

PART I

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# INTRODUCTION

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## CHAPTER 1

# Global Aging

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**T**HE WORLD IS experiencing dramatically increased numbers of people living to an advanced old age. Often referred to as “the graying of the planet,” this dramatic increase represents the most significant population shift in recent history (Obaid & Malloch-Brown, 2002). Population aging may be considered one of humanity’s major achievements while posing a major challenge for much of the world. This chapter provides an overview of global aging, shifts in the aging population, discusses similarities and differences among the elderly, and provides some suggestions for how you can become involved in promoting the well-being of the aged.

Aging is defined by the World Health Organization (WHO, 1999) as the process of progressive change in the biological, psychological, and social structure of individuals. According to the U.N. definition, persons 60 years and over are considered elderly (United Nations, n.d.).

### GLOBAL DEMOGRAPHICS

Globally, the total population is growing at a rate of 1.2% annually. In 2000, the percentage of older persons was as follows:

Africa	5%	Europe	20%
Asia	9%	North America	16%
Latin America and Caribbean	8%	Oceania	13%

More than 600 million persons in the world are 60 years of age or older. This represents about 10% of the world’s population. However, by the year 2050, 21% of the world’s population is expected to be 60 years old or over. In less than 50 years, one person in five will be over 60. Other basic facts about global aging include:

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- The increased life expectancy is a product of improved public health, sanitation, and development.
- In 1950, 8 out of every 100 people were over 60. By 2050, 22 out of every 100 people will be over 60.
- Life expectancy worldwide is expected to increase by 11 years, from 65 in 1995 to 2000 to 76 in 2045 to 2050, despite the impact of HIV/AIDS.
- Most of the world's older people live in developing countries.
- Even in the poorest countries, life expectancy is increasing and the number of older people is growing. In 2000, there were 374 million people over 60 in developing countries—62% of the world's older people. In 2015, there will be 597 million older people in developing countries—67% of the world's older people.
- In 2005, 1 in 12 people in developing countries were over 60. By 2015, 1 in 10 people in developing countries will be over 60 and, by 2050, 1 in 5 people in developing countries will be over 60.
- In every region, the rate of population increase for the 65-and-over age group is higher than for the under-14 age group and the 15 to 64 age group.

Many older people in developing countries live in poverty:

- 80% of older people in developing countries have no regular income.
- At best, older people live on between one-third to a half of average incomes.
- Poverty rates in households with older people are up to 29% higher than in households without older people.
- Over 100 million older people live on less than a dollar a day.
- Lack of food is a serious cause of ill health in older people.
- Older widows are among the poorest and most vulnerable groups in developing countries.

Older women outnumber older men:

- In 2005, there were 83 men for every 100 women over 60 worldwide.
- In developing countries, the gap is less wide: there are 91 men for every 100 women over 60. However, this gap is increasing—by 2015, there will be 89 men for every 100 women and, by 2030, 86 men for every 100 women.

Older people care for people with HIV/AIDS and orphans:

- Older people are the primary caregivers for orphaned and vulnerable children affected by HIV/AIDS and those living with HIV/AIDS.

### DEVELOPMENTAL ASPECTS OF AGING

Aging begins before we are born, is a lifelong process and continues throughout life. Throughout the life course, differing life experiences influence our capabilities and well-being in our later years. The functional capacity of our biological systems increases during the first years of life, reaches its peak in early adult-

hood and naturally declines thereafter (WHO, 1999). Throughout most countries (but not all), persons experience a long childhood and a long old age. These two lengthy developmental spans have provided great utility. Throughout history, it has enabled older persons to educate the younger and pass on values to them. The young are provided opportunities to learn from older persons when the elderly are in the home, the neighborhood, and in all forms of social life (International Federation on Ageing, n.d.). There is substantial evidence around the world that indicates that many older persons can and do lead productive lives and contribute financially, in child care and in emotional support to the family.

