



MESSAGE FROM THE PRESIDENT

Gloria M. Gutman, PhD

I am very pleased to report a number of new initiatives that have taken place since February 1, 2010 when the current administration took office:

STUDENT MEMBERSHIP

At our recent Annual General Meeting and Board Meeting which took place in New York City on October 7, a student membership category was formally established. So as to be affordable to all, the membership fee for students was set at \$15USD per annum. This fee, which will be the same for both developing and developed countries, will be available to full and part time undergraduate students, graduate students and post-doctoral fellows (or equivalent) attending recognized post-secondary educational institutions upon submission of a copy of their student card or letter of acceptance. We hope that you will actively recruit students attending colleges and universities in your country or who work with you in a paid or volunteer capacity to become members of INPEA. Students represent the next generation of leaders in the fight against elder abuse and neglect; they are an important part of our organization.

FIXED DATE & LOCATION FOR AGM

Another new initiative was to fix the date of the Annual General Meeting. For the remainder of the term of office of this administration (i.e. for the next three years) it will take place in New



left to right: Bridget Penhale, Susan Somers, Lia Daichman, Gloria Gutman & Pat Brownwell in New York City

York City on or around October 1, the UN International Day of Older Persons (IDOP). Traditionally, the New York UN NGO Committee on Aging has organized a major public event to mark IDOP, this year attended by an overflow crowd of over 400 persons. Juxtaposing our AGM with IDOP celebrations in New York provides a splendid opportunity for INPEA to attract a larger attendance than has heretofore been the case. It also provides an opportunity for us to host side events to the UN celebration.

ROSALIE WOLF MEMORIAL AWARD LECTURE HELD ON OCTOBER 7

This year, for the first time, the annual Rosalie S. Wolf Memorial Award Lecture was a featured side event of IDOP. Bridget Penhale, this year's recipient of this prestigious award, presented a talk on the topic "Older Women, Domestic Violence and Elder

Abuse: Recent Developments". The talk, attended by over 40 people, presented an excellent overview of the topic. The reception that followed enabled old friendships to be renewed and new bridges to be built between INPEA and the other organizations and individuals that were represented in the audience. INPEA is grateful to AARP for providing meeting space for the award lecture and for our AGM.

ROSALIE WOLF AWARD LECTURE TO BE A REGULAR FEATURE OF JEAN

Following the precedent set in 2009 when Ariela Lowenstein's 2008 Rosalie Wolf Award Lecture was published in JEAN - the Journal of Elder Abuse and Neglect (see Vol.21, pp.278-287), I am pleased to report that JEAN Editor-in-Chief Georgia Anetzberger has agreed

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to publish Bridget's lecture and those of the award recipients for 2011-13 and, to recommend to the editor that will succeed her in 2013, that the lecture be a continuing feature of JEAN. Thanks Georgia – INPEA is proud to have the recipients of our most important award recognized in this way.

Note: Power point slides from Bridget's lecture may be found on the INPEA website.

MENA REGION ESTABLISHED

Until recently, INPEA has had six Regional Representatives, one each for: Africa, Asia, Europe, Latin America and the Caribbean, North America, and Oceania. It also has had National Representatives from over 60 countries. In September 2010, a seventh region, the Middle East North Africa (MENA) Region was established. INPEA Vice-President Nabil Kronfol provides a rationale for the establishment of the new region.

VENUES FOR WEAAD 2011-2013

We are pleased to announce that the official INPEA event marking World Elder Abuse Awareness Day will take place in 2011 in the UK. Action on Elder Abuse and the International Longevity Centre-UK will be two important partners in this event. Stay tuned for further details. For

long range planning purposes, mark your calendars for 2012 and 2013 as follows. Current plans are to host the 2012 event in conjunction with the International Federation of Aging's 11th Global Conference which will be held in Prague, May 28-1 June and the 2013 event in conjunction with the 20th World Congress of the International Association of Gerontology and Geriatrics (IAGG) which will take place in Seoul, Korea June 23-28, 2013.

