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Conference website at
www.iahsa.net/norway.
More information
on page 10.

Bringing Practitioners in Ageing Together Worldwide

Alliance

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The Newsletter of the International Association of Homes and Services for the Ageing

Norway – Land of the Midnight Sun

This is the first of two articles about Norway, the site of the IAHSA 6th International Conference, 27-29 June 2005 in Trondheim. In this edition, you will get an overview of Norway, its history and its many charms as a host for IAHSA. The next edition will provide an in-depth look at the Norwegian aged care system.

Norwegian History Overview

Two centuries of Viking raids into Europe tapered off following the adoption of Christianity by King Olav Tryggvason in 994. Conversion of the Norwegian kingdom occurred over the next several decades. In 1397, Norway was absorbed into a union with Denmark that was to last for more than four centuries. In 1814, Norwegians resisted the cession of their country to Sweden and adopted a new constitution. Sweden then invaded Norway but agreed to let Norway keep its constitution in return for accepting the union

under a Swedish king.

Rising nationalism throughout the 19th century led to a 1905 referendum granting Norway independence. Norway remained neutral in World War I and proclaimed its neutrality at the outset of World War II. Nevertheless, it was not able to avoid a five-year occupation by Nazi Germany (1940-1945). In 1949, neutrality was abandoned and Norway became a member of NATO (North Atlantic Treaty Organization). Discovery of oil and gas in adjacent waters in the late 1960s boosted Norway's economic fortunes. The current focus is on containing spending on the extensive welfare system and planning for the time when petroleum reserves are depleted. In referenda held in 1972 and 1994, Norway rejected joining the European Union.

However, this does not mean that Norway isolates itself from the international society. Through the years, the country has played an active role internationally. For example, when the United Nations was established, Norwegian Trygve Lie was elected as the first



Munkholmen Island, Trondheim

Secretary-General in 1946. Norway has also played the role of mediator in several international and national conflicts, in the Middle-East and Sri Lanka.

Norway is a constitutional monarchy, but the political power is in the Storting [Parliament], with general elections held every four years.

Join IAHSA
in Norway in 2005

Norway is a sparsely populated country where most things are well organized and where everything works. This means that trains,

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Message
From the Chair
**WHY WE SHOULD
BE CONCERNED
ABOUT GLOBAL
AGEING**



Stephen E. Proctor

Chair, IAHSA
Board of
Directors

Recently, I read a copy of the remarks made by William Novelli, AARP CEO, at the National Press Club in Washington, DC, entitled, *Why America Should Be Concerned About Global Ageing*.

Some of the statistics he quoted are well known to members of IAHSA but I thought I would cite a few here to emphasize the importance of the issue:

- According to The World Bank, 16 percent of the world's population, more than one billion people, will be over 60 years old or over by 2030. And as birth rates are dropping, the number of older people will outnumber children for the first time in history.

- The European Commission and OECD projections show that public spending on public pensions and health benefits for the elderly in the typical developed country will grow from 11 to 18 percent of the GDP over the next fifty years.
- The trend toward utilization of older workers is accelerating, with some European countries looking at increasing the retirement age. In addition, The European Commission has mandated that member states implement a new law that prohibits age discrimination in the workplace.

These excerpts have meaning for us because they provide a framework to understand the importance of the work of IAHSA and its members throughout the world. They also highlight the fact that all of us will feel the effects of global ageing. There is much that must be done economically and socially to prepare for the challenges that lie ahead.

In the developed world we worry about these trends, but the developing world is facing far greater challenges as their population ages. The basics of life that we take for granted, clean water, shelter and food, are often hard to come by for many older persons and their families in the developing world.

The reality of this difference took on a more human face when

my wife and I had an opportunity to spend two weeks working as Registered Nurses in a medical mission in Honduras. As one of the poorest countries in the western hemisphere, with a per capita GDP of about 6% of that of the United States, the difference in the standard of living was profound. While most of the 5300 patients seen in the medical and dental clinic were young people and children, there were many people with significant problems related to ageing. A lifetime of hardship and inadequate health care tends to magnify the effects of chronic illnesses.

Returning to the United States, I realized that a global understanding of the needs of the ageing is more crucial now than at any other time in history. It is also an inspiration to reach out beyond our borders to meet the needs of the less fortunate in our world.

