

THE IMPORTANCE OF HEALTHY AGING AND RELATED POLICIES IN OUR COUNTRY

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ABSTRACT

This study aims to examine the importance of healthy aging and the existing policies related to it in Turkey. The elderly population in Turkey is rapidly increasing, making the health and care needs of elderly individuals increasingly significant. Healthy aging aims to enhance the quality of life by maintaining physical, mental, and social health. This research is based on findings from interviews with 16 professionals who evaluate strategies that promote healthy aging and the quality of elderly care services. The study presents the challenges faced by elderly individuals and offers suggestions to overcome these challenges. It emphasizes strengthening social support networks, encouraging active participation of elderly individuals in social life, and evaluating the effectiveness of existing policies. In this context, various recommendations for improving elderly care services and strategies for promoting healthy aging are discussed. The study aims to contribute to policy development processes concerning healthy aging and elderly care.

Keywords: Elderly Care Services, Elderly Care Model, Türkiye, Netherlands, Sweden.

JEL Codes: I10, I18, J14, H51, R23.

1. INTRODUCTION

As in the rest of the world, the proportion of the elderly population in Türkiye is rapidly increasing. According to reports by the United Nations, the global elderly population is expected to double by 2050, reaching 16% (United Nations, 2020). In Türkiye, data from the Turkish Statistical Institute (TURKSTAT) show that the proportion of the population aged 65 and over reached 9.5% in 2021 (TURKSTAT, 2021). This demographic shift makes it more important than ever to meet the health and care needs of elderly individuals. The aging process requires improving the quality of life by maintaining individuals' physical, mental, and social well-being. This process is not only limited to

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access to healthcare services but also necessitates the development of social support mechanisms to enable elderly individuals to lead active and independent lives (World Health Organization, 2015).

Healthy aging is supported by policies and strategies that enable individuals to experience the aging process in a more active and productive manner. These strategies aim to increase the social participation of elderly individuals, facilitate their access to healthcare services, and improve their overall living conditions in society (Rowe and Kahn, 1997). Although Türkiye has developed various policies in this area, the effectiveness of the existing policies and the extent to which they address the needs of the elderly population remain matters of debate (Özdemir and Acar, 2018).

The aim of this study is to analyze the current policies on healthy aging in Türkiye and to provide recommendations for making these policies more effective. By addressing the challenges encountered in the development and implementation of healthy aging policies, the study aims to contribute to the improvement of the existing system.

2. THE IMPORTANCE OF HEALTHY AGING AND RELATED POLICIES IN OUR COUNTRY

2.1. Healthy Aging and Elderly Care

Healthy aging is a process aimed at improving the quality of life of elderly individuals by maintaining their physical, mental, and social health in the later stages of life (World Health Organization, 2015). The aging process involves not only the prevention of diseases but also the active participation of elderly individuals in social life, their independence, and their societal recognition (Rowe and Kahn, 1997). This process aims to ensure that elderly individuals lead longer, healthier, and more productive lives.

2.2. Elderly Care and Healthy Aging Policies in Türkiye

The proportion of the elderly population in Türkiye is rapidly increasing. According to data from the Turkish Statistical Institute (TÜİK), the proportion of individuals aged 65 and over in Turkey was recorded at 9.5% in 2021 (TÜİK, 2021). This demographic shift necessitates addressing the health and care needs of elderly individuals. Elderly care services provided by the Ministry of Family and Social Services include various services such as home care, nursing homes, and rehabilitation centers (Ministry of Family and Social Services, 2020). However, there are certain limitations regarding the accessibility and quality of these services.

Current policies aim to facilitate elderly access to healthcare services and improve their quality of life. Policies promoting the expansion of home care services and strengthening social support networks are prioritized (Özdemir and Acar, 2018). Nevertheless, access to professional care services

for elderly individuals remains limited. Although family-based elderly care is widespread in Turkey, professional care and healthcare services can often be inadequate (Aksu, 2021).

Another significant challenge in elderly care services in Turkey is the difficulty elderly people living in rural areas face accessing healthcare services. While elderly individuals in urban centers receive better services, access to healthcare and social services for those in rural areas is limited (Kılınç and Öztürk, 2019). The inadequate infrastructure for elderly care in Turkey, as well as the shortage of personnel, are also among the major issues.

