

**INTERNATIONAL RURAL AGING  
PROJECT 1997–2001**

# **Shepherdstown Report On Rural Aging**



**The Result of the  
Expert Group Meeting  
May 22–25, 1999  
Shepherdstown, WV USA**



**SPONSORED BY WEST VIRGINIA UNIVERSITY  
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In Collaboration with



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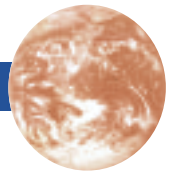


The Expert Group Meeting on Rural Aging and the Shepherdstown Report are presented by the West Virginia University Center on Aging, as part of the International Rural Aging Project 1997-2001, as a contribution to:

- The United Nations 1999 International Year of Older Persons
- First International Conference on Rural Aging:  
    “Rural Aging: A Global Challenge”, June 7-11, 2000, Charleston, WV, USA
- Revision of the UN Vienna International Plan of Action on Aging (1982-1983)
- Preparation of the WHO 2000-2001 component on Rural Aging for the WHO Programme on Ageing and Health

Additional copies of this report are available free of charge by contacting the WVU Center on Aging/IRAP Office, P.O. Box 9129, Morgantown, WV, 26506-9129. Phone: 304/293-0628. Fax: 304/293-0658. You may also access this report via our Website at [www.ruralaging.org](http://www.ruralaging.org)

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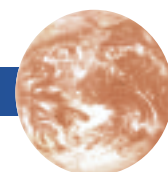


**SHEPHERDSTOWN REPORT ON RURAL AGING**  
**THE RESULTS OF THE EXPERT GROUP MEETING**

**May 22-25, 1999**  
**Shepherdstown WV, USA**

**WEST VIRGINIA UNIVERSITY CENTER ON AGING**

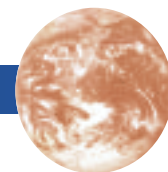




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## EXECUTIVE SUMMARY

### SHEPHERDSTOWN REPORT ON RURAL AGING

*As part of the United Nations 1999 International Year of Older Persons, the West Virginia University Center on Aging, and the Advisory Site on Rural Aging of the United Nations Programme on Ageing, convened 40 international experts in rural aging at an Expert Group Meeting on Rural Aging, May 22-25, 1999 at Shepherdstown, WV*

#### MEETING OBJECTIVE:

- To review facts available on rural aging
- To consider changes and transitions at the end of the 20<sup>th</sup> Century
- To draft policy implications for the first two decades of the 21<sup>st</sup> Century following the four topic areas of the UN 1999 IYOP as they apply to rural aging:
  - The situation of older persons
  - Lifelong individual development
  - Multigenerational relationships
  - Development and the aging of populations

*The resulting report provides input for the 2000 Forum on Rural Aging, to be held at the First International Conference on Rural Aging **Rural Aging: A Global Challenge**, June 7-11, 2000, Charleston, WV, as well as background information for the future Plan of Action on Rural Aging in the 21<sup>st</sup> Century.*

#### KEY ISSUES:

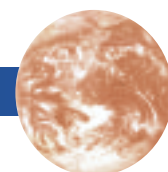
- **Rural Aging is important.** With the global population aging, many countries may anticipate 25 to 30 percent of their populations will be 60 and over early in the 21<sup>st</sup> Century, with the majority living in rural areas.
- **Rural Aging has been neglected.** Although demographic, epidemiological, economic, and political changes are reshaping the population of the world's rural areas, most countries have not addressed these transitions in policy.
- **Rural elders can contribute.** With effective planning and policy development allowing communities to tap the resources of older citizens, rural elders will be perceived as contributors to society and not simply consumers of services.
- **The time to address these issues is now.** Delay can cause the lives of millions of rural elderly to be more difficult, and allow societies to squander scarce resources while pursuing untested or ineffectual programs.

#### KEY SHORT TERM ACTION POINTS (2000, 2001):

- Attracting the interest of political leaders.
- Developing policy recommendations and ensure their implementation.
- Promoting the concept of healthy aging.

**SUBJECTS FOR ADDITIONAL STUDY:**

- Demography of rural aging, mainly migration patterns.
- Health situation of rural elderly and their access to services.
- Intergenerational relations and challenges at the beginning of the 21<sup>st</sup> Century.
- A life-course perspective.
- Aging and development of society: the role of rural elders.
- Impact of technology on rural aging.
- Outcomes measurements for social policy.
- Terminology, definitions.



