

Summary Report

Senior Officials' Meeting

Melbourne, Australia, May 2010

Convened by

International Federation on Ageing



INTERNATIONAL FEDERATION ON AGEING
Global Connections

“Social Inclusion for an Ageing Population”

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Acknowledgement

We wish to thank you for showing an interest in the Senior Officials Meeting (SOM) held on May 3rd, 2010 in Melbourne, Australia. Designed to bring together senior government officials from developed and developing countries, the meeting was an informative forum, examining current 'social inclusion' trends, policies and programs that engage and include older people. It was a unique opportunity for dialogue and interaction among senior government officials.

Introduction

Over the past three decades, 'social inclusion' has been moving stealthily from the pages of social and economic theory texts to the agendas of many organizations and desks of policy developers first in Europe, then Oceania and now North America. This progress has now almost catapulted social inclusion to the forefront of political platforms and international discussions. Although the origins of social inclusion trace back to conventional social exclusion, social inequality and poverty frameworks, its meanings are new and distinct. According to the Laidlaw Foundation, a Toronto based social justice agency, social inclusion is a multi-dimensional concept that broadens goals of poverty reduction to goals that call for equal opportunity, strengthening capability and increasing participation. Therefore, social inclusion not only encompasses income poverty and inequality but also physical, social, economic, human asset, social asset and political involvement dimensions.

Since there is no concrete and widely accepted definition of 'social inclusion' this paper will strive to analyze proposed definitions of 'social inclusion', ways in which 'social inclusion' may be operationalized for ageing persons and how 'social inclusion' policies affect ageing populations.

Defining Social Inclusion

Social inclusion and social exclusion are highly contested terms and it is difficult to define one without describing the other. Many credit Lenoir's description of those excluded by France's social insurance system as the contemporary naissance of the terms social exclusion and inclusion. Those excluded, also known as *les exclus*, were the persons with a disability, single parents, unemployed persons, marginalized youth and isolated individuals. Since then many European, Australian and more recently, North American agencies have sought to construct a tangible definition of social inclusion.

According to the UK Social Exclusion Unit (1997), social exclusion describes what can occur to individuals or populations that suffer interlocking sources of oppression such as joblessness, low educational attainment, poor housing, high crime rates, ill health and the disintegration of family structures. The Eurostat Taskforce on Social Exclusion and Poverty Statistics adds that social exclusion is a “dynamic process” through which disadvantaged individuals are excluded from essential resources like employment, health, education, social or political life, which ultimately perpetuates greater disadvantage and exclusion. The Centre for Analysis of Social Exclusion (CASE) states that social exclusion occurs when a member of society, due to extenuating circumstances, cannot participate in the normal activities of that society or in activities that he or she would like to participate (Burchardt, Le Grand, & Pichaud, 1999, p.229). Therefore, social exclusion may be viewed as a process caused by intersecting socioeconomic and political agents that prevent certain groups from accessing resources and acquiring the skills necessary to fully participate within society.

Social exclusion has been mainly targeted by anti-exclusion policies that seek to integrate marginalized populations through employment and other forms of labour market attachment. Therefore, social exclusion implies that a marginalized group exists and that it is in need of assistance in order to join mainstream society. Herein, lies the difference between social exclusion and social inclusion.

Like social exclusion, social inclusion is also defined as a multi-dimensional concept and process with many mitigating factors. However, unlike exclusion, it invokes greater action than the removal of obstacles or risk factors in order to bring low access populations from the periphery to the centre of society. Instead, social inclusion requires investment and organized participatory action to create conditions for inclusion that validate and recognize all persons. Social inclusion is not merely a solution to social exclusion, but goes one step further by proposing that the onus is on society to adapt in order for socioeconomic distances to close and ensure that all are included.

The Laidlaw Foundation’s Five Dimensions of Social Inclusion

According to the Laidlaw Foundation¹, there are five critical dimensions of social inclusion: valued recognition, human development, involvement and engagement, proximity, and material well-being. Valued recognition involves acknowledging and respecting individuals and groups as well as supporting a common worth through universal programs like health care. The human development dimension requires fostering the skills, capacities and choices of individuals to live a life they value and

¹ Laidlaw Foundation, www.laidlawfdn.org

one in which they are able to contribute in a manner they and others find meaningful. Involvement and engagement involves having and being able to exercise the right to be involved in decision making and other activities that directly affect oneself, one's family and community. Proximity includes reducing social distances between people by sharing physical and social spaces that facilitate interactions. Material well-being calls for the necessary material resources in order to participate fully in community life.

Although the Laidlaw Foundation explores social inclusion through a youth-focused lens, the same cornerstones can be applied to ageing populations. For example, valued recognition involves conferring recognition and respect to individuals as they age and not pathologizing elderly populations. Human development may include ensuring that older persons have the resources and autonomy to age in a dignified manner. Making sure that older persons have the right and necessary support to make decisions in their own health, housing and well-being is a critically important aspect of involvement and engagement. Proximity would facilitate closing social and physical distances between older persons and their community and may in turn reduce isolation, marginalization and depression. Ensuring that older persons obtain the financial assistance and housing necessary to allow them to participate fully in society is also a significant component of the material well-being dimension of social inclusion.

Policy Implications: Ageing Persons and Social Inclusion

Many countries have implemented policies to combat social exclusion, but fewer have adopted a social inclusion framework. The UK, Ireland and Australia are some countries which have delineated a clear action plan to promote social inclusion. For example, in Australia, the government has listed five opportunities for social inclusion: the opportunity to attain employment, access services, connect with others through family, friends, community and various social mediums, to deal with personal crises like illness, bereavement, and the loss of employment, as well as the opportunity to be heard.

Social inclusion priorities have been identified in Australia and include the following: addressing the incidence of homelessness, closing the gap for Indigenous Australians, employment for those living with a disability or mental illness, addressing the incidence and needs of jobless families with children, focusing on particular areas, neighbourhoods and communities to ensure that services are reaching those most at need, and delivering effective support to children at greatest risk for long-term disadvantage.

The Australian social inclusion agenda is child, youth and family focused, mainstreaming ageing issues, which is consistent with the approach adopted by the United Nations and its agencies. However, mainstreaming may not be sufficient to address the needs of a rapidly growing ageing population. In developing social inclusion policies some countries such as Ireland and the UK explicitly address issues and concerns specific to older persons, such as access to health services, transport, financial protection, and also other resources which promote psycho-social wellbeing.

While governments have not sought agreement on a definition of 'social Inclusion' some now see 'social inclusion' as more or less equivalent to 'social exclusion' as referring to individual circumstances involving poverty and other multiple disadvantages; and 'deep exclusion' in reference to the most disadvantaged which takes concerted effort across government agencies to address. In shaping policy as it relates to older people, governments identify the problems and issues.

For governments in developed countries it is often more about evaluating where the policies are currently addressing or meeting needs and refining policy to build on and re-energize/re-focus what is in place, consistent with the political direction of the government in power and what is possible at the time.

For developing countries and those in transition the same principles apply, however they are often dealing with much broader issues as basic as access to housing, health care and financial protection.

For example, the persistence of poverty in many countries, and in particular old-age poverty, has led to new approaches to dealing with old-age security. While most people receive pension income as a result of having worked and made contributions to a pension scheme, governments increasingly realize that economic systems may preclude this possibility for some segments of society.

Most countries have some form of basic non-contributory pension for certain social groups, but eligibility criteria for the pension may differ greatly. An increasing number of countries have instituted, or are considering the introduction of, a non-means-tested pension as a way to mitigate poverty and provide at least a minimum level of subsistence for older people.

Conclusions

In many countries, committees, non-governmental organizations and government agencies are promoting social inclusion. Observing increasing trends in ageing and associative poverty and discrimination demonstrates that social inclusion

frameworks are of utmost importance to curb this destructive cycle. The demographic trend of population ageing has many socioeconomic implications for governments and policy makers across the world. In one sense, the reality of global ageing represents a triumph of medical, social, and economic advances. In another sense, population ageing produces a myriad of challenges to social insurance and pension schemes, health care systems, and existing models of social support. It affects economic growth, disease patterns and prevalence, and tests fundamental assumptions about growing older.

Population ageing may fuel opportunities for economic growth and spur countries to develop new fiscal approaches to accommodate a changing world. While some governments have begun to plan for the long term, most have not, and reform becomes more difficult as the pace of population ageing accelerates.

Poverty reduction as a goal is not the only solution to remedy this situation. Although, social inclusion will not be the only solution, it will be a step towards closing social and economic distances that force people to the margins of society.

Notwithstanding the substantial differences between developed and developing countries and those in transition, there is a common misperception that government and family will remain traditional providers. Rather than being a direct provider, more often than not, governments will facilitate initiatives in the areas of housing, health, and care.

However different or similar the landscape of a country is with its neighbors, governments across the world play an important role in the status of their older populations and each has much to share by way of policy and practice trends. It is both relevant and important for government officials to reflect on the subject of social inclusion systems, related financial incentives and the government role. It can be of great value to meet with colleagues from other countries and engage in peer discussions, comparing each other's experiences and perhaps even identifying best practices.

In a recent publication launched by the Australian Government, *"The Australian Public Service Social Inclusion policy design and delivery toolkit"*, Commonwealth (Federal) agencies will now be required to use a six-step social inclusion method of policy design and delivery. This requires change to how policies and programs are designed, developed, coordinated and delivered and applies to policies designed primarily to meet the needs of the whole population and those that are focussed on meeting the needs of particular disadvantaged groups. It applies to all major policy areas from health to education through to infrastructure, the law, financial services and other economic areas.

