

İZMİR METROPOLITAN MUNICIPALITY ELDERLY İZMİR ACTION PLAN



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ELDERLY

İZMİR ACTION PLAN

Work Team Coordinator

Pınar OKYAY

Work Team

Ahmet Soner EMRE, Ali SABUKTAY, Aliye MANDIRACIOĞLU,
Arzu ÜTAŞ, Atilla AYRAL, Aykut KILIÇ, Banu ERDAL,
Cihangir ÇETİNTAŞ, Ekrem Ersin CESUR, Ela HIZLI, Elif AYDIN,
Emine AKTAŞ, Gülnur KELÇE, Hatice ŞİMŞEK KESKİN,
Hülya ABAY, Hüseyin CAN, Işıl ERGİN, İbrahim PADIR,
Mehmet Anıl KAÇAR, Mert KAYA, Mevlüt ÜLGEN,
Mustafa VATANSEVER, Nihat MERMER, Nil TEKİN,
Nurgül KOCAKOÇ, Nuri Seha YÜKSEL,
Reyhan UÇKU, Sevnaz ŞAHİN, Şevket PERÇİN,
Tufan Fırat GÖKSEL, Tuğrul BALATAÇI,
Ürün PERÇİN BOYACIOĞLU, Yavuz UÇAR, Zeynep ALTIN

Contributing Associations and Organizations

Aegean Geriatrics Association
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Turkish Psychologists Association İzmir Branch

Redaction

Erkan ÇINAR

Graphic Design and Application

Betül ÇEÇEN
Sinem ERMİŞ

Translators

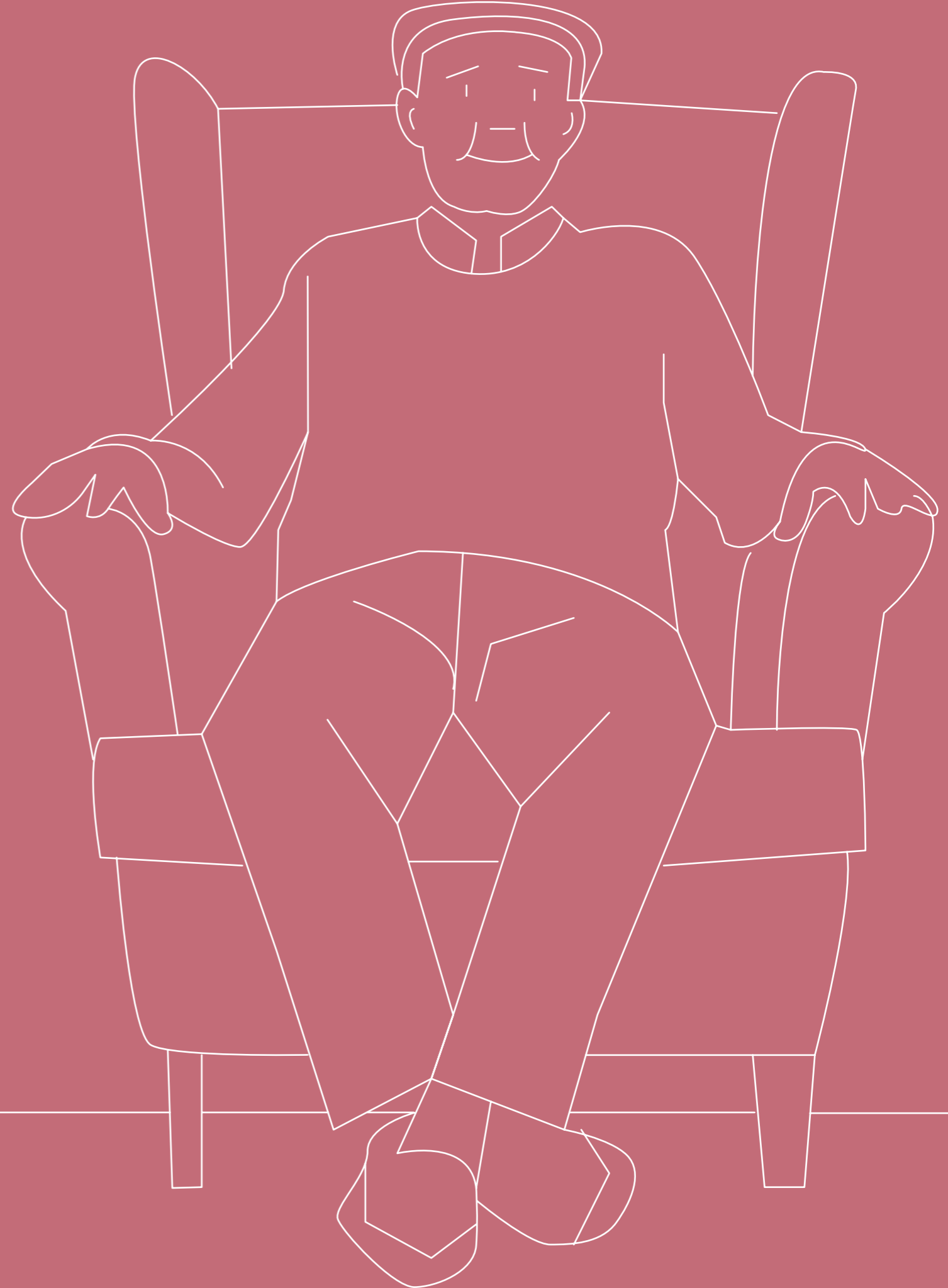
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MAYOR'S FOREWORD

We now live in a world where the elderly population is rapidly increasing. Advances in health, rising living standards and welfare levels, and decreasing fertility rates are increasing life expectancy and, inevitably, the average age of the population..

According to the United Nations Population Fund (UNFPA) State of the World Population Report for 2024, the proportion of people over the age of 65 in the world was 5.5 in 1974, and it almost doubled to 10.3 percent in 2024. This number is expected to double to 20.7 percent in 2074, while the number of people aged 80 and over is expected to triple. While the proportion of elderly people is quite high, especially in some parts of Europe, North America and Asia, countries that were considered to have an advantage due to their young population just 20 years ago are also experiencing a rapid aging process. One of these countries is Türkiye.

