



# IAG Newsletter

Volume 17, No. 1 December 2001



## EXECUTIVE COMMITTEE

### President

Gloria M. Gutman, PhD (Canada)

### Secretary-General/Vice-President

John E. Gray, PhD (Canada)

### Treasurer

Andrew V. Wister, PhD (Canada)

### President-elect

Norton Sayeg, MD (Brazil)

### Past President

Gary Andrews, MD (Australia)

## SECRETARIAT

International Association of Gerontology  
Gerontology Research Centre  
Simon Fraser University  
2800-515 West Hastings Street  
Vancouver, BC, Canada V6B 5K3  
tel +1 604 268 7972  
fax +1 604 291 5066  
email [iag@sfu.ca](mailto:iag@sfu.ca)  
web <http://www.sfu.ca/iag>

Betty Norris  
IAG Executive Director

Published semi-annually, the IAG  
Newsletter is designed and edited by  
Mykle Ludvigsen

## Message from the President

# IAG in 2001 – 2005: New Directions, New Initiatives, New Opportunities



BY GLORIA M. GUTMAN

The objectives of the IAG are to promote research on aging, to promote the training of high quality personnel, to disseminate research information and best practices via a quadrennial Congress and to promote the interests of national gerontological societies in international affairs.

Over the past four years, the identification of knowledge gaps and research needed in order to elaborate sound public policy on aging has been a major activity for the IAG. Undertaken to assist the UN Programme on Ageing with the development of a Research Agenda on Ageing for the 21<sup>st</sup> Century, the IAG convened a series of expert consultations, which brought together a distinguished group of scholars from around the world. During the meetings of this multidisciplinary group, of which I was a part, a number of recurring themes emerged which resulted in the identification of the following six priority areas for research:

- 1) *Identification of current practices and options for maintaining material security into old age*
- 2) *Research into changing family structures, intergenerational transfer systems and emergent patterns of family and institutional dynamics*
- 3) *Research into the determinants of healthy aging*
- 4) *Research into the basic biological mechanisms and age associated disease*
- 5) *Research into quality of life and aging in diverse cultural, socio-economic and environmental situations*
- 6) *Research into the relationships between population aging and socio-economic development*

The theoretical and practical underpinnings and the details of the Research Agenda will be further elaborated in April, 2002 in the context of the Valencia Forum, an event auspiced by IAG with the objective of formulating research, educational and provider input into the 2<sup>nd</sup> UN World Assembly on Aging.

The 2<sup>nd</sup> World Assembly on Ageing (WAA2) which will take place in Madrid, Spain April 8-12, 2002 is viewed by many in the gerontological community as a pivotal opportunity for governments to become better informed about individual and population aging and to take actions that will improve the human condition for older persons worldwide. For many of us, WAA2 has rekindled the enthusiasm



# President's Message

and optimism about aging and the aged that was generated during 1999 by the UN's International Year of the Older Person.

## *Continued Emphasis on Research*

With respect to IAG's mandate to promote and facilitate research on aging, the next logical step after WAA2 will be to assist local, national and international governmental and non-governmental groups and agencies to operationalize the concepts outlined in the UN Research Agenda on Ageing. In partnership with our Regional Committees, and in conjunction with the Regional Congresses that will take place in 2003, I envision IAG convening a series of focused research workshops. For example, at the recent World Congress in Vancouver there were four symposia, which brought together groups from around the world engaged in national level longitudinal studies on aging:

#57: Biological, Behavioural and Health Care Determinants of Transitions in Health Status of Older Persons: Comparisons from International Longitudinal Studies - S. Maggi (Italy) & E. Dowd (Switzerland), Conveners

#109: Australian Longitudinal Study of Ageing: International Comparative Perspectives - G. Andrews (Australia), Convener

#289: Longitudinal Studies - Multidisciplinary Aspects - T. Svensson (Sweden), Convener

#495: Cross-European Longitudinal Study of Aging (EXCELSA): Preliminary Results -

R. Fernandez-Ballesteros (Spain), Convener

There was also a poster session (#133) describing the methodology and findings of the Canadian Study of Health and Aging. The CSHA is a 3-wave study that commenced in 1991 of over 10,000 randomly selected Canadians aged 65+ (I. McDowell, PI).