Gender does appear to effect the way people age. Throughout the world, women live longer than men. Eastern Europe, the Baltic States, and Central Asia have the largest differences in the life spans between men and women. Female life expectancy at birth ranges from just over 50 years in the least developed countries to well over 80 in many developed countries. As a result, the oldest people in most parts of the world are mostly women. Although women may live longer than men, they are affected more by disabling diseases in later life than are men. In fact, overall, the patterns of health and illness in women and men are markedly different. Because of women's longevity, they are more likely to suffer from chronic diseases associated with old age. These include osteoporosis, diabetes, hypertension, incontinence, and arthritis (WHO, 1999). Many of these chronic disabling diseases significantly impact quality of life. To date, there is little scientific understanding of the life expectancy differences or the differences in relative health during the aging process (WHO, 1998).

Much of the developmental research to date has focused on the social and intellectual growth of children. But, as life expectancy increases, researchers are beginning to turn their attention to adult development and aging and as a result we are now beginning to understand how memory and learning abilities change over the lifespan, what types of memory decline, and what types are sustainable. Researchers are also beginning to study multiple related issues such as how social and family interactions contribute to successful aging, problems relating to work and retirement, and issues relating to living arrangements. But we urgently need for science to do more. It is critical for research to catch up to the worldwide aging phenomenon. For instance, we still need to know more about the factors conducive to achieving a satisfying and productive old age, how to improve and maintain memory and learning in later life, and how to best address sensory problems connected with failing vision and hearing and how these sensory impairments impact cognitive and social functioning (Canadian Psychological Association, n.d.).

What is known is that some life course factors which influence health and aging are modifiable by the individual. Research presents new opportunities for wellness promotion because people are able to influence how they age by adopting healthier life styles and by adapting to age-associated changes (WHO, 1999). Because the problems associated with development and aging are ones that all societies face, there is a critical need for interdisciplinary collaboration between the helping professions to apply current research findings to existing problems, identify the gaps in the knowledge base, and create new knowledge to better understand the developmental process of aging.

## COMMON ELEMENTS OF GERONTOLOGY PRACTICE ACROSS THE GLOBE

Despite the many societal and cultural differences between countries, there does appear to be a common set of characteristics to gerontological practice. Those elements that appear to be fairly common across all countries include the areas discussed next.

### ELDER MALTREATMENT

Abuse of the elderly is found in almost all countries of the world. According to the World Health Organization (n.d.), elder abuse is expected to continue to increase, particularly as many countries experience rapidly aging populations. Throughout the world, both elderly men and women are at high risk of abuse, neglect, and exploitation. Although older men are at risk of abuse in about the same proportion as women, elderly women are at higher risk of abuse, neglect, and exploitation in cultures where women are devalued (Sowers & Rowe, 2006).

The World Health Organization (n.d.) estimates that between 4% to 6% of the elderly have experienced abuse in the home and that elderly are also at risk of abuse in institutions such as hospitals, nursing homes, and other long-term care facilities. Cultural and socioeconomic factors also appear to play an important role in elder abuse (Sowers & Rowe, 2006). According to the World Health Organization (n.d.) cultural and socioeconomic factors influencing abuse among the elderly include:

- The depiction of older people as frail, weak, and dependent
- Erosion of the bonds between generations of a family
- Restructuring of the basic support networks for the elderly
- Systems of inheritance and land rights, affecting the distribution of power and material goods within families
- Migration of young couples to other areas, leaving elderly parents alone, in societies where older people were traditionally cared for by their offspring

### SOCIAL SERVICES

Countries that deliver social services to the elderly most commonly do so through existing health and social services networks. These generally include medical, legal, psychological, and financial help, as well as help with housing and other environmental issues. Because older persons who are more socially integrated enjoy a higher quality of life and better health, there is an emphasis on providing the elderly with the emotional and practical resources known to positively impact the aging process. These often include social clubs, religious activities, and family-based activities (WHO, n.d.).