2.3. Healthy Aging Policies in Other Countries

Globally, many countries have developed policies supporting healthy aging in response to the growing elderly population. For instance, Scandinavian countries like Sweden and Norway offer comprehensive social service systems that support elderly individuals living independently at home (Anttonen and Sipilä, 2012). In these countries, home care services and social support networks for the elderly are state-funded and widely used. Moreover, Sweden provides widespread social programs and rehabilitation services that encourage elderly individuals' active participation in social life (United Nations, 2020).

Canada has also made significant progress in expanding healthcare services for elderly individuals and developing long-term care services. The Canadian government has implemented various reforms to ensure equal access to healthcare for the elderly and enhance their societal participation (Health Canada, 2017). Investments in home care services, in particular, support elderly individuals in living independently.

Japan, which has one of the highest proportions of elderly populations, has developed a comprehensive elderly care system. In Japan, there is an extensive insurance system for elderly individuals to access healthcare services, and elderly care is provided through private care centers and home care services supported by the government (Okamoto, 2018).

Turkey's policies can draw inspiration from the comprehensive elderly care systems implemented in these countries. The expansion of home care and professional healthcare services is critical in ensuring that elderly individuals maintain independent and active lives. The applicability of international best practices in Turkey should be assessed, and elderly care services should be improved accordingly.

3. MATERIALS AND METHODS

Purpose of the Study: In this study, the researcher acted as an external observer during the data collection process. The research is a quantitative study and focuses on collecting the views of stakeholders in the field of health tourism within a structured framework. The researcher remained neutral during the data collection process, establishing direct contact with the participants but did not

provide any guidance. A survey based on predetermined questions was applied to the participants and the obtained data was evaluated with statistical analysis techniques. Scientific ethical rules were followed during the collection, storage and analysis of the data.

Research Method: This research utilized in-depth interviews, a qualitative research method that allows the collection of detailed information through semi-structured, open-ended questions. These interviews cover all dimensions of the subject being researched, conducted either face-to-face or online.

Research Design: Focusing on health and medical tourism, this study aims to shed light on creating a model to enhance Turkey's market share in global medical tourism. It adopts a case study approach, which is one of the qualitative research designs.

Participant Selection: Participants were identified using the purposive, maximum variation sampling method, a qualitative research technique. The following key informants were invited to participate in the study: representatives from OHSAD (Association of Private Hospitals and Healthcare Organizations), public and private healthcare service providers (doctors, nurses, patient consultants, etc.), USHAŞ (International Patient Services Incorporated Company), DEİK (Foreign Economic Relations Board), TOBB Health Services Committee, Health Tourism Associations, academicians from university Health Management departments, and senior representatives of the Ministry of Health. After explaining the purpose of the study, all participants except one representative from a public service provider agreed to participate. The distribution of participants was as follows: health service providers: 3, private sector managers: 7, academicians: 3, NGO managers: 3, public sector managers: 2. Interviews continued until data saturation was reached, with a total of 18 participants.

Data Analysis Process: The data analysis process began by transcribing the audio and video recordings obtained from the interviews. The recordings were transcribed verbatim by the researcher. The interviews were analyzed using MAXQDA Analytics Pro, a qualitative data analysis software. Following Yin's (2011) qualitative analysis cycle, the data was first coded through open coding, followed by sub-coding, and finally grouped into themes corresponding to the research questions.

Reliability and Validity: To ensure the validity and reliability of the study, multiple strategies were employed:

- **Credibility:** The credibility of the findings was ensured through triangulation, using multiple data sources (interviews with different stakeholders) and independent expert reviews. The researcher also conducted member checking by sharing preliminary results with some participants to confirm accuracy.
- **Transferability:** Detailed descriptions of the research context, participant selection, and data collection methods were provided to allow future researchers to evaluate the applicability of the

findings in different settings.

