



IAG Newsletter

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Message from the President

Global Dialogue, Global Solutions

By GLORIA M. GUTMAN



President Gutman meets with King Juan Carlos and Queen Sofia of Spain during the 2nd World Assembly on Ageing in Madrid.

It was gratifying indeed to see the excellent turn out at the Council Meeting held in Valencia, Spain, March 31-April 1. Thirty-five (56%) of the 63 member societies of IAG, representing 34 countries and 65% of potential Council votes were represented. A number of important decisions were taken at that meeting. These included notice of motion for two by-law changes, both of which have since been ratified by a mail-in vote. The first was to change the fiscal year of the IAG so that from now on it will correspond to the calendar

year (see box on page 5 of this Newsletter about when member societies should expect their dues notice). The second was to expand the Executive Committee to include the IAG Regional Chairs. While it has been common practice to invite them to Executive Committee meetings, given the growth and development of the IAG agenda it is appropriate that we have now formalized this arrangement.

As indicated in my inaugural address at the opening of the 17th World Congress in Vancouver, and elsewhere, I am committed to fostering strong cooperation and collaboration among and between the member societies of IAG and among and between our Regions. We must work together if we are to achieve the vision and mission we committed ourselves to in Salsomaggiore.

I am also committed to working with other international, inter-governmental and non-governmental organizations to promote positive individual and population ageing and with governments to implement the Madrid International Plan of Action 2002. Towards these ends, a number of initiatives and activities have been undertaken since the Council Meeting in Valencia.

As indicated on page 5 of this Newsletter, by Miguel Acanfora, who represented IAG on the International Coordinating Committee, we participated actively in the NGO World Forum which was held in Madrid parallel to the 2nd World Assembly on Ageing.



President's Message

Both myself and Past President Gary Andrews participated in an official Round Table convened by the Spanish Organizing Committee as part of the side event program for the 2nd World Assembly on Aging. We both also had the privilege of addressing the plenary session. The full text and REAL VIDEO clips of both talks are available on the IAG website <http://www.sfu.ca/iag/events/other.html>

On April 15, 2002 Secretary-General John Gray represented IAG at a meeting in Geneva to finalize a report of a WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases

In May, I traveled to Frankfurt to attend an NGO Preparatory Meeting for the UNECE Ministerial Conference on Ageing, organized by the German Association for Public and Private Welfare. At the meeting IAG was proposed as one of six lead organizations to prepare contributions on specified themes, to be presented on behalf of the NGO community in the plenary session of the ECE Meeting. Our topic was "Access to Health Care – Education and Training of Primary Health Care Workers Regarding Older People".

Education was also the theme of a visit I made in July, to Singapore. The main purpose of my visit was to explore the possibility of joint offering, with Singapore National University, of the Simon Fraser University Diploma Program in Gerontology. I also met with faculty from other educational institutions, met with government officials and ministers, gave four public lectures and had a delightful dinner with members of the Singapore Gerontological Society.

On Sept. 10, I represented IAG at a workshop on "Ageing Societies – Challenges for Industry and Society", sponsored by the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, held at the Haus der Deutschen Wirtschaft (Chamber of Commerce), in Berlin. Over the next three days, John Gray, myself and Gerry Bennett, Secretary of the International Network for Prevention of Elder Abuse represented IAG at the UNECE Ministerial Conference on Ageing. On September 12, I addressed the plenary session. (See page 6 for more about the UNECE Ministerial Conference and for a copy of my speech). It should also be noted that as

part of the side-event program, IAG hosted an NGO Information Exchange and Interactive Session.

Future Plans

While in Berlin, John Gray, Gerry Bennett and I met with Alexandre Kalache and Irene Hoskins from the WHO Ageing and Lifecourse Programme. A number of future joint activities were discussed including publication of a monograph that would be complementary to the *Active Ageing* policy framework launched by WHO in Madrid. As the next step in the IAG Educational Initiative, we also committed IAG to assisting the Ageing and Lifecourse Programme with a project designed to identify medical schools with outstanding curricula in terms of Geriatrics with the overall aim of elaborating international guidelines on how to integrate old age care into the curricula of medical schools. IAG member societies wishing to nominate a medical school in their country or region should contact:

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IAG member societies are also urged to tell their members about the IAG website. As indicated at the Council meeting in Valencia, the Secretariat has as one of its goals to make the IAG website an important resource for researchers, educators, practitioners and students. In the last several months we have added a number of new features. These include a complete listing of English language journals relating to geriatrics and gerontology, an enhanced list of other international and intergovernmental organizations concerned with older persons, a new students' section. Thanks to your cooperation in notifying us of changes, it also contains the most up-to-date listing available of IAG contacts – Society Presidents, Council Members and Regional Executive Committees.



