



# IAG Newsletter

Volume 17, No. 4 May, 2004



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## Message from the President

# Building on Barcelona, Working to Rio

BY GLORIA M. GUTMAN

### Accomplishments Since Barcelona



This report covers the period from the Council meeting held in Barcelona, Spain in July 2003 until mid-May, 2004. The first of the many activities undertaken during this period consisted of representing the Association at the IV Latin America and Caribbean Regional Congress (COMLAT) held in Santiago, Chile September 3-6, 2003. As noted in Dr. Marin's report (see page 8 of this newsletter), during this Congress a meeting of the Executive Committee was held, attended by the officers of the Association as well as all four Regional chairs. Additionally, two other meetings took place. One was a meeting of the Nominating Committee during which a discussion paper on procedures for election of the officers of the IAG prepared by Secretary-General Dr. John Gray was tabled. After considerable discussion of this document, two decisions were reached. One was that election procedures should be one of the major topics for discussion at the next Council meeting, which will be held in September 2004 in Vienna. The second was the unanimous confirmation of Dr. Renato Maia Guimarães as President-elect. Subsequently, Renato chaired a meeting of the Association's Program Planning Committee for the next World Congress of Gerontology, which will take place in Rio de Janeiro, Brazil in June 2005. Based on the information presented, which described a first class scientific program, sound business plan and an exciting program of social events, site visits and pre- and post-Congress activities, a contract was signed between IAG and the host organization, the Brazilian Society of Geriatrics and Gerontology. This contract, which may serve as a model for future congresses, outlined in detail the expectations and responsibilities of both IAG and the host organization.

### Education Initiative

In this reporting period the Association's Education Initiative was a major focus of activity. A number of events took place including:

#### Medical Student Seminars

As reported in the last newsletter, in March, 2003, in conjunction with the GeriatricsAfrica Congress in Cape Town, a special seminar was held for medical students, co-sponsored by IAG, WHO and the International Federation of Medical Students Associations. A similar event was held in July in Barcelona, during the V European Regional Congress of Gerontology. This was followed by a seminar in Santiago, Chile during the 4th COMLAT Congress, which drew a capacity crowd of 250 medical students. Additionally, two seminars for medical students were held in Tokyo in November, in conjunction with the 7<sup>th</sup> Asia/Oceania Regional Congress.



# PRESIDENT'S MESSAGE

## Student Section Development Grants

Following approval by Council of the revised terms of reference, in January, presidents of all IAG member organizations were notified of the conditions under which they might apply for one-time grants of up to \$800 US to foster the development of a student section or, in the case of societies in which student sections already exist, increase student membership. To date, the Executive Committee has received and approved grant applications from the following 6 societies:

- Association of Gerontology (India)
- British Society of Gerontology
- Bulgarian Association on Ageing
- Canadian Association on Gerontology
- German Society of Gerontology
- New Zealand Association of Gerontology

The Secretariat has also been informed that a student section has been established within the Chilean Society of Geriatrics and Gerontology. The Chilean students have a project underway that is described on page 6.

Member societies that have not already done so are encouraged to submit applications for a grant. To assist you in preparing your application, visit the IAG website where you will find a guide for developing a student section. The guide, which was prepared by two student members of the Canadian Association on Gerontology describes the CAG's experience in establishing a student section and contains a number of useful suggestions concerning facilitating activities and procedures.

## IAG Website Worldwide Listing of Graduate Degree Programs in Gerontology

Another facet of the education initiative, was the posting on the IAG website in November 2003 of a list of all universities worldwide offering a graduate degree program (Masters, PhD) in Gerontology. An accompanying database has been established at the IAG Secretariat containing information about the admission requirements of each program, courses offered, number of students who have graduated since establishment of the program, etc. The database has proved to be very useful in answering the increasing number of questions that are coming into the Secretariat concerning graduate training opportunities.

## Graduate Education Workshop

*"Graduate education in gerontology worldwide: Exploring options for cross-national articulation, student exchanges and more"*, was the title of an invitational workshop hosted by IAG February 25-26, 2004 in Richmond, Virginia, immediately prior to the Annual Meeting and Educational Conference of the Association for Gerontology in Higher Education (AGHE). The workshop brought together 19 educators from 12 countries for two days of intensive discussion about the challenges of recruiting, teaching and administering multi-disciplinary training programs; the special needs of students who work full time, the pros and cons of courses-only as compared with courses plus thesis and/or plus practicum programs, as well as ways the universities represented might work together. (See page 4 for a list of participants). As a follow-up to the workshop, *Gerontology and Geriatrics Education* has agreed to publish the regional reports as a special issue.



