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**COURSE NAME: POST GRADUATE DIPLOMA IN HUMAN NUTRITION**

**ASSIGNEMENT 2**

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**Question one**

**Select a population category and discuss why they are referred to as vulnerable or at Risk.** First and foremost, we must first elucidate on the key terminologies like vulnerable population**,** vulnerability and risk.According to **Stanhope and Lancaster (2008),** they defined **vulnerable populations** as “those defined at a greater risk for poor health status and health care access” (p.712). The role of a public health nurse in contrast to a vulnerable population is to establish interventions to help break the cycle of vulnerability thus aiding to eliminate health disparities within the population. The term “risk” helps public health nurses establish a person probability of something happening to them.

**Vulnerability** is the degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from the impacts of disasters.

Children, pregnant women, elderly people, malnourished people, and people who are ill or immunocompromised, are particularly vulnerable when a disaster strikes, and take a relatively high share of the disease burden associated with emergencies. Poverty – and its common consequences such as malnutrition, homelessness, poor housing and destitution – is a major contributor to vulnerability.

Vulnerable groups may also include, [ethnic groups/minorities](https://www.etikkom.no/en/library/topics/research-on-particular-groups/ethnic-groups/), [persons with a limited lifespan](https://www.etikkom.no/en/library/topics/research-on-particular-groups/persons-with-limited-life-expectancy/), persons suffering from dementia, [persons with mental disorders](https://www.etikkom.no/en/library/topics/research-on-particular-groups/persons-with-mental-disorders/), [abusers of drugs and alcohol](https://www.etikkom.no/FBIB/Temaer/Forskning-pa-bestemte-grupper/Rusmisbrukere/) and [persons with disabilities](https://www.etikkom.no/en/library/topics/research-on-particular-groups/intellectual-impairment/).

Children are generally referred to as a vulnerable population with respect to their health because of their relative inability to advocate for their own interests and to protect themselves from harm. The World Health Organization identifies children as being particularly vulnerable to poor health outcomes, especially in the case of natural disasters or other calamities. For this reason, some states, such as Massachusetts, provide basic health insurance coverage to children regardless of their eligibility for Medicaid.

Likewise, senior citizens are considered a vulnerable population, even if an individual elderly person is physically able to care for herself and is in full possession of her mental capacity. This is because in the event of a disaster, seniors, like children, are particularly likely to suffer disproportionately compared with their younger neighbors. [In other countries like UK](https://www.carecentrix.com/Blog/Home-Health-Lessons-from-Across-the-Pond) for example, the law mandates that communities assess the needs of the elderly and make reasonable accommodation of those needs.

The difference between “vulnerable” and “at-risk” populations comes down to the difference between conditions versus status. **Vulnerabilit**y refers to one’s general condition or state, such as age, gender (or incarceration status). For example, seniors are vulnerable by virtue of their relatively decreased physical capacity. **“Risk”** refers to specific causes to which one is exposed. For example, people who live in glass houses are exposed to the risk of stone throwers

**Question two**

**You have been posted by an NGO to work in a community far from your home**.

**A.What are some of the problems you might encounter?**

While there may be some of those good moments when working way from your home town, the reality is that you will likely face even more difficult situations than an equivalent job in your home country or town. No matter what way you choose to [earn your income abroad](http://instantraveler.com/how-to-make-money-and-travel-the-world/), these are some of the difficulties you must overcome in order to be successful.

**Language barrier**. Even if you are an excellent speaker, if you are working in a country where you are not a native speaker there will be a large language barrier. Even if you are a native speaker, you will have to get used to the slang and idioms used in your new home country. This can potentially make even the most routine events hard and stressful for you. Overcoming this will be the first major challenge you face when working abroad.

**Cultural Differences**. Many people understand and even admire the culture of the country they are moving to. That’s one reason working abroad can be so rewarding. But very few people are prepared for the way that culture is represented in the workplace. For example, in Spain you must be prepared to have a long gap in the middle of the day for lunch, and then stay late in order to make up those hours. Or in Japan it is frowned upon to leave work before your boss does. Little things like this can destroy the image you had in your mind of working abroad, and can lead to feelings of home sickness and apathy.

