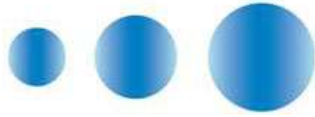


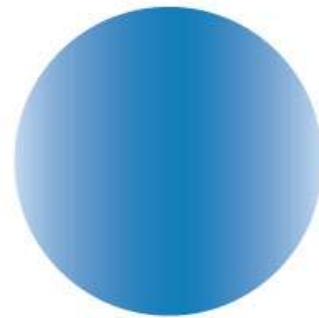
IFA



INTERNATIONAL FEDERATION ON AGEING
Global Connections

LONG TERM CARE AND TECHNOLOGY

2012 Senior Government Officials Meeting – 28th of May 2012, Prague



FINAL REPORT

INTERNATIONAL FEDERATION ON AGEING (IFA)
351 CHRISTIE STREET, TORONTO, ONTARIO, M6G 3C3 – CANADA
TELEPHONE: +1 416 342-1655 - FAX: 416 392 41-57
IFA WEBSITE: WWW.IFA-FIV.ORG

2012 Senior Government Officials Meeting

Long Term Care and Technology

WHAT IS LONG-TERM CARE?

A traditional “textbook” definition of long-term care is a variety of services that includes medical and non-medical care to people who have a chronic illness or disability. Long-term care helps meet health or personal needs. Long-term care can be provided at home, in the community, in assisted living or in nursing homes.

Many would argue that today long-term “care” in reality is a complex array of services and supports experienced by consumers with long-term needs. In addition, the use of the term “chronic” may not encompass those consumers whose need for services and supports are episodic or cyclical in nature.

A 2008 report of the World Health Organization (WHO) and the OECD entitled “Conceptual framework and definition of long term care expenditure” defines long-term care services as those referring to the organisation and delivery of a broad range of services and assistance to people who are limited in their ability to function independently on a daily basis over an extended period of time. There are two complementary components of this definition: the care continues over a long time period, and second the care is usually provided as an integrated programme across service components. The services may be provided in a variety of settings including institutional, residential or home care. In this instance residential care refers to services of care and social support, other than nursing homes, provided in supported living arrangements.

Within the defined framework for long term care the role of family carers can often be overlooked, in the development of government policy and programs, in that Carers are not the person in direct receipt of health or care and support interventions. Carers are people who look after family, partners or friends who could not manage without them because of frailness, illness or disability. It is important to recognize and consider carers in the design of new home health monitoring and enabling technology, and acknowledge that it is important to help carers maintain their health and well being.

New healthcare technology can support people to take more control and responsibility for their own health and well being (self care). Home monitoring systems enable health professionals to remotely monitor patients’ physiology or activity in the patient’s own home to look for signs of change in their condition, enabling an early intervention and avoiding hospital admission. The information can also be made available to carers, as primary and secondary users. Carers play a crucial role – a primary role – in the healthcare of the person they look after. It is important for governments to acknowledge and support carers as full partners. This includes quick and easy access to the information they need.

BACKGROUND AND OVERVIEW

Since 1999, coinciding with the IFA bi-annual international conferences, the IFA has placed significant importance in providing a platform for senior government officials and Ministers to meet to examine current trends in policy and practice on specific areas of interest in light of increasing population ageing.

Recent areas of interest have included Pension Design and Reform, Ageing in Place, and Social Inclusion, subjects that have been based on mutual interest of the participants, and designed to promote dialogue and interaction among officials. Senior Government Officials Meetings provide the opportunity for government officials to showcase programs, policy, leading practice and to hear first hand how other governments are responding to similar issues.

In developed countries the sophistication and extent of long-term services and supports have evolved over time in most part to match the population growth of the ageing demographics. Today with the rapid rate of growth in population ageing, coupled with declining birth rates in both the developed and developing world, governments and civil society explore opportunities to improve long term care services for older people.

Different programs have been created for different policy objectives – all of which made good sense at the time they were developed. The result for many countries is that they have *rational* programs, but an *irrational* delivery system that are often overwhelming to consumers and have lacked cohesive policy focus. The reliance on medical models of care, in many circumstances, have resulted in the proliferation of residential care facilities and the continued inappropriate placement of older people to such institutions due to the lack of community based support services.

The unfortunate aspect of ageing is that it has been treated as a disease and in many countries services are developed based on this mindset. Medical or nursing interventions account for but a fraction of the care that goes to support an older person with limited capacities to carryout activities of daily living on their own.

More commonly the accepted definition of long-term care encompasses all non-medical and some specific medical services that the consumer receives.

TECHNOLOGY INTERFACE TO LONG TERM CARE

While the healthcare industry has seen itself at the forefront of technology advancements, industry sectors such as finance and retail has been more sophisticated in the use of technology. As life expectancy continues to rise, technology must be incorporated as a tool to maximize service delivery and support healthy ageing across the spectrum of care. With the increasing number of older people globally there will be a higher demand and need to access supportive healthcare environments, such as assisted living communities. As people age,

community care services and assisted living communities will need to accommodate the increased health and medical needs of older people.

With population ageing the number of people requiring care will grow as people live longer and increasingly live alone in later years of life. Unpaid carers make an important contribution to society by providing care to family members and friends who are ill, frail or have a disability, however their own health can suffer. Carers often focus on the needs of the person they are caring for and neglect their own needs. This is detrimental to the health of the carer and the cared-for person, and the health and social care system.

In the development of policies and programs it is important to consider carers in the design of new healthcare and enabling technology to support people to self care, as well as to support carers to keep well themselves.

Technologies that assist in the care of chronic conditions and improve the independence of older adults can cover a very wide spectrum, including communication, assistive, telemonitoring, telehealth and other technology-enabled services. Based on an extensive literature review, expert interviews and data drawn from expert panels, undertaken by the US Centre for Technology and Aging, seven technology domains have been identified as high priority technologies for rapid diffusion. The seven areas include:

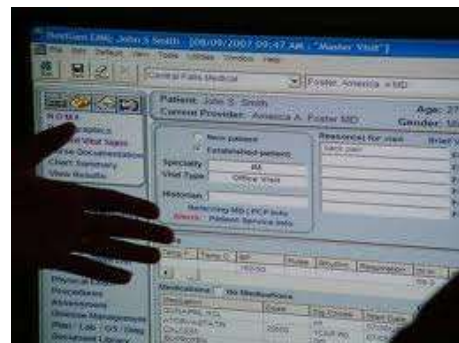
- 1. Medication Optimization**
- 2. Remote Patient Monitoring**
- 3. Assistive Technologies**
- 4. Remote Training and Supervision**
- 5. Disease Management**
- 6. Cognitive Fitness and Assessment**
- 7. Social Networking.**

Of the seven areas of technology domains, two priority areas have been identified for priority grantmaking: medication optimization and remote patient monitoring. These two technology areas are considered well balanced in terms of offering high value to stakeholders and surmountable barriers to adoption and diffusion. Each of these two technology areas offers evidence that there are clear benefits to as well as a high degree of acceptability for older people. Both technologies offer immediate relevancy given the health reform debates across the globe and specific opportunities to inform national and/or state policymakers.

These technologies also complement the interests and capabilities of potential grantees/funders and should support sustainable diffusion strategies. Finally, and of highest priority, each of these technology areas can lead to significant cost savings for the health and long-term care system.

These are a few examples of where technology can be very effective in improving older people's overall experience and at the same time deliver cost efficiencies for care providers.

Electronic Health Records: Help lower the incidence of errors and duplications by giving more accurate and timely information to staff in an efficient manner. Electronic health records also allow medical practitioners to have quick access to data, patient medical history, and critical decision support when needed. By having comprehensive information in one place, the interdisciplinary teams can easily access a residents' health record to make knowledgeable decisions in respect to care plans. Coupled with electronic health records there is a growing use of telemonitoring systems by home health care providers in providing virtual visits for persons managing chronic health and care conditions.