When we examine the change in the population of Türkiye in the last 50 years, although the total population has increased threefold, the elderly population has increased almost tenfold. Population projections by TURKSTAT (Turkish Statistical Institute) show that Türkiye has become one of the fastest aging countries in the world.

All these data show that the assumption that "Türkiye is a young country" is completely invalid. However, public policies in Türkiye lack suggestions that foresee the consequences of this great demographic transformation and respond to the increasing needs of the elderly population.

In this context, İzmir is of particular importance. İzmir is the sixth oldest metropolitan city in Türkiye. İzmir comes after Balıkesir, Rize, Aydın, Muğla and Samsun. However, beyond the metropolitan definition determined by legal criteria, İzmir is the city with the largest elderly population in total. As of the end of 2023, 4 million 479 thousand 525 people live in İzmir. The rate of elderly people living in the city is 12.8 percent. According to this rate, the population aged 65 and over in İzmir has reached 573 thousand 856.

City of İzmir Population Projection (2022-2050) study published by İzmir Development Agency last month predicts that the number of deaths in the city will exceed the number of births by 2030. According to this study, which includes important findings, the rate of the elderly population over the age of 65, which is currently 12.8 percent, is expected to be 15 percent in 2030, 20 percent in 2042, and 23 percent in 2050. Therefore, the development of public policies aimed at the elderly population is of even greater importance for İzmir.

The Elderly Action Plan, prepared in cooperation with the relevant units of İzmir Metropolitan Municipality stakeholders in İzmir, provides a conceptual framework to determine the principles and content of Türkiye's short- and long-term aging policies and reveals the steps we will take to meet the different needs of our elderly citizens living in İzmir in the coming period.

The social, cultural and economic inequalities that have deepened in Türkiye over the past twenty years also have significant effects on the aging process. Today, the elderly living in Türkiye are surrounded by deep inequalities in terms of care opportunities, access to health services, income distribution, the need to work and financial difficulties.

Determining the economic, social and cultural needs of the elderly population and meeting these needs in an equal, fair and accessible manner is one of the primary duties of the İzmir Metropolitan Municipality. The Elderly Action Plan includes important suggestions that will further enhance the quality of our municipality's work and planning on healthy and active aging. On the other hand, these steps need to be supported by studies such as the analysis of housing stock and housing needs, spatial analyses that will facilitate care services and social vulnerability analyses within the framework of important issues such as changing household structure and earthquake risk.

Our aim is to bring world standards regarding aging to our city and to follow scientific developments and implement them in our city. For this reason, we applied to the World Health Organization Age-Friendly Cities Network and have been accepted as of December 2024. We are now even stronger.

We are taking firm steps forward with all our shareholders to make İzmir a city that will meet all the needs of our elderly to age healthily and actively.



Dr. CEMİL TUGAY
MAYOR OF İZMİR METROPOLITAN MUNICIPALITY



INTRODUCTION

Although there are extensive scientific debates on when old age begins and who should be defined as old, the definition of old age is based on chronological age. According to the World Health Organization, those over the age of 65 constitute the elderly population. In this context, demographic aging is the result of two basic phenomena. The decrease in fertility and mortality means that society is gradually aging.

The world and Türkiye are in a significant demographic transformation process. Birth rates are falling, life expectancy is increasing and the elderly population is increasing. It is seen that the population aged 65 and over is increasing rapidly worldwide. According to United Nations (UN) data, the elderly population rate, which was around 5% in 1950, has doubled and reached 10% in 2023. This rate is 21.5 in the European Union (EU-27) member countries. It is estimated that the elderly population rate worldwide will be 22% in 2050.

One of the most basic indicators of the aging of the world's population is the change in median age. The median age is the age of the person in the middle when the ages of the people who make up the population, from newborn babies to the oldest, are listed from youngest to oldest. The median age, which was determined as 24 worldwide in 1990, has now exceeded 30.

On the other hand, the elderly population exceeding 7 percent of the total population of a country is a critical threshold in terms of the social aging process. Societies where the elderly population rate is between 7 and 10 percent are defined as "old societies", while societies where this rate exceeds 10 percent are defined as "very old societies".

The speed of aging is different for each society. For example, while France goes through the aging process in more than a century or Switzerland in 85 years, Azerbaijan goes through it in 41 years, China in 27 years, and Brazil in 21 years. Türkiye will complete this process in 10-15 years.

The time required for the elderly population rate to double in a society is an important indicator of the rate of aging. In this sense, the pace of change in Türkiye is quite striking. When we examine the change in the population of Türkiye in the last 50 years, although the total population has increased threefold, the elderly population has increased almost tenfold. The median age, determined as 22.2 in 1990, has increased to 34 in 2023. The median age by gender is calculated as 33.2 for men and 34.7 for women in 2023.

According to Turkish Statistical Institute (TURKSTAT) data, while the proportion of elderly population in Türkiye was 4.3 percent in 1990, this rate increased to 10.2 percent by the end of 2023. According to this ratio, the population aged 65 and over in Türkiye has reached 8 million 722 thousand 806. On the other hand, when the elderly population exceeds 10 percent of a country's total population, it is a critical threshold for the social aging. According to population projections, Türkiye's elderly population is projected to be 16.3 percent in 2040 and 22.6 percent in 2060. In 2023, 44.5 percent of the elderly population will be men and 55.5 percent will be women.

Another important issue that should not be ignored regarding the aging of society is the distribution within the population group aged 65 and over. According to 2023 data, the average life expectancy in Türkiye is 77.5 years. Life expectancy at birth is calculated as 74.8 years for men and 80.3 years for women. In this context, the proportion of those aged 75 and over in the total elderly population in Türkiye was 27 percent in 2000, while this rate reached 36 percent in 2023.

The population over 80 years of age is the fastest growing age group in the world's elderly population. In 2000, the "oldest" elderly population was 70 million. This number is expected to increase more than fivefold in the next 50 years. A similar situation is also experienced in Türkiye, where the population over 80 years of age is rapidly increasing. The population over 80 years of age constituted 12% of the elderly population in 1990, 18.4% in 2010, and 18.3% in 2023. According to population projections, the ratio of the population aged 80 and over to the total population is expected to be 19.6% in 2030, 23.6% in 2040, 31.3% in 2060, and 36.7% in 2080.