### ECONOMIC SERVICES

Across the globe, the impact of population aging is increasingly evident in the old-age dependency ratio, the number of working-age persons (aged 15 to 64) per older persons (65 years or older) that is used as an indicator of the so-called dependency burden on potential workers. The rising dependency burden is most pronounced

in Europe and Japan and least pronounced in Africa and the Middle East, but is a reality in nearly all countries (World Bank, n.d.). The United Nations (n.d.) estimates that between 2000 and 2050 the old-age dependency ratio will double in more developed regions and triple in less developed regions. In addition to the escalating dependency burden ratio, in many countries, traditional family support mechanisms are being eroded due to declining family size, rural to urban migration, urbanization, and declining co-residence, and in some countries younger family members dying of HIV/AIDS. As a result, many older people, and particularly older women, are faced with isolation, abandonment, loneliness, and no means of financial support. The potential socioeconomic impact on society that may result from an increasing old-age dependency ratio and other social shifts is an area of growing concern (Sowers & Rowe, 2006).

Pension systems play an important role in the economic stability of countries and the security of their aging populations. They serve to reduce poverty, eliminate the risk of rapidly falling standards in retirement, and protect vulnerable elderly people from economic and social distress. The World Bank (n.d.) suggests that the projected increase in the dependency burden ratio has two main implications: (1) They contend that pension systems that collect taxes from one generation to provide benefits to their parents will need to be adjusted to address the realities that elderly people live longer lives today than was anticipated when the systems were first designed. (2) They suggest that pensions systems be more flexible in the future to provide incentives for older workers to delay their retirement until later life in order to maintain a sufficient workforce. While calling for more flexible pension systems, the World Bank also notes that because countries have a number of different combination of elements that can impact their pension system that each country must develop their own pension system tailored to the needs of their specific country.

## HEALTH SERVICES

Chronic and infectious diseases, many of which are direct results of life course events, influence the quality of life in older age. The types of conditions older people experience vary by country or region, economic status, gender, race, and ethnicity. In general, however, throughout the world those older persons with higher incomes report their health as being much better than do older people with less income (Dunkle & Norgard, 1995; Sowers & Rowe, 2006).

Long-term care for the elderly has been a challenge for all countries around the globe and the challenge will increase substantially in the years to come. In all developed nations, including the United States, the overwhelming majority of long-term care received by persons with disabilities of all ages is provided by informal caregivers, family members, or a combination of caregivers and family members. The United States does not have a comprehensive long-term care system. In general, the nation relies on Medicaid, a state administered safety net, as the primary source of financing for long-term care. Of the 29 nations that have older populations than the United States, most do not have strong or effective long-term care systems. Some, however do, for example, Germany and Japan have implemented comprehensive social insurance systems for long-term care. They cover a wide range of benefits in the home and community in addition to nursing home care. Many Scandinavian nations, as well as Austria, Japan, and Germany,

have universal long-term care programs. These programs reach large numbers of their older populations and persons with disabilities. It may be useful to look to these countries that can serve as “natural laboratories” for tracking the impact of long-term care policy changes on coverage, cost, quality of care, and quality of life (Gibson, 2003).

Long-term health care for the elderly is problematic even in those countries that have traditionally placed a high value on the elderly. Most East Asian governments promote care for the aged as a family responsibility. As a result, they have not developed a sufficient number of long-term care facilities for frail older people (Choi, 2002; Ngan, 2004; Phillips, 1999). In China, there is a long-time tradition of children supporting their elderly parents. As a result, many families experience undue stress and financial strain (Choi, 2002; MacKenzie & Beck, 1991). Because of the rising incidence of suicide among the elderly as well as other family problems, many Asian governments are now exploring the need to introduce national policies on aging and long-term care to augment the traditional system (Howe & Phillips, 2001; Ngan, 2004). Japan, South Korea, Hong Kong, Singapore, and Taiwan are beginning to plan for a major increase in long-term care services (Ngan, 2004).

