



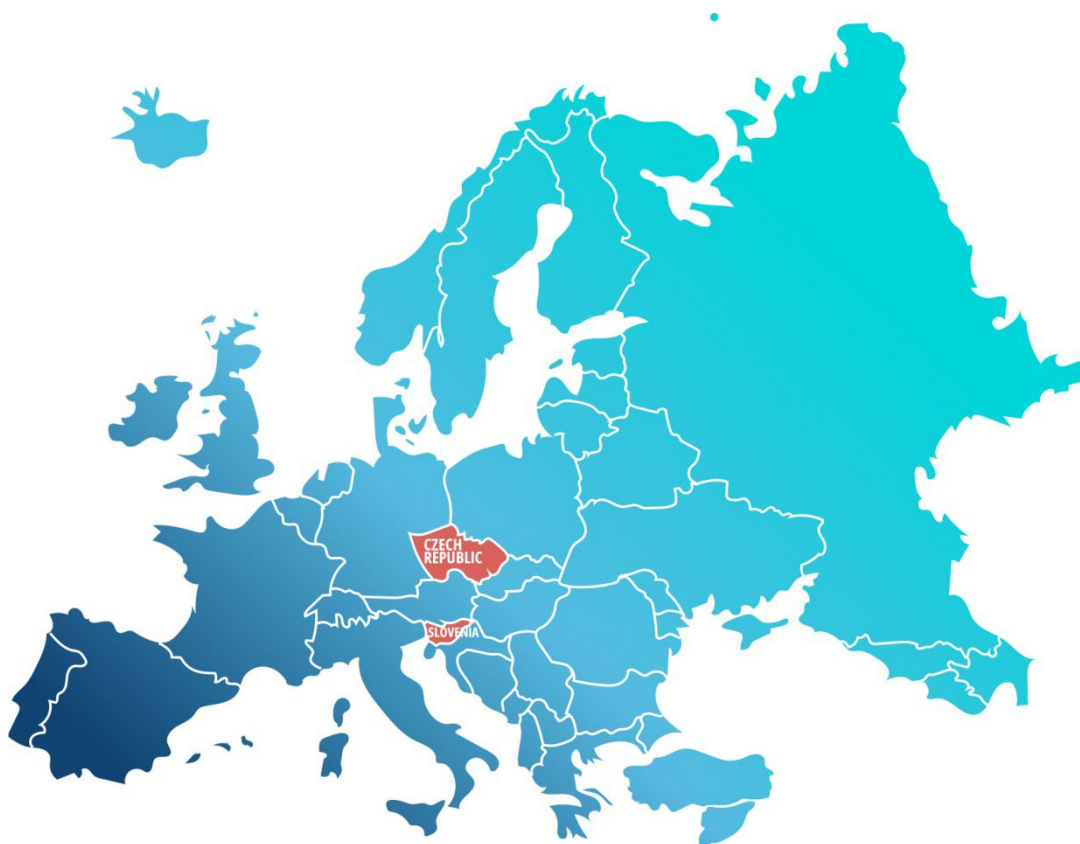
IntergrAGE project

D1.4.1 Analysis template for country personas

„COUNTRY PERSONA“

CLUSTER B

Czech Republic, Slovenia





The country personas contain the common characteristics of the cluster formed by the country groups. Please fill in one country persona per cluster with the most typical data for the cluster. The country persona should be 8-12 pages.

1. DEMOGRAPHIC TRENDS (cc.2-3 pages)

The Czech Republic and Slovenia, both part of Central Europe, share similar demographic trajectories, notably characterized by significant population ageing. The ageing phenomenon, driven by decreasing birth rates, increasing life expectancy, and migration patterns, has reshaped the population structures of both countries. In 2023, the proportion of individuals aged 55 and older stands at 32.73% in the Czech Republic and 35.88% in Slovenia, reflecting the growing burden of an ageing society.

