



**ADVANCED AGE AND DISABLED HEALTH TOURISM CONCEPT,
PROBLEMS AND SOLUTION SUGGESTIONS**

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Abstract

Disabled health tourism, which is one of the sub-branches of health tourism, is in the development stage as a sector. The number of people with disability is a considerable amount of in the world and Turkey is substantial degree. The increase in life expectancy at birth increases the elderly population, an increase in the prevalence of chronic diseases and disability. With this increase, there is an increase in the demand for service procurement and the costs to be incurred. In this study, the definition of elderly and disabled tourism in the world and Turkey, the detection of needs by presenting the current situation with demographic and other health indicators, national and discussion of the issue in the presence of international literature and aimed to present proposals for the improvement of elderly and disabled tourism in Turkey. As

a result, disabilities that cannot be cured but lead to a decrease in self-care skills in quality of life and physiological disability with advanced age are also beginning to create a separate burden on health services. To alleviate this burden, the field of health tourism should be developed to support services such as rehabilitation and care.

Keywords: Disabled Health Tourism, Disabled Population, Health Tourism, Elderly Population

Introduction

Health tourism started with travels to mineral and hot water resources in the Neolithic and Bronze Age. Beliefs that some thermal springs in the Middle Ages, especially in Japan relieved people's pain and healed their wounds started to make travel to countries with similar resources attractive. In the sixteenth century, the belief in the youth fountain gained importance, in 1513, the explorer named Ponce de Leon discovered the state of Florida and began to search for the water source that would bring youth to everyone. The wealthy people of the period living in the seventeenth and eighteenth centuries began to travel to other countries to live healthier and to reach the thermal (SPA, Salus Per Aquam, Health/Well-being from Water) and medical services they needed. In the nineteenth century, new infectious diseases such as tuberculosis emerged with the effect of rapid urbanization and industrialization. As a result, people started to go to regions with different climatic conditions to get sea and mountain air and to regain their health (Bilge and Cabi, 2020). Over time, these travels have led to the development of the concept of health tourism, and today it has become one of the alternative tourism types with its economic resource size of 100 billion dollars in the World (Tengilimoğlu, 2017).

The concept of health tourism originated from the definition of "Traveling to health facilities located in touristic areas in different countries, especially with thermal springs and unique natural resources" by the International Association of Official Travel Organizations (1973) a member of the United Nations World Tourism Organization. It generally includes various medical treatment services such as plastic surgery, rehabilitation, and personal care (Lee and Li, 2019; WHO, 2018). The concept of international health tourism 'All kinds of health services and related support services received by real persons who come to our country from abroad for health purposes, who are not citizens of the Republic of Turkey, or who are citizens of the Republic of Turkey and reside abroad state. (Regulation on International Health Tourism and Tourist Health -Clause 4/d). The World Tourism Organization defines health tourism as "Tourism associated with travel to health spas or resort destinations where the primary purpose

is to improve the traveller's physical well-being through a regimen of physical exercise and therapy, dietary control, and medical services relevant to health maintenance."(Hofer et al. 2012). People who benefit from health tourism services are named 'health tourists'. Health tourism services are generally presented under 3 subtitles according to national and international sources (Health Tourism and Tourist Health Application Guide, 2011):

- Medical Tourism
- Thermal (Hot Spring and Spa & Wellness) Tourism
- Advanced Age and Disabled Tourism

Medical tourism is a type of tourism that consisted as a result of people travelling to a different country from their own country to benefit from the planned treatment practices carried out by physicians in 2nd and 3rd level health institutions and organizations for tourists with a certain disease (Advanced treatments- Cardiovascular Surgery, Radiotherapy, Transplantation, Infertility – IVF Applications, Aesthetic Surgery, Eye, Dental, Dialysis Treatments, etc.) (Health Tourism and Tourist Health Application Guide, 2011, OECD Medical Tourism, Akbolat and Deniz, 2017). Thermal tourism, together with the environmental and climate factors in the place where geothermal waters containing various minerals and above 20 degrees temperature, is a type of tourism that is provided with practices such as physical therapy, rehabilitation, exercise, psychotherapy, diet within the supervision and programming of the physician to provide opportunities to improve human health and consists of more than one rehabilitative health services activities (Dalkiran, 2017). SPA tourism is the tourism service provided by institutions that serve to increase general health with various professional services that help renew the mind, body, and spiritual. Wellness tourism, defined as activity, is a tourism that aims to improve and balance all the basic areas of human life, including physical, mental, emotional, professional, intellectual and spiritual (World Tourism Organization (UNWTO) and European Travel Commission (ETC), 2018).

Advanced Age and Disabled Tourism

Advanced Age Tourism is the practice performed by certified personnel who have been trained in Clinical Guesthouses- Geriatric Treatment Centers- Nursing Homes to protect, rehabilitate, and improving the health of elderly people in need of care, usually through tourism agencies. Disabled tourism, on the other hand, is defined as the types of tourism offered to provide

preventive, curative, and rehabilitative health services to reduce the disability of disabled individuals or to integrate them into society (Bozça et, al 2017, Health Tourism and Tourist Health Application Guide,2011).