Our Regions

Asia Oceania Region

BY SUNG-JAE CHOI, CHAIR

Since the last newsletter, a new website for the IAG Asia-Oceania Region (IAG/AOR) has been established at <http://www.iagaor.org>. In January the first planning meeting for the 7th Asia/Oceania Regional Congress to be held in Tokyo November 24-28, 2003 took place. Also in January, the first executive meeting of IAG/AOR was held. At this meeting it was suggested that IAG/AOR honour its older members at the upcoming congress. A letter was sent to all Councilors in March of this year asking them for nominations with emphasis on those 85 and older and who are an example of active aging in each member country. It was resolved that Professor Park (Secretary/Treasurer) be responsible to develop an educational program in gerontology collaborating with Dr. Edward Leung (Hong Kong) and T. Miki (Japan). It was also decided that the Executive Secretary write to all member associations in our region seeking nominations for the 8th Regional Congress in 2007.

An informal council meeting of IAG/OAR was held in Valencia, Madrid on April 2, 2002 attended by 11 councilors from 8 countries. The following was discussed:

1) As ways to promote research activities utilizing the *Research Agenda on Ageing for the 21st Century*, it was recommended that the Tokyo regional congress adopt topics from the research agenda, and encourage ESCAP, WHO

(West-Pacific Region and Kobe Center), ASEAN, and HelpAge International to attend the Tokyo Conference and discuss collaboration cross-nationally on research projects.

2) It was recommended that each member country consider creating student membership and a student council of the Gerontological Association(s) according to the state of gerontological education in that respective country.

3) It was suggested that the organizers of the Tokyo Congress encourage students to present papers and provide an award to the student with the best presentation. During student sessions, interest should be sought on the establishment of a student council in the Asia/Oceania Region.

4) Active cooperation in promoting the Tokyo Congress in each Councilor's country was requested.

5) The need to develop gerontological training/educational programs, domestic or international, including model curricula, was reconfirmed among Councilors who attended.

The Indian Association of Gerontology has expressed interest in hosting the 8th IAG/AOR Congress in 2007. If there are additional bids, the vote will be taken at the 7th Regional Congress.

North American Region

BY JAMES T. SYKES, CHAIR

With the Pan American Congress scheduled for Argentina in 2003, NARC leaders have worked closely with the Argentina Society and COMLAT's leaders to move forward, despite barriers, to plan and conduct an outstanding Congress, the third quadrennial congress co-sponsored by COMLAT and NARC under the auspices of the IAG.

NARC members had prominent roles in the Valencia Forum and were among observers to the 2nd World Assembly on Aging promoting the *Research Agenda on Ageing for the 21st Century* developed under the leadership of Past President Gary Andrews. NARC members have been asked to play key roles in the development of RIO 2005—the next IAG Congress. Planning for RIO 2005 is well underway.

The next meeting of NARC will take place during the Gerontological Society of America meeting in November, 2002 in Boston, USA.



Valencia Forum

On the World Stage

Valencia Forum: Contributions from the Scientific World

BY GARY R. ANDREWS

The Valencia Forum was a meeting of 580 experts in ageing research from around the world, education, policy and practice in gerontology and geriatrics. The meeting which was held under the auspices of the IAG, and co-hosted by the Spanish Gerontological and Geriatric Society, was convened for the purpose of providing the scientific basis for the draft International Plan of Action on Ageing 2002 being discussed and debated by the government delegates to the World Assembly on Ageing. The Valencia Forum also endorsed the *Research Agenda on Ageing for the 21st Century* a project jointly undertaken over the preceding 3 years by the UN Programme on Ageing and the IAG supported by the Novartis Foundation for Gerontology.