## SHEPHERDSTOWN REPORT ON RURAL AGING

Although there are no solid estimates of global age-structure broken down by urban/rural residence, the United States Census Bureau (as well as the United Nations) estimates that approximately 56 per cent of the world's population live in "rural" areas. On the basis of what is known about urban/rural differentials among the elderly, it seems clear that in most countries the elderly (aged 60+) are disproportionately rural.

Approximately 60% of the world's elderly (aged 60+) live in rural areas.

Thus, any project on rural elderly is in fact addressing the concerns of a majority of the world's older persons. (K. Kinsella, 07/01/1998)

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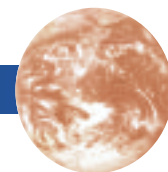
Rural development should be seen as a key to the over-all problem of the aging in large parts of the world, such as it is a key to balanced and integrated national progress in countries with an essentially agricultural economy. To some extent, policies to improve production and productivity in rural areas, to stimulate investment, create the necessary infrastructures, introduce appropriate technologies and provide basic services, could strengthen the generalized social security systems in force in other and more industrialized countries. (Vienna International Plan of Action on Aging, UN, NY 1983, Chapter III Recommendations for Action #39)

### ***Note on the organization of the report***

The introduction is followed by a section on characteristics of rural areas and on sources and deficiencies of demographic information in respect of rural aging. There follows a background to policy discussions on rural aging, derived mainly from the technical papers presented and discussed on the opening day of the meeting. The four topic areas of the United Nations 1999 International Year of Older Persons (IYOP), the core of the Expert Group Meeting, discussed by five working groups, are then presented, with policy implications and recommendations in relation to rural aging. The report concludes with a presentation of key issues to be discussed at the 2000 Forum on Rural Aging at the forthcoming International Conference on Rural Aging, in June 2000.

Please note that in this document "Ageing" is the British variant of "Aging" and both terms are equally correct. (See the American Heritage Dictionary of the English Language, page number 24.)





## INTRODUCTION

As part of the United Nations 1999 International Year of Older Persons (UN 1999 IYOP), the West Virginia University (WVU) Center on Aging, and the Advisory Site on Rural Aging of the United Nations Programme on Ageing, convened an Expert Group Meeting on Rural Aging, from May 22 - 25, 1999, at Shepherdstown, West Virginia. Its objectives were to review facts available on rural aging, consider changes and transitions at the end of the 20<sup>th</sup> Century, and draft policy implications for the first two decades of the 21<sup>st</sup> Century, in relation to the four topic areas of the UN 1999 IYOP as they apply to rural aging, namely:

- The situation of older persons
- Lifelong individual development
- Multigenerational relationships
- Development and the ageing of populations.

The group consisted of 40 experts in aging, with particular reference to rural aging, from 16 countries ([Annex 1](#): List of Participants), selected on the recommendations of the WVU Center on Aging, and intergovernmental, nongovernmental and professional organizations. This group explored predicted changes in the demographic composition of rural populations and their policy implications in relation to the four indicated topic areas.

The main issues in rural aging in developing and developed countries had been set out in background documentation sent to participants before the meeting. Three position papers on rural aging had been commissioned, two on developing countries (Ghana, India) and one on a developed country (USA), as well as short technical papers on particular issues in rural aging ([Annex 2](#)). Also, a paper entitled *Ageing of Rural Populations in South-East and East Asia* (1999), submitted by the Food and Agricultural Organization of the United Nations (FAO) to the United Nations, the World Health Organization, and the WVU Center on Aging, was made available to the group. It was designed to draw attention to issues that had not so far been sufficiently explored. Some of its implications for policy-making and programs on rural aging are incorporated into this report in the section *Development and the Ageing of Populations*.

The Shepherdstown Report is being placed on the Internet and comments are invited from the global community of professionals, volunteers, administrators, and rural-aging groups. Their comments will be used in formulating the "Plan of Action in Rural Aging in the 21<sup>st</sup> Century" at the International Conference on Rural Aging (ICRA) 2000, to be held by the WVU Center on Aging in collaboration with nongovernmental and intergovernmental organizations in Charleston WV, on June 7-11 2000.

## CHARACTERISTICS OF RURAL AREAS AND STATISTICAL SHORTCOMINGS WITH RELATION TO RURAL AGING

### What is “rural”?

The distinction between *urban* and *rural* is arbitrary and differs from country to country. There is no standard definition of either term. *Urban* may imply a community of 2,500 people or one of several million. Official statistics of different countries define the rural/urban divide very differently. The cut-off may be 2,000 inhabitants, or 5,000 or 20,000. Some countries, such as the USA, employ a metropolitan/non-metropolitan dichotomy.