Common Features of Demographic Change

- 1. Population Ageing:** The proportion of the elderly population (55+) in both the Czech Republic and Slovenia is substantial and continues to grow. This trend is partly due to increasing life expectancy. In the Czech Republic, life expectancy at birth is 76 years for men and 82 years for women, while in Slovenia, it is slightly higher, with men living an average of 78 years and women 84 years. These figures illustrate the success of healthcare systems and improved living standards but also indicate rising pressure on public services catering to older generations.
- 2. Low Birth Rates:** Both countries have seen persistently low fertility rates, falling below the population replacement level of 2.1 children per woman. In the Czech Republic, the fertility rate has hovered around 1.6 in recent years, while in Slovenia, it is even lower, at approximately 1.5. This decline in birth rates exacerbates the demographic ageing process, leading to a shrinking working-age population and a growing proportion of elderly dependents.
- 3. Economic Implications:** As the proportion of older adults grows, both countries face rising costs associated with pensions, healthcare, and social services. The labour force is shrinking relative to the retired population, creating a dependency ratio that challenges the sustainability of current social systems. For instance, the increasing number of retirees puts strain on pension systems that rely on a robust workforce to fund retirement benefits.
- 4. Migration Trends:** Migration has played a role in demographic changes in both countries, though it has not been sufficient to reverse the ageing trend. Both the Czech Republic and Slovenia have attracted some migration flows, particularly from neighbouring countries or regions with lower economic prospects. However, these inflows have not been enough to counterbalance the declining birth rates and increasing life expectancy.

Main common challenges

These demographic shifts have significant implications for economic stability, labour markets, and social systems, especially in terms of pensions, healthcare, and social care.

1. **Economic Stability:** As populations age, the balance between those who are working (and paying taxes) and those who are retired (and drawing on pensions and healthcare services) shifts. With a larger proportion of elderly people and a smaller working-age population, governments face increasing fiscal pressure. Public finances become strained as pension obligations rise, and at the same time, there are fewer workers contributing to social security systems. This situation can lead to higher taxes on the working population, reduced benefits, or increased public debt to maintain current levels of social services. For instance, in both the Czech Republic and Slovenia, maintaining the solvency of public pension funds is becoming increasingly challenging without substantial reforms, such as raising the retirement age or adjusting benefits.

2. **Labour Markets:** The shrinking labour force is another major consequence of population ageing. As more people retire and fewer young people enter the workforce, labour shortages can arise in key sectors, particularly those that require physical labour or caregiving, such as manufacturing, construction, and healthcare. To counteract these shortages, both countries may need to adopt policies aimed at extending working lives (e.g., raising the retirement age, encouraging part-time work for older workers) or increasing productivity through automation and technology. Additionally, immigration could play a role in filling labour gaps, but this brings its own challenges, such as integration and ensuring there is sufficient infrastructure to support larger populations.

3. **Social Systems – Pensions:** Pension systems, especially those based on a pay-as-you-go model where current workers fund retirees' pensions, are directly affected by demographic ageing. As the ratio of workers to pensioners decreases, the financial burden on the state increases. In the Czech Republic and Slovenia, reforming pension systems will be essential to ensure long-term sustainability. Potential reforms could include increasing the retirement age, adjusting pension formulas, promoting private savings plans, or even incentivizing delayed retirement through tax breaks or enhanced benefits.

4. **Healthcare:** An ageing population generally requires more healthcare services, particularly for chronic conditions such as heart disease, diabetes, and dementia. Healthcare systems in both the Czech Republic and Slovenia are expected to experience increased demand for long-term care services, medical staff, and facilities designed for older populations. This could necessitate substantial investment in healthcare infrastructure, staff training, and geriatric care. Moreover, managing the rising costs of healthcare, which will become an ever-larger portion of public expenditure, presents another financial challenge for these countries.

5. **Social Care:** Beyond healthcare, social care systems also face increasing pressure as the need for services such as assisted living, home care, and other support systems for the elderly grows. In many cases, family members traditionally provided care for older relatives, but as family structures evolve and more people remain in the workforce longer, the demand for formal social care services is rising. Governments will need to invest in expanding these services while ensuring that they are affordable and accessible, particularly for lower-income individuals.

2. RETIREMENT PATTERNS (cc. 1-2 pages)

The pension systems in the Czech Republic and Slovenia share many common characteristics, reflective of their shared historical, social, and economic contexts within Central Europe. Both countries have undergone significant pension reforms in recent decades, adapting to the

challenges posed by population ageing, economic transitions, and fiscal sustainability. However, despite their similarities, differences in the structure of their pension systems and specific national policies create distinct outcomes for retirees.