Health tourism is a type of tourism that requires technical equipment and labor force and the health institution providing the service must provide services by international standards. In the health institution providing services in this type of tourism, there must be personnel who know the common foreign language. In addition, institutions that will serve in this sector are required to carry out promotional and marketing activities in different languages with state support for the selected target market. It is one of the important factors to choose insurance and health institutions that support patients to receive service abroad as a target in introductions (Altın et., al 2012). Health tourism attraction of the countries which the US, Turkey, India, Malaysia, Cuba, Singapore, Thailand, South Korea, Hungary, Brazil, Argentina, South Africa, Mexico, Greece, Germany, France, Italy, Poland, Spain and the United Arab Emirates (Bozça et., al 2017). The World Tourism Organization and the European Travel Commission have recommended that studies be carried out to enable people with disabilities to act healthily and safely in health tourism as part of the health tourism strategy (World Tourism Organization (UNWTO) and European Travel Commission (ETC), 2018).

This study in the world and in Turkey, defining the advanced age and disabled tourism, determination of the need by presenting the current situation with demographic and other health indicators, aimed national and international literature discussion of the issue in the presence of and for solutions submission.

1. Disability Concept

The main term used for disability, inability, activity limitations, and participation restrictions, referring to the negativities between the individual (with any health condition) and contextual factors (environmental and personal factors) related to that individual (World Disability Report,2011).

When we examine the concept of disability, we come across more than one definition. The disabled definition made by the Turkish Language Institution is defined as ' have a disability, have a lacking in their body or have a defect'. In-Law No. 5378 on the Disabled, published in 2005, the concept of disability refers to "Individuals affected by attitudes and environmental conditions that restrict their full and effective participation in society on equal terms with

other individuals due to various levels of loss in their physical, mental, spiritual and sensory abilities." (Law on the Disabled, 2005, Clause 3/1-c). United Nations (UN) person with disabilities; it is defined as "as a result of a hereditary or later deficiency in his physical or mental abilities those who cannot do things that a normal person should do to on one's own his personal or social life " (Koca,2010).

It is the science of public health that covers the social and political fields and develops studies on the aim of improving health, increasing the life expectancy and quality of the whole population through disease prevention and other health interventions (Health Promotion and Promotion Glossary,2011). As a result of epidemiological and demographic factors, the number of disabled individuals is increasing due to diseases that develop as a result of both biological and physiological health problems due to the aging of the population and the increase of chronic diseases. WHO has defined the problems faced by people with disabilities when trying to access healthcare services as follows (WHO, Disability and Health,2020):

- **Costs preventing access to services:** Health services and transportation expenses are not covered, which is one of the main reasons why people with disabilities cannot get the healthcare they need in low-income countries. More than half of the person disabled do not receive health care compared to approximately one - third of those without disabilities.
- **Limited service availability:** There are also deficiencies in terms of limited resources in the services that disabled people should receive. Many studies reveal that people with disabilities have an unmet amount of health services, especially in areas far from city centers, due to the lack of services.
- **Physical disabilities:** Access and transportation problems to buildings (hospitals, health centers), inaccessible medical equipment, lack of markings, narrow doors, internal steps, inadequate washbasin, bathroom arrangements, and barriers to basic vital needs such as inaccessible parking areas make it difficult to access health facilities. Women with movement difficulties generally cannot benefit from breast and cervical cancer screening services. Because the height of the examination tables cannot be adjusted and the mammography equipment is in ergonomics that can only be used by standing women. Ergonomic problems should be resolved for disabled individuals to benefit from these services.

- **Insufficient knowledge and skills of health professionals:** Disabled people provide feedback on the problems they encounter. When the probability of reporting these adversities they encountered was examined, it was observed that the healthcare personnel who were exercising the treatment were double as likely to report that their skills were insufficient to meet their needs, four times more likely to report that they were exposed to bad behavior and three times more likely to report that the treatment was not accepted.

The United Nations (UN) first mentioned the issue of disability in the Universal Declaration of Human Rights published in 1948 within the scope of the principle of "Equality for All". The Americans with Disabilities Act of 1990 in the USA and the Disability Discrimination Act of 1995 in the UK were enacted. With these laws, important developments have started especially in the tourism sector. Obligations have been imposed for unimpeded access to services such as the use of bookmarks in hotel businesses. The England law also acknowledged that service providers must provide the physically necessary conditions to accommodate disabled people (Tengilimoğlu,2017). In Turkey in 2005 *'Encouraging and ensuring the enjoyment of fundamental rights and freedoms by persons with disabilities and strengthening the respect for their innate dignity, ensuring their full and effective participation on an equal basis with other individuals in social life and making the necessary arrangements to take measures to prevent disability.'* order 5378 The 'Law on the Disabled' has been published (Law on the Disabled, 2005). In June 2019, the UN Disability Inclusion Strategy (UNDIS) was launched by the UN Secretary-General to promote sustainable and transformative progress in the inclusion of disability among all employees of the United Nations. This strategy aims to ensure that the many aspects of disability are included in all the work of UN agencies consistently and systematically (WHO, Disability and Health,2020). The social and economic conditions of persons with disabilities and their families are at a worse level compared to persons without disabilities and their households, and in many countries with disabilities and their families need additional financial resources to reach the standard of living of non-disabled individuals. Often they have to spend out-of-pocket because these resources are not available. These costs include access to healthcare, access to assistive devices, access to more expensive means of transport, heating costs, laundry, special needs, special diets, or services for personal assistance. In recent years, studies have been carried out to calculate the additional costs brought about by disability. According to these studies, although the additional costs vary by country it has been reported

to have a rate of, between 11% and 69% of the income in the UK, between 29% and 37% depending on the severity of the disability in Australia, in Ireland, it is between 20% and 37% of the weekly income depending on the severity and duration of the disability, 9% in Vietnam and 14% in Bosnia Herzegovina (World Disability Report, 2011).