Collectively, the research groups participating in these sessions have an enormous amount of experience on what to do (and what not to do) in attempting to gather quality longitudinal data. To date, the focus has been on the findings from these studies (prevalence and incidence data). In this era of enhanced accountability and performance-indicator focus, the methodological information from major national-level longitudinal studies needs to be distilled, packaged and distributed. Countries need to be able to measure and count the impact of new policies and policy changes that affect their older population. The gerontological research community has seasoned experts who can help with the task. IAG can assist interested governments in identifying these individuals and bring them together for 'research summits'. Our unique perspective is that of a multidisciplinary organization that not only crosscuts disciplinary lines and professions but also brings together basic and applied researchers, funders and consumers of research.

## *New Focus on Education*

To operationalize the UN Research Agenda on Ageing for the 21<sup>st</sup>

century will, among other things, require the training of a coterie of highly qualified basic and applied researchers in aging who can translate and transfer information from the laboratory workbench or community field study site to the highest rungs of government as well as to grassroots community organizations.

If 1997-2001 was the quadrennium of research focus for the IAG, I see the next four years as the quadrennium in which we reach out and strongly grasp the challenge of meeting the educational and training needs of an aging population. In addition to basic and applied researchers, target populations include health and social service providers working with older persons in a wide array of community settings; in acute and long-term care facilities; and in areas and settings not traditionally targeted for gerontology education — e.g. Emergency Physicians do not routinely have a module on geriatrics in their generic training yet they may be the first to see and provide treatment to a victim of elder abuse.

The modern tools of communication — the Internet, CD-ROMS, DVDs — present unprecedented opportunities to extend existing Gerontology and Geriatrics training programs internationally. The Gerontology Program at my own University (SFU) has had this as a major objective for its Post-baccalaureate Diploma Program for the last several years. We are poised and ready to go but the process has bogged down — a victim of the inefficiencies of



# President's Message

thinking small. While individual educators such as myself can forge links with other individual educators in other countries, and individual universities can have formal affiliation agreements with other universities (e.g. SFU and Ben Gurion University), something more is needed. Here again the IAG, through its Regions, can help. Over the next four years, under IAG auspices I hope to convene a number of "education summits" in which academic units such as the SFU Gerontology Program, which has 15+ years of expertise in delivering a gerontology masters degree, minor and a diploma program and experience with both face-to-face and traditional distance education methods, can collaborate with groups of educational institutions in other regions. Some of these may currently lack content expertise in Gerontology but may bring to the table distance education delivery methods that we have not yet explored. The potential is very exciting.

## *Working Together in a Changing World*

Preparation for the 17<sup>th</sup> World Congress began 10 years before when it was decided that Canada would bid for the 2001 meeting. The impetus for that bid arose two years earlier when I returned, in summer 1989, from the 14<sup>th</sup> World Congress in Acapulco, Mexico. In Acapulco I noted that Canada had many innovative research, educational and service delivery endeavors in the area of geriatrics and gerontology that other countries were not aware of and that

Canada, in turn, had much to learn from other countries. The Acapulco Congress was also important for me personally, for the development of the theme for the 17<sup>th</sup> World Congress and for the direction that I hope to lead the IAG during my term of office in that it was in Acapulco that I first became aware of the rapid pace at which population aging is taking place in the developing world.

The theme of the 17<sup>th</sup> World Congress "Global Aging: Working Together in a Changing World" reflects three ideas:

- That population aging is taking place world wide,
- That we must work together to solve problems of disease and disability management and prevention, and to enhance the quality of life of older persons, and
- That we must be open to new ideas, identify and grasp new opportunities and recognize the potentials for growth and development — on an individual level, population level, and within the IAG itself — as the world around us changes.

Right from the start, the idea of fostering international communication and collaboration was a directive for the Organizing Committee of the 17<sup>th</sup> World Congress. It was reflected in the selection of individuals to convene invited symposia and in the instructions that they were given — specifically, that symposia were to

include at least two countries and ideally, four to six. It was reflected in the attempts that we made to facilitate participation of individuals from developing countries and from countries in transition. A quick glance at the first few pages of the Congress program and Book of Abstracts which are available on the IAG website (<http://www.sfu.ca/iag>) will tell you that we succeeded in our goal. In total, 75 countries were represented among the registered delegates — more than in any previous IAG Congress. The majority of our invited symposia were international.

## *Grasp the Challenge*

The rest is up to you — if you attended the Congress in Vancouver you need to follow-up with colleagues from other countries that you met there. If you were unable to attend, make plans to join us at the Valencia Forum in Spain in April 2002 and to attend your Region's quadrennial Congress in 2003. In this newsletter you will find information about each Region's activities over the last four years and will find information about the Valencia Forum. We also draw your attention to the new IAG website which among other things, contains a regularly updated calendar of upcoming national, regional and international events.



