













Shining in the Golden Age: Social Transformation through the Project 'Aging with Quality' in the Community of Older Adults of Villa Gloria - Cartagena

Brillando en la Edad Dorada: Transformación Social a través del Proyecto 'Envejeciendo con Calidad' en la Comunidad de Adultos Mayores de Villa Gloria - Cartagena

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ABSTRACT

Introduction: this project aimed to improve the quality of life of older adults in Villa Gloria by promoting healthy lifestyles in a family context. Faced with the challenge of an aging population, the project sought to promote active aging by strengthening physical, emotional, and social health and improving family ties.

Methodology: the methodology applied was participatory and systematic, based on the diagnosis of needs and resources, followed by the design and implementation of educational and social support activities.

Results: the results show improvements in the healthy habits of older adults and an increase in participation in social activities. In addition, family ties were strengthened, contributing to greater community well-being. An outreach product was developed for family members and caregivers, in line with local and national development objectives.

Conclusions: in conclusion, the effectiveness of interventions based on the promotion of healthy lifestyles and family support is highlighted, underscoring the need to continue these programs to address the challenges of population aging and promote active and fulfilling aging.

Keywords: Adults, ageing, family, life styles, old age, quality of life, well-being

JEL Classification: H75, I10.

RESUMEN

Introducción: este proyecto tuvo como objetivo mejorar la calidad de vida de los adultos mayores de Villa Gloria, a través de la promoción de estilos de vida saludables en un contexto familiar. Frente al desafío del envejecimiento poblacional, el proyecto buscó fomentar un envejecimiento activo, fortaleciendo la salud física, emocional y social, y mejorando los vínculos familiares.

Metodología: la metodología aplicada fue participativa y sistemática, basada en el diagnóstico de necesidades y recursos, seguida por el diseño e implementación de actividades educativas y de apoyo social.

Resultados: los resultados evidencian mejoras en los hábitos saludables de los adultos mayores y un aumento en la participación en actividades sociales. Además, se fortalecieron los lazos familiares, contribuyendo a un mayor bienestar comunitario. Un producto de divulgación fue desarrollado para familiares y cuidadores, alineándose con los objetivos locales y nacionales de desarrollo.

Conclusiones: en conclusión, se resalta la efectividad de las intervenciones basadas en la promoción de estilos de vida saludables y en el apoyo familiar, subrayando la necesidad de continuar con estos programas para afrontar los retos del envejecimiento poblacional y fomentar un envejecimiento activo y satisfactorio.

Palabras clave: Adulto, bienestar, calidad de vida, familia, envejecimiento, estilo de vida, vejez

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INTRODUCTION

La Boquilla is a district north of Cartagena de Indias. It has a population of approximately 16,500 inhabitants, mostly settled in the urban area, which is made up of 14 sectors, including Marlinda, Villa Gloria, and El Manglar (Espinosa Díaz, 2023; Observatorio de Territorios Étnicos y Campesinos (OTEC), 2021). Despite its proximity to the city's tourist destinations, such as the "beach of the poor," this sector faces extreme poverty and a lack of basic services. Life in Villa Gloria contrasts with the tourist image of Cartagena, reflecting a scenario marked by marginalization, lack of infrastructure, and the persistent struggle against poverty.

The inhabitants of Villa Gloria face multiple challenges, from a lack of access to health and basic sanitation services to the constant threat of eviction due to development projects in the area. The community, which is mostly Afro-Colombian, has been established in this area for more than 18 years, resisting external pressure and fighting for their rights (Quiroga Manrique et al., 2025). The precarious living conditions, characterized by vulnerable housing and a lack of disease prevention measures, raise serious concerns in terms of public health and general well-being.

The situation in Villa Gloria reflects the social and economic disparity that persists in Cartagena, where tourism growth does not translate into significant improvements for the most marginalized sectors. The lack of drinking water, coupled with the rising cost of transportation due to periodic flooding, further exacerbates the vulnerability of this community (Espinosa-Díaz, 2024). In this context, the voices of residents are urgently calling for humanitarian aid and concrete measures to meet the basic needs of the population of Villa Gloria (Colombia Informa, 2014).

In this area of aggressive development by tourism companies, older adults live alongside younger generations. On the other hand, when looking deeper into their family composition, economic deprivation, mental, emotional, and physical health issues, and conditions such as high blood pressure, diabetes, and arthritis can be found. This coexistence exposes a unique intersection between population aging and the daily struggle for survival, where the lack of resources and basic services is intertwined with intergenerational support and community resilience (Angarita et al., 2022; CEPAL, 2018).