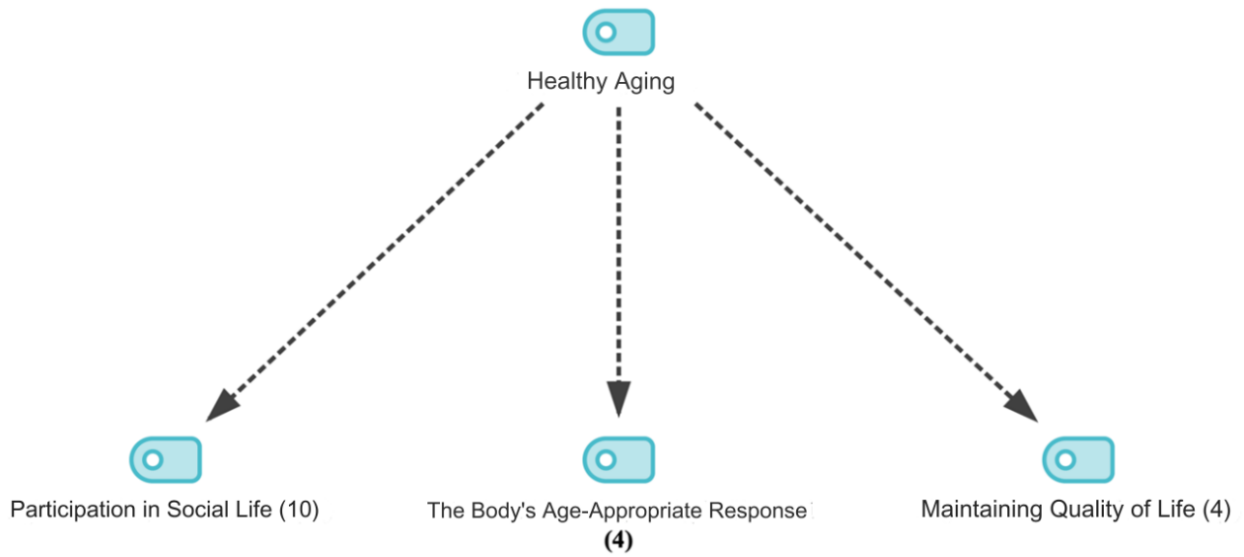
- **Dependability:** The entire research process was documented systematically, ensuring that another researcher following the same methodology could reach similar findings. An audit trail was maintained, including transcripts, coding processes, and analytical decisions.
- **Confirmability:** The researcher's potential biases were minimized by maintaining a research diary, recording reflections and decisions made during the study. The MAXQDA software facilitated an objective coding process, reducing subjectivity in data analysis.

4. FINDINGS

4.1. Healthy Aging Theme

Within the scope of the research, three codes were created for the "Healthy Aging" theme. These are: participation in social life, maintaining quality of life, and the body's age-appropriate response.

Figure 1. Hierarchical Code-Subcode Representation of the Healthy Aging Theme

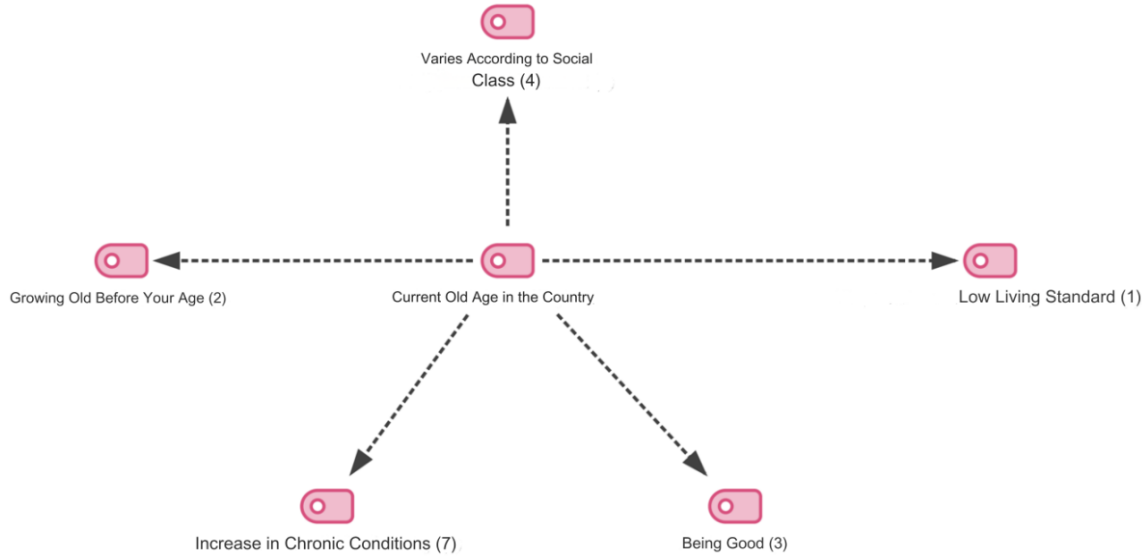


"It is the body's age-appropriate response." (K2)

4.2. The Current Aging Theme in the Country

Within the scope of the research, five codes have been created for the "Current Aging in the Country" theme. These are: an increase in chronic diseases, variability according to social class, being good, low living standards, and aging before age.