The concept of “rural” is multidimensional, reflecting contrasts between urban and rural environments (macro and micro) in the health of their populations and their use of services, in access to services and amenities, in culture and life-styles, and in life expectancy. The contrasts vary in intensity according to multiple factors: social, economic, environmental, cultural, historical, and demographic.

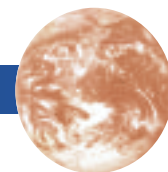
“Rural areas” range from large regions with few inhabitants to small townships adjacent to metropolitan conurbations. Rural inhabitants consist mainly of individuals and communities engaged in agriculture, sheep and cattle raising, fishing, mining or other activities, in widely differing terrains and climates.

The ICRA 2000 Program Committee organized a questionnaire survey of the views on rural conditions of a sample of 221 professionals in 63 countries, engaged in care of the elderly. Respondents considered the characteristics of *rural* to be low population density, remoteness from large towns and cities, extensive agricultural lands and forests or mountain regions. Rural inhabitants enjoyed few to no modern facilities (water, sanitation, and roads), few to no social services (schools, hospitals, transport) and their subsistence economy offered limited opportunities to young people. Rural populations were perceived as being conservative and having a traditional way of life with larger extended families and closer social ties and interactions than urban populations. Their occupations were seen mainly as those traditional to rural areas, (e.g., farming with little or no industry).

There is no actual rural-urban dichotomy. However, there is a continuum from *remote/rural* through *suburban* to *urban/metropolitan* with continuous movement of people and money between different points on the continuum. This dynamic process affects the social support networks and life-styles of individuals as well as population groups. In relation to the rural elderly, health and social services have to respond to their emerging and varying needs. The effectiveness of the services has to be measured and evaluated in the light of the degree to which these needs are met.

### Special problems of rural areas

*Poverty and depopulation:* Industrialization and globalization of agriculture has profound effects on residence and work in rural areas, particularly for small farmers. The non-profitability of family holdings has long been a cause of rural poverty, and privation intensifies out-migration and depopulation of rural areas.



This trend is well advanced in most industrialized countries and is already affecting developing countries. Old persons are sometimes the last to move. Following their children to urban areas and facing a difficult adaptation.

*Environment:* Lack of safe, piped water and sanitary facilities for disposal of sewage and garbage is the rule rather than the exception in rural areas. Housing is mostly low quality and poorly maintained, and without electricity lighting is poor. Access to other communities and services may be difficult because of the poor and badly maintained roads, which exacerbates remoteness. Moreover, there is greater exposure to injury and disaster from the hazards of rural life, with increased disability and a slightly shorter expectation of life, than in cities (burns; road/traffic accidents).


*Remoteness:* In a number of countries, large numbers of older persons live in remote, inaccessible and isolated areas, sometimes enduring extreme climatic conditions. Distance from urban centers, lack of transport, and difficulties in communication and access. Major factors in the neglect of rural communities by government and of deficiencies in health and social-support systems. Rural and remote communities have traditionally been more self-reliant and mutually supportive than urban dwellers. However aging and depopulation are reducing the availability of help from neighbors. Also, rural and remote populations lack the political weight to ensure that they obtain the same social benefits as urban dwellers.

## **Sources and deficiencies of demographic information with regard to rural aging**

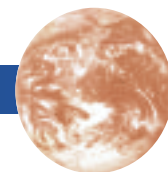
Discussion of all topics of concern to rural aging both in rich and poor countries is limited by the dearth of information on rural communities and rural aging. As populations age there is an increasing need of comprehensive data and research findings to inform policy decisions relating to the associated demographic, social and economic changes taking place. It is one thing to make a list of what may be required to underpin policy development; it is quite another to determine a practical and achievable set of essential information for those purposes. Countries differ greatly in their capacity to respond effectively to such needs; as the requirements are multisectoral. Extensive collaboration is needed to obtain any sort of comprehensive information.

Many countries have basic information on population, occupation and services by geographical area of residence, in raw data from censuses and surveys. The data are usually aggregated in different analyses. However, published reports on, household composition, family size or transportation, omit subdivisions by urban/rural categories. Given information on size of settlement, it should be possible to re-analyze such data along agreed sub-divisions of an urban-rural continuum. Relevant information in census returns and survey findings may be analyzed in relation to aging and rural variables. Such analysis would be an important beginning, but the need for information goes beyond that available from the usual sources.

Information and data essential for planning and evaluation include measures of health, health-service activities in rural areas, migration patterns, rural community networks, working patterns of rural elderly, family cash flows, among many variables. Without such information rural aging cannot be understood, and effective and equitable policies that are sustainable and culturally appropriate for the rural elderly, cannot be developed.