Based on this current situation, this project was developed for older adults and their families. The project was organized through an in-depth assessment, joint design, and implementation of activities aimed at improving self-care and promoting healthy lifestyles. Ultimately, the goal was to encourage quality aging through community intervention. These actions involve volunteer students, teachers, and partners such as non-governmental organizations and public entities, which fulfill the university's social responsibility and contribute to the achievement of goals established in local and national development plans.

METHODOLOGY

This social intervention project was based on a systematic methodology grounded in participatory research approaches, specifically the RAP (Research, Action, and Participation) methodology (De Oliveira, 2023). This methodology seeks to involve community members as active agents of change in the research process, rather than simply considering them as objects of study. In this way, meaningful and empowering community participation is encouraged in identifying and addressing their own needs.

In addition, the project uses a participatory approach, diagnosing needs and resources, to subsequently design and implement educational and social support activities. This is carried out through the UNYCO (University and Community) program, provided by the Higher Education Institution responsible for the project.

This methodology organizes and presents information in a structured manner, following five clearly defined phases. In the preparatory phase, initial contact is established with the community. The diagnostic phase involves identifying and analyzing the background of the problem. In the strategy development phase, planned activities are carried out in response to the identified needs. The monitoring and evaluation phase allows for tracking the progress and results of the interventions. Finally, in the systematization phase, the information gathered is documented, including visual evidence such as photographs, for a more complete understanding and subsequent reflection on the process. The impact of these actions was evaluated using qualitative and quantitative methods, allowing for the integration of the results obtained.

The project was developed in collaboration with the community of Villa Gloria and its 50 older adults, applying the different phases of the program. To ensure the effective participation of older adults, an easy-to-understand

self-administered survey was designed, consisting of a section containing sociodemographic variables and another section, the Ryff scale (1989), which provided valuable information on psychological well-being at this stage of life.

This scale is based on a theoretical model that identifies six key dimensions of psychological well-being: self-acceptance, positive relationships with others, autonomy, mastery of the environment, purpose in life, and personal growth. It consists of 39 items rated on a Likert scale from 1 to 6, where 1 indicates strong disagreement and 6 indicates strong agreement with the statements. Each item is designed to measure one of the six dimensions mentioned above (Blasco-Belled & Alsinet, 2022).

By assessing these six dimensions of well-being, it was possible to identify both strengths and areas that need special attention. Special care was taken to ensure that participants were fully aware and oriented in all three spheres (personal, temporal, and spatial), in addition to obtaining their informed consent voluntarily. This document detailed the objectives and purposes of the project.

The quantitative data collected through the survey were analyzed using SPSS software (version 27.0), while the qualitative data were examined using a phenomenological and hermeneutic approach (Folgueiras Bertomeu & Sandín Esteban, 2023). This approach allowed for a deep understanding of the experiences, perceptions, and meanings underlying the participants' responses, thus enriching the interpretation of the findings. Finally, the authors wish to highlight that the dissemination product intended for family members and caregivers and the Book of Memories that originated from this intervention project each have their own methodology.

RESULTS AND DISCUSSION

The project was developed in each of the stages of the UNYCO Program. In the preparatory phase, initial contact was established with the community through a partnership with an NGO that has a presence and acceptance in the area, followed by ongoing conversations with social leaders in the village.

In the diagnostic phase, the first visit was made and contact was established with the target population, consisting of 50 older adults in the village of Villa Gloria, Cartagena. The project was explained, and the population voluntarily agreed to participate in the project, expressing their consent verbally and in writing by signing an informed consent form. In addition, the instrument was applied with its two sections (sociodemographic and Ryff scale), highlighting key areas where efforts can be focused to improve the quality of life of older adults in this specific population, from health and education to economic and social support (table 1).