**Lack of Support.** When working in your own country you have a wide range of support to help you through troubled times. Social services, friends, and family are all close by and can be reached quick and easy. When abroad it is likely you will not have any of these options. Sure, you can call on Skype, but it is simply not the same as being there in person. Having to battle through issues on your own is often the number one cause of failure for expats.

**Settling in to a Routine.** Having a routine is a great for comfort and being productive. Once you start working abroad though you will have to quickly adapt to your new surroundings, a process which can take up to six months. Most countries don’t have 24 hour stores, and in many more stores aren’t allowed to be open on certain days. This will make your life even harder, on top of the troubles you will be dealing with at work.

**Overcoming a Learning Curve**. Just as taking a new job at home requires a learning curve, so does taking a job abroad. The difference is that while abroad the curve is much steeper, and you will not have any of the support or normal comforts you had back home.

**Employees are lonely at work**. Loneliness is a growing health epidemic. Research showed that [40% of Americans](https://assets.aarp.org/rgcenter/general/loneliness_2010.pdf) and [60% of Australians](https://www.vice.com/en_au/article/5ge5v3/loneliness-survey-finds-that-australians-are-very-lonely) often feel lonely. [One in five Americans](http://www.amazon.com/Loneliness-Human-Nature-Social-Connection/dp/0393061701) suffered from persistent loneliness.

According to [Belonging Space](https://www.recruitment-international.co.uk/blog/2016/12/38-percent-of-workers-experience-loneliness-in-the-workplace-research-reveals), 38% of U.K. workers felt isolated or lonely in the workplace. What’s interesting is that 42% of people say that they do not have a close friend at work, research by [Relate](https://www.theguardian.com/lifeandstyle/2014/aug/12/one-in-ten-people-have-no-close-friends-relate) showed. Whilst not having a close friend at work does not necessarily equal loneliness, it often does.

Loneliness increases the risk of death by 26%, according to [*Perspectives on Psychological Science*](http://journals.sagepub.com/doi/full/10.1177/1745691614568352). In addition, a study by the [University of York](http://www.telegraph.co.uk/science/2017/08/06/loneliness-deadlier-obesity-study-suggests/)found that lonely people are around 30% more likely to suffer a stroke or heart disease.

When workers feel lonely, research published by [the Academy of Management Journal](http://proceedings.aom.org/content/2011/1/1.124.abstract) showed that loneliness can lead to a poorer task, team role, and relational performance.

**Employees’ working environments are harmful**. The workplace environment is a very crucial determinant for employee performance, morale, and productivity. An effective workplace creates an environment where performance and results can be achieved by workers. The tasks performed by them are directly affected by the physical environment in which they are in.

The [American Working Conditions Survey](https://www.rand.org/content/dam/rand/pubs/research_reports/RR2000/RR2014/RAND_RR2014.pdf) found that the workplace is very physically and emotionally taxing. More than one-half reported exposure to unpleasant and potentially hazardous working conditions. Nearly one in five are exposed to a hostile or threatening social environment at work.

The study also found that nearly two-thirds of workers experienced at least some degree of mismatch between their desired and actual working conditions.

A research published in the [Journal of Accounting and Economics](http://www.sciencedirect.com/science/article/pii/S0165410116300891) documented significantly higher injury or illness rates in organizations that meet or just beat analyst forecasts when compared to organizations that miss or comfortably beat analyst forecasts. These injuries were associated with increases in employee workloads related to organizations wanting to meet financial targets.

The U.S. [Bureau of Labor Statistics](https://www.bls.gov/news.release/cfoi.nr0.htm) reported that there is a 7% increase in fatal injuries from 2015 and 2016. This is the third consecutive increase in annual workplace fatalities. Work injuries involving transportation incidents remained the most common fatal event in 2016. This accounts for 40%. The second most common is violence and other injuries by persons or animals with an increased of 23%.  
  