Integrated Passive Monitoring Systems: These systems now complement the care provided to residents in the community and assisted living settings. On a basic level these systems learn an older person's daily activity patterns and detect changes that may signal potential health issues or emergency situations. These systems use non-intrusive sensors to capture a person's actions, allowing privacy and independence to be maintained. The systems monitor activities such as when an older person gets out of bed, goes into the bathroom, etc. Such systems can alert staff to the early onset of urinary tract infections (UTIs) in residents and alerted staff of resident falls.



Systems also include a “wander” alert for residents with an onset of dementia or Alzheimer's to ensure they are safe and closely monitored. Environmental conditions can also be monitored through this technology. Overall, such system greatly complements how care and support for residents is provided.



Personal Emergency Response Systems (PERSs): One of the leading causes of hospitalization and institutionalization among older adults 75 years and older include falls. PERSs have been shown to increase feelings of security, enable more seniors to age-in-place, and reduce overall healthcare costs. A call button is worn by the subscriber on a neck chain or wrist strap, and a two-way intercom is connected to a phone line. When help is

needed a button is pressed and a call is placed immediately to a live operator via the intercom, and the necessary response is coordinated. These can also include technologies to passively detect falls using accelerometers.

Bath Aids: There are many issues that arise in terms of bathing. Studies have shown that there are temperature risks when bathing alone or even when assisted by a caregiver. Older people lose the ability to respond to temperature changes quickly, increasing the risk of scalding. With assisted bathing temperature changes are not felt by the person controlling them and bathers may also be left unattended for extended periods of time. Now there are bath thermometers and temperature regulators that provide blended water at a constant temperature. Other technological advancements that have eased bathing for older persons and caregivers include height adjustable bath systems and barrier free compliant showers. These products do not only improve access and safety to bathing areas, but enable independence and a sense of well-being.



Cognitive Orthotics: Assists older persons with orientation, appointment and medication reminders, and provides step-by-step instructions to perform activities of daily life such as hand washing and cooking. Through artificial intelligence, these systems proactively monitor the execution of tasks, and offer assistance through cues when necessary.

Mobility Technologies: Increase safe mobility of older persons where navigation systems are being developed for canes, walkers, and wheelchairs that assist individuals with decreased mobility and vision. They assist with the avoidance of obstacles, detecting changes in ground levels, and navigation through tight spaces through the use of infrared sensors, sonar, vision sensors, and ultrasound technology.

Video Gaming Systems: Now more widely utilized by care providers in helping older people stay mentally and physically active. Video gaming systems such as Wii sports and some Wii activities may increase adults' energy expenditure as much as moderately intense exercise, according to research presented at the American Heart Association's Scientific Sessions 2009.



Recent scientific research has also shown that brain fitness technologies can improve brain health and that the brain, at all ages, has significant potential to acquire new knowledge and skills with proper training and exercise. By challenging the brain of older people with new activities or games, you strengthen such cognitive skills as the ability to remember something, solve a problem, or use a particular strategy to win a game.

Social Networking: Web-based social networking allows communities of older people to connect, share knowledge, provide support to other older people, and relate to others in similar circumstances. Social networking also helps to overcome social isolation, which is a major problem with negative health consequences.

These web-based social networks utilize a variety of means to facilitate communication among client groups including discussion groups, chat, messaging, email, video, and file-sharing. Social networking services connect older people with others in similar age groups as well as to clinicians, caregivers, researchers, health plans and suppliers. Older people can use web-based social networking services to connect with friends and family as well as to exchange their knowledge and experiences of managing their conditions with others. Informal carers can use social networks to learn, understand, manage and coordinate care for the person they are caring for. Clinicians are also able to educate and promote preventive health, to collectively understand their patients' needs and to remotely assist the patient, carer and family members.

Medication Adherence Systems: These are proven medication management systems that monitor patient's medication intake and will remind patients in real time if they forget to take the medication as prescribed. Systems such as SIMpill® Medication Adherence Solution, SentiCare and Vitality's GlowCaps provide compliance data and statistics providing access to real-time information regarding medication use and compliance through web based interface systems.

Via the web account the healthcare providers can monitor the medication use of their patients in real-time, and can decide on type of intervention to meet the patient's ongoing adherence schedule. The healthcare provider can make changes in the prescribed medication schedule of a patient and run compliance statistics in real time. The patient can also track his/her own medication use history and see his/her own compliance statistics through their own account access.

The real-time monitoring of the patient's adherence can also be directly integrated into other existing patient management platforms, including remote physiologic monitoring.

One of the challenges for the health care and long term care sectors will be the importance of integrating information from all of these point solutions, something that has not yet been addressed.

IMPLEMENTING TECHNOLOGY IN LONG-TERM CARE

Goals of Health Information Technology

- Improve health care decision making
- Support patient-centered care
- Improve quality and safety of medication management
- To support informal carers in their caring roles

Characteristics of Long Term Care that require creative solutions when implementing health information technology include:

- Recruitment and retention difficulties of staff
- Home-like environment
- Makeshift data-sharing
- Complex geriatric care
- Non-customized software
- Interdisciplinary work flow
- Limited funding

Benefits of Health Information Technology

- Reduced medical errors and increased resident and patient safety
- Valuable information available at the point of care
- Enhanced communication and information exchange between varied entities, such as physicians, staff, residents, families of residents, pharmacies, and others
- Improved regulatory compliance
- Improved provider efficiency and satisfaction

BARRIERS TO IMPLEMENTING TECHNOLOGY IN LONG-TERM CARE

Within the health and aged care sectors a number of factors have contributed to what is perceived to be a slow uptake of technology enhancements to improve efficiencies and client outcomes:

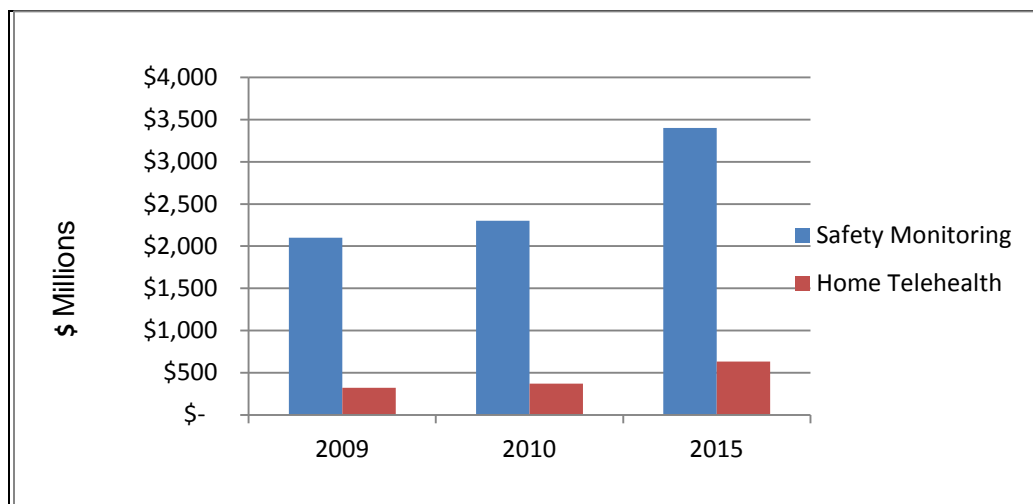
- Lack of information about technologies
- Perceived or actual lack of financial resources
- Perceived lack of knowledge and experience with implementing and managing technological change
- Lack of information about the actual extent of long-term care provision
- Liability concerns
- Regulatory concerns/barriers