Being socially included means that people have the resources (skills and assets, including good health), opportunities and capabilities they need to:

Learn: participate in education and training;

Work: participate in employment, unpaid or voluntary work including family and carer responsibilities;

Engage: connect with people, use local services and participate in local, cultural, civic and recreational activities; and

Have a voice: influence decisions that affect them.

Whether we use the term 'social inclusion', 'social justice', 'social exclusion' or 'social cohesion' what we are talking about in the context of this planned Senior Government Officials Meeting is how do governments respond in meeting the needs of their older citizens through policy and programs that ensure they remain valued and supported, today and into the future.

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 'social inclusion' 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. Governments are creating socially inclusive societies through a range of initiatives focused towards older people. The planned Senior Government Officials meeting will 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.

It will enable them to:

- **Review** the development of social inclusion policy and practice that for many countries has been in situ for over a decade; 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 world experts on key policy and program design developments that enable older people to remain active and contributing members of our societies.

Senior officials attending this event will also have the opportunity to register and fully participate in the IFA's 10th 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 social inclusion policy and practice. The conference website is: www.ifa2010.org

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 that define social inclusion in the context of older people;
- a greater awareness and **understanding of the key factors** that underpin social inclusion successes;
- identified some of the **challenges and obstacles** to implementing social inclusion 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 Requirements Prior to Meeting

All Senior Officials attending the forum will be asked to provide a standard formatted summary describing social inclusion policy and practice which will form a final report to be published by the IFA for wider distribution to delegates and interested governments.

The summary should be no longer than 4,000 words and be in a 'word document format'; tables and graphs can be over and above the maximum word count. Please forward this summary directly to **Mr. Greg Shaw** (gshaw@ifa-fiv.org) at IFA by the **15 March 2010**:

Format and contents as follows:

- 1. Country** – Identify the country specific to the report.
- 2. Responsibility** – Identify if the report is specific to National and/or Provincial/State policy and programs.
- 3. Governing Body** - Administering Department/Agency with contact details including an email address.

- 4. Legislation** - Identify the key (only) legislation / policy that supports social inclusion for older people and provide URL links to key documents where possible (could be placed in contents of section 5 and 6).
- 5. Mainstream Program Summary** - Provide a summary of the policies and programs where social inclusion for older people is a key component. You may choose to dot point the range of programs and provide a more detailed summary on 1 to 3 programs that focus on supporting social inclusion of older people to remain active and in the community longer.
- 6. Pilot Program Summary** - Provide a summary of any pilot programs that are intended to encourage social inclusion including a brief description of financing arrangements.
- 7. Future Directions** – Identify current government social inclusion directions or thinking that will support the increasing older people population demographic.
- 8. Summary and Conclusion** – A short summary should include key messages for social inclusion strategies targeted towards older people...

Note: *Recognizing that in some cases there is a lack of legislative frameworks, governments may choose to focus on any one particular policy element or choose to provide a report on the practical challenges and issues faced in meeting the needs of its older populations.*

Program Presentation Summary

1. Cisco



Presenter: Mr. John Goggin

John Goggin is part of Cisco's Internet Business Solutions Group. Cisco is tasked with connecting major trends, working with leading governments to develop solutions and easing transitions of these trends. Mr. Goggin is specifically involved with working on the transition of a population that is living longer. Cisco believes that the connection between four key elements shape the lifestyle eco-system. These four elements are The Trends, The Decision-Makers, The Architects and The Benchmark.

- **The Trends**

The mega trends that are shaping our world frame the perspective for action. The living longer wave is coming. It is important to incorporate this trend with other major trends such as climate change and urbanization.

- **The Decision Makers**

The decision makers are made of individuals who have an enormous impact by the power that their voice holds. Individuals are now choosing how they work, play, learn and live. Individuals base their choices on the availability or limitations of resources, their finances, their education, family and policies.

- **The Architects**

The Architects are policy makers and product producers. These are the people who draft and administer the law and policies that enable the investments that will either accelerate or impede change. Policies balance stability with innovation and reflect individual choice.

- **The Benchmarks**

The Benchmarks help to assess whether policies and programs that are implemented are making a positive change. They are the standards used to assess the effectiveness of programs.

Please see Appendix 1 for the full Presentation

2. AUSTRALIA



Social Inclusion for Older People in Australia
Presenter: Ms. Lesley Podesta
Australia Government of Health and Aging
Ageing and Aged Care Division

Population Ageing

The Australian government predicts that between the years 2010-2050 the number of people aged 65-84 will more than double and the number of people 85+ will more than quadruple. Currently 13% of Australia's population is 65+ however by the year 2050; nearly one quarter of the population of Australia will be 65 or over. This means that there will only be 2.7 people of working age to support every person aged 65 or over. Currently this ratio is 5:1.

Policy Directions

A Stronger Fairer Australia - A New Social Inclusion Strategy

This is an act that has been established by the government of Australia which is built on five pillars:

- 1.** Economic growth
- 2.** Equitable social policy
- 3.** Quality services
- 4.** Strong families and communities
- 5.** Partnership for change

The Foundations of Social Inclusion

All ministers in Australia have made a commitment to Social Inclusion. The foundations of social inclusion in Australia lie in working on the following policy areas that affect senior citizens.

- adequate retirement income: age pension, superannuation guarantee
- subsidised health care and pharmaceuticals
- Age Discrimination Act
- Affordable housing
- Access to aged care on the basis of need

Aged Care

The Australian Government has the responsibility for funding care services for older Australians. This is part of the Aged Care Reform. The Aged Care Reform is striving

to shift to an integrative service system. It is a significant step towards achieving a national aged care system with universal services, support assessment, care and recognition. Important elements of the reform include:

- Investment to increase capacity
- Focus on individuals
- Seamless transition: end-to-end care system
- Simple access to services: one stop shops
- Link with hospitals and primary care
- Strengthened consumer protection

Aged Care entails services that support care givers, regional and remote multipurpose services, linking homeless people with housing and care and providing services for seniors residing in the community (Aged Community Care).

Please see Appendix 2 for the full Presentation

3. UNITED STATES OF AMERICA



Presenter: Ms. Kathy Greenlee
US Department of Health and Human Services

Administration on Aging (AoA)

The AoA is a federal agency responsible for advancing the concerns and interests of older people and their caregivers. AoA's mission is to help strengthen the Nation's capacity to provide the opportunity for older people to fully participate in all aspects of society and community life, be able to maintain their health and independence, and remain in their own home and communities for as long as possible. In the last few years the AoA has taken on a central role in the transformation of health, and most importantly, long-term care services in the U.S.

Policies and Programs:

Older Americans Act (OAA)

AoA's primary authorizing legislation is the Older Americans Act (OAA), which has played an important role for many years in shaping the U.S.'s health and long-term care system to help older adults learn about and access opportunities for maintaining their health and well-being in the community. The OAA recognizes the

significance of older people and promotes social services to enhance their ability to live with independence and dignity.

Medicare and Medicaid Programs

Medicare and Medicaid programs, along with the OAA, are key to the rebalancing of the US long-term care system. Medicare provides insurance coverage for healthcare, and Medicaid provides health, long-term care and nursing home care for low-income individuals and persons with disabilities. Together, these programs provide the majority of funding for health care and nursing home care for older persons. All three programs are being modernized to emphasize care in the least restrictive setting with the maximum amount of personal choice and control over care options

Future Directions:

The aging of America creates new challenges and opportunities. In response to these challenges, AoA continues to work with its partners at the Federal, State and community levels to help strengthen the Nation's capacity to promote the dignity and independence of older people. Two areas of importance in the future will be supporting middle class families and The Community Living Initiative.

Please see Appendix 3 for the full Presentation

4. NEW ZEALAND



The Aging New Zealand Story- Everyone Counts
Presenter: Ms. Diane Rogers

Population Ageing

Currently, 12% of the population is 65+ and in the year 2030, seniors will comprise 21% of the population of New Zealand. There is significant growth within the age group of 85+. New Zealand has a population that is increasing with more ethnic/social diversity among the older age group. Average life expectancy for men is 78 years and for women it is 82 years.

Generally, most older people in New Zealand live independently in their community. They consider themselves to be fit in mind and body and are able to participate and make valuable contributions to their families, communities and society.

Challenges Posed by an Ageing Population

The baby boomer population poses a challenge for the government because more and more people will be approaching retirement starting in the year 2011. This could cause a potential skills and labour shortage. There are also high levels of out migration and many New Zealanders live outside New Zealand.

New Zealand has planned for its aging population by implementing the following acts and program:

- NZ Superannuation and Retirement Income Act 2001
- Human Rights Act 1993
- No compulsory retirement age
- Free or subsidised healthcare
- NZ Positive Ageing Strategy
- Senior Citizens portfolio
- Retirement Commissioner
- KiwiSaver
- SuperGold Card

Policy Initiatives: New Zealand Positive Aging Strategy

The New Zealand Positive Aging Strategy was implemented in 2001 and is based on the vision of a society where people can age positively, where older people are highly valued and where they are recognized as integral parts of their families and communities. The strategy will ensure that issues of aging are an integral part of policy and service development at a local and central government level.

Please see Appendix 4 for the full Presentation

5. CHINA



Towards a Harmonious Society

Presenter: Ms. Wang Xun

**China National Committee on Ageing:
International Department**

Population Aging

As a developing country with the largest elderly population, China faces the challenges of rapid growth of elderly population. In the year 2010, the population of individuals who are 60+ is over 167 million people (12.5% of China's total population). There is a trend of the older population growing at a faster rate. It has

been estimated that by the year 2020 China's aged population will reach 200 million and by the year 2040 it will be 430 million, accounting for 17% and 31% respectively. There will be 30 million elderly person aged 80+ by the year 2020, accounting for 12.37% of the total elderly population.

