

Implementation of MIPAA in the Czech Republic

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1. The Czech Republic

- Has adopted the National plan on ageing
- Has founded the Council of the Government for Ageing
- Has been discussing the reform of the social security – transparently, neverendingly
- Has got a new Act on Social Services (money to final users, not to providers)

BUT

The Czech Republic

- Age mainstreaming is „a marginal task“
 - of lower priority
 - with fear of expenditures and destabilisation
 - without any strong leader

The Czech Republic

- There's low social status and prestige of the pensioners as
 - the postproductive people
 - the consumers of care
 - the consumers of expenditure

“National specificity” of implementation

- Implementation in a **transitional society** (priority of basic political, economic, social, legal, and other reforms since 1989)
- Influence of former strong centralisation
- Low experience with „non-communist“ methods (grants, fund-raising, NGOs)

“National specificity” of implementation

- Strong bureaucracy
- Weak civil society
- Misunderstanding of NGOs – servants without any control and initiative role
- Isolation of good projects – poor evaluation, poor estimation, low systemic interest in implementation of good practice

Surviving features of former care of the elderly

- Paternalistic approach
- Centralisation and unification
- Institutionalisation
- Sectorialisation
- Dys(over)medicinalisation
- Overprofesionalisation
- Agistic myths

2. How to accelerate implementation of MIPAA

What actors are essential?

- government (social state)
- **municipalities**
- NGOs
- private sector
- families
- **senior and his/her social networking**

Gerontological education of the society for new approaches

- gerontological know how
- **to know what to want**
- old-fashioned structure of activities and services
- **old-fashioned expectation** of the seniors (the clients)

3. Gerontological education of the society for new approaches

- Personal experience and recommendations
- Internet
- Media
- **Universities of the third age (U3A)** - more than leisure activity for peer groups
- **Municipal and NGO`s centres** and associations working for seniors
- Genuine associations of the elderly?

Genuine associations of the elderly with question marks

- formalism
- populism - health care services free of charge, increase of retirement pension
- political and ideological deformations – “political abuse of the elderly”

Information technology

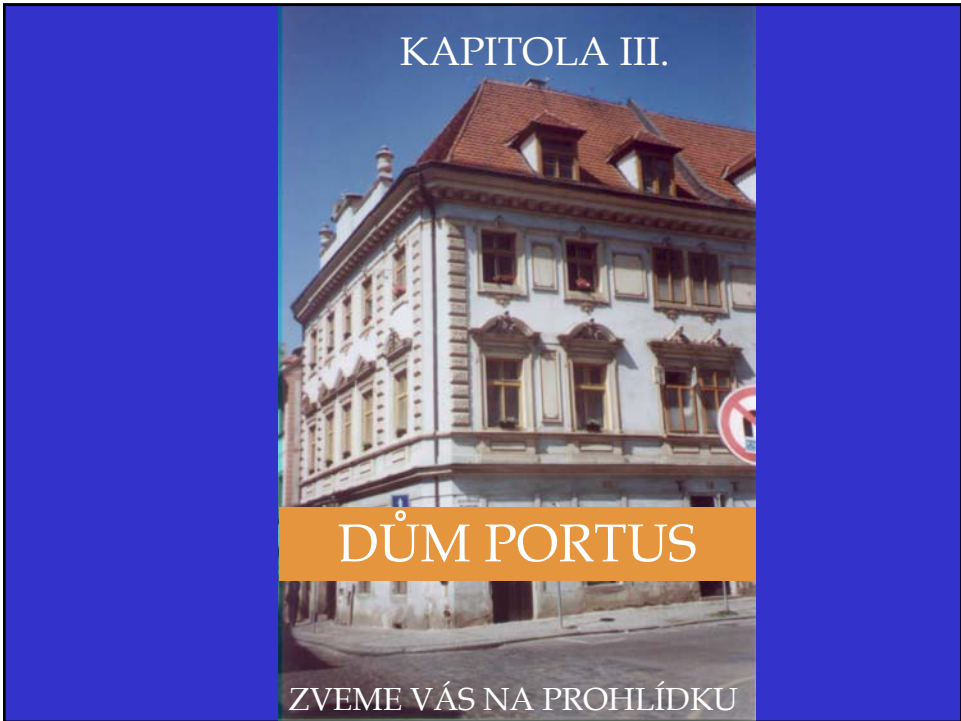
- www.zivot.90.cz
- www.seniori.cz
- www.spvg.cz
- www.rscr.cz
- www.alzheimer.cz
- www.hest.cz
- www.diakoniecce.cz
- www.mpsv.cz
- www.gerontocentrum.cz
- www.pecujici.cz (techforlto)
- www.prvnikrok.cz
- www.domaci-pece.cz