FUTURE PLANS - STUDENT SECTION

As some of you will remember, when I was President of the International Association of Gerontology and Geriatrics, I instituted a small grants program to enable IAGG member organizations to establish student sections. INPEA, as one of the two International Special Interest Organizations officially affiliated with IAGG, received one of those grants. It is time now, as we actively recruit student members, to formally establish a student section within INPEA so that its leadership can provide input concerning student training needs to our new Education and Training Standing Committee, contribute to WEAAD and other special events, and participate in the IAGG's International Council of Gerontology Student Organizations.

The case for a Middle East North Africa Region of INPEA

Nabil Kronfol, MD, DrPH

The Middle East North Africa Region (MENA) includes some 25 countries. Their number varies according to the various geographical entities adopted by international organizations. Most of these same countries are also referred to as EMR (Eastern Mediterranean Region) by the World Health Organization (WHO); 13 of them are also included in the ESCWA (Economic and Social Commission for West Asia). The World Bank and UNFPA tend to use the MENA region to refer to these countries.

To-date there are only three countries from this region that have national representatives within INPEA, namely: Lebanon, Bahrain and the United Arab Emirates (UAE). These three countries have been included in the European region up to now. However, there is nothing European about these countries (and this region). Geographically, this region is part of Asia. The culture is quite distinct from Europe and so is the language, the heritage and a host of other dimensions. Most importantly, the care of the older population in this region is quite distinct due to cultural, religious and social characteristics that are different from present-day Europe.

This region is starting to face the important issues related to aging. National and regional programs are being developed; aging is receiving research and academic attention. It is important for INPEA to recognize these changes and increase its penetration into these activities, through involvement with civil society and academia. This can best be accomplished through the establishment of a regional dimension within INPEA and the nomination of country representation according to the established by-laws.

Jn-Guy St. Gelais, Co-chair Canadian Network for the Prevention of Elder Abuse, INPEA President Gloria Gutman and INPEA Secretary General Susan Somers at the NICE Knowledge Exchange, Toronto, April, 2010.



How Health Care Professionals Can Help Prevent Elder Financial Abuse

Robert E. Roush EdD, MPH *

One of the interesting things about aging is that we all experience it differently: some “sail” through long lives with little if any disability; some, though, to use a baseball metaphor, are thrown one or more of life’s “curve balls.” One of those is mild cognitive impairment (MCI), a problematic condition placing that individual at far higher risk of being defrauded financially.

What is problematic about MCI is that individuals can go about living their lives much like they were before: engaged socially, enjoying family, friends, and leisure pursuits. The one area those with MCI have more problems with than those without the condition is in managing their financial affairs. Often times the affected person doesn’t know it, the spouse or others close to them don’t know it for awhile; and generally, their health care providers don’t delve into this highly personal area of a patient’s life. There are, though, some “professionals” who do know how much more risk a person with MCI is likely to take: unscrupulous financial advisors do and, sadly, so do equally unscrupulous family members.

There is a neurobiological basis for increased vulnerability to investment fraud and financial exploitation of some older persons; i.e., changes in the Orbitofrontal Cortex of the brain, that area where executive functioning capacity is located. Persons with marked changes in the OFC are far less risk averse than age-matched persons without any change.

Natalie Denburg’s elegant Iowa Gambling Task study demonstrated this (<http://discovery.medicine.uiowa.edu/neuroscience/investigators/Denburg,Natalie/index.htm>), as has Daniel Marson’s research (<http://medicine.uab.edu/>

neurology/faculty/Marson) using his Financial Capacity Instrument.

Plassman et al. (<http://www.annals.org/content/148/6/427.abstract>) estimate that 35% of the 25 million people in the U.S. age 71 and over have some form of cognitive impairment. As the aging population nearly doubles in another 20 years, so will the numbers of those with this risk factor.

