



## **Socio-cultural aspects**

### ***Cultural diversity***

The variety of cultural heritages in Europe can be regarded as having an inestimable value. Apart from the basic geographical factors, different cultural, political and economic development paths have shaped the current spatial structure of the EU. Different language and cultural areas, and different ways of life have developed in the different parts of Europe.

The Austrian-Slovak border region is not only characterized by a variety of landscapes, but also by a broad spectrum of languages and cultural identities. Beside the two official languages German and Slovak other languages are spoken (Hungarian, Croatian, Romanes) by the state-approved ethnic minorities. Thus making it the melting pot of the Germanic, the Slavic and the Indo-germanic cultures.

The rights of ethnic minorities are guaranteed by the constitution and ensure the minorities to maintain and develop their cultural heritage (language, culture, social life, etc.). The prevailing minorities in the region develop their culture and language in kindergartens, schools with the teaching language of their own. Cultural heritage is maintained by a intensive cultural life in form of concerts, theatres, museums, associations, institutions, libraries, radio and television, newspapers etc.

This variety of cultural areas and the joint history does not only determine the variety of languages but also expresses in settlement structures and the cultural heritage.

In the Slovak border regions of Bratislava and Trnava, the major population is Slovak (nationality); however, the largest minority is Hungarian (with higher proportion in the Trnava region), then followed by Roma, Czech, and German minorities. From the less numerous population Croatian, Ukrainian, Ruthenian, Russian, Bulgarian minorities are also represented. At the national level, in the period 2001-2004, there was reported a slight decrease in the number and proportion of Slovak population (to 85.7%) and Hungarian minority population (to 9.6%). The number and proportion of other less numerous minorities remained approximately at the same level.

Corresponding to the last census there were about 16,200 Burgenland-Croats living in Burgenland and about 2,500 in Vienna, about 10,700 Hungarians in Vienna and about 4,700 each in Burgenland and Lower Austria. About 1,800 Slovaks were counted in Vienna.

### ***Social services and health care***

In the future the framework for the development of social services (health, care of elderly people) will change because of the demographic change and the growing economic and political integration between the EU member states. In the context of cross border development, problems like the joint supply of the high level quality of medical care, the joint use of available capacities, the cooperation structures and possible joint cross border activities of public and private institutions in these fields are worth to discuss.

Different dimensions of cross border social services and social work will gain importance in the future: to secure the quality of supply, the financing of the health and care system, social rights and social policy frameworks on the EU level and in the member states. On the EU level a high-level reflection group is currently being established to examine the issues arising from increased patient



mobility and greater interaction between the national health systems. It can be expected, that the results of this consultation process will lead to a new framework also for trans-national cooperation, networking and competition.

The Austrian-Slovak border region is well equipped with medical infrastructure. The health and care system is organised in accordance with the national legal frameworks.

Since 2002 a large reform in the public health sector has been introduced in Slovakia. The reform brought a broad restructuring of the sector with the impact on the reduction of number of health care facilities and providers, a large scale of new legislation with the direct impact on the health care providers and patients. Most of health care services and interventions changed to fee-based services and legal relationship of clients, health care staff and health insurance institutions have significantly changed.

The aims of the Austrian Health Structural Plan (Österreichische Strukturplan – Gesundheit) are sufficiency, accessibility, high level of quality in all regions and efficient in an economic sense. The health infrastructure is traditionally concentrated on hospitals. The high degree of stays in hospitals and beds are indicators for this special situation. Considering the new challenges like changes of the age structure of the population, new regional and quality requirement and financial restrictions a new approach was formulated in the new Structural plan. One element of this new approach is the definition of regional supply areas, which have to fulfil different criteria regarding the infrastructure, the frequencies and the competencies.