Dr. Gloria Gutman meets with participants in the Graduate Education in Gerontology Worldwide Workshop in Richmond, Virginia, USA

The international group also participated in two symposia organized by IAG within the AGHE conference. The first was on the topic "Professional Education in Gerontology: Comparative Perspectives of Social Science and Health Science-Based Programs From Around the World." The purpose of this symposium was to discuss different ways and models that graduate training in gerontology is being delivered around the world and to identify new specialties that are developing that will contribute to achieving the goals of the *Madrid International Plan of Action on Ageing 2002* as well as re-





# PRESIDENT'S MESSAGE

search priorities identified in the UN-IAG *Research Agenda on Ageing for the 21<sup>st</sup> Century*.

The second AGHE symposium was entitled "Graduate Education in Gerontology - A Resource for Development." It addressed one of the three main themes to emerge from the UN's 2<sup>nd</sup> World Assembly on Ageing and the *Madrid International Plan of Action on Ageing 2002*, which is that aging is a development issue. By 2050 the number of persons aged 60 and over is projected to increase from 600 million to almost 2 billion. The increase will be greatest and most rapid in developing countries. If these countries are to meet the challenges and opportunities that will accompany "the demographic transition" and "the epidemiological revolution" that is taking place worldwide, they must start now to build the infrastructure that will enable them to deliver a sufficient supply of appropriate health care, housing, income support, transportation and other elements necessary for quality of life for their older population. The human capital portion of that infrastructure includes researchers, educators, practitioners, planners and administrators with graduate education in gerontology and geriatrics - individuals who will have the skills and training not only to generate, evaluate and effectively disseminate new and existing knowledge and best practices but also to train others. The objectives of this symposium were to discuss ways of encouraging students from developing countries to undertake graduate education in gerontology, to support them so that they successfully complete their training and graduate, and to look beyond traditional strategies that have enabled small numbers to leave their country of origin to study abroad.

## UN-IAG Research Agenda on Ageing for the 21<sup>st</sup> Century

The last newsletter contained a report of the first of a series of four regional consultations that have taken place as a follow-up to tabling the global *Research Agenda on Ageing for the 21<sup>st</sup> Century* in Madrid. The first was held in Cape Town immediately before the GeriatricsAfrica conference. The second consultation took place in July in Barcelona where a group of experts met to identify research priorities for Europe. The third took place in September, immediately before the IV COMLAT Regional congress. A similar consultation

was held in Tokyo in November. A summary of the European, Latin American and Caribbean, and the Asia Pacific regional research priorities can be found on pages 10-12 of this newsletter. Copies of the global *Research Agenda* can be obtained from the Secretariat or downloaded from the IAG website ([http://www.sfu.ca/iag/events/raa\\_ONLINE\\_PDF\\_version.pdf](http://www.sfu.ca/iag/events/raa_ONLINE_PDF_version.pdf)).

## Other UN-related Activities

In October 2003, I travelled to New York to attend the UN's International Day of the Older Person celebration and met with Alexandre (Sasha) Sidorenko, the UN's Focal Point on Ageing. We discussed distribution of the global *Research Agenda*, a potential World Ageing Survey, and sessions that we would jointly organize for the IAG's 18th World Congress in Rio in 2005 that would highlight achievements since the Madrid 2002 World Assembly on Ageing and in particular, ways that our member societies had assisted their national government with its implementation plan.

In March, I travelled to the Republic of San Marino to participate in a symposium on Ageing and Global Health organized by the WHO Collaborating Center for Travel Medicine. One part of this symposium was directed towards the creation of an international center promoting collaboration among different generations (elderly and youth). Along with representatives from the Center for Disease Control in Atlanta, Georgia, USA, I registered the interest of IAG in being part of a working group to prepare a strategic plan for an international coordinating center on research, program development and policy analysis towards health promotion and disease prevention activities to improve health throughout all stages of life.

## Collaboration with Other NGOs

While in New York in October, I attended a colloquium to celebrate the International Network on Prevention of Elder Abuse's achievement of NGO consultative status with the UN and to honour the life of Gerry Bennett, founding secretary of INPEA. Additionally, I visited the International Longevity Centre and met with its CEO Dr. Robert Butler to discuss ways that IAG and ILO-New York might collaborate.