IAHSA is a great place to gain this understanding. It is my hope that we will also use IAHSA to apply what we learn to help those in developing countries deal with their ageing crisis in new and creative ways.

Sincerely,
Stephen Proctor



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ABOUT THE ORGANIZATION

Founded in 1994, the International Association of Homes and Services for the Ageing (IAHSA) exists to facilitate the development of informed, productive collaborations among ageing service providers, governments, non-governmental organizations (NGOs), businesses and others involved in ageing care. IAHSA provides opportunities for meaningful professional interaction and the educational exchange of timely information on trends affecting the global ageing community. IAHSA is committed to the belief that the results of these initiatives can improve the quality of life of older persons throughout the world by providing the foundation for increased independence and enhanced dignity.

IAHSA holds special consultative status with the Economic and Social Council of the United Nations.

IAHSA is an international, not-for-profit educational and charitable organization with multinational composition in governance and membership. IAHSA's headquarters are in Washington, D.C., USA.

OUR MISSION

The mission of the International Association of Homes and Services for the Ageing (IAHSA) is to connect and support care and service providers worldwide to enhance quality of life for the ageing. IAHSA represents the interests of its members and promotes the association's goals through ethical leadership, advocacy, networking, education, information, and other services. IAHSA is the international network of ageing services, governments, ministries, private voluntary organizations, nongovernmental organizations, businesses, and professionals.

OUR GOALS

- ◆ To promote quality services for the ageing, frail elderly and disabled
- ◆ To promote a forum for professional interaction and an exchange of information for all persons interested in ageing, the care of the ageing, facility design and accessibility for the ageing
- ◆ To facilitate opportunities and markets for an international exchange of ideas, services and products that are beneficial to consumers and providers
- ◆ To promote education and training on global issues pertaining to the ageing, frail elderly and disabled
- ◆ To promote opportunities through study tours and world congresses to exchange ideas and create a forum for service and product providers, consumers, and professionals
- ◆ To support research and understanding of universal ageing and disability issues, projects, programs and services
- ◆ To disseminate pertinent and timely information regarding ageing issues

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Long Term Care in Israel: Developments and Challenges

By *Tuvia Mendelson, Director, JDC-Eshel Publications, Jerusalem, Israel*

When Israel was established in 1949, the elderly population was not an issue, but by the late sixties and early seventies, the picture was different. Waves of new immigrants, many from Arab countries and North Africa led to a dramatic increase in the number of elderly with special needs to be met.

To cope with the dramatic population change, the government of Israel, together with the American Jewish Joint Distribution Committee [known in Israel as the Joint] established Eshel, a non-profit organization with a mission to lead the development and planning of services for the elderly. Today, the elderly over 65 years of age represent 10% of the population in Israel and the rate of growth in the number of elderly is more than twice that of the general population.

Income and Supplemental Benefits

Most of the elderly in Israel do not have pension/retirement income benefits and are therefore eligible to receive from the National Insurance Institute (NII) an old-age pension intended to ensure a minimum level of income. For about one third of the elderly, the old age pension is their only source of income so they are also entitled to supplemental income benefits from the NII.

In 1988 the Community Long-Term Care Insurance Law was enacted. Under the administration of the NII, the Law provides 9.5 to 15 hours of home care per week. At the end of 2002 approximately 113,700 elderly were entitled to receive services under this law.

In January 1995, the National Health Insurance Law went into effect providing health insurance for all residents of Israel. Statistics have shown that the elderly use the health services more than any other segment of society.

Ageing Services and Programs

In its continual efforts to develop services for the elderly, Eshel is working on a five-year plan, in collaboration with the Israeli government Welfare & Health Ministries, the National Insurance Institute and other partners such as the Joint, the Brookdale Institute, and local authorities to name a few. The plan is constructive in clearly defining the needs and focuses on the areas where a special endeavor is required. The pooling of resources proved to have a tremendous system-wide impact on all services available for the elderly, and thus the development of a system of services for the elderly has been accelerated concurrent with the rise in elderly population.