Official Retirement Age

In both countries, the official retirement age has been gradually increasing as a response to longer life expectancies and the need to sustain pension systems. In the Czech Republic, the current retirement age for men is set at 63-65 years (depending on the year of birth), while for women, it varies between 61-65 years, depending on the number of children they have raised. Slovenia, on the other hand, has standardized its retirement age, with both men and women generally retiring at the age of 65, though there are possibilities for early retirement if specific contribution requirements are met.

Types of Pensions

1. Czech Republic:

The Czech pension system is predominantly based on a pay-as-you-go (PAYG) state pension system. Workers contribute to the system through payroll taxes, which are used to pay current retirees. The system is mandatory for all employees and self-employed individuals. In addition to the state pension, there are voluntary private pension savings schemes that allow individuals to supplement their future pension benefits. However, participation in private schemes remains relatively low, and the state pension remains the primary source of retirement income for most people.

2. Slovenia:

Slovenia also operates a PAYG state pension system, funded by payroll contributions from both employers and employees. The country has a mandatory state pension, with the option for individuals to enrol in voluntary private pension savings. The private system is not widespread, and much like in the Czech Republic, the state pension remains the dominant source of income for retirees. Slovenia has also developed occupational pension schemes, which offer additional pension benefits for certain sectors, but these are relatively limited in scope.

Access to Pensions

In both countries, access to a state pension is typically determined by meeting a minimum number of years of contributions. In the Czech Republic, individuals are required to have contributed for at least 35 years to receive a full pension, with the possibility of receiving a reduced pension after 20 years of contributions. In Slovenia, the minimum contribution period is 40 years for men and 38 years for women (gradually equalizing). For early retirement, longer contribution periods are often required to avoid reductions in pension benefits.

Amount of Pension Benefits

Pension benefits in both countries are calculated based on an individual's contribution history and average earnings over their working life. In the Czech Republic, the state pension is composed of two parts: a fixed base amount and an earnings-related component, which reflects the individual's contribution record. Slovenia follows a similar structure, where

pension benefits are calculated based on the length of service and average lifetime earnings, with adjustments made for those who retire early or defer retirement.

Both countries face the issue of relatively low replacement rates (the percentage of pre-retirement income replaced by the pension), which places many retirees in a financially vulnerable position. As a result, there are ongoing discussions in both countries about improving the adequacy of pension benefits, particularly as living costs rise and demographic pressures mount.

3. SOCIO-ECONOMIC SITUATION (cc. 1-2 pages)

The socio-economic landscapes of the Czech Republic and Slovenia, two Central European nations, share many commonalities rooted in their similar histories and experiences within the European Union. Both countries have undergone significant transitions from centrally planned economies to market-based systems, resulting in comparable economic structures and challenges. However, despite these similarities, differences in income levels, living costs, and poverty rates create distinct socio-economic realities for their populations. This analysis focuses on several key indicators: income levels, living costs, poverty rates (especially among those aged 55+), and common challenges faced by both countries.

Average Wages

In terms of average wages, Slovenia enjoys a higher income level than the Czech Republic. The average gross wage in Slovenia stands at €2,220.95 per month, whereas in the Czech Republic, it is approximately €1,840 per month. The difference in wages can be attributed to a variety of factors, including differences in economic structures, labour market dynamics, and the cost of living.

Average Pensions

Pension levels are another key component of income for the older population. Slovenia generally offers higher average pensions (€800 to €850) than the Czech Republic (€650), reflecting its higher wage levels and more extensive pension contributions. However, in both countries, pension adequacy remains a concern, particularly as life expectancy rises and more people rely on pensions for longer periods. Many retirees find that their pension income falls short of covering the rising costs of living, especially in sectors such as housing and healthcare.

Poverty Rate

The proportion of people at risk of poverty highlights both similarities and differences between the two countries. Slovenia has a slightly higher rate of people at risk of poverty (12.7%) compared to the Czech Republic, where the figure is 9.8%. Both countries are below the EU average, indicating a relatively strong social safety net. The lower poverty rate in the Czech Republic is often attributed to its historically low unemployment rate and relatively equal distribution of income, supported by a robust welfare system.