In December 2003, I accepted an invitation to go to Glasgow, Scotland to participate in a workshop hosted by the International Congress and Convention Centre



# PRESIDENT'S MESSAGE

Association (ICCA). ICCA is a global membership organisation encompassing all the supplier disciplines involved in delivering international congresses. Periodically, it organizes what it calls Category G workshops. These bring congress venues and clients together to exchange experience of best practice. Invitations are limited to individuals from professional associations responsible for running events with over 2,500 delegates and a concurrent exhibition of over 2,500m<sup>2</sup> net, which have a global rotation. The 2001 IAG World Congress of Gerontology in Vancouver was of interest to ICCA (attendance 4,086) as well as our needs for future world and regional congresses.

While in the UK, I met with Mary Gilhooly, President of the British Society of Gerontology (BSG). One outcome of that meeting was an application from BSG for a Student Section Development grant. I also delivered a personal invitation to Dr. Gilhooly, in her role as Director of the Masters Program in Gerontology and Health Studies at the University of Paisley and to Dr. Janet Askham, Director of the Gerontology Masters Program at Kings College London to attend the IAG workshop on graduate education in gerontology described above. I also met with Michael Lake, Director General of Help the Aged UK. A major objective of this meeting was to discuss ways in which our organizations might work together to further the ageing and development agenda. In particular, and as part of our education initiative, I stressed the need for *in situ* research and education capacity-building at the graduate level. While other organizations may take the lead in assisting with grass roots research and training, I stressed that IAG's special expertise was in the area of professional education – i.e. the training of individuals with the potential to be leaders in research and education in their country and to train others. Additionally, I met with Baroness Sally Greengross OBE. Greengross holds positions in a number of organizations with which IAG and/or its member organizations in the UK might collaborate. For example, she is Executive Chair of the UK International Longevity Centre, Chair of Experience Corps, a UK Government-supported initiative to encourage more older volunteers, a member of the Social Affairs, Education and Home Affairs Subcommittee of the House of Lords' European Union Select Committee, chairs an all party group on Corporate Social Responsibility

and is a member of a number of other all party groups, including those on Charities and Voluntary Sector, Ageing and Older People and Regeneration. Greengross is also Vice-president of Age Concern England previously having served (from 1987 until 2000 when she was awarded a life peerage) as its Director General.

## New Organizations and an Opportunity for Growth and Development of IAG

Research, education and the practice of gerontology are growing around the globe. This is reflected in the establishment of new journals (e.g. *Middle-Eastern Journal of Age and Ageing*) and in conferences that are taking place in countries that are not currently represented in IAG (e.g. the International Congress on Geriatrics and Social Gerontology held April 28-30, 2004 in Tunis, Tunisia).

continued on page 7...

## IAG Graduate Education Workshop Participants

- Janet M. Askham, King's College London (England)
- Marie Beaulieu, University of Sherbrooke (Canada)
- Angelo Bos, Pontifical Catholic University of Rio Grande do Sul (Brazil)
- Sara Carmel, Ben-Gurion University of the Negev (Israel)
- Mary Gilhooly, University of Paisley (Scotland)
- James Goodwin, Help the Aged UK (England)
- Jose Fernando Gomez Montes, Caldas University (Colombia)
- Gloria Gutman, Simon Fraser University (Canada)
- William Haley, University of South Florida (USA)
- John Hirdes, University of Waterloo (Canada)
- Charles Longino, Wake Forest University (USA)
- Ariela Lowenstein, University of Haifa (Israel)
- Terttu Parkatti, University of Jyväskylä (Finland)
- Cherry Russell, University of Sydney (Australia)
- Joseph Troisi, University of Malta (Malta)
- René van Rijsselts, Vrije Universiteit Amsterdam (Netherlands)
- Jose Luis Vega Vega, University of Salamanca (Spain)
- Frank Whittington, Georgia State University (USA)
- Liz Zelinski, University of Southern California (USA)





## Best Practices

### **Korean Experience:**

## **New Elderly Exercise Program based on Traditional Dance**

BY SANG CHUL PARK

On November 5<sup>th</sup> 2003, thousands of Korean elderly gathered at Kwa-Chon city hall to participate in a newly-introduced exercise program for senior citizens, the third in a series developed by the APCRI (Aging and Physical Culture Research Institute) of Seoul National University. The Institute, the leading aging research institute in Korea, has been designated a Collaborating Center for Physical Culture and Aging Research for Health Promotion by the World Health Organization and as the Aging and Apoptosis Research Center by the Korean government. As well as conducting basic biomedical research, it has carried out the first longitudinal study on aging of Seoul citizens, Korean centenarian studies, and developed a traditional food data base. Under the slogan *Science for Society*, the goal of the Institute is to promote the translation of science in order to solve relevant social and health-related problems.

Among the many programs of the Institute, the elderly exercise program has been one of the most successful. More than 40,000 elderly people have trained for exercise in the last 3 years at senior centres, community centers, cultural centers, and homes for the elderly.