# World Congress

## Secretary-General's Report

### Highlights from the Council Meetings held during the World Congress

BY JOHN E. GRAY

#### **New Member Organizations**

Membership increased in the

previous year by 5 national organizations including the *Gerontological Society of Malaysia*, *Maltese Association of Gerontology and Geriatrics*, *Philippine Association of Gerontology*, *Thai Society of Gerontology and Geriatric Medicine* and *Swedish Gerontological Society*. At the Vancouver meeting an application for membership from the *South African Gerontological Association/South African Geriatrics Society*, the first national application from the African continent, was accepted. There are currently 63 societies that are members of the IAG, representing 60 countries (for historical reasons the UK has 3 member societies and the USA has two).

#### **Financial Report**

The IAG books have been audited. Over the 4-year period the figures are:

*Income (including \$AUD 113,358 from Hungary)*  
=\$AUD 537,063

*Expenditure*  
= \$AUD 319,560

*Surplus for period*  
= \$AUD 217,503

*Non working capital (emergency fund) Credit Suisse*  
= \$USD 73,062

#### **World Congress Sites**

Rio de Janeiro, Brazil was confirmed as the site for the 18<sup>th</sup> World Congress June 26 to 30, 2005. Dr Norton Sayeg was confirmed as the President of the Organizing Committee and President-elect of IAG. Dr. Sayeg asked members to forward suggestions for invited symposia topics and conveners.

Paris, France was selected as the site for the 19<sup>th</sup> World Congress in 2009. Excellent presentations for hosting a World Congress were also made by Hong Kong and Seoul, Korea.

#### **Strategic Directions**

The following strategic directions were presented at the 50<sup>th</sup> Anniversary meeting of the Council in Salsomaggiore, Italy in 2000 and were discussed in Vancouver.

##### *(a) Wider Membership of IAG*

A motion that would widen the membership to include one national geriatrics association per country as well as one gerontological society was discussed but withdrawn. It was recommended that the new Executive closely examine membership to see how we can engage more effectively with single discipline bodies and bring back a report to the next Council meeting.

##### *(b) Improved Interactivity and Communication within IAG*

It was agreed that the incoming Executive give consideration to ways in which the IAG can be more interactive with the membership between Congresses. Website development was one means, electronic meetings another. Gloria Gutman stated her intent to hold Council meetings between Congresses.

##### *(c) Interaction with the Second World Assembly on Ageing*

The IAG is showing its support and is participating actively in WAA2 through sponsoring the Valencia Forum, participating in the development of the NGO Forum and through its consultative status at the UN.

##### *(d) Review of IAG legal status and By-laws*

Action is being taken to address minor changes in the by-laws required by Belgium, where IAG is incorporated.

#### **Manual of Operating Procedures**

Mary Luszcz was thanked for her work on updating this document and the changes were approved. Regional reports, presented during the Council meetings, are separately presented in this Newsletter.



# World Congress

17th World Congress

## 2001 World Congress a Resounding Success

BY GLORIA M. GUTMAN

The 17<sup>th</sup> World Congress of Gerontology of the International Association on Gerontology (IAG) was held in Vancouver, BC July 1-6. The Vancouver Convention and Exhibition Centre, with its spectacular architecture, provided excellent facilities for the delegates who came from 75 countries. A record total of 4,086 delegates attended the Congress, including 720 students and seniors, making this the largest IAG Congress to date. (The 16<sup>th</sup> Congress in 1997 in Adelaide had a registration of 2,035 with 65 countries represented. The previous attendance record was in 1985 in New York where registration totaled 3,100 and 66 countries were represented.)

In total, the Scientific Program Committee approved nearly 3,000 abstracts. These included 1,124 free papers, 860 posters, 220 symposia and workshops, 31 video presentations, 24 round tables, 4 keynote sessions and 3 special lectures.

A Continuing Medical Education program, which ran throughout the Congress, attracted many health care practitioners and other interested delegates to standing room only sessions. Another popular specialty program that drew broad attendance focused on Aging and the Arts. In the many letters and e-mails that have been sent to the Secretariat since the close of the Congress, delegates have noted the depth, diversity and scope of the Scientific Program. They have also commented on the high quality of such ancillary programs as the series of 13 site visits that were arranged to facilities and services for seniors in the local area.