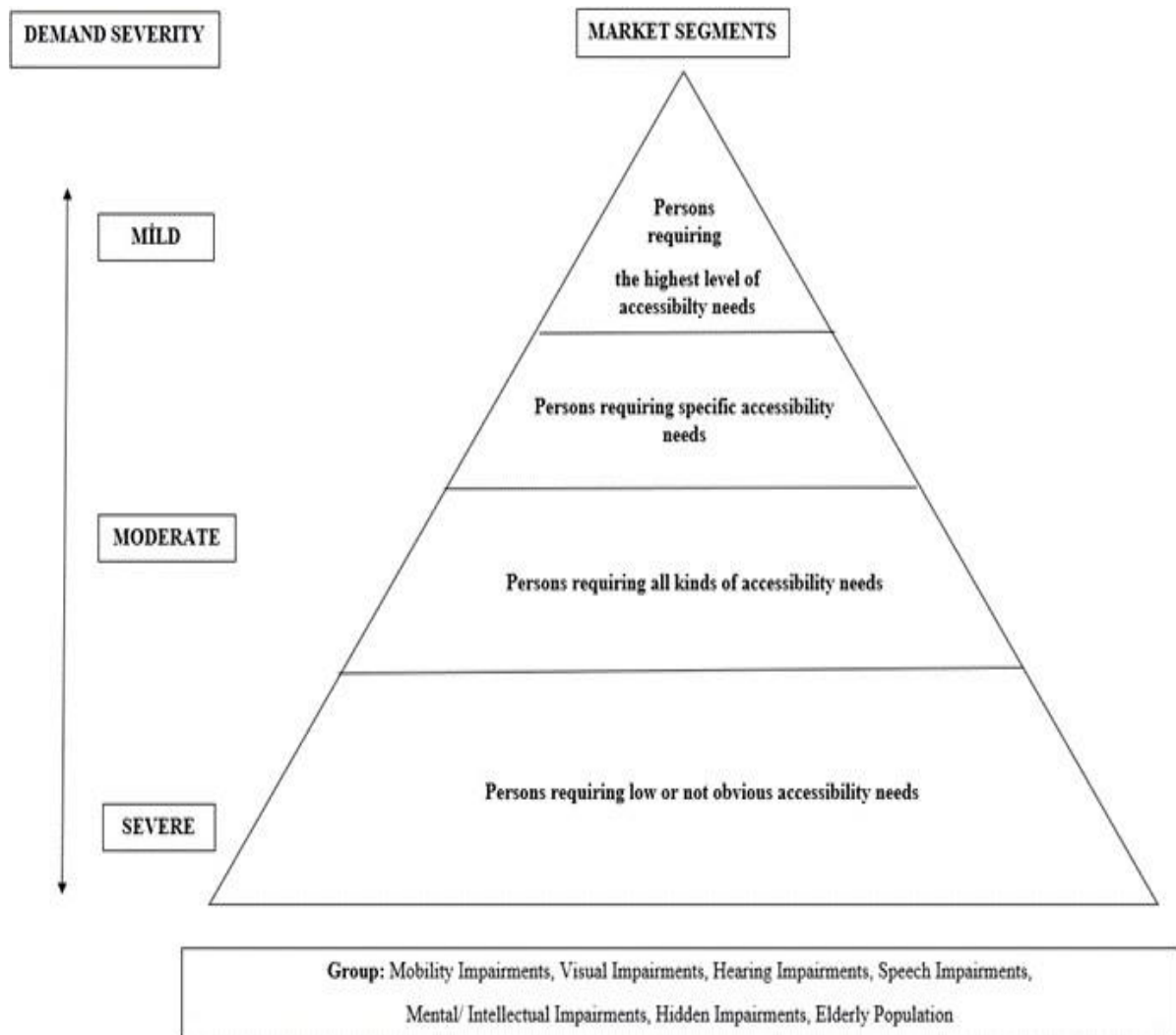


Figure 1: Pyramid of demand types: the continuum of abilities (Source: Buhalis and Darcy, 2011)

Represents a combination of challenges and opportunities in the travel and tourism industry for individuals with all kinds of needs. Serving these market segments requires considerable effort as different needs must be met.

According to the access needs, there should be severe-medium-mild inclusive demand types in different market segments of the disabled and elderly population. Therefore, the need for inclusive design on the one hand good market segmentation on the other guides organizations to provide adequate tourism products and services to these groups. Separate the market into different groups of people with similar needs and wants can allow tourism planners and managers to understand what matters to consumers and create unique product offerings. By targeting these groups, competitive advantage can be achieved through differentiation. In addition, the creation of well-defined demand types has significant implications for the marketing and positioning of destinations and organizations. The higher the access needs, the more attention should be paid to certain accessibility criteria. For this reason, expert personnel with detailed knowledge and skills about the problems of individuals with the greatest need for access (movement, visual, auditory, speech, mental, unknown disorders, and advanced age) can provide better service. People with moderate needs, for example, many people with a temporary disability, such as a broken limb, generally do not need special services and buy tourism services that include people without disabilities. In addition, low-grade disabled individuals are hesitant to use facilities that would stigmatize them. In such cases, tourism providers need to increase their legal and social responsibility and accelerate their efforts to adapt their services to all types and levels of disability (Buhalis and Darcy, 2011).