This is the first time in history that a major UN Social Summit has been preceded by a meeting of scientists, researchers, educators and practitioners for the purpose of gathering the scientific evidence base to support the policy considerations of the subsequent United Nations meeting of representatives of member states.

The report of the Valencia Forum and the *Research Agenda on Ageing for the 21st Century* both stressed the importance of using the knowledge and understanding of human ageing and its wide implications in formulating policies for action. They also underline the importance of viewing ageing as a positive

experience and ageing persons as a major resource to their societies who should be valued and respected. The scientists rejected the stereotypic notions of ageing as necessarily associated with decline and loss of capabilities and pointed to the continuing important contributions of older persons to their families, communities and wider society.

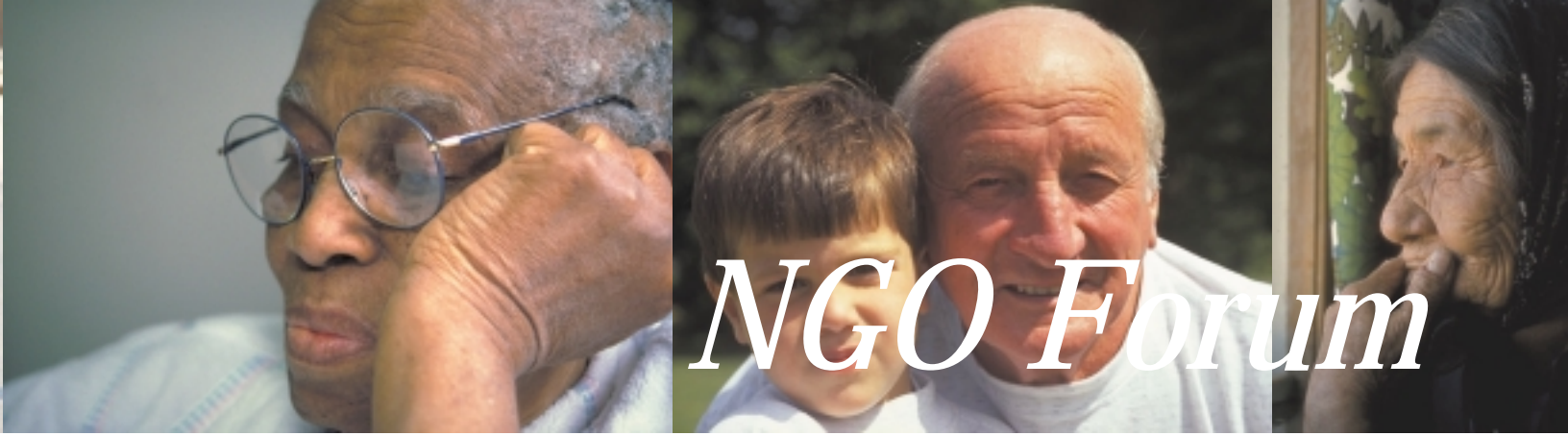
In a special Round Table presented in Madrid at the World Assembly on Ageing, Professor Gary Andrews, Convenor of the Valencia Forum, highlighted the need for a new vision of ageing as a time of expanded opportunity for extension of full and productive lives and, the critical importance of using research-based knowledge to further our understanding of ageing and to guide governments in the formulation of policies on ageing and aged care for the future. Gloria Gutman, President of the IAG, extended an offer to governments to provide support in national capacity building for undertaking policy related research on ageing. Dr. Alexandre Kalache, Chief of the World Health Organization's Ageing and Life Course Programme, summarized the main conclusions of the Valencia Forum in relation to health and well being of ageing populations. He stressed the relationship between poverty and poor health and the need to apply knowledge on ageing to develop policies for the prevention of disease and promotion of active ageing, especially in the developing

world. Mr. Charles Studer of the Novartis Foundation for Gerontology stressed the need for a better informed public on the topic of health and ageing and pointed out that as many as 15 million visits had been made in the last year to the Foundation website www.healthandage.com mainly from people seeking health and ageing advice. The Deputy Prime Minister of Uzbekistan spoke of developments in gerontology in her country and of the importance of international cooperation. Dr. Jose Francisco López, the El Salvador Minister of Public Health and Social Care, spoke of the importance of research in informing policy and programmes on ageing for the future. The President of the Spanish Gerontological and Geriatric Society, Dr. Isidoro Ruipérez, chaired the Round Table and summed up the proceedings.