Some of these leading services include:

- **Homes for the aged** are based on a continuum of care model, which allows residents to remain in the same facility even if there is a change in their physical or mental condition. Eshel homes are designed with separate wards for physically and mentally frail elderly and for those requiring full time nursing care.
- **Day care centers** are a key component in the community-based services program. Most day care centers serve between 60 and

120 elderly per day including meals, social and cultural programs, occupational therapy and various physical activities. The day care centers also serve as a focus for other activities in the community, such as social club meetings and volunteer activities. There are currently 190 day care centers serving more than 18,000 elderly. The rate of institutionalization of the elderly in Israel is less than 5 percent. This is the result of Israel's strong emphasis on community-based services, such as day care and home care. Additional day care centers are in various stages of planning and construction.

- **Sheltered Housing** projects usually consist of apartment buildings or blocks of apartments adapted to meet the needs of elderly residents. Common rooms and special social activity programs help create a feeling of community. Every sheltered housing project has a housekeeper, and is equipped with an emergency call system. Maintenance is provided for all residents. The NII provides funds to renovate and upgrade the apartments as needed. The occupants pay rent for the apartments.
- **The Supportive Community** responds to the needs of elderly who prefer to continue living in their homes in the community even when their functional abilities decline. The program provides services without interfering with the lifestyles of the members and allows them to maintain independence and privacy. The

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Norway

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buses and ferry timetables are reliable, that flights depart on schedule, that public information in general is correct and up to date.

Norwegians are warm, honest and friendly people who love and respect their country. They like to keep their environment clean and tidy. In a report issued in July 2004, the United Nations declared Norway one of the five best countries in which to live. It has also topped the list of tourist destinations published in the National Geographic magazine.

Norway has produced world-renowned artists, such as painter Edvard Munch, writer Henrik Ibsen



Old Town Bridge, Trondheim

and composer Edvard Grieg. But what Norway is probably best known for is its nature: the fjords, the waterfalls, the mountains, the glaciers and the ocean. The entire Norwegian coast offers stunning and unexpected views of the ever changing landscape. Norway is one of the few countries in the world with fjords – deep, wide bays separated from the sea, formed by glaciers scouring massive valleys into the land thousands of years ago. Norway is also noted for its natural phenomena, particularly the Midnight Sun and the Northern Lights. Despite its far north location, Norway has a quite mild climate due to the Gulf Stream.

Norway in the summer is totally unique. It is ideal for active outdoor vacations, from seaside activities along the fjords to the dramatic Norwegian mountains. The mid-night sun offers long, light nights

enabling visitors extra time for sightseeing and other outdoor activities.

Norwegian Centennial

In 1905, Norway became truly independent, separating from Sweden. Celebration of the Centennial will take place across the country in 2005. IAHSA visitors to Norway will have many opportunities to share the celebration. There will be many different activities, especially cultural. In Trondheim, there will be an exhibition about technology and the development of modern society.

Trondheim, IAHSA's Conference City

The Sagas tell us how King Olav Tryggvason of Viking fame founded the city by the mouth of the River river Nidelva in 997. Trondheim holds a special place in Norwegian history and culture. It was the first capital of Norway, and is still the city where new kings receive their ceremonial blessing. Situated by the Trondheim fjord, it is surrounded by lovely forested hills, with the Nidelva river winding through the town. It has been and still is a popular pilgrimage site, an ecclesiastical centre, a regional capital and a centre for commerce and administration.

Today, Trondheim is a modern city, a centre of knowledge with a highly respected university, many popular colleges and a research community ranking among the best in Europe. You will find a wide variety of cultural and recreational activities in Trondheim, while work and education options abound. Here you can experience both the charm and intimacy of the small town and the plethora of choices of big-city life.

Trondheim has opened its doors to IAHSA. Mayor Rita Ottervik is hosting the IAHSA Welcome Reception at the Archbishop's Palace, the oldest secular building in the Nordic countries. Tor Åm, Municipal Executive for Health and Social Welfare, has arranged for



Nidaros Cathedral, Trondheim

IAHSA members to visit many of the ageing services facilities in and around Trondheim. IAHSA's conference in Trondheim is also supported by SINTEF, the largest independent research organization in Scandinavia with about 1,800 employees, and by the Norwegian University of Science and Technology with about 3,500 employees and 20,000 students. These two organizations have strongly contributed to making Trondheim the "technology capital of Norway".