- Staffing-related challenges

GLOBAL MARKETS

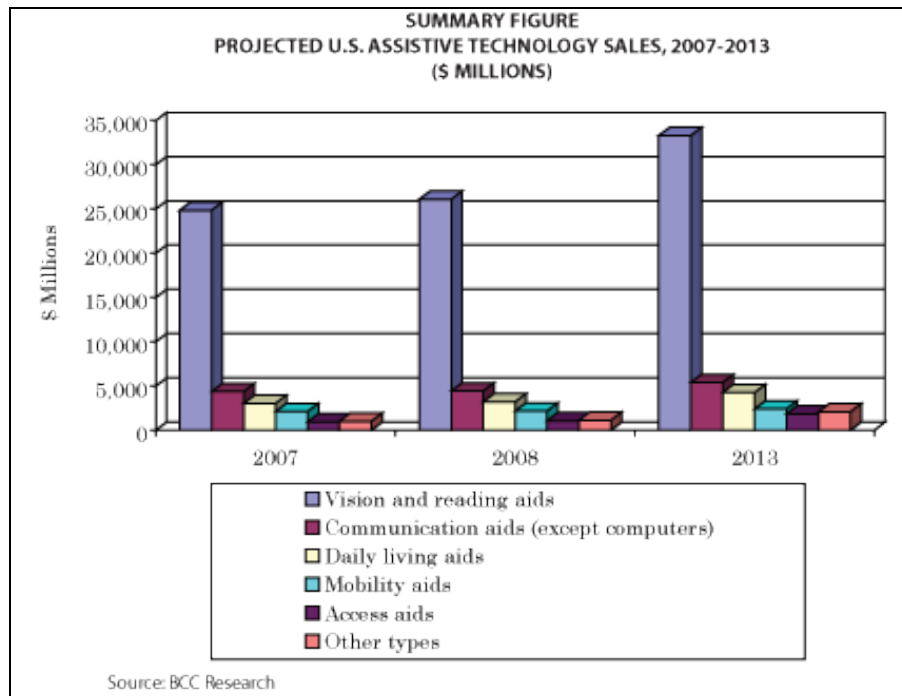
With the high rate of change in population ageing over the next 25 years, the business of ageing will see increased market opportunities in an environment where older people will be a priority sector for innovation. Safety monitoring and telehealth technologies will grow significantly:

- ✚ The global market for older persons-care technology products is worth approximately \$2.6 billion in 2010 and is anticipated to grow to about \$4 billion by 2015, at a compound annual growth rate over the period of 8.7%.
- ✚ Safety monitoring technologies are valued at \$2.3 billion in 2010 and are expected to reach \$3.4 billion by 2015.
- ✚ Home telehealth technologies are worth \$371 million in 2010 and should reach \$631 million by 2015.



Markets in the United States (alone) specializing in assistive technology for the aged and people with disabilities will see overall market growth increasing to nearly \$50 billion by 2015:

- ✚ The U.S. market for assistive technology is expected to be worth \$38.2 billion in 2008, up from \$36.4 billion in 2007. This should increase to \$49.3 billion in 2013, a compound annual growth rate (CAGR) of 5.3%.
- ✚ The vision and reading aids segment dominates the market, generating \$24.9 billion in 2007 and an estimated \$26.1 billion in 2008 and \$33.3 billion in 2013, a CAGR of 5.0%.
- ✚ The communication aids segment is worth \$4.4 billion in 2007. This should increase slightly in 2008 and reach \$5.4 billion in 2013, for a CAGR of 4.0%.



What cannot be overlooked is the growth and demand from emerging markets, in developing countries, where even low tech assistive devices such as cell phones have the potential to improve the quality of life of older citizens. Diminishing elderly support ratios (the number of people of “working age” (15-64), divided by those 65+) in developing countries will have a significant impact on the family carer structures and there will be a need to develop formal care networks both at the community level and at the institutional (residential care) level, however new and emerging technologies may minimize such needs. For example, the elderly support ratio in Mauritius is currently nine (9) however this will decrease dramatically by 2050 to only three (3). At the same time (2050) the support ratio in Africa as a whole will be nine (9), North America three (3), Europe two (2), Oceania three (3) and the world as a whole four (4).

The demographics of Mauritius suggests that the need for technology and assistive devices will be of greater importance than other countries in East Africa as Mauritius has the lowest birth rates of the region, the lowest natural population increase of the region and a small percentage of those less than 15 years of age. These statistics are reflective of high economy countries.

2010 POPULATION, HEALTH, AND ENVIRONMENT DATA AND ESTIMATES FOR MAURITIUS AGAINST EASTERN AFRICA & OTHER REGIONS

	Population Mid-2010 (millions)	Births per 1,000 Population	Deaths per 1,000 Population	Rate of Natural Increase (%)	Net Migration Rate Per 1,000 Population	Projected Population (millions)		2050 Population as a Multiple Of 2010	Infant Mortality Rate	Total Fertility Rate	Percentage of Population Ages	
						Mid-2025	Mid 2050				<15	65+
WORLD	6,892	20	8	1.2	-	8,108	9,485	1.4	46	2.5	27	8
EAST AFRICA	326	40	13	2.7	-0	465	709	2.2	72	5.3	44	3
Burundi	8.5	36	15	2.1	8	11.6	16.8	2	98	5.4	41	3
Camoros	0.7	33	7	2.6	-3	0.9	1.2	1.8	53	4.1	38	3
Djibouti	0.9	29	11	1.8	0	1.1	1.5	1.7	67	4.0	37	3
Eritrea	5.2	37	9	2.9	2	7.4	10.8	2.1	54	4.7	42	2
Ethiopia	85.0	39	12	2.7	-1	119.8	173.8	2.0	77	5.4	44	3
Kenya	40.0	37	10	2.7	0	51.3	65.2	1.6	52	4.6	42	3
Madagascar	20.1	37	9	2.7	-0	28.6	42.7	2.1	48	4.8	43	3
Malawi	15.4	44	15	2.9	0	22.9	37.4	2.4	80	6.0	46	3
Mauritius	1.3	12	7	0.5	-0	1.4	1.4	1.1	13.4	1.5	22	7
Mayotte	0.2	39	3	3.6	4	0.3	0.5	2.6	-	4.5	44	2
Mozambique	23.4	40	16	2.3	-0	31.2	44.1	1.9	90	5.1	44	3
Reunion	0.8	18	5	1.3	-0	1.0	1.1	1.3	8	2.4	26	8
Rwanda	10.4	42	14	2.9	0	15.8	28.3	2.7	102	5.4	42	2
Seychelles	0.1	18	7	1.0	0	0.1	0.1	1.4	11.5	2.3	22	10
Somalia	9.4	46	16	3.0	-6	13.9	23.5	2.5	111	6.5	45	3
Tanzania	45.0	42	12	3.0	-1	67.4	109.5	2.4	58	5.6	45	3
Uganda	33.8	47	13	3.4	-1	53.4	91.3	2.7	76	6.5	49	3
Zambia	13.3	45	20	2.5	-1	20.3	37.6	2.8	70	6.2	46	3
Zimbabwe	12.6	30	17	1.3	0	16.8	22.2	1.8	60	3.7	42	4
Developed World Average	1,237	11	10	0.2	2	1,290	1,326	1.1	6	1.7	17	16
OCEANIA	37	18	7	1.1	8	45	58	1.6	21	2.5	24	11
STH EUROPE	156	10	9	0.1	5	159	157	1.0	5	1.4	15	18
WEST EUROPE	189	10	9	0.1	1	193	190	1.0	4	1.6	16	18
EAST EUROPE	295	12	13	-0.2	1	287	254	0.9	8	1.5	15	14
NTH EUROPE	99	13	9	0.3	3	109	119	1.2	4	1.9	18	16
STH AMERICA	391	18	6	1.2	-1	444	481	1.2	22	2.2	28	7
NORTH AMERICA	344	13	8	0.6	3	391	471	1.4	6	2.0	20	13
ASIA (Excl China)	4157	19	7	1.2	-0	4,845	5,424	1.3	41	2.2	26	7
China	1,338.1	12	7	0.5	-0	1476.0	1437.0	1.1	21	1.5	18	8

Source 2010: World Population Data Sheet

Note: Infant mortality – deaths per 1,000 live births
Total fertility – average number of children born to a woman in her lifetime

The mounting challenges of population growth and demographic ageing will place a considerable strain on healthcare systems across the globe, leading to increased healthcare costs and a risk of lowering the standards, not only for older people, but across all population demographics. To address these challenges, governments will need an increased focus on the R&D, commercialisation and deployment of smart technology to enable older people to remain in their homes longer and provide cost-effective solutions to meet the needs of an ageing population. New health funding models to support the wide-scale deployment of these technologies will be required to achieve the potential savings and benefits.