The original purpose of the program was to encourage old people to exercise more, since traditionally in Korea, old people stay at home and are sedentary. A second goal was to improve mental health. To achieve our purpose, professionals from many different disciplines – medicine, sports, dance and social welfare – participated in developing the program which is based on Korean traditional dance movements, but which has been designed scientifically with emphasis on simplicity, rhythmicity and dynamism in order to allow the elderly to learn easily and participate anywhere and anytime.

The first exercise program was introduced in mid-1999, under the title WOORI-CHUM CHEJO HAE-MAJI. The program consisted of five steps, each step continuing

for 5 to 7 minutes with rhythmic stretching and circular movement in time with traditional music. Right after its introduction, thousands of old people joined senior centers and community centers to learn the exercise. The first national contest for the exercise program was held at Seoul National University Olympic Gymnasium on October 13, 2001. At that time, 1800 old people gathered and performed together. It was a magnificent event, featured on the cover page of the WHO newsletter “*WHO in Action*” in January 2002.

A second exercise program was introduced at the end of 2002 under the title of WOORI-CHUM CHEJO ARIRANG. In this program, the music for the exercise was the most popular Korean folk song ARIRANG. Since there are many different ARIRANGs, five from different regions of the country were used. Again the program was very popular. On October 5<sup>th</sup> 2002, we held the second national contest at Kwa-Chon city hall, where 1200 people participated.

At the request of the old people, we developed a third exercise program, which is titled WOORI-CHUM CHEJO SAGUNJA. At the third contest, referred to at the outset of this article, 2300 old people joined in — there were no observers, all were active participants. With the increasing participation of old people, this program has captured government attention and the mass media have started to get interested.

For further information contact the author who is Professor and Director of the Aging and Apoptosis Research Center and Aging and Physical Culture Research Institute at Seoul National University Medical School, 28 Yon Gon Dong, Chong-No Ku, Seoul, 110-799, S. Korea, Fax: 82-2-744-4534, E-mail: scpark@snu.ac.kr

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



# IAG ACTIVITIES

## Student Section

### Chilean Medical Students Survey Attitudes towards the Elderly

By JOSÉ MANUEL BURGUEÑO RIVERA

Throughout the world populations are growing older due to higher life expectancy and lower fertility rates. Presently in Chile people aged 60 and over constitute 11.4% of the population, and by 2025 this figure is expected to rise to 16%. Even though these changes are well known, disciplines like Geriatrics and Gerontology are poorly developed in our country.

In 1995 Reuben showed that beginning medical students had already formed some unfavorable attitudes about older people. In 1998 he developed and validated a 14-item scale to measure attitudes towards the elderly and caring for older patients. Using it, the WHO Ageing and Lifecourse Programme and the International Federation of Medical Students Associations (IFMSA) conducted a study called "Teaching Geriatrics in Medical Education II

(TeGeME II)" that evaluated attitudes towards the elderly among students in their clinical years. The objective of our study is to evaluate the attitudes of students during their seven years of medical school to determine when is the best time for them to receive education and medical training regarding the elderly.

**Participants:** Medical students from 10 different public and private universities in Chile.

**Measurements:** Reuben's questionnaire plus seven other questions that have been validated in Chile by the Department of Geriatrics of the Pontificia Universidad Católica de Chile

**Time frame:** The data will be collected from December 2003 to June 2004.

### 13th IAG President Ewald W. Busse Passes Away at 86



It is with deep regret that we inform you of the passing March 7, 2004 of the 13<sup>th</sup> President of IAG, **Ewald W. "Bud" Busse**. Busse, a founder of the field of geriatric psychiatry, was chairman of the Department of Psychiatry at Duke University for 21 years. He also founded the Duke Center for the Study of Aging and Human Development which he directed from 1957-1970, leaving it to

serve as Associate Provost and Dean of Medical and Allied Health Education from 1974 to 1982.

In addition to serving as IAG president, Busse was president of the American Psychiatric Association, the American Geriatrics Society, the Gerontological Society of America,

the American Association of Departments of Psychiatry, the Southern Psychiatric Association, and the North Carolina Institute of Medicine.

He was author, co-author or editor of more than 250 scientific articles and books. His many awards included the William C. Menninger Award, the highest honour given by the American College of Physicians, for his contributions to the science of mental health.

Two awards have been named in his honour, the Ewald W. Busse Award, which is given annually by the Division of Aging in the North Carolina Department of Health and Human Services; and the Busse Research Award (see page 10).

