

**announcements**

## **IASSID/WHO Healthy Ageing reports: an update from the IASSID Ageing Special Interest Research Group**

Following the Helsinki World Congress in 1996, the International Association for the Scientific Study of Intellectual Disability (IASSID) was designated an associated non-governmental organization by the World Health Organization (WHO) and was requested to undertake a series of tasks as part of the Three-year Collaborative Work Plan. One of these tasks – ‘[to] produce a summative paper outlining the health needs of people with intellectual disabilities, together with details of effective interventions to maintain and/or improve these health needs’ – was assigned to the Ageing Special Interest Research Group (SIRG) of the IASSID. This project, a 2-year process, began in 1997 with the assignment of several SIRG working groups charged with examining the general health status of adults with intellectual disabilities worldwide and identifying universal conditions which would promote healthy ageing (see *JIDR*, 1998, **42**, 100–101).

The WHO recognized that the needs of ageing adults with intellectual disabilities required special attention, particularly in the developing world. It noted that the increased longevity of people with intellectual disabilities in many of the world’s nations was the direct result of medical and social advances which have also extended the longevity of

the general population. Nevertheless, it also recognized that people with intellectual disabilities were generally regarded as a devalued class, and were often disadvantaged when they attempted to access or secure social and health services.

With this in mind, and recognizing that scientific and medical advances can benefit people with lifelong disabilities, the Ageing SIRG prepared four reports which addressed the following issues: (1) Physical Health Issues; (2) Women’s Health and Related Issues; (3) Biobehavioral Issues; and (4) Ageing and Social Policy. In addition to these four reports, the Ageing SIRG also prepared a summative report, *Healthy Ageing – Adults with Intellectual Disabilities*, which summarized the main issues raised by each of the four background papers and presented the recommendations of the SIRG for promoting universal healthy ageing. The report development process involved the preparation of four working papers, the convening of a special roundtable on healthy ageing at the headquarters of the WHO in Geneva, Switzerland, in April 1999, and revision and augmentation of the working papers into final reports. The final reports then were synthesized into the summative report, which was prepared following the roundtable. These five reports have been submitted to the WHO to be printed and then distributed at the Eleventh World Congress of the IASSID in Seattle, Washington, USA, in August 2000.

The reports generally note that disadvantaged subgroups of ageing adults with intellectual

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disabilities are at particular risk. In many nations, older adults with severe and profound impairments are often disregarded or institutionalized. Housing is often inadequate and health provision is neglected. Older adults with mild impairments are often marginalized and not provided with the minimal supports they need to be productive members of their societies. Rehabilitative services, vocational opportunities and quality old-age services are not provided. In many nations, older women with intellectual disabilities experience challenges which are particular to their sex and are severely disadvantaged because their specific needs are often overlooked or dismissed. Older adults with comorbid conditions may experience particular problems, and their compound physical and/or mental health conditions may not be addressed. Many suffer from the extraordinary stressors of everyday life compounded with having a lifelong disability, which compromises their longevity in turn.

The reports recognize the exemplary social and health practices prevalent in many countries, but also note that national health and social policies which are inclusive of people with intellectual disabilities, and which provide for special supports and assistance into old age are much needed – as are education and training initiatives in diagnostic procedures, interventions, and supports. The reports conclude that the keys to the promotion of healthy ageing are national policies which begin with targeting people with disabilities in infancy and childhood, and providing lifelong supports for adolescents, adults and families, as well as ensuring adequate health care, housing, occupational opportunities and full inclusion in daily life.

The working group reports and their key writers were: H. Evenhuis, C.M. Henderson, H. Beange, N. Lennox and B. Chicoine (Physical Health Issues); (2) P. Walsh, T. Heller, N. Schupf and

H. van Schrojenstein Lantman-de Valk (Women's Health and Related Issues); (3) L. Thorpe, P. Davidson and M. Janicki (Biobehavioral Issues); and (4) J. Hogg, R. Lucchino, K. Wang and M. Janicki (Ageing and Social Policy). Numerous SIRG members participated in these efforts and are gratefully acknowledged in each of the reports, as are the reviewers and others who added to the process. Several members of Inclusion International participated in the Geneva Roundtable and Ms Nancy Breitenbach, the Chief Executive Officer of Inclusion International, particularly helped with developing the summative report. The overall effort was chaired by M. Janicki, the convener of the Ageing SIRG, and H. Evenhuis, the convener of the Health Issues SIRG. Partial funding support for the Geneva meeting and the report development effort was provided by the National Institute on Ageing (USA). Key WHO representatives liaising with this effort were Dr D.R. Billington (since retired), and Dr Alexandre Kalache, Chief for Ageing and Health, whose branch at WHO has taken over responsibility for the reports.

The main findings of the reports will be presented at several special sessions at the Eleventh World Congress of the IASSID in Seattle, Washington, USA, in August 2000. Advance copies of the reports are available on the IASSID web site at <http://www.waisman.wisc.edu/IASSID>, as well as upon request from the IASSID Secretariat. Translations of the summative reports will be available in languages other than English, including Italian (courtesy of Dr Giorgio Albertini), Swedish (courtesy of Dr Monica Björkman), Dutch (courtesy of Dr Marianne Vink), Japanese (courtesy of Dr Masataka Arima) and Chinese (courtesy of Dr Kuo-yu Wang).

Matthew P. Janicki  
Convener, IASSID Ageing Special Interest  
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