Policies and Programs:

Ageing in Place Program

In the year 2006, the China National Commission on Ageing started to encourage local authorities to conduct home care services and programs nationwide. The government has added ageing in place into their socio-economic plan. Home care service is a new industry in China, most service providers are societies or small enterprises. The government is involved by paying bills for service for low-income older persons. Home care service includes not only housekeeping services, but also some professional services, for example, medical service, health care service, and legal service. In order to ensure that the quality of services meets standards and that care is universal, the government supervises and inspects the service market. The role of the family is very important in the Asian culture. It is indispensable and is especially important for living service and spiritual comfort.

It has not been long since China started the ageing in place program. There are experience and also problems. **The main problems are:**

- some local governments do not put enough investment into the project and take enough efforts to develop it;
- some relevant NGOs are not capable enough to run the business;
- there is not enough resources of home care services and efficient integration of resources in communities;
- The service providers are not well-qualified and well-paid, which is not good for the professionalization of home care services.

A For-all Society

The Chinese government has been accelerating its efforts in building old-age pension and Medicare systems which cover both urban and rural areas. In 2009, based upon the further improved urban old-age pension reform and urban-rural Medicare reform, a pilot program of a new type of rural old-age pension was launched. It was first launched in around 10% of China's cities, districts, which adopts the combination of individual contribution, collective subsidy and governmental allowance, and under which rural older persons are entitled to a monthly pension when they reach the age of 60, and for those already aged 60 at the program time, they are exempt from individual contributions but entitled to the basic pension. The minimum guarantee system has been built up in China to help

the needy population. The Chinese government has also been striving to the build public services system, covering both urban and rural areas. With the trend of the aged getting older and their families narrowed and empty-nested, efforts have been directed into building an old-age care system which is based upon family care, supported by community care and supplemented by institutional care. At present, there are in China over 40,000 care facilities with more than 2.3 million beds.

Please see Appendix 5 for the full Presentation

6. ALBANIA



Social Inclusion in Albania Country Report
Presenter: Ms. Anna Xheka

Population Ageing

When compared to other countries, Albania has a fairly young population. About half of the population is under the age of twenty-five. In 2007, the average age was 32.5 years. Although this number is low, the trend in Albania is similar to other (OECD) countries in that the population is steadily aging. In the year 2009, persons 60 years of age or older comprised 12.8% of the population. In Albania, the right to health care is a fundamental right of economic and social character. The state has an obligation to provide health care to its citizens and health insurance to others in need in the country. The state health insurance plan is mandatory and is contribution based and for those who cannot afford to make contributions, the government makes payments for them. According to Albanian Law, older people are treated as a separate social category receiving different benefits, bonuses and services.

Policy Directions: Retirement and Pensions

The retirement pension system in the Republic of Albania falls into the category of social assistance. It is built on two pillars. The first pillar constitutes compulsory insurance provided in old age, disability pension and survivors' pensions. The second pillar is composed of voluntary insurance that provides individually capitalized pensions. The pension scheme varies and provides different coverage based on years spent in the workforce.

Future Directions

- To provide coverage to certain categories in order to avoid old-age poverty and social burden;
- Approach of the Albanian legislation with International standards on Social Security;
- Special Training and Employment Programs for older people;
- Increase the active involvement of older persons in society as well as progress;
- Reciprocal treatment for foreigners' social security. If they work in Albania they have to be insured in the Albanian insurance scheme;
- The right to information of insured persons about contributions and/or social insurance benefits is sanctioned by law;
- For those persons who have not fulfilled the minimum period to obtain invalidity pension, a new kind of pension is introduced, obtained in proportion to the period they have been insured. That is reduced invalidity pension.

Please see Appendix 6 for the full Presentation

7. ISRAEL



Senior Citizens in Israel The Government's Care
Presenter: Mr. Aharon Azulay
Ministry for Senior Citizens, State of Israel

Population Ageing

In Israel there are 750 thousand senior citizens and approximately 1/3 of them are Holocaust survivors. In the year 2010, 10% of Israel's population was comprised of individuals who were 65+. By the year 2030 this percentage will rise to 14%. The average life expectancy of men in Israel in 2010 was 79 years and for women 81 years. Future projections estimate life expectancy of men to increase to 85 years and women to 87 years.

The Ministry for Senior Citizens

- Established: 2007
- Minister for Senior Citizens: PM Binyamin Netanyahu
- Deputy Minister: Dr. Leah Ness

- Responsibility: To deal with needs of the aging population in a holistic manner (cultural, welfare, recreation, health, employment, etc.)
- The government spends 25 billion on social services a year and of that 28% is spent on elderly individuals

Future Directions

- Improving the quality of life older persons and improving personal security.
This will be done by improving infrastructure and living quarters, establishing a project for the eradication of violence against senior citizens, establishing education centers for senior citizens and offering enrichment classes to senior citizens in various fields (computer, intergenerational relationships and financial management);
- Improving Social Standing;
This will be done by establishing a national service program on behalf of senior citizens, establishing a volunteer network integrating students and youth movements, establishing a volunteer network within the senior citizen community-“Senior Citizens for Senior Citizens” and activating a hotline dealing with the rights of senior citizens;
- Establishing a research division for planning and implementation;
- Strategic planning tailored to each local authority;
- Establishing a central body to bring together various research institutes working in the field of the aging;
- Improving the quality of life of Holocaust survivors.

Please see Appendix 7 for the full Presentation

8. SLOVAKIA



Integrated Policy Making for Older Persons in Slovakia

Presenter: Dr. Miloslav Hettes

Ministry of Labour, Social Affairs and Family

The Context:

Aging should be viewed as an opportunity. As persons age and remain fit and healthy they are able to contribute to the workforce and sustain the economy. When discussing the consequences of aging, the Slovakian government strives to answer the questions: will older people find new occupations to remain active and

to be helpful to others? Will they be treated equally? What will their economic status be and how will their needs change?

Policies and Programs:

The goal of the government is to create a sustainable decent life for older persons. In order to do this two new policies have recently been put forth:

"Slovak National Program for the Protection of Older Persons"

It provides a comprehensive framework for all policymaking related to older persons. The main aim is to achieve self sufficiency, social participation, and integration for older persons and to enable them to fulfill themselves and live in dignity. The program covers the areas of social security, employment and family policy, education, safety, health care, housing, culture and media, taxes and fees, transport, postal and telecommunication services, legal protection, the economy, agriculture and the environment.

"Slovak Social Services Act"

This act addresses the efficient provision of services to the severely disabled, older persons and other target groups. This act ensures the interlinking of social services and health care and helps to outline the financing of social services. It sets out requirements necessary for performing work in the field of social services and introduces a system of quality control. The Act offers a comprehensive approach to social service provision, as one crucial component of a wider strategy on ageing and older persons

Please see Appendix 8 for the full Presentation

9. SWEDEN



Empower of the Elderly- Swedish Policies Towards Social Inclusion

Presenter: Mr. Niclas Jacobson

Swedish Ministry of Health and Social Affairs

Policy Goal: Dignity

The main goal of Swedish Policy is to move from profession centered to person centered care for older individuals. The focus of policy work revolves around the virtue of Dignity. The Swedish government focuses on identity and personality,

quality of life, freedom of choice and a special importance to individual needs and demands.

Policies

Policies are based on:

Personal Autonomy: home help and home care

- Everyone shall be allowed to live in their own home for as long as possible
- Home help and advanced home health care services are provided
- Apartments and houses are adapted
- Technical aids are developed and provided
- Transportation services are provided

Economic Autonomy: pensions and working life

Tax incentives for working longer

Pension reform in the year 2001

- Flexible retirement age from 61
 - The later you leave the higher pension
 - A right to stay until 67
 - Part time retirement
- Average retirement age now 63.3 years

Dignity Guarantee: enhancing the quality of life of individuals

*it is compulsory by law to provide support for care givers

- Core ethical values for elderly care – National
- Dignity guarantees – Local
- Dignitylabeling – standards for certifying dignity
- Shifting focus from the institution to individual needs - wellbeing
- Change of attitudes/education for staff
- Individual influence over content of care

Empowerment

- Open comparisons
- National user surveys
- Compulsory by law to support informal carers
- Lex Sarah – compulsory by law to report incongruities and maltreatment
- Support voluntary organisations and participation by the elderly in community life

The Swedish Act on Free Choice entails the following

- The user of the services in focus
- Move the power from the politicians to the citizen
- A multitude of contractors with different offers
- Development of quality and effectiveness through increased competition between contractors
- Quality competition instead of price competition

Please see Appendix 9 for the full Presentation

10. MAURITIUS



Social Inclusion of the Aged: The Mauritian Experience

**Presenter: Mr. Anbanaden Veerasamy
Ministry of Social Security, National
Solidarity and Senior Citizens Welfare &
Reforms Institutions, Republic of Mauritius**

Population Ageing

The Republic of Mauritius is comprised to several islands, the main island being Mauritius which covers an area of about 2000 sq km. It is located in the South West of the Indian Ocean which is about 5900 km west of Australia. Mauritius has a population of 1.2 million people whose ancestors came from various continents including Asia, Africa and Europe. The population of Mauritius is culturally and religiously diverse. The global aging phenomenon does not exclude Mauritius. The elderly population in Mauritius (60+) is projected to increase from 136,100 (10% of the population) in the year 2009 to approximately 335,600 (25% of the total population) in the year 2039.

Challenges Posed by an Aging Population

The aging of the population has brought many issues to the forefront for the Mauritian government. There has been an increasing pressure on the government to budget for social security benefits for seniors including pensions. There has also been a need for increasing health care services, residential and day care facilities, housing facilities, more protection for elderly persons and increasing recreational and leisure facilities for seniors. Marginalisation and social exclusion of the Aged is an issue that is currently being worked on by the Mauritian government.

