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**Objective:** Integrating routine nutritional assessment into community medicine will improve outcomes: documenting pre/post patient nutritional status, 24-hour food recall, micronutrient testing, supplementation, patient nutrition education, nutrition-centered clinical follow-up. Residents require increased nutrition education for implementation.

**Target Audience:** Physicians, residents, community medicine teams; patients, their support systems.

**Use of Theory or Research:** The evidence is clear: good nutrition prevents and mitigates micronutrient deficiency diseases (eg, scurvy) and chronic illnesses. Community medicine should comprehend individual patients’ entire medical and nutritional status, to heal effectively.

**Program Description:** The presenter established a registry for nutritional deficiencies, documenting malnutrition at a FQHC serving Medicaid, Medicare and uninsured patients. Data collection and analysis continue. Multidisciplinary research, publication and collaboration will document these problems and address them. Medical Residents will be trained to put patient nutritional status at the center of community medicine.

**Evaluation:** Frequencies, t-tests, heat maps, other tools identify incidence and predictive factors; published databases of nutritional deficiencies will be used comparatively; physician implementation of clinical nutritional evaluation, remediation and documentation of outcomes will be investigated. Residents and patients will evaluate the new focus on nutrition in primary care via interviews analyzed using qualitative research techniques.

**Results:** Pilot data: of 1600 patients, 325 (20%) were nutritionally deficient, 96 (6%) had clinical scurvy. Data corroborate multi-nutrient deficiency often associated with mental health concerns, and female gender. Patients’ chronic conditions were better addressed when micronutrient deficiencies were identified and supported with nutritional interventions. Residents’ pilot data revealed greater personal satisfaction when they could better identify easily correctable contributors to chronic disease. Additional data will be available at the conference. Registry data will further research and publication, providing additional rationale for augmenting nutrition education and training in primary care.

**Conclusion:** Clinical care revealed malnutrition; most patients have diets putting them at risk for poor health outcomes and unnecessary medications. A new nutrition- and prevention-centered training model for American primary and community healthcare is needed for physicians to better treat patients.

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