Another important indicator is the elderly dependency ratio. The elderly dependency ratio refers to the number of elderly people per hundred people in the 15-64 age group, defined as the active population or the working population. The elderly dependency ratio is a very important indicator in terms of determining regulations regarding the national social security system, especially retirement. The elderly dependency ratio, which was 10.5 percent in 2000, is 15 percent for 2023. In other words, the number of elderly people per hundred people in the active population has increased by half in the last twenty years.

All of this data indicates that Turkish society is aging quite rapidly. Population projections by TURKSTAT also confirm this fact with different findings. It is estimated that the total population of Türkiye will be around 93 million by 2030. In this context, it is possible to summarize the possible demographic picture in Türkiye as follows:

- It is predicted that the elderly population in Türkiye will exceed 12 million in the next five years, making up 13 percent of the total population. This rate is estimated to be 16.3 percent in 2040, while the same rate is calculated as 22.6 percent for 2060.
- The median age in Türkiye in five years is calculated as 35.6. The median age by gender is estimated to be 34.8 for men and 36.4 for women.
- It is estimated that those aged 75 and over in Türkiye will increase by 50 percent in the next five years, making up 39 percent of the total elderly population.
- The elderly dependency ratio in Türkiye is predicted to be 19.6 percent in the next five years.

In summary, Türkiye, which has become one of the fastest aging countries in the world, is undergoing a significant demographic transformation. All this data shows that the assumption that "Türkiye is a young country", which has been repeated by rote for many years, is completely invalid. Therefore, aging policies that foresee the results of this major demographic transformation should be produced. Decisions should be made on the principles within which Türkiye's short- and long-term aging policies will be determined, what they will include, and how they will be implemented.

Before offering some clues about the answers to these questions, it is necessary to touch on the impact of the deepening social, cultural, and economic inequalities in Türkiye over the past twenty years on the aging process.

Elderly People in the Mirror of Inequalities

First of all, the big demographic transformation in Türkiye has been accompanied by extensive spatial changes in cities and rural areas in the past twenty years. With the decrease in the number of agricultural producers due to large-scale energy, mining and development projects and various reasons, there is a disintegration in the rural areas. On the other hand, urban transformation projects, mega projects, high-rise buildings and other new forms of urban development are dramatically transforming historical settlement areas that have developed in the form of "neighborhoods".

These spatial transformations are radically changing the relationships that residents of rural and urban neighborhoods establish with each other, with other living beings, and with their environment in many ways. The most vital of these changes for the elderly is the disappearance of the culture of solidarity that family and kinship relations and social relations with a certain historical background, albeit limited. This change makes it more difficult to meet the care needs of the elderly within these relationships, and these needs increasingly need to be met through the public or the market.

Housing

One of the most rapidly deepening inequalities in Türkiye is the increasing deprivation of citizens' right to housing and access to housing. According to the Türkiye Elderly Profile Survey conducted by the Turkish Statistical Institute (TURKSTAT) and shared with the public in March 2024, 10.4 percent of the elderly are renters. Considering that today's elderly in Türkiye started working in the late 1970s, when it was relatively easier to acquire housing, it is not surprising that the proportion of renters in the sample is low.

On the other hand, the home ownership rate in Türkiye has been steadily decreasing. According to 2023 data announced by TURKSTAT, the home ownership rate in Türkiye has decreased to 56.2 percent. This rate, which was 61.1 percent in 2014, has been decreasing steadily for the last decade. Therefore, if egalitarian policies regarding the shelter and housing crisis are not implemented, the rate of citizens who age without owning a home will inevitably increase in the coming years.

All these indicators reveal that the elderly in Türkiye are surrounded by deep inequalities in terms of care opportunities, access to health services, income distribution, work obligation and material deprivation.

On the other hand, aging processes should be specifically evaluated in terms of gender and rural/urban inequalities. As is the case all over the world, women in Türkiye live longer. Therefore, the number of women who have to live alone in their old age is inevitably increasing. This fact should be taken into special consideration in terms of protecting physical and mental health and meeting care and support needs.

In Türkiye, in 1950, while the urban population rate was 25%, the rural population rate was 75%; in 2000, while the urban population rate was 65%, the rural population rate was 35%; in 2022, while the urban population rate was 93.4%, the rural population rate was 6.6%.

While the change in urban and rural population rates changed the lifestyles of individuals, it also led to radical changes in the socioeconomic and political fields, bringing with it many changes from urban planning to family structure. The economy and employment style based on agriculture rapidly changed in favor of industry. The extended family structure based on agriculture experienced a rapid change process towards the elementary family structure based on industry and urban production.

Participation of the Elderly Population in the Labor Force

According to TURKSTAT 2023 data, the labor force participation rate of the elderly population in 2021 was 12.0%, and when the distribution of the employed elderly population by sector is examined, it is seen that 64.7% of the elderly population in 2019 was in agriculture, 28.1% in services, 5.3% in industry, and 1.9% in construction. The change in urban and rural population rates also reduces the participation of elderly individuals in the labor force. While elderly individuals participate in the labor force at a much higher rate in rural life, they remain significantly outside the labor force in urban life.

The exclusion of older individuals from the workforce negatively affects the perception of old age, and older individuals are presented as consumers and burdens on the social system. Discussions on retirement age and social security system gaps in particular strengthen this perception.

Age discrimination and a perspective that leads to social isolation not only negatively affect the welfare and well-being of older individuals, but also deprive societies of the experience and knowledge of older individuals.