Mauritian Social Inclusion Policy

The socio-economic integration of the Aged is being addressed by the Mauritian government by the development of a comprehensive social security system which is based on five pillars. These pillars ensure minimum support to all elderly persons and other vulnerable groups.

The five pillars are:

- 1.** Universal non-contributory Pension known as Basic Retirement pension (BRP) for all elderly persons aged 60 and over;
- 2.** Mandatory contributory Pensions Schemes for all private sector employees (6% employers & 3% employees contributions);
- 3.** Provident fund (National Savings Scheme) for both the public sector and the private sector;
- 4.** Private occupational pension schemes for the private sector;
- 5.** Subsidies on food items and other services, free education up to tertiary level, free health services including tertiary health care and free transport for elderly, disabled persons and students.

Other government support programs for the elderly include;

- Subsidized Health Care
- Institutional Support
- Leisure and Recreation
- Protection of the Elderly

Future Directions

- A National Policy Paper on Ageing was launched by the Honourable Prime Minister in 2008 with three specific focuses;
- A development Approach with emphasis on mainstreaming elderly persons in national policies across all sectors;
- A life-course Intergenerational Approach which stresses on equity, reciprocity and inclusiveness of all age groups; and
- A gender perspective to ageing.

Please see Appendix 10 for the full Presentation

11. VICTORIA, AUSTRALIA



Social Inclusion: A Victorian Approach
Presenter: Mr. James MacIsaac
Department of Planning and Community
Development, Victoria, Australia

A Fairer Victoria

The Victorian Government's social policy action plan - A Fairer Victoria - aims to address disadvantage and promote inclusion and participation. Since 2005, \$5 billion in new spending has been provided for initiatives to strengthen the resilience of Victorian communities, including major investment in early childhood, mental health, housing, aged care services and disability support.

The 4 Key Priorities of a Fairer Australia are:

- 1.** Help all Victorian children get the best start in life;
- 2.** Improve education opportunities and help people into work;
- 3.** Improve health and wellbeing and reduce health inequalities;
- 4.** Develop liveable communities where Victorians will want to live, work and raise families.

Social Isolation and the Elderly Population

Social isolation is not a problem that is only faced by older people. However, research indicates that this is a growing phenomenon among older people. Risk factors that lead to social isolation that are common among seniors are diminished social networks, bereavement, health and mobility problems and changing family and social roles. Older people are often faced with age-discrimination and this can also contribute to social isolation. Governments usually foster social inclusion through Home and Community Care Programs. However, it is difficult to reach all seniors with these programs because this approach requires individuals to already be interacting with social services and this usually means that socially isolated people are not included.

Successful social inclusion initiatives:

- involve different levels of service providers;
- are community driven;
- are based around educational and social activity groups;

- focus on building local peer networks; and
- harness the potential of new technologies.

Please see Appendix 11 for the full Presentation

12. WALES



Social Inclusion for an Ageing Population

Presenter: Ms. Ruth Marks

Older People's Commissioner for Wales

Population Ageing

Wales is part of the United Kingdom and has a population of 3 million people. The approach to ageing in Wales is holistic and is strongly linked to the idea of social inclusion. Wales has a commitment to equality. Wales has a higher share of older people when compared to the rest of the UK (22%- 600,000 people). Over the next 15 years, the number of people of retirement age in Wales will increase to 28% of the total population. The number of very old people (85+) will increase by over a third to 82,000 people.

Policy Initiatives: The Strategy for Older People in Wales 2008-2013

In 2008, the Government of Wales established The Strategy for Older Persons in Wales. The three main themes of this strategy are to value older people, change society and most importantly, to improve the overall wellbeing and independence of older individuals in Wales.

Principles of Strategy for Older People

- To celebrate longer life as an achievement and an opportunity;
- To move away from a model that sees old age as a problem and a burden to a model of engagement and citizenship for all older people;
- To address age stereotyping and age discrimination and promote positive images of ageing;
- To seek to ensure equal treatment, independence, dignity and self determination;
- To take a whole-systems approach so that universal and specialised services are available for older people;

- That a strategic corporate approach to ageing is taken including effective joint working;
- To see older people as economic contributors;
- To promote active and healthy ageing and well being with prevention at the forefront.

Four Functions of the Act:

1. Promote awareness of interests
2. Encourage best practice among professionals
3. Review adequacy of the law
4. Challenge age discrimination

Future Directions

The next steps taken by the government of Wales are to promote rights and responsibilities, address the changing social and economic context, increase all age involvement and evaluate implemented policies and programs.

Please see Appendix 12 for the full Presentation

13. CANADA



Social Inclusion for an Aging Population
Presenter: Ms. Kathryn Jarrett Ekholm
Public Health Agency of Canada

Population Ageing

Canada's population is over 33.3 million people. Out of this population, 4% are Aboriginal Peoples and 20% are immigrants. The percentage of senior individuals (65+) has more than doubled since 1970. Canada's population is rapidly aging. By the year 2016, the number of seniors in the population will be more than the number of children 15 and under. By the year 2031, seniors will comprise 23% of the Canadian population.

Health Inequalities Among Seniors

- **Social-economic Status (SES)**
 - 2.7% of elderly families are low-income, as are 15% of unattached senior men and 19% of unattached senior women
 - 45% of seniors are without a high school diploma while only 51.5% of seniors have basic literacy skills
- **Aboriginal and Immigrant Seniors**
 - Aboriginals form a small proportion of senior Canadians but expected to triple between 1996 and 2016
 - In 2001, 28.6% of persons aged 65 to 74 and 28% of those aged 75 to 84 were immigrants
- **Social isolation**
 - More than 6% of Canadians over 65 report not having any friends, compared to 3% of those aged 55 to 64
 - Approximately 4% of seniors living in their own homes reported experiences of abuse or neglect
 - Nearly 23% of older Canadians live in a rural or remote area
- **Sex and Gender disparities**
 - Women over-represented in lower-income and low-literacy groups
 - More older men comprise the senior population vulnerable to social isolation (82%)

Reducing Income Inequalities

The Canadian pension program has different programs in place, both public and employment-based that have significantly reduced low-incomes among seniors. The majority of Canadians receive public retirement income benefits (95%) and about 86%-96% of seniors are part of employment based pension plans. The Canadian Health Care system provides universal coverage for medically necessary services for citizens. Provincial governments have many publically financed community services for seniors.

Age Friendly Communities

Age Friendly communities is a comprehensive environment and social intervention that is based off of the World Health Organization's Age-Friendly Cities Project. Thus far, one hundred and fifty Canadian cities have embarked on Age-Friendly initiatives.

Future Directions

The future of Canadian policy regarding seniors will strive to analyze how health varies by sex and gender, as well as social, economic and other demographic factors, to improve the effectiveness of different public health responses and prevent inequalities. Strengthening communities and fostering collective leadership among provinces is also on the forefront.

Please see Appendix 13 for the full Presentation

14. PHILIPPINES



Maximizing the Role of Senior Citizens

**Presenter: The Hon. Celia-Capadocia
Yangco**

**The Department of Social Welfare and
Development**

Population Ageing

In the Philippines, older persons are considered those who are 60+ and are addressed as senior citizens. Senior citizens comprise more than 5.8 million people or 6.5% of the total population (88.57 million people). By the year 2015, this percentage will increase to 8.8 % of the total population. The average life expectancy for males is 68 years old and for females it is 72 years old. The density of Filipinos that are senior citizens is one of the largest densities in the Asia Pacific Region. Senior citizens comprise 34.93% of all peoples with disabilities in the Philippines however out of the total number of senior citizens; more than half are gainful workers.

Enabling Philippine Laws

The Philippine government has successfully enacted policies to maximize the participation of senior citizens. This demonstrates their commitment to act in solidarity towards promoting the welfare of senior citizens and providing them equal opportunities to ensure that they lead productive and meaningful lives.

The Constitution of the Philippines (1987)

This constitution provides that it is the duty of the family to take care of its elderly members while the State may design programs of social security for them and adopt an integrated and comprehensive approach to health development.

Republic Act No. 9994 "Expanded Senior Citizens Act of the Philippines 2010".

This act is to respond to the pressing concerns of social inclusion. This is a milestone legislation that demonstrates that the Philippine government puts premium in alleviating the plight of the elderly sector who have contributed much in nation building during the prime of their lives. Approximately six million Filipino senior citizens are benefiting from the law.

Act No. 7876 "Senior Citizens Center Act of 1997

This is a landmark legislation that mandated the establishment of Senior Citizens Centers in all municipalities and cities. These centers have recreational, educational, health and social programs for the full enjoyment and benefit of senior citizens.

Programs and Services

The Department of Social Welfare and Development (DSWD), as the lead agency in promoting the welfare of senior citizens developed a comprehensive Long Term Care Program for Senior Citizens (LTCSC) to promote active ageing and improve the quality of life of Filipino senior citizens. The DSWD served 7,970 senior citizens in the year 2009. It also has an intergenerational component that strives to connect senior citizens with younger generations for mutually beneficial activities. The Philippine government provides neighborhood support programs and home support programs for senior citizens. There are also group homes for seniors available, where older persons can live in a comforting environment with other individuals.

Future Directions

Moving forward the Philippine government will be:

- Updating and fully implementing the Philippine Plan of Action for Senior Citizens;
- Promoting and advancing health and well being. The Philippine government is also opening up the National Geriatric Center;
- Strengthening mechanisms for the full implementation of laws through continuous provision of capability-building;
- Fostering partnerships and convergence with private and international agencies.

