

AGEING – Central Bohemia region
(2007 – European Year of Equal Opportunities for All.)

Hundreds of activities are being carried out in the 27 EU countries as well as Norway, Iceland and Liechtenstein as part of the 2007 European Year of Equal Opportunities for All. European events kicked off with the first ever „Equality Summit“ in BERLIN on January 30. – 31., which was attended by several EU ministers, trade unions, employer’s organizations and NGO’s.

Following analysis of the questions concerning ageing in Central Bohemia region can serve for successfully application for funds for an EU project MOSAIC. We were concerning for five most important areas of ageing in Czech republic.

Discrimination on the basis of age

Age – together with gender, religion, race and/or ethnicity, disability, sexual orientation – is a key obstacle to achieving equal opportunities for all.

Age distribution in Central Bohemia region		
0 - 14	174 074	14,8%
15 - 64	834 952	71,0%
65 +	166 228	14,1%
Total	1 175 254	
Average age	40,0	

In 2006 at least 14,1 % of population was aged 65 or above. Demographic projection indicate, that in 2025 this figure rise and will almost be equivalent to 25 % of the population. Since in the future older persons are projected to be healthier and hold better functional status, is it crucial that discrimination on the basis of age be eliminated once and for all.

Indeed one key to objective of us is to serve as a united voice for older persons in highlighting and pressuring governments to resolve those areas in which older persons are discriminated against because of their age.

Social inclusion – a way to combat discrimination

Modernised social protection, fighting poverty and social exclusion, as well as promoting sustainable development, all contribute to creating a social framework of stability, which is a decisive factor sustainable economic growth with more and better jobs in Central Bohemia.

Noting that the people most vulnerable to social exclusion were those with low income, poor health, age-based discrimination, reduced physical and/or mental capacities, sparse social networks, and victims of abuse. In Central Bohemia there are about 16% of citizens below risk-of-poverty threshold. We could mentioned different types of poverty, including absolute poverty which refers to a lack of resources to provide basic needs such as food and shelter. There was also relative poverty, which refers to families whose net equivalent is less than 60% of the median income, when individuals are excluded and marginalised from participating in activities that are considered the norm for other people and have problems of providing food, clothing, housing and other basics considered essential in the society in which they live.

Recent research findings found, that

- retirees are more likely to be affected by poverty than workers
- widowed women face greater risk of becoming socially excluded
- wealthy areas are characterised by high proportions of middle-aged families and empty nesters
- poor neighbourhoods have a high proportion of children and older persons

But despite above mentioned difficulties surrounding elderly life, the future was bright, adding that we could take inspiration from Kofi Annan's answer to the question whether there is a place for older persons in future: "I trust the answer is **yes** – older people will be provided for, and **yes** – older people will be needed in the 21st century."

Equal opportunities – the real meaning

The goal of equal opportunities for all can only be achieved if societies eliminate ageist forms of discrimination, but especially those relating to work, social inclusion, housing policy, education and pensions.

Central Bohemia, as all Europe and Czech Republic in coming years will be witnessing an upsurge in the number of immigrants – especially the regions near Prague. This demographic phenomenon necessitates effective communication between families of different cultures and religions. Our society would witness scenes such as those in Vietnam blocks of flats in Prague, Sinti Ghettos in many Czech towns and countryside.

All governments in Central Bohemia region must be urged to provide better social policy conditions for young workers by advocating more emphasis on education as an end in itself rather than as a means to an end, as well as a serious drive to improve Czech language proficiency among foreign students.

A reduction of taxation in some countries as this was leading many talented workers to migrate from their mother countries to other EU countries (include Czech Republic) to better pay and working conditions. With respect to older persons, talking about a year of equal opportunities for all is a misnomer since one still finds a number of crucial anomalies in the recent pension reforms in some countries.

We must lament about the discrepancies in pension earning between those born earlier 1962. We must also mention the unequal policies on driving insurance and travel insurance of the elderly people.

It is necessary to make fees for private institutions (e.g. residential homes for retirees) tax free on basis that this would surely ease the waiting lists for the some government-run institutions.

Lifelong education for elderly

25 years ago Recommendation 7 of the *Vienna International Plan of Action on Ageing* clearly pointed out: "Practitioners or students in the human care professions ... should be trained in principles and skills in the relevant area of **gerontology, geriatrics, psychogeriatrics, and geriatric nursing.**"

However when referring to education and training in the various aspects of aging, there is the danger of restricting them to higher levels of specialisation given at universities and which result in the production of geriatricians and gerontologists. Recommendation 54 of the *Vienna International Plan of Action on Ageing* also spelled out: "Education and training in the various aspects of aging ... should be made available at all levels."

These recommendations were reiterated some 20 years later in the *Madrid Plan of Action on Aging* where Article 22 states: “There is an urgent worldwide need to expand educational programmes in the fields of geriatrics and gerontology for all health professionals who work with older persons and expand educational programmes on health and older persons for professionals.”

There is necessary to establish more centres in Central Bohemia, who conducts postgraduate multidisciplinary academic education, in-service programmes for carers of elder persons, pre-retirement courses, an University of the Third Age, and runs a radio programme to promote the quality of life of older persons and to educate the public. This centres needs also deliver lectures as part of short training programmes in fields of social gerontology, medical geriatrics, economic and financial aspects of aging, and demographic issues.

Quality of life

The term *Quality of life* is extremely personal and subjective, so that older persons may be highly satisfied with situations that are socially unacceptable to younger persons. *Vienna International Plan of Action on Ageing* defines the term as enjoyment of a “a life of fulfilment, health, security and contentment within their own families and communities while being appreciated as an integral part of society”.

The key word is **fulfilment**, which can be achieved through social participation, self-expression and social contribution. However, the **health** is an extremely important component to achievement of positive levels in older persons “quality of life” with studies identifying a positive relationship between “quality of life” on one hand and functional capacity, mental ability, psychical well-being and social well-being on the other.

The meaning underlying the term “quality of life” also differs according to whether older people live in community or institutions. Research found that while the former deem themselves to have a high quality of life if they hold positive levels of social networking, health status and financial assets, older persons living in residential or institutional complexes put more importance on the achievement of dignity, autonomy, privacy, individuality, comfort, safety, care and meaningful lives.

Older person must be actively involved in taking care of their health and must be supported by governments to achieve better understanding and control their own health. A number of tips for healthy aging, such as adopting beneficial lifestyles by undertaking regular exercise, eating well, not smoking and drinking alcohol in moderation.

A HEALTH is economical commodity – it is rare and it have non – zero value. But – it is private commodity or public commodity? Or – which part of Health care is public commodity and which is private commodity? Which part can be covered by medical insurance allowances? There are questions awaiting answers! It is very important to make serious and deep research of conditions of life among older people to fulfill the equal opportunities for all.