Figure 2. Hierarchical Code-Subcode Representation of the Current Aging Theme in the Country



Participants in the "Current Aging in the Country" theme expressed strong views regarding the variability according to social class. They highlighted that healthy aging is closely related to the elderly's social class. Participants coded as K3 and K8 mentioned the following on the subject:

"I see that it's good in higher socio-economic groups, but bad in lower groups." (K3)

"In our country, working conditions and economic conditions are tough. There are also social reasons. When all these combine, the necessary things for health cannot be done." (K8)

Participants in the "Current Aging in the Country" theme also strongly expressed their views on low living standards. They noted that the elderly population in the country has low living standards. Participant K8 mentioned the following on this topic:

"A generation that is unhappy, with low living standards and almost no social activities." (K8)

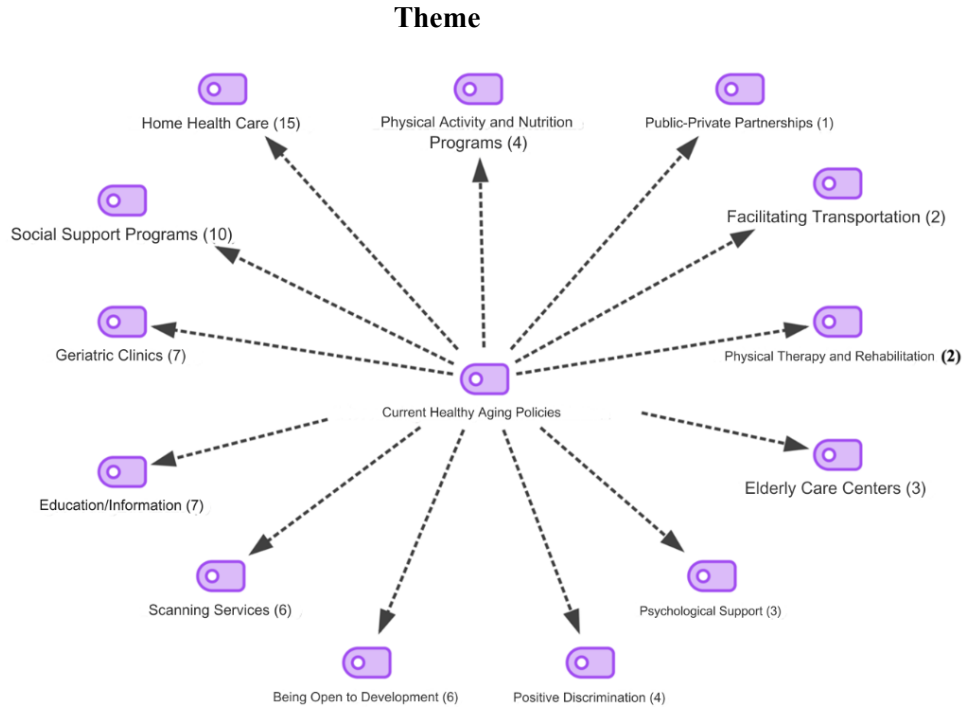
Additionally, participants in the "Current Aging in the Country" theme strongly discussed the issue of aging before age. They pointed out that age-related diseases are appearing earlier. Participant K2 mentioned the following:

"More frail than their age. Many diseases and the need to depend on others begin early." (K2)

4.3. Current Healthy Aging Policies Theme

One of the themes addressed in the study is the "Current Healthy Aging Policies" theme, for which 13 codes have been created. These include: home health services, social support programs, geriatric clinics, screening services, openness to development, education/information, psychological support, elderly care centers, physical therapy and rehabilitation, physical activity and nutrition programs, facilitating transportation, public-private partnerships, and positive discrimination.