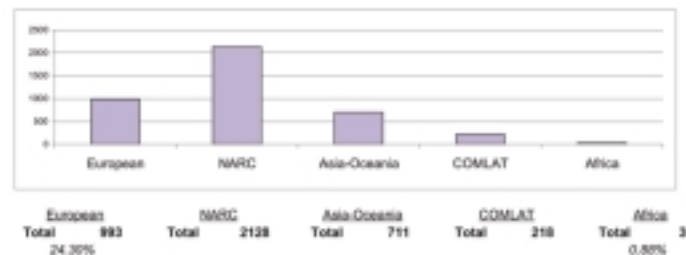
The Exhibition and Trade Show provided an excellent venue for the poster sessions and for the networking

that is so important at any conference but especially so at an international congress. The 115 exhibits provided a broad array of information — from academic gerontology centers and programs, government agencies, NGOs as well as from the commercial sector.

A major aim of the Organizing Committee was to bring the concept of global aging and information about new research on aging and the aged to the world stage via the media. Many international

experts were interviewed by the 91 accredited radio, TV, magazine and newspaper reporters who attended the Congress as well as by the local media, resulting in unprecedented worldwide coverage of a gerontological scientific event.

Number of Delegates by Region



A successful Congress requires a team effort. Congress President Gloria Gutman, Congress Manager Betty Norris, Scientific Program Chair Andrew Wister and the other members of the Canadian Organizing Committee headquartered at the SFU Gerontology Research Centre for the preceding 8 years, were assisted by a very dedicated and hardworking staff comprised entirely of students. All received invaluable experience, which they will take with them as they resume their academic studies or move forward into their chosen careers. The help of the over 100 volunteers who provided valuable assistance in the week before and during the Congress is also gratefully acknowledged. The Organizing Committee also wishes to thank the IAG Program Planning Committee, which assisted with the identification of topics and convenors for the 113 invited symposia which took place during the Congress. The IAG Planning Committee, it should be noted, is chaired by the



# World Congress

President-elect and includes the Chairs of the four IAG Regions (Asia/Oceania, Europe, North America, Latin America and the Caribbean), the current and past IAG President and the Scientific Program Chair. For the 2001 Congress, it also included representatives of the Gerontological Society of America, the Canadian Association on Gerontology and the American Geriatric Society, the United Nations Programme on Ageing, the World Health Organization's Ageing and Lifecourse Program and the Pan American Health Organization.

During the Congress, representatives of the 63 IAG member organizations came together for two Council meetings, which included the election of the new Executive Committee for 2001–2005. Highlights of the many decisions included:

- Ratification of Rio de Janeiro, Brazil as the site for the 18<sup>th</sup> IAG World Congress, June 26–30 2005 and selection of Paris, France as the site of the 19<sup>th</sup> IAG World Congress in 2009.
- Endorsement of President Gloria Gutman's plan of action, which includes continued emphasis on research and new initiatives in the area of education and training.
- Strong support for the Valencia Forum, a major IAG activity that takes place April 1–4, in Valencia, Spain. The Forum will contribute scientific knowledge to the United Nation's Second World Assembly on Ageing which will be held a week later in Madrid, Spain.

The very successful 17th IAG World Congress of Gerontology was the culmination of 10 years of effort. The planning started in 1991; in 1992 the Canadian Association on Gerontology Board of Directors endorsed Dr. Gutman and Secretary-General John Gray's proposal to bid for the 2001 Congress; Vancouver was chosen as the site by the IAG Council in Budapest in 1993. The new Canadian leadership of the IAG looks forward to the next four years as together with the IAG Regional leadership and member organizations, it seeks to better the lives of seniors throughout the world.

### Congress Publications:

Audio and videotapes of 80 sessions including keynote sessions, selected invited symposia and continuing medical education sessions are available for purchase from

Kennedy Recordings ([www.kennedyrecordings.com/conf/gerontology.htm](http://www.kennedyrecordings.com/conf/gerontology.htm)).

For the first time ever, the Congress Book of Abstracts was published as a special edition of *Gerontology*, International Journal of Experimental, Clinical and Behavioural Gerontology, published by Karger Medical and Scientific Publishers [Vol. 47(suppl.1) 1-718 (2001) – ISSN 0304-324X]. For many years *Gerontology* has had a byline indicating that it was the official organ of the IAG but hitherto, IAG input has consisted mainly of having a representative on the editorial board. The Book of Abstracts may be accessed and searched via the Congress website ([www.harbour.sfu.ca/iag](http://www.harbour.sfu.ca/iag)). Hard copies of the program book, which lists the 551 sessions, and the 718 page abstract book are available from the IAG Vancouver Secretariat. Cost for the two is \$20 CAN + postage. To order, email [iag@sfu.ca](mailto:iag@sfu.ca).

