Module 1 Abbot Nutrition Health Institute (adolescent Nutrition & Growth, Adolescent Nutrition: An Often-Neglected Health Topic, Strengthening the Hospital Community Connection) completed on September 9th (7 hrs.)

Module 2: child and Adult Meal Pattern Requirements completed on May 9th (6 hrs.)

Module 3: Community Health Lectures: Lifecycle: Different Videos for Different Stages Through Older Adult completed done May 9th (10hrs)

Module 4: WIC modules- completed May 9th (8hrs)

Module 5: Diary Council Resources (Child Feeding) completed May 9th (2hrs)

Module 6: Infant Meal Pattern Requirements completed on mar. 31st. (5 hrs.)

Module 7: Nutrition for Children with Special Healthcare Needs completed May 9th. (7hrs)

Module 8- Nutrition Counseling for Individuals with Disabilities completed on September 26th (3 hrs)

Required Modules Reflection

While doing most of these required modules for both community and food service rotations, most of the information learned was about adolescents but the clients in these rotations were mostly within the elderly population. While doing these courses, it brought many of this information forward and was more relatable. There is a lot of attention within healthcare on infants and the elderly but through these modules, it's clear that adolescent nutrition is critical but vastly overlooked in many aspects. However, something that is always relevant with these reflections, is this motto, it is effective to teach children about nutrition, but it could be more effective to teach the parents and create a trickle effect of knowledge. However, something that is worth noting is what is the most impactful on this age group, is it their peers, media, school, or parents? By understanding and analyzing these impacts and balancing them could have

beneficial results. Something that was interesting but needs to be changed is that 1 in 10 adolescents are malnourished but in the special need's population rising to 14%. This just increases the need to push for more Interventions for all vulnerable populations. Throughout these modules, they talk about how many diseases should not inherently lead to malnutrition but without targeted nutrition strategies it sadly can. Something that has been in the news for years now is that effect that skipping breakfast could impact school performance but something that is more interesting is skipping versus consuming non nutrient dense meals. Personally, skipping breakfast has been very beneficial compared to eating a nutrient dense breakfast.

While reflecting on most of these factors, something that is brought up is how the socioeconomic factors come into play. As we reinforce, that all foods are acceptable and there is a place for most foods, but with the current news trends demonizing UPF, it could have a significant impact on low-income families trying to eat healthier. However, there could be a place for UPF in these situations for their long-term nutrition needs. To bring it back to the last paragraph, to educate the parents to allow the knowledge to trickle down could have an immense impact. By focusing on the parents, it could build a foundation for adolescents for later in their lives. If the parent tries to implement nutrition interventions without proper guidance, it could have negative effects that last a lifetime. Alternatively, today, social media influencers may have a larger impact that then parents in some respects but having that foundation could give these adolescents the ability to cipher through the information. Moving onto some of the other topics, epigenetics and child nutrition is a very interesting topic but there are some ways to simply put it so everyone can understand. Most people have locks for a lot of genetic disparities but its they key we hold that can unlock them, but not all keys are equal. From the environment to our lifestyle these could all unlock some disparities but the research still isn't there but there has

been leaps in advancements. However, some aspects we do know are important for child development are nutrition relationships, safe and stimulating environments and high-quality diets. With educating at a young age, we can prevent their locks from being opened for the most part and reducing their overall risk for chronic disease.

Nutritional status is a key marker for all age groups but in adolescence it could pose as a major risk for their development, but this population represents around 16% of the population with 90% residing in low to middle income countries. When these statistics are brought up, the first thing that comes thought is mass migration caused by conflicts but just like other aspects of life there are many factors that come with these outcomes. There are other questions that come with malnutrition in this population, they mention how it could stem from inadequate nutrition education, reduced physical activity or the westernization of the diets but as mentioned before, it is a very complex issue. On the topic of nutrition itself, the global adolescent population consumes 25% of their daily calories from snacks but the question is, does this behavior stem from the children's choices or the parents, and where does most of this consumption occurs? They also mention that ultra-processed foods were noted to increase CVD but as we learned about food, all foods have a place and is the issue they pose, from the food or the calories consumed of those foods. Given these problems, the interventions that could address the malnutrition problem could involve both nutrition education and public health initiatives. We can focus on educating on diet quality, monitoring growth, ensure proper access to healthcare and the public health aspect should prioritize maternity care, vaccination programs, and overall improve quality of life i.e., nutrient dense foods, improved sanitation, and water access. But with access of nutrient dense foods, it involves many components but the most crucial is home and school meals.

Lastly, the module on nutrition counseling for individuals with disabilities was particularly interesting because of the military service and the disabilities my friends and I have but instead of having them hinder our abilities we use them as a source of adversity and strength. While this perspective may not apply universally, it helps shape how nutrition counseling can be tailored to this population. The portion that related the most to me was the DHH community because of my experience with severe tinnitus and hearing loss, which effects my ability to understand speech without visual cues like lip reading. By 2050, an estimated 2.5 billion people will experience some form of hearing loss and only 53% of DHH individuals were employed as of 2017, which highlights the challenges that could increase dramatically in the future. They mention that many people with disabilities are sometimes mistaken for having learning disabilities especially with children who may not communicate properly because of difficulties talking or hearing. This is something close to me, as trying to learn without subtitles can make it seem as if I do not understand the concept but its because I can't properly hear the lecture. While there has been plenty of advances in technology and science to help people with disabilities, I am curious about the endless possibilities that could be reach thorough technology like Neurolink. The modules that I competed for my internship rotations and this class were extremely insightful for not only my ability to move through my internships with knowledge but also gain valuable insight into