## TRENDS IN GERONTOLOGICAL PRACTICE

### COMMUNITY-BASED CARE

To meet the needs of older people most countries have moved toward community-based care (Higgins, 1989) as a means of providing adequate and cost-effective care. Community-based care focuses around an integrated and more comprehensive approach to the special needs of older persons, their families, and the community. This type of model involves and requires interorganizational collaboration and interdisciplinary cooperation. A community-based approach in social services and in health care is a strategic approach to meet the mounting demands for integrated health and social services for the elderly (Zimmerman, Sloane, & Eckert, 2001). Community health care usually includes both the health and social services sectors. Typically, self-care, informal care, and formal care are provided within this approach and the care often includes prevention, curative care, rehabilitation, palliative care, and terminal care. These integrated services may be delivered in a variety of settings including home or residential care settings (World Health Organization Centre for Health Development, n.d.).

### FILIAL SUPPORT

In many places throughout the world, families are faced with increasing pressure to provide care for their elderly family members (Sowers & Rowe, 2006). As a result, several countries, including some states in the United States (George, 1997) have adopted filial support legislation. In China, filial support is mandated in the Marriage Laws of 1982 (Barusch, 1995), and the government of Singapore offers incentives for families to care for elderly parents (Teo, 1994). However, recent research indicates that policies that require or encourage relatives to provide care may have adverse consequences for elderly people and their families (Barusch, 1995). As a result, it appears that policies and interventions that provide universal access to a continuum of care alternatives that facilitate rational health care decision making by



families and that empower and sustain family members who choose to care for elderly relatives may be a more effective approach than legislating caregiving. In fact, a new approach that gives the elderly or their family members the power to hire, train, supervise, and fire workers assigned to them for home and community-based services may provide better quality of life care for the elderly (Tilly & Weiner, 2001).

### THE RIGHTS OF OLDER PERSONS

Over the past 60 years, many documents, including the 1948 Universal Declaration of Human Rights, have addressed the rights of all persons. But it was not until the Declaration on Social Progress and Development in 1969 that the human rights of the elderly were specifically mentioned in an international rights document (Office of the United Nations High Commissioner for Human Rights, n.d.). The United Nations adopted the first International Plan of Action on Ageing in 1987 and the General Assembly of the United Nations adopted the Principles for Older Persons in 1991. The four main themes of the latter were independence, participation, care, and self-fulfillment and dignity. In 1995, the Committee on Economic, Social, and Cultural Rights adopted General Comment No. 6 on the economic, social, and cultural rights of older persons. The United Nations declared 1999 to be the International Year of Older Persons and developed a conceptual framework based on four priority areas, including (1) the situation of older persons; (2) individual lifelong development; (3) the relationship between generations; and (4) the interrelationship of populations, aging, and development. In 2002, the Madrid Plan of Action seriously addressed the situation of older persons and the Commission for Social Development was given the charge to implement the plan (International Association of Gerontology, 2005).

Believing that these precedents were not enough to give older persons their rights or to recognize their contribution to society, the International Association of Gerontology and other nongovernmental organizations (NGO) called on the Commission on Human Rights to adopt a Declaration on the Rights of Older Persons. In their appeal to the commission, they called for a declaration recognizing that older persons have rights, including intergenerational rights, and that elders need protection but also make an important contribution to social peace and cohesion. They further urged that a Declaration on the Rights of Older Persons be based on the situation of older persons; individual lifelong development; the relationship between generations; and the interrelationship of population, aging, and development (International Association of Gerontology, 2005).

### ADVOCATING FOR THE ELDERLY

The International Plan of Action on Ageing is the first international advocacy instrument on aging. It influences the development and implementation of policies and programs affecting the elderly. It was endorsed by the U.N. General Assembly in 1982, having been adopted earlier the same year at the World Assembly on Ageing at Vienna, Austria. It is often referred to as the "Vienna Plan" or the "International Plan." It aims to "strengthen the capacities of governments and civil society to deal effectively with the aging of populations and to address the developmental potential and dependency needs of older persons. It promotes regional and global cooperation. The plan also seeks to ensure that people everywhere will age with

security and dignity, and continue to participate in their societies as citizens with full rights" (United Nations, n.d.). The top priorities include:

- Involving older persons in the development process
- Advancing health and well-being into old age
- Ensuring supportive environments that enable older persons to have choices

Core themes of the plan include:

- Recognition of the needs of older women;
- The desire of older people to stay active and engaged; and
- The need to create intergenerational solidarity.