Information and research findings must be made available to policy-makers and decision-makers in forms that they can clearly understand and see as obviously relevant to policy issues. Such findings should adequately reflect the community's socioeconomic circumstances as well as public attitudes and expectations.



## BACKGROUND TO POLICY DISCUSSIONS ON RURAL AGING

The increase in the numbers and proportion of older people in the world will be one of the most profound forces affecting society and, particularly, health and social services in the 21<sup>st</sup> Century. Life expectation at birth has increased globally from 48 years in 1955 to 65 years in 1995 and is projected to reach 73 years by 2025. In 2025, the proportion of those aged 65 and over will reach more than one-fifth of the population of many industrialized countries and those over 75 years will constitute one-tenth. While the rate of population aging varies greatly from country to country, it will be highest in the developing world as the “younger” nations catch up. The world’s population of over 65 years is already increasing by 800,000 each month and, by early 2000, will have exceeded 800 million. Two-thirds of the individuals over 65 will be in developing countries and the majority will be women.

In parallel with the growth of populations of all ages, migration to cities has resulted in nearly one-half of the world’s population now living in urban areas, and this trend will continue. Urban dwellers in developing countries account for one-third of their populations as compared with three fourths in developed countries; however the pace of urbanization is much faster in the former. Migration to cities, however, is a selective process, dominated by young adults. One-half of the older populations of developing countries will still be living in rural areas in 2015, while in developed countries the proportion will be 20%.

The forces that affect aging in every country are often greatly modified by the special circumstances of life far from cities. An estimated 60% of the world’s elderly live in rural areas. In developing countries, the proportion is more than two-thirds and, notwithstanding the worldwide trend toward urbanization, this is expected to increase, though only slightly, in the coming decades.

Special policy implications apply to the countries of population of one billion or more, China and India. They have the world’s largest elderly populations, more than two-thirds of which are rural. China is the fastest-aging developing country, owing largely to its one-child policy, which results in families of four grandparents, two parents, and one child. Increasing numbers of aged parents can no longer count on their children to provide or care for them. New ways of providing social safety nets are being sought and pension reform is under way. In India rapid migration of younger people to cities is leading to destabilization of traditional family values, isolation, and marginalization of older people in rural areas. Though some poor elderly are entitled to an old-age pension, many are unaware of the entitlement and many also have only limited access to some form of health scheme.

The general trends of population dynamics, aging and migration are part of profound social changes driven by global, regional and national forces and are expected to continue well into the 21<sup>st</sup> Century. They are already affecting greatly the nature of society, economics, communications, and health and social services, with significant impact on elderly populations, especially in rural areas.

## **POLICY IMPLICATION AND RECOMMENDATIONS IN RELATION TO THE FOUR TOPIC AREAS OF UN 1999 IYOP WITH REFERENCE TO RURAL AGING**

The following sections outline the conclusions as regards policy implications and recommendations of five working groups on the rural aging aspects of the four topic areas of UN 1999 IYOP. The first and second working groups dealt, respectively, with demography and health in relation to the topic *Situation of older persons*, and the third, fourth and fifth with the topics *Lifetime individual development*, *Multigenerational relationships*, and *Development and the ageing of populations*.

### **The situation of older persons - demography / health**

Factors influencing the situation of older persons in developed and developing countries alike include the general level of the economy, the culture and organization of society, prevailing attitudes toward the elderly, and the availability of services. In rural areas these factors are modified by distance from urban areas and services, relative poverty, migration patterns, poor transportation, and dispersion of population. In developing countries, deficient primary care services and lack of welfare services for the elderly may further affect them.

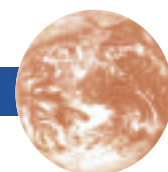
A major influence in rural areas is the migration of young adults, usually alone or sometimes with their young children to cities, thus diminishing the family and limiting the scope of traditional care. In most of the countries surveyed, rural populations have become disproportionately elderly. Also, while older women in most countries outnumber older men, there is a surplus of older males in the rural areas of most countries. This is probably due to the movement of older women, usually widows, to live with children and grandchildren in the cities. In some better-off countries, there is a reverse migration of retired people to the countryside in search of sun and tranquillity.

The migration patterns of older persons are not well documented, however, and information from developing countries is fragmentary. Similarly, the picture of life-style, family and community life in rural areas is piecemeal. It is not clear to what extent the traditional family, tribal customs and community ties are maintained, whether the life satisfaction reported by urban elders in the past continues, or how family and social networks respond to the stress of change.