The Report of the Valencia Forum, keynote papers presented at the Valencia Forum and the *Research Agenda on Ageing for the 21st Century* are now posted on an interactive web site www.valenciaforum.com and all are invited to visit the site and provide their comments and recommendations on the issues set forth in these papers.

Discussions are now taking place with the UN and the Novartis Foundation on how the recommendations and issues raised in the Valencia Forum Report and

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NGO Forum

On the World Stage

IAG takes leadership role at Madrid NGO Forum

BY MIGUEL ANGEL ACANFORA

The NGO World Forum on Ageing took place from April 5th - 9th, 2002 in the IFEMA exhibition center in Madrid, Spain, parallel to the United Nations 2nd World Assembly on Ageing. Total attendance was 3,794 representing 654 NGOs from 99 countries on five continents. 252 invited speakers participated in 159 sessions on topics such as economic development and humanitarian aid, human rights, healthcare, and housing. 242 volunteers helped with different tasks during the five days of the Forum.

At the first planning session, held in Madrid in September 2001, IAG was elected to participate as a member of the International Coordinating Committee, with CONGO (Conference of Nongovernmental Organizations with Consultative Status to the United Nations), FERPA (European Federation of Pensioners and Elderly People), FIAPA (Federation Internationale des Associations de Persones Agées), Fundación Humanismo y Democracia, Helpage International, IFA (International Federation on Ageing), MPDL (Movimiento por la Paz, el Desarme y la Libertad), Spanish Red Cross, UDP (Unión Democrática de Pensionistas).

The International Coordinating Committee had six Work Group Areas: "Ageing, Social Policy and Welfare", "Ageing and Human Rights", "Environment", "Culture, Training, Participation, and Leisure", "Poverty, Development and Ageing", and "Health". IAG was given responsibility for organiz-

ing the Health Day, April 7th. Working together with a Spanish NGO (Fundación Humanismo y Democracia), it was decided to promote the theme of: "Ageing, Health and Physical Activity". Miguel Acanfora and Gloria Gutman participated in a round table on the topic "Active Aging: from Theory to Practice". Other IAG contributions to the Forum included organizing a symposium on the topic: "Ageing, Health and Research: From the Valencia Forum to the Assembly of Madrid and Beyond" In this symposium, Gloria Gutman described the main topics and conclusions of the Valencia Forum. Miguel Acanfora presented examples regarding prevention and treatment of disability and future trends in research in these areas. John Gray and Betty Norris staffed the IAG booth in the exhibit area.

At the conclusion of the Forum a "Declaration" was presented which focused on the following issues: Ageing and Poverty, Gender and Ageing, Social Welfare, Health, Participation, Security, Legal Protection, Ethnic Minorities and Migratory Movements, and Environment.

The NGO Forum presented several proposals and recommendations for action by governments and civil society in the short and medium term. The NGOs assembled in Madrid at the 2nd World Assembly on Ageing proclaimed the need to build not only a society for all ages, but a society that pursues social justice and welfare without forgetting to place individuals and their dignity at the centre of its goals.

Internal Affairs

Change to membership dues payment schedule enacted

A motion to change the IAG fiscal year to coincide with the calendar year was approved by a mail ballot sent to all council members. In November, member societies will receive an invoice that will be for 18 months, covering the period July 1, 2001 to December 31, 2002. As you are aware the dues are based on the number of members in your society at \$USD 0.55 per member, per year. The extra six months will be billed at \$USD 0.275 per member, per year. In subsequent years your invoice will cover a 12 month period from January to December. Please check the IAG website at <http://www.sfu.ca/iag/about/council.htm> and let us know if there has been any change in the total number of members in your society.