In Australia the Academy of Technological Sciences and Engineering's (ATSE) recent landmark report, **Smart Technology for Healthy Longevity**, reviewed the state of aged care technology in Australia and in Europe, looking ahead to the future of ageing-in-place, where elderly individuals are empowered to remain in their own homes and, crucially, explores how technology can be utilised to realise this vision.



The ATSE study identified three key gerontechnology opportunity areas for Australia: security and safety; diagnosis and treatment; assistive technologies. The report makes nine recommendations for the development and deployment of these technologies to improve quality of life for elderly Australians by enabling ageing-in-place. The summary of recommendations for using technologies to enable ageing-in-place in Australia, which could be applied in many countries include:

1 - Support gerontechnology from research to deployment

The Australian Government Departments of Health and Ageing (DOHA) and Industry, Innovation, Science and Research (DIISR) should develop a National Research and Development Agenda on Technology and Ageing to ensure national coordination of existing programs relevant to gerontechnology; identifying priority areas and ensuring sufficient funding for their research, demonstration, commercialisation and wide-scale deployment. This would complement the National Strategy for an Ageing Australia and the National Enabling Technologies Strategy and be in line with the Australian National Research Priorities.

Where clusters of expertise exist, universities and research institutes should be encouraged through joint Australian Research Council (ARC)/National Health and Medical Research Council (NHMRC) support to set up Centres of Excellence in Gerontechnology.

The Department of Health and Ageing should be tasked to develop a new funding model to support ageing-in-place and to capture the economic benefits.

2 - Understand the potential economic and societal benefits of ageing-in-place

The Productivity Commission should be tasked to carry out a study of the potential savings arising from maintaining seniors safely, securely and happily in their own homes by using technologies that are available or under development in Australia. The Productivity Commission should also be tasked to advise on a new funding model for wide-scale deployment of technology for the ageing population.

Medicare and the health insurance industry need to assess the potential of new technologies to reduce serious accidents and other events which can lead to hospitalisation of elderly people, and to implement mechanisms that encourage the application of new technologies.

3 - Deploy gerontechnology solutions to successfully deliver the benefits of ageing-in-place

The Australian Government Department of Education, Employment and Workplace Relations (DEEWR) should establish a Taskforce drawn from relevant Skills Councils to identify the training and accreditation needs of a future gerontechnology workforce operating in the home environment. This should be seen as a component of the National Health Workforce Strategic Framework.

The Privacy Commissioner should be tasked to examine the issue of privacy in the application of technologies to the aged population.

4 - Recognise the concept of ageing-in- place to enable independent living for the aged population

Ageing-in-place should be an essential component of the National Strategy for an Ageing Australia. DIISR should actively seek to ensure Australian participation in international programs and projects on gerontechnology to amplify our limited resources and gain access to new findings.

Read report: <http://www.atse.org.au/news/featured-articles/155-smart-tech-for-health-longevity>

There is no doubt that the market for technology in the areas of communication and engagement, home safety and security, health and wellness, and learning and contribution has great potential to improve the quality of life of older people and minimize costs in the delivery of care and services. Today's baby boomer generation are also carers of ageing parents and see the opportunity through the use of technology to enable both themselves and their parents to age successfully in their homes or location of choice.

There is a large and willing market right now for technology systems that will enable people to age in place and be as safe as possible while they are doing it. This opens up global markets where solutions that may have been designed to address in-country needs now have much wider applicability.

For example, companies such as Philips has systems designed for the end-user as well as a facility wide system called CarePoint. The company's system for the home, Lifeline, is a variation of a personal emergency response system (PERS) that connects to the Philips dedicated monitoring center when it is pressed. The CarePoint system is designed for managed care facilities and uses a call communicator, which offers the ability to communicate with facility staff and provides notification of wandering clients. Finally, a new endeavor named Philips Applied Technology is developing small-footprint ZigBee devices that will create a mesh network for a complete home-use medical monitoring system.

SOM MEETING PURPOSE

The purpose of the Senior Officials Meeting is to provide a forum for senior government officials and Ministers to examine current trends in policy and practice as they relate to ‘long-term care and technology’ in the face of increasing population ageing. The meeting programme will be based on mutual interest of the participants, and designed to promote dialogue and interaction among delegates, some of whom may represent countries who are well advanced, others from countries who have not yet been able to tackle the problem. The planned Senior Government Officials meeting will provide the opportunity for government officials to showcase leading practice in their respective countries and to hear first-hand how other governments and the industry sectors are making use technology to improve the quality of life of older people and improve cost effectiveness.

It will enable them to:

- **Review** key aspects of long-term care and technology policy and practice that for some countries have advanced significantly in recent years; to confirm successes, failures and learning; and to explore the challenges they and their governments face, both now and into the future.
- **Hear, question and challenge** acknowledged technology sector experts on key policy and program design developments that enable care providers and older people to embrace technology enhancements to improve efficiencies and client outcomes.

Senior officials attending this event will also have the opportunity to register and fully participate in the IFA’s 11th Global Conference on Ageing by contributing to a number of symposia and paper sessions designed to appeal to all conference delegates, covering issues central to the theme of the SOM. The conference website is: www.ifa2012.org

MEETING OUTCOMES

By the end of the Senior Officials Meeting, delegates will have:

- **met colleagues from around the world**, exchanging views and experiences in developing policy and programs relating to long-term care and technology;
- a greater awareness and **understanding of the key factors** that underpin successes;
- identified some of the **challenges and obstacles** to implementing technology enhancements and strategies from different countries;
- greater **transfer of knowledge and expertise** through potential partnering relationships;
- established a **global network** of colleagues and experts from whom to obtain advice;
- **created knowledge and skills export opportunities** across borders.

DELEGATE/GOVERNMENT REQUIREMENTS PRIOR TO MEETING

Officials were asked to respond to a short series of questions through an online survey response process. It was through these responses that the interactive elements of the days meeting were programmed. The Questback survey, which will go live on 22 December 2012, focuses on the following questions:

1. Please mention one or more best practice(s) regarding long term care and technology developed and implemented successfully in your country.
2. Please indicate the most important barriers you perceived to successfully implement technological solutions in long-term care.
3. Please think of key-conditions that are relevant for sustainable solutions in long term care enabled by means of technology.
4. What are financial requirements or incentives to scale-up the technological innovations?
5. What should be the role of the national governments and the EU in stimulating the use of technology in long-term care?

SOM PROGRAM FORMAT

The meeting was structured around a number of key presentations from the technology sector, a 1.5 hour interactive workshop and presentations from selected governments who have submitted abstracts for inclusion in the program.

