

# HEALTHY LIFESTYLES AND AGEING

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- *HISTORY*
- Greeks, Romans, Jews, American Indigenous Peoples recognize illness is related to how people live.
- XIX Century Virchow: social medicine and living conditions, includes lifestyles and social determinants.
- M. Lalonde in 1974: large number of the problems of health of Canada are due to lifestyles.
- 1986 Ottawa Charter for Health Promotion



Life is  
a Challenge  
iFace it!

# **A GREAT CHALLENGE!**

## **Staying Healthy as an Ageing Adult**

Healthy Lifestyles are influential behavioral options: socioeconomic level, place where you live, physical space, culture, place of origin, history, religión, traditions, customs at home, tastes, education, etc.  
Example: Institution during an Israel visit.

Other Influences: Public Policies for Older Adults?  
Coverage by Social Services: Health, Economy (pensions), Educatiion. Do they exist in all countries?

# RELATIONS OF GENDER ON BEHAVIORS

- Men: macho manly remains strong, sexual function, work capacity, tobacco, alcohol, provider role.
- Women: Domestic work, care of older others, loving grandmother, some continue life as an active profesional.

No te rindas que la vida es eso,





# Health Promotion and Healthy Lifestyles

- 1. Individual level: health education, social communication, responsible and ethical scientific information.*
- 2. Collective level: health policies, social support, special cares, therapeutic groups, health diet, recreation, physical exercise, artistic activities*

**CREATING OPTIONS**  
**is**  
**The Most Important**



# A HOME MODEL FOR ACTIVE HEALTHY AGEING

- Nua Home, Medellín. Belgian Model
- **1. Geronto-architecture - Designing Space for Older Adults**
- **2. Pillars:**
  - Healthy Diets (planning and followup by nutritionists)
  - Physical Exercise (3 times each week and personalized)
  - Cognitive Conservation (music therapy, recreation, artistic activities, painting, drawing, music, cine. Each day 3 different activities)

Each activity has a cognitive intention, not only passing time but conserving and rehabilitating. (2 Groups based on autonomy).
- **3. Health Vigilance (Marti – surveillance?), medicine, nursing, social well-being.**