On the World Stage

IAG Input at the Economic Commission for Europe Ministerial Conference

The conference opened with an address by Dr. Christine Bergmann, German Minister for Family Affairs, Senior Citizens, Women and Youth. This was followed by two expert panel presentations. The first, on the topic "Demographic Change and the Labour Market", focussed on the projected shortage of workers and the need to stem the tide of early retirement and create incentives to keep older workers in the labour force. The second panel was on the topic "Opportunities and Limitations of Intergenerational Solidarity". The next segment of the conference consisted of short presentations by ECE member countries and by intergovernmental organizations such as the WHO. Interspersed among these presentations were six on behalf of the NGO community. IAG was among the six, nominated at an NGO Preparatory Meeting attended by President Gloria Gutman in Frankfurt in May, to address the topic "Access to Health Care – Education and Training of Primary Health Care Workers about Ageing". The IAG presentation (see box at right), was developed by Dr. Gutman with the assistance of Dr. Gerry Bennett, Secretary INPEA and Dr. John Gray, Secretary-General IAG, who were also official IAG delegates at the Berlin conference. The IAG also initiated and chaired an NGO Information Exchange and Interactive Session. The purpose of this lively and well attended event was to provide an opportunity for the NGOs present in Berlin to get to know more about one another (purpose; member profile; mandate), to identify common interests and activities, as well as to lay the groundwork for future collaboration and cooperation. This is particularly germane with respect to monitoring the regional implementation strategies for the Madrid International Plan of Action on Ageing 2002. Toward this end, Dr. Gutman plans to invite the ECE NGOs to come together again in conjunction the IAG European Region Congress in Barcelona in July, 2003.

Presentation on Access to Health Care Workers Regarding United Nations Economic Commission for Europe

BY GLORIA M. GUTMAN

Chairman and Ministers:

The over 1000 NGOs who met in Madrid in April, 2002 at the time of the 2nd World Assembly on Ageing represented a broad cross-section of civil society, including professional as well as grass-roots organizations. It is indeed an honour to speak on their behalf about the second of the three priority directions in the Plan of Action: advancing health and well being in old age and in particular, about access to health care and the role of education and training of primary health care workers regarding older persons.

The demographic success of ageing brings with it a number of challenges. For a significant proportion of older people combinations of different serious disease processes accompany old age and the treatment of each condition is complicated by the presence of others. This "multiple pathology" plus the atypical presentation of disease is at the core of the knowledge base for medicine in old age. Combine this with the social constructs around ageing and ill health or disability as well as the importance of the diagnostic and therapeutic environment (i.e. access to health care) it becomes clear that education and training are key components.

For all but the most sick, medical and social care should be provided within primary care and in a domestic setting. For an increasing number of older people however their lives are also blighted by violence and neglect. Within the above paradigm key issues are:

- Education of older people themselves to empower them in issues concerned with health, well-being and the promotion of active ageing.
- Education of family and other informal care givers.



Health Care and Education and Training of Primary Care Workers Regarding Older Persons

for Europe, Ministerial Conference on Ageing, Berlin, Germany, September 12, 2002

- Education and training of students in all the health- and social-care fields about ageing, prevention and management of age related conditions and the concepts of active ageing and the life course approach - i.e. promote positive attitudes of ageing across the lifespan
- Education and training of primary health care workers with this same knowledge base plus the importance of a patient centred and patient friendly primary care environment.

“older people have the right to live life in security and dignity, free from abuse, neglect, exploitation and discrimination”

- Education of specialists in geriatric medicine and geriatric psychiatry and other health professionals to train and support primary health care workers.
- Education issues to be addressed include many macro phenomena (e.g. the issue of poverty, social security systems and pensions as well as adequate transport provision, long term care provision and the special needs of older women and older people with mental health problems).

At the basis of good education and training must be respect for older people. This respect is manifest through providing access to and provision of health care when it is needed as a basic right. In addition older people have the right to live life in security and dignity, free from abuse, neglect, exploitation and discrimination.

The NGOs that participated in Madrid include some whose mandate and focus is on gerontology and geriatrics research and education. They stand ready to assist governments of countries within the ECE region and elsewhere with the development, delivery and evaluation of education and research about ageing and health for a broad range of health- and social-care providers. As well, they can provide assistance with the development of sustainable health systems and services and with the implementation of policies and programs that will be tools in the prevention of elder abuse and neglect. Other NGOs that stand ready to serve have a track record of success in grass-roots education of informal caregivers and older persons in self-care and mutual aid.

Another way in which NGOs can assist is via their communication and human resources networks. With new developments in information technology, education and health care backup can be provided to primary care workers in rural and remote areas so that older persons can have access to the services that they need where they live rather than having to relocate. Often, however, it is the local NGO that is the lynch pin in identifying key workers and linking them with enabling resources.