Poverty Rate among 55+

Poverty among older adults (aged 55 and above) is a growing concern in both countries, driven by the rising costs of living and the relative inadequacy of pension benefits. In Slovenia, the poverty rate for those 55 and older is slightly higher (13-14 %) than in the Czech Republic (9-10

%), reflecting its slightly higher overall poverty rate. However, in both countries, older women are more likely to face poverty than older men, due to a combination of lower lifetime earnings, longer life expectancy, and less access to supplementary pension savings. This trend points to the need for targeted policies to ensure financial security for older adults, particularly as populations continue to age.

Living Costs

Housing costs vary across both countries but represent a significant portion of household expenses. In Slovenia, housing costs (including rent and utilities) are generally higher, particularly in urban centres like Ljubljana, where demand for housing exceeds supply. In Slovenia, the average household spends approximately 35-40% of their income on housing expenses. For retirees relying on the average pension, this percentage rises significantly, with some estimates suggesting that 45-50% of their pension is consumed by housing costs. This creates a considerable burden for many elderly individuals, particularly those without supplementary income. In the Czech Republic, especially in cities like Prague and Brno, similar challenges exist. The average household in the Czech Republic spends around 30-35% of their income on housing, though this figure can be higher in urban centres where property prices and rents have escalated in recent years. For pensioners, housing costs can consume 40-45% of the average pension, particularly in larger cities. As a result, many retirees face financial strain due to the disproportionate share of their income that is spent on housing.

To mitigate these burdens, both countries provide some level of **state support for housing costs**, particularly for low-income households and vulnerable groups like retirees. In the Czech Republic, individuals and families can apply for housing benefits if their housing costs exceed a certain percentage of their income and if they meet other eligibility criteria such as income thresholds and family size. These benefits are designed to ensure that people are not forced to spend an excessive share of their income on rent and utilities. Similarly, in Slovenia, housing subsidies are available for low-income households, with retirees and vulnerable individuals receiving priority. The amount of assistance varies based on income levels, household size, and housing costs. In both countries, these social benefits aim to alleviate the financial pressure of housing expenses, though accessing them typically requires meeting specific eligibility conditions based on income and property ownership.

Healthcare systems in both Slovenia and the Czech Republic are primarily funded by the state through mandatory health insurance schemes, meaning that out-of-pocket expenses for healthcare are relatively low compared to non-EU countries. However, both countries are experiencing increasing costs associated with an ageing population, leading to higher healthcare expenditure, especially for long-term and elderly care. While access to healthcare is relatively equitable in both countries, Slovenia's healthcare system has faced more challenges in terms of waiting times and access to specialized care in comparison to the Czech Republic.

The **cost of basic needs** (such as food, clothing, and transportation) in Slovenia is slightly higher than in the Czech Republic, in line with the difference in average wages. Slovenia, as a smaller and more trade-dependent economy, often faces higher costs for imported goods. In contrast, the Czech Republic benefits from a larger domestic market and a stronger industrial base, which helps moderate the cost of basic goods.

While Slovenia and the Czech Republic share many socio-economic characteristics, including their reliance on state-supported social services and the challenges of an ageing population, differences in wage levels, living costs, and poverty rates create distinct national experiences. Both countries must continue to adapt to their changing demographic realities, balancing the need for sustainable pension and healthcare systems with the imperative of ensuring a decent standard of living for all citizens, particularly the elderly and vulnerable populations.

4. LEVEL OF AGE MANAGEMENT (cc.1-2 pages)

Both Slovenia and the Czech Republic are grappling with the socio-economic effects of ageing populations, including the need to better integrate older workers into the labour market. Age management refers to policies and practices aimed at prolonging the active participation of older workers, improving their employability, and ensuring they can work under suitable conditions as they age. Both countries have begun to implement strategies at national and corporate levels to address these issues, but significant differences remain in their approaches and the extent of implementation.

National Strategies and Key Documents

In both Slovenia and the Czech Republic, national strategies for age management have been developed to address the challenges of ageing populations and promote the employment of older workers.