The IAG Secretariat is pleased to accept gifts to the Student Travel Fund in Dr. Busse's memory or you can send them to the Busse Memorial Fund, 1530 Duke South, Box 3085, Duke University Medical Center, Durham, NC 27710

*For more history about IAG and its Presidents:*  
 [www.sfu.ca/iag](http://www.sfu.ca/iag)





# WORLD CONGRESS

2005 World Congress

## The Road to Rio: Update on Planning for the 18th World Congress of Gerontology, Rio de Janeiro June 26-30, 2005

By RENATO MAIA GUIMARÃES, CHAIR OF THE ORGANIZING COMMITTEE AND PRESIDENT-ELECT, IAG



An important mission of the 18th World Congress will be alerting the world that this is the century of aging, and showing that graying of its population isn't a problem but rather, a challenge. It's a challenge for policy makers dealing with retirement, social and health policies. It's an invitation for all to

change the concept of old age from a period of loss to a time of enjoyment, from a time of disease and incapacity to days of harvesting the prevention strategies sowed during one's lifetime. Although "healthy aging" could be a good slogan "active aging," the theme chosen for the 18<sup>th</sup> World Congress, is even better. It conveys the idea of being healthy to be active, being active despite limitations, living and aging well. Many leaders in the field of Gerontology have already confirmed their participation in the Rio Congress.

There will be two plenary sessions everyday, providing an opportunity to explore what we have in common; to share our commitment to active aging. The 18th Congress will offer the most up to date information in all disciplines. It will be a golden opportunity for researchers to report their work, educators to discuss their strategies and those involved in providing social or medical care to exchange experiences with people from the other side of the world.

While our main objective is to have a first class scientific program, participants are also invited to an outstanding social program. Rio is a wonderful city, that your heart will never forget. Plan now to meet in Rio in June, 2005.

visit the rio congress website:  
[www.gerontology2005.org.br](http://www.gerontology2005.org.br)



continued from page 4...

The Tunis conference is noteworthy for several reasons. First, because it was an invitational conference hosted by the government of Tunisia in recognition of the rapid rate that population aging is taking place in that country, and secondly, because it was the birthplace of a new organization – the Francophone Association of Geriatrics and Gerontology. This new organization cross-cuts member organizations of IAG such as Belgium, Canada, France and Switzerland, which have French as an official language. As well, it provides a platform for French-speaking countries such as Mali, Morocco

and Senegal in Africa, Vietnam, Laos and Cambodia in Asia, and island countries such as Martinique, Guadalupe and Haiti, which do not currently have enough gerontologists and geriatricians to form a national society. The President, Dr. Alain Marco (himself a past president of the French Society of Gerontology and Geriatrics), the Secretary-General Dr. Said Hajem (Tunisia), and the founding board members clearly expressed the desire of the new association to be a part of IAG. A key challenge for the IAG Council is to develop a new category of membership and/or administrative

structure that will allow this to happen.

We also must make our membership categories sufficiently flexible to encompass the new organizations that have developed in countries that are already members of IAG and that seek to join us (e.g. the Canadian Geriatrics Society). While one organization per country may have been sufficient when IAG was established in 1950, it is time for us to grow and develop if we, as an organization, are to meet the challenge of global ageing.



# OUR REGIONS

On the World Stage

## 4th Latin-American Congress In Chile

BY PEDRO PAULO MARÍN

The 4<sup>th</sup> Latin-American Congress of Gerontology took place September 3-6, 2003 in Santiago, hosted by the Chilean Society of Geriatrics and Gerontology. The President of the Congress was Dr. Pedro Paulo Marin, who assumed the presidency of the COMLAT Region for the next four years.

The Congress had a truly international flavor, with presenters traveling from four continents and almost 800 attendees from 22 different countries. Apart from the regional specialists, nearly 30 non-Latin-American geriatric and gerontology specialists participated actively in the scientific program.

A total of 80 posters were presented and 6 papers were selected as oral

presentations, receiving as a prize the Spanish version of the *Merck Manual in Geriatrics*. The first day, the International Federation of Medical Students' Associations organized a workshop, co-sponsored by IAG and WHO, that was attended by 250 students. Also on the first day, the Latin-American Academy of Medicine for the Elderly-ALMA was launched. Members are professors of geriatric medicine. They organized a symposium about frailty and came to a consensus about undergraduate teaching of geriatric medicine.

Other highlights of the congress included presentation of the results of two major regional epidemiological studies -SABE/PAHO and INTRA/WHO; a symposium sponsored by

The Merck Institute on Aging -MIAH Education Institute about teaching geriatrics in medical schools and in communities, and a symposium sponsored by CEPAL-CELADE about follow up of the *Madrid Plan of Action*.