SOM VENUE – KAISERSTEIN PALACE



The modern tradition of hospitality in Kaiserstein Palace dates from the 19th century, when the hotelier Petzold bought the Palace from the noble family Radeckých. This palace is an architectural gem of the Prague's Lesser Town. Pride of the Prague baroque, originally built in 1654 was completed to its nowadays beauty in 1720 and is protected by UNESCO today. **Kaiserstein Palace** is a work of Baroque art, and uses precious wooden ceilings, remarkable parquet mosaics, imposing crystal chandeliers and fabulous marble details, in order to tell its story of grandeur. The Palace provides a completely original and unique location which definitely promises a **memorable event**.

Address: Kaiserštejnský palace, Malostranské náměstí 23/37, Praha 1, 110 00

SOM SPEAKERS

Dr. Ing. Jaromír Drábek – Labour and Social Affairs Minister, Czech Republic



Born 5 March 1965 in Jablonec nad Nisou, where he lives to this day. Jaromír Drábek is married and has 2 children. His interests include hiking, skiing, literature and music (especially music accompanied by his children's group, Duo D + 22).

In 1983 he entered the Czech Technical University in Prague's electro-technical faculty, in the department of technical cybernetics, which he successfully finished in 1988. From 1992-1998 he was a PhD candidate at Czech Technical University in Prague in the electro-technical faculty, in the department of control technology.

From 1988-1993 Jaromír Drábek served as a research worker in the Energy Research Institute. From 1993 he was the deputy chairman of the board of ABEGU, a.s., which provides services to the energy industry.

From 1992 he served in the Czech Chamber of Commerce, and from 2002-2008 he was its president. From 2004-2008 he was a member of the management council of Eurochambres, the European Association of Chambers of Commerce.

In 2005 he became a member of the National Discussion Group for Taxes and also a member of the board of directors of the Technical University in Liberec. He was one of the initiators of the creation of the Council for the Development of the Business Environment in 2002, and the Government's Economic Council, which was formed in 2005, and was a member in both advisory bodies.

Since 2007, Jaromír Drábek has been a member of the board of the Arbitration Court of the Czech Chamber of Commerce and Agrarian Council of the Czech Republic, and is registered as a judge on the court's papers.

In 2008 he was named honorary president of the Czech Chamber of Commerce, and in the same year he became the chairman of the National Council of the International Chamber of Commerce of the Czech Republic.

From 2002 to 2006 he was a councilman in the city of Jablonec nad Nisou. Until the creation of TOP 09, Jaromír Drábek was not a member of any political party.

Ms. Alice Borrelli - Director, Global Healthcare Policy, Intel Corporation, USA



Alice Borrelli, Director of Global Healthcare Policy for Intel Corporation, works with U.S. and international policymakers on healthcare reform and Health IT issues with offices in Washington, DC, Mexico, Belgium, and Australia. During the US healthcare reform debate, she focused on reforms that would include innovative technologies for care delivery including e-Care, remote patient monitoring and telehealth. She also interfaces with government agencies worldwide to promote the adoption of viable electronic health records.

As former Vice President of Congressional Affairs for AT&T, she represented the company on telecommunications, environment, benefits and labor issues. For over a decade she interacted with Congress on the Telecommunications Act of 1996, Broadband issues, Medicare and Pension Reform, Internet Tax, and Telework initiatives.

During her career with AT&T, Alice led an international marketing team while in consumer sales and provided legislative and regulatory guidance for AT&T's state government affairs efforts.

Alice has also served as a public affairs consultant for BGH&T, a private equity firm focused on health and technology solutions, the World Bank, the American Red Cross and the Cyber Security Industry Alliance.

Alice currently serves as co-chair of the Continua Health Alliance's US Policy Working Group, to advocate for interoperability and deployment of personal connected health technologies, holds the office of Chairman of Women's Policy, Inc, supporting the women's congressional delegation and serves on the Board of Advisors for the College of William and Mary's Thomas Jefferson Program for Public Policy. She has a BA in Government from the College of William and Mary and an MPA from New York University. Alice lives with her husband and two sons in Oak Hill, Virginia.

Professor Greg Tegart-Centre for Strategic Economic Studies, University of Victoria,Australia



Professor Tegart has had a long career in Government and industry in the areas of research, teaching, administration, and high level policy advice to Government on science, technology and environment.

He has a BSc and MSc from the University of Melbourne and a PhD from the University of Sheffield. He initially worked for CSIRO Tribophysics in Melbourne and moved to England in 1955 to take up a Research Fellowship in the Department of Metallurgy at the University of Sheffield. From 1959 to 1966 he was Lecturer and Senior Lecturer in that University. In 1963-64 he was a visiting researcher at Northwestern University, Evanston, USA. From 1966-68 he was Professor of Materials at the College of Aeronautics, Cranfield, UK.

He returned to Australia in 1968 as the founding Manager, BHP Melbourne Research Laboratories and, in 1978, became Executive Assistant to the Chief General Manager, BHP Co Ltd. In 1979 he moved to Canberra as a Member of the Executive of CSIRO. From 1981-84 he was Secretary of the Commonwealth Department of Science and Technology and, from 1984-87, Secretary of the Commonwealth Department of Science. From 1987-93 he was Secretary of the Australian Science and Technology Council. In 1992 he became a Member of the Order of Australia for services to science and technology. He retired from the Australian Public Service in mid 1993.

From 1994-98 he was Visiting Professor of Science Policy at the University of Canberra and then Honorary Professor until 1999. Since 1995 he has been Visiting Professor in the Centre for Strategic Economic Studies at Victoria University, Melbourne. From 1997-99 he was the founding Director of the APEC Center for Technology Foresight and from 1999-2007 Executive Advisor to the Center. He is now Chair of the International Advisory Board of the Center. In 2001 he was appointed to the Academic Advisory Board of the University of Navarra, Pamplona. From 2002-2005 he was Distinguished Visiting Fellow, National Europe Centre, ANU. From 2006 he has been Chair of the Management Committee of the Australian Research Network for Advanced Materials.

He is a Fellow of the Australian Academy of Technological Sciences and Engineering and was a Member of the Council of the Academy (1984-87, 1990-92, 1994-97) and Chairman of its International Relations Committee (1988-99). He is a Foreign Fellow of the Royal Swedish Academy of Engineering Sciences and of the Engineering Academy of the Czech Republic.

He is the author or co-author of some 250 articles in scientific and technical journals and has published several books and monographs on surface treatment of metals and alloys, mechanical metallurgy, climate change, technology and employment, and technology foresight.

PWC (PriceWaterhouseCoopers) – Center of Excellence Ageing

An international Network Ageing that consists of dedicated professionals that study the effects of ageing, best practises and support our clients in facing the issue and utilise challenges.

With the baby boom generation moving into retirement from this year onwards, many territories will soon start to show the effects of population ageing. Whereas the causes of population ageing can be deduced logically, its effects and their urgency and severity are often subject to many different interpretations. We can, however, be sure that decision-makers in the public sector will be facing some daunting challenges. On the one hand, social and administrative responsibilities oblige them to develop a vision on ageing. On the other, they will be confronted with changes in the demand for public services, changes in their production capacity and having to develop new forms of service delivery.

Within the next few years, significant changes can be expected in sectors such as healthcare, local government, education, housing, justice and law enforcement. Pension funds and insurance companies will also be affected.

Under the supervision of Gertjan Baars and Anneke Offereins, PWC has developed a Global Center of Excellence Ageing that consists of an international network of professionals with various disciplinary backgrounds that study the ageing issue and work daily at providing clients with optimum assistance and



at developing comprehensive products and services. The international Working Community conducts research, collects and shares knowledge worldwide on issues that are the result of ageing. This enables our clients to make efficient use of the opportunities ageing has to offer and circumvent potential stumbling blocks. Together with international partners as the International Federation on Ageing and the World Demographics and Ageing Forum PwC's advisors base their work on client consultation and a profound knowledge of the public sector.