Elderly Loneliness

According to TURKSTAT 2023 data, it is seen that 1 million 632 thousand 874 elderly people live alone in Türkiye. 20.4% of individuals aged 65 and over live alone in Türkiye. It is striking that 74.4% of the elderly population living alone consists of women. According to TURKSTAT 2023 data, 57.2% of households with at least one elderly person live in buildings with 3 or more floors; 60.1% of these households live in buildings without elevators, while 39.9% live in buildings with elevators. On the other hand, according to TURKSTAT 2023 data, the rate of those who cannot walk without any help or using an assistive device and cannot go up and down stairs is 15.4% in the 65-74 age group, and 73.3% in those aged 75 and over. As reflected in these data, macro and micro environments and living spaces do not include the elderly and the disabled, excluding many people. Inappropriate macro and micro environment, city, housing, transportation and public space planning pushes elderly and disabled individuals into isolation.

Health Status of the Elderly

Advancing age brings with many changes such as physical, social, economic, psychological, challenges and etc. These challenges cause the ability of elderly individuals to continue their daily lives and their social roles to differ compared to younger ages. With aging, there is a decrease in the reserve capacity of organ systems, homeostatic control, ability to adapt to environmental factors and stress response capacity, and the rate of becoming disabled also increases. The risk of disease and dependency of the elderly is affected by socio-economic and environmental conditions. Elderly people with economic problems have serious problems in care, nutrition, hygiene and similar issues; this reduces or disrupts the social integration of the elderly. Many physical, physiological and environmental factors are the cause of inactivity in the elderly. The most common causes are musculoskeletal disorders, nervous system disorders, cardiovascular diseases, lung diseases, hearing and vision problems, environmental causes and other reasons (such as nutritional disorders, serious systemic diseases, pain, depression, drug side effects). It is possible to prevent or reduce serious complications that may occur by increasing movement and activity level.

In addition to the physiological changes that occur with aging, various health problems occur in elderly individuals due to the effects of chronic diseases. These problems significantly affect the quality of life of the elderly. There is a need to develop regulations that will meet the changing health and care needs of the elderly and social policies that are appropriate for the increasing needs. Air pollution, noise pollution, traffic problems, inappropriate architectural and environmental arrangements, unhygienic food and beverages are also factors that pose a health risk for the elderly and should be taken into consideration.

Among those aged 65 and over who participated in Türkiye Elderly Profile Survey, the rate of those who stated that their general health status was poor was 24.6 percent, while the rate of those who stated that it was very poor was 4.1 percent. The rate of those with chronic diseases such as hypertension, diabetes, heart disease, cancer, kidney failure, stroke-paralysis, hepatitis, asthma, etc. was 78.7 percent, while the rate of those who stated that their chronic disease seriously limited their daily activities was 32.3 percent. The rate of those aged 65 and over who had a disability health board report was 8.7 percent. 32.3 percent of those with chronic diseases such as hypertension, diabetes, heart disease, cancer, kidney failure, stroke-paralysis, hepatitis, asthma stated that their disease seriously limited their daily activities. It was observed that 77.6 percent of these people had a chronic disease, 48.7 percent orthopedic, 23 percent visual, 15.2 percent hearing, 11.7 percent mental, 10 percent language and speech, 7.6 percent spiritual and emotional and 1.4 percent other reasons due to a disability health board report. According to 2022 Türkiye Health Survey Report published by TURKSTAT, the frequency of Alzheimer's in individuals over the age of 65 in Türkiye is 5.5%.

According to this data, the number of Alzheimer's patients is more than 460 thousand. The number of Alzheimer's patients in both the world and Türkiye is rapidly increasing with the global aging phenomenon. It is estimated that this trend will continue.

According to the Türkiye Elderly Profile Survey, the primary health institution to which the population over the age of 65 applies is public hospitals with 50.6 percent. This is followed by family physicians with 44.4 percent and private hospitals and medical centers with 4.8 percent. Problems in accessing health services are the most vital issue for the elderly population. Among the survey sample, 50.3 percent complain about the difficulties in making a hospital appointment, 31.3 percent complain about not being able to be examined by the doctor of their choice, 24.5 percent complain about the difficulties in reaching a health institution by public transportation, and 14 percent complain about not being able to communicate with doctors and health workers.

Aging in Place

One of the important concepts in ensuring the welfare and well-being of the elderly is the concept of "aging in place". The concept of aging in place refers to an understanding in which the elderly individual feels autonomous and secure in a familiar environment and place, and can maintain social support ties that include neighbors, family and friends. The main goal of aging in place is to increase welfare, independence, freedom, maintain emotional ties with the home and environment, and continue relationships with friends, relatives and neighbors, thus contributing to the healthy aging of the elderly individual and increasing their quality of life.

In studies conducted with the elderly, the desire of the elderly to live at home and in the social environment they are accustomed to comes to the fore. When the living preferences of elderly individuals when they become too old to care for themselves are examined, 46% stated that they want to stay with their children, 31.6% want to receive home care services, and 10.3% want to go to a retirement home/nursing home.

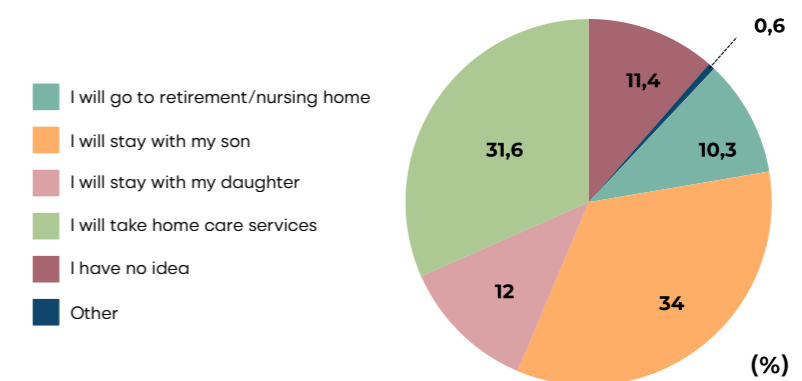


Figure 1. Life Choices of the Elderly When They Cannot Care for Themselves (TURKSTAT, 2021)

In order to meet these demands of the elderly and protect their well-being, social environments, services and policies that meet their demands for aging in place need to be created and implemented.

