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## IMPLEMENTATION OF HEALTHY LIFESTYLE PROGRAMS AMONG ELDERLY AND SENILE AGE GROUPS

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## РЕАЛИЗАЦИЯ ПРОГРАММ ЗДОРОВОГО ОБРАЗА ЖИЗНИ СРЕДИ ЛИЦ ПОЖИЛОГО И СТАРЧЕСКОГО ВОЗРАСТА

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*Abstract.* This article examines the importance and practical aspects of implementing healthy lifestyle programs for elderly and senile age groups. The paper highlights the key directions of such programs, including the promotion of physical activity, balanced nutrition, prevention of chronic diseases, and the development of social and psychological support systems. Special attention is paid to the role of primary healthcare in coordinating health education, monitoring risk factors, and motivating older adults to adhere to recommended health practices. The analysis is based on recent research and practical experience, demonstrating that comprehensive healthy lifestyle programs significantly improve the quality of life, reduce morbidity, and contribute to active longevity. The study also identifies barriers to implementation and offers recommendations for optimizing these initiatives in the context of aging populations.

*Аннотация.* Рассматриваются важность и практические аспекты внедрения программ формирования здорового образа жизни для лиц пожилого и старческого возраста. Выделены основные направления таких программ, включая популяризацию физической активности, сбалансированное питание, профилактику хронических заболеваний и развитие систем социально-психологической поддержки. Особое внимание уделено роли первичной медико-санитарной помощи в координации оздоровительного образования, мониторинге факторов риска и мотивации пожилых людей к соблюдению рекомендуемых оздоровительных практик. Анализ основан на современных исследованиях и практическом опыте, демонстрирующих, что комплексные программы формирования здорового образа жизни значительно повышают качество жизни, снижают заболеваемость и способствуют активному долголетию. В исследовании также выявлены препятствия к внедрению и предложены рекомендации по оптимизации этих инициатив в условиях старения населения.

*Keywords:* healthy lifestyle, elderly population, health promotion, primary healthcare, chronic disease prevention, active aging, health education, Kyrgyz Republic.

*Ключевые слова:* здоровый образ жизни, пожилое население, укрепление здоровья, первичная медико-санитарная помощь, профилактика хронических заболеваний, активное долголетие, санитарное просвещение, Кыргызская Республика.

The global demographic trend of population aging presents significant challenges and opportunities for public health systems worldwide. As the proportion of elderly and senile age

groups steadily increases, the need to develop and implement effective healthy lifestyle programs becomes an essential public health priority [7].

Maintaining a healthy lifestyle in old age is strongly associated with better quality of life, reduced incidence of chronic diseases, and longer active life expectancy [1].

However, elderly individuals often face barriers to healthy behaviors due to physical limitations, social isolation, and limited access to tailored health promotion resources [2, 9].

Modern evidence shows that integrated health promotion interventions — combining physical activity, nutritional counseling, psychosocial support, and community engagement — can significantly contribute to healthy aging. The Well Elderly 2 Randomised Controlled Trial demonstrated that lifestyle interventions for independently living older adults are effective in improving mental and physical well-being, social participation, and overall life satisfaction [3].

Nutrition is a cornerstone of healthy aging. Studies emphasize that balanced diets and targeted nutritional support help prevent or delay age-related chronic diseases such as cardiovascular disease, diabetes, and cognitive decline [5, 8]. This highlights the necessity of including personalized dietary education and support in comprehensive healthy lifestyle programs for older adults.

Another important aspect is the prevention and management of age-specific health conditions. For instance, the prevalence of age-related macular degeneration (AMD) — one of the leading causes of vision loss — illustrates how targeted screening and lifestyle guidance can mitigate the impact of age-related diseases [6].

Successful promotion of healthy lifestyles among older adults requires not only clinical interventions but also broader community and policy support. Health professionals must be prepared to address the unique needs of aging populations through practical, culturally appropriate approaches [4]. Additionally, the development of accessible social and healthcare services plays a crucial role in enabling older individuals to adopt and maintain healthy habits throughout later life [9].