The day before and during the first day of the Congress, the IAG and UN Programme on Ageing convened an expert meeting to discuss a research agenda for the Latin-American Region; WHO-PAHO were co-sponsors. During the COMLAT Congress the IAG also held an Executive Committee Meeting. All four IAG Regional Chairs were present as well as the Executive Committee for the IAG 18<sup>th</sup> World Congress of Gerontology which will be held in Rio de Janeiro, Brazil June 26-30, 2005.

## Asia-Oceania Region Holds Congress in Tokyo

BY YASUYOSHI OUCHI,  
CONGRESS PRESIDENT

The 7<sup>th</sup> Asia/Oceania Regional Congress of Gerontology was held at the Tokyo International Forum November 24-28, 2003, with 1158 in attendance, including 377 from 34 countries. It was organized by a local committee with co-sponsorship by the Science Council of Japan and the Japan Gerontological Society. We also received the Japanese Cabinet's endorsement, and support from many organizations, including the Ministry of Education, Culture, Sports, Science and Technology, the Ministry of Health, Labor and Welfare, and the World Health Organization.

Under the main theme of "Promoting Sciences and Humanities for Successful Aging," this congress served as an international forum for advancing the well-being of all people by challenging the problems of aging from the viewpoints of biology, basic medicine, clinical medicine, behavioral science, social science, welfare, and other disciplines, and by the interchange of information and ideas generated by gerontological research conducted around the world.

The scientific program included 4 keynote lectures, 10 plenary lectures, 28 invited symposia, 2 INPEA symposia, 4 round table discussions, 6 proposed symposia,

38 paper sessions as well as poster sessions. In total, 817 papers and 62 posters were presented. [Editor's note: abstracts are published in *Geriatrics and Gerontology International*, 2003, Vol. 3 Supplement 1] The Crown Prince of Japan attended the opening ceremony and gave an address regarding the importance of promoting gerontological research in aging societies. The participants were very much impressed with his address. At the closing banquet participants enjoyed dinner while watching a "shishimai" (lion dance) and a social dance demonstration by elderly amateur dancers and professional dancers.





# SECRETARY GENERAL

## Secretary-General's Report

### IAG Pleased to Announce Expansion of Membership

BY JOHN GRAY

#### Membership

The IAG is very pleased to welcome Turkey, Panama and Estonia to its membership. The member from Turkey is the Geriatrics Society of Turkey. Their president is Prof. Dr. Yesim Gökçe Kutsal whose e-mail address is [ykutsal@hacettepe.edu.tr](mailto:ykutsal@hacettepe.edu.tr). The website address of their society is [www.geriatri.org](http://www.geriatri.org). The member from Estonia is the Estonian Association of Gerontology and Geriatrics. Dr. Kai Saks is their president ([Kai.Saks@kliinikum.ee](mailto:Kai.Saks@kliinikum.ee)). The Panamanian Council of Geriatrics and Gerontology is our 66th member. The President is Dr. Luis Cornejo Aleman ([cornejomd@starmedia.com](mailto:cornejomd@starmedia.com)). Both Turkey and Estonia are part of the European region of IAG. Council members are encouraged to make our new members feel welcome.

Other applications have been received including some from societies in countries that already have a member – this issue is being addressed (below).

#### Bylaws Review

An IAG Issues and Options paper, developed in response to Council's direction to the Executive Committee to review the by-laws and Manual of Operating Procedures, has been sent to Council. This paper will be fully debated and discussed at a two day Council meeting to be scheduled in early fall (northern), 2004.

There are two main issues for the consideration of Council in this paper:

- (1) Expansion of the membership of the IAG** to allow more than one national organization from each country, including single discipline organizations (e.g. geriatrics society) so long as they have the same purposes as IAG and admit other professional groups as members.
- (2) The relationship between the President-elect and the President of the World Congress Organizing Committee** (they have usually been the same person, but should this be

changed?). Rotation of the World Congress through IAG's regions is also addressed.

These issues must be linked to the purposes of IAG and a review of the purposes is also covered in the paper and needs to be further discussed.

The issue of expansion of membership may be controversial. However, given the change in the environment over the last few decades (discussed in the paper), the applications for IAG membership that have been received from single discipline national organizations and the development of specialty international gerontological organizations, it was considered timely to address this important issue.

The paper includes notice of motions for Council's consideration. The reason for providing these is that 90 days notice is required for any proposed change in the by-laws. The Executive Committee has not voted on these recommendations and they can all be amended at the meeting by any member in the light of discussion. Any change to the by-laws requires a "two-thirds vote in the Council with a quorum present."