Plans for proceedings have not yet been finalized and these may take several forms including an edited collection available in print and/or CD-ROM form and/or a series of journal articles in *Gerontology* and elsewhere. Check the new IAG website ([www.sfu.ca/iag](http://www.sfu.ca/iag)) for more information.

### Attendance by Region and Country

#### Africa

Cameroon	2
Egypt	2
Guinea	1
Kenya	5
Nigeria	11
Qatar	1
R.D. Congo	1
South Africa	11
Tanzania	1
Zimbabwe	1

#### Asia-Oceania

Australia	166
China	145
Fiji	1
Hong Kong	10
India	15
Indonesia	8
Japan	245
Korea	58
Malaysia	5
New Zealand	24
Pakistan	1
Philippines	3
Singapore	18
Thailand	12



# World Congress

## Europe

Albania	1
Austria	15
Azerbaijan	4
Belgium	40
Czech Republic	3
Denmark	21
England	158
Finland	41
France	153
Georgia	2
Germany	68
Greece	4
Hungary	9
Iceland	4
Iran	3
Ireland	9
Israel	58
Italy	63
Luxembourg	1
Malta	5
Netherlands	49
Norway	24
Poland	4
Portugal	46
Romania	7
Russia	10
Scotland	11
Slovak Republic	8
Spain	51
Sweden	64
Switzerland	44
Ukraine	4
Wales	9

## Latin America and Caribbean

Argentina	44
Bermuda	2
Bolivia	1
Brazil	86
Chile	14
Columbia	5
Costa Rica	1
Cuba	5
Dominican Rep.	2
Mexico	48
Paraguay	1
Peru	2
Puerto Rico	2
St. Vincent	1
Venezuela	1
West Indies	3

## North America

Canada	1487
USA	641

## In the Public Eye

### Coverage of 17th Congress Extensive

BY MYKLE LUDVIGSEN, CONGRESS MEDIA RELATIONS COORDINATOR

In the first week of July, 2001, the World Congress of Gerontology brought the topic of aging and the aged to popular culture and engaged the attention of the public at large. There was coverage in all the main local news outlets, in print, radio, television, and magazine. There was significant penetration in the Canadian national media as well as comprehensive coverage by the international press.

Particularly in some of the local publications, the IAG was positioned as the key organization facilitating discussion about issues regarding the aged. Some articles even placed the IAG on the same level of prominence as organizations such as the UN.

From the beginning, the World Congress Organizing Committee made every effort to ensure that the Congress would be remembered not only for the quality of the research presented, but also for raising public awareness of the issues surrounding global aging. Efforts were made early on to ensure the selection of keynote speakers who could report their research in ways that would be readily understandable. The media was thought to be an essential tool in ensuring that the research found its way to a larger audience — people who may have thought of gerontology simply as an academic exercise.

As an example, the 17<sup>th</sup> World Congress was reported on the front page of the *Vancouver Sun* (Vancouver's leading broadsheet daily newspaper) three days in a row. This was an important achievement in a city accustomed to holding conferences and congresses — some much larger than the IAG Congress. From older drivers, to the latest fashion designs in the exhibition hall, to a presenter being reunited with his biological mother, the coverage put across the image that gerontology was much more than just the study of "old people." Rather it showed gerontologists to be interested in the entire lifespan, lifestyle, and economic trends. The idea was conveyed that individual and population aging are indeed phenomena to be watched.

The 2001 World Congress of Gerontology was an indisputable Public Relations success. In terms of long-term planning, this kind of communications positioning is essential for the prestige of the organization and it is critical that Public Relations efforts be maintained and the media kept abreast of activities that are occurring in the IAG Secretariat in Vancouver and throughout the world. The media momentum built up at the 17<sup>th</sup> Congress should be followed through to the 18<sup>th</sup> Congress in Rio de Janeiro.



# Our Regions

## Asia - Oceania Region

By HAJIME ORIMO, CHAIR, 1997 – 2001

The Asia/Oceania Region of IAG was established in 1978 by Australia and Japan. Currently, there are 14 countries represented. Congresses are held every four years. The planning of these is the responsibility of the Regional Council while the local organization acts as the secretariat. We have established a number of scientific subcommittees which are the backbone when it comes to planning the program for our congresses. We have also explored options for ensuring that our member associations are kept in touch. These include a newsletter, and occasional special meetings (e.g. the 2<sup>nd</sup> Sino/Japanese symposium, Beijing, 1995; Longevity Science Foundation Symposium, Aichi, Japan, October 2000).