Health in old age is crucial for quality of life, social and economic well being. In rural areas, the health of older persons may be particularly influenced by poverty, which are often life-long, lack of education (especially for women), poor nutrition, and increased risk of accidents. Rural expectation of life is shorter, though not notably so, than urban populations. In most countries, the primary care of the elderly is, or should be, provided by Primary-Health-Care teams in towns and villages. For a high proportion of rural elderly, these services are deficient or not readily accessible, and even when they are accessible the staff often lack training in the care of older people.

### ***Policy implications and recommendations: Demography***

Policies that enable demographers to contribute to our understanding of the situation of older persons in rural areas include: requiring access to disaggregated raw data; population samples of sufficient size for analysis, and longitudinal data or, at a minimum, regular collection of data that can be used to monitor rural conditions and characteristics.



Policy-makers need longitudinal data to determine whether or not migrations are cyclical and the effects of migration on age structures. They need such data also to measure healthy or disability-adjusted life expectancy, as simple life expectancy is no longer sufficient for our understanding of aging, especially rural aging

National authorities need to understand the details of their country's migration patterns. They need to be aware of patterns and effects of international migrations as well (including both refugee movement and seasonal migration, where relevant). They should be aware also of the interrelationships of family support policies and migration patterns, especially in relation to support networks and service demands; of differences between rural and remote communities (and their definitions); and of the impact of migration from rural to urban areas. To gain an adequate understanding of rural aging within and among countries, the research, practice, and policy capacity of countries needs to be developed through specific education and experience in rural aging for researchers, practitioners, and policy-makers. Without such organized, systematic statistical and demographic services and data, statements on urban/rural differences and, particularly, comparisons between countries must remain superficial and subject to many exceptions.

Although longitudinal studies are needed, particularly in times of rapid change, they are very expensive. For policy purposes serial cross-sectional studies may suffice. Partnerships between centers in developed and developing countries facilitate cross-sectional research. Research could be undertaken first in urban centers and then continued as comparative studies in the rural areas of different countries. Research and data collection should be oriented primarily to policy development.

#### *Policy implications and recommendations: Health*

Systematic efforts are needed to obtain more detailed information on the health status and determinants of health for older persons, in general, and of rural dwellers, in particular. Such information is crucial for the development of efficient, long-term policies, programs of health promotion, disease prevention and service provision. The uniqueness of local situations should be recognized.

Existing sources of information on health should be more effectively tapped. This data should be disaggregated and analyzed according to local, regional, national and international levels.

The information should be collected nationally and locally and available for cross-national comparison. The special aspects of the health of indigenous older persons should be studied specifically, and the place of traditional medicine in their health care needs to be considered and its contribution and potential assessed.

In principle, the primary care of elderly rural populations is part of primary health care and can take various forms depending upon ascertained needs. Special programs may be organized (e.g., mobile units for eye care, dental care, etc.). Healthy aging should be a consistent long-term objective of health education in the context of primary care beginning at an early age and continuing throughout life. Education should emphasise health protection, (with particular reference to life-style hazards associated with tobacco use), food habits, and misuse of medicines.

## Lifelong individual development

Optimization of the well-being of all elderly people and the achievement of healthy aging require a life-course perspective, taking into account the whole of the life-span from before birth to death. Within this perspective, the maintenance of health, economic sufficiency, educational attainment, social participation, and spiritual contentment contribute interdependently to the maintenance of function and independence into old age. Beginning with early life experiences, growth, development and education, the attainment of those goals is affected by the cultural, social, and economic milieu throughout life. Differential challenges to optimal development require particular attention, particularly the lack of education and low status of women and the neglect of rural populations. Models are needed of long-term returns from expenditure on health, (e.g., the prevention of work accidents or of long-term disability). Owing to the heterogeneity of individuals and contexts, context-specific planning and policies are likely to be required.

Social and individual behavior that is harmful to health needs to be changed. Here, attention needs to be paid to the special difficulties of communicating effectively and achieving health-educational objectives or behavioral changes with rural and remote communities. Educational and health-promotion programs, including programs of physical activity, should, therefore, be designed and evaluated for effectiveness.

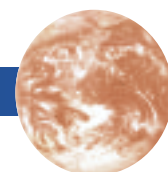
Community support groups, which include the family, neighborhoods, and interest groups, need strengthening. In this regard, elders have an important role, which should receive attention, in conveying tradition, culture and values to younger groups. At the same time enhancing their own status and image in the community. The potential of the elderly as a resource and cohesive force in rural settings needs to be recognized.