Figure 3. Hierarchical Code-Subcode Representation of the Current Healthy Aging Policies



“In our country, health services for the elderly population are offered in a wide range, including home care services, health screening programs, rehabilitation services, social support programs, and psychological counseling.” (K7)

“Screening programs and chronic disease management programs are developed for the early diagnosis, management, and treatment of common chronic diseases in the elderly.” (K7)

“Educational programs are organized to raise awareness about healthy aging and to ensure that the elderly are informed about health services.” (K7)

“In our country, health services for the elderly population are offered in a wide range, including home care services, health screening programs, rehabilitation services, social support programs, and psychological counseling.” (K7)

“As an example of campaigns promoting healthy aging, I can mention anti-smoking campaigns and 'let's move' campaigns, but I'm not sure if there are any geriatric-specific policies aimed at this goal from birth.” (K3)

In the "Current Healthy Aging Policies" theme, participants strongly expressed their views on facilitating transportation. They mentioned that it is necessary to ease the elderly's access to hospitals. Participant K2 commented on this topic:

“Barriers to accessing healthcare units should be removed, and positive discrimination should be applied.” (K2)

Participants also voiced strong opinions on public-private partnerships within the "Current Healthy Aging Policies" theme. They emphasized the importance of such partnerships in healthy aging and elderly services. Participant K7 commented:

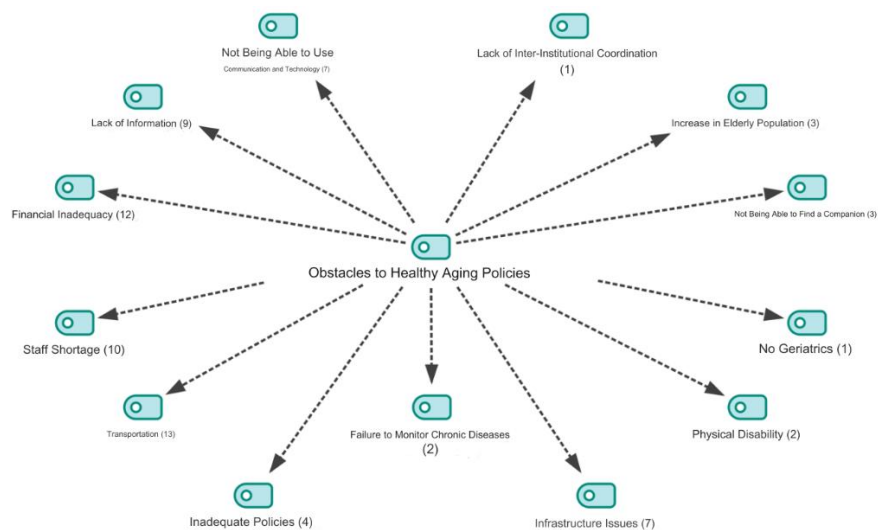
“These services, especially developed in collaboration between the public and private sectors, are of critical importance in improving the quality of life of the elderly and promoting healthy aging.” (K7)

“Priority in examinations, having wheelchairs available” (K2)

4.4. Theme Of Barriers to Healthy Aging Policies

Within the scope of the research, 13 codes were created for the "Barriers to Healthy Aging Policies" theme. These include: transportation, financial insufficiency, staff shortage, inability to use communication and technology, lack of information, infrastructure problems, inability to find a caregiver, physical disabilities, increasing elderly population, inadequate policies, inability to monitor chronic diseases, absence of geriatrics, and lack of inter-institutional coordination.

Figure 4. Hierarchical Code-Subcode Representation of the Theme of Barriers to Healthy Aging Policies



Participants in the "Barriers to Healthy Aging Policies" theme expressed strong views regarding transportation. They mentioned that elderly individuals face difficulties in accessing healthcare facilities. Participants coded as K3 and K7 shared the following:

"Priority in examinations, availability of wheelchairs." (K3)

"Elderly individuals, especially those living in rural areas, face challenges in accessing healthcare services. Long distances and transportation issues can make access difficult." (K7)

"Every day, we are aging and becoming more isolated. There are problems in accessing services. Due to the low education levels of the current elderly population, there is a noticeable lack of access." (K9)

"Not having enough information about health services and rights can limit the elderly's ability to benefit from existing services." (K7)