In terms of perspective for the 21<sup>st</sup> Century – there are a number of issues of common concern to the countries of our Region. First, there is a need to establish appropriate social systems to cope with the rapid growth of the elderly population. In Japan, for example, between 1979 and 1995, the elderly population grew from 7% to 14%. When compared to other industrialized countries, this was an extremely rapid doubling time — just 25 years. In developing social systems, a key phrase should be “preservation of the traditional family care concept”. In North East Asian countries the concept of filial piety is very important. In some countries alternative strategies for care of the frail elderly are being explored. One example is long-term care insurance. Introduced in Japan in 2000, it has completely changed the welfare system. Up to now, services have been given to older people without families. The new system is based on the principle of universality, under which all insured elderly are qualified to receive services irrespective of their economic or family condition. We need to research and evaluate the success of this new system.

A second challenge is the promotion of geriatric education. In most countries in our region geriatric medicine is not yet recognized as a speciality. It is urgent to establish training in geriatrics and gerontology not only for physicians, but also for other health care providers. At the IAG 50<sup>th</sup> anniversary celebra-

tion in Salsomaggiore, Italy last year, our region decided that the most important issue for us was to develop such a training program. At the Regional meeting at the World Congress in Vancouver, a subcommittee was established to develop a pilot project. The third challenge is the promotion of the research which may contribute to successful, active and productive aging.

The next Regional Congress will be held in November 2003 in Tokyo, Japan. It is most fitting that our Region’s 25<sup>th</sup> birthday will be celebrated in Japan where it all began in 1978. We invite other Regions to join us at this important milestone.

### Executive Committee 2001 — 2005

- Sung-Jae Choi (Korea) Chair
- Sang Chul Park (Korea) Secretary-Treasurer
- Ruth J. Inall (Australia) Executive Secretary

### Scientific Subcommittees

#### *Behavioural and Social Science*

- Prof. Akiyama (Japan)
- Yang-Kon Koh (Korea)

#### *Biological Sciences*

- Sataro Gato (Japan)
- Sang Chui Park (Korea)

#### *Clinical Medicine*

- EMF Leung (Hong Kong)
- Hajime Orimo (Japan)

#### *Social Research and Planning*

- Hal Kendig (Australia)
- Ka-Oak Rhee (Korea)





# Our Regions

## European Region

BY MARIO PASSERI, CHAIR

In the four years since the 16th World Congress in Adelaide, the European Region has significantly increased in size, adding seven new member societies. At the same time the two French gerontological societies, once both part of the IAG, joined together to form the French Society of Geriatrics and Gerontology. The European Region now comprises 33 societies and represents 31 countries (because three gerontological societies are still present in the UK).

Between 1997-2001, the European Region engaged in a large number of activities, demonstrating that this historically "old" region is very active and vital. (The European Region together with the North American Region are the oldest, having been founded in 1960). For example, the IV European Congress was held in Berlin, in 1999, drawing 1,300 participants. In addition, the following Section Congresses took place:

Clinical : Helsinki - 1998, Bratislava – 2000

Biological: Elsinor - 1998, St.Petersburg – 2000

Socio-Behavioural : Helsinki – 1998, Oxford – 2000

During these meetings, modified regional by-laws were approved and later ratified by the IAG Council and revised by-laws for the sections were proposed. Many other meetings focusing on gerontology and geriatrics took place, including regular yearly national congresses.

To facilitate communication within the region, two websites were created, one in Parma, at the office of the President (<http://utenti.tripod.it/eriag>) and the other in Madrid at the permanent Secretariat (<http://www.eriag.org>).

The European region endorsed the "Declaration of Yuste", dealing with education in Gerontology for both pre- and post-graduated medical doctors, as well as continuing medical education. This initiative was discussed at a meeting of Presidents of the European National Gerontological and Geriatrics Societies which took place in Parma in 1998. The Region held another of these meetings in 2000. These two events were very useful for tightening the links among the Region and the National Societies.