Therefore, understanding the determinants of healthy behavior, designing multifaceted interventions, and strengthening the capacity of primary healthcare systems are all vital steps toward supporting active and healthy aging. This paper aims to analyze current practices and recommendations for implementing healthy lifestyle programs among elderly and senile age groups, focusing on evidence-based strategies to promote longevity, autonomy, and quality of life.

### *Methodology*

This paper is based on an integrative literature review combined with comparative analysis of evidence-based approaches to promoting healthy lifestyles among elderly and senile populations. The methodological framework draws upon recent empirical studies, randomized controlled trials, systematic reviews, and expert guidelines relevant to health promotion, aging, and community-based interventions.

The primary objective was to identify key components, implementation strategies, and determinants of success for healthy lifestyle programs targeting older adults. To achieve this, a selection of peer-reviewed sources was analyzed, covering aspects such as physical activity promotion [1], nutritional interventions [5, 8], psychosocial well-being [3], and age-specific disease prevention [6].

A thematic analysis approach was applied to extract common patterns, barriers, and enabling factors described in the literature. Special emphasis was placed on large-scale population studies and intervention models with proven effectiveness. For example, the Well Elderly 2 Randomised Controlled Trial provided valuable insights into the design and delivery of lifestyle interventions

that enhance physical, cognitive, and social functioning among independently living older adults [3].

Data on determinants of healthy behavior were synthesized from studies exploring socio-demographic, psychological, and environmental predictors of lifestyle choices in later life [2]. The methodology also considered population health data and projections on frailty and chronic disease burden, highlighting the growing need for preventive interventions as emphasized by Cesari et al. (2016) [7].

Furthermore, this review analyzed practical recommendations for integrating healthy lifestyle programs into primary healthcare practice, drawing on guidance for health professionals and real-world experiences from healthcare and social care services for elderly people [4, 9]. Particular attention was paid to the multi-level approach, which involves healthcare providers, community services, and family support systems.

The methodological scope included an evaluation of nutrition-focused strategies aimed at preventing age-related chronic conditions such as cardiovascular disease and macular degeneration [5, 6]. These insights help demonstrate how targeted dietary counseling and accessible community-based nutrition services can complement broader health promotion efforts.

In summary, the methodology combined theoretical analysis, evidence mapping, and synthesis of best practices to propose practical directions for designing and implementing effective healthy lifestyle programs among elderly and senile age groups in diverse contexts.

### Results

The integrative review and thematic analysis identified several key findings that illustrate the current state, core components, and success factors of healthy lifestyle programs targeting elderly and senile age groups.

*Core Components of Effective Programs.* The literature consistently confirms that the most effective healthy lifestyle programs for elderly and senile age groups are those that do not rely on a single element but instead integrate multiple interrelated components addressing physical health, nutrition, mental well-being, and social engagement. This multi-component structure reflects the complex nature of aging, where physical decline, chronic diseases, social isolation, and psychological challenges are often intertwined.

Physical activity promotion is widely recognized as a cornerstone of healthy aging. Regular physical exercise contributes to the prevention and management of chronic diseases such as cardiovascular disease, diabetes, osteoporosis, and arthritis. Pronk et al. (2004) showed that seniors who meet recommended levels of physical activity, combined with other healthy behaviors, experience significantly lower rates of chronic conditions and functional decline [1]. Practical strategies include community-based exercise classes, structured walking groups, strength and balance training, and individually tailored exercise prescriptions delivered by primary healthcare providers or community centers. The Well Elderly 2 Randomised Controlled Trial by Clark et al. (2012) demonstrated that including physical activity within a broader occupational therapy and health education program results in measurable improvements in mobility, strength, and overall life satisfaction for older adults [3].