"Obstacles such as parking, sidewalks, and stairs." (K2)

"I don't think it's effective. Especially when long-term care is needed, there is a need for insurance for the elderly and disabled, and the care gap in our country is often filled by women within families. There are also families with disabled children who worry about what will happen to their child if something happens to them. Unfortunately, we even see news reports of parents killing their children and committing suicide out of desperation." (K3)

Participants in the "Barriers to Healthy Aging Policies" theme also expressed strong views on physical disability. They stated that physical disability and limitations pose barriers to accessing healthcare institutions. Participant K7 shared the following:

"For elderly individuals with disabilities and limited mobility, there may be physical barriers to accessing healthcare facilities." (K7)

"I don't think policies are being developed with enough consideration for the elderly population. They face poverty and neglect, their health is not adequately monitored, and their chronic diseases are not well-managed." (K5)

Participants in the "Barriers to Healthy Aging Policies" theme strongly discussed the issue of not being able to monitor chronic diseases. They pointed out that chronic diseases are not properly followed up. Participant K3 mentioned the following:

"The difficulty of getting prescriptions for chronic medications, obtaining them, and keeping track of them." (K3)

Participants in the "Barriers to Healthy Aging Policies" theme also expressed concerns about the lack of geriatrics. They stated that there aren't enough geriatric clinics. Participant K3 shared the following:

"I don't see any medical services specifically designed for the elderly, aside from general medical services. Home healthcare units do serve elderly individuals, but they are not exclusively for them. We also don't have geriatric departments in our hospitals." (K3)

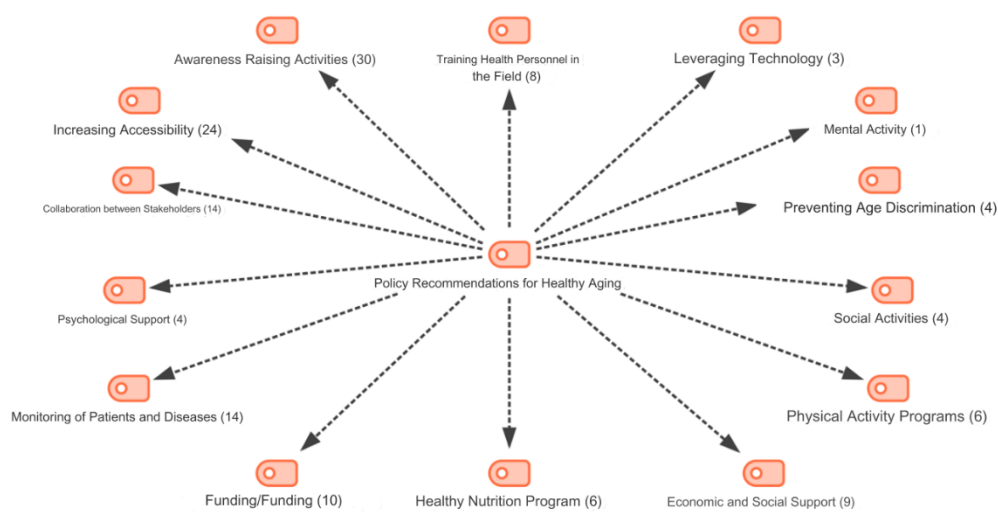
Participants in the "Barriers to Healthy Aging Policies" theme expressed strong views regarding the lack of inter-institutional coordination. They mentioned that there is a lack of coordination among institutions providing services to the elderly. Participant K7 shared the following:

"The lack of coordination and integration between different healthcare and social service institutions can prevent services from being provided in a holistic and effective manner. Inter-institutional collaboration and coordination need to be strengthened." (K7)

4.5. Theme of Policy Recommendations for Healthy Aging

Within the scope of the research, 14 codes were created for the "Policy Recommendations for Healthy Aging" theme. These include: awareness campaigns, increasing accessibility, collaboration among stakeholders, continuity of patient and disease monitoring, resource allocation/financing, economic and social support, training healthcare personnel in the field, healthy nutrition programs, physical activity programs, psychological support, preventing age discrimination, social activities, utilizing technology, and mental activity.