2. Disabled Population in the World and Turkey

According to WHO, 15% of the world's population has a disability. It is thought that this number will gradually increase with the aging of the population and the increase in the prevalence of chronic diseases (WHO, International Day of Persons with Disabilities 2020). It is thought that in 2030, of the 8.2 billion population in the world, 1 billion will be 65 and over, more than 2 billion will be chronic illness, more than 2 billion will be obese (Tontuş, 2016). When analyzed by gender of the number of registered people with disabilities National Disability Data System in Turkey; 1,425,667 are men, 1,109,566 are women (This number does not include individuals who have not to authorized hospitals to obtain a Disability Health Board Report and who have not contacted the state hospitals for service). The number of people with extremely disabilities is 764,271 according to statistics (Disability and Elderly Statistics Bulletin-October 2020).

In European countries, the number of disabled individuals has a significant share of the total population. When the percentage of persons with disabilities in the population of the country is examined, among the top five countries in 2016, Finland (32.2%), England (27.2%), Netherlands (25.4%), France (24.6%), and Estonia (23.7%) (Tablo 1). When considered in terms of health tourism, the right and need of persons with disabilities to travel, have fun, and be treated constitute a potential market.

Table 1: Total population, disability population rates, and disability numbers of european union member countries (2016)

Country	Population	Disability Rate (%)	Number of Disability
England	65.092.000	27.2	17.705.024
France	64.346.720	24.6	15.829.293
Germany	81.132.000	11.2	9.086.784
Poland	38.478.001	11.7	4.501.926
Netherlands	16.942.373	25.4	4.303.362
Spain	46.368.000	8.7	4.034.016
Italy	62.466.780	6.6	4.122.807
Czech Republic	10.551.227	20.2	2.131.347
Portugal	10.349.000	19.9	2.059.451
Belgium	11.211.064	18.4	2.062.835
Sweden	9.804.792	19.9	1.951.153
Finland	5.476.031	32.2	1.763.281
Romania	19.838.662	5.8	1.150.642
Greece	11.520.785	10.3	1.186.640
Hungary	9.835.030	11.4	1.121.193
Denmark	5.676.025	19.9	1.129.528
Austria	8.615.955	12.8	1.102.842
Ireland	4.630.308	11	509.333
Slovenia	2.064.000	19.5	402.480
Estonia	1.310.504	23.7	310.589
Lithuania	2.911.203	8.4	244.541
Bulgaria	7.181.000	3.3	236.973
Latvia	1.978.454	5	98.922
Cyprus	862.000	12.2	105.164
Luxembourg	569.202	11.7	66.596
Malta	431.486	8.5	36.676

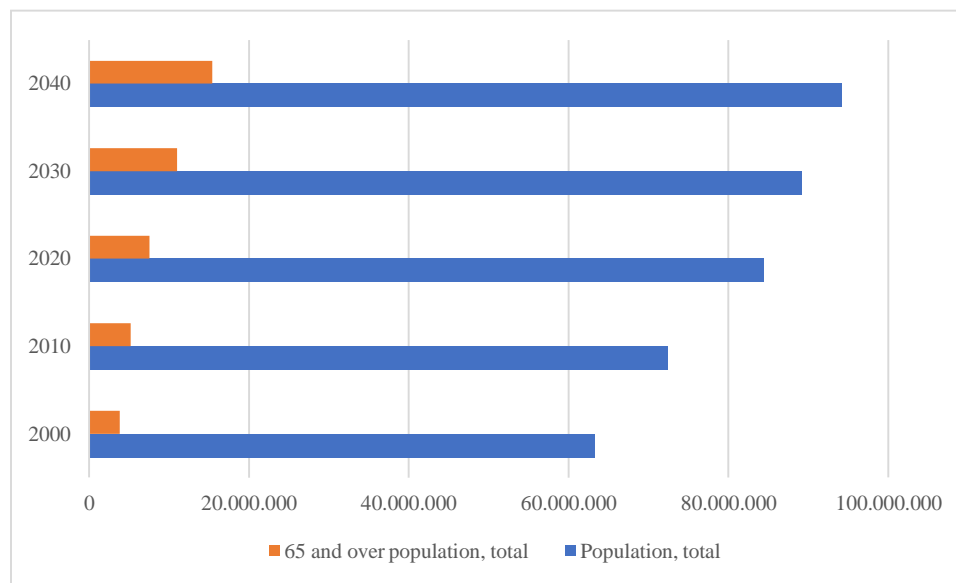
(Source: Tengilimoğlu, 2017)

Although the individual does not experience physical, psychological, and social disability due to any health problem throughout his life, he necessarily experiences temporary or permanent functional losses with advanced age, changes in biological, physiological, and consequently disability. Nowadays, more than 1

billion people (about 15% of the world's population) are living with some kind of disability, according to the Who's publication on January 1, 2020. 190 million individuals elderly fifteen and over (3.8% of the world's population) experience functional loss and significant difficulties and generally need health services (WHO, Disability and Health 2020). Disabled individuals need general health services, as well as general health and care services that non-disabled individuals receive. According to article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD), the right of persons with disabilities to reach the highest standard of health care without discrimination is emphasized. However, very few countries can provide sufficient quality services for disabled people. There is an urgent need to expand treatment and care services for the disabled in primary health care services, especially in rehabilitation and intervention activities at the tertiary protection level. In addition, very few countries can collect data to determine the need for health service delivery according to the type of disability (WHO, Disability and Health,2020).