Slovenia has taken significant steps in formulating policies aimed at supporting older workers through its "**Active Ageing Strategy**" (Strategija aktivnega staranja) adopted in 2017. This comprehensive strategy focuses on promoting employment for older workers, adapting workplaces, and supporting lifelong learning. The document highlights the importance of retaining older workers in the workforce, encouraging employers to invest in training, and promoting health and safety in the workplace.

The Czech Republic has also recognized the need for national strategies aimed at supporting older workers. The key document is the "**National Action Plan for Positive Ageing for the Period 2013-2017**" (Národní akční plán podporující pozitivní stárnutí pro období 2013–2017), which laid the groundwork for policies promoting active ageing and labour market participation of older workers. This plan focused on lifelong learning, flexible work arrangements, and improving health and work conditions for older employees. Although this plan has expired, the principles it set forth continue to influence policy initiatives aimed at supporting older workers.

At the corporate and NGO levels, age management strategies are less developed, though some larger companies and organizations have begun to introduce practices such as phased retirement, health promotion, and skills development programs tailored to older employees. However, the implementation of these practices is inconsistent across both countries, often depending on the size of the company and its resources.

Policies Supporting the Employment of Older Workers

Both Slovenia and the Czech Republic have implemented programs aimed at promoting the employment of older workers, recognizing the economic and social benefits of extending working lives.

Slovenia has introduced various initiatives, such as the "**Active Employment Policy**" (Aktivna politika zaposlovanja), which offers incentives for employers to hire older workers, including wage subsidies and reduced social security contributions. Programs like "**Older Workers in Employment**" (Starejši na delu) specifically target the reintegration of older workers into the labour market, offering support for retraining and education to improve their employability. These measures are designed to address the barriers older workers face, such as outdated skills and health issues, while incentivizing employers to retain or hire them.

The Czech Republic has launched programs such as "**The Program for Employment Support for Older Workers**" (Program podpory zaměstnávání starších pracovníků), which provides financial incentives to companies that employ older workers. This program offers training opportunities and subsidizes the wages of workers over 50 who might otherwise struggle to find employment. Additionally, the Czech Republic has focused on improving lifelong learning and upskilling for older workers through initiatives like the "**Operational Programme Employment**" (Operační program Zaměstnanost), which supports professional development and job retention for those approaching retirement age.

Workplace Adaptations and Flexible Working Conditions

Creating age-friendly workplaces is essential to supporting the ongoing employment of older workers. Both Slovenia and the Czech Republic have begun to implement workplace adaptations, but there are notable differences in the scope and scale of these efforts.

Slovenia has made strides in promoting flexible working conditions for older workers, particularly through its national active ageing strategy. This includes encouraging the use of flexible work arrangements such as part-time work, telecommuting, and phased retirement. Workplace adaptations often focus on ergonomics, ensuring that work environments are suited to the physical needs of older employees. However, the implementation of such practices varies by sector and company size, with larger companies generally more proactive in adopting age-friendly policies.

The Czech Republic has similarly embraced flexible working conditions for older workers, though workplace adaptations remain less developed than in Slovenia. Initiatives promoting part-time work, job sharing, and flexible hours are gaining traction, particularly in industries where older workers are more prevalent. Health and safety measures, such as adjusting workloads or providing ergonomic support, are being implemented, but these adaptations are not yet widespread across the economy. Smaller companies often lack the resources to make significant changes to accommodate older workers, which can limit the effectiveness of age management initiatives.

Slovenia and the Czech Republic have made progress in developing age management policies, with national strategies in place to support the employment of older workers. Both countries share common challenges, such as sustaining employment for older individuals and ensuring consistent implementation of age-friendly practices. However, differences exist in the scope and effectiveness of these policies, with Slovenia generally taking a more proactive approach to workplace adaptations and flexible working conditions. As both countries continue to face demographic pressures from an ageing population, further efforts are needed to promote inclusive labour markets that fully support older workers.

The labour market conditions for older adults in Slovenia and the Czech Republic share many similarities, largely due to the broader demographic and economic challenges faced by both countries as they grapple with aging populations. However, distinct national policies and socio-economic conditions also lead to notable differences. This analysis explores the employment rates, unemployment, education, sectoral representation, career development opportunities, and shared challenges for individuals aged 55 and above in both countries.