Trondheim is a walking city, and with the Norwegian emphasis on a healthy lifestyle, you will notice that use of elevators is discouraged (but they are available and most of the buildings are accessible for wheelchair users). Cobblestone streets host coffee bars, shops and restaurants, all just steps away from your hotel and the Nova Convention Centre.

IAHSA looks forward to welcoming you to Trondheim in 2005.

Information in this article is from www.trondheim.com.



Historic Britannia Hotel, Trondheim

RECOMMENDED RESOURCES

Dementia Care in 9 OECD Countries: A Comparative Analysis

By Pierre Moise, Michael Schwarzingler, Myung-Yong Um and the Dementia Experts' Group
28 July 2004

Dementia is both a chronic and progressively debilitating disease. In recent years it has become a major policy issue in OECD countries, with a significant proportion of the older population suffering from the disease, many requiring long-term support and care. The economic and social implications are substantial for patients, their caregivers, and for health and social care systems, and will increase along with the ageing of populations in OECD countries. This paper concentrates on dementia in older persons [aged 65 years and older], with a particular focus on Alzheimer's disease where data permits.

The purpose of this paper is to

assist countries in formulating policies to manage dementia by providing policy-relevant comparisons across OECD countries. Five main study questions will be addressed:

- What is the burden of dementia in the participating countries, including the prevalence, mortality, disability and the resulting care needs?
- Are there variations in how dementia is treated across the continuum of care, including diagnosis, acute care, primary care, community care, and long-term care? What is the balance between health and formal social care? What is the level of informal care giving and the support

provided to carers?

- What are the reasons for any differences in care approaches, particularly in relation to the impact of policies and economic incentives? Are there differences in terms of access and utilization of services between different groups in the community?
- What is the effect of differing care approaches on outcomes for patients and caregivers and on costs for both formal and informal care?
- What are the implications for health and social care systems?

The full report can be found at www.oecd.org/dataoecd/10/52/33551491.pdf

Living Happily Ever After: The Economic Implications of Ageing Societies

A 2004 REPORT OF THE WORLD ECONOMIC FORUM PENSION READINESS INITIATIVE
DEVELOPED IN PARTNERSHIP WITH WATSON WYATT WORLDWIDE

By Richard Jackson and Neil Howe

Published by the Center for Strategic & International Studies, Global Ageing Initiative
April 2004

Executive Summary:

Due to medical advances, life expectancy is increasing rapidly and will likely continue to do so for the foreseeable future. Meanwhile, fertility rates in much of the world are declining.

Because these trends are much more exaggerated in the developed world than in the developing world, general population ageing and the decreasing of labor-force growth trends are occurring at increasingly varied rates in different

regions of the globe. This will have a profound impact on the distribution of the global workforce in the coming decades.

In the year 2000, Mexico and Germany had roughly equivalent workforce populations, about 51 million people each. However, by the year 2030, Mexico will have a working-age population [ages 20-64] that is twice the size of Germany's 80.5 million versus 43.1 million, respectively.

In the current 15 European Union [EU] nations, the number of

people aged 20-59 years will decrease from 208.7 million in 2000 to 151.2 million in 2050. Meanwhile, during the same period, the amount of people over the age of 60 will climb from 82.1 million to 125.1 million.

Over the long-term, Japan would have to increase its immigration rate 11-fold to make up for its low fertility rates.

In India, on the other hand, the number of working age people will increase by 335 million by 2030 –

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Toward Active Old Age

By *Joost H.M. Happel, CEO, CoornbertCentrum, Den Haag, The Netherlands*

“The share of the total European population older than 65 is set to increase from 16.1% in 2000 to 27.5% by 2050. People over 80 years are expected to increase from 3.6% in 2000 to 10% by 2050. Due to this, the Commission of EU (European Union) has proposed three common objectives for health care and care of the elderly: access for all to decent healthcare of elderly care, high quality of care, and financial sustainability. (The European Commission 2001)”

In response to these alarming statistics and the renewed emphasis by the EU on its aged care policy, a project titled “Toward Active Old Age” was launched with funding from the Leonardo da Vinci Fund in Europe. Over the course of two and a half years, both care providers and institutes for care education from across Europe, including Finland, Hungary, The Netherlands and Poland worked together to catalog and investigate the implementation and delivery of aged care services—with a focus on the development of appropriate future care for the elderly in Europe. These investigations were carried out by surveying a total of 1,200 people between the ages of 50-60 in all four countries and questioning them on their vision for future aged care services. In addition, Finnish researchers conducted a qualitative investigation looking at the extent to which the Principles for the Elderly of the United Nations are being put into practice by care providers in the participating countries.