**Bad attitudes in the workplace** – whether yours, your employees, your coworkers or your boss – might include laziness, tardiness, rudeness, rumor mongering or any other attitude or activity that lowers overall morale. Someone's negative attitude could be due to personal problems. An employee might be having romantic problems, financial difficulties or a medical situation that influences behavior at work. Sometimes just the news of the day is enough to bring you down. Bad attitudes also can result from workplace events, such as a firing, pay decreases or other small-business problems. Whatever the underlying cause, your or someone else's bad attitudes in the workplace can have serious negative consequences.

**Employees face discrimination and harassment**. In an ideal world, employees have the right to work at a job where they don’t face discrimination and harassment of any kind.

The U.S. [Equal Employment Opportunity Commission](https://www.eeoc.gov/eeoc/task_force/harassment/upload/report_summary.pdf) says that nearly one-third of the 90,000 complaints received in 2015 included allegations of workplace harassment. This includes unlawful harassment on the basis of sex (including sexual orientation, gender identity, and pregnancy), race, disability, age, ethnicity or national origin, color, and religion.

The [CNBC](https://www.cnbc.com/2017/12/19/one-fifth-of-american-adults-have-been-sexually-harassed-at-work.html) All-America Survey found that overall 19% of American adults said they have been victims of sexual harassment in the workplace.

They estimated that 75% of all workplace harassment incidents go unreported. Employees who experience harassment fail to report the harassing behavior or file an official complaint because they fear disbelief of their claim, inaction on their claim, blame, retaliation or retribution.

**Living Conditions**. The NESC published a report in February 2007 which advocated that foreigners working in the island should enjoy the same rights as local workers. In reality, many foreign workers suffer from bad working conditions. Some workers have intolerable living conditions, sleeping in dormitories on benches without mattresses or in tiny bedroom containing many people. Those who intend to voice out or those considered as ‘ring leaders’ are deported.  
In 2006, some workers from China and India who tried to form a trade union or to protest were deported. Peaceful demonstrations often turn into riots which the police brutally suppressed.

**Foreign workers and Income.** Foreign workers take the decision to leave their native country to work in other countries with the aim of making more money and then send it to their family. However, they did not predict that they will be paid less than that was promised to them before their departure to the host country. Some organizations pay them only half of what they were supposed to. Having already signed their contract, they are forced to work hard for a low salary. Many Bangladeshis, Indians or Chinese choose to leave the host country after their contract termination and the more courageous ones stay and renew their contract for more years. Despite their low paid jobs, it is still better than in their native country where they are even more exploited or where life is far more difficult for them.  
The Employment Rights Act (2008) stipulate that if a local worker ‘works on a public holiday, he shall be remunerated at twice the national rate per hour for every hour of work performed.’  
However, some expatriates who are forced to work on a public holiday are usually paid the same amount as a usual day. As human beings, they should be treated as any other worker either local or foreign, with the same rights and possibilities.

**Unions**. Unionism is about workers standing together to improve their situation, and to help others. Some unions are reactive, that is waiting for the employer to act and then choosing how to attack or respond and others are proactive, that is developing their own agenda and then advancing it wherever it’s possible. When unions and management fail to reach agreement, or where relations break down, the union has the option of pursuing industrial action through a strike, a go-slow, a work-to-rule, a slow-down, an overtime ban or an occupation.

**B. How can you improve your cross-cultural competence?**

Here let’s take a systematic look at approaches people can use on their own along with training programs designed to improve cross-cultural relations. To relate well to someone from a foreign country, a person must be alert to possible cultural differences.

**Cultural sensitivity:**is an awareness of and a willingness to investigate the reasons why people of another culture act as they do. A person with cultural sensitivity will recognize certain nuances in customs that will help build better relationships from cultural backgrounds other than his or her own. Raise your antenna and observe carefully what others are doing.

**Focus on Individuals Rather than Groups:**Get to know the individual rather than relying exclusively on an understanding of his/her cultural group.

Instead of generalizing about the other person's characteristics and values, get to know his or her personal style.