Table 1.
Sociodemographic Status of Older Adults in Villa Gloria

Variables	Categories	Frequency	Percentage
Age (Years)	60 - 65 Years	24	47.36
	66 - 70 Years	21	42.11
	71 - 75 Years	0	0
	76 - 80 Years	5	10.52
Gender	Male	13	26.31
	Female	37	73.68
Marital status	Single	13	26.31
	Married	8	15.75
	Common-law	18	36.84
	Widowed	11	21.1
Social class	Stratum 1	50	100
Level of education	None	13	26.31
	Primary education completed	18	36.84
	High school incomplete	0	0
	High school completed	11	21
	Technical	5	10.58
	Technologist	3	5.26

Origin	Urban	29	57.9
	Rural	21	42.10
Employment status	Unemployed	34	68.40
	Employed	8	15.8
	Self-employed	8	15.8
	Retired	0	0
Type of affiliation	Subsidized	50	100
Financial dependency	A family member	12	26.31
	Their job	24	47.33
	A subsidy	3	5.26
	No one	11	21.1

When analyzing table 1, it can be seen that:

- The majority of the population is female (73.68%), which could indicate a longer life expectancy among women in this community or a greater willingness among women to participate in the study.
- Almost half of those surveyed are in the 60 to 65 age range (47.36%), followed by the 66 to 70 age group (42.11%). This suggests that most older adults in this population are relatively young within the senior citizen spectrum. Only a small percentage (10.52%) are between 76 and 80 years old, which could reflect a lower life expectancy or lower representation of this group.
- A significant proportion are in common-law unions (36.84%), followed by single (26.31%) and widowed (21.1%). Only 15.78% are married, which could indicate trends in personal and family relationships among older adults.
- 100% of the population belongs to stratum 1, indicating that all respondents are at the lowest socioeconomic level, which reflects economic needs, access to services, and quality of life.
- A considerable proportion have completed primary education (36.84%), but a significant proportion have not attended school (26.31%). A smaller percentage have completed secondary education (21.1%), while very few have technical (10.52%) or technological (5.26%) education. This suggests relatively low levels of education in this population.
- Most of the respondents come from urban areas (57.9%), while 42.1% come from rural areas. This distribution may influence the socioeconomic and cultural needs and characteristics of the population.
- The majority are unemployed (68.42%), which may indicate a high rate of unemployment or retirement among older adults. The percentages of those with dependent (15.8%) and independent (15.8%) employment are equal, showing diversity in the forms of employment among the few who are working.
- All respondents are in the subsidized regime, indicating that they depend on government support for their health care, reflecting the economic vulnerability of the population.
- There is considerable variability in the number of children, with 21.1% having four children and various lower percentages for different numbers of children. This may influence family support and the support network available to older adults.

The situation described reflects a series of significant challenges for the population surveyed, characterized by a predominance of women, a majority of relatively young older adults, and a considerable percentage of unemployed individuals. Low educational levels, dependence on government health services, and the predominance of the lowest socioeconomic stratum underscore the vulnerability of this community. This picture is consistent with the findings of the Cartagena Quality of Life Report (Cartagena Cómo Vamos, 2022), which shows that the city has regressed in its main challenge: overcoming poverty. The similarity between these findings and the broader report underscores the urgent need for policies and programs focused on improving the economic and social conditions of older adults in Cartagena.

However, when applying the Ryff Scale, a high level of psychological well-being was obtained for the majority of older adults; this provided a comprehensive view and allowed for the identification of both areas of strength and those requiring attention. This contradicts the perceived sociodemographic situation. This scale was applied again at the end of the activities in the second semester, confirming the high level of psychological well-being. Analysis of the information received through the phenomenological and hermeneutic approach reveals a complex picture of the lives of older adults. There is a balance between satisfaction with past life, appreciation of personal relationships, and a positive attitude toward the future.

Although there are areas for improvement, such as deepening trusting relationships and openness to change, most older adults express a life full of meaning, autonomy, and continuous growth. It is necessary to reconsider new goals and objectives, engage in different activities, adapt to the current stage, acquire new skills, and develop new ways of solving problems (Mesa-Fernández et al., 2019). These insights enabled the design of personalized and group intervention strategies that improved quality of life in old age and further supported well-being and personal development, focusing on physical health care, social support networks (family), life history, and available resources.

This diagnosis led to the strategy development phase, in which five themed meetings (independent of the diagnostic session, closing, and evaluation) were held, each lasting three hours, related to:

- Self-care – self-acceptance to promote self-understanding and personal care, which is essential for emotional and physical well-being.
- Screening – 4X Strategy to promote preventive health by identifying and controlling risk factors for chronic diseases.
- Positive living – Strengthening emotional bonds to improve emotional and social well-being by fostering meaningful relationships and positive attitudes with a family focus.
- Celebration of Senior Citizens' Day to recognize and celebrate the contribution of older adults, strengthening their sense of belonging and self-esteem.
- Importance of physical and mental activity to promote an active and mentally stimulating lifestyle to improve overall health and prevent cognitive decline.

