)
- Winthrop Food Pantry
- Community Dietician through MaineGeneral
- YMCA Classes
- Meals on Wheels for Elderly - Spectrum

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Authors

Maguire E. Anuszewski

Warren Alpert Medical School of
Brown University

James Jarvis, MD

Director of Clinical Education
Eastern Maine Medical Center
Northern Light Health

<https://mergecollaborative.org>

For more information, contact
maguire_anuszewski@brown.edu

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