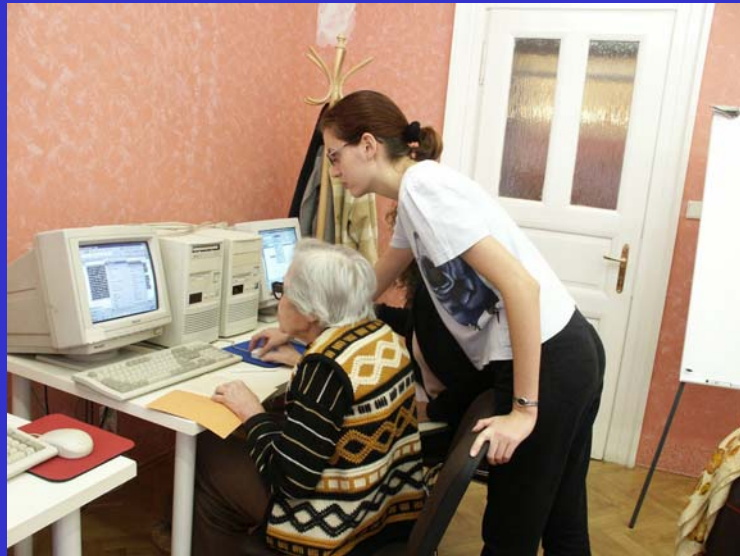
Municipal and NGO`s multifunctional centres

- bottom up strategy
- leisure activities
- education - information technology
- get-togetherness, cafeteria
- counselling, „advocacy“
- services: home help, home care, aids, emergency calling, respite stays, day stays

Municipal and NGO´s multifunctional centres

- campaigns (against domestic violence)
- conferences
- publishing
- activities for volunteers of any age
- monitoring and initiative role
- inter-generational cooperation (the elderly, younger specialists, staff, volunteers)





Výuka práce na počítači



Sál divadla U Valšů poprvé zaplněný





Příklad náhlé krizové situace klienta



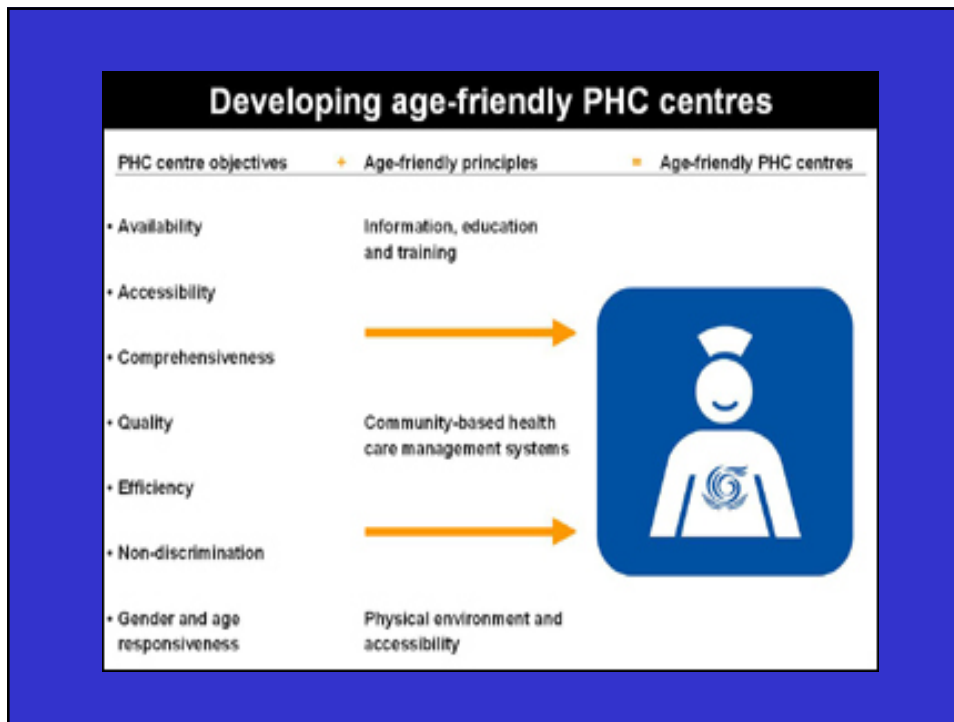
Prostorové čidlo



INTERNET PRO SENIORY



Časopis GENERACE vydávaný Životem 90



4. Networking for education of municipal authorities

- National network of healthy cities (www.nszm.cz)
- cooperation with LO WHO
- database of good practice
- support of the communal geriatric centres (Primary Health Care Centres):
community-based desectorialized LTC

5. Need of medical age mainstreaming

- Influence of medical opinion in the society
- New approach to the healthy aging and to the frail geriatric patients
- **Acceptance of ageing by academia**
- **Sickness/Disability of old age is more than presence/absence of nosological diseases**

Sustainability of good health condition in longevity

1. Prevention, diagnosis, treatment of diseases
2. Understanding, prevention, intervention, rehabilitation, compensation of **geriatric deterioration, frailty, disability**

Need of medical age mainstreaming

- Comprehensive geriatric assessment
- New medical description of the frail geriatric patients (geriatric syndromes)
- Geriatric rehabilitation and recondition
- New comprehensive long-term care
- Palliative care in nursing homes and home care