A 2009 study by the MetLife Foundation suggests that financial losses of financially exploited seniors could be as high as \$2.6 billion a year. A report released this past June 15th on World Elder Abuse Awareness Day by the non-profit Investor Protection Trust (IPT) states that as many as one in five older Americans say they have experienced financial exploitation or been targeted by persons attempting to defraud them of their hard-earned savings. If the amount lost to fraud is significant, seniors simply don’t have the time to make it back. This has health consequences when victims have to choose between out-of-pocket health services and food and shelter.

To combat this serious and growing problem, clinicians and investor educators combined forces in Texas to develop an easy-to-use set of “red flag” questions that busy primary care physicians and their office staff could use with their older patients. Funded by a grant from the IPT and supported by the Texas State Securities Board, geriatrics faculty at Baylor College of Medicine in Houston, Texas used outside experts in decision-making capacity, psychiatry, and ethics to work with focus groups of clinicians who see large numbers of older people in their practices. The result was a clinician’s pocket guide, which also gives referral routes if there is a positive screen, and a patient education brochure that formed the basis of a series of 10 continuing

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INPEA REPRESENTATIVES

UN and Other International Committees and Organizations

UNITED NATIONS:

CoNGO *Gloria Gutman & Susan Somers*
Coordinator UN Reps. *Susan Somers*
UNHQ NY ECOSOC *Main Rep. Patricia Brownell*
UN HQ NY DPI *Main Rep. Susan Somers, Alt. Denise Caldera*
UN Geneva *Main Rep. Ursula Barter*
UN Vienna *Main Rep. Ulrike Waginger*

NGO COMMITTEES WORKING AT UN

LOCATIONS:

New York

Ageing Committee:
Elder Abuse Sub-Committee *Pat Brownell -Chair*
IDOP 2010 *Pat Brownell & Denise Gosselin Caldera Co-chairs*
Sub-Committee to Promote a Convention for the Human Rights of Older Persons
Pat Brownell, James Collins & Susan Somers
Committee on AIDS/HIV *Robert Brent*
Committee on Health *Susan Somers*
Committee on Human Rights *Susan Somers*
Committee on Social Development
Susan Somers & James Collins
Committee on Status of Women Subcommittee on Older Women (SCOW) *Pat Brownell*

Geneva

Committee on Ageing *Ursula Barter*
Committee on Status of Women *Ursula Barter*

Vienna

Committee on Aging *Ulrika Waginger*

OTHER ORGANIZATIONS:

African Research Network (AFRAN) *Susan Somers*
Geneva International Network on Ageing (GINA) *Ursula Barter*
International Association of Gerontology and Geriatrics (IAGG) *Gloria Gutman*
Latin America & Caribbean Region IAGG (COMLAT) *Lia Daichman*
International NGO’s for a Convention on the Human Rights of Older Persons
Lia Daichman & Susan Somers
Institute on Violence, Abuse and Trauma (IVAT)
Annual Conference San Diego *Susan Somers*
National Partnership to End Interpersonal Violence Across the Life Span (NPEIV) *Susan Somers*
National Initiative on Care of the Elderly (NICE) Elder Abuse Theme Team *Gloria Gutman*

GERONTECHNOLOGY AS AN ELDER ABUSE ISSUE

Assistive devices are increasingly being touted as a major problem solver for the challenges in performing activities of daily living (ADLs and IADLS) that many older adults experience as a result of the sensory and physical changes that tend to accompany 'normal' aging.

Other technologies are being marketed to healthy seniors and pre-retirees as ways of staying physically or cognitively fit and warding off the ravages of diseases such as Alzheimers. Still others are targeted to persons who are already physically or cognitively frail. Some of the devices and products may indeed be helpful but they may be priced beyond the means of the average older adult. Others are outright frauds and scams where vulnerable older adults are being 'oversold' technology or services

in contracts that are legally 'unfair' and that border on or constitute financial abuse.

Another area of concern is the use of technology to monitor the quality of care that is provided. The issue here is that it may require installation of devices (e.g. surveillance cameras) that intrude on older persons' right to privacy and/or that jeopardize the rights of care providers.