In a study conducted in England in 2009, it was determined that 12% of those engaged in local tourism (at least 1-night stay outside the home) were disabled or people with a long-term health problem. In a study conducted in the USA, it was determined that people with disabilities with mobility restrictions have to spend an average of 13.6 billion dollars per year to travel (Tontuş, 2016).

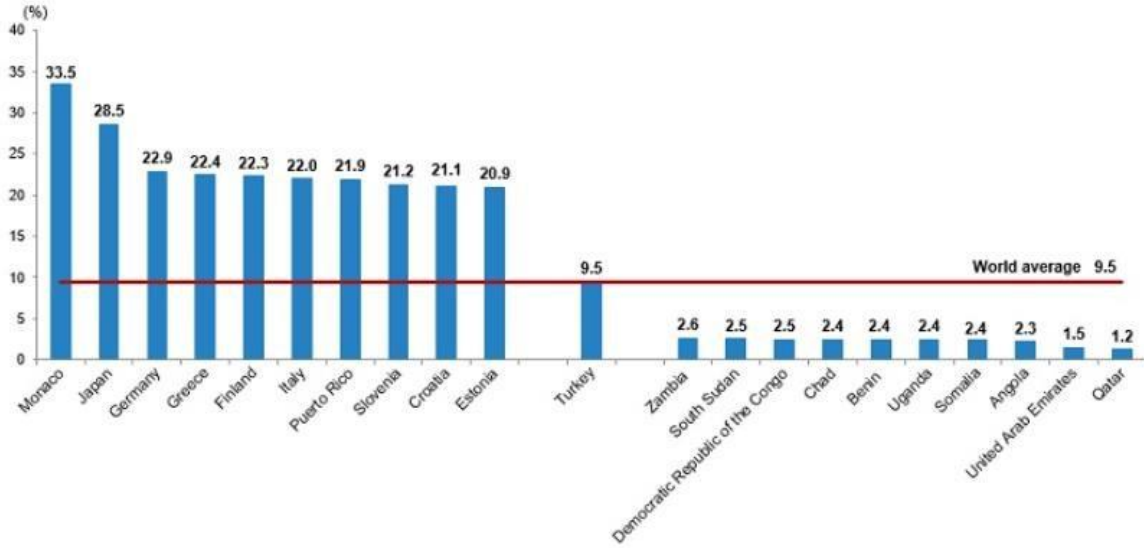
According to Graphic 1, it is seen that the ratio of the population aged 65 and over to the total population in the world will increase rapidly between 2000-2040.



Graphic 1: The share of the population elderly 65 and over in the total population in the world, 2000-2040. **Source:** Compiled by authors using data from The World Bank The World Bank- Share of the population aged 65 and over in the total population.

Considering the chronic diseases that will increase due to the rapidly aging world population, the number of population that will need care will increase at the same rate. In this increase, there is an urgent need for studies that project the chronic, nano-degenerative diseases that different middle age groups may encounter in advanced ages and the types of disabilities they may experience. Keeping up with this rapid increase, it will be necessary to focus on the planning of health tourism for the disabled and the medical and care services that can be provided. Nowadays, while 1 in 10 people in the world is over the age of 60, it is estimated that 1 out of every 5 people will be over the age of 60 by 2050. (Help Page International- Global Ageing Statistics). TUIK According to population projections, the ratio of the elderly population in Turkey, in the year 2060 and 22.6%, in the year 2080 is expected to be 25.6% (TUIK, Elderly Statistics,2018). In addition, considering the disability types of disabled individuals, their level of access to health, care and other services, making population projections within 40-50 age groups will be useful in determining the needs of elderly and disabled individuals in the future and creating social policies.

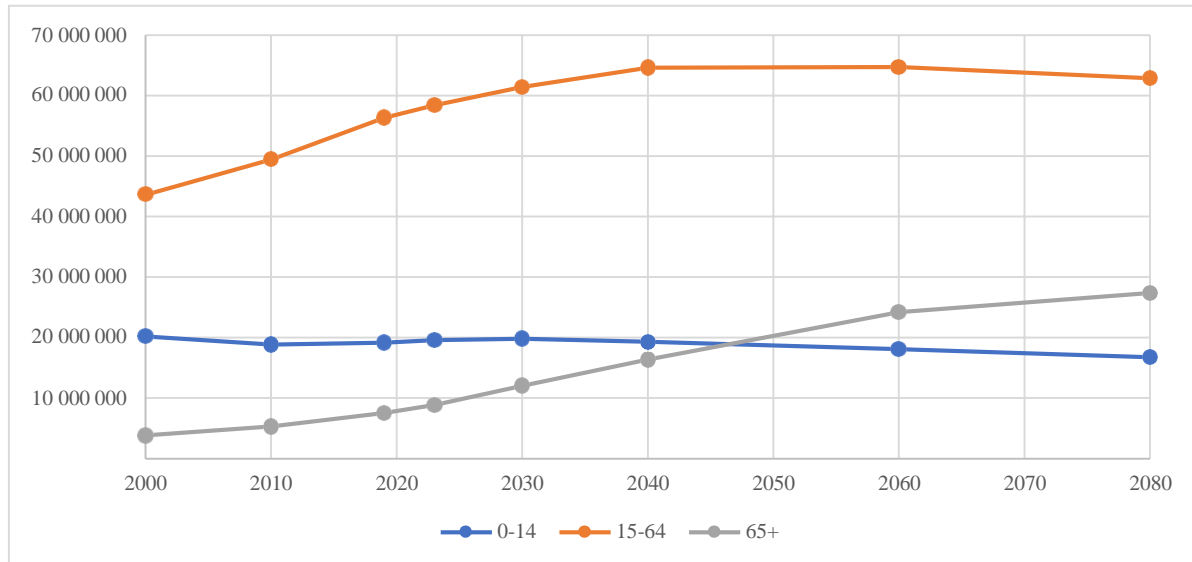
According to Graphic 2, it is seen that the top 3 countries respectively with the highest rate of the elderly population in 2020 are Monaco, Japan and Germany. The world advanced age population ratio is 9.5 and Turkey reached this limit. Turkey ranks 66 among 167 countries in this ranking (TUIK March 2021 News Bulletin).