The major goals of the project were to facilitate European level discussion of professional qualifications needed in caring for the elderly



Promoting active ageing at CoornbertCentrum facilities!

and to create a forum for national and European level discussions and analysis of the professional roles, values and skills in future aged care services. It was anticipated that the result would be an increase in value of care of the elderly among professionals and students of social and health care; highlight the national and European level challenges of education to improve the quality aged care services by education; and facilitate transnational comparisons of education, professional skills and knowledge in the care of the elderly.

The results of the project were presented in Pori, Finland in April 2004. The conference, “Toward

Active Old Age” was attended by over 160 delegates from 11 countries. Two main conclusions were presented: 1) Despite the variety of countries and types of aged care services participating in the project, one theme was evident in the majority of investigations: the empowerment of the client should be the priority. Care systems are too focused on the application of care techniques rather than providing attention, respect and self-determination to residents. The medical approach is overexposed while the social and psychological approaches are inadequate. 2) Development of national education programs will be paramount to the future success of aged care services in Europe. A framework for the development of national education programs must be developed that will promote increased access for aged care professionals to collect knowledge and skills in order to provide contemporary client support. The focus will be shifted from delivery of technical care to supporting the client.

While the study professes not to have any intention of creating a ranking list or grading scale of aged care services, it does hope to adequately reflect on the phenomena which have materialized in the research and use the data to improve aged care services in Europe. True to its intent, the conference served as a forum for European level discussion and cooperation between scientists, care-providers, educators and students of social and health care. It not only challenged preconceived notions, but also updated participants’ information on care of older people.

For more information on “Toward Active Old Age”, please visit www.activeoldage.com

Joost H.M. Happel is a member of the European Committee of IAHSA. Mr. Happel's organization participated in the “Toward Active Old Age” Project.

SURVEY: PESSIMISM ON RETIREMENT FUNDS

The Principal Financial Group, a financial services firm, has issued its third annual Global Financial Well-Being Study, which finds that one consequence of recent financial volatility has been the public's increased uncertainty about their retirement prospects. Only 22 percent of participants were very confident that they would have enough money to pay for basic expenses - food, shelter, and clothing - during retirement. However, workers' sentiments varied to a large extent from country to country. The mixed sentiments are largely due to what people see as government and employer lack of sufficient action in ensuring their financially sound retirement. Workers also feel somewhat under-informed regarding what should be done to prepare for retirement, and so are not able to fully take advantage of retirement planning. The report concluded that governments still have an important role to play in encouraging employers to offer their employees financial advice and guidance to help people live comfortably in their 'golden years'.

The study was undertaken in 12 countries: Brazil, Chile, People's Republic of China, France, Germany, Great Britain, Hong Kong, India, Italy, Japan, Mexico, and the United States.

More information can be found at www.principal.com/about/news/gwb061704.htm.

STUDY OF HEALTHCARE REFORMS IN EUROPE

A study conducted by the Stockholm Network in seven EU Member States (the Czech Republic, France, Germany, Italy, the Netherlands, Spain and Sweden) shows that of Europeans, 81% fear that the quality of their healthcare system will decline in the next decade if no reforms are implemented. This concern is due to the fact that the national health care systems in Europe, based on the concept of social solidarity, will be financially challenged due to a reduced tax base from an ageing population as well as a growing demand for more advanced (and costly) medical services.

According to the study, entitled "Impatient for Change - European Attitudes to Healthcare Reforms", 84% of respondents believe that reforms are urgent with an even higher proportion among the working, taxpaying population. Respondents also expressed a strong demand for increased patient information (77%), especially information about illnesses and the quality of care provided by doctors and hospitals. According to the survey, the Internet and other media should be used more widely to disseminate medical information to patients. Respondents felt the most trustworthy sources of information were still doctors and nurses (85%), patients' own experience (78%), followed by the media (43%) with politicians last, trusted by only 18%.