Figure 5. Hierarchical Code-Subcode Representation of the Theme of Policy Recommendations for Healthy Aging



"Increasing societal awareness requires a holistic approach to healthy aging and the involvement of all segments of society. In this process, it should be emphasized that healthy aging is not only an individual responsibility but also a societal issue." (K7)

In the theme of Policy Recommendations for Healthy Aging, participants expressed strong views regarding collaboration among stakeholders. They emphasized the need for stakeholders involved in healthy aging to come together to create joint policies. Participants coded as K7 and K9 shared the following:

"Challenges in involving elderly individuals and relevant stakeholders in the policy-making process can hinder the development of effective policies. It is important to reflect the views and needs of the elderly and stakeholders in these policies." (K7)

"No decisions are implemented because all decisions are based on the collective views of many stakeholders. It takes time for 10 ministries, including the Ministry of Family, Ministry of Health, and Ministry of Labor and Social Security, to make and implement decisions about the elderly in our country." (K9)

In the theme of Policy Recommendations for Healthy Aging, participants also expressed strong views regarding economic and social support. They stated that elderly individuals should be supported in terms of economic and social aspects. Participants coded as K5 and K9 shared the following:

"Introducing insurance for long-term care needs." (K5)

"Ensuring the economic independence of the elderly." (K9)

"All staff involved in primary healthcare services should receive geriatric training. Awareness campaigns specific to healthy aging should be organized." (K3)

"Awareness and attitudes towards aging and healthy aging in society can influence the acceptance and implementation of policies. Negative attitudes and prejudices can reduce the effectiveness of policies." (K7)

"Elderly individuals could be included in all kinds of social life activities and encouraged to share their life experiences." (K8)

"Improving home care systems with the help of technology. Utilizing telecare options." (K5)

In the theme of Policy Recommendations for Healthy Aging, participants also emphasized the importance of mental activity. They stated that elderly individuals should engage in mental activities to keep their cognitive functions sharp. Participant K2 shared the following:

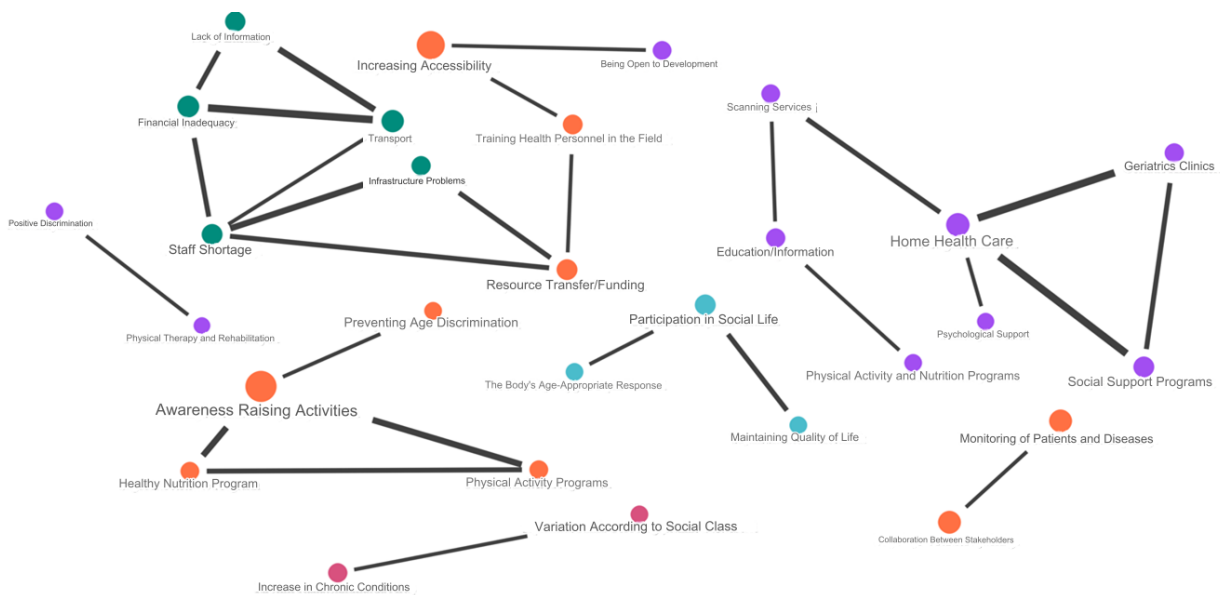
"Even if just a little, regular reading of books, magazines, etc." (K2)

Figure 6. Code Cloud



The distribution of participant statements according to intensity is shown in Figure 6. The larger font size represents the codes that were used more frequently, while the smaller font size indicates the codes that were used less frequently.