### *Policy implications and recommendations: Lifelong individual development*

Policies should support public health education, health promotion, and adequate entry to job markets. Programs should be designed to strengthen traditional societal values that favor healthy aging (e.g., joint families, positive attitudes toward older persons, spiritual fulfillment, and social interaction). Although women have a proven pivotal role in development, in many societies they are deprived of opportunities for personal development. Gender inequalities and inequities in opportunities for life-long individual development need special attention.

Policies and strategies need to be assessed for their risk of generating inequalities or of being inequitable. It seems almost inevitable that well-intentioned policies are capable of exacerbating social inequalities and inequities, as they tend to exclude the most disadvantaged in any society - rural or urban. Perhaps the main lesson from current instances is the need to develop flexible programs aimed at fairly specific sub-sections of older people and providing development opportunities that are relevant to their needs and wishes. Different social groups may need different policies.

Methods of achieving lifelong individual development are still poorly understood, particularly those that might compensate for a late start. The primary concern must be to increase the empirical research base in this area to help underpin future policies and programs. Programs developed in this context should be flexible and capable of being targeted at defined groups of individuals of all ages.



- Education across the life-course needs to be promoted, especially at younger ages, for old age. This should include for younger people health promotion directed toward prevention of problems of later life.
- Women need education.
- Women need greater recognition of their roles as caregivers.
- As individuals age, they need improved work opportunities and access to retraining and re-education in order to increase their options over their life-course.
- Programs of primary, secondary, and tertiary prevention of disease and disability need to be introduced in rural areas.
- Opportunities for younger persons can reduce rates of out-migration.

## **Multigenerational relationships**

Increasing longevity is a feature of both developed and developing countries, however the rate of increase is more rapid in the latter. Consequently, families now have more living generations than formerly. Most children in Europe are now born into families with four living generations, and in developing countries a similar trend has set in. The increase in the numbers of three or even four-generation families complicates relationships and increases burdens on caregivers. Service interventions should take account the possible conflicting and varying needs of different generations within families.

In all countries, most children recognize responsibility for aging parents, although their capacity for support depends on proximity, closeness of relationships, availability of time, financial resources, their state of health, and their other responsibilities. Also, migration affects the capacity of rural families to care for their elders or for urban children to support aging parents left in rural areas. In developed countries emotional and emergency care can be rallied from a distance by rapid communication and transport. This may not be easy in poor countries with illiteracy and lack of resources. Furthermore older persons are childless and others care for adult disabled children. Grandparents often become surrogate parents when the actual parents work away from home or die of AIDS or other causes. Because multigenerational care in rural communities depends on a secure economic base, generations that have too little to eat can hardly find additional resources to care for others in the family.

### ***Policy implications and recommendations: Multigenerational relationships***

Suitable research methodology, qualitative as well as quantitative, is needed for documenting the structures and assessing the quality of multigenerational relationships.

Older persons can be valuable resources for maintaining traditions and for educating the young. To maximize their contribution and to strengthen or re-establish desirable relationships and traditional patterns of support, more information is needed on the structure and functioning of rural families and on the extent to which expenditure of resources on the elderly can help maintain the family structure.

Research should provide hard data to determine the extent to which older persons contribute to their families, communities and the economy. Little is known about cash flows from the elderly to the young; for example: how or to whom rural elderly people transfer assets such as homes and land that many own. Suitable indicators for older persons' contributions need to be devised. New techniques may be needed to adequately measure their contribution.

Policy responses should not only be tailored to particular countries but also, even when policies are national, be locally planned and implemented. Responses should be based on accurate knowledge of what happens informally between generations and should support the determination of particular local and traditional patterns of support, which they should then strengthen, re-establish or protect. Sound policies will take account of the complexity and diversity of multigenerational relationships and will recognise that these shift and change, both over the life-course and over time, as well as among different population groups.

Terminal care imposes pressures on families. The needs for additional family support systems should be recognized and policies should support families so that aged people may die at home in their rural communities rather than being removed to die in urban hospitals.

Information is needed on the impact on the care of rural elders of family breakdown, and of family reconstitution, as well as of the growing prevalence of single-parent families. The effects of divorce in this respect, in conservative rural communities may be difficult to overcome.

Domestic violence toward rural elders may be associated with poverty overcrowding, stress and lack of resources.

Refugees and displaced persons constitute a special problem, because their family relationships are disrupted. Information is needed on the long-term impact of displacement on networks of older rural people.