Graphic 2: The first 10 countries with the highest and lowest proportion of elderly population, 2020.

Source: TUIK March 2021 News Bulletin.

According to Graphic 3 'e, when it comes to 2080, it is predicted that the population aged 65 and over will exceed the population aged 0-14 in Turkey. With the decrease in the young population and the increase in the elderly population, the service sector will have to change in a way that will meet the physical, social and psychological needs of the elderly and disabled individuals within the framework of these conditions.



Graphic 3: The proportion of population by age group in Turkey, 2000-2080. **Source:** TUIK, Compiled by the authors using data from the March 2020 News Bulletin.

An increase in the elderly population means an increase in health and social care needs in societies (World Tourism Organization (UNWTO) and European Travel Commission (ETC), 2018). The dependent elderly population ratio refers to the number of elderly people per 100 persons of working age. While this rate was 11.8% in 2014, it increased to 12.9% in 2018. According to population projections, it is estimated that the dependent elderly ratio will be 15.2% in 2023, 19.6% in 2030, 25.3% in 2040, 37.5% in 2060 and 43.6% in 2080 (TUIK, Elderly Statistics, 2018). The aging of the population, especially the demand for health services necessary to meet long-term treatment and care needs, is also increasing. In most OECD countries, there were 47 beds per 1,000 people elderly 65 and over in 2017. Less than 20 beds per 1000 adults aged 65 and over in Italy, Latvia, Poland, Turkey and Greece, and more than 70 beds per 1000 adults aged 65 and over in Luxembourg, the Netherlands, Belgium, and Sweden capacity has been reported. Between 2007 and 2017, OECD countries reduced the number of long-term care beds in facilities by 3.4 beds per 1000 people elderly 65 and over. It is thought that the difference that has occurred over the decade is due to epidemiological and demographic changes in countries and changes in health social policies (Health at a Glance 2019: OECD Indicators).

The COVID-19 epidemic, which has affected the world today, causes many problems for

individuals with disabilities. Disabled individuals who receive rehabilitation services have discontinued their treatment due to the risk of disease transmission. In addition, non-disabled individuals caught with COVID-19 caused an increase in the demands for rehabilitation services due to their long inpatient treatment. The World Health Organization, in its briefing report on the situation of people with disabilities in the COVID 19 outbreak, stated that it caused serious disruptions to existing rehabilitation services in 60-70% of countries worldwide (WHO, Disabilities in the COVID - 19 outbreak 2020). Globally, it is estimated that 2.4 billion people currently suffer from a health problem that cannot benefit from rehabilitation services. In addition, it is estimated that the need for rehabilitation services in the world will increase as a result of changes in the health of the population and social determinants. As people live longer, chronic diseases and disabilities occur more frequently. It is thought that any person may need rehabilitation services at some point in their life with the loss of physiological, mental, and social function in the post-illness period or with advanced age. Situations that require some rehabilitation service (WHO, Rehabilitation,2020);

- Exercises to improve the speech, language and communication of a person with a brain injury,
- Changes to the home environment to improve an older person's safety and independence at home and reduce the risk of falling,
- Exercise training to promote healthy living for a person with heart disease,
- Support and training the individual to use a prosthesis after leg amputation,
- Positioning and splinting techniques to help skin heal, reduce swelling, and then regain movement to functional tissues and organs in burn surgery,
- Providing different humane treatment care rehabilitation supports such as horse assisted therapy to reduce muscle stiffness in a child with cerebral palsy,
- Providing psychological support to a person diagnosed with depression,
- Training to use a white cane for a person with vision loss.

Rehabilitation services are not just a need for long-term treatment and care for people with physical disabilities. Rehabilitation is the primary health care service for individuals with acute or chronic health problems, dysfunction, or injuries that limit functioning. It should be noted that this service should be made accessible to everyone who needs it (WHO, Rehabilitation,2020).

3. Studies Conducted for the Individuals with Disabilities in Turkey

Multiple organizations are available for people with disabilities in Turkey. There are many associations and organizations such as the Confederation of the Disabled, Turkey Federation of the Blind, Turkey Cripples Association, Barrier-Free, and Happy Living Association, Accessible Access Association, Disabled Women's Association, Disabled Child Rights Network, Association for the Visually Impaired in Education, Altınokta Association of the Blind. The General Directorate of Disabled and Elderly Services, under the Ministry of Family, Labor, and Social Services, was established in 2011 as the General Directorate of Services for the Disabled and the Elderly, and in 2013 it took its current name. In Istanbul Metropolitan Municipality, there is a Directorate for the Disabled under the Social Services Department.