Health Status of the Elderly

“Türkiye Elderly Profile Survey” conducted by TURKSTAT and shared with the public in March 2024 contains important findings regarding the care needs of the elderly. According to this survey conducted with 11,657 people aged 65 and over, the rate of people in need of home care support is 16.4 percent. This rate was calculated as 10.5 percent for those aged 65-74 and 26.9 percent for those aged 75 and over. While the rate of men in need of home care support was 12.3 percent, this rate was determined as 19.6 percent for women. On the other hand, the rate of people receiving home care support in the last 12 months was limited to 2.5 percent. These rates show that approximately one-seventh of the need is met. On the other hand, the survey does not include whether home care service is met by receiving public or private services.

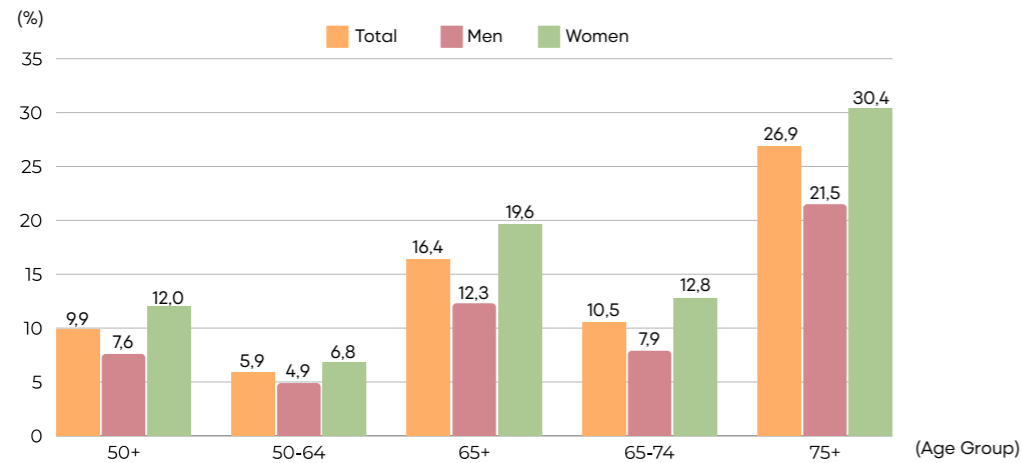


Figure 2. Rate of People In Need of Home Care Support by Age Group and Gender (TURKSTAT, 2023)

The number of nursing homes affiliated with the Ministry of Family and Social Services is 156 as of 2020, with a capacity of 15,156 people. The number of disabled care and rehabilitation centers, which also elderly individuals in need of care benefit, is 381, with a capacity of 8,929 people. The Ministry of Family and Social Services has eight nursing homes and elderly care and rehabilitation centers in İzmir, serving with a capacity of 1838.

This data also shows that our home care and institutional care system is still far from meeting the needs of home and institutional care according to the preferences of the elderly population.

The problem of caregivers and the inadequacy of public institutional care centers are among the most heartbreaking problems for elderly poverty and their relatives today. In this context, supportive health and care systems such as needs-oriented, accessible, inclusive home care and rehabilitation are of great importance. For this, rights-based organized social protection and security systems are of great importance. The prerequisite for the use of elderly rights is a rights-based approach, an effective and inclusive social protection system, and the economic security of elderly individuals. Elderly poverty and deprivation should be combated, and within this framework, the wages paid to elderly individuals within the framework of social security and social protection (pensions and old-age pensions) should be determined by taking into account the hunger and poverty threshold, and the minimum living standards of the elderly should be ensured.

Services for the elderly, such as home care for the elderly, elderly counseling and solidarity centers, day care centers for the elderly with dementia and Alzheimer’s disease, etc., should be diversified and their inclusiveness should be increased, and they should be expanded to include disadvantaged areas of the city and rural areas outside of the city centers.

Elder Employment and Poverty

Despite having a lower population aged 65 and over compared to OECD and EU countries, Türkiye’s high labor force participation rate among the elderly is notable. The labor force participation rate refers to the ratio of people working or seeking work within the active population, typically defined as the 15-64 age group. In Türkiye, the labor force participation rate for those aged 65 and over has not fallen below 12% in the past five years (excluding the COVID-19 pandemic years of 2020-21). Similarly, the proportion of the elderly population in total employment has also remained above 11% during the same period.

While labor force participation across all age groups in Türkiye is lower than in EU countries, the fact that it is three times higher among individuals aged 65 and over is a significant indicator. Two main reasons explain the high labor force participation of the elderly population: those who were late to join the social security system and therefore did not qualify for a pension, and those who, despite receiving a pension, cannot make ends meet due to low pension amounts and are forced to work.

The Türkiye Elderly Profile Survey reveals that half of the elderly population in Türkiye is struggling to get by, and some elderly individuals, including retirees, must work to survive. Additionally, many elderly people –whether retired or not– work informally and are not included in these calculations.

With the changes in pension calculation and entitlement introduced by the Social Insurance and General Health Insurance Law No. 5510, which came into effect in 2008, pensions began to decrease. There are significant inequalities in pension amounts between individuals who retire under the same conditions but at different times. Moreover, the failure to increase pensions in line with inflation exacerbates existing inequalities. Therefore, unless fair reforms are made to the pension system in the coming years, the number of retirees who cannot make ends meet and are forced to work will increase.

Data on poverty rates in Türkiye also confirms this situation from another angle. Poverty rates are quite high in two age categories: the 0-17 age group and the elderly. Based on a calculation using 60% of the median household disposable income, the elderly poverty rate stands at 21%. This figure has not changed significantly in the past five years, apart from minor fluctuations. Additionally, TURKSTAT (Turkish Statistical Institute) calculates the rate of population at risk of poverty and social exclusion using a different method. This calculation, which considers relative poverty, material and social deprivation, and low work intensity, shows that the proportion of elderly people at risk of poverty increased by 6.1 points to 26.6% in 2023.

Another concept related to elderly poverty and rights is the issue of fair income distribution. In Türkiye, the annual equivalent household disposable income of the lowest 20% income group is 6%, while the highest 20% income group receives 48%. According to 2017 Eurostat data, Türkiye's poverty rate was 23.9%, compared to the 28 EU member state average of 13.9%. Furthermore, according to 2021 Eurostat data, the share of social spending on the elderly in Türkiye's GDP was 5.9%, while the average for 27 EU countries was 10.7%.