Msc. Gertjan Baars – Director Information Management, Decentralised Government Netherlands



Msc. Gertjan Baars is an information management expert and director of the Information Management team within PwC Netherlands's Local Government group.

Working from a clear vision on future developments in e-services and management processes behind the digital front office, his primary focus is the strategic implementation of IT-applications in the management processes of municipalities, provinces and water boards.

Starting with defining new e-delivery concepts as a result of the change in demands and populations for municipalities and the cooperation within public services, Gertjan Baars became more specialised in ageing as a phenomenon and its effects on the local and regional government domain. With his experience and background he advises government agencies on how to deal with the issue of Ageing.

Msc. Anneke Offereins – Senior Researcher at Research Centre for Social Innovation, Netherlands

Msc. Anneke Offereins is a management and organisation expert and senior researcher with the Research Centre for Social Innovation, part of the Utrecht University of Applied Science.

In this capacity, she works on strategic and organisational issues, focusing mainly on social innovation and performance improvement of long term care.

Anneke is program manager of the Experiment for Social Innovation that is being developed in cooperation with BrabantZorg, a large care provider in the South of The Netherlands. Besides her work as researcher, she is a PhD student on social innovation in long term care. In the past, Anneke worked as senior advisor at PwC Consulting for 6 years.



The Research Centre for Social Innovation has a strong partnership with PwC on the issue of Ageing and Social Innovation.

Brainport 2020

The Government of the Netherlands wants to make the Dutch economy one of the world's top five economies and has therefore opted to focus on top sectors. Especially High Tech Systems & Materials, Chemistry and Agro food are substantial contributors to the Dutch economy. These three sectors account for 68% of all private spending on research and development, and together make up almost half of all Dutch exports, the engine of the economic growth. World players, multinationals and small and medium sized enterprises with strong export positions in these sectors are located in Southeast Netherlands. It is only if the knowledge economy of Southeast Netherlands gets the room it needs to grow that a top 5 spot can be achieved for the country. Compared with top regions around the world with a similar business and technology profile, a European top 3 spot in and world top 10 ranking are feasible for Southeast Netherlands. But to achieve this, specific action and investment are necessary. These are outlined in Brainport 2020.

- In 2020 Southeast Netherlands will be among the Top 3 of Europe's top technology regions and in the top ten on a global scale. Southeast Netherlands is current number 9 in Europe and number 13 in the world.
- The annual contribution to the gross national product will have risen in 2020 by 40 billion to 136 billion euros.
- The economic growth in Southeast Netherlands of around 3% is double the country's average.
- The three field labs will be world renowned in 2020 as an incubator of innovative solutions for home care, mobility and sustainable buildings.
- In 2020 Southeast Netherlands will be heading for near full employment. The job market needs everyone, both the knowledge workers and highly educated technicians and manual skilled workers and craftsmen

In June 2011 Brainport Region was awarded, in New York, by the Intelligent Community Forum as the smartest City in the World. In the selection and awarding of the 2011 award, Healthcare and IT were the dominant and primary factors.

Mr. Theo Stevens – Director Brainport Health innovation and Development, Netherlands (Invited)



Theo Stevens is the director of operations of Brainport Health Innovation and Development. Theo graduated in 1987 from Twente University in mechanical engineering. He has fulfilled several higher management positions at companies such as Palet Kabelcom and KPN. In 1999, Theo started his own company called Impact.

From 2002, he was the director of public services & public affairs at Eindhoven Municipality. In 2008 he became program director of the project: Brainport Health Innovation, where he was responsible for initiating and realising large scale projects in the health sector. He subsequently became director of NV Rede that merged with Brainport operations BV in 2009.

Ms. Wil van de Laar (MA) – Manager with BrabantZorg (Long-Term Care Home), Netherlands

Wil van de Laar is a Manager of two nursing home facilities of BrabantZorg. Wil is a highly experienced manager in the operational field and specialized in nursing science and works for BrabantZorg since 2000.

BrabantZorg is a large care provider for elderly care in the South of The Netherlands that employs 3.000 employees and counts 31 locations. In 2011, BrabantZorg was rated the best performing care provider for elderly people of The Netherlands in the national benchmark, scoring highest rates on the quality of care, employee's satisfaction and management efficiency.



Wil is responsible for the Experiment of Social Innovation that is commissioned by the Dutch National Association for Long Term Care, which is conducted at three pilot-locations. The Experiment started in April 2011 and is expected to finish in July 2012.

Bridging Research in Ageing and ICT Development (BRAID) Group

The Bridging Research in Ageing and ICT Development (BRAID), an EU FP7 funded project, aims to develop a comprehensive Research and Technological Development (RTD) roadmap for active ageing by consolidating existing roadmaps and by describing and launching a stakeholder co-ordination and consultation mechanism. It is based on four previous EU funded road-mapping projects: AALIANCE, CAPSIL, ePAL and SENIOR, which are feeder-projects each focused on different specific aspects of ageing and technology. The BRAID roadmap is aimed at creating a comprehensive approach to ageing challenges in the European society, responding to the changing socio-economic conditions of stakeholders. This project, which was launched in March 2010, will last until June 2012.



The BRAID project priority areas include:

- Technological infrastructures - Usable, accessible, and affordable technological infrastructure, with ICT applications, devices, tools and services to adapt to the population's changing needs and support the quality of life while ageing.
- Enhanced awareness and training - Good understanding of a life course perspective on ageing, allowing a more effective inter-generational linkage and a better preparation of individuals for this process by providing appropriate information, education, and training, promoting life-long-learning and increased technology awareness and acceptance.
- Mechanisms to promote active life - Positive, cross-societal attitude towards ageing, activating support mechanisms to motivate and empower seniors, taking into account social, functional

and cultural differences, and offering a rich variety of choices and opportunities for continued active life.

- Regulatory framework and principles - Policies and regulatory framework regionally, nationally, and across Europe to provide an underpinning approach to support the rights of the seniors and particularly vulnerable older people, and recognizes, motivates, promotes, and supportst the continued involvement and contribution of senior citizens to society.

Dr. Karim Hadjri– BRAID, Ireland



Karim is a Reader in Architecture at the School of Planning, Architecture and Civil Engineering (www.qub.ac.uk/space) at Queens University Belfast (QUB). He is currently the research theme leader for the Architecture group.

Karim is an architect with a Master of Philosophy (1989) and a Doctor of Philosophy (1992) in housing studies completed at the Joint Centre for Urban Design at Oxford Brookes University. He has worked as a scholar in the United Kingdom, UAE and Saudi Arabia, and managed academic units and research centres in both Cyprus and Colombia.

His teaching and research interests include architectural design, housing, Computer-Aided-Design, and post-occupancy evaluations. Karim is particularly interested in inclusive design and how the physical environment can be improved to fit the needs and requirements of the older user in particular. His more recent research explores the influence of the domestic environment on various user groups including dementia sufferers.

He currently supervises six PhD students examining ageing related topics such as Computer-Aided-Design tools to achieve inclusive design, interdisciplinary approach to inclusive design, way finding for dementia patients, and older people's perception of comfort at home.

Karim has led and contributed to over twenty research projects worldwide since 1992. Recently he was the PI on the Cogworks collaborative network funded by the Lifelong Health and Wellbeing Phase 2.

Karim has also practiced architecture in parallel with academia and designed a school of architecture, a university library and private housing. He is an affiliate member of the Royal Institute of British Architect (RIBA), and a fellow of the UK Higher Education Academy.