Between 1998 – 2000 three important anniversaries were celebrated in the Region. The first was the 50th anniversary of the "Societat Espanola de Geriatria y Gerontologia", one of the region's oldest member societies, cel-

ebrated in a Symposium in Madrid in 1998, attended by more than 2000 people. The second was the 50th anniversary of the "Società Italiana di Gerontologia e Geriatria", celebrated in April 2000, in the "salone dei Cinquecento" in Florence, where the society was born. The third was the 50th anniversary of the IAG, celebrated in December 2000, in Salsomaggiore, Italy. Presidents of 55 gerontological societies from around the world attended. The progress made by the Association over its 50 years was reviewed. The vision, values and mission were discussed, the legal standing of IAG was clarified, and attention was given to the state of present and future gerontological research. During the meeting, a special consultation took place between the IAG Executive and a number of international NGOs to coordinate inputs for the Second UN World Assembly on Aging which will take place in Madrid in April 2002. An expert meeting on a United Nations' project to develop a Research Agenda on Aging for the 21st Century was also held. This research agenda will assist in the development of the final report for global action coming out of the Madrid Assembly.

The establishment of several task forces represents another element of cohesion among the Regions' member Societies and scientists interested in particular sub-fields of Gerontology.

### Dates/location of the next section congresses:

Clinical: Moscow – June 18-21, 2002

Biology: Florence – November 2002

Socio-Behavioural: Oslo — 2002

**5th European Congress of Gerontology:** Barcelona July 1-6, 2003

### Executive Committee, 1999-2003

Mario Passeri (Italy) Chair

Francisco Guillen-Llera (Spain) Secretary-General

Michel Lye (UK) Treasurer

### Scientific Subcommittees

Dick Nook (Netherlands) Biological Sciences

José Manuel Ribera Casado (Spain) Clinical

Ariela Lowenstein (Israel) Social-Behavioural



# Our Regions

## Latin American and Caribbean Region

BY OSVALDO PRIETO RAMOS, CHAIR

The Latin American and Caribbean (COMLAT) Region of IAG is composed of 12 societies. In the period 1997-2001, all of the member societies held national congresses. In 1999, the International Year of the Older Person, COMLAT gerontology and geriatric societies made an outstanding contribution to this United Nations cause. Part of this effort was the holding of the 3rd Latin American Congress in Havana, Cuba.

COMLAT's main objectives as a region of IAG are to:

- Increase training
- Stimulate and encourage practical research
- Incorporate new societies into the region and into IAG
- Increase cooperation with other IAG regions.

In terms of the latter point, COMLAT is working closely with the North American Region (NARC) in many different ways. This is most evident by the holding of a Pan-American Congress, the latest being the second held in San Antonio, Texas in 1999. The next one will be held in Buenos Aires, Argentina in 2003.

COMLAT will continue to be a presence in the development of the study of gerontology in Latin America and the Caribbean over the next few years. The 4<sup>th</sup> Latin American Congress of the IAG will be held in Santiago, Chile in

September, 2003 and the aforementioned Pan-American congress held earlier that year. In addition, COMLAT will be proud to host the 18<sup>th</sup> World Congress of Gerontology in Rio de Janeiro, Brazil in June, 2005.

### Executive Committee 1999 – 2003

President  
Osvaldo Prieto Ramos (Cuba)  
Secretary  
Enrique Vega Garcia (Cuba)

#### Area Directors

Pedro Paulo Marin (Chile)  
Fernando Portocarrero (Peru)  
Jesus Enrique Mazzei Berti (Venezuela)  
Fernando Morales (Costa Rica)  
Fernando Gomez (Colombia)

## North American Region

BY JAMES T. SYKES, CHAIR

During the past four years, the North American Region (NARC) developed and approved by-laws that provide the member societies, The American Geriatrics Society (AGS), Canadian Association on Gerontology (CAG), and the Gerontological Society of America (GSA), with three representatives each on NARC. Under this structure, NARC:

- Approved a protocol for the quadrennial PanAmerican Congress
- Applauded the success of the 2nd PanAmerican Congress held in San Antonio Texas in February 1999 in which about 500 persons participated.

- CAG members of NARC vetted abstracts for the 2001 IAG Congress and leaders from all three organizations made suggestions to then President-Elect Gutman for invited symposia.

- Celebrated the success of the 2001 World Congress in Vancouver where a large number of NARC member societies' members presented papers and posters in each of the Congress tracks.

- Reviewed plans from the Argentine Society of Geriatrics and Gerontology for the 2003 PanAmerican Congress.

### NARC Representatives, 2001–2003

#### American Geriatrics Society

Reva Adler

David Espino

Peter Whitehouse (Vice Chair)

#### Canadian Association on Gerontology

Ingrid Connidis

Mark Rosenberg (Secretary)

Carl Taillon

#### Gerontological Society of America

Toni Antonucci

Roger McCarter

Jim Sykes (Chair)



# In Memoriam

It is with profound sorrow that we announce the passing of two outstanding individuals: Dr. Rosalie Wolf and Dr. Hans Thomae. Both contributed an immense amount of knowledge, hard work, and spirit to the development of gerontology both in research and its practical application. They will be greatly missed.