**Respect all Workers and Cultures:** An effective strategy for achieving cross-cultural understanding is to simply respect all others in the workplace, including their cultures. An important component of respect is to believe that although another person's culture is different than yours, it is equally good. Respect can translate into specific attitudes, such as respecting a co-worker for wearing an African costume to celebrate Kwanza. Also, respect the rights of majorities.

**Value Cultural Differences.**Recognizing cultural differences isan excellent starting point in becoming a **multicultural worker,**one who can work effectively with people of different cultures. If you place a high value on cultural differences, you will perceive people from other cultures to be different but equally good. You cannot motivate someone of another culture until that person first accepts you. A multilingual sales representative has the ability to explain the advantages of a product in another language.In contrast, a multicultural sales rep can motivate foreigners to make the purchase.

**Minimize Cultural Bloopers/mistakes/embarrassments:**

An effective way of being culturally sensitive is to minimize actions that are likely to offend people from another culture based on their values.Cultural bloopers are most likely to take place when visiting another country, yet can also take place in one'sown country.

E-commerce has created new opportunities for creating cultural bloopers. Bloopers must be avoided because being able to communicate your message directly in your customer's mother tongue provides a competitive advantage.

**Participate in Cultural Training:**

A method chosen frequently for preparing overseas workers is **cultural training,**a set of learningexperiences designed to help employees understand the customs, traditions, and beliefs of another culture. Many industries train employees in cross-cultural relations. An example is that cross-cultural training is taken seriously in the real-estate business

* **Cross-Cultural Training Program** A cross-cultural training is considered necessary for developing skill in the international workers. Some organizations train their employees to behave according to the culture in which they are sent for assignments.
* **Foreign Language Training** Learning a foreign language is often part of cultural training, yet can also be a separate activity. Knowledge of a second language is important because it builds better connections with people from other cultures than does relying on a translator. We can take here the example of a former coach of Pakistan cricket team, who started learning Urdu language to bridge the communication gap between the boys and the coach, as he was an Englishman

**Participate in Diversity Training:**

One should be capable of working in diverse environment. Cultural training is mostly about understandingpeople from other cultures. Diversity traininghas a slightly different purpose. It attempts to bring aboutworkplaceharmonyby teaching people how to get along with diverse work associates. Such training centerson increasing awareness of and empathy for people different in some noticeable way from oneself. Astarting point indiversity training isto emphasize that everybodyis different in some way, and that all thesedifferences shouldbe appreciated. To help training participantsdevelopempathy, representatives of variousgroups explain their feelings related to workplace issues

Conclusively, a key part of developing good cross-cultural relations is to overcome, or prevent, communication barriersstemming from cultural differences. Personal life, too, is often more culturally diverse todaythan previously.Avoiding culturalbloopers can help prevent communication barriers

**Question three.**

**Discuss the steps in taking a dietary history for a partner.**

The term diet history is used in many ways. In the most general sense, a dietary history is any dietary assessment that asks the respondent to report about past diet. Originally, as coined by (**Burke et al. 1947**), the term dietary history referred to the collection of information not only about the frequency of intake of various foods but also about the typical makeup of meals **[B.S**. **Burke, H.C. Stuart].** Many now imprecisely use the term dietary history to refer to the food frequency method of dietary assessment. However, several investigators have developed diet history instruments that provide information about usual food intake patterns beyond simply food frequency data **[A. McDonald, L. Van Horn, M. Slattery, J. Hilner, C. Bragg, B. Caan, et al & J. Landig, J.G. Erhardt, J.C. Bode, C. Bode,].**

A dietary history is a structured interview method consisting of questions about habitual intake of foods from the core (e.g. meat and alternatives, cereals, fruit and vegetables, dairy and ‘extras’) food groups in the last seven days. This is followed by a ‘cross check’ to clarify information about usual intake in the past 3, 6, or 12 months, depending on the aims of the assessment.

Traditionally it would include a 3-day record which is often now omitted, or may be replaced by a 24-hour recall. Usual portion sizes are generally obtained in household measures and / or the use of photographic aids.

The development of the dietary history is usually attributed to **Burke (1947).** The method is a detailed retrospective dietary assessment used more often in clinical practice than in research studies. A diet history is used to describe usual food and/or nutrient intakes over a relatively long period e.g. 6 months and typically one year. A major strength of a diet history is its assessment of meal patterns and details of food intake over a long period of time.