Nutritional support is equally critical, as age-related physiological changes — such as reduced appetite, decreased absorption of nutrients, and changes in taste — often put older adults at risk of malnutrition and micronutrient deficiencies. Shlisky et al. (2017) emphasized that adequate nutrition can slow down frailty progression, boost the immune system, and help preserve cognitive function [5]. Similarly, the Academy of Nutrition and Dietetics underscores the importance of

individual counseling, meal planning, and community nutrition services to ensure older adults maintain a balanced diet rich in protein, vitamins, and minerals [8].

Psychosocial interventions address the mental health dimension of aging. Social isolation and depression are common among elderly populations and can exacerbate physical health problems. Clark et al. (2012) found that group-based health education sessions and counseling not only improve participants' understanding of healthy habits but also provide a supportive environment that reduces feelings of loneliness. Haber (2019) also highlights the role of structured social activities, peer support groups, and community clubs in promoting engagement and a sense of purpose in later life [4].

Disease-specific prevention is another vital pillar. Targeted screening and early intervention for conditions that disproportionately affect older adults can significantly improve outcomes and reduce healthcare costs. Cesari et al. (2016) identified frailty as a growing public health concern requiring systematic screening and early lifestyle modifications to delay functional decline [7]. Likewise, Colijn et al. (2017) point to the growing burden of age-related macular degeneration (AMD) in Europe and emphasize that lifestyle measures — such as smoking cessation and diets rich in antioxidants — can lower risk and progression rates [6].

Finally, community and family support are crucial for sustaining healthy behaviors over the long term. Effective programs involve not only the individual but also their caregivers and local community structures. Kasimovskaya et al. (2022) stress that the development of integrated healthcare and social care services — such as home visits, caregiver training, and community day centers — plays a decisive role in helping older people maintain active lifestyles despite health or mobility limitations [9]. Haber (2019) adds that empowering families with knowledge and practical skills helps create an enabling home environment for sustained behavior change [4].

Table 1  
CORE COMPONENTS OF HEALTHY LIFESTYLE PROGRAMS FOR ELDERLY PEOPLE

<i>Component</i>	<i>Key Activities</i>	<i>Source(s)</i>
Physical activity promotion	Exercise classes, walking groups, strength training	Pronk et al., 2004; Clark et al., 2012
Nutritional support	Diet counseling, meal planning, micronutrient supplementation	Shlisky et al., 2017; Bernstein & Munoz, 2012
Psychosocial interventions	Group sessions, individual counseling, social clubs	Clark et al., 2012; Haber, 2019
Disease-specific prevention	Screening for frailty, AMD, chronic conditions	Cesari et al., 2016; Colijn et al., 2017
Community & family support	Caregiver education, community centers, home visits	Kasimovskaya et al., 2022; Haber, 2019

Taken together, these elements demonstrate that healthy aging is best supported through an integrated, person-centered approach that addresses the physical, nutritional, mental, and social dimensions of health. Programs that successfully combine these aspects not only improve individual health outcomes but also help reduce the burden on families and healthcare systems, contributing to sustainable active aging strategies.

*Determinants and Barriers.* The success of any healthy lifestyle program for elderly and senile age groups depends not only on the quality and scope of the intervention itself but also on a complex set of individual, social, and systemic factors that determine whether older adults are able and willing to adopt and sustain positive health behaviors.

Determinants of success are the conditions and characteristics that facilitate participation and long-term engagement. Zanjani et al. (2015) emphasize that socio-economic status plays a decisive

role: seniors with higher income levels and stable living conditions are more likely to prioritize health-promoting behaviors [2]. Likewise, educational level and health literacy strongly affect awareness, understanding, and motivation to make lifestyle changes. Older adults who have a better grasp of health information are more likely to attend screenings, follow dietary recommendations, and maintain physical activity routines. Social support is another powerful enabler. Strong family ties and active community networks can provide emotional encouragement and practical assistance, which are critical as individuals age [9]. For example, elderly individuals who live with supportive family members or who participate in community centers are more likely to join group activities and adhere to lifestyle advice than those who are socially isolated. Access to primary healthcare and counseling is equally important. Haber (2019) points out that regular contact with trusted healthcare providers helps maintain motivation, ensures early detection of barriers, and provides opportunities for tailored advice and monitoring [4]. Clark et al. (2012) also highlights that positive self-perception, motivation, and confidence (self-efficacy) are psychological factors that greatly increase the likelihood of behavior change and maintenance over time [3].