The planning and implementation of meetings significantly improved the quality of life of older adults, addressing their physical, emotional, and social well-being. In addition, emphasis was placed on eliminating negative stereotypes about aging, which are often associated with general discomfort and psychological, social, and environmental vulnerability (Jimenez Abreu, 2023; Mushtaq & Khan, 2024). It should be noted that these activities are led by two teachers and carried out by social workers, who prepare all the educational and teaching materials. To begin with, a promotional poster for each activity is distributed through social media to encourage attendance. Subsequently, talks are given, billboards and posters are displayed, word searches and crossword puzzles are used, and materials are shared to decorate the site at each meeting.

By implementing these strategies, healthy, active, and satisfying aging was promoted. The meetings revealed the community's need to be cared for, listened to, and stimulated. Once again, the results showed that cognitive-behavioral intervention is effective. In this case, a change in the perception of quality of life was achieved, specifically concerning physical and psychological aspects and the strengthening of self-esteem.

During the monitoring and evaluation phase, observations were made during the activities to assess participation, commitment, and interaction among the older adults. Tools such as attendance records, activity tracking sheets, and photographic evidence were used, and qualitative notes were taken on behaviors and attitudes. Likewise, during the collection of information for the products of this project, individual interviews were conducted with participants to obtain qualitative feedback on their experience, perceived benefits, and suggestions for improvement.

In their own words, older adults expressed:

- “Well, all of this has been very useful because I've learned many things I didn't know before. They've taught me various skills, such as how to give a good massage, something I'd never tried before. They've also shown me how to take blood pressure, and when the university students come, they teach us first aid, which is very useful. They've taught us many things we didn't know.”
- “Well, the truth is that the self-esteem activities that the medical students taught us have helped me a lot. Before, I felt very insecure and sometimes discouraged. But now, thanks to the talks and exercises they gave us, I feel much more confident and valuable. They taught us to value ourselves and see how important we are, despite our gray hair and wrinkles.”
- “Another thing I loved was the crafts and the celebration of Senior Citizens' Day. The students brought us materials and taught us how to make different things with our hands. We made decorations, painted, and even learned how to knit. It reminded me of when I was young and used to make things with my own hands. They also celebrated Senior Citizens' Day with us, throwing a party with music, food, and games. They made us feel very special and loved. It was an unforgettable day that filled my heart with joy.”
- “And I can't forget to mention the physical and mental activities we did. They taught us gentle exercises we can do at home to stay active and healthy. They also gave us games and mental exercises to keep our minds sharp. The students and teachers have been very patient and kind to us. I am very grateful to them.”

Finally, the systematization phase was completed, during which the entire experience was documented. These community intervention projects are implemented to help the population, educate them, and encourage healthy lifestyle habits that help improve their quality of life, promoting self-care and shared responsibility (Carreño Martínez et al., 2021). In line with this, concrete experiences and results are provided in the achievement of the sustainable development goals proposed by the WHO, in this specific case, Goal 3 on Health and Well-being. At a conceptual level, the methodology considered that in Latin America and the Caribbean, the concept of health has evolved from a notion of absence of disease to a multidimensional concept that encompasses the individual in interaction with their sociocultural and environmental context.

Reviewing the functionality of older adults, assessing their needs, promoting their independence, and preventing and treating their diseases is and has been an important social problem, as their living conditions are particularly difficult. One of the best ways to assess their health status is through functional assessment, which provides objective data that can indicate future decline or improvement in health, allowing for appropriate intervention, addressing issues such as comprehensive geriatric assessment, functional assessment, balance assessment, and, in particular, psychological well-being, thus strengthening their physical and mental health.

Promote family integration in order to care for the most vulnerable groups in the community, offering recreational and leisure spaces that contribute to improving the health and quality of life of this population. Although it is recognized that preventing and treating diseases is vital, it is also essential at this stage to contribute to strengthening physical and mental health, collecting the experiences and memories of older adults, encouraging interpersonal relationships through functional assessment, as well as preventing disability and promoting independence (Wong et al., 2023). Additionally, and no less important, it is recommended to promote entrepreneurship through the creation of handicrafts using the community's own resources and the contribution of social managers.