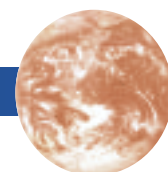
## **Development and the ageing of populations**

Aging is not a threat to development. The idea that old people hinder development or that population aging is a destabilizing factor in a country's economy needs to be discredited. Older persons are part of the development process since longevity is in itself, an indicator of its success. However the active participation of the elderly is rarely sought or acknowledged. To be equitable, development programs must encompass all age groups and their interrelationships. These programs may be concerned with provision of primary care, employment programs that encourage young persons to remain in rural areas, or with adequate health insurance coverage of rural elderly, social security and long-term care. These services or programs, in general, are lacking or limited in rural areas of developing countries. Such an approach to development helps maintain the family structure.

Means of strengthening the family and the rural community need to be developed as well as models of successful delivery of services and support. Information on the experience of other communities and countries should be collected systematically to guide policy. Different scenarios need to be modeled: there has been no previous experience of the situation where 25% or more of a population is aged 60 and over. Examples are needed of successful aging and of research on factors that foster it.

The FAO paper, *Ageing of Populations in South-East and East Asia* made available to the Expert Group, was designed to draw attention to issues that had not been sufficiently explored given the relatively advanced stage of rural aging in the South-East and East Asia Region. Some of its important implications for policy-making and programs on rural aging are the following:

- Population aging in the rural sector is of interest not only as a social problem, but also in relation to changes in agriculture.



- In the countries under consideration and contrary to conventional wisdom, rural aging has had few negative economic effects. This is because it has been accompanied by changes in the landholding structure which have favored progressive patterns of agricultural production.
- Rural-urban migration, while accelerating the aging of rural populations, has in effect helped to link rural and urban economies and has thus improved conditions for agricultural development.
- The broader social and economic aspects of rural aging, as well as the implications of rural aging for policy-making, need to be explored.
- Other issues with implications for rural aging are: self-sufficiency of rural areas, interrelationships of the urban and rural sectors, and regional food security.

Rural aging is dynamic. Migration patterns, shrinkages and expansion in size and composition of villages, and differential pace of modernization among older and younger people are additional factors that increase the need for development of older people in rural communities. Without individual opportunities for development, older people will be incapable of adapting to the new challenges of rural living. Opportunities for life-long development are limited in many rural areas; they vary within and among rural communities according to their level of development, their resources, and the aspirations of individuals.

#### *Policy implications and recommendations: Development and the aging of populations*

Successful development requires inclusive policies. Men and women, young and old, have to be treated equitably. Problems and concerns of older persons need to be addressed by broad-based policies that take into consideration other segments of society (e.g., employment and other opportunities that reduce rates of out-migration and keep younger persons in the geographic area).


Health and social services in rural areas need to be integrated and linked to public-health services to take account of the needs of the elderly. Primary-health or community-care workers should be trained in the needs and the care of older persons. Different models of successful provision of services and public-private partnerships need to be studied. Services in some countries are contracted out to religious organizations, non-governmental organizations and other groups, or innovative structures may be created around vulnerable segments of the population.

Community support groups are of particular importance in sparsely populated areas. Means must be found to strengthen such groups and increase their capacity for assistance to individuals and families. Voluntary organizations, including religious or religiously affiliated organizations or groups, both alone and in partnership with government, can be valuable community resources and influences for community cohesion.

More information is needed about access of older persons to government services. Are they systematically excluded? What are the reasons for their low use of services?

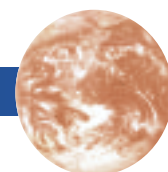
It should be a matter of policy particularly for developing countries, but for all countries in respect of remote areas, to exploit the technologies of telecommunication and telemedicine for the benefit of rural inhabitants.

National commitment is necessary to development of appropriate policies and the provision of funding for rural-aging programs. The programs should be decentralized, however, with implementation and action at local level.



The capacity of communities to be self-sustainable needs to be strengthened. This calls for, *inter alia*, improved coordination and integration of health and social services, multidisciplinary approaches to development and health promotion, and cooperation between government and nongovernmental organizations with joint funding arrangements. Public funds need to be committed to ensure that older rural populations receive adequate care and support, including systems of health insurance, social security and, long-term health care. Public-sector expenditure on rural older persons and the resulting benefits need to be analyzed.

Older people are often surprising survivors. Their visibility needs to be raised, particularly in rural areas. As the rural population shrinks in size, there is risk of even greater inequalities and inequities between rural and urban areas.



## OUTCOMES OF THE MEETING: KEY ISSUES

The Shepherdstown Report provides input to the 2000 Forum on Rural Aging at the International Conference on Rural Aging (ICRA 2000) in June 2000, as well as background information for the future Plan of Action on Rural Aging in the 21<sup>st</sup> Century.