Employment Rate for Older Adults (55+)

The employment rate for older adults in Slovenia and the Czech Republic shows a relatively strong performance in comparison to the EU average. As of 2020:

- Czech Republic: The employment rate for those aged 55-64 stands at 71.3%, one of the highest in the EU, reflecting successful integration of older workers into the workforce (Eurostat).
- Slovenia: Slovenia's employment rate for the same age group is slightly lower, at 53.9%. Although this figure has been improving over time, Slovenia lags behind other EU countries in the employment of older workers (Eurostat).

Unemployment Rates for Older Adults

Unemployment among older adults presents a challenge, particularly for those nearing retirement age. The unemployment rate for those aged 55+ in the two countries varies:

- Czech Republic: The unemployment rate for those aged 55-64 is low, at approximately 2.7%, partly due to the strong labour market and policies aimed at retaining older workers (Eurofound).
- Slovenia: In Slovenia, the unemployment rate for the 55-64 age group is higher, at 5.1%. This reflects structural challenges in Slovenia's labour market, where older adults often face difficulties re-entering the workforce (European Commission).

Educational Background and Vulnerability to Unemployment

Educational attainment plays a crucial role in determining employment opportunities for older adults in both countries. In both the Czech Republic and Slovenia, those with higher education levels are more likely to remain employed beyond the age of 55:

- Low-Educated Workers: In both countries, individuals with lower levels of education (secondary or below) are significantly more likely to be unemployed or outside the labour force. In Slovenia, the employment rate for older adults with low education is 44%, while it is 61% for those with medium-level education (Eurostat).
- High-Educated Workers: For those with tertiary education, employment rates are much higher, exceeding 75% for the 55-64 age group in both countries. This trend reflects the increasing importance of skills and continuous learning for maintaining employability later in life (Eurostat).

Sectoral Representation

Older adults are not evenly distributed across sectors:

- High Representation Sectors: In both countries, older workers are heavily represented in sectors such as manufacturing, education, and public administration. These sectors tend to offer more stability and less physically demanding work, making them more conducive to continued employment for older workers (Eurostat).

- Low Representation Sectors: Conversely, sectors like information technology and finance, which often require continuous skill updates and digital competencies, have lower representation of older workers. This is due in part to barriers such as outdated skills and reluctance to retrain (Eurostat).

Career Development: Retraining and Education Opportunities

Both countries have recognized the importance of continuous education and retraining for older workers, though with varying degrees of success:

- Czech Republic: The Czech government has made concerted efforts to promote lifelong learning for older adults through programs like the “Operational Programme Employment”, which provides retraining and skills development to help older workers remain competitive.

- Slovenia: Slovenia’s “Active Employment Policy” similarly offers retraining programs, but participation rates are lower, and the impact has been more limited compared to the Czech Republic. Retraining is often concentrated in vocational skills rather than digital or advanced competencies (Eurostat)

In summary, while both Slovenia and the Czech Republic share many common characteristics regarding the labour market for older adults—such as the increasing need for retraining and the predominance of older workers in stable sectors—the Czech Republic tends to outperform Slovenia in terms of employment rates and successful integration of older adults. Both countries face similar challenges, such as the digital skills gap and age discrimination, which will require continued policy focus to ensure that older workers remain an integral part of the labour force.

6. HEALTH CARE (cc. 1-2 pages)

Both countries operate largely on public health insurance models that provide universal access to care, yet they face varying challenges regarding availability, affordability, quality, and the interplay of public and private insurance. This analysis delves into the shared and unique characteristics of the health care systems in Slovenia and the Czech Republic, examining access to care, quality of services, and health insurance coverage.

Access to Health Care: Availability and Affordability

Both Slovenia and the Czech Republic pride themselves on offering universal health care coverage, meaning that nearly all residents have access to essential medical services. However, there are differences in availability and affordability:

- Slovenia: Slovenia's health care system is characterized by widespread access to primary and secondary care services, though there are issues with availability, particularly in rural areas. Slovenia's ratio of physicians per capita is slightly lower than the EU average, which can lead to longer waiting times for certain medical procedures, particularly in specialties like cardiology and oncology. Affordability, however, remains relatively high. The majority of health services

are publicly funded, and out-of-pocket expenses for patients are moderate compared to other European nations. Slovenia also offers means-tested subsidies for low-income individuals to cover the costs of health services not included in the public insurance package.