These and other concerns related to technology were explored in a roundtable session at the 7th World Conference of the International Society for Gerontechnology, held in Vancouver Canada, May 27-30, 2010. Speakers included President Gutman, Laura Watts, Director of the Canadian Centre



left to right: Lorea Ytterberg and Elsa Marziali discuss the Elder Abuse Suspicion Index (EASI) at the ISG Conference INPEA exhibit held in Vancouver, May 2010.

for Elder Law, Dr. Mauro Colombo, a physician from Italy specified in dementia care and Dr. Anneke van der Plaats a family physician from the Netherlands.

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medical education programs in Texas during 2009. Of the 200 who took the courses, 130 completed evaluations and gave contact information. Later, 67 gave the research team permission to contact them at six months. The results were a case finding rate of 55% who had used the pocket guide and who found patients deemed highly vulnerable to what the team has called EIFFE, or elder investment fraud and financial exploitation.

The results of the EIFFE project were presented at the November 2009 annual meeting of the Gerontological Society of America and at the June 2010 annual meeting of the National Area Health Education Center Organization.

Since the June 15th press release of the IPT-commissioned survey findings, 155 print and electronic media outlets ranging from the Washington Post, LA Times, Chicago Tribune, and Wall Street Journal have carried articles on the EIFFE project. One from Sunday, July 11th in the

Salt Lake Tribune by Humberto Cruz typifies the national interest in this issue: <http://www.sltrib.com/sltrib/opinion/49788004-82/financial-fraud-regulators-securities.html.csp>.

What began in Texas with support of the Texas State Securities Board and funded by the IPT has the potential to become a national program. The TSSB has counterparts in each state whose function is to regulate stock brokers and financial advisors making sure they don't sell an unsuitable financial product to anyone of any age. The TSSB and the other state oversight agencies also play another important role: i.e., their investor educators conduct programs for seniors to increase their financial literacy and how to avoid scams. The professional organization of these regulatory and financial professionals is the North American State Securities Association (NASSA) which has an active Senior Outreach Project Group.

The IPT, NASSA, and the National Adult Protective Services Association

have teamed to work with such national health-related organizations as the American Academy of Family Physicians, the National Association of Geriatric Education Centers, the National Area Health Education Center Organization and others. The goal of this new alignment of organizations is to offer continuing education for health professionals to increase their clinical awareness of the issue and to provide them with a proven screening tool and with effective referral routes.

Hopefully this national effort will prevent large numbers of vulnerable older persons from losing their wherewithall. And hopefully the thieves who use undue influence to gain elders' trust and sell them highly inappropriate financial instruments will be caught, prosecuted, and punished.

*Dr. Roush is Director, Texas Consortium Geriatrics Education Center and Principal Investigator, EIFFE Grant, Huffington Center on Aging, Baylor College of Medicine, Houston, Texas

World Elder Abuse Awareness Day: Changing the World, One Day at a Time

Elizabeth Podnieks, EdD
Professor Emeritus, Ryerson University
Founder and Chair, WEAAD

It was a glorious day on June 15, 2010, when nearly one hundred people came together to celebrate the fifth anniversary of World Elder Abuse Awareness Day (WEAAD), held at the historic (1886) Faculty Club. One of the oldest buildings of the University of Toronto, it was the perfect venue for an event honouring both the young and the old.

The conference opened with welcome remarks in which I noted that World Day is not just about raising awareness of the indignities suffered by the elderly but also a celebration of older persons. The Honourable Gerry Phillips, Minister Responsible for Seniors described how for the first time Ontario retirement home residents will have legislation to protect against abuse and neglect.

The Honourable Diane Ablonsky, Minister for State (Seniors) announced funding of almost \$ 1 million for six federal Elder Abuse Initiative projects. Jane Barratt, Executive Director of the International Federation on Aging (IFA), INPEA's partner in the two projects highlighted at the conference, stated that elder abuse is not just about policy and legislation, but partnerships with stakeholders - and every member of society is a stakeholder when it comes to elder abuse. A video greeting from Dr. Gloria Gutman, President of INPEA who was unable to attend the celebration, rounded out the first part of the program.