Please see Appendix 14 for the full Presentation

15. CZECH REPUBLIC



Social Inclusion for Aging Population for Czech Republic

**Presenter: Mr. Martin Zarsky
Ministry of Labor and Social Affairs**

Population Ageing

The population of Czech Republic consists of approximately 10, 4 mil. people. The average life expectancy of women is 80 years and of men is 74 years. Czech Republic is predominantly urban (71%) and has fourteen different regions with 6,200 municipalities. Like many countries, Czech Republic has an aging population due to rapidly decreasing fertility rates, decreasing mortality rates and increasing life expectancy. Unemployment rates have risen to 10% (2010).

Aging Policy and Social Inclusion

The main areas of focus for policy makers will be family policy which includes long term care and solidarity between generations, the sustainability of the pension system and income for seniors, ensuring that individuals have choice in terms of work and retirement, enhancing social services, and providing adequate social and legal protection for frail seniors and seniors in vulnerable situations. Local governments will also take up the World Health Organization's Age Friendly Cities initiative. Aging policy takes a holistic intersectoral approach. The federal government of Czech Republic is currently working on a National Program on Aging 2008-2012.

Social Services

The Czech Republic issued a new Social Services Act in January of 2008. This act discusses the government's initiative of launching Care Allowances based on assessment of self-care capabilities of seniors. It also mandates the control of quality of services by requesting providers of care to be registered and follow universal standards and have routine inspections. The Social Services Act describes the role of NGOs and gives descriptions of new services. Social services are mainly provided by municipalities (40%), NGOs (38%), Regional Authorities (19%) and 3% of social services are provided by the private sector.

Please see Appendix 15 for the full Presentation

Senior Officials Meeting Program
“Social Inclusion for an Ageing Population”

Meeting Program and Schedule Master of Ceremony – Mr. Greg Shaw (IFA)
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Time	Schedule
0800 – 0830	Registration
0830 – 0840	Welcome and opening remarks Ms Irene Hoskins – IFA President
0840 – 0850	Official Welcome – The Hon. Justine Elliot, Minister for Ageing, Australia
0850 – 0915	Key input presentation – Mr. John Goggin, Director and Practice Lead, Cisco Systems Incorporated – “<i>Connecting for Life’s Transitions</i>” Respondent - Mr. Gordon Lishman, IFA International Vice President
0915 – 1040	Plenary Panel One Session Chair and Moderator – Mr. Gordon Lishman, IFA International Vice President Australia – Ms. Lesley Podesta, First Assistant Secretary, Ageing and Aged Care, Department of Health and Ageing United States – Ms. Kathy Greenlee, Assistant Secretary for Aging, US Department of Health and Human Services New Zealand – Ms Dianne Rogers, General Manager, Older People’s and International Policy , Ministry of Social Development China – Ms. Wang Xun, Director of International Department, China National Committee on Ageing
1040 – 1100	Health Break
1100 – 1220	Plenary Panel Two Session Chair and Moderator – Prof. Yitzhak Brick, IFA Immediate Past President Albania – Ms. Anna Xheka, Director, Equal Opportunities

	<p>Directorate, Ministry of Labour, Social Affairs and Equal Opportunities</p> <p>Israel – Mr. Ahron Azulay, Director General, Ministry of Senior Citizens Affairs</p> <p>Slovakia – Dr. Miloslav Hettes, Director General, Ministry Of Labour, Social Affairs And Family</p> <p>Sweden – Mr. Niclas Jacobson, Deputy Director, Division of Social Services, Ministry of Health and Social Affairs</p>
1220 – 1315	<p>Lunch</p> <p>Lunch Speaker – Hon. Lisa Neville MP, Minister for Aged Care – Victoria, Australia</p> <p>Moderator – Mr. Robert Reid, IFA Regional Vice President, Oceania</p>
1315 – 1435	<p>Plenary Panel Three</p> <p>Session Chair and Moderator – Mr. Ken Bluestone, International Political and Policy Advisor, Age UK</p> <p>Mauritius - Mr. Anbanaden Veerasamy, Permanent Secretary, Ministry of Social Security, National Solidarity and Senior Citizens Welfare & Reforms Institutions</p> <p>Victoria, Australia – Mr. James MacIsaac, Executive Director People and Communities, Department of Planning and Community Development</p> <p>Unites States - Dr. Debra Whitman, Staff Director, US Senate Special Committee on Aging</p> <p>Wales – Ms. Ruth Marks, Older People’s Commissioner for Wales</p>
1435 - 1600	<p>Plenary Panel Four</p> <p>Session Chair – Mr K.R. Gangadharan, IFA Regional Vice President, Asia</p> <p>Papua New Gunea - Dame Carol Kidu DBE MP, Minister for Community Development</p> <p>Cambodia - Dr. Bunnak POCH, Deputy Secretary General, National Committee for Population and Development Office of the Council of Ministers</p> <p>Philippines - The Hon. Celia C. Yangco, Secretary, Department of Social Welfare and Development</p>

	Czech Republic - Mr. Martin Žárský, Director of Department for Social Services and Social Inclusion, Ministry of Labour and Social Affairs
1600	Closing Remarks – Mr. Gordon Lishman Transportation to Melbourne Convention Centre for opening ceremony of the IFA 10 th Global Conference on Ageing

Stand-by Presentation

Canada – Ms. Kathryn Jarrett Ekholm,
Director Division of Aging and Seniors,
Public Health Agency of Canada

South Africa - Ms. Dorothy Thuli
Mahlangu, Director, Care and Services to
Older Persons, Department of Social
Development



Speaker Profiles



The Hon. Justine Elliot
Minister for Ageing
Government of Australia

Justine Elliot, Federal Member for Richmond and Minister for Ageing, has lived at Fingal Head on the NSW North Coast for nearly 20 years.

Born July 29, 1967, Mrs. Elliot lives there with her husband Craig and their two young children, Alexandra (9) and Joe (8). Both Mr. and Mrs. Elliot are former police officers. Justine Elliot was a police officer for seven years and Craig Elliot was an officer for 10 years. Craig Elliot now supports Justine as a stay at home dad to their young family.

Prior to becoming a Federal Parliamentarian, Mrs. Elliot was a community representative on the Northern Rivers Area Health Service Hospital and Community Health Council and a representative for Fingal Head on the Tweed Coastal Committee. Mrs. Elliot was educated at the Queensland University where she graduated with a Bachelor of Arts in English and History. Mrs. Elliot also holds a Graduate Diploma in Human Resource Management and Industrial Relations from Griffith University.

Mrs. Elliot has worked as a Youth Justice Convenor with the NSW Department of Juvenile Justice, drawing on her experience as a police officer. She has also been an active member of local community groups, including Community Associations, Neighbourhood Watch Groups and the RSPCA. She has been the Federal Member for Richmond since 2004, defeating former Howard Minister, Mr. Larry Anthony. She was re-elected in November 2007. On December 3, 2007, Prime Minister Kevin Rudd appointed her Minister for Ageing. As Minister for Ageing, she is responsible for the ageing portfolio within the Department of Health and Ageing.



Mr. John Goggin – Key Input Speaker
Director and Practice Lead,
Internet Business Solutions Group
Cisco Systems, Inc.
United States of America

John Goggin's 35 years of public service experience have made him an internationally recognized leader in innovative solutions for government transformations. He has executive-level experience in strategic planning, organizational transition, budgeting, procurement, and legislation, as well as in implementation of human services, employment, transportation, and revenue systems.

Before joining Cisco, Goggin was senior vice president of META Group's government strategies practice, where he oversaw a research agenda focused on public policy. Working with a global client base consisting of federal, national, state, provincial, county, and municipal governments, John developed enterprise strategic transformation plans, advised leaders on public policy and delivered developmental boot camps for CIOs. Specific content included strategic guidance, architecture, governance, strategic partnerships, and customer and business relationship management, while using principles of behavioral sciences to develop and communicate both strategic and tactical plans.

While with New York State, he held various executive positions with responsibilities that included consolidating the state's human services IT services, modernizing the state's tax systems, and creating an international fuel tax multinational cooperative. A frequent speaker for government-related conferences, Goggin has addressed the National Governors Association; National Association of State CIOs; federal government-sponsored organizations in Canada, Singapore, South Africa and Australia; and numerous federal, state, provincial, and regional organizations.



Ms. Lesley Podesta
First Assistant Secretary
Ageing and Aged Care Division
Commonwealth Department of Health and Ageing
Australia

Ms Podesta is the First Assistant Secretary of the Division of Ageing and Aged Care in the Commonwealth Department of Health and Ageing. The Division is responsible for the financing and policy of residential and community aged care including dementia, palliative care and aged care assessment.

Prior to this, Ms Podesta was the First Assistant Secretary of the Australian Office for Aboriginal and Torres Strait Islander Health which is responsible for financing primary health care and intervention services for Indigenous people across Australia. Ms Podesta has worked in the Commonwealth health portfolio for nearly 12 years. She was the Assistant Secretary, Residential Programs Branch in Aged Care and then Assistant Secretary, Biosecurity and Disease Control in Population Health Division where she was responsible for leading Australia's emergency response for the Jakarta bombings, South East Asian tsunami, the development of bioterrorist health response and pandemic influenza planning.

Ms Podesta has been a Foundation Board Member of the Youth Research Centre, University of Melbourne; a member of the Council of Victoria University and a board member of the National Centre for Epidemiology and Population Health, ANU. Currently, she is on the Board of the Poche Centre for Indigenous Health at University of Sydney and the Australian representative on the International Collaboration on Nurse-Family Partnership led by the University of Colorado.



Ms. Kathy Greenlee
Assistant Secretary for Aging
United States of America

Kathy Greenlee was appointed by President Barack Obama as the fourth Assistant Secretary for Aging at the U.S. Department of Health and Human Services and confirmed by the Senate in June 2009. Ms. Greenlee brings over 10 years of experience advancing the health and independence of older persons and their families.