The weakening of family and kinship ties in rural areas, where social care and support services are more limited, makes it more challenging to meet the care needs of the elderly. Additionally, a significant portion of the elderly population living in rural areas is not included in the social security system and lacks health coverage.

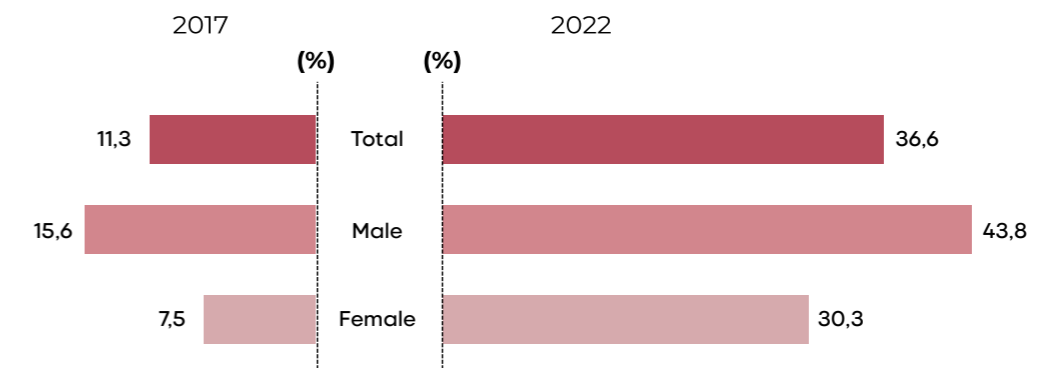
According to the Türkiye Elderly Profile Survey, 13% of the elderly received social assistance from institutions at least once in the past 12 months. The most common form of assistance is the old-age pension, received by 7% of the elderly, followed by utility bill support at 4.8%. These aids were provided by institutions affiliated with the Ministry of Family and Social Services (76%) and municipalities (29.3%).

Poverty is not just about having low and insufficient income. It also refers to insufficient nutrition, housing, unhealthy living conditions, low social participation, social isolation, exclusion, and lack of access to essential rights and services such as health and education. In this sense, poverty is one of the most significant barriers to social inclusion.

Digital Literacy

The COVID-19 pandemic has deeply affected our way of life, leading to significant changes in our daily routines and the ways we interact and communicate. The increased use of digital platforms for communication and relationships posed a new and challenging adjustment process for elderly individuals.

In the lives of elderly individuals, the internet, video calls, and social media have gained much more importance. According to TURKSTAT data, the proportion of individuals aged 65-74 using the internet was 5.6% in 2015 and 11.3% in 2017. This rate rapidly increased to 27.1% in 2020 during the pandemic and reached 36.6% in 2022. Despite the rise in internet usage among elderly individuals, the rate remains relatively low, suggesting that inequality and disadvantaged positions persist in this area. Detailed analyses of the increased use of telemedicine during the pandemic indicate that elderly individuals used these applications more unequally due to technical, economic, cultural, and logistical barriers. Among those who could use telemedicine, significant differences in service quality were experienced. For example, 36% of elderly individuals in the U.S. did not have access to broadband internet necessary for video calls. It is stated that in conditions where technology and digital literacy are not widespread, the information and communication technologies provided may exacerbate inequalities. As understood during the pandemic, access to the internet, which has become a basic necessity, is much more expensive, less comprehensive, and of lower quality in developing countries compared to developed countries. In this context, the challenges faced by the elderly in accessing digitalized public services must be considered, and efforts should be made to prevent them from experiencing digital exclusion or being left behind.



Source: TURKSTAT, Household Information Technologies Usage Survey, 2017, 2022

Figure 3. Internet Usage Rates of Elderly Individuals in 2017 and 2022 (TURKSTAT)

Perception of Aging

The findings of the study on the Imagination and Practices of Aging in Türkiye, conducted by Yaşama Dair Vakıf (YADA Foundation), reveal a negative perception of aging. According to the study's findings, around 52% of respondents view aging negatively, while only about 25% see it positively. When looking at data on elder neglect, abuse, and discrimination, the picture appears bleak. The SENEX Association's report, Monitoring of Violence and Violations Against the Elderly, published in November 2023, states that "172 cases of violence, abuse, neglect, and discrimination against the elderly were identified nationwide in October 2023, and 146 cases were detected in September 2023." It is believed that the neglect, abuse, and violence cases identified by the SENEX Association, which operates with limited resources, are much more widespread than these figures suggest.

Elder abuse is a public health issue because it is linked to poor mental and physical health outcomes, including a threefold increased risk of death. A study found that the global prevalence of elder abuse is 15.7%, but only 4-7% of cases are reported. The low number of reports indicates a significant issue in detecting and reporting elder abuse. Therefore, there is a need to develop mechanisms for identifying and addressing the possibility of neglect or abuse of the elderly.

All these indicators demonstrate that the elderly in Türkiye are surrounded by deep inequalities in terms of care facilities, access to health services, income distribution, the obligation to work and financial deprivation. On the other hand, aging processes should be evaluated specifically in terms of gender and rural/urban inequalities. As in the rest of the world, women live longer in Türkiye. Consequently, the number of women who have to live alone in their old age is inevitably increasing. This phenomenon should be taken into special consideration in terms of protecting physical and mental health and fulfilling care and support needs. In Türkiye, while the urban population rate was 25 percent in 1950, the rural population rate was 75 percent; in 2000, while the urban population rate was 65 percent, the rural population rate was 35 percent; and in 2022, while the urban population rate was 93.4 percent, the rural population rate was 6.6 percent. While the change in urban and rural population rates has changed the way of life of individuals, it has also led to radical changes in the socio-economic and political fields and brought about many changes from urban planning to family structure. The economy and employment pattern based on agriculture has rapidly changed in line with industry. The extended family based on agriculture has undergone a rapid change towards a nuclear family based on industry and urban production.