For social managers, these actions demonstrate their social sensitivity, promote social inclusion and effective links with the community in social projects; their vocation for service and closeness to communities allows them to cultivate a sense of belonging, citizen participation, and social control. This fulfills the institutional mission and vision and the University's Social Responsibility (Sixsmith et al., 2023; Valencia-Arias et al., 2024). Since the application of the Ryff scale, educational talks, workshops, crafts, supported by play, have been held, encouraging the participation of attendees.

Therefore, it should be borne in mind that interventions will tend to be more effective to the extent that they address older adults holistically, working together with other disciplines and having extensive knowledge and contextualization about these individuals. An intervention program should be based on biological, economic, psychological, and social indicators, as inconsistencies are due to subjective views of older adults (Hickin et al., 2021).

These interventions respond to the provisions of the 2022-2031 Ten-Year Public Health Plan on comprehensive care for the older adult population, impacting the social determinants of health (Ministry of Health, 2022; Semana, 2022). At the same time, the actions respond to the Cartagena Development Plan 2020/2023 and the Development Plan 2024/2027, from the component dedicated to offering comprehensive protection for the elderly. According to District Planning (2024), the purpose of this component is to improve the quality of life of older people.

This is achieved by providing them with psychosocial care, which includes prevention, promotion, and direct assistance, to reduce behavioral disorders and improve their interaction with their families. In addition, this project and its results have led to the creation of an educational booklet for the general population, which includes the various strategies used to improve the quality of life of older adults, and a book of memories that pays tribute to their life experiences.

CONCLUSIONS

The "Aging with Quality" project was created in response to public health issues affecting older adults at the global and national levels. From an academic perspective, this project not only meets local and national development goals but also embodies the university's social responsibility by promoting changes in the habits and living conditions of the population of Villa Gloria.

This effort is justified by the need to intervene in vulnerable populations marked by tangible risk factors and influential social determinants such as low educational attainment and poverty. Through participatory methodologies, the project allows beneficiaries to recognize and modify their health determinants, thus becoming

active agents of change in their communities and highlighting the importance of collaborative and community-centered approaches to address complex health inequities and promote comprehensive well-being.

It is recommended that civic and/or political leaders in this community manage the district's presence in this area and that the foundation and the university continue to join forces to alleviate some of the community's needs in the area of physical and mental health.

REFERENCES

- Angarita, M. M., Kamenopoulou, L., & Grech, S. (2022). Colombia and the struggle for social justice. En *International Issues in SEND and Inclusion* (1a ed., pp. 201–212). Routledge. <https://doi.org/10.4324/9781003177135-24>
- Blasco-Belled, A., & Alsinet, C. (2022). The architecture of psychological well-being: A network analysis study of the Ryff Psychological Well-Being Scale. *Scandinavian Journal of Psychology*, 63(3), 199–207. <https://doi.org/10.1111/sjop.12795>
- Carreño Martínez, G., Vidaña-Gaytán, ME., González Vallés, MN. (2021). Programa psicoeducativo para personas adultas mayores: una propuesta desde el enfoque humanista que promueve bienestar psicológico. *Ehquidad. International Welfare Policies and Social Work Journal*, 16, 63-80. <https://doi.org/10.15257/ehquidad.2021.0014>
- Cartagena Cómo Vamos (2023). Pobreza. Informe. <https://cartagenacomovamos.org/wp-content/uploads/2023/09/pobreza-2022-cartagenacomovamos-INF.pdf>
- Cepal, Naciones Unidas (2018). Envejecimiento, personas mayores y Agenda 2030 para el Desarrollo Sostenible. <https://repositorio.cepal.org/server/api/core/bitstreams/431e4d95-46d9-4de6-a0a6-d41b1cb7d0b9/content>
- Colombia Informa. (2014. Abril 9). Villa Gloria, la otra cara de Cartagena de Indias. <https://www.colombiainforma.info/villa-gloria-la-otra-cara-de-cartagena-de-indias/>
- De Oliveira, B. (2023). Participatory action research as a research approach: Advantages, limitations and criticisms. *Qualitative Research Journal*, 23(3), 287–297. <https://doi.org/10.1108/QRJ-08-2022-0101>
- Espinosa Díaz, C. E. (2023). Everyday human rights practices in the Colombian Caribbean. *Australian Journal of Human Rights*, 29(3), 473–491. <https://doi.org/10.1080/1323238X.2023.2287391>
- Espinosa-Díaz, C. E. (2024). Everyday processes of state-building in the Colombian Caribbean. *Canadian Journal of Latin American and Caribbean Studies / Revue Canadienne Des Études Latino-Américaines et Caraïbes*, 49(2), 170–189. <https://doi.org/10.1080/08263663.2024.2316454>
- Folgueiras Bertomeu, P., & Sandín Esteban, M. P. (2023). The Research Question in Hermeneutic Phenomenology and Grounded Theory Research. *The Qualitative Report*. <https://doi.org/10.46743/2160-3715/2023.5715>
- Hickin, N., Käll, A., Shafran, R., Sutcliffe, S., Manzotti, G., & Langan, D. (2021). The effectiveness of psychological interventions for loneliness: A systematic review and meta-analysis. *Clinical Psychology Review*, 88, 102066. <https://doi.org/10.1016/j.cpr.2021.102066>
- Jimenez Abreu, Y. (2023). Estereotipos negativos hacia la vejez en profesionales de la salud. *Revista del Hospital Psiquiátrico de La Habana*, 20(2). Recuperado de <https://revhph.sld.cu/index.php/hph/article/view/337>
- Mesa-Fernández, M., Pérez-Padilla, J., Nunes, C., & Menéndez, S. (2019). Bienestar psicológico en las personas mayores no dependientes y su relación con la autoestima y la autoeficacia. *Ciência & saude coletiva*, 24(1). <https://doi.org/10.1590/1413-81232018241.35302016>
- Ministerio de Salud (2022). Plan Decenal de Salud Pública 2022-2032. <https://www.minsalud.gov.co/plandecenal/Paginas/PDSP-2022-2031.aspx>
- Mushtaq, A., & Khan, Mohd. A. (2024). Social isolation, loneliness, and mental health among older adults during COVID-19: A scoping review. *Journal of Gerontological Social Work*, 67(2), 143–156. <https://doi.org/10.1080/01634372.2023.2237076>