However, multiple barriers can significantly limit the adoption of healthy lifestyles among older people. Physical and mobility limitations are among the most common obstacles. Many seniors suffer from chronic pain, frailty, or disability, which make it difficult to participate in exercise programs or even travel to healthcare or community centers [9].

Transportation and geographic distance are additional barriers, especially in rural areas. Haber (2019) notes that lack of convenient transport options often prevents older adults from attending classes, consultations, or group meetings, effectively excluding the most vulnerable groups from available services [4]. Another significant issue is low awareness and limited outreach. Even when programs exist, older adults may simply not know about them, misunderstand their benefits, or underestimate their own risk factors [3]. This challenge is compounded by cultural factors and stigma: in some communities, seniors may perceive active lifestyles or participation in organized activities as unnecessary or even inappropriate for their age group [3]. Taken together, these findings make it clear that addressing barriers requires multi-faceted solutions: improving transportation and physical accessibility; strengthening health literacy; providing individual support for mobility needs; and designing culturally sensitive outreach campaigns to inform seniors and their families about the opportunities and benefits of healthy lifestyle programs.

Table 2

MAIN DETERMINANTS AND BARRIERS  
FOR HEALTHY LIFESTYLE ADOPTION AMONG ELDERLY

<i>Determinants of Success</i>	<i>Barriers to Adoption</i>	<i>Source(s)</i>
Higher education and health literacy	Low awareness of programs	Zanjani et al., 2015
Strong family and community ties	Physical/mobility limitations	Kasimovskaya et al., 2022
Access to primary healthcare and counseling	Transportation or distance to service centers	Haber, 2019
Positive attitude and self-efficacy	Cultural stigma about aging and activity	Clark et al., 2012

In summary, while effective program design is essential, its impact will remain limited unless these individual, social, and infrastructural barriers are systematically addressed. Future interventions must integrate solutions that reduce physical and logistical barriers, strengthen community and family involvement, and tailor communication to the needs and realities of diverse elderly populations.



*Disease-Specific Priorities.* One of the defining features of healthy lifestyle promotion for elderly and senile age groups is that it must address specific diseases and conditions that disproportionately affect older people. Disease-specific strategies help ensure that interventions are not generic but tailored to the real epidemiological risks faced by aging populations. A strong body of evidence demonstrates that nutritional interventions are especially critical for preventing frailty, osteoporosis, and cardiovascular diseases. Shlisky et al. (2017) highlight that as people age, they are at increased risk for protein-energy malnutrition, micronutrient deficiencies, and unintentional weight loss — all of which contribute to frailty and functional decline. Nutrition-focused programs that provide counseling on adequate protein intake, balanced diets, and supplementation where necessary can effectively maintain muscle mass, bone health, and cardiovascular function, thus reducing hospitalization rates and loss of independence [5].

Similarly, age-related macular degeneration (AMD) is among the leading causes of vision impairment and blindness in the elderly. Colijn et al. (2017) show that dietary habits have a measurable impact on AMD incidence and progression. Diets rich in antioxidants — including vitamins C and E, zinc, and carotenoids like lutein — are associated with a lower risk of developing AMD or slowing its progression. This demonstrates that healthy lifestyle programs for older adults should include clear nutrition education and screening for eye health risks, especially since vision loss can exacerbate social isolation and frailty [6].