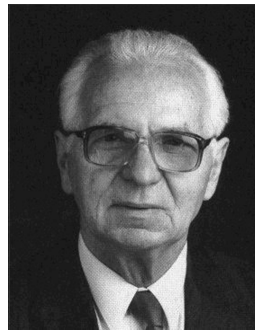


**Rosalie Wolf**  
**May 15, 1927 –**  
**June 26, 2001**

For the last twenty years, Dr. Rosalie Wolf was known as a crusader for the rights of older people. Noted for her dedication to understanding and eliminating elder abuse, Wolf devoted much of her career to

exploring the causes, patterns, and treatment of elder abuse and neglect through her own groundbreaking research and by promoting the work of others.

In 1986, Dr. Wolf founded the US National Committee for the Prevention of Elder Abuse and in 1989, the *Journal of Elder Abuse and Neglect*. Her more recent achievements include chairing the International Network for the Prevention of Elder Abuse (INPEA); serving as a member of the World Health Organization Consulting Group for the *World Report on Violence*; serving on the steering committee for the United Nations International Working Group on Trauma; and guest editing the Summer 2000 American Society on Aging special edition of *Generations* on abuse and neglect of older people.



**Hans Thomae**  
**July 31, 1915 –**  
**November 16, 2001**

Hans Thomae, the 12<sup>th</sup> President of the IAG (1981-93), published more than 400 scientific books and articles during his lifetime. In the 1950s, he founded the 12-

volume *Handbook of Psychology* and served as editor for volumes 2 (Motivation) and 3 (Developmental Psychology). He also founded the journal *Vita Humana* which later became *Developmental Psychology*. Also in this period, with Ursula Lehr, he pioneered research on ways middle-aged men cope with aging and began a series of studies on the older worker. In 1965 he started the Bonn Longitudinal Study on Aging which followed a sample of men and women born between 1890-1905 for 18 years. This study highlighted the high degree of individuality in aging and the role of social and personality variables in structuring the individual aging process. Also in the 1960s, he served as the first president of the International Association for the Study of Behavioural Development. In this role he drew attention to the importance of qualitative life span study of human development. In recognition of the importance of his work, Dr. Thomae received honorary doctoral degrees from the University of Louvain, Belgium (1967), University of Leipzig (1990), University of Moscow (1997), and University of Crete (1998).

## Memorial Contributions

A memorial endowment fund has been established by the INPEA and IAG in recognition of Dr. Wolf's achievements. The interest from the endowment will be used to fund educational events in the area of elder abuse prevention. The IAG would also be pleased to accept contributions to its recently established Student World Congress of Gerontology Travel Fund in memory of Dr. Thomae. To contribute, send a cheque or money order payable to the Rosalie Wolf Endowment Fund or the Student World Congress of Gerontology Travel Fund to the IAG Secretariat, Gerontology Research Centre, Simon Fraser University, 2800-515 W. Hastings St., Vancouver, BC, Canada, V6B 5K3.



**1 – 4 APRIL 2002, VALENCIA, SPAIN**  
**Researchers, Educators and Providers**  
**contribution to the Second World Assembly**  
**on Ageing**

This is a **scientific meeting** where science meets policy and practice and works to make a real difference

Submit an abstract and register on line by visiting our website at

<http://www.valenciaforum.com>

- Auspiced by the International Association of Gerontology
- Co-sponsored by The United Nations Population Fund (UNFPA)
- Hosted by the Government of the Autonomous Region of Valencia and the Spanish Society for Geriatrics and Gerontology
- With the participation of The UN Programme on Ageing, WHO and HelpAge International
- Proudly supported by the Novartis Foundation for Gerontology

**FOR MORE INFORMATION:**

*Valencia Forum Secretariat*  
c/o Centre for Ageing Studies  
Mark Oliphant Building  
Laffer Drive  
Bedford Park SA 5042  
Australia  
Phone: +61 8 8201 7567  
Fax: +61 8 8201 7551  
Email: [valencia@flinders.edu.au](mailto:valencia@flinders.edu.au)

**For information**

- **About IAG**
- **Member Organizations and Regions**
- **Conferences and Special Initiatives**
- **Publications**
- **Calendar of Upcoming Events**
- **Links to Related Organizations**

**[www.sfu.ca/iag](http://www.sfu.ca/iag)**