We applaud the commitment reflected in the Madrid Political Declaration to provide older persons with universal and equal access to health care and services, including physical and mental health services, and the recognition that was given to the need for additional policies for care and services and to promote healthy lifestyles and supportive environments. The NGO community looks forward to working with you and your governments in the achievement of these goals in the ECE Region.



Student Initiative

Working Together in a Changing World

IAG launches Council of Gerontology Student Organizations

BY MYKLE LUDVIGSEN AND LORRAINE KRAKOW

The International Association of Gerontology, at its council meeting in Valencia, Spain passed a motion that a “Council of Gerontology Student Organizations” be established as the Student Organization of IAG. President Gutman recommended that all Regions and member societies consider establishing a Student Section and incentives to recruit a strong representation of student members.

Gutman indicated that phase 1 of the Training and Education Initiative discussed at Vancouver in July, 2001 has focused on ways to increase student involvement. A Council of Gerontology Student Associations would fit with that strategic direction. Another logical next step would be to explore the desirability and funding for international gerontology student and/or faculty exchange programs. The objective of the IAG Student Council is to foster international networking and individual input into the IAG on education, training and other substantive issues. Two international student associations had already approached the IAG inquiring about some form of membership.

A survey of member organizations by the Secretariat received a return rate of 83%. Currently, seven member organizations have a

student section and another 19 of the 63 indicated that they are considering establishing a student section. Member organizations offer students reduced fees at national congresses, essay prizes and research awards, publication of student papers in the Society’s journals, and in some countries the Society has a partnership with a university to offer a program leading to a diploma in geriatrics/gerontology.

Student organizations belonging to the IAG Student Council would benefit from: dedicated space in the IAG Newsletter and the IAG website, special sessions and social events at the World Congress, input into IAG initiatives and representation on the IAG Council.

The benefits to IAG of a strong student component include: increased student activity in national societies and in international gerontology, student input into IAG initiatives, and in conjunction with the Student Section of the host society, to take responsibility for organizing World Congress/Regional Congress Students’ Program.

Gutman also stated that a “student” should be broadly defined and would include people completing minors and majors in the field, as well as medical students, and graduates doing fellowship level work. There would be no age criteria but the student would have to be enrolled in a credit program. A way of authenticating

who is a student is to require that the instructor of the student sign a document attesting to the student status of the person.

IAG regional Student Councils would be an excellent idea but that would be up to the Regions. Strong support for the formation of an IAG Student Council was expressed by Council members.

Next Steps: Education and Training

The IAG is keen to identify member services that can be provided in the area of education and training. Dr. Gutman asked the question, “What can IAG bring to this area that does not duplicate the activities of regional and national organizations?” Suggestions included: using the IAG website to facilitate exchange of information which would aid students as well as universities from different countries and regions which could enter into real or virtual partnerships with respect to curriculum development; assist in areas of the world where gerontology is not formally recognized; provide support for accreditation of higher education in gerontology; assist in evaluating credentials from across different countries and regions. (As cross-national movement of students becomes more common there will be a growing need for this type of assistance.) It was noted that some member organizations have a long history

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Student Sections

Profile

Student Connection - Connexion Étudiante

BY SHERRY ANNE CHAPMAN,
PRESIDENT

Student Connection - Connexion Étudiante (SC-CÉ) is the student group within the Canadian Association on Gerontology (CAG).

First, a word of introduction. With other CAG members, the SC-CÉ supports the CAG Vision: To be the Canadian authority on individual and population aging, and the CAG Mission: To improve the lives of older Canadians through the creation and dissemination of knowledge in gerontological policy, practice, research, and education.

The SC-CÉ has an Executive Committee that represents the interests and concerns of students to the CAG's Board of Directors towards contributing to CAG activities, optimizing benefits for students, and facilitating student participation, particularly with respect to Annual Scientific and Educational Meetings and the *Canadian Journal on Aging*. The SC-CÉ seeks to recruit CAG student members towards fostering a sense of student ownership of and future regular membership in the CAG upon graduation. Currently, the SC-CÉ Executive Committee is drafting a constitution and a strategic plan to articulate our organizational principles.

