ASSIGNMENT 2

1. Select a population category and discuss why they are referred to as vulnerable or at Risk. Top of Form

Top of Form

**What are vulnerable populations?**

A population is considered to be vulnerable when it is at risk of exposure to an environmental hazard and that it has insufficient resources to prepare for or cope with. Environmental hazards include: flooding, earthquakes, volcanoes, and tsunami, events related to climate change such as droughts, wildfires and rises in sea level, as well as pollution, war and infectious disease. Having insufficient resources to cope hinders people from being able to prepare for an environmental hazard and makes it more difficult to recover afterwards. 

This section identifies population groups who are more at risk from environmental hazards in unmiss camp here in juba. It is important to know who in the population is more vulnerable to ensure their needs are considered throughout the planning process. This enables environmental hazards to be prevented where possible, or, if not possible, their impact can be minimized. Identifying vulnerability also enables resources to be directed more effectively to those who have the greatest need. People can be more at risk to environmental hazards if they are

* more **exposed** to environmental hazards
* more **sensitive** to the effects
* less **able to cope** with the effects.

Potentially vulnerable populations include:

**Infants and children**

Infants and young children (under five years) are more susceptible than adults to a range of environmental hazards.

* Young children (under five years) have limited mobility. They depend on others to move them out of dangerous situations.
* Young children are less able to perceive risk.
* Young children’s behavior includes lots of hand-to-mouth activity and play close to the ground, which exposes them more to some hazards, (e.g. lead from soil) .
* Children are still developing and growing, which makes them more susceptible to toxins and illness.
* Children’s breathing rate is higher than adults, making them more susceptible to air pollution.
* Children’s younger age and longer life expectancy means that they may yet be affected by some hazardous substances with long lag (latency) period.

**Older adults**

Older adults (aged 65 years and over) can be more affected by environmental hazards.

* Older adults may have limited mobility, strength and balance. They are also more likely to have poor eyesight and hearing. This means they are in one place for longer periods, and depend on others to move them out of dangerous areas.
* Older adults have higher rates of chronic disease, which can make them more sensitive to environmental hazards like air pollution and infectious diseases.
* Older adults are more sensitive to dehydration on very hot days, and the effects of cold on cold days. In particular, older people who live alone may be at more risk from natural hazards, particularly if they don’t have other people to help them if needed.

**People living with a disability**

A person living with a disability cannot easily carry out day to day tasks. People living with a disability may be more susceptible to environmental hazards and will find it more difficult to respond to them. They may also be more socially isolated and have a lower income due to their disability.  Living with a disability includes having:

* A chronic health condition – such as respiratory illness, diabetes, psychological distress or a compromised immune system
* A physical impairment which limits day to day activities
* A sensory impairment, for example poor sight or hearing
* Learning difficulties.

**People with lower socioeconomic status**

People with lower socioeconomic status often have less capacity to cope with the effects of environmental risks.  For example, people on low incomes generally have fewer resources and may not know of people who can help them in times of crisis. They are also more likely to live in a hazard-prone environment, for example on marginal land and/or in poor quality, overcrowded housing. People with lower socioeconomic status often have less access to transport and services (such as telecommunications) that they can use in an emergency.

**Living in a rural area**

People living in rural areas are specifically vulnerable to environmental hazards. This is because they may be difficult to reach in an emergency due to their remote location. They also have less access to services such as shops, health clinics and emergency response services (police, fire and ambulance). In addition people living in rural areas are more likely to work in primary industries, such as forestry and farming, which are more susceptible to climate change. However, people in rural areas are often more self-reliant and so are better equipped to cope with emergency situations.

1. You have been posted by an NGO to work in a community far from your home.
   1. What are some of the problems you might encounter?

Early marriage

Lack of education

Poor sanitation

Lack of toilet

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

Here’s how to improve your “cultural competence. In the workplace setting, cross-cultural competence means workers have the ability to understand, communicate, and effectively interact with people across cultures, be it their colleagues, customers, clients, or suppliers.