A treatment plan has been created within the scope of the Ministry of Health's Circular No. 2011/20 on Patient Transport Service, and individuals who are determined to receive outpatient treatment are transported from their homes to health institutions by an accessible means of transportation in order not to interrupt their treatment. According to the Circular No. 2010/79 on the Provision of Health Services for Disabled Persons, open and closed areas of hospitals should be accessible to persons with disabilities, providing parking spaces and assistance for people with disabilities, employment of a sign language interpreter, facilitating the transfer of disabled patients to another hospital and It was emphasized that transformations must be done that will facilitate the lives of disabled individuals, such as training in certain periods for the personnel working in the institution. In addition, the Ministry of Health's Priority Order Circular No. 2010 / 73-80 for Outpatient Clinic Services includes giving priority to individuals with disabilities in outpatient services. The General Directorate of Treatment Services established "Social Service Units" in 2011 to provide psycho-social activities planned by social workers for disabled individuals and their families receiving services from health institutions, guidance and counselling on services, home visits, informing families about disability, etc. issued a Circular on the Implementation of Medical Social Services for regulations on the dissemination and development of social service interventions. (UNCRPD- Turkey Disability Report, 2018). With the publication of the Regulation on the Provision of Home Health Care Services by the Ministry of Health and its Affiliates in 2015, examination, analysis, treatment, medical care and rehabilitation services for individuals in need will be provided in the home environment. In addition, it is aimed to establish home health services to be provided through the Ministry and its affiliates to provide social and psychological support services, to ensure coordination between referral institutions, and to ensure

that these services are implemented in an equal, accessible, quality, effective and efficient manner (Regulation on the Provision of Home Health Care Services by the Ministry of Health and Its Affiliates, 2015).

The Presidency has declared 2020 as the "Year of Accessibility" in our country. The aim is to ensure that the work of existing institutions and organizations within the scope of accessibility studies is carried out in a planned, programmed, standards-compliant manner, and to create a culture of accessibility by ensuring physical, digital, and mental transformation (Labour And Social Services General Directorate Of Services For Persons With Disabilities And The Elderly, Clause 2020/1).

4. Online Information Access for Persons with Disabilities

Nowadays, the internet mediates the purchase of most services. In this context, disabled individuals face problems in accessing online information. In order to improve the access of people with disabilities to websites, it is necessary to work on determining website design criteria (for example, text alternatives, the content presented in different ways, compatibility with assistive technologies and navigation, etc.). Disabled Persons Federation and Barrier-Free Living Association in Turkey on the website, disabled individuals have created the Accessibility menu in order to use the website more comfortable and grow here text size, and contrast adjustment, dyslexia friendly and so on with the help of buttons, the site has been made more useful for disabled individuals. Raymaker et al. (2019), it has been seen that the currently used websites are intended for individuals without disabilities, not suitable for use by autistic individuals, and studies on this subject are mostly new. It is also thought that it would be beneficial to create a website to improve access to health services for autistic adults.

5. Discussion

This work with a description of the elderly and impaired health tourism in the world and Turkey demographic and other health indicators and discuss with the national and international literature, current situation and Turkey aimed to present proposals for the improvement of elderly and disabled tourism. According to the literature, the number of disabled individuals in the world is more than 1 billion. According to the January 2021 report of the Disabled and Elderly Statistics Bulletin published by the General Directorate of Disabled and Elderly Services of the Ministry of

Family, Labor and Social Services, the number of individuals with disabilities is 2,511,950 and the number of individuals with severe disabilities is 775,012. However, the number of elderly people in the world for the year 2020 is 729,887,660. In Turkey, this number is 7.953.55 constitutes older individuals 9,5'n% of the population in Turkey (TUIK, March News Bulletin 2021).

Every society should prepare their populations for the chronic diseases and disabilities they may encounter by making population projections at earlier ages without waiting for their population to be 65 years or older. The population is elderly 50 and over in Turkey in social, economic monitoring in terms of health indicators, the providing of the population of active and healthy aging, will ensure reduction in disability results of that may be encountered in later years and prevented.

According to the literature examined in the study, there is a lack of studies and resources related to health tourism with disabilities. Within the scope of disabled tourism (accessible tourism), tourism companies carry out various studies. However, there is a shortage of resources related to elderly and disabled health tourism, which is within the scope of health tourism. In this regard, Bauer (2018) stated in her study that priority should be given to the field of travel medicine because there are not enough studies in this field. Problems, needs, and solutions in health tourism for the disabled should be addressed quickly. Because the number of disabled individuals is increasing rapidly. However, it is thought that people with disabilities avoid travelling due to health conditions. (Bauer,2018). Rowinski et al.'s (2017) research supports Bauer (2018) research. The health status of elderly people deteriorates with aging and their addiction levels increase. In addition, disabled individuals engage in fewer activities than non-disabled individuals. In a study conducted in Poland, it was observed that elderly individuals prefer to spend their holidays in a garden or stay in a house. It has been determined that the reasons for this preference are generally due to health conditions (Rowinski et., al 2017). In the World disability report published in 2011, it was observed that the number of disabled women is higher than the number of disabled men. Disabled people do not have enough information about the places they will receive service. In addition, they experience difficulties when leaving their living environment or travelling because they are worried about transportation problems. Bergier et al. (2011) research result also reveals this problem. It has been determined that in the disabled population, men have insufficient information and face more obstacles in getting help than women, and women have more transportation problems. Considering these details, these problems experienced by persons with disabilities should be taken into account to protect and improve the health of persons with disabilities.