Prior to becoming Assistant Secretary, Ms. Greenlee served as Secretary of Aging for the state of Kansas. In that capacity, she led a cabinet-level agency with 192 full-time staff members and a total budget of \$495 million. Her department oversaw the state's Older Americans Act programs, the distribution of Medicaid long-term care payments and regulation of nursing home licensure and survey processes. She also served on the board of the National Association of State Units on Aging.

Before her tenure as the Secretary of Aging, Ms. Greenlee served as State Long-Term Care Ombudsman in Kansas, and the state's Assistant Secretary of Aging. Ms. Greenlee also served as general counsel at the Kansas Insurance Department. During her tenure there, she led the team of regulators who evaluated the proposed sale of Blue Cross/Blue Shield of Kansas, and oversaw the Senior Health Insurance Counselling for Kansas program. Greenlee also served as Chief of Staff and Chief of Operations for then Governor Kathleen Sebelius. Ms. Greenlee is a graduate of the University of Kansas with degrees in business administration and law.



Ms. Dianne Rogers
General Manager
Older People's and International Policy
Ministry of Social Development
New Zealand

Dianne Rogers is the General Manager for Older People's and International Policy at the Ministry of Social Development in New Zealand. She advises the Ministers for Social Development, Employment and Senior Citizens on issues relating to New Zealand's ageing population, international social security agreements, New Zealand Superannuation and policies to support older people's independence and well-being.

Throughout her career, Dianne has worked to improve attitudes towards ageing and opportunities for people in later life as well as preventing elder abuse and neglect. In Australia, she advised the State Government of Western Australia on preparing for population ageing. In New Zealand, she managed allied health and rehabilitation service delivery for the Auckland District Health Board.



Ms. Wang Xun
Director of International Department,
China National Committee on Ageing (CNCA)
China

Ms Wang Xun holds a Masters of Iatrology, and has a background as an associate researcher. Since 2001 she has held the positions of Director of Department of Interests Protection of Older People, Director of Department of Policy Research and Director of International Department.

Before 2001 she worked in the affiliated hospital of Beijing University of Traditional Chinese Medicine and worked in the China Research Center on Ageing.

Her presentation at the Senior Officials meeting entitled "Protect Older People's Rights and Promote Social Harmony" looks at China's response to the issue of social inclusion for older people in China.



Ms. Anna Xheka
Director of Equal Opportunities Policies
Ministry of Labour, Social Affairs and Equal
Opportunities
Albania

Anna Xheka was appointed by Ministry of Labour Social Affairs and Equal Opportunities, after she won a national competition for this work position, as the second Director of Equal Opportunities Policies in January 2008. Ms. Xheka brings over 5 years of experience and advancing the social condition, employment and independence of older persons and their families. She also led the process of drafting the first Strategy on Ageing in Albania and its action plan and also led the first survey about the situation of Ageing People in Albania. She is also the national focal point on Ageing.

Prior to becoming Director of Equal Opportunities Policies, Ms. Xheka led the Employment Regional Office of Durrës. Her department was responsible for the implementation of employment policies including those for the ageing populations, the distribution of unemployment benefits, for the procedures of Medical care benefits of unemployed peoples, career consulting etc. Before her tenure as the Director of Equal Opportunities Policies, Ms. Xheka served also, as special consultant at the Governmental Social Service Institution.

Ms. Xheka is a graduate of the University of Tirana with degrees in economic and law and also Master degree in "European Social Security" from Katholieke University of Leuven, Belgium.



Mr. Azulay Aharon
General Director
Ministry of Senior Citizens
Israel

Mr. Aharon Azulay was appointed by Prime Minister Benjamin Netanyahu as the General Director of the Ministry of senior Citizens at Prime Ministers' Office. Mr Azulay brings over 20 years of experience in management and welfare care.

Mr. azulay is a graduate of the Bar Illan University with a degree in Law. After law school Mr. Azulay practiced Civil and Commercial law. In 1996 Mr. Azulay began his activity in the Kiryat Ata municipality when he chaired both as the Chairman of the board at the municipal community center and as the CEO of Kiryat Ata municipality. He led a staff of 300 members and was in charge of all management aspects of the municipality and the city. In his position Mr. Azulay had a lot of emphasis on the welfare of senior citizens.

As the Director General at the Ministry of senior Citizens Mr. Azulay is responsible for the care of the elderly population in Israel - approximately 750,000 senior citizens including Holocaust survivors. Mr. Azulay promotes the Restitution of Jewish rights and property, old age research and housing projects. Mr. Azulay holds a strong belief that an active elderly is a healthy elderly and that is why his main goal is to improve the welfare, culture, leisure life and employment of the senior citizen.



Dr. Miloslav Hettes
Director General
International Labour and Social Policy Section
Ministry of Labour, Social Affairs and Family
Slovakia

Mr. Hettes is Chairman of the UNECE Working group on ageing in Geneva. From July 2006 Mr. Hettes works as a Director General at the Ministry of Labour, Social Affairs and Family. He is responsible for international labour and social policy.

Prior to working as a Director General he was dealing with the pension reform, social security, free movement of workers and international technical assistance. Mr. Hettes worked as a Deputy Permanent Representative to the UN in New York in 1997 – 1999. He was Vice-Chairman of the UN Committee on Social Development. Mr. Hettes was founder and first president of the national local authorities association in Slovakia.



Mr. Niclas Jacobson
Deputy Director
Ministry of Health and Social Affairs
Division for Social Services
Sweden

Niclas Jacobson holds a university degree in political science and over the past 15 years has worked in various positions within the Swedish government. Since 2004 his responsibilities have focused on issues concerning ageing and policies for the elderly.

Mr. Jacobson was responsible for arranging the Swedish EU Presidency Conference on Healthy and Dignified ageing in September 2009 as well as drafting the council conclusions that followed. In 2008 he acted as head of administration for a Government appointed commission with the task to come up with legislative suggestions for minimum requirements of competence for staff working within the elderly care. He was also the main author and coordinating focal point for the Government of Sweden reports on the follow-up to the regional implementation strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA) in Sweden. He has represented the Government of Sweden at United Nations, World Health Organization and has represented Sweden in the dialogue with the EU. He holds Ph.D. in Human Geography.



The Hon. Lisa Neville MP
Minister for Aged Care
Government of Victoria
Australia

Lisa Neville was appointed the Minister for Aged Care in November 2006, having been elected as the Member for Bellarine in 2002. As the Minister for Aged Care, Ms Neville is responsible for delivering the Victorian Government's policies to promote and celebrate Victoria's 900,000 seniors, leading the implementation of the Government's positive ageing strategies and initiatives to protect the dignity and safety of seniors. Ms. Neville became active in politics in 1985 as a student at Griffith University and was later elected President of the National Union of Students. She became a member of the ALP in 1987.

Prior to her election as the Member for Bellarine, Ms Neville was Manager of the SpringDale Neighbourhood Centre in Drysdale, Chair of the Barwon Network of Neighbourhood Houses, President of the Board of Barwon Health, and a member of the Board of the Victorian Council of Social Service. She also worked as Social Policy Adviser to John Brumby in his former capacity as Leader of the Victorian Opposition and was a Co-ordinator of the Consumer Advocacy & Financial Counselling Association of Victoria. Ms Neville holds Bachelors degrees in Arts and Laws and is a proud resident of Geelong.



Mr. Anbanaden Veerasamy
Permanent Secretary
Ministry of Social Security, National Solidarity
and Senior Citizens Welfare & Reforms Institutions
Republic of Mauritius

Anbanaden Veerasamy has more than 35 years service in the public sector. He has over the past 20 years occupied several senior management positions in various Ministries and was appointed as Permanent Secretary since 2001.

As Permanent Secretary, he is the Chief Executive of the Ministry and is responsible for advising, formulating and ensuring the implementation of relevant policies, programmes and projects relating to social protection and assistance, income support, management of pension funds, integration and welfare of the elderly, the disabled and other vulnerable groups.

His university academic background is public administration and management. He has acquired a wide international experience while representing Mauritius at various UN International Conferences and Meetings held in New York, Geneva, Paris and other cities.

He has over the past years served as Chairperson and Member of various Public Sector Bodies/Committees. He is currently a Director on the National Economic and Social Council and Chairperson of the Welfare & Protection of Elderly Persons Monitoring Committee and the Residential Care Homes Board.



Mr. James MacIsaac
Executive Director, People and Communities
Department of Planning and Community Development
Victorian State Government
Australia

Mr. James MacIsaac has been the Executive Director, People and Communities, within the Victorian State Government Department of Planning and Community Development since October 2007. This role includes responsibility for the Office of Senior Victorians along with a range of other population policy groups, focusing on youth, disability and women. Mr MacIsaac

has worked in a number of other similar senior roles within the Victorian Government since early 2005.

Prior to this Mr MacIsaac worked for the Australian Government Department of Veterans' Affairs in a variety of roles for 12 years including senior management roles in the areas of health administration, ageing policy and client service. Mr. MacIsaac has a Bachelor of Arts from the University of Melbourne (1991) and an Executive Masters in Public Administration from the Australian and New Zealand School of Government (2005).



Dr. Debra Bailey Whitman
Staff Director
US Senate Special Committee on Aging
United States of America

Debra Whitman serves as the Staff Director for the U.S. Senate Special Committee on Aging where she works to advance Chairman Herb Kohl's agenda to improve our nation's nursing homes, lower the cost of health care, and increase retirement security for all Americans. Previously, Dr. Whitman worked for the Congressional Research Service as a specialist in the economics of aging. In this capacity, she provided members of Congress and their staff with research and advice and authored analytical reports describing the economic impacts of current policies affecting older Americans, as well as the distributional and intergenerational effects of legislative proposals.