These themes demonstrate how the global community shares a common vision of a better future for older persons (United Nations, n.d.). It includes 62 recommendations for action addressing research, data collection and analysis, training, and education as well as the following:

- Health and nutrition
- Protection of elderly consumers
- Housing and the environment
- Family
- Social welfare
- Income security and employment
- Education

The plan is part of an international framework of standards and strategies developed by the global community in the past few decades (International Federation on Ageing, n.d.). The United Nations Principles for Older Persons encourage governments to incorporate the following principles into their national programs:

### **Independence**

- Older persons should have access to adequate food, water, shelter, clothing, and health care through the provision of income, family and community support, and self-help.
- Older persons should have the opportunity to work or to have access to other income-generating opportunities.
- Older persons should be able to participate in determining when and at what pace withdrawal from the labor force takes place.
- Older persons should have access to appropriate educational and training programs.
- Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
- Older persons should be able to reside at home for as long as possible.
- Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being, and share their knowledge and skills with younger generations.

- Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
- Older persons should be able to form movements or associations of older persons.

### **Care**

- Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.
- Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental, and emotional well-being and to prevent or delay the onset of illness.
- Older persons should have access to social and legal services to enhance their autonomy, protection, and care.
- Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation, and social and mental stimulation in a humane and secure environment.
- Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care, or treatment facility, including full respect for their dignity, beliefs, needs, and privacy, and for the right to make decisions about their care and the quality of their lives.

### **Self-Fulfillment**

- Older persons should be able to pursue opportunities for the full development of their potential.
- Older persons should have access to the educational, cultural, spiritual, and recreational resources of society.

### **Dignity**

- Older persons should be able to live in dignity and security and be free from exploitation and physical or mental abuse.
- Older persons should be treated fairly regardless of age, gender, racial, or ethnic background, disability, or other status, and be valued independently of their economic contribution.

## **NEW TRENDS AND CHALLENGES IN GERONTOLOGICAL PRACTICE**

### **INCREASED INTERDISCIPLINARY COLLABORATION**

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. If 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 populations. This will require researchers, educators, practitioners, planners, and administrators to collaborate effectively based on emerging knowledge and best practices. They will need to

look beyond their traditional disciplines and strategies to develop and implement an infrastructure that will positively support the burgeoning elderly population.

#### DEVELOPMENT OF CULTURALLY RELEVANT PRACTICE

The form of gerontological practice that develops in any society is shaped by the prevailing social, economic, and cultural forces. But most cultures around the world are responding to the challenges of rapidly changing social and economic forces in their countries. Extreme cultural fluctuations, such as intercultural migration, interethnic marriages, reduced family size, and individual mobility are impacting gerontological practice. Practitioners, researchers, and educators must develop methods that build on and reinforce those cultural values that promote the well-being of the elderly from all cultural and ethnic groups. Working out an understanding of human beings and personal development that incorporates cultural conception and beliefs is critical to effective practice with the elderly, particularly in a global context. Making gerontological services more accessible by working with informal care-giving resources can enhance culturally relevant and appropriate practice.

#### PROMOTION OF HEALTHY AND ACTIVE AGING

Recent research clearly indicates that individuals do have some control over the aging process. Healthy and active lifestyles throughout the lifespan do contribute positively to the aging process. And, it appears that it is never too late to introduce a healthy and active lifestyle with positive benefits. As a result, the field of gerontology is beginning to try 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 benefiting from a healthy and active lifestyle. It is expected that in this century of aging, there will be a greater emphasis on promoting the aging population to be healthy and active, despite limitations. We can expect to see more programs develop that provide education and opportunities for living and aging well.