Cross-cultural competency is the key to managing diverse and inclusive workplaces. The ability to communicate, interact, and effectively lead people across cultures is an essential skill.

Ottawa’s got diversity – One in five residents is foreign born (2006 Census), and projections show this proportion will increase over the course of the coming decades. By 2031, 36% of Ottawa’s total population will be in a visible minority group, which will nearly double the 19% recorded in the 2006 Census.

Ottawa’s got diverse talent.  Immigrants make up 27% of Ottawa’s population with post-secondary credentials. Today, private sector companies and public sector organizations are embracing diversity as a strategic advantage to be:

* ***Competitive***.  Eliminate unintended preferences, biases and practices and gain access to the widest possible pool of talent; hire the best available talent.
* ***Responsive***. Reflect customer and client diversity.
* ***Innovative***. Welcome new and diverse perspectives.

Cross-cultural competencies benefit individuals and organizations alike! Human Resources and people managers gain skills and confidence in many of their key areas of responsibility, including performance management, team communication, and problem-solving.  Learners are also provided the opportunity to better understand their own adaptability and strategize about fostering this crucial skill.

Organizations in turn can benefit from this capacity building, as employee engagement is maximized, communication is optimized, and employees appreciate the value of diverse perspectives.  Your workplace will thrive as it becomes more inclusive and the organizational capacity to problem solve, identify new ideas and innovation is enhanced”

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

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

**1. The 24hour Recall**  
The Health Professional ( 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.

* 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.

**2. 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.

* 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 “snack (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 favorite 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 favorite foods from each of the four food groups (Vegetables & Fruit; Grain Products; Milk & Alternatives; Meat & Alternatives).

1. Why is it important to formulate objectives in the counseling Process? Counseling aims at helping the clients understand and accept themselves “as they are”, And counseling is to help the client to help himself.  
   The main objective of counseling is to bring about a voluntary change in the client. For this purpose the counselor provides facilities to help achieve the desired change or make the suitable choice.  
   According to Dunsmoor and miller, the purpose of client counseling are :-  
   1. To give the client information on matters important to success.  
   2. To get information about client which will be of help in solving his problems.  
   3. To establish a feeling of mutual understanding between client and counsellor.  
   4. To help the client work out a plan for solving his difficulties.  
   5. To help the client know himself better-his interests, abilities, aptitudes, and opportunities.  
   6. To encourage and develop special abilities and right attitudes.  
   7. To inspire successful endeavor toward attainment.  
   8. To assist the student in planning for educational and vocational choices.

The long range –goals are those that reflect the counselor’s 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.  
There is an inter relation between the long-range and immediate goals as

1. Achievement of positive mental health  
It is identified as an important goal of counseling by some individuals who claim that when one reaches positive mental health one learns to adjust and response more positively to people and situations. Kell and Mueller (1962) hold that the “promotion and development of feelings of being liked, sharing with, and receiving and giving interaction rewards from other human beings is the legitimate goal of counseling”  
2. Resolution of Problems  
Another goal of counseling is the resolving of the problem brought to the counselor. This, in essence, is an outcome of the former goal and implies positive mental health. In behavioral terms three categories of behavioral goals can be identified, namely, altering maladaptive behavior, learning the decision – making process and preventing problems (Krumboltz, 1966).  
  
3. Improving Personal Effectiveness  
  
Yet another goal of counseling is that of improving personal effectiveness. This is closely related to the preservation of good mental health and securing desirable behavioral change(s).  
  