Frequently details of how food is prepared are included in a diet history and these details can significantly help in characterizing a diet (frying vs. baking foods).

A weakness of diet history as an assessment method is the participant must make decisions regarding the usual foods and amounts of foods eaten. Additionally, the food history can have a high burden on the research team in interpreting the data.

As the dietary history collects retrospective information on the patterns of food use during a longer, less precisely defined time period,  It also records a patient’s usual dietary intake (vs. *actual* food intake)

The original Dietary History data collection method was initially made up of 3 components - , 24h recall, Cross check, and the three day food record.

However, over time and depending on place, numerous modifications of the Diet Hx have been made and most often the third component eliminated.  For purpose of this case practice we will focus on the first two components because this information can be collected during initial contact with patient.

**The 24hour Recall**  
The Health Professional (aka the Interviewer) guides the Patient to recall in detail all food and drink consumed the previous day as well as any pertinent nutritional/herbal supplements. The following questions can be asked.

* When did you wake up?  What was the first thing you ate and/or drank? (collect breakfast information)
* Did you have a morning snack/morning Coffee?
* What did you have for lunch?  Anything to drink with that?
* Afternoon snack/snack when you came home from school/work?
* What did you have for supper?  Did you have dessert?
* Snack in the evening/before you went to bed?
* Do you take a multivitamin? Any herbal supplements?  Iron pills? etc. at what time of day?
* Do you drink water throughout the day?  How many glasses?

These questions provide you with a general account of what the patient consumed yesterday.  Now you’re interested in portion sizes.  
Having visual aids such as food models are helpful here, or having a measuring cup and measuring spoons.  Other visual cues could be remembering that a medium sized fruit is the size of a tennis ball, one serving of meat is about the size of a deck of cards.  Ask them if half of their plate if filled with vegetables/meat/potato etc.

Generally the 24hour recall within a Diet Hx is not extremely detailed so it is not necessary to inquire about the brand name of all foods but it would be wise to note if your patient eats mostly processed foods, fresh foods, dines out a lot etc.

**The Cross Check**  
Now that you have a sense of what the patient ate yesterday, record what day of the week it was.  Was this a typical day for them in turns of eating? Do weekends differ from weekdays?  The cross check is a mini questionnaire on the frequency of consumption of specific food items used to verify and clarify the information gathered from the 24h recall. Questions to ask here may include but not limited to the following:

* Any food allergies/major food dislikes/food groups you avoid (e.g. vegetarian)?
* Any health-related diet implications (e.g. gluten free, low sodium)?
* Do you normally eat three meals/day? Two-three snacks/day?
* Would you call yourself a “snacker” (i.e. like to graze throughout the day) or do you prefer structured meal times?
* Do you find yourself skipping a certain meal more than others (e.g. breakfast, work through lunch)?
* Do you tend to have the same breakfast every day?
* What’s your favourite breakfast cereal?
* Do you drink fluid milk (or milk alternative)?
* Do you normally bring a lunch from home or do you more often eat at the (cafeteria/local café/fast food restaurant)?
* How often do you eat red meat? Fish?
* Are there any vegetables you dislike/avoid?
* How often do you have dessert?
* What’s the most common method of food preparation in your house (e.g. frying, baking, steaming vegetables vs. boiling, etc.)?
* How often do you fill your water bottle?
* Do you remember to take your (vitamin/supplement) every day?
* Pick two of your most favourite foods from each of the four food groups (Vegetables & Fruit; Grain Products; Milk & Alternatives; Meat & Alternatives)

Being careful not to jump to conclusions, you might also gain a sense of their socio-economic status (is everything no-name brand? Are there limited fresh fruits and vegetables? Does it seem like “healthy foods” are being rationed such as only 1 glass of milk at breakfast?).  You could also ask questions around how often they go grocery shopping and where.  How often they dine out and where.  This information can be helpful to provide income-appropriate recommendations.