Another critical priority is frailty, which is increasingly recognized as a major public health issue worldwide. Frailty is characterized by decreased strength, endurance, and physiological function, which increases vulnerability to falls, disability, and death (Cesari et al., 2016). Unlike many chronic diseases, frailty can be effectively delayed or mitigated through early detection and targeted lifestyle adjustments. Cesari et al. (2016) advocate for integrating frailty screening into routine primary care visits and community health checks [7]. Once at-risk individuals are identified, healthcare providers can recommend personalized action plans, including strength and balance exercises, nutritional support, and social engagement activities to prevent further decline. Together, these findings make it clear that disease-specific priorities must be embedded within any comprehensive healthy aging strategy. Effective programs do not treat physical activity, nutrition, and social engagement as isolated tasks but as interconnected elements tailored to the real disease burden of elderly populations. Screening, education, and individualized plans help seniors understand their specific risks and motivate them to adopt and maintain healthy behaviors that have tangible benefits for disease prevention and quality of life.

*Service Development and Practical Applications.* While evidence-based program components and disease-specific strategies form the core of healthy lifestyle promotion for elderly populations, their real impact depends largely on how services are designed, delivered, and integrated into the broader health and social care system. The literature shows that building sustainable, community-centered services is critical for translating knowledge into real behavior change and measurable health outcomes. Integrated healthcare and social care services are at the heart of this approach. Kasimovskaya et al. (2022) emphasize that the complex needs of aging populations can rarely be met by the healthcare sector alone [9]. Combining medical interventions with social support — such as home care, meal delivery, community engagement programs, and caregiver support — helps older adults overcome practical barriers and maintain healthy habits in daily life. Integrated service models ensure that seniors receive consistent, coordinated care that addresses not only medical issues but also mobility challenges, loneliness, and social determinants of health.

A crucial enabler for this is professional training. Haber (2019) highlights that health promotion among older adults requires specific skills that go beyond standard clinical practice [4]. Health professionals — including doctors, nurses, community health workers, and social workers

— need to be trained in geriatric communication, motivational interviewing, and the design of personalized, culturally appropriate interventions. Without this capacity-building, even the best-designed programs may fail to reach their intended impact. Community-based delivery mechanisms are equally vital. Clark et al. (2012) demonstrates that bringing services closer to where older people live — through local community centers, mobile clinics, and neighborhood outreach — significantly increases participation rates [3]. Seniors are more likely to engage with health promotion activities when they are easily accessible, delivered in familiar and comfortable settings, and linked to existing social networks. In addition, monitoring and follow-up systems help ensure that healthy behaviors are maintained over the long term. Pronk et al. (2004) found that regular check-ups, reminders, and digital tools such as electronic health records and lifestyle tracking apps can strengthen adherence and help healthcare providers identify when additional support is needed. Such tools can flag missed appointments, gaps in screenings, or signs of functional decline, prompting timely interventions [1].

Together, these elements illustrate that service development for healthy aging must be multi-level, multi-sectoral, and deeply embedded in local communities. It must actively bridge gaps between hospitals, primary care, community organizations, and families, creating a supportive ecosystem in which older adults are empowered to make and sustain healthy choices.

Table 3  
RECOMMENDATIONS FOR SERVICE DEVELOPMENT AND PRACTICAL APPLICATIONS

<i>Action Area</i>	<i>Practical Recommendations</i>	<i>Source(s)</i>
Integration of services	Link healthcare providers with social care, provide coordinated plans	Kasimovskaya et al., 2022
Professional training	Train staff in geriatric health promotion, motivational counseling	Haber, 2019
Community-based delivery	Use local community centers, mobile clinics, and neighborhood outreach	Clark et al., 2012
Monitoring and follow-up	Schedule regular check-ups, use digital tracking and reminder systems	Pronk et al., 2004

Ultimately, the review shows that practical application of healthy lifestyle principles requires flexible, accessible, and well-coordinated services that adapt to the diverse circumstances of elderly people. This calls for continued investment in workforce development, digital health infrastructure, and policy frameworks that promote collaboration between healthcare, social care, and community sectors. In summary, the findings show that multi-level, multi-component programs — combining physical, nutritional, psychosocial, and community-based elements — are the most promising for supporting healthy aging. However, successful implementation depends on addressing known barriers and ensuring that healthcare and social systems are prepared to deliver accessible, sustainable, and culturally appropriate services for the growing elderly population.