#### CHALLENGES FOR THE FUTURE

Persons are living longer and healthier lives. Older people increasingly want to remain economically active and make a contribution to society. Societies need to recognize the strengths of older persons and empower them (Sowers & Rowe, 2006). Human rights, sustainable human development, poverty eradication, and improved health care programs must be developed, designed, and monitored at all levels, with older people playing an active role (Obaid, 2002). A number of significant challenges require the introduction of policies and programs that respond to older peoples' needs. These challenges include:

- Promoting lifelong education and training, and healthy and active aging
- Recognizing and supporting the care-giving services provided by older persons, especially women, to grandchildren orphaned by the effects of HIV/AIDS

- Eliminating violence and other crimes against older persons who are caught in conflict and other complex humanitarian situations
- Supporting gender-sensitive research on population aging
- Strengthening social protection schemes for older persons, particularly the long-term care of the frail and poor (Obaid & Malloch-Brown, 2002)

This book's combined expertise is timely. Each chapter provides the latest research findings to address a myriad of challenges facing older persons in this new century. Such information is critical as the world experiences the dramatic increase in numbers of people living to an advanced old age.

## RESOURCES: INTERNATIONAL ORGANIZATIONS ON AGING

### ALZHEIMER'S DISEASE INTERNATIONAL

Alzheimer's Disease International is the umbrella organization of Alzheimer associations around the world, which offer support and information to people with dementia and to their caregivers (for more information see <http://www.alz.co.uk>).

### AMERICAN ASSOCIATION OF RETIRED PERSONS

Founded in 1958, the American Association of Retired Persons (AARP) provides global resources for information and advocacy on major issues affecting aging populations. Through its Office of International Affairs, AARP works with numerous governmental and nongovernmental organizations, promotes communication and the exchange of ideas, and establishes and communicates best practices in aging concerns worldwide. The AARP has consultative status as a nongovernmental organization at the U.N. Economic and Social Council. With this status, AARP is able to submit statements and make recommendations to ensure that the interests of people over 50 are addressed in major international initiatives and documents. The AARP's International Visitor Program provides informational briefings and reports to government officials, business leaders, NGO representatives, and researchers who visit AARP from around the world to learn more about policies, programs, and activities. In the United States and abroad, AARP seeks to lead positive social change and enhance the quality of life for people over 50. They seek to promote the concerns of the elderly through social policy, communications, advocacy, community service, and group buying arrangements. The AARP is dedicated to bettering the situation for aging people so they can live longer, healthier, more financially secure, and more productive lives (for more information see <http://www.aarp.org>).

### INTERNATIONAL FEDERATION ON AGEING

The International Federation on Ageing (IFA) informs, educates, and promotes policies, programs, and practices to improve the quality of life of older persons around the world. Their mission includes:

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- Building, facilitating, and strengthening bridges between governments, service providers, practitioners, and individuals concerned with improving the quality of life of older people around the world
- Strengthening nongovernment organizations across the regions of the world through linking together for a common purpose

The IFA focuses on three key areas:

1. *Policy*: working with and disseminating information from governments across the world committed to developing policies for an aging society and today's older people
2. *Practice*: sharing best practice from organizations committed to providing quality programs and services for older people
3. *Impact*: working with older people to understand the impact that policies, programs, and practices has on the lives of older people

The IFA also advocates for member organizations and older people globally within the United Nations, WHO, U. N. Educational Scientific and Cultural Organization (UNESCO), the U. N. Economic and Social Commission for Asia and the Pacific (UNESCAP), and the Council of Europe, though consultative status.

The IFA maintains a knowledge bank on aging issues and best practices to influence, advocate, and promote change that affects the lives of older people (for more information see <http://www.ifa-fiv.org>).

### HELPAGE INTERNATIONAL

HelpAge International is a global network of members and partner organizations working in over 80 countries on practical and policy issues. Its mission is to improve the lives of disadvantaged older people (for more information see <http://www.helpage.org>).

### INTERNATIONAL ASSOCIATION OF GERONTOLOGY AND GERIATRICS

The mission of the International Association of Gerontology and Geriatrics (IAGG) is to promote the highest levels of achievement of gerontological research and training worldwide, and to interact with other international, intergovernmental, and nongovernmental organizations in the promotion of gerontological interests globally and on behalf of its member associations. The IAGG aims to promote the highest quality of life and well being of all people as they experience aging at individual and societal levels. (For more information see <http://www.iagg.com>.)

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