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Healthy aging and wellness

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Abstract

This paper attempts to analyse the correlation between Healthy Aging and wellness in today's perspective. Healthy aging and wellness is one of the most significant matter of concern in the 21st century. In India, the number of adults over the age 60 is increasing rapidly. Disability and reduced quality of life and chronic disease disproportionately affect older adults. In fact, most of the aged are having at least one chronic disease. Fortunately, scientific evidence has shown that healthy aging can prevent, delay and minimize the severity of chronic diseases and disabilities later in life; thus improving personal health and reducing pressure on health care systems. Healthy aging is an evidence based approach to improving overall personal health and wellness, focusing on key areas like maintaining an active lifestyle, having a balanced diet, staying socially connected. Health and wellness for seniors involves a complex interplay of numerous factors, including personal choices, life events, good health policy, supportive environments, strong community action and a health system that contributes to the pursuit of health. Population aging is one of the most significant trends of the 21st century. As India prepares for the most expected growth in the number of seniors in the coming years and as the life span extends, healthy aging and wellness is important to maintain a positive attitude, to remain independent and maintain mobility. This review of literature concludes with the observation that the most proven way to accelerate your life's potential is to nurture the healthy ageing of your body. The sooner you start to optimise your health to support healthy ageing, the sooner you can start to turn back the clock. If you want to ensure your life is long, fruitful & filled with vitality & energy, take the steps today to live the life you most desire by being well and aging healthy.

Keywords: Healthy aging, wellness, chronic disease

Introduction

Healthy ageing depends on genetic, environmental and behavioural factors, as well as broader environmental and socioeconomic determinants. Some of these factors are within the control of the individual, usually referred to as lifestyle factors, and others are outside the individual's control. Social determinants of health, such as income and education, influence the choices that individuals can make and create life circumstances which limit opportunities for healthy lifestyle and create health inequalities. The WHO's Active ageing framework provides a useful model for understanding how social, personal and behavioural determinants interact with the physical environment and access to health services to enable or prevent active ageing.

A long-term study by the MacArthur Foundation found that 70 percent of physical aging and approximately 50 percent of mental aging is determined by lifestyle choices we make every day. Continued research into aging and wellness activities confirms those findings and shows how the dimensions of wellness could be keys to a longer life. It is seen that seniors with a positive view of their lives lived an average of 7.5 years longer than those with more negative views. Older adults who are physically active have lower mortality rates, higher levels of functional and cognitive health, and are less likely to have heart disease or Type 2 diabetes. Memory function in seniors can be improved by regularly doing tasks that require active engagement and that are challenging – like learning a new skill. Volunteering as a senior is associated with health benefits such as enhanced cognition, delayed physical disability, reduced risk of hypertension, lower mortality and an improved sense of well-being. Even religious and spiritual involvement can help with higher levels of well-being, lower rates of hypertension, fewer strokes and less pain from illnesses. One study estimates that religious involvement prolongs life by about 7 years. An active social life will help in better cardiovascular outcomes, greater immunity to infectious disease, less risk of depression and a longer life.

Therefore healthy aging promotes the vision of all individuals-regardless of age, socioeconomic status or health- fully engaging in life within all seven dimensions of wellness:

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emotional, environmental, intellectual/cognitive, physical, professional/vocational, social and spiritual.

Research Methodology

This paper is basically descriptive and analytical in nature. In this paper an attempt has been made to analyze that Healthy aging and wellness is an active process – which means it takes time and intentionality and It needs awareness – which means paying attention to the different aspects of your life. It requires choices – which means you're in the driver's seat. The data used in it is purely from secondary sources according to the need of the study.

Review of Literature

Healthy aging develops a realistic attitude about the process of growing older. research indicates that one's outlook on the aging process is associated with longevity. Levy, Slade, Kunkel, and Kasl (2002) ^[19] found that older adults with positive self-perceptions of aging lived

7.5 years longer than those with less positive self-perceptions of aging, even after controlling for age, gender, loneliness, socioeconomic status, and functional health. This is likely because individuals with positive views of older age are more likely to engage in preventive health behaviors (Levy & Myers, 2004) ^[16]. Therefore, surviving late into the life span may require an older person to believe that life continues to have value and is worth investing in. Levy, Slade, and Kasl (2002) ^[19] found that older adults possessing positive self-perceptions of aging reported better functional health up to 20 years later, even after controlling for key demographic variables.