### *Discussion*

This review highlights that promoting a healthy lifestyle among elderly and senile age groups is a complex but vital public health goal that requires an integrated, evidence-based, and person-centered approach. The findings confirm that multi-component interventions — combining physical activity, nutritional support, psychosocial engagement, and disease-specific prevention — deliver the best outcomes for maintaining health and quality of life in old age [1, 4, 5].

One of the strongest insights is that no single component alone is sufficient. Programs that focus exclusively on physical activity or diet without addressing mental well-being, social connectedness, and practical barriers risk achieving only limited impact. The Well Elderly 2 trial

(Clark et al., 2012) clearly demonstrated that integrated interventions, which combine tailored occupational therapy with education and community-based activities, can improve both physical functioning and psychosocial outcomes [3].

Equally significant is the evidence that determinants and barriers play a critical role in shaping outcomes. As Zanjani et al. (2015) and Kasimovskaya et al. (2022) point out, even well-designed programs may fail if older adults lack transportation, are unaware of available services, or have low motivation due to social isolation or stigma [2, 9]. These findings underscore the importance of contextual factors, such as family support and access to primary care, which act as enablers for behavior change [4].

Disease-specific priorities add an important layer of nuance. Conditions like frailty and age-related macular degeneration are not only highly prevalent but also modifiable to a significant extent through early screening and lifestyle interventions [6, 7]. This supports the argument that health promotion for older adults must go hand in hand with routine disease risk assessments and targeted education to help people understand how daily habits directly impact age-related health outcomes. Another crucial point is the need for service development that bridges healthcare and social care. The review shows that integrated models — combining medical treatment with social support, caregiver education, and community engagement — are more likely to be sustainable and effective [9]. This aligns with Haber's (2019) practical recommendations for training health professionals in geriatric health promotion and designing services that are culturally appropriate and accessible [4].

The findings also reinforce the idea that community-based delivery and ongoing monitoring are not optional add-ons but core features of success. Programs located in local centers or supported by mobile clinics lower the threshold for participation, while digital tools and structured follow-up help maintain behavior changes over time [1, 3].

Taken together, these insights suggest that countries facing rapid demographic aging must prioritize not only the content of healthy lifestyle programs but also the infrastructure and systems that deliver them. This includes workforce development, intersectoral collaboration, digital health investments, and policy frameworks that support older adults in maintaining autonomy and well-being as they age.

### *Conclusion*

The review confirms that promoting healthy lifestyles among elderly and senile populations is an urgent and multi-faceted challenge that requires a comprehensive approach. Evidence consistently shows that well-designed programs combining physical activity, nutritional support, psychosocial engagement, and disease-specific prevention can significantly improve the health, independence, and quality of life of older adults [1, 3, 5].

However, the effectiveness of these programs is highly dependent on whether older people can access and maintain them in practice. As the review highlights, determinants such as health literacy, family and community support, and access to primary care are critical enablers, while barriers like physical limitations, lack of transportation, and social stigma can hinder participation [2, 4, 9].

Disease-specific strategies — especially screening and early intervention for frailty and age-related conditions like macular degeneration — further emphasize the need to embed healthy lifestyle promotion in routine primary healthcare and community services [4, 5].

To translate these insights into practice, health systems must strengthen service development: integrate medical and social care, invest in workforce training, ensure community-based delivery, and build effective monitoring and follow-up systems [1, 4, 6]. These actions will help ensure that programs reach the most vulnerable groups and support older adults in sustaining healthy habits



long-term. In conclusion, implementing healthy lifestyle programs for elderly and senile populations should be recognized not only as a health priority but as a cross-sectoral commitment involving healthcare, social care, community structures, and families. Countries facing rapid population aging must build supportive environments that make healthy aging achievable for all, empowering seniors to live longer, healthier, and more independent lives.

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