In October 2001, we created a

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Profile

ISNAH – International Students' Network on Ageing and Health

BY EMILIE MARTINONI AND JOEL KAMMEYER

The International Student Network on Ageing and Health, ISNAH, was born in August 2000. This initiative began with a group of students who participated in the "International Conference on Ageing and Health" organized jointly in Porto, Portugal, by the International Federation of Medical Students' Associations (IFMSA, www.ifmsa.org) and the International Pharmaceutical Students' Federation (IPSF, www.ipsf.org), in cooperation with the World Health Organization, Ageing and Life Course Programme (www.who.int/ageing). This network involves students, professionals and educators interested in working in the field of ageing and health who have helped organize, attended, or participated in a project on ageing.

Information Dissemination: ISNAH aims at promoting awareness among future health care professionals about the challenges of an ageing population and the special needs of older people. This occurs through the network web page (www.isnah.cjb.net) and mailing list, publications (*Medical Students International* on "Ageing and Health") and by organizing training seminars and workshops on an international, regional and local level. Information also includes issues related to ageing and development, older people and human rights, gender perspective, ethics and end of life issues.

Community and Research Projects: In several countries around the world, students are involved in grassroots projects on primary health care and promotion of active ageing on a volunteer basis. These projects stimulate an intergenerational exchange that helps to bridge the gap between generations. For example in South Africa and Croatia medical students visit older people in rural areas and provide health check-ups, while in Denmark students go out with older people for social and cultural activities such as visiting museums, having a cup of tea together, and going to the cinema.

Curriculum Development: Geriatrics and ageing related issues should be included in medical education and other health associated education programs. Students can play a key role to lobby for a change in their curricula. An informative and advocacy tool for medical students has been created by the WHO and IFMSA: a study aiming at surveying the "Teaching of Geriatrics in Medical Education" - the "TeGeME" study.

ISNAH is just one example on how students can act for the promotion of ageing and gerontology, at a community, faculty and political level. The cost effectiveness and a high level of motivation make students good partners in the attempt to achieve better healthcare and social policies for older people worldwide. For more information please see our website at www.ifmsa.org



Elder Abuse

International Network for the Prevention of Elder Abuse

Elder abuse not just a problem of developed countries

BY LIA DAICHMAN, PRESIDENT
 In 2002, almost 400 million people aged 60 and over lived in the developing world. By 2025, their numbers will have increased to approximately 840 million representing 70% of all older people worldwide (UN, 2001).

This demographic reality is taking place in developing countries alongside increases in mobility, emigration, economic recession, and changing family characteristics. For example, the present economic downturn in Argentina, Uruguay and Brazil is resulting in a “boomerang effect”, whereby adult children, squeezed by the rising cost of living are moving back to their parents’ houses with their own children. Not only does this mean increased stress for older people and their resources but it often results in them being more vulnerable to abuse.

The first phase of an ongoing study conducted by the WHO in partnership with INPEA in five developing countries (Argentina, Brazil, Kenya, Lebanon and India) and reported in a landmark report *Missing Voices* (WHO-INPEA, 2002), launched at the Valencia Forum and NGO Forum in Madrid, revealed remarkable similarities across the participating countries, with older people perceiving abuse in three broad areas:

- *Neglect - isolation, abandonment and social exclusion.*
- *Violation of rights - human, legal and medical.*

- *Deprivation - of choices, decisions, status, finances and respect.*

Risk factors for abuse, identified by the elders, included:

- *Being Old*
- *Being ill*
- *Living alone*
- *Isolation*
- *Family history of mistreatment*
- *Lack of a social network*
- *Lack of information about available resources*
- *Poor contact with peers*
- *Intergenerational conflict*

Some saw “freedom deprivation” as worse than losing one’s personal belongings. Relatively independent elders did not appreciate a “paternalistic approach” on the part of their own children, viewing it as a type of disqualification of their capacities. They resented adult children’s overprotective behavior especially regarding withholding of relevant and sometimes vital information, under the excuse that it might create anxiety or worry or cause them anguish. Information should not be denied to elders; they must have the opportunity of making their own personal choices.