- Czech Republic: The Czech Republic also boasts a well-developed public health system, with relatively high availability of health care services. The Czech Republic has a higher number of doctors per capita compared to Slovenia, leading to shorter waiting times for consultations and procedures. However, similar to Slovenia, there are disparities in health care availability between urban and rural areas. The affordability of care in the Czech Republic is bolstered by the public insurance system, which covers a broad range of services. Co-payments for medications and some outpatient services exist, but overall, health care costs are low relative to income.

Quality of Medical Care

The quality of medical care in both countries is generally high, though there are differences in certain key areas, particularly in infrastructure and medical outcomes.

- Slovenia: Slovenia provides a high standard of medical care, though challenges remain in terms of infrastructure and technology. While primary care is generally of good quality, Slovenia's hospital system can suffer from overcrowding and outdated equipment in some facilities. Slovenia performs well in health outcomes, with life expectancy standing at 78 years for men and 84 years for women, which is above the EU average. However, certain specialized care, such as cancer treatments, can suffer from longer waiting times, which has been a point of concern for health policy planners.

- Czech Republic: The Czech Republic is known for its well-functioning and modernized health care system, particularly in urban areas where hospitals are equipped with the latest technologies and highly trained medical personnel. The quality of care is relatively consistent, with strong performance in areas like emergency care and preventive medicine. Life expectancy is slightly lower than in Slovenia, at 76 years for men and 82 years for women, but improvements in medical technology and infrastructure have contributed to positive health outcomes in recent years. Cancer survival rates, for instance, have improved due to better access to advanced treatments.

Health Insurance: Public vs. Private Insurance

Both Slovenia and the Czech Republic have mandatory public health insurance systems that cover the vast majority of health care costs. However, the role of private insurance varies between the two countries.

- Slovenia: The health insurance system in Slovenia is based on a single-payer model, with the majority of health care costs covered by the state through public health insurance. This system guarantees nearly universal coverage for essential services such as primary care, hospitalization, and prescription medications. However, Slovenia also has a significant role for voluntary supplemental health insurance, which is commonly purchased to cover co-payments for services not fully covered by the public system (such as dental care, certain

medications, and elective procedures). About 75% of the population carries some form of supplemental insurance, indicating a strong reliance on this secondary system.

- Czech Republic: The Czech health care system operates on a multi-payer model, where public health insurance is mandatory for all residents. Health insurance is provided through a number of public health insurance funds, which are tightly regulated by the state. These funds cover nearly all medical expenses, from general practitioner visits to hospitalization. Co-pays are required for prescription drugs and certain outpatient services, but they are generally affordable. Private health insurance is not as widespread as in Slovenia, as the public system is sufficient for most people's needs. However, private insurance can be purchased to cover non-essential services and to ensure faster access to certain treatments.

Common Challenges:

Both countries face challenges associated with aging populations, particularly in managing the increased demand for long-term care and the treatment of chronic diseases such as diabetes and cardiovascular conditions. Both countries must continue to adapt their health care systems to ensure sustainability, especially as public finances are increasingly strained by rising health care costs.

7. WELL-BEING (cc. 1-2 pages)

Slovenia and the Czech Republic share several similarities in terms of socio-economic structures and health policies due to their shared history and integration into the European Union. However, differences in lifestyle, culture, and policy implementation create distinct outcomes for well-being in these two nations. This analysis explores the common and differing characteristics of physical, mental, social, and economic well-being in Slovenia and the Czech Republic.

Physical Well-Being

Prevalence of Chronic Illnesses:

Both Slovenia and the Czech Republic have seen an increasing prevalence of chronic illnesses due to aging populations and lifestyle factors. The most common chronic conditions in both countries include cardiovascular diseases, diabetes, and musculoskeletal disorders. In Slovenia, approximately 30% of the population aged 65 and above suffers from chronic conditions such as hypertension and diabetes, which reflects broader EU trends. The Czech Republic has a slightly higher prevalence of chronic illnesses, with over 35% of older adults reporting such conditions.

