Chapter 2
Health Promotion and Wellness in Aging

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ABSTRACT

The older population is growing and living longer than ever. That is why we must create more and more services suitable for this age group, so that it can grow old with quality of life. In order to better understand their needs and the type of intervention which can be implemented in the community to protect the health and wellbeing in this age group, from the age of 65, the authors have sought to identify and understand the synergies they can establish between health promotion and wellness in aging. To take this task forward, they focused their attention on five axes: principles of health promotion, social representations of aging, the focus on gender in the analysis of aging and health, empowering and wellbeing of older adults, and healthy aging in place. In this work they start from a bio-psycho-social-environmental view of aging and present the contributions of the psychological view for promoting health in aging. At the end, a reflexive synthesis will be carried out on the topics covered and suggestions will be presented to improve the health and wellbeing of aging in place.

INTRODUCTION

Health and disease differ from person to person in their evolution towards well-being, in which the temperament assumed and the behavior adopted by them show the quality of their lifestyle and their resilience in the face of adversity. Since gestation that the best investment for the realization of human potential is the prevention of chronic noncommunicable diseases and the maximization of individual intrinsic capacities. These, however, depend of factors such as: the conditions of material life, a safe environment, good health practices, health and disease prevention, access to health care and encouragement to promote a healthy lifestyle and human flowering. Maintaining healthy behaviors and changing behaviors to achieve well-being becomes a daily challenge throughout the life cycle.

In today’s world, noncommunicable diseases (cardiovascular, oncological, musculoskeletal and mental) concern us more than the transmissible (infectious) diseases, since, in addition to other aspects to consider, they require a rapid adaptation by the individuals and their families, and the existence of social support. Special attention should be given to oncology and mental health because they are of paramount importance in contemporary society. In fact, chronic diseases are a known fact and when they are diagnosed they come to stay throughout the life cycle. The quality of life in its chronicity demands resolute and integrated care. Tobacco risks, glycemia, consumption, stress, burnout, bullying, mobbing, sedentary lifestyles, illiteracy in health, low flowering, food insecurity, social and environmental risks are realities with which we live.

With regard to the elderly the Constitution of the Portuguese Republic (CPR) safeguards the recognition of the dignity of the human person, in Article 72 of the CPR, under the heading “old age”, which states “the right to economic security and housing and family and community living conditions that respect their personal autonomy and avoid and overcome isolation or social marginalization,” such as the right to personal fulfillment and active participation in the life of the community. In terms of aging, Portugal is the 4th country in the European Union (among 28 countries) with the highest percentage of older people (European Commission, 2015), surpassed only by Greece, Germany and Italy. As far as Portugal is concerned, in 2015, life expectancy at birth was 77.4 years for men, while for women it was 83.2 years (PORDATA, 2016). These figures are very close to the European average (between 28 countries), 77.8 years for men and 83.3 years for women (European Commission, 2015).

In the face of the evidence we know that it is necessary to invest in behaviors of self-care, functional capacity and efforts to reduce the probability of a citizen dying before age 70, so we have to find the best strategies to achieve the goal and even overcome it by giving humans a longer life with quality of life. The promotion of functionality, the promotion of independence and the autonomy of older people, means promoting their health and well-being. That is why we have to design the future in an early and proactive way in which health and disease agents work together for the same goal, namely, people’s health, well-being and happiness.

Equity in health is understood as relevant from birth to the last event of life. Over the last forty years, efforts have been made in the declarations, commitments and agreements made by agents who wish to call for action at the global and local levels. Reaffirming the Declaration of Alma-Ata (1978), the “Astana Declaration” (WHO, 2018b) aims to strengthen primary health care so that universal access to health care is available. It therefore sets out commitments in four key areas: 1) Making bold policy choices for health in all sectors; 2) Building Sustainable Primary Health Care; 3) Empowering individuals and communities; and 4) Aligning stakeholder support to national policies, strategies and plans. This line of action also highlights the global movement that the World Health Organization (WHO) has created around Health Promotion. It is undoubtedly a worthy endeavor, not only because it is already in its 9th International Conference on Health Promotion, with the relevant theme “Promoting health in the Sustainable Development Goals: Health for all and all for health” (2016), but for the documents that have been produced and disseminated and for the accountability of health agents and decision makers worldwide. The “Shanghai Declaration” (2016b) reaffirmed the contribution of “Health Promotion” to “improving health” and “equity in health”. The relationship between “Health Promotion” and “Agenda 2030” at the level of “sustainable development” was strengthened and three pillars of Health Promotion were established: Good governance; Healthy cities; and Health Literacy.

Expanding salutogenesis involves paying attention to the relevance of positive health education, understood as the planning of activities that promote rewarding learning in the field of health and well-
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