Mr. Chen Chuanshu – Executive Vice President, China National Committee on Ageing (CNCA)

Mr. Chen Chuanshu is the current Executive Vice President of China National Committee on Ageing. His professional history began in 1971 to 1972 when he as a high school teacher in Hebei Province in China.

From 1972 to 1980 he worked with the Beijing Railway Bureau, and from 1995 to 2008, he worked as a public servant holding different posts within the government, including Director General of Finance Department, the Ministry of



Civil Affairs, and was Vice-Mayor of Lanzhou City, Gansu Province.

From 2004 to 2008 he held the post of Director General of the General Office of the Ministry of Civil Affairs.

Mr. Vladimír Š I Š K A, MBA – First Deputy Minister of Labour and Social Affairs, Czech Republic



In 2006 Vladimír Siska successfully finished the Economics and Management Department of the Business School Ostrava. In 2009 graduated A&W Business School, McArthur & Mc Wide in Prague, Managing Department.

From 1991-2001 Vladimír Siska served as a managing director and the director of Telecommunications Division in CONE.

From 2001-02 he was the First Deputy Chairman of the Office for Public Information Systems. In 2003 he was appointed the Deputy Minister – Director of the Information Systems of Public Administration (ISVS) Section at the Ministry of Informatics. In 2003 he worked at the Ministry of Interior, General Directorate of Fire Rescue Service of the Czech Republic as advisor on critical infrastructure.

From 2003-2005 he served as Advisor on informatics for the Ministry of Labour and Social Affairs. In 2004 he became the Secretary of the office of the Czech Chamber of Commerce. And since 2008 he served as Director of National Committee of the International Chamber of Commerce Czech Republic (ICC ČR). In 2010 he was named the First Deputy Minister of Labour and Social Affairs.

Dr. Paul Timmers – European Commission, Directorate-General Information Society & Media



Dr Paul Timmers is Director of the Directorate ICT addressing Societal Challenges in the European Commission, Directorate-General Information Society & Media. Previously he headed the ICT for Inclusion and the eGovernment unit (EU policy, research and promotion). He has been a member of the Cabinet of European Commissioner for Enterprise and Information Society Erkki Liikanen, responsible for the information society and telecommunications policy portfolios. Other activities in the European Commission included electronic commerce policy and programme development.

Paul Timmers has been a manager in product marketing and head of software development in a large IT company and has co-founded a software start-up. He holds a PhD in theoretical physics from the University of Nijmegen, the Netherlands and an MBA from Warwick Business School, UK. He was awarded an EU Research Fellowship at the University of North Carolina in Chapel Hill, USA in 2009. He has widely published in the field of technology and policy, including a book

on electronic commerce strategies and business models, and has been a visiting professor and lecturer at several universities and business schools across the world.

Mrs. Dirce Heiderscheidt – Deputy, Parliament of Santa Catarina, Brazil

Mrs. Dirce Heiderscheidt is a deputy – involved in numerous commissions – at the Parliament of Santa Catarina in Brazil. Santa Catarina is a state in southern Brazil with one of the highest standards of living in Latin America. She is also the coordinator of the parliamentary forum for the defense of older people. Through to her commitment, she became a key leader for the region.

In 1990 she founded the National Volunteers Collectively Program (PRONAV). She was the Municipal Secretary of Social Assistance and president of PRONAV where she conducted important social projects to help poor people. Lately she fought for the construction of the recently inaugurated third age's living center in the city of Palhoca, and she created a program that promotes tourism for older people.



Program:

- 8.45 – 8.55 Opening and Welcome & Explanation of the Program – **Dr. K.R. Gangadharan, IFA President**
- 8.55 – 9.05 Welcome– **Mr. Vladimir Siska, First Deputy Minister on behalf of Dr. Ing. Jaromír Drábek, Minister of Labour and Social Affairs – Czech Republic**
- 9.05 – 9.35 Keynote Presentation - **Ms. Alice Borrelli - Director, Global Healthcare Policy, Intel Corporation, USA - [\(View Presentation Here\)](#)**
- 9.35 – 10.05 Setting the scene: Scenario's for the future in long term care and technology – **Speaker Professor Greg Teggart, Centre for Strategic Economic Studies, University of Victoria, Australia - [\(View Presentation Here\)](#)**
- 10.25 – 11.40 Presentation of best practice –**Mr. Theo Stevens, Director Brainport Health Innovation and Development, Brainport 2020, Netherland - [\(View Presentation Here\)](#) ; Dr. Karim Hadjri, BRAID Group, Northern Ireland - [\(View Presentation Here\)](#) , Ms. Wil van de Laar, BrabanZorg Long-term Care Home, Netherland - [\(View Presentation Here\)](#)**
- 11.40 – 12.50 Perspectives of Government – China, **Mr. Chen Chuanshu, Executive Vice President, China National Committee on Ageing (CNCA) - [\(View Presentation Here\)](#)**; the Czech Republic, **Mr. Vladimir Siska, First Deputy Minister of Labour and Social Affairs;** European Commission, **Mr. Paul Timmers, Director ICT addressing Societal Challenges - [\(View Presentation Here\)](#)**; and Brazil, **Mrs. DirceHeiderscheidt, State Congresswoman - [\(View Presentation Here\)](#)**; – Session Chair: **Prof. Yitzhak Brick (IFA)**
- 13.50 – 14.20 Overview of selected key-areas for break out working groups – **Gertjan Baars, (PWC)**
- 14.20– 15.20 First Round working groups.
- 15.20 – 15.30 Wrap-up and summary of first round – **Anneke Offereins, (PWC)**
- 15.45 – 16.45 Second Round working groups
- 16.45– 17.00 Wrap-up and summary of second round – **Anneke Offereins, (PWC)**
- 17.00 – 17.10 Summary and wrap up of Presentations – Presented at the opening ceremony of the IFA 11th Global conference on Ageing on 29 May 2012 - **Gertjan Baars (PWC) - [\(View Presentation Here\)](#)**

Attendee List

Title	First Name	Surname	Position	Agency	Country
Ms.	Jane	Herington	Director Ageing & Aged Care	Department of Health	Australia
Mr.	Simon	Cottrell	Assistant Secretary	Department of Health and Ageing	Australia
Ms.	Christine	Young	Director Community Development	City of Melville	Australia
Mr.	Robert	Reid	International Vice President -Oceania	IFA	Australia
Ms.	Kaye	Fallick		YourLife Choices	Australia
Ms.	Sue	Hendy	CEO	COTA Vic.	Australia
Ms.	Jilian	Barham	Manager Community Services	Mount Alexander Shire Council	Australia
Prof	Greg	Teggart		Centre for Strategic Economic Studies	Australia
Ms.	Debbie	McTaggart		IFA Support Staff	Australia
Mr.	Drew	Patchell		IFA Support Staff	Australia
Dr.	Paul	Timmers	Director of directorate H	ICT addressing Societal Challenges - European Commission Directorate for Information Society and Media	Belgium
Dr.	Elizabeth	Mestheneos	Past President	AGE	Belgium
Mr.	John	Payne	Acting Manager	National Office for Seniors and Physically Challenged	Bermuda
Mrs.	Dirce	Heiderscheidt	Congresswoman	Congress	Brazil
Mr.	Diego	Schaefer Martins	Secretariat of Institutional Relations	Congress	Brazil
Mrs.	Neila	Caramori	Director for the City of the Elderly		Brazil
Mrs.	Zaida	Petry	Parliamentary Advisor	Congress	Brazil
Mrs.	Mariah	Pereira	Director of the Maturity College		Brazil
Mrs.	Louise	Caramori	Advisor for the city of the Elderly		Brazil
Hon.	Alice	Wong	Secretary of State and Minister for Seniors	Government of Canada	Canada
Ms.	Mededith	Lilly	Director of Policy	Government of Canada	Canada
	Sarah	Chen	Executive Assistant	Government of Canada	Canada
Mr.	Guy	Morissette	Director	Seniors Policy Division, Human Resources and Skills Development Canada	Canada
Ms.	Patti	Chiappetta	Executive Director	Government of Manitoba	Canada
Mr.	Robert	Chagnon	Director	AQG	Canada
Dr.	Amy	D'Aprix	Chief Executive	Amy d'Aprix Associates	Canada
Dr.	Sandra	Hirst	Director	Brenda Stratfford Centre for Excellence in Gerontological Nursing	Canada