Physical Activity Levels:

Physical activity is a crucial determinant of physical well-being, and both Slovenia and the Czech Republic have been actively promoting physical fitness. In Slovenia, 65% of adults report engaging in regular physical activity, which is higher than the EU average, reflecting a strong culture of outdoor activities and sports. The Czech Republic lags slightly behind, with around 55% of adults regularly participating in physical activities.

Nutrition:

Both countries have experienced changes in nutritional patterns, with rising levels of obesity, particularly among middle-aged and older adults. The Czech Republic has one of the highest obesity rates in Europe, with over 25% of adults classified as obese, largely due to diets high in fats and processed foods. Slovenia faces a similar, though slightly lower, rate of obesity at 21%, though public health campaigns have been more successful in promoting balanced diets rich in fruits, vegetables, and whole grains.

Mental Well-Being

Stress Levels and Mental Health Disorders:

Mental well-being is a growing concern in both Slovenia and the Czech Republic, driven by modern work pressures, economic uncertainties, and social isolation. Stress levels are high in both countries, with surveys indicating that 40% of Slovenians and 38% of Czechs report feeling stressed regularly. Anxiety and depression are prevalent mental health disorders, affecting 12% of the population in Slovenia and 10% in the Czech Republic. Despite similar stress levels, Slovenia reports a slightly higher rate of diagnosed mental health conditions.

Access to Mental Health Services:

Slovenia has made significant strides in improving access to mental health services through its “National Mental Health Programme”, which focuses on decentralizing care and providing mental health services at the community level. However, long waiting times remain a challenge, particularly for specialized care. In the Czech Republic, mental health services are predominantly hospital-based, with limited outpatient options. The Czech government has begun to prioritize mental health care, but access remains uneven across the country, particularly in rural areas.

Social Well-Being

Quality of Social Networks and Community Engagement:

Social well-being in both Slovenia and the Czech Republic benefits from strong community engagement and social networks, though there are differences in the structure of these networks. Slovenians report a high level of community involvement, with 70% of individuals participating in social activities such as volunteer work or local clubs. Family ties are particularly strong, and intergenerational households are common, providing built-in social support systems for the elderly.

In the Czech Republic, social engagement is similarly high, with 65% of individuals participating in community activities. However, the social fabric in the Czech Republic tends to be more atomized, with smaller nuclear families and less reliance on extended family support compared to Slovenia. Nevertheless, both countries score well on social trust indicators, with over 60% of individuals in both nations expressing trust in their neighbours and local communities.

Economic Well-Being

Financial Health and Income Stability:

Economic well-being is closely linked to income stability and financial security, which vary across Slovenia and the Czech Republic. The Czech Republic has a higher average income,

with an average monthly wage of €1,840, compared to €2,220.95 in Slovenia. Both countries have relatively low rates of income inequality compared to the EU average, and their social security systems provide a stable safety net for most citizens.

Employment Security:

Both countries have relatively low unemployment rates, though Slovenia faces higher levels of unemployment among older adults compared to the Czech Republic, as discussed earlier. Employment security is stronger in the Czech Republic, where government programs and a stronger labour market have maintained employment rates despite economic fluctuations. Slovenia, however, experiences more job insecurity, particularly in the service and manufacturing sectors.

Social Security Systems and Economic Policies:

Both Slovenia and the Czech Republic have comprehensive social security systems that provide pensions, unemployment benefits, and health insurance. However, the sustainability of these systems is a shared concern due to aging populations. Both countries have enacted pension reforms to ensure long-term viability, though Slovenia has taken a more active approach in encouraging private pension savings.

In conclusion, Slovenia and the Czech Republic share many common characteristics in terms of well-being, including strong social security systems and community engagement. However, differences in physical and mental well-being emerge due to lifestyle factors, access to health services, and social networks. Slovenia tends to perform slightly better in terms of physical activity and nutrition, while the Czech Republic excels in economic stability and access to advanced health care services. Both countries face ongoing challenges related to aging populations, mental health care access, and maintaining economic security, which will require continued policy innovation to support the well-being of their citizens.

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