Prevention measures recommended by the elders who participated in the WHO-INPEA study include:

- *Educating elderly people about their rights*
- *Informing them about options and alternatives and how to access services*
- *Teaching them how to maximize remaining capacities and adapt to new*

situations

- *Including information about aging throughout the educational system. ie: from primary school to post-secondary*
- *Sensitizing seniors and their families, potential caregivers and other professionals about the dangers of elder abuse*
- *Encouraging the media to promote positive images of aging and provide responsible coverage of the issues surrounding elder abuse and neglect*
- *Creating new agencies to deal specifically with elder abuse and promoting collaboration between agencies to prevent duplication and wasting of resources*

While the developed countries have emphasized individual and family attributes as predictors of elder mistreatment, the developing nations have given more weight to societal and cultural factors such as inheritance systems, land rights that affect the political economy of relationships, the social construction of gender that places older women at risk, rural-urban migration, and a loss of tradition ritual and arbitration roles of elders within the family through the modernization process.

It is necessary to examine elder abuse and neglect from different cultural perspectives. Cultural insensitivity could block accurate detection of elder mistreatment and could also keep help from being offered and accepted (Hudson et al., 1998).

More solid information is necessary for policy, planning and



Elder Abuse

practice. Information is knowledge, knowledge is power and power enables. There is an urgent need for more research and for reliable data for the development of responsible regional policies on aging.

Education and training are key for raising awareness within the community, establishing appropriate curricula and providing information to older people.

The media can be a powerful source of information concerning the issues surrounding elder abuse and neglect, calling attention to it and disseminating information about what to do and where to go in case of mistreatment.

Intervention programs to deal with violence against older people and especially their evaluation are sparse and pertain mainly to the developed nations. Developing countries should try to design unique public policies to prevent abuse by meeting basic needs for food, shelter, economic security and health care; outlawing abusive customs; initiating community programs to stimulate social interaction; creating social networks to promote solidarity and social support, and working with older people to create "self-help" programs.

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~ INPEA is a standing committee of the IAG. For further information about their mission, their activities, or to become a member, please see their website at www.inpea.net

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the *Research Agenda* can be taken forward through further global debate and expert review and how the issues raised may be promoted for implementation to governments, international intergovernmental agencies, nongovernmental organizations concerned with ageing, academic institutions, the private sector and other community bodies across the globe. The IAG will continue to have an important role in the process through global and regional activities.

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of delivering gerontological education and that their experience could be useful to other countries. Curriculum guidelines have been developed by the IAG's European Region and by the Association for Gerontology in Higher Education in the USA and these may be helpful; these guidelines could be linked or placed on the IAG website. Other suggestions were that a journal might be asked to do a special issue on the topic of guidelines and that IAG could suggest consultants to member organizations or others requesting assistance. It was agreed that it is at the cross-national and cross-regional level that IAG could fill a niche and facilitate dissemination of best practice models.

Dr. Gutman encourages members to continue to provide ideas to the Executive about educational activities that support and enhance cross-regional and cross-national collaboration and cooperation.

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dynamic, new SC-CÉ website at <http://www.ucalgary.ca/~ccvictor/> This website was created to:

- Discuss issues of concern to students of aging
- Exchange information regarding job opportunities, research, practice, and conferences
- Network with students from across Canada and around the world.

We also send regular e-messages through an e-mail distribution list to student members to maintain direct contact.



5 Reasons to Travel the World in 2003

1

GERIATRIX AFRICA '03:
GERIATRIC CARE IN AFRICA - NOW AND IN THE FUTURE
March 6-8
Cape Town, South Africa
Email: deborah@curie.uct.ac.za
Web: www.uct.ac.za/depts/pgc

3RD PAN-AMERICAN CONGRESS OF GERONTOLOGY
April 30-May 3
Mar del Plata, Argentina
Email: sagg@connmed.com.ar
Web: www.sagg.org.ar

2

5TH EUROPEAN CONGRESS OF GERONTOLOGY
QUALITY OF LIFE FOR AN AGING SOCIETY
July 1-6, 2003
Barcelona, Spain
Email: eriag@eriag.org
Web: www.eriag.org

3

COMLAT IV
September 3-6
Santiago, Chile
Email: lmartinez@tajamar.cl

4

7TH ASIA-OCEANIA CONGRESS
November 24-28
Tokyo, Japan
Email: 7thaog@convention.co.jp
Web: www.convention.co.jp/7thaog

5

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conferences and special initiatives // publications // links to related organizations