**Question four.**

**Why is it important to formulate objectives in the counseling Process?**

The College of Counselling has developed a definition of counselling to clarify for members of the College and for the wider community what the College of Counselling means by the term “counselling”. Professional counselling is a safe and confidential collaboration between qualified counsellors and clients to promote mental health and wellbeing, enhance self-understanding, and resolve identified concerns.

According to **Willey and Andrew**, Counseling involves two individuals one seeking help and other a professionally trained person helped solved problems to orient and direct him towords a goals. Which needs to his maximum development and growth?

However, according to the **Concise Oxford Dictionary (9th Edition),** counselling is defined as “the process of assisting and guiding clients, especially by a trained person on a professional basis, to resolve especially personal, social, or psychological problems and difficulties.”  
The goal of counseling is to help individuals overcome their immediate problems and also to equip them to meet future problems. Counseling, to be meaningful has to be specific for each client since it involves his unique problems and expectations. The goals of counseling may be described as immediate, long-range, and process goals. A statement of goals is not only important but also necessary, for it provides a sense of direction and purpose. Additionally it is necessary for a meaningful evaluation of the usefulness of it.

The counselor has the goal of understanding the behavior, motivations, and feelings of the counselee. The counselor has the goals are not limited to understanding his clients. He has different goals at different levels of functioning. The immediate goal is to obtain relief for the client and the long-range goal is to make him ‘a fully functioning person’. Both the immediate and long- term goals are secured through what are known as mediate or process goals.

Specific counseling goals are unique to each client and involve a consideration of the client’s expectations as well as the environmental aspects. Apart from the specific goals, there are two categories of goals which are common to most counseling situations. These are identified as long-range and process goals. The latter have great significance. They shape the counselee and counselors’ interrelations and behavior. The process goals comprise facilitating procedures for enhancing the effectiveness of counseling. The long range –goals are those that reflect the counselor’s philosophy of life and could be stated as

1. To help the counselee become self-actualizing.
2. To help the counselee attain self-realization.
3. To help the counselee become a fully –functioning person.

The immediate goals of counseling refer to the problems for which the client is seeking solutions here and now. The counselee could be helped to gain fuller self- understanding through self – exploration and to appreciate his strengths and weaknesses. The counselor could provide necessary information but however exhaustive, may not be useful to the client unless he has an integrative understanding of himself vis-a-vis his personal resources and environmental constraints and resources.

The research shows that clinician empathy is positively related to client progress - when progress is measured by clients’ estimates of progress. However, when progress is measured by more objective measures, for example by a standardized text or direct observation of client change, clinician empathy is less significant.   
  
Just showing empathy for clients is not enough. **(Lieberman & Lester, 2004)** Empathy is only one component of successful counseling. Clinicians and clients also need goals. One of the primarily responsibilities of the clinician is to help clients develop goals that are realistic and obtainable. Goals serve four primary functions:  
**1) Motivational:** Client involvement in the goal setting process can motivate clients to accomplish their goals.  
**2) Educative:** Setting goals helps clients to clarify and target problem behaviors or issues they want to work on in counseling and develop realistic, attainable solutions.  
**3) Evaluative:** Setting goals enables both the client and the clinician to evaluate or gauge the progress toward their goals.  
**4) Treatment Assessment:** Setting goals enables the clinician to evaluate what types of goals and intervention work best with what types of clients. (**Hackney & Cormier, 2005**)

It is important to realize that**gaining insight into one’s problems does not always produce change.** Even dysfunctional behavior can have rewards, and trying new behaviors can have risks. When the problems are more recent and less complex - and the client has adequate coping skills and a good support system - gaining insight into the problem may be enough to motivate the client to make meaningful changes.

However, for many types of problems, gaining insight is only the first step toward meaningful change. For these situations, clinicians and clients need to develop specific outcome goals for counseling and use these goals to design an action plan to achieve them. The goals for the action plan should include: 1) strategies for restructuring client self-perceptions, 2) strategies for reducing physiological and emotional distress, and 3) strategies for behavior change. **(Brammer, Abrego, & Shostrum, 1993)**

Setting realistic, obtainable goals involves identifying what goals the client would like to accomplish; what specific thoughts, behaviors, and situations would have to change or be evident if these goals are to be realized; and the specific tasks the client would have to undertake for these goals to be accomplished.