Part 2 began with a presentation by 15 students from grades nine to twelve that captured the hearts and attention of the conference

participants. The students, who came from Newfoundland, Quebec, Ontario, Manitoba and British Columbia described their four month journey in first, recognizing elder abuse, second working with older persons and finally taking the issue and making it their own. Details of their projects and activities, described by the project consultant, Sharon MacKenzie, may be found in the forthcoming WEAAD Proceedings.

Mala Kapur Shankardass, Delhi University, spoke next describing an intergenerational pilot program conducted in three educational institutions in two states in India. Many of the activities were designed to have students interact with their parents, the community and the media. Susan Crichton (Public Health Agency of Canada) spoke of the need for intergenerational activities to allow youth and older adults to create friendships and build strong relationships with each other. Jean-Guy St. Gelais (Co-chair, Canadian Network for the Prevention of Elder Abuse) described an announcement by the Province of Quebec to commit \$20 million to initiatives related to elder abuse.

In Part 3 of the program, project coordinator, Susan Susskind showcased the work undertaken to date to update and customize INPEA's Community Elder Abuse Awareness Kit for the Canadian context. She reported that the draft kit had been posted on the IFA and INPEA websites and that comments were invited. The completed tool kit will be available in late 2010.

We always wonder if our elder abuse efforts are actually successful -- are we using our scarce resources in the best possible way? Three panelists,

Cynthia Thomas, Lynn McDonald and Raeann Rideout engaged in a lively discussion on measuring the success of harm reduction initiatives. Lawyers Kimberly Whaley and Graham Webb outlined case examples of power of attorney abuses leading to family turmoil.

Betty Malks, INPEA North American Representative from 2005-2010, described her work as project director in an initiative aimed at mobilizing diverse faith communities to create awareness and action against elder abuse within Santa Clara County, California. She also referenced work taking place in Australia. Pat Spadafora (Sheridan Elder Research Centre) closed the program with a snapshot of the next five years. Her pictures included: Longevity and Baby Boomers, Rights of Older Persons, Social Media and Connectivity, The Media, Technological Advancements, and Aging in a Place of One's Choice.

It was heart warming to receive so many emails from around the world expressing delight that participants were gathering to celebrate our fifth anniversary. It was particularly touching when the students presented us with a painting by Riley Callaghan from Campbell River, BC. It is filled with color and symbolism of his feelings of hope for World Day.

We thank everyone who contributed to the success of WEAAD 2010, especially our supportive and generous funders: The Government of Ontario, Human Resources and Skills Development Canada and the Public Health Agency of Canada.





Past President Lia Daichman & President Gloria Gutman at IDOP NYC Oct 7 2010

UN ACTIVITIES

Since 2003, INPEA has functioned as a Non Governmental Organization (NGO) with Special Consultative Status with the United Nations Economic and Social Council and the UN Department of Economic and Social Affairs (DESA).

It also is affiliated with the UN Department of Public Information (DPI). Under the leadership of Secretary General Susan Somers, our UN team members regularly attends NGO briefings and participates in NGO activities at UN Headquarters in New York, as well as in Geneva and in Vienna.

Our representatives serve on a variety of committees and subcommittees. A special activity in 2010 has been participating, in collaboration with eight other international NGOs, in the production of Strengthening the Rights of Older Persons, a resource document for working towards a UN convention on the rights of older persons.

MAKE YOUR VOICE HEARD: BECOME A MEMBER IN GOOD STANDING TODAY

The INPEA by-laws are quite clear – only members in good standing can vote. Members in good standing are those who have paid their dues*. If you pay your dues now you will get a two month membership bonus – i.e. you will not need to pay again until December 2011.

It's easy to do it. Using your credit card, you can pay online at www.inpea.net or you can download our membership brochure and mail it with a cheque, international money order or your credit card number to our Treasurer Dr. Robert Brent.

Membership is open to individuals and

organizations interested or engaged in legislation, funding, research, policy, development, administration, program planning, service delivery, education, training, and/or advocacy concerning the abuse and neglect of elderly persons.

