

Age mainstreaming and MIPAA implementation – Czech experience
(Segovia 10/2006, expert opinion, examples)

The Czech Republic belongs among the countries with a marked increase of senior population. In the first relevant census (1857) there were only 6.2 % citizens aged 60+. Some 200 years later (2050) the 60+ population is expected to reach 40 %. In a few decades the Czech Republic could become one of the „eldest populations“ in the world. Most people manage to survive in fit or frail condition to their eighties and many of them even to their nineties. So a positive preparation of the society in the sense of the implementation of MIPAA is a very important task in our country.

Contrary to the demographic development, ageing is still identified by the public opinion as a marginal challenge. Implementation of MIPAA is taking place in time of major social changes and slow comprehensive transition of the post-communist era after 1989. Authorities have concentrated on political, economic, legal, social and other general changes and on the „pragmatism of day to day ruling“. Many policy makers are afraid of additional expenditures and inter-generational conflicts in connection with age mainstreaming and new approaches to the elderly and their life. Despite undoubted progress and improvement, there are still many ageism myths and stereotypes and we are witnessing dangerous stagnation and hesitation even in connection with the reform of the retirement pension system. Neither nowadays seniors, nor the boom of the future seniors (citizens now in their fifties) understand „age mainstreaming“ as top priority and as their „personal interest“, and many of the elderly continue to perceive themselves above all as consumers of care. Repeatedly, MIPAA is implemented merely in formal and proclamative way or in form of partial projects with poor feedback, poor evaluation and low interest in rapid systemic improvement and implementation of good practice. Besides, in the near future, we can expect new stagnation in connection with a new significant Act on Social Services. The Act should bring many important positive changes (such as money to final users, not to providers of care) but, unfortunately, it is based on vague methodology, weak control mechanisms and problematic finance coverage. To sum up: the iceberg of centralized thinking and ruling from the former time, as well as various ageism stereotypes and errors, have been thawing in the sea of civil society a bit too slowly. And similarly, the archipelago of institutionalized care is, again, much too slowly melting in local communities and transforming into communal services. However, despite all this, we can present some positive experience with efficient means of acceleration of age mainstreaming and MIPAA implementation.

1) In addition to the important role of government (state) and families in age mainstreaming, we feel the necessity to support predominantly the role and responsibility of individual seniors and the responsibility of municipalities.

2) Media, Universities of the 3-rd age (U3A) and municipal (regional) multifunctional centers for seniors (MMCSs) seem to be efficient ways of education of the elderly in gerontological knowledge and in new ways of participation, activities, and services. Presently in our country, MMCSs seem to be more capable in MIPAA implementation and age mainstreaming than the so-called „genuine mass organizations“ or „representation of the elderly“. The latter seem to suffer from the negative impact of formalism, populism, political or ideological manipulation (political abuse of the elderly).

3) For example, MMCSs house and offer education of the elderly, leisure activities, meeting at a club/café, cultural and sport events, sightseeing tours accessible even to seniors with serious disability and frailty, publishing, counseling, activities for volunteers, help line, emergency calls, long distance assistance, home help, home care, respite stays, compensatory aids, campaigns (e.g. campaign against domestic violence and elder abuse).

4) We can present very good achievements of the civil association Život 90 (Life 90, www.zivot90.cz) founded in 1990 in Prague with branch offices and activities in other cities. Its MMCS is called Dům Portus (the House of Portus). This association is also publishing a successful journal Generace (Generation) and organizing conferences and workshops.

5) Another successful form of gerontological education of local (municipal) authorities in healthy ageing, age mainstreaming and MIPAA implementation is a National Network of Healthy Cities (www.nszm.cz). It seems useful to start with well motivated, open minded authorities having good experience with new approaches and various projects. The Healthy cities and Healthy ageing are WHO projects and the cooperation with the WHO Liaison Office in Prague proves very good and very efficient. The main objective of the Project is creation of a publicly accessible database of good practice of healthy ageing and age mainstreaming on the municipal (regional) level. The database is created by the Project's steering committee and it makes use of advanced information technology.

6) We would like to use the National Network of Healthy Cities for implementation of another project of WHO: the Primary Health Care Centres, i. e. age-friendly centres for comprehensive geriatric services on the community level.

7) We believe that medical approaches to frail geriatric patients (medical age mainstreaming) are very important for public understanding of healthy ageing, of the needs of the elderly and of a modern structure of community-based comprehensive services. Here, what seems essential is: well developed geriatric medicine, implementation of comprehensive geriatric assessment, new concept of long-term care, change of traditional curricula and geriatric feelings of medical students. To support geriatric knowledge a large textbook of Geriatrics and Gerontology in the Czech language (Prague: Grada Publishing, pp. 864) was published in 2004.

8) We understand that it is necessary to develop kind palliative care in home care, in nursing homes and other facilities of institutional care of the elderly. Kind palliative care is a very important means of humanization, de-institutionalization and de-sectorialization of services for frail seniors. In addition to several hospices we can mention also civil associations for palliative care, including palliative care as a part of long-term care of the elderly (www.cestadomu.cz, www.hhv.nmnm.cz).

9) The role of IT and other advanced technologies for gerontological education and age mainstreaming is essential. We started an educational project Gerontotechnology (www.dtostrava.cz) and offer several contacts with good deal of information for seniors and their families (www.pecujici.cz, www.prvnikrok.cz, www.seniori.cz, www.spvg.cz, www.alzheimer.cz, www.gerontocentrum.cz, www.hest.cz).