These are important issues for the future of IAG. If Council members require a copy please contact the Secretariat ([iag@sfu.ca](mailto:iag@sfu.ca)).

### Note from Russia

Dear Dr. Gutman,

We highly appreciate the attention of the International Association of Gerontology to its past President Professor Dmitry F. Chebotarev in awarding him with the IAG Presidential Medal.

The Medal was given to Prof. Chebotarev by Academician Yuri Zozyulya, Vice President of the Ukrainian Academy of Medical Science in the presence of the Director of Institute of Gerontology, Prof. Vladislav V. Bezrukov and the Institute Scientific Board.



# OUR HISTORY

## Research Agenda

### **RAA-21 Regional Priorities for Asia, Europe, and Latin America**

By GARY ANDREWS AND ALEXANDRE SIDORENKO

*The Research Agenda on Ageing for the 21<sup>st</sup> Century* is a joint project of the International Association of Gerontology (IAG) and the United Nations Programme on Ageing (UNPoA) that commenced with an agreement between the two bodies in August 1997.

A series of expert group meetings were convened during 1999-2000 that led to formulation of a global research agenda endorsed by the Valencia Forum in April, 2002 in Spain. The final version was presented at the 2<sup>nd</sup> World Assembly on Ageing in Madrid. This document, published by IAG, identifies priorities for research and data collection in order to support the implementation and monitoring of policy actions proposed in the *Madrid International Plan of Action on Ageing 2002*.

During 2003, a series of workshops were held focused on formulating regional research priorities, where possible in connection with the elaboration and adoption of regional strategies for implementation of the Madrid Plan. The first of these was held in Cape Town, South Africa in association with the GeriatricAfrica '03 meeting in March 2003. A report of this consultation was published in the July 2003 *IAG Newsletter*. The present report highlights outcomes of three subsequent regional consultations.

#### Europe

Major changes are now taking place in the age balance of European society, which will reshape the demographic structure of Europe over the next 25 years. It has been recognized that ageing should not be regarded purely as a socio-economic problem, with worrying implications for pension provision, welfare systems and health care. Demographic change should be seen as a major positive opportunity for the European economy.

Special consideration needs to be given to the countries of Eastern Europe and the former Soviet Union where the share of older people is projected to rise over the next three decades. While not all are "poor" as economically defined, they are one of the major social groups in poverty in the region. Their vulnerability stems from a variety of sources; many are socially isolated, most of the oldest are women, and destitution is on the rise.

As a framework for developing priorities in policy-

related research on ageing, the workshop used the *Regional Implementation Strategy for the Madrid International Plan of Action on Ageing*, which was adopted by the United Nations Economic Commission for Europe (UNECE) Regional Ministerial Conference on Ageing (Berlin, September 2002).

The *Regional Implementation Strategy for Europe* includes ten commitments. Some examples of research priorities under the first nine<sup>1</sup> that were identified in the IAG-UNPoA 2003 consultation are shown below.

While recognizing the significant efforts being made to foster and coordinate European research on ageing through such mechanisms as the European Forum on Population Ageing Research and the Ageing in Europe Research Network (European Sociological Association), a number of methodological challenges were also identified as priorities for action, including:

- Problems with language (translation) and methodo-

#### **Call for Nominations for Busse Research Awards**

Promoting international research in gerontology, two Busse Research Awards will be given at the XVIII World Congress of Gerontology in Rio de Janeiro, Brazil, June 26-30, 2005. Two gerontologists (junior or mid-career) will be selected. One award will recognize a scientist from the social/behavioral sciences; the other from the biomedical sciences. Awards are \$3500 each, with up to \$3,000 travel/living expenses. Awardees must present a lecture based on their research at the conference. Deadline for receipt of applications: September 30, 2004.

For information and application forms, visit [www.geri.duke.edu/busse/busse.html](http://www.geri.duke.edu/busse/busse.html) or contact:

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# RESEARCH AGENDA

- logical standards.
- Situations in countries with economies in transition vary and may require different methodological approaches.
- Census protocols could be modified to yield better data on ageing e.g. more age categories, greater coverage of biomedical and psychosocial areas.

### Latin America and the Caribbean

The recently released report *The State of Aging and Health in Latin America and the Caribbean*, prepared jointly by PAHO and the Merck Institute of Aging and Health, noted that the number of persons aged 60 years or older living in the region will increase from 42 million in 2000 to 100 million in 2025 - a growth of over 138%. Moreover, by 2025, in

every country of the region at least 10% of those aged 60 or older will be aged 80 or above. In some countries the proportion of “older old” will be even higher.