From 2001 to 2003, Whitman served as a Brookings LEGIS Fellow to the Senate Health, Education, Labor and Pensions Committee, working as a health policy adviser to Senator Edward M. Kennedy. Earlier in her career, Debra conducted research on savings and retirement for the Social Security Administration, helping to establish the Retirement Research Consortium and serving as the founding editor of the Perspectives section of the Social Security Bulletin. She holds a Masters and Doctorate in Economics from Syracuse University and a Bachelors in Economics, Math and Italian from Gonzaga University.



Ms. Ruth Marks
Older People's Commissioner for Wales
Wales

Ruth took up her post as the Older People's Commissioner for Wales on 21 April 2008. This is an independent post established by the Commissioner for Older People (Wales) Act 2006. The Commissioner has functions and powers relating to people aged 60 and above in Wales.

Ruth's previous appointments include Director of RNIB Cymru 2005-2008 & Chief Executive of Chwarae Teg 1999-2005.

Ruth's professional career includes human resource and change management, equality and diversity management, corporate social responsibility and business development.

Ruth holds a number of voluntary appointments and was awarded the MBE in 2007 for services to welfare to work.



Dame Carol Kidu DBE MP
Minister for Community Development
Papua New Guinea

Dame Carol Kidu, (a teacher by profession) was first elected to Parliament in Papua New Guinea in 1997 and re-elected in 2002 and 2007. She is presently the only woman in the 109 member Papua New Guinea Parliament. Dame Carol is the widow of Sir Buri Kidu who was the first indigenous Chief Justice of PNG and she has lived with his extended family for over 40 years.

She has been the Minister for Community Development since 2002 and has been described as a “visionary reformer” because of her commitment to transform legislative and policy frameworks for social development in PNG societies as they interface with Western society. She has facilitated the preparation of major legislative reforms to the criminal code on rape and sexual assault, as well as new legislation on child sexual abuse and sexual exploitation of children; the review of the colonial Child Welfare Act with the passage of the new Lukautim Pikinini Act 2009 (Child Protection Act). Her contributions to policy development for PNG have included the Integrated Community Development Policy; the Community Based policy for People with Disability; Early Childhood Care and Development Policy; revised National Youth policy; Sports for development policy. Works in progress includes PNG Social Protection Policy for vulnerable groups; Family and Elderly policies; and revised Gender policy; Informal Economy Policy; and a comprehensive policy to address issues of urbanisation.

Dame Kidu has been awarded two Honorary Doctorates – one from Vudal University (PNG) and one from Queensland University. She received the Imperial Award of Dame of the British Empire in 2005 and in 2007 was awarded the PNG International Woman of Courage Award by the Secretary of State of the United States of America. She was named Pacific Person of the Year in 2007 and in 2008 was the recipient of the Regional Rights Resource Team Pacific Human Rights Award for her contribution to promoting the rights of Pacific Islanders. In 2009 she was honoured by the French Government with the highest award for a non-French citizen – the Cross of Knight in the Order of the Legion d’Honneur. Dame Kidu represents Oceania on the FIFA Committee for Fair Play and Social Responsibility. She is the Pacific representative on the Board of the Commonwealth of Learning and is an international advisor on the Board of the Cairns Institute.

These awards have been to recognise her commitment to improving the rights of marginalised groups such as the disabled, children, women, HIV positive people and indigenous minorities. Dame Kidu is recognised for her passion, commitment and active contribution towards the improvement of the lives of women, youth, children and the poor.



Ms. Kathryn Jarrett-Ekholm
Director, Division of Aging and Seniors
Public Health Agency of Canada
Canada

Ms. Kathryn Jarrett-Ekholm, Director, Division of Aging and Seniors (DAS). She came to the Public Health Agency of Canada by way of Health Canada, where she was responsible for a variety of regulatory policy files addressing pharmaceutical drug and medical device issues. Prior to joining the Health portfolio in 2006, Kathryn had acquired solid public service experience with Public Works and Government Services Canada and with Fisheries and Oceans Canada. Over the course of her career, she worked in a variety of fields including strategic and business planning and analysis, regulatory policy, and human resources. Kathryn holds a Bachelors Degree with Honours in Political Science as well as an Advanced Certificate in Public Management and Governance.



The Hon. Celia Capadocia-Yangco
Secretary
Department of Social Welfare and Development
(DSWD)
Philippines

Secretary Celia Capadocia-Yangco brings with her 45 years of excellent public service, in which she was accorded numerous awards and commendations. Prior to her appointment as Secretary of the DSWD, Secretary Yangco was Undersecretary for Operations and Capacity Building Group. She serves as Vice-Chair and Member of the Philippine National Disaster Coordinating Council (NDCC), the National Peace and Order Council and the Presidential Commission on the Visiting Forces Agreement. Secretary Yangco is also the Chairperson of the National Coordinating-Monitoring Board of Republic Act (RA) 9994 (Expanded Senior Citizens Act of 2010), which monitors the implementation of the provisions of the said law.

Secretary Yangco has a diploma in Social Work and a Master of Public Administration from the University of the Philippines where she enrolled as a DSWD and Philippine Civil Service Commission (CSC) scholar. Secretary Yangco's various courses, trainings and exposure abroad have further enriched her government service. Among these are the Senior Executives Program sponsored by the Canadian International Development (CIDA) in Canada, the Official Development Assistance (ODA) Fellowship in Disaster Management Training of Trainers, at the University of Oxford, United Kingdom, and the International Course on Community-Based Corrections as a Colombo Plan Fellow in Tokyo, Japan.

In a book published by the University of the Philippines National College of Public Administration and Governance (UP-NCPAG) as a tribute to its outstanding alumni,

Secretary Yangco was considered to be “among the country’s few expert on disaster management. Utilizing her formal training in this field, she efficiently directed and managed the relief and rehabilitation efforts during the Mt. Pinatubo eruption in Central Luzon, Taal Volcano eruption, Marinduque mine leak, Payatas trashslide, Guinsaugon landslide, Guimaras oil spill, and emergencies spawned by a number of super typhoons.”

A Career Executive Service Officer, Secretary Yangco has a Rank I – the highest rank conferred to career government officials in the Philippines. She is the former Project Director of the Philippine Early Childhood Development Project (ECDP), funded by World Bank and Asian Development Bank and implemented jointly by three (3) executive departments.

Secretary Yangco recently inaugurated one of her favorite projects and advocacy at DSWD, the Golden Acres: Haven for the Elderly, a 200 million peso facility in Rizal province, which serves abandoned, neglected, unattached and homeless older persons.



Mr. Martin Žárský
Director of Department for Social Services
and Social Inclusion, Ministry of Labour and Social Affairs
Czech Republic

Martin Žárský was appointed as Director of the Department for Social Services and Social Inclusion in 2003.

The Department is responsible, inter alia, for social services, long-term care, social inclusion and ageing policies. Since March 2006, the Department has been serving as the Secretariat of the Government Council for Seniors and Population Ageing. Before joining the Ministry of Labour and Social Affairs Mr. Žárský worked at the Crime Prevention Department of the Ministry of Interior between 1996 to 2001.

Mr. Žárský is member of several national and international advisory and working bodies, inter alia, Social Protection Committee at the European Commission, National Commission for Social Inclusion, and National Commission for Social Services.

Mr Žárský was born in 1970 in Frenštát pod Radhoštěm, in the north-east of the Czech Republic. He holds MA in Public Administration from Faculty of Philosophy at the Charles University. Mr Žárský’s professional goal is better and accessible social services provided with dignity and respect, and more age-friendly society.

Participant Confirmations



Name	Position	Department	Country
Ms Anna Xheka	Director	Ministry of Labour, Social Affairs and Equal Opportunities	ALBANIA
Dr Richard Matthews	Deputy Director General	NSW Department of Health	AUSTRALIA
Ms Barbara Mountjouris	Director	Department of Planning and Community Development	AUSTRALIA
Mr James MacIsaac	Executive Director	Department of Planning and Community Development	AUSTRALIA
Ms Heather Cuthbertson	Manager Seniors Bureau	Tasmanian Department of Premier and Cabinet	AUSTRALIA
Ms Sigrid Patterson	Director	NSW Department of Human Services	AUSTRALIA
Mr Chris Leach	Executive Director	NSW Department of Human Services	AUSTRALIA
Dr Diane Calleja	Dementia Portfolio And Support For Carers	Department of Health	AUSTRALIA
The Hon. Lisa Neville	Minister for Aged Care	Government of Victoria	AUSTRALIA
Ms Maree Cameron	Manager, Quality Improvement Unit, Aged Care Branch	Victorian Department of Health	AUSTRALIA
Ms Sonya Ellmers	Senior Policy Adviser	Victorian Department of Health	AUSTRALIA
Ms Rachel Davis	Manager	Department of Transport	AUSTRALIA
Mr Phil Harbutt	Director	Department of Transport	AUSTRALIA
Dr Kate Auty	Commissioner for Environmental Sustainability	Government of Victoria	AUSTRALIA
Ms Jane Herington	Director Aged Care	Victorian Department of Health	AUSTRALIA
Mr Anthony Hoare	National Aged Care Adviser	Department of Veterans' Affairs	AUSTRALIA
Ms Julie Hoy	Manager, Community Health Risk	Department of Health	AUSTRALIA