Annual dues are \$50 USD for individuals from developed countries, \$25 USD for individuals in developing countries (as designated by WHO) and \$15 for students.

*In exceptional circumstances, where paying dues may pose a personal financial hardship, individuals in developing countries may apply for a one year dues waiver.

Strengthening Older People's Rights: Towards a UN Convention



A resource for promoting dialogue on creating a new UN Convention on the Rights of Older Persons

CALL FOR NOMINATIONS

The deadlines for submission of nominations for vacant Regional Representative and National Representative positions are December 1 and June 1. Contact the INPEA Secretariat for a description of qualifications and duties as well as procedure for submitting nominations.

MEET THE BOARD

Nabil Kronfol

INPEA Vice-President Nabil Kronfol is a Professor of Health Policy and Management, the President of the Lebanese HealthCare Management Association, and a co-founder of the recently established “Center for Studies on Aging” in Lebanon.

Dr Kronfol joined the American University of Beirut in 1974 and moved through the academic ladder to become full Professor, Chairman of the Department of Health Services Administration, and Assistant Dean for Allied Health and finally Deputy Vice President for External Programs in Health.

Dr Kronfol has an extensive list of publications and book chapters and continues to be a frequent consultant

to the WHO, the World Bank, UNICEF, UNDP, UNFPA, and ESCWA – in health systems design and the health of the older populations.

He is an active member of several international societies and groups including the International Federation on Aging, the ‘Seniors in Emergencies’ in Canada, the Fall Prevention task force, the ‘Aging in Foreign Land Project’, among others.

Dr Kronfol was a member of the small group who designed the protocol for the Age Friendly cities and the INTRA study, both projects developed by the World Health Organization.

He was recently commissioned by the ESCWA to prepare a regional report



on the ‘Situation of population in the Arab countries: The way forward towards implementation of MIPAA’ and has made several contributions to a number of publications on older people.

Dr Kronfol is a member and past president of the Alpha Omega Alpha Honor medical society and the Sigma Phi science society. In 2007, he received the Shusha Award from the World Health Organization.

Bridget Penhale

Bridget Penhale is currently Reader in Gerontology in the School of Nursing and Midwifery at the University of East Anglia (UEA), in Norwich, UK. With a first degree in psychology, she has been qualified as a social worker since 1981. Bridget has specialised in work with older people since 1983, and worked in urban, rural and city areas in addition to hospitals. After a successful career as a social worker and manager spanning some 15 years, she took up an academic post at the University of Hull in 1996, moved to the University Sheffield in 2004 and to UEA last month.

Bridget is past Chair of the British Association of Social Worker’s Community Care Sub-Committee, and former Vice-Chair of Action on Elder Abuse. She is currently chair of the Hull Domestic Violence Forum, a multi-agency network to develop responses to domestic violence (predominantly of women). Bridget has also participated in a number of projects with the Social Services

Inspectorate of the Department of Health (UK government) concerning elder abuse; the discharge of frail elderly people from hospital and older people with dementia living in the community. Bridget is a member of the UK National Social Care Research Ethics Committee and a Board member of the International Network for the Prevention of Elder Abuse (INPEA).

Bridget has published material on decision-making and mentally incapacitated adults and extensively on elder abuse. Her publications include 12 books and 20 book chapters as well as journal papers and reports. Bridget’s research interests include elder abuse, adult protection, domestic violence; mental health of older people; bereavement in later life, health related social work and intergenerational relationships. She was the Principal Investigator of a Department of Health funded research project on Adult Protection (2004-2007) and



provided project management to the UK prevalence study on Elder Abuse in community settings. Bridget is currently involved in a number of other research projects on elder abuse and adult protection and is involved in three European initiatives on different aspects of elder abuse. She is also acting as Scientific Advisor to a Department of Health funded Research Initiative on Abuse, neglect and lack of dignity in institutional care settings for older people. Bridget is recognised nationally in the UK for her work on adult protection and internationally for her work on elder abuse.