Facilitating factors that remove barriers should be taken into account in the planning and delivery of promotional and marketing activities and transportation services, especially for disabled health tourism. Vila et al. (2018) reported that facilitating access to online information while meeting the rehabilitation services needs of individuals with disabilities and their relatives is an important factor for higher benefits from this service.

Disabled people have to pay a certain cost to solve their daily functional problems. Since the services they claim and receive are a service that requires special expertise, they require more payment than the services that non-disabled individuals receive. One of the most important problems is that the areas where they can socialize are limited. The most basic need of individuals who want to receive services within the scope of disability health tourism, which is their desire to receive service, also significantly affects negatively.

According to the literature, the most important factors determining the participation of people with disabilities in tourism are price, friend group and doctor's recommendation (Bergier et., al ,2010). Kubinska et al. (2013) found that people with disabilities want to stay in the spa, which provides more rehabilitation services, and are interested in activities and trips that may be continuous. Mrcela et al. (2015) according to the results of the study, elderly people with disabilities need health tourism more than the young population due to the fact that the population elderly 65 and over has more than one chronic disease and their functional inadequacies. Especially the demands of elderly and disabled individuals for health tourism activities are affected by climatic conditions, geographical location, and the existence of regional natural resources.

6. Conclusion and Recommendations

During the literature review, it was observed that up-to-date data were not available. Up-to-date and unclear population information on the number of people with disabilities is an obstacle to working in this area. Nowadays, more than 1 billion people (about 15% of the world's population) live with some form of disability. While the proportion of the dependent elderly population was 11.8% in 2014, it increased to 12.9% in 2018. According to population projections, the rate of dependent advanced age is estimated to be 15.2% in 2023, 19.6% in 2030, 25.3% in 2040, 37.5% in 2060 and 43.6% in 2080. When it comes to 2080, it is predicted that the population aged 65 and over will exceed the population aged 0-14 in Turkey. Increasing the number of elderly and disabled people with each passing year, health services, education, travel, vacation, etc. it significantly affects the

increase in the demand for service procurement. In order to ensure the adaptation of these individuals to social life and the provision of adequate, attentive, and quality services that increase the quality of life, states should plan studies for the rapid implementation of these issues by developing a program. In case of need, the inability to receive the service as a result of high costs and disruptions in transportation will cause the individual to be adversely affected psychologically and sociologically. Cost, transportation problems, etc. in health service procurement the issue of not being able to access the service due to issues should be minimized. Many individuals with disabilities and their families who are concerned about the cost burden hesitate to receive health services. For these individuals, the share of out-of-pocket payments should be reduced, and private health insurance system authorities should step in and develop a system to reduce the burden on this issue. Transport areas should be organized and developed. In order for disabled and elderly individuals to travel alone, assistants can be created to accompany people according to their disability levels. Travel brochures can be prepared according to the types of disabilities in order to inform people with disabilities. Studies in this area should be developed and worked on. The COVID-19 epidemic, which has affected the world today, causes many problems for individuals with disabilities. Disabled individuals who receive rehabilitation services have discontinued their treatment due to the risk of disease transmission. The development of a disabled individual, who cannot receive rehabilitation services, has entered a regression period in the treatment process she has received so far, and creates a burden in terms of both time and cost. It has been realized how important it is to increase the number of institutions and personnel providing rehabilitation services during this epidemic process. In addition, such epidemics, etc. in such cases, it is necessary to put applications such as subtitles and sign language in television programs and increase the number of these applications to be aware of the problems experienced in their countries. In order to inform individuals with intellectual disabilities and cognitive impairments, it will be beneficial to provide news flow in public areas in a format accessible to these people and to create resources prepared in the Braille alphabet for visually impaired individuals. The state can prepare a support program for caregiver support in case family members are responsible for the care of disabled individuals to become ill. In addition, special nursing homes for disabled individuals can be established to eliminate the worry that family members will be alone when something happens to them. Training can be organized for personnel working in all healthcare institutions and organizations.

In this regard, most staff do not know how to behave when encountering a disabled person. In

addition, only the training of those working in the health sector will not be sufficient. The inclusion of the public in education on this subject will facilitate the integration of individuals with disabilities into social life. For disabled individuals, a system that informs aloud which bus is the bus coming to the stops should be switched to. A marking system should be established on the floor so that visually impaired individuals can easily find the doors and seating places inside the buses. In the food and beverage sector, it should be obligatory to use the Braille alphabet on the packaging. Rarely, there are menus in Braille alphabet in some restaurants and cafes, but additional studies should be planned for this to become widespread. Most importantly, the system in which the visually impaired people find their way with the markings on the walking paths on the hospital and on the road must be urgently compulsory. Ramps and elevators should be brought to a sufficient level in health institutions for individuals with physical disabilities and elderly people. Many applications that can be done like these will facilitate the lives of elderly and disabled individuals and ensure their participation in life more.

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