More information can be found at http://health.timbro.se/pdf/impatient_for_change.pdf

ELDER ABUSE

Incidents of elder abuse are increasing across the globe. Reports from Asia and the United States show that this issue is escalating, with older adults being battered, fleeced and neglected at skyrocketing rates. Several factors are fueling the rise in abuse, experts say:

- An overall increase in the world's elder population.
- Many elders live with next-of-kin, creating stress that worsens when the elder requires a lot of care.
- Elders hold a large proportion of wealth in savings and home values, making them ripe targets for abuse.
- Many care givers are not adequately trained for dealing with the physical and emotional stress of caring for an elder.

The majority of the victims are women, with family members/care givers primarily responsible for the abuse. Officials believe that more attention needs to be paid to this area.

SOURCE: Ageing Japan Wakes up to Problem of Elder Abuse, Elaine Lies, Reuters Foundation, Tokyo, Japan, 4 June 2004: America's Seniors Hit by Explosion of Abuse, Tom Mashberg & Maggie Mulvihill, Boston Herald, USA 2 August 2004

KOREAN GOVERNMENT INVESTS IN 'SILVER BUSINESSES'

Over the next five years, the Korean government plans to invest 150 billion won [US\$128.2 million] in laying the high-tech infrastructure to bolster the so-called 'silver busi-

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nesses' that cater exclusively to senior citizens. Recognizing the lucrative potential of the market for goods and services tailored to the booming population of senior citizens, the Korean Ministry of Commerce, Industry and Energy addressed the need to promote such industries.

According to figures from the Samsung Economic Research Institute, the global market for silver digital technology is expected to expand to about US\$260 billion by 2010. Most of the money will be used for the development of high-tech medical equipment designed to meet the needs of the elderly.

Kim Ji-hyun, *The Korea Herald*,
29 May 2004

AUSTRALIAN STATISTICAL UPDATE

The Australian Bureau of Statistics and the Australian Institute of Health and Welfare recently released new projections:

The number of 'loners' may double by 2026. Up to 3.8 million people may be living alone by 2026, compared to only 1.8 million in 2001. Almost one-third of all people living alone in 2026 will be Australians over age 75; three quarters will be women.

The trend for more home-based care will increase. The number of people employed in non-residential care services increased by 18,000 to 80,600 over the past five years.

Over 40% of older people living in residential aged care have

dementia. An estimated one-fifth of people aged 85 or over are affected by dementia to such a degree that they need assistance with self-care, mobility or communication. Overall dementia cost Australia's health and aged care systems an estimated AU\$2.5 billion in direct expenditures in 2000-2001.

More information is available through the Australian Bureau of Statistics at www.abs.gov.au and the Australian Institute of Health and Welfare at www.aihw.gov.au.

For more news
and updates, visit
the IAHSa website at
www.iasha.net

Regional Focus: Israel
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Supportive Community members enjoy personal security, an emergency call system that is available 24 hours a day, assistance with daily activities as well as counseling and information. At present there are 119 supportive communities serving over 15,000 elderly. After an initial investment for installation of the emergency call system, the program is financially self-supporting as a result of participant's monthly fees and small subsidies from the local municipal authorities.

- **The Warm Home** program establishes an environment where small groups of elderly

immigrants from similar backgrounds meet at least twice a week at the home of a host family. Funds are provided by Eshel to the host family to ensure that their residence has the needed furniture and amenities for the visitors.

- **Health Promotion** services and programs are aimed at helping the elderly to lead independent, healthy lives and thus prevent illnesses. This is accomplished through screening programs to identify problems and through teaching knowledge and skills to maintain a healthy lifestyle. Some of the prominent programs include physical activity, nutrition, oral hygiene, vision and hearing screening, proper use of

medication and treatment and prevention of incontinence.

These are only very few examples of the hundreds of services and programs designed to help the elderly and focus on their well-being. Eshel, working closely with the government and many other partners, is determined to further develop services to promote good health and prevent illnesses, to improve the status of the elderly and better their public image, and ensure that every elderly man and woman will get equal opportunities to a better quality of life.

For more information visit the Eshel website at www.eshelnet.org.il

Living Happily Ever After
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almost as much as the total working age population of the EU and the United States combined in 2000.

Southeast Asia will see its workforce grow by 58 percent within the next 30 years.

For the full report, visit www.watsonsyatt.com/research

Ageing -
it's an
international
phenomenon!