Policies for Aging with Dignity

These analyses of aging indicate that the inequalities experienced by the elderly are caused by fundamental economic and social problems. The lack of fair and inclusive social policies that take into account issues such as gender, education, housing and health, and the lack of remedying inequalities in income distribution and working life lead to a highly unequal experience of old age. The absence of active and healthy ageing policies leads to bequeathing problems to the next generations. First of all, it should be realized that aging policies are not only about the elderly, and regulations for the elderly should be designed on the axis of a working life in which inequalities are reduced and fair, rights-based and inclusive social policies.

Ageing policies should not simply define ageing as a demographic or economic problem. Policy proposals (such as encouraging childbearing, extending the retirement age, etc.), which conceive of old age as a population category and a compulsory period of time disconnected from the cycle of life, instead of making it an opportunity for both the aging and other segments of society, contribute to making aging a problem.

First and foremost, disadvantaged and vulnerable segments of society should be considered in relation to each other and as parts of a whole. Such a perspective will not only facilitate future projections, but will also contribute to eliminating the inequalities experienced by citizens before old age. Thus, the inequalities that citizens are exposed to during the life cycle and the injustice in the exercise of rights bring along the needs that will emerge in old age.

In order to ensure a fair and happy old age, deep gender inequalities in Türkiye need to be eliminated. Compared to men, a higher number of older women need more care while living a lonely life without social security. At this point, the gendered perspective is also evident in the fact that the responsibility of caring for the elderly falls predominantly to the shoulders of women in the family. An approach to care that is largely based on unpaid female labor in the household leads to the state's easy abandonment of this area and the perception of old age as a period of time that must be spent compulsorily.

The lack of active and healthy ageing policies in Türkiye and the inadequacy of the institutions currently providing services for the elderly are drawing the attention of the public more and more. Although emphasizing the material deprivation and precariousness of the elderly, pointing out the low pensions for the elderly and pensioners, and increasing the number of nursing homes in cities are important efforts, the main focus of dignified aging policies should be the ability of the elderly to freely make choices in their daily lives.

In this framework, it should be realized that old age is not a period of time disconnected from the cycle of life, and it should be ensured that the elderly live in their homes and with the freedom and self-confidence to organize their own lives.

Therefore, decisions to be taken and action plans to be prepared regarding the elderly should aim to redesign and significantly improve economic and social relations, basic needs such as food, drink and shelter, as well as public services such as health, transportation, security, justice and education. It is possible to make old age an opportunity for both the aging and the rest of society. This can be achieved by recognizing the major demographic transformation Türkiye is going through and taking steps now to build the human resources that will be necessary in the future. In order to build the future, inclusive, libertarian and participatory social policies that aim to benefit from the experiences of the elderly and that allow for the expression of differences rather than uniformizing, excluding, limiting their freedoms and rights should be prepared. Social policies for the elderly should provide adequate income, inclusive health and care services, and include regulations that encourage their participation in social life and allow them freedom of choice. In this regard, it is crucial to criticize the concept of ageism, which turns the desire to stay young and the ideology of youth into a fetish. Ideological and cultural discrimination against the elderly makes it commonplace for them to be seen as a burden on the social security system.

Placing the young population at the center of social life leads to unnecessary care needs and exclusion of the elderly from social life, weakening intergenerational ties. A good example of this is the discriminatory attitudes towards the elderly, who are at the greatest risk during the COVID-19 pandemic.

Healthy Aging

Health is influenced by many environmental, economic, and social factors, including the physical environment, the geography of the place of residence, education, occupation, income, social status, social support, culture, and gender. Health in old age, which is considered a process covering all life stages, is defined as the process of developing and maintaining the functional capacity that enables well-being.

There are some standards for healthy aging:

- Absence of illness and illness-related dependence.
- Ability to use cognitive and physical functions.
- Active participation in life.

- Individuals who show very little or almost no functional loss compared to their age group and maintain their connection with life are defined as “healthy” elderly individuals.

In this regard, the World Health Organization’s (WHO) goals and objectives for healthy aging include:

- Meeting basic needs.
- Maintaining brain functions (learning, decision-making...).
- Preserving physical functions (being active).
- Ensuring psychological well-being.
- Establishing successful social relationships (forming and maintaining relationships).
- Contributing to society.

Active Aging

The World Health Organization defines active aging as the process of optimizing opportunities for health, participation, and security to enhance quality of life as people age.

Active aging is a process in which individuals can continuously participate socially, politically, culturally, economically, and spiritually, along with their abilities, and actively take roles in society.