  
4. Counseling to Help Change  
Blocher (1966) adds two other goals. The first, according to him, is that counseling should maximize individual freedom to choose and act within the conditions imposed by the environment. The other goal is that counseling should increase the effectiveness of the individual responses evolved by the environment. Tiedeman (1964) holds that the goal of counseling is to focus on the mechanism of change and that the counselee should be helped in the process of ‘becoming’ – the change which pervades the period of adolescence through early adulthood during which the individual is assisted to actualize his potential. Shoben (1965) also views the goal of counseling as personal development.  
5. Decision – Making as a Goal of Counseling  
Some counselors hold the view that counseling should enable the counselee to make decisions. It is through the process of making critical decisions that personal growth is fostered. Reaves and Reaves (1965) point out that “the primary objective of counseling is that of stimulating the individuals to evaluate, make, accept and act upon his choice”.  
Sometimes the counselees have goals which are vague and their implications are not fully appreciated. It is perhaps one of the primary functions of a counselor to help clarify a counselee’s goal.  
6. Modification of Behavior as a Goal  
Behaviorally-oriented counselors stress the need for modification of behavior, for example, removal of undesirable behavior or action or reduction of an irritating symptom such that the individual attains satisfaction and effectiveness. Growth-oriented counselors stress on the development of potentialities within the individual. Existentially-oriented counselors stress self-enhancement and self-fulfillment. Obviously the latter cannot be realize without first securing the former, namely, symptom removal or reduction as a necessary pre-condition for personal effectiveness.

1. Explain circumstances that may require prescription of nutrition supplements

**What are dietary supplements?**

Dietary supplements include such ingredients as vitamins, minerals, herbs, amino acids, and enzymes. Dietary supplements are marketed in forms such as tablets, capsules, softgels, gelcaps, powders, and liquids.

**What are the benefits of dietary supplements?**

Some supplements can help assure that you get enough of the vital substances the body needs to function; others may help reduce the risk of disease. But supplements should not replace complete meals which are necessary for a healthful diet – so, be sure you eat a variety of foods as well.

6. Explain why the elderly are considered to be vulnerable to malnutrition.

Malnutrition is an age related challenges facing elderly globally. Possible cause of malnu-trition in elderly is hidden, therefore the research is aim at investigating the cause of mal-nutrition in elderly

Malnutrition mostly occur in elderly as result of physical changes related to ageing. The consequence of malnutrition in elderly living at home differs from institutionalized elderly. Failure to examine and analysis the cause of malnutrition result to huge problems. Elderly living at home experiences challenges such as not be able to perform daily life activities and their functionality deteriorate and they also experience falls and fractures while institutionalized elderly are faced with problems such as pressure ulcers, cognitive decline, infections, and anaemia and extend the duration in the hospital. (Cankurtaran et al. 2013) in the case of the residential based elderly, it is difficult to detect malnutrition because of infrequent contact with the health care professionals and this result in morbidity, mortality and increases the admission rate in the hospital.

The following are factors that determine the nutritional status of elderly: physiological, socioeconomic and psychological changes. Elderly are at high risk of malnutrition due to physiological factors such as loss of appetite, taste bud and swallowing problem and the interaction between the medication and nutrient intake. Furthermore, the socioeconomic factors include lifestyle, livelihood, and living conditions. Lastly, the psychological factors such as depression and cognitive impairment also play a leading roles.

Environmental factors are not left out and might lead to higher risk. These can further be divided into intrinsic (internal factors) and extrinsic which are the external factors (de Morais et al. 2013, Suominen et al. 2005).

The preventable and unpreventable cause of malnutrition has been identified (Bachrach-Lindströ et al. 2007a, Suominen et al. 2009, Lahmann, Tannen & Suhr 2015) The cause can grouped into the following: Cognitive or psychosocial risk factors, Dis-ease, Environmental situation, and Physiological changes.

This is related to the mental wellbeing of an individual and the mini mental status exam-ination (MMSE) is general used to detect the cognitive status of the elderly. The MMSE test is centre on the time and space, uptake, attention, mathematical skills, ability to re-member things and language. The test determines the quality of wellbeing and the accu-racy of the elderly.(Verbrugghe et al. 2013). 6

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