The group reached consensus on key issues for discussions at the 2000 Forum on Rural Aging:

- Rural aging is important. The global population is aging, and in many countries 25 to 30 percent of the population will be aged 60 and over early in the 21<sup>st</sup> Century. The majority of the world's elderly (60%) live in rural areas.
- Rural aging has been neglected. Demographic, epidemiological, economic, and political changes are reshaping the population of the world's rural areas. Most countries have not addressed these changes and transitions in their policies on rural aging. There is no clear global picture of the situation of rural elders in different environments.
- Rural elders can contribute. Effective planning and policy development will allow communities to tap the intellectual and other resources of older citizens. Elders should be viewed as contributors to society and not simply consumers of services.
- The time to address these issues is NOW. The effect of delay can cause the lives of millions of rural elderly to be more difficult, and allow societies to squander scarce resources pursuing untested or ineffectual programs.

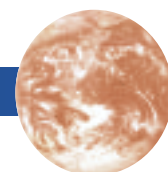
Subjects that urgently need additional study are:

- Demography of rural aging, mainly migration patterns
- Health situation of rural elderly and their access to services
- Intergenerational relations and challenges at the beginning of the 21<sup>st</sup> Century
- A life-course perspective
- Aging and development of society: the role of rural elders
- Impact of technology on rural aging
- Outcomes measurements for social policy
- Terminology, definitions.

Key points for action in the short term (2000, 2001) are:

- To attract the interest of political leaders in issues associated with rural aging in 2000 and beyond.
- To develop policy suggestions and ensure their implementation - a continuous process.
- To promote the concept of healthy aging which will require fewer interventions and allow elders to contribute to societal development - also a continuous process.





## ANNEX 1

### EXPERT GROUP MEETING ON RURAL AGING

May 22-25, 1999

The Bavarian Inn, Shepherdstown, WV, USA

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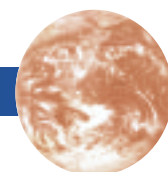
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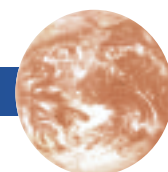
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## ANNEX 2

### EXPERT GROUP MEETING ON RURAL AGING

May 22-25, 1999

The Bavarian Inn, Shepherdstown, WV  
USA

#### LIST OF POSITION PAPERS

1. Rural Ageing in Ghana: Evidence from the Field  
Professor Nana Araba Apt
2. Perspectives on Industrialized Countries  
C. Neil Bull
3. Rural Aging in India  
Professor Vinod Kumar

#### LIST OF BACKGROUND DOCUMENTS

1. Rural Aging: Argentina's Experience  
Miguel Angel Acanfora
2. Epidemiology of Rural Ageing – (Health and Function; lifestyles, living arrangements, use of services). A Short Background Paper  
Gary R. Andrews
3. Volunteers  
Rick Briggs
4. Aging and the Development of Society  
David K. Brown
5. AARP Response to UN 1999 IYOP  
Julianne Cohn
6. Ageing in the Kibbutz: Rural and Successful  
A. Michael Davies
7. Disability among Elderly People in Thailand. Rural vs. Urban Contrasts and Methodological Considerations.  
Shah Ebrahim
8. Demographic Transition and its Consequences in Rural Areas  
Victor Gomez

9. Finding and Using Data on Rural Aging: An International Perspective  
Betty Havens
10. Background Paper on Rural Aging  
Catherine Hennessy
11. The Relation Between Ageing and the Development of Society  
Morag L. Insley
12. Urban and Rural Dimensions of Global Population Aging  
Kevin Kinsella
13. Background Paper on Rural Aging  
Gaylene Miller
14. Rural Transitions and Changes: Research Implications  
Jim Mitchell
15. Social Services for the Elderly Based on New Rurality: Some Implications of Japanese Trials  
Takeo Ogawa
16. Rural Aging in China  
Du Peng
17. Ageing and the Development of Society  
Todd Peterson
18. Nursing and the Health Care of Rural Elders  
Mary Ann Rosswurm
19. Ageing of Rural Populations in South-East and East Asia  
Ronald Skeldon
20. Education: "Towards a Society for All Ages"  
Joseph Troisi
21. Older People in the United Kingdom  
G. Clare Wenger
22. Health Service Delivery for the Elderly in Indonesia  
I.G.P. Wiadnyana
23. Rural Ageing in Poland in a European Perspective  
Andrzej Wojtczak