IAHSA EDUCATION SESSIONS DURING AAHSA ANNUAL MEETING IN NASHVILLE, TN, USA, OCTOBER 25-28, 2004

The Annual Meeting of the American Association of Homes and Services for the Aging (AAHSA) will feature a number of international education sessions including:

- International Strategic Partnerships in Ageing
- New U.S. and Australian Concepts of Community-Based Senior Living
- Flexible Facilities for the Future Continuum: European Models and
- Accommodating Cultures - Learning from Abroad and Respecting Diversity at Home.

Visit www.aabsa.org/am2004 for more information.



IAHSA NORWAY CONFERENCE WEBSITE

IAHSA recently launched the website www.iahsa.net/norway for our upcoming Sixth International Conference—*Creative Solutions for an Ageing Society: Sharing the Wisdom*, June 27-29, 2005 to be held in Trondheim, Norway.

The website will be updated regularly as IAHSA finalizes conference arrangements. IAHSA will be accepting conference registrations from

December 2004. E-mail us at iahsa@aaahsa.org to be added to the IAHSA conference e-mail updates list or if you have questions/comments about the IAHSA Sixth International Conference.

INTERESTED IN BEING A SPONSOR FOR THE IAHSA SIXTH INTERNATIONAL CONFERENCE?

The IAHSA conference attracts top decision makers from more than 600 aged care provider organizations, including senior housing, nursing facilities and home and community-based programs representing more than 30 countries. The conference will be an excellent opportunity for you to introduce your company/organization to a rapidly growing ageing services market.

Visit the IAHSA Sixth International Conference website at www.iahsa.net/norway for information on IAHSA Business Partner Opportunities. Contact IAHSA at iahsa@aaahsa.org if you would like to take advantage of an IAHSA Business Partner Opportunity!

IAHSA WELCOMES TWO NEW BOARD MEMBERS

Mr. John Cowland, Executive Director, Illawarra Retirement Trust, Woonona, NSW, Australia

John Cowland has been involved, at senior levels, in the aged care industry in Australia for more than 20 years. In addition to his role as CEO of a major not-for-profit provider which is known for the quality and innovative nature of many of its services, he has been a Board member of Aged and Community Services (NSW & ACT) for 14 years and President (Chair) for 5 years; a Board member of Aged and Community Services Australia for 7 years and Vice President of ACSA since October 2003. Cowland has had extensive involvement in providing leadership in the not-for-profit aged and community care sector at both State and national level. Cowland also maintains a keen interest in international ageing by attending a IAHSA conferences and has visited a number of overseas aged care provider organisations.



Mr. Gene Dolloff, President, Morrison Senior Dining, Blue Bell, PA, USA

Gene Dolloff has served as President of Morrison Senior Dining, a division of Morrison Management Specialists since 1998. Morrison, the nation's only specialist dedicated exclusively to providing food, nutrition and dining services to the healthcare and senior living industries is a member of Compass Group, the world's largest food service provider.

Prior to joining Morrison, Dolloff served as principal of Culinary Service Network, Inc. (CSN), one of the nation's leading companies dedicated to providing dining services to the senior living community. Morrison acquired CSN in 1998 to form the foundation of Morrison Senior Dining, now the United States' leading provider of dining services to the senior living market.

World Health Organization Launches New Initiative to Address the Health Needs of a Rapidly Ageing Population

More than one billion people will be over 60 years old by 2025 and, as populations age, the burden of chronic diseases will increase. To help tackle the public health implications of ageing, the World Health Organization (WHO) launched Towards Age-Friendly Primary Health Care, new general principles that will serve as guidelines for community-based Primary Health Care (PHC) centres.

Released during the International Federation on Ageing's Seventh Global Conference on Ageing in Singapore, the principles are based on qualitative research in five countries, both developing and developed, and address three critical areas where more leadership, training and better information are needed if the PHC centres are to meet the challenge of older people's needs.

These are: information, education, communication and training for PHC providers, PHC management systems, the physical environment of PHC centres.

Today, there are 600 million people in the world aged 60 years and over. This figure is expected to double by 2025 and to reach 2 billion by 2050, the vast majority in the developing world. Population ageing is characteristically accompanied by an increase in the burden of chronic noncommunicable diseases (NCDs) such as cardiovascular diseases, diabetes and Alzheimer's disease, to name a few. As a consequence, pressure on health systems worldwide will increase.