Important current research on ageing in the region includes the SABE Project - “*Health, Aging and Well-being in Latin America and the Caribbean*” – a multi-centre study being carried out in eight cities. Utilizing a common questionnaire, it describes: socio-demographic characteristics of persons aged 65 and over living in private homes; their labour history and source of income; living arrangements; social support networks; cognitive, health, nutrition and functional status; anthropometrical characteristics; mobility and flexibility; use and accessibility of services; and medication consumption. The SABE

Commitment (extract)	Research Priority
To mainstream ageing in all policy fields...	Research on images of and attitudes to ageing and factors influencing these, especially those that might be used to create more positive views of older persons in society.
To ensure full integration and participation of older persons in society...	Study of care giving - comparative research across Europe to reflect heterogeneity, using consistent methods.
To promote equitable and sustainable economic growth...	Comparative research on social security systems - alternatives and cross-national variations.
To adjust social protection systems...	Study of the effects of different incentive arrangements on retirement decisions.
To enable labour markets to respond to the economic and social consequences of population ageing...	Analyses of impact of migration policies on employment of older workers.
To promote life-long learning and adapt the educational system...	Evaluation of existing training and re-training programs for further/ new employment, including gender perspective
To strive to ensure quality of life at all ages and maintain independent living...	Research on effectiveness of promoting healthy life styles; life extension research.
To mainstream a gender approach in an ageing society...	Research on gender inequality and differences (e.g., in legislation, social security systems, health and service accessibility, within the family and community).
To support families that provide care for older persons...	Study of grandparents' role in the quality of life of children.



project and other regional research efforts were considered to be an important resource supporting cross-national research and capacity-building.

The meeting noted the concurrent development of a *Regional Strategy on Aging for Latin America and the Caribbean*, adopted in November 2003 at the regional intergovernmental conference in Santiago, Chile.

Research priorities for the region were developed based on the framework of the Madrid Plan. They included:

- Understanding the changing role of the family.
- Investigating the interplay of biological, genetic and environmental factors in disease and disability with special emphasis on immune response (e.g. later effects of childhood malnutrition, infections).
- Determining the prevalence of diseases and disabilities of older persons among age sub-groups, by gender and other characteristics.
- Determining how routinely collected data (e.g. death certificates) can be improved and linked with other data sets (e.g. census) to provide better epidemiological information.

The experts emphasized the need to involve older persons in research.

### Asia-Pacific Region

Rapid and unprecedented population ageing is recognized as a major emerging issue in terms of the social, health and economic consequences for developing countries of Asia and the Pacific. For developed countries, including Australia, continuing issues associated with growth of the proportion and numbers of older persons (especially the very old) present major challenges for health and social services. The Asia-Pacific Seminar on Regional Follow-up to the Second World Assembly on Ageing, organized by the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), took place at the end of 2002 with the objective of providing guidelines on the implementation of commitments and recommendations on ageing made under the Madrid Plan and the *Macao Plan of Action on Ageing for Asia and the Pacific*. This strategy noted the need to "...Encourage the use of the *Research Agenda on Ageing for the 21st Century* endorsed by the Valencia Forum and presented to the Second World

Assembly on Ageing as a guide to the formulation of national research frameworks..."

The workshop in Tokyo identified a wide ranging set of research issues and priorities linked to the *Shanghai Regional Implementation Strategy* including:

- Identification of key indicators and criteria to assess whether ageing is mainstreamed in development policies.
- Provision of a reliable knowledge base to inform the process of development of policy on sustainable income security, including involvement of formal and informal sectors.
- Examination of the current public perception of older people and ageing, including analysis of the factors that impact on employment and retention of older workers.
- Identification and evaluation of approaches to reduce discrimination against women of different ages in such areas as labour force participation, income security, access to health care and family care giving.
- Identification of the factors that trigger need and demand (including financial factors) for long term care service, taking account of cultural, urban/rural differences and the impacts upon families.
- Study of the emerging constraints on traditional family structure (filial piety) and function and how governmental and community policies to relieve these constraints can be developed.
- Enunciation of the measures required for strengthening the traditional community based support for older persons.
- Analysis of options and use of age friendly architectural designs introduced at local level, including such parameters as adaptability.
- Study of the impact of economic development, culture, change in social roles, and family planning policies (including one child policies) on care giving roles in the family.

The above highlights just a few of the outcomes of the Expert Regional Workshops that will be reported more fully in the near future.

<sup>1</sup> The tenth commitment addresses the promotion of the implementation and follow-up of the *Regional Implementation Strategy*; no research priorities were identified for this commitment.