- Observatorio de Territorios Étnicos y Campesinos (OTEC), Corporación Cultural Cabildo, Clínica Jurídica sobre Derecho y Territorio de la Universidad Javeriana. (2021). La Boquilla Caracterización socioambiental y cartográfica. <https://etnoterritorios.org/apc-aa-files/92335f7RAb3cf47708a7c984a309402be7/la-boquilla.pdf>
- Planeación Distrital (2024) Cartagena Ciudad de Derechos. <https://planeacion.cartagena.gov.co/sites/default/files/2024-03/TOMO%20II.%20BASES%20DEL%20PLAN%202024-2027.pdf>
- Quiroga Manrique, C., Ojeda Ojeda, D., & Camargo, A. (2025). Contested mangroves: Land struggles and the gendered and racialized geographies of climate change. *The Journal of Peasant Studies*, 1–28. <https://doi.org/10.1080/03066150.2025.2476003>
- Ryff, C. D. (1989). In the eye of the beholder: Views of psychological well-being among middle-aged and older adults. *Psychology and Aging*, 4(2), 195–210. <https://doi.org/10.1037/0882-7974.4.2.195>
- Semana. (2022, junio 14). Estos son los puntos claves del Plan Decenal de Salud Pública 2022 - 2031. Revista Semana. <https://www.semana.com/nacion/articulo/estos-son-los-puntos-claves-del-plan-decenal-de-salud-publica-2022-2031/202232/>
- Sixsmith, J., Makita, M., Menezes, D., Cranwell, M., Chau, I., Smith, M., Levy, S., Scrutton, P., & Fang, M. L. (2023). Enhancing Community Participation through Age-Friendly Ecosystems: A Rapid Realist Review. *Geriatrics*, 8(3), 52. <https://doi.org/10.3390/geriatrics8030052>
- Valencia-Arias, A., Rodríguez-Correa, P. A., Marín-Carmona, A., Zuleta-Orrego, J. I., Palacios-Moya, L., Pérez Baquedano, C. A., & Gallegos, A. (2024). University social responsibility strategy: A case study. *Cogent Education*, 11(1), 2332854. <https://doi.org/10.1080/2331186X.2024.2332854>
- Wong, M. Y. C., Ou, K., Chung, P. K., Chui, K. Y. K., & Zhang, C. (2023). The relationship between physical activity, physical health, and mental health among older Chinese adults: A scoping review. *Frontiers in Public Health*, 10, 914548. <https://doi.org/10.3389/fpubh.2022.914548>

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CONFLICT OF INTEREST STATEMENT

The authors declare that there is no conflict of interest.

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