"WHO has recognized the critical role PHC centres play in the health of older people worldwide and the need for these centres to be accessible and adapted to the needs of the older population", says Dr.

Catherine Le Galès-Camus, Assistant Director-General, Non-communicable Diseases and Mental Health. "Supporting older people to remain healthy and ensure a good quality of life in their later years is one of the greatest challenges of the health sector in all countries."

Opportunities missed by health systems to deal with or manage age-related chronic NCDs will lead to increases in the incidence, prevalence and complications of these diseases and may take resources away from other priorities, such as child and maternal health. "An age-friendly health care centre does not favour older people, but instead benefits all patients, in line with the slogan of the United Nations to create 'A Society for All Ages'," says Dr. Alexandre Kalache, who coordinates WHO's activities on ageing.

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INTERNATIONAL ASSOCIATION OF HOMES AND SERVICES FOR THE AGEING



SIXTH INTERNATIONAL CONFERENCE

CREATIVE SOLUTIONS FOR AN AGEING SOCIETY: SHARING THE WISDOM
27-29 JUNE 2005 • TRONDHEIM, NORWAY

We invite you to join leaders in ageing services from around the world at IAHSA's Sixth International Conference, *Creative Solutions for an Ageing Society: Sharing the Wisdom*

Conference Topics:

- Active Ageing, Lifelong Learning and Wellness
- Advanced Technology
- Applied Research
- Culture, Ethnicity and Attitudes toward the Aged
- Dementia Care
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- Innovations in Service Delivery Models
- Management and Operations
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- Public Policy

English is the official language for the conference.

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IAHSA Members—US \$525 • Non-members—US \$675

Registration includes: Attendance at education sessions and exhibits; daily lunches; daily morning coffee; satchel and welcome reception.

The final program will be available in December 2004.

For more information e-mail us at iahsa@iahhsa.org; telephone +1 202 508-9468 or visit www.iahhsa.net/norway.

Please visit
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information.



World Health Organization
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In the first instance, the Age-Friendly Principles will serve as a tool for awareness-raising among older people and their health care practitioners. A second step will include the testing of a tool-kit with

information and training materials to support the implementation of the Age-Friendly Principles. The project is expected to culminate with the establishment of minimum standards to determine the age-friendliness of PHC centres. The Age-Friendly Principles project was

initiated in 2001 with the support of the Australian Government and, more recently the Merck Institute on Ageing and Health.

Source: WHO Press Release, 6 September 2004

To view the complete press release, go to <http://www.who.int/>

SCHEDULE OF UPCOMING EVENTS

October 2004

- ◆ **Intergenerational Conference on Ageing: Challenges & Answers**
Oct 1, 2004
Thirissur, Kerala, India
- ◆ **Toward a New Perspective: From Ageing to Ageing Well**
Oct 3 - 5, 2004
Montreal, Quebec, Canada
- ◆ **ACSA 17th National Conference and Trade Exhibition**
Oct 3 - 6, 2004
Hobart, Tasmania, Australia
- ◆ **20th International Conference of Alzheimer's Disease International Kyoto 2004**
Oct 15 - 17, 2004
Kyoto, Japan

- ◆ **Providing Integrated Health and Social Care for Older Persons [PROCARE]**
Oct 21 - 23, 2004
Venice, Italy
- ◆ **2nd International Eden Alternative Conference**
October 24 - 27, 2004
Tacoma, Washington, USA
- ◆ **AAHSA Annual Meeting and Exposition - Quality Through Leadership**
Oct 25 - 28, 2004
Nashville, Tennessee, USA

November 2004

- ◆ **Active Aging 2004: Catching the Wave**
Nov 11 - 13, 2004
Orange County Convention Center, Orlando, FL
- ◆ **Retirement Village Association (Australia)**
Nov 16 - 19, 2004
Adelaide, South Australia

June 2005

- ◆ **Design and Health 4th World Congress and Exhibition**
Jun 22 - 26, 2005
Frankfurt, Germany
- ◆ **IAHSA Conference**
Jun 27 - 29, 2005
NOVA Conference Centre
Trondheim, Norway

For additional information about these events, please visit our website at
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