Mr.	Greg	Shaw	Director, International and Corporate Relations	IFA	Canada
Dr.	Jane	Barratt	Secretary General	IFA	Canada
Mr.	Chen	Chuanshu	Executive Vice President	CNCA	China
Ms.	Wang	Xun	Director	CNCA -International Department	China
Mr.	Xiao	Caiwei	Vice President	CNCA	China
Ms.	LV	Xiaoli	Director	CNCA- policy research department	China
Mr.	Dong	Chengxiang	Deputy Director	CNCA- Bureau of Retirees of Cheina Development Bank	China
Ms.	Liang	Yali	Senior Manager for solution	INTEL Corporation	China
Ms.	Grace	Chan	Chief Officier	Elderly Service Development	China
Dr.	Ching-Choi	Lam	Vice-Chairman	Elderly Commission, Hong Kong Special Administrative Region	China
Dr.	Joyce	S.H Chang	Delegate	Hong Kong Council of Social Service	China
Ms.	Sue-Ming	Liau	Chief of Division	Adult and Elderly Health section -Bureau of Health Promotion	Chinese Taipei (ROC)
Ms.	Tzu-Ling	Chen	Director	Bureau of Health Promotion	Chinese Taipei (ROC)
Mr	Jan	Lorman	President	Zivot 90	Czech Republic
Mr.	Jan	Doběš	Deputy Minister	Ministry of Labour and Social Affairs	Czech Republic
Dr.	Lenka	Bockova	Department of Social Inclusion	Ministry of Labour and Social Affairs	Czech Republic
Bc.	Vladimir	Siska	First Deputy Minister	Ministry of Labour and Social Affairs	Czech Republic
Mr.	Vladimir	Spidla	Past European Commissioner/Past Prime Minister		Czech Republic
Mr.	Karel	Vít	Director	Department of implementation of EU funds - Ministry of Labour and Social Affairs	Czech Republic
Ms.	Kristýna	Mlejnková		Department of social services and social work concept - Ministry of Labour and Social Affairs	Czech Republic
Ms.	Salvova	Dita	Interpreter		Czech Republic
Mr.	Pavel	Kubu	CEE Healthcare and Education Manager	INTEL Corporation	Czech Republic
Dr.	Jiri	Schlanger		Czech Governmental Council for the Competitiveness and Information Society	Czech Republic

Ms.	Rikke Sølvsten	Sørensen	Special consultant - Manager of the Welfare technology program	National Board of Social Services	Denmark
Mr.	Bjarne	Knud Hastrup	Regional Vice President (Europe)	IFA- Dana-Age	Denmark
Dr.	Usha	Dixit	Scientist and Programme in-Charge	Department of Science Technology	India
Dr.	K.R.	Gangadharan	Regional Vice President (Asia)	Heritage Hospital	India
Dr.	Vinod Gajanan	Shah	Chairman	Javanesa Foundation	India
Mr.	Kamran	Bagheri Lankarani	President	Health policy Research Center Professor of Internal Medicine, Shiraz University	Iran
Dr.	Karim	Hadjiri	Project Coordinator	BRAID	Ireland
Prof	Yitzhak	Brick	Director General	ESHEL	Israel
Dr.	Hisashi	Hozumi	IFA Regional Vice President- Asia	FOIFA	Japan
Mr.	Ayuk	Christian	IFA	FOIFA	Japan
Mayor	Motomu	Hozumi	Mayor	City of Akita	Japan
Mr.	Ito	Satoshi	Director	Health and Welfare Department	Japan
Mr.	Mohamed	Helmi Bin Deris	Assistant Secretary	Policy Division- Ministry of Women, Family and Community Development	Malaysia
Mr.	Rajeswara	Duva Pentiah	Permanent Secretary	Ministry of Social Security, National Solidarity and Reform Institutions	Mauritius
Msc.	Gertjan	Baars	Director	Information, Management, Decentralised Government Netherlands	Netherlands
Msc.	Anneke	Offereins	Senior Advisor	Healthcare Advisory Group	Netherlands
Mr.	René M.C	Prijkel	Senior Policy Advisor, Coordinator Affairs	Ministry of Health, Welfare and Sport - Departement of Long Term Care	Netherlands
Mr.	Theo	Stevens	Director	Brainport Development	Netherlands
Ms.	Wil Van de	Laar	Location Manager	Nursing home facilities of BrabantZorg	Netherlands
Mrs.	Morenike Olapeju	Babafemi		Ministry of Women Affairs, Social Dev. and Gender	Nigeria
Mr.	Ola Sunday	Babafemi		Nigerian Shippers' Council	Nigeria
Mr.	Krzysztof	Janicki	CEE Regional Business Manager	INTEL Corporation	Poland
Mr.	Rustem	Zakiyevich Khamitov	President	Republic of Bashkortostan	Russia
Ms.	Lenara	Khakimovna Ivanova	Minister	Republic of Bashkortostan	Russia
Mr.	Andreja	Jaukovic	World Ahead Program	INTEL Corporation	Serbia

Prof.	Iveta	Radicova	Past Prime Minister		Slovak Republic
Ms.	D T	Mahlangu	Director	Care and Services to Older Persons	South Africa
Mr.	J M	Mbonani		Care and Services to Older Persons	South Africa
Mr.	Frederico	Carvalho	World Ahead Program	INTEL Corporation	Spain
Ms.	Anna	Gralberg	Deputy Director	Social Department -Ministry of Health and Social Affairs	Sweden
Ms.	Lisa	Warth	Director	Department of Ageing and Life Course and Department of Gender, Women and Health - World Health Organization	Switzerland
Mr.	Mete	Bora	Chairman	IFA	Turkey
Ms.	Ruth	Marks	IFA Director	Commission for Older People (Former)	United Kingdom
Mr.	Gordon	Lishman	International Vice President	IFA	United Kingdom
Mr.	Alan	How	Treasurer	IFA	United Kingdom
Mr.	Dave	McCarron	EMEA Healthcare and World Ahead Program Manager	INTEL Corporation	United Kingdom
Ms.	Alice	Borrelli	Director, Global Health Policy	INTEL Corporation	USA
Mr.	Chad	Metzler	Staff Director	United States Senate Special Committee on Aging	USA
Ms.	Joy	McGlaun	Deputy Staff Director	United States Senate Special Committee on Aging	USA
Ms.	Anne	Montgomery	Advisor	Senior Policy for Long Term Care, Majority Staff, Senator Kohl	USA
Ms.	Cara	Goldstein	Advisor	Senior Policy for Aging Services, Majority Staff, Senator Kohl	USA
Ms.	Sarah	Levin	Advisor	Senior Policy for Health Care, Majority Staff, Senator Kohl	USA
Ms.	Susan	Aziz	Special adviser	IFA	USA
Mrs.	Irene	Hoskins	President	IFA	USA
Mr.	Dalmer	Hoskins	Director, Division of Program Studies	U.S. Social Security Administration	USA
Ms.	Helen R.	Hamlin	IFA Main Rep.	IFA	USA
Mr.	Clarence E.	Pearson	IFA Director	Global Health Leadership	USA
Prof	James T.	Skykes	IFA Honorary Director	University of Wisconsin, School of Medicine and Public Health	USA