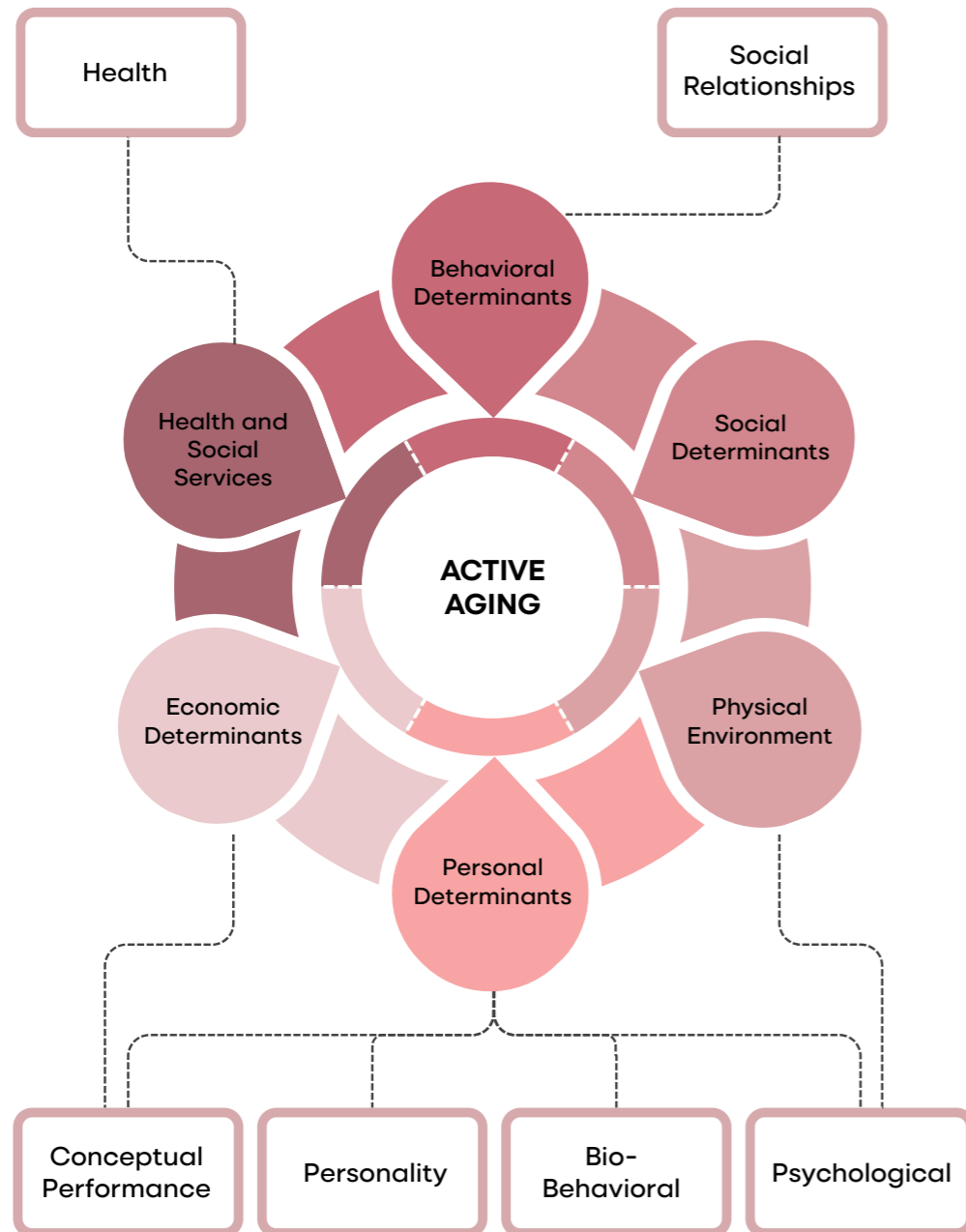


Figure 4. World Health Organization Active Aging Model

Age-Friendly City

One of the key concepts in the social inclusion and/or exclusion of elderly individuals is accessibility, including safe living environments in macro and micro settings (transportation, housing, access to healthy environments, and living spaces). The availability of safe living opportunities in the macro and micro environment is increasingly important for ensuring the well-being of elderly individuals and increasing their social participation. The concept of age-friendly communities, which aims to enhance elderly individuals' social participation and well-being while promoting active and healthy aging, is emphasized.

An age-friendly community is one where the capacities, talents, and contributions of elderly people are recognized, their needs and choices are met, their opinions and lifestyles are respected, and the most vulnerable among them are fully protected. Age-friendly communities also encourage elderly people to participate in all aspects of social life.

In 2006, the WHO launched the Age-Friendly Cities initiative to list the essential features that an aging city should have and to encourage local governments to adapt their cities to aging populations. This initiative is a global effort to address the challenge of aging through collaboration, aiming to ensure active and healthy aging. Currently, the WHO Global Network for Age-Friendly Cities and Communities includes 1,445 cities and communities in 51 countries, covering more than 300 million people worldwide.

The "Age-Friendly City" goal plays an important role in this process, within the framework of the Age-Friendly Environments Program. The Age-Friendly Cities Guide defines criteria for communities and cities to be age-friendly, including eight areas: "Outdoor spaces," "Transportation and mobility," "Housing," "Social participation," "Social inclusion and discrimination prevention," "Civic participation and employment," "Communication and information," and "Community support and health services." These areas emphasize accessible, universally designed living spaces for everyone and a focus on healthy and safe environments.

The increasing attention paid to planning and implementing age-friendly communities is promising, but there are still significant problems in accessing urban public spaces, buildings, housing, transportation, and technologies that support independence. Urban plans and the structured physical environment, including housing, roads, sidewalks, parks, public buildings, beaches, sports and recreation areas, cultural and arts centers, and urban transportation, should be designed according to universal design principles, ensuring that they are easily accessible and usable by elderly individuals. Age-friendly services should be implemented urgently.

A. Rationale, Strategy, and Ultimate Goal of the Action Plan

İzmir: A Rapidly Aging Metropolis

Due to its geographical location, socio-economic, political, and cultural structure, İzmir has recently become a city preferred by retirees and those aged 60 and over, with its population increasing rapidly. In terms of population density, growth rate, urban population, elderly population ratio, median age, and life expectancy, İzmir is above Türkiye's average.

İzmir is the sixth-largest city with the highest elderly population in Türkiye, following Balıkesir, Rize, Aydın, Muğla, and Samsun. However, İzmir is the city with the highest number of elderly people.

As of the end of 2023, the population of İzmir is 4,479,525. The current median age of İzmir is 38.4. By gender, the median age in 2023 is 37.4 for men and 39.5 for women. The proportion of elderly people in the city is 12.8%. This means that the population of individuals aged 65 and over in İzmir has reached 573,856. Of the elderly population, 44% are men and 56% are women; there are 252,908 elderly men and 320,948 elderly women. The 65-69 age group consists of 209,527 people, the 70-74 age group has 155,779 people, the 75-79 age group has 103,919 people, the 80-84 age group has 59,352 people, the 85-89 age group has 30,406 people, and the population over 90 years old is 14,873 (TURKSTAT 2024). İzmir has transitioned from being a city with an "elderly population" to a "very elderly population." A total of 104,631 residents are over 80 years old.

Family structure data also show that the population structure of İzmir is distinctly different from the national average. According to the Address-Based Population Registration System (ABPRS) results, the average household size in Türkiye decreased from 4 people in 2008 to 3.14 people in 2023. In contrast, the average household size in İzmir decreased from 3.40 people in 2008 to 2.79 people in 2023. This data indicates that the average household size in İzmir, at 2.79, is lower than both the Aegean Region (2.85) and the national average of Türkiye (3.14).