**Question five.**

**Explain circumstances that may require prescription of nutrition supplements.**

Nutritional supplements are any dietary supplement that is intended to provide nutrients that may otherwise not be consumed in sufficient quantities. You might use these substances to add [nutrients](https://www.nia.nih.gov/health/important-nutrients-know-proteins-carbohydrates-and-fats) to your diet or to lower your risk of health problems, like [osteoporosis](https://www.bones.nih.gov/) or [arthritis](https://www.niams.nih.gov/health-topics/arthritis). Dietary supplements come in the form of pills, capsules, powders, gel tabs, extracts, or liquids. They might contain [vitamins, minerals](https://www.nia.nih.gov/health/vitamins-and-minerals), fiber, amino acids, herbs or other plants, or enzymes. Sometimes, the ingredients in dietary supplements are added to foods, including drinks.

If you don’t eat a nutritious variety of foods, some supplements might help you get adequate amounts of essential nutrients. However, supplements can’t take the place of the variety of foods that are important to a healthy diet. Good sources of information on eating well include the [**Dietary Guidelines for Americans**](http://health.gov/dietaryguidelines) **and [MyPlate](http://www.choosemyplate.gov/" \t "external)**

Eating a variety of [healthy foods](https://www.nia.nih.gov/health/smart-food-choices-healthy-aging) is the best way to get the nutrients you need. However, some people don’t get enough vitamins and minerals from their daily diet, and their doctors may recommend a supplement.

Scientific evidence shows that some dietary supplements are beneficial for overall health and for managing some health conditions. For example, calcium and vitamin D are important for keeping bones strong and reducing bone loss; folic acid decreases the risk of certain birth defects; and omega-3 fatty acids from fish oils might help some people with heart disease. Other supplements need more study to determine their value. The U.S. Food and Drug Administration (FDA) does not determine whether dietary supplements are effective before they are marketed.

**Question six.**

**Explain why the elderly are considered to be vulnerable to malnutrition**

According to **world health organization**, Malnutrition refers to deficiencies, excesses or imbalances in a person’s intake of energy and/or nutrients. The term malnutrition covers 2 broad groups of conditions. One is ‘undernutrition’—which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals). The other is overweight, obesity and diet-related noncommunicable diseases (such as heart disease, stroke, diabetes and cancer)

Malnutrition in the elderly can lead to serious health implications. **Dr Lim Si** **Ching**, Senior Consultant, Geriatric Medicine from Changi General Hospital shares the common causes of elderly malnutrition.

Aging is accompanied by physiologic changes that can negatively impact nutritional status.  Sensory impairment, such as decreased sense of taste and smell that occurs with aging may result in reduced appetite.  Poor oral health and dental problems can lead to difficulty chewing, inflammation, and a monotonous diet that is poor in quality, all of which increase the risk of malnutrition. (**Garry PJ et al. 1994).** Progressive loss of vision and hearing, as well as osteoarthritis, may limit mobility and affect the elderly people's ability to shop for food and prepare meals. **Mojon P, Budtz-Jorgensen E, Rapin CH. (1999).**

Energy needs decrease with age; yet the need for most nutrients remains relatively unchanged resulting in an increased risk of malnutrition.

Along with physiologic changes, the elderly may also experience profound psychosocial and environmental changes, such as isolation, loneliness, depression and inadequate finances.  These affect dietary intake ultimately impacting nutritional status.

Aging is also associated with decreased physical activity and progressive depletion of lean body mass.  Coupled with changes in the diet, this can lead to a loss of muscle mass, known as sarcopenia, decreased functional ability, and increased dependence on others to perform activities of daily living. Older persons who are obese are also at risk for sarcopenia because fat often replaces muscle mass, resulting in decreased functionality. This is according to **Rolland Y, Lauwers-Cances V, Cristini C, Abellan van Kan G, Janssen I, Morley JE, Vellas B. (2009).**

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