Figure 7. Code Map



The codes frequently mentioned by participants are shown in Figure 7. The map illustrates the relationships between the codes and which codes were often mentioned together. The lines are shown to be thicker to reflect the stronger relationships between more frequently co-mentioned codes. Accordingly, participants who mentioned the code for resource allocation/financing also discussed the codes for training healthcare personnel, staff shortages, and infrastructure problems.

5. CONCLUSIONS AND RECOMMENDATIONS

This study examined the current state of healthy aging policies in Turkey and analyzed the healthcare access and social support needs of elderly individuals. The research findings indicate that the existing policies for elderly individuals in Turkey have certain deficiencies. In particular, elderly individuals in rural areas face significant challenges in accessing healthcare services, and social support networks need to be strengthened.

Interpretation and Meaning of the Data

A key takeaway from this study is that healthy aging policies in Turkey are more effective in urban centers, but their implementation in rural areas presents notable challenges. This finding aligns with previous studies emphasizing regional disparities in healthcare access (Kılınç and Öztürk, 2019). Moreover, the study highlights that social isolation and economic constraints significantly impact the well-being of elderly individuals, a finding that resonates with international research on aging populations (Marmot, 2005).

However, this study also introduces new concerns that were not fully anticipated at the outset of the research. The lack of geriatric services and coordinated inter-institutional collaboration has emerged as a critical barrier to effective elderly care. While Turkey has made strides in developing elderly care programs, the absence of specialized geriatric healthcare infrastructure suggests a gap in long-term care planning, which requires further investigation.

Additionally, the findings contribute to the ongoing debate in the literature on family-based elderly care versus institutionalized elderly care. In Turkey, elderly individuals are predominantly cared for by family members, which aligns with cultural norms. However, this study reveals that this traditional model may not be sustainable in the long term due to changing family structures and economic pressures. This observation calls for a re-examination of policy frameworks to better balance formal and informal elderly care systems.

Lessons Learned and Future Research Directions

The research underscores the importance of expanding home healthcare services and mobile healthcare units to bridge accessibility gaps for elderly individuals in rural areas.

Findings suggest that public-private partnerships should be further explored to improve the quality and coverage of elderly care services.

The absence of geriatrics as a specialized medical field in Turkey points to an urgent need for developing geriatrics departments in healthcare institutions.

Technology-driven solutions, such as telehealth services, could play a transformative role in overcoming healthcare accessibility challenges for elderly individuals.

There is a need for further policy-driven research that explores how elderly care policies in countries with advanced aging populations (e.g., Japan, Sweden, Canada) can be adapted for Turkey.

These findings reinforce some existing knowledge in the literature while also raising new questions about how Turkey can better adapt its aging policies. This study contributes to the growing body of research on aging populations and provides a foundation for further studies that explore innovative and practical solutions for elderly care.

Policy Recommendations

Based on the findings, the following policy recommendations are proposed:

Improve Access to Healthcare Services in Rural Areas: Expanding mobile healthcare teams would be an important step in ensuring that elderly individuals can access necessary medical care.

Strengthen Social Support Networks: Initiatives should focus on reducing social isolation and encouraging elderly individuals' participation in social life.

Expand Home Care Services: The geographic distribution of home care services should be improved, and more professional caregivers should be trained.

Support Public-Private Partnerships: Encouraging partnerships between the government and private sector would enhance the quality and accessibility of elderly care services.

Develop Awareness Campaigns: Raising awareness about the rights and available healthcare services for elderly individuals will help them better utilize existing resources.

Introduce Geriatric-Specific Healthcare Services: Developing geriatrics as a specialized medical field and expanding geriatric clinics would improve elderly care outcomes.

Integrate Digital Health Solutions: Leveraging telemedicine and mobile health applications can improve accessibility and efficiency in elderly care services.

In conclusion, this study contributes to the understanding of healthy aging policies in Turkey and highlights the need for more inclusive, accessible, and sustainable elderly care solutions. By addressing

these gaps, Turkey can develop a more robust aging policy framework that ensures a higher quality of life for its elderly population.

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