Mr Eddie Bartnik	Director General	Department for Communities	AUSTRALIA
Ms Karen Kennedy	Project Manager Active Service Model	Department of Health	AUSTRALIA
Ms Anna Oades	Manager Investment in People	South West Development Commission	AUSTRALIA
Ms Michele Gardner	Director	Department of Justice	AUSTRALIA
Mrs Robyn Mills	Acting Divisional Manager	Victoria Legal Aid	AUSTRALIA
The Hon. Justine Elliot	Minister for Ageing	Department of Health and Ageing	AUSTRALIA
Ms Lesley Podesta	First Assistant Secretary	Department of Health and Ageing	AUSTRALIA
Ms Marion Amies	Senior Policy Adviser	Department of Health and Ageing	AUSTRALIA
Ms Andriana Koukari	Assistant Secretary	Department of Health and Ageing	AUSTRALIA
Dr Helen Szoke	Commissioner	Victorian Equal Opportunity And Human Rights Commission	AUSTRALIA
Mr Rong Chhorng	Secretary General	Office of the Council of Ministers	Cambodia
Dr Poch Bunnak	Deputy Secretary General	Office of the Council of Ministers	Cambodia
Ms Kathryn Jarrett-Ekholm	Director	Public Health Agency of Canada	CANADA
Mr Bobby Snowball	Member	Kativik Regional Government	CANADA
Mr Charlie Nowkawalk	Member	Kativik Regional Government	CANADA
Ms Francoise Duranleau	Directrice	Ministère de la Famille et des Aînés	CANADA
Mr Wu Qiufeng	Director	China National Committee on Ageing	CHINA
Mr Li Mingzhen	Deputy Section Chief	China National Committee on Ageing	CHINA
Ms Wang Xun	Director of International Department	China National Committee on Ageing	CHINA
Ms Xiao Hongyan	Deputy Section Chief	China National Committee on Ageing	CHINA
Ms Brenda Drollet	Secretary	Ministry of Internal Affairs	COOK ISLANDS
Mr Martin Žárský	Director	Ministry of Labour and Social Affairs	CZECH REPUBLIC
Mr Miriam Hošek	Deputy Minister	Ministry of Labour and Social Affairs	CZECH REPUBLIC
Mr Man Chin Cheung	Occupational Therapist I	Department Of Health	HONG KONG
Ms Sawitri Retno Hadiati	Lecturer	Department Of Public Health And Preventive Medicine, University Of Airlangga	INDONESIA
Mr Aharon Azulay	Director General	Ministry of Senior Citizens Affairs	ISRAEL
Ms Tinia Rakenang	Senior Social Welfare Officer	Ministry of Internal and Social Affairs	KIRABATI
Mr Anbanaden Veerasamy	Permanent Secretary	Ministry of Social Security, National Solidarity & Senior Citizens and Reform In	MAURITIUS
Ms Dianne Rogers	General Manager	Ministry of Social Development	NEW ZEALAND
Ms Lynne Cousins	Project Manager	Ministry of Social Development	NEW ZEALAND

Ms Rebecca Tane	Ministers Private Secretary	Ministry of Social Development	NEW ZEALAND
Ms Germaine Trittle Leonin	Planning Officer IV	Dept Of Social Welfare And Development	PHILIPPINES
Mr Nicamil Sanchez	Social Welfare Officer IV	Department of Social Welfare And Development	PHILIPPINES
Ms Violeta A. Cruz	Director	Department of Social Welfare and Development	PHILIPPINES
The Hon. Celia Capadocia-Yangco	Acting Secretary	Department of Social Welfare and Development	PHILIPPINES
Dame Carol Kidu	Minister	Ministry of Community Development	PNG
Mr Leo Kulumbu	First Assistant Secretary	Department of Community Development	PNG
Ms Konio Doko	Assistant Secretary	Department of Community Development	PNG
Dr Miloslav Hettes	Director General	Ministry Of Labour, Social Affairs And Family	SLOVAKIA
Mr Edzi Ramaite	Director	Department of Social Development	SOUTH AFRICA
Ms Dorothy Thuli Mahlangu	Director	Department of Social Development	SOUTH AFRICA
Mrs V Jegarasasingam	Secretary	Ministry of Social Services and Social Welfare	SRI LANKA
Mr Charles Makunja	Governance Advisor	United Nations Development Programme, Sudan	SUDAN
Mrs Anita Forst - Cumberbatch	Policy Officer	Ministry of Social Affairs of Suriname	SURINAME SOUTH AMERICA
Mr Niclas Jacobson	Deputy Director	Ministry of Health and Social Affairs	SWEDEN
Mr Kakee P Kaitu	Permanent Secretary	Ministry of Home Affairs and Rural Development	TUVALA
Mr John Goggin	Director and Practice Lead	CISCO Systems Incorporated	USA
Ms Kathy Greenlee	Assistant Secretary for Aging	US Department of Health and Human Services	USA
Dr Debra Whitman	Staff Director	United States Senate	USA
Ms Kathleen E. Sykes	Senior Advisor	Office of Children's Health Protection and Environmental Education	USA
Ms Nguyen Thi Lan	Chief of Office	Vietnam National Committee on Ageing	VIETNAM
Ms Pham Hoai Giang	Department Head	Vietnam National Committee on Ageing	VIETNAM
Prof. Judith Phillips		The Welsh Assembly Government	WALES
Ms Ruth Marks	Commissioner	Older People's Commissioner for Wales	WALES
Mr Aung Thung Khaing	Deputy Director General	Department of Social Welfare	YANGON

IFA DIRECTORS and STAFF

Mr Bjarne Hastrup	Regional Vice President	International Federation on Ageing	DENMARK
Dr Yitzhak Brick	Past President	International Federation on Ageing	ISRAEL
Ms Christine Fang	Chief Executive	International Federation on Ageing	HONG KONG
Mr Gordon Lishman	International Vice President	International Federation on Ageing	UNITED KINGDOM
Ms Irene Hoskins	President	International Federation on Ageing	USA
Dr Elizabeth Mestheneos	President	International Federation on Ageing	GREECE
Ms Pat Spadafora	Board Member	International Federation on Ageing	CANADA
Ms Kaye Fallick	Board Member	International Federation on Ageing	AUSTRALIA
Mr Robert Reid	Regional Vice President	International Federation on Ageing	AUSTRALIA
Mr K.R. Gangadharan	Regional Vice President	International Federation on Ageing	INDIA
Mr Ken BlueStone	International Political and Policy Adviser	International Federation on Ageing	UNITED KINGDOM
Dr Jane Barratt	Secretary General	International Federation on Ageing	CANADA
Mr Greg Shaw	Director, International & Corporate Relations	International Federation on Ageing	CANADA

Appendix – PowerPoint Presentations

1. [Mr. John Goggin, Cisco](#)
2. [Ms. Lesley Podesta, Australia](#)
3. [Ms. Kathy Greenlee, United States of America](#)
4. [Ms. Diane Rogers, New-Zealand](#)
5. [Ms. Wang Xun, China](#)
6. [Ms. Anna Xheka, Albania](#)
7. [Mr. Aharon Azulay, Israel](#)
8. [Dr. Miloslav Hettes, Slovakia](#)
9. [Mr. Niclas Jacobson, Sweden](#)
10. [Mr. Anbanaden Veerasamy, Mauritius](#)
11. [Mr. James MacIsaac, Victoria, Australia](#)
12. [Ms. Ruth Marks, Wales](#)
13. [Ms. Kathryn Jarrett Ekholm, Canada](#)
14. [The Hon. Celia-Capadocia Yangco, Philippines](#)
15. [Mr. Martin Zarsky, Czech Republic](#)

Appendix 1

**John Goggin,
Cisco**



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Appendix 2

"Social Inclusion for Older People in Australia"

Lesley Podesta

**Australia Government of Health and Aging
Ageing and Aged Care Division,
Australia**



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Appendix 3

**Kathy Greenlee,
US Department of Health and Human Services
United States of America**



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Appendix 4

"The Aging New Zealand Story- Everyone Counts"

**Diane Rogers,
New Zealand**



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Appendix 5

"Towards a Harmonious Society"

Wang Xun

**China National Committee on Ageing: International Department,
China**



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Appendix 6

"Social Inclusion in Albania Country Report"

**Anna Xheka,
Albania**



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Appendix 7

"Senior Citizens in Israel The Government's Care"

**Aharon Azulay
Ministry for Senior Citizens,
State of Israel**



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Appendix 8

"Integrated Policy Making for Older Persons in Slovakia"

Dr. Miloslav Hettes

**Ministry of Labour, Social Affairs and Family,
Slovakia**



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Appendix 9

"Empower of the Elderly- Swedish Policies Towards Social Inclusion"

Niclas Jacobson

**Swedish Ministry of Health and Social Affairs,
Sweden**



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Appendix 10

"Social Inclusion of the Aged: The Mauritian Experience"

Anbanaden Veerasamy

**Ministry of Social Security, National Solidarity and Senior Citizens Welfare
& Reforms Institutions
Republic of Mauritius**



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Appendix 11

"Social Inclusion: A Victorian Approach"

James MacIsaac

**Department of Planning and Community Development,
Victoria, Australia**



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Appendix 12

"Social Inclusion for an Ageing Population"

Ruth Marks

**Older People's Commissioner for Wales,
Wales**



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Appendix 13

"Social Inclusion for an Aging Population"

Kathryn Jarrett Ekholm

**Public Health Agency of Canada,
Canada**



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Appendix 14

"Maximizing the Role of Senior Citizens"
Celia-Capadocia Yangco
The Department of Social Welfare and Development,
Philippines



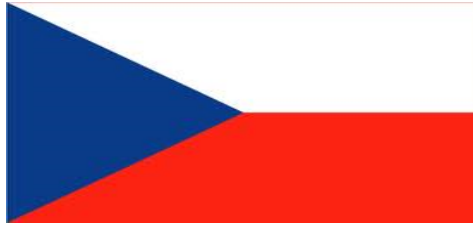
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Appendix 15

"Social Inclusion for Aging Population for Czech Republic"

Martin Zarsky

**Ministry of Labor and Social Affairs,
Czech Republic**



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