Current wellness models lack a focus on one's age perception, likely due to using younger norm groups that may not have the same need for positive views of growing older. This is problematic because research indicates that societal ageism is increasing (Ng *et al.*, 2015). Older adults who internalize ageism have been shown to experience greater prevalence of Alzheimer's disease symptoms (Levy *et al.*, 2016) and premature death (Levy, Slade, Kunkel, & Kasl, 2002) ^[19]. On the contrary, possessing a positive perception of aging has been associated with a lower prevalence of suicidal ideation, anxiety, and posttraumatic stress disorder (Levy, Pilver, & Pietrzak, 2014) ^[17, 18]; improved strength, gait, and balance (Levy, Pilver, Chung, & Slade, 2014) ^[17, 18]; and a greater likelihood of recovery after the onset of disability (Levy, Slade, Murphy, & Gill, 2012). Therefore, healthy aging and wellness should be included in any framework that focuses specifically on older adulthood, and it should be operationalized as a person's ability to be realistic about the challenges associated with later life, imaginative about new ways of conceptualizing older adulthood, and hopeful in light of the growing awareness that older adults are resilient and possess many strengths (Fullen & Gorby, 2016) ^[9]. Cognitive wellness. Cognitive wellness incorporates the need for control, self-efficacy, and engagement in cognitive activities that promote brain health and lifelong learning. The term differs from intellectual wellness, which is included in many wellness models

(Roscoe, 2009) ^[20], but has not been as salient in studies on older adults (Foster & Levitov, 2012; Strout & Howard, 2015). Instead, cognitive wellness emphasizes the link between perceived control over circumstances and older adults' subjective well-being (George, 2010) ^[10].

Moreover, the term captures the population's interest in

cognitive exercise as a means of maintaining self-efficacy in regard to brain health. For example, 65% of older adults intentionally participate in activities to maintain their cognition, and those who deliberately engage in intellectual activities were found to have lower levels of cognitive impairment (Strout & Howard, 2012).

A related concept is coherence, meaning that one's circumstances are comprehensible, manageable, and meaningful (Wiesmann & Hannich, 2008). Coherence is correlated with better physical, social, and mental health (Tan, Vehviläinen-Julkunen, & Chan, 2014).

Evidence for coherence has been found in research indicating that individuals maintain psychological integrity in the face of adversity by positively using resources such as appraisal, coping, and social support to resist the impact of adverse situations (Tan *et al.*, 2014; Wiesmann & Hannich, 2008).

Resilience, or the ability to bounce back, is also associated with cognitive wellness. Resilience is a malleable trait (Fullen & Gorby, 2016; Manning, Carr, & Kail, 2016) ^[9], and perceiving oneself as resilient can enhance one's perception of having aged successfully (Jeste *et al.*, 2013). Studies have found that higher levels of resilience are associated with a reduced risk of mortality and fewer functional deficits, even after a negative health event (Manning *et al.*, 2016; Shen & Zeng, 2011) ^[1]. Moreover, previous research demonstrates that resilience serves as a potential buffer against internalized ageism among those 75 and older (Fullen *et al.*, 2018).

Physical wellness. George (2010) ^[10] reviewed several decades of research on aging and well-being and concluded that "Health is an important predictor of [subjective wellbeing] at all ages and the strongest predictor of [subjective wellbeing] during late life". For example, self-rated health is a strong predictor of mortality (Blazer, 2008) ^[3]. More recently, Foster and Levitov (2012) identified physical wellness as one of four key variables, and Fullen *et al.* (2018) found that physical wellness predicted lower levels of internalized ageism.

Physical wellness is inclusive of health considerations such as whether an individual has a disability, chronic illness, or chronic pain. For example, Snook and Oliver (2015) found that pain management was a key element of maintaining wellness among those living with a disability. Yet, physical wellness also includes diet and exercise, as well as the extent to which people perceive that they are caring for their physical well-being. It is interesting to note that subjective measures of physical health appear to be stronger predictors of subjective well-being than objective measures such as disability (Blazer, 2008; George, 2010) ^[3, 10]. The connection between subjective and objective health and well-being is also directly linked to age perception. As previous research shows, when older adults view themselves more negatively because of their age, they may be less likely to engage in preventive health behaviors (Levy & Myers, 2004) ^[16]. In a study in which physical wellness was operationalized as pertaining to diet and exercise, lower levels of physical wellness were found to be a significant predictor of negative age perception (Fullen *et al.*, 2018). These findings seem to corroborate previous research and strengthen the notion that perceiving oneself as physically well is both somewhat different from objective health or disability status and closely linked to perceptions of oneself as an older person.

Emotional wellness. Maintaining strong emotional health allows older adults to maintain hope and demonstrate resilience despite the challenges they face. Subjective well

being is a predictor of longevity (George, 2010)^[10], and higher levels of life satisfaction and perceptions of future happiness are associated with the development of fewer mobility limitations (Collins, Goldman, & Rodríguez, 2008). Traits such as positive affect (Blazer, 2008)^[3] and optimism have been shown to correlate with reduced physical morbidity (Jeste *et al.*, 2013), including both cardiovascular and all cause mortality. Broadly speaking, older adults experience high levels of affective well-being and emotional stability until their 70s or 80s (George, 2010)^[10].

Hopeful aging leads to and is supported by one's use of coping strategies during older adulthood. The combination of hoping and coping may increase subjective well-being through what George (2010)^[10] called discrepancy theory—the belief that a person's subjective well-being will be highest when there is low discrepancy between one's aspirations and achievements. There is evidence that quality of life is enhanced by the ability to cope, whether through attitudinal or social strategies, or the use of artistic expression (Fraser *et al.*, 2015). In fact, emotional wellness was found to be more positively associated with cognitive health than physical, social, spiritual, or intellectual wellness (Strout & Howard, 2015). In contrast, a sizable minority of older adults experience depression, anxiety, substance abuse, and risk of suicide. When older adults are dissatisfied with their lives, they are twice as likely to die in the next 10 years.

Spiritual wellness

Spiritual wellness encompasses the human need for meaning and purpose (Strout & Howard, 2012), as well as participation in both individual and communal spiritual and religious activities. Spiritual wellness includes both the use of religious coping practices and participation in communities that provide social support (Koenig, George, & Titus, 2004). Spiritual wellness was a significant predictor of cognitive health in older adults (Strout & Howard, 2015). Individuals in the last year of life who were deeply religious had better self-rated health, fewer depressive symptoms, and more interactions with friends (Idler, McLaughlin, & Kasl, 2009). Moreover, religious involvement has been positively associated with subjective well-being (George, 2010)^[10], increased social support (Koenig *et al.*, 2004), cognitive health (Strout & Howard, 2015), and subjective quality of life (Idler *et al.*, 2009).

The sense that life itself has meaning and direction has been associated with reduced risk of certain types of stroke, even after controlling for other vascular risk factors such as body mass index, smoking, diabetes, and blood pressure (Yu *et al.*, 2015). Similarly, Krause (2003) found that older adults who derive meaning from religion had higher ratings of life satisfaction, self-esteem, and optimism. These findings suggest that there is a synergistic relationship between spiritual wellness and other domains, such as emotional and relational wellness.

Relational wellness

This domain captures older adults' need for relationships with friends, partners, family members, and others. Although social wellness is commonly used in existing wellness frameworks, it is important to note the difference between socializing and developing meaningful relationships. Research shows that although living in a senior community provides access to other people, many older people experience loneliness while living in these communities (K.

B. Adams, Sanders, & Auth, 2004). Loneliness is an independent risk factor for depression, and relational wellness factors, such as grieving a recent loss, fewer recent visits from friends, and having a smaller social network, were predictors of loneliness. Therefore, merely socializing with others may not result in relational wellness.

Meaningful relationships are perceived as supportive (Blazer, 2008)^[3], provide a sense of mattering to others. For some people, a larger social network may predict greater relationship resources (Menkin, Robles, Gruenwald, Tanner, & Seeman, 2016), although other research suggests that older adults' social networks become narrower as they choose to invest in fewer but more emotionally meaningful relationships (Scheibe & Cartensen, 2010).

Perceived social support has been shown to strongly influence one's quality of life

(Blazer, 2008; George, 2010)^[10]. Specifically, it is important for older adults to sense that they have more than a couple of close relationships in which they feel encouraged, accepted, supported, and taken care of (Wiggins *et al.*, 2004). Similarly, research has found that older adults' well-being is positively associated with giving support to others (Thomas, 2010). In fact, giving support was more strongly associated with well-being than was receiving support, except when support was received from a sibling or spouse. Regarding key social relationships, both marriage and friendships are associated with quality of life, whereas relationships with adult children are not directly correlated (George, 2010)^[10].

Conclusion

Healthy Aging affects ones wellness all aspects

This includes how positively you feel about yourself and your life, the ability to manage your feelings, coping with stress and realistically assessing your limitations. Understanding your body and its relationship to nutrition and physical activity, but it's also about taking responsibility for your health, paying attention to your body's warning signs and seeking medical help when necessary.

Expanding your knowledge and skills through creative, stimulating mental activities. It contributes to your unique skills and gifts to work that is rewarding and meaningful to you. It can mean working at a job, but it also means developing new skills, volunteering, mentoring, teaching or coaching others.

It assists in recognizing the search for meaning and purpose, developing an appreciation for life and the world around you, and letting your actions become more consistent with your values and beliefs. Last but not the least it contributes to the community and environment when making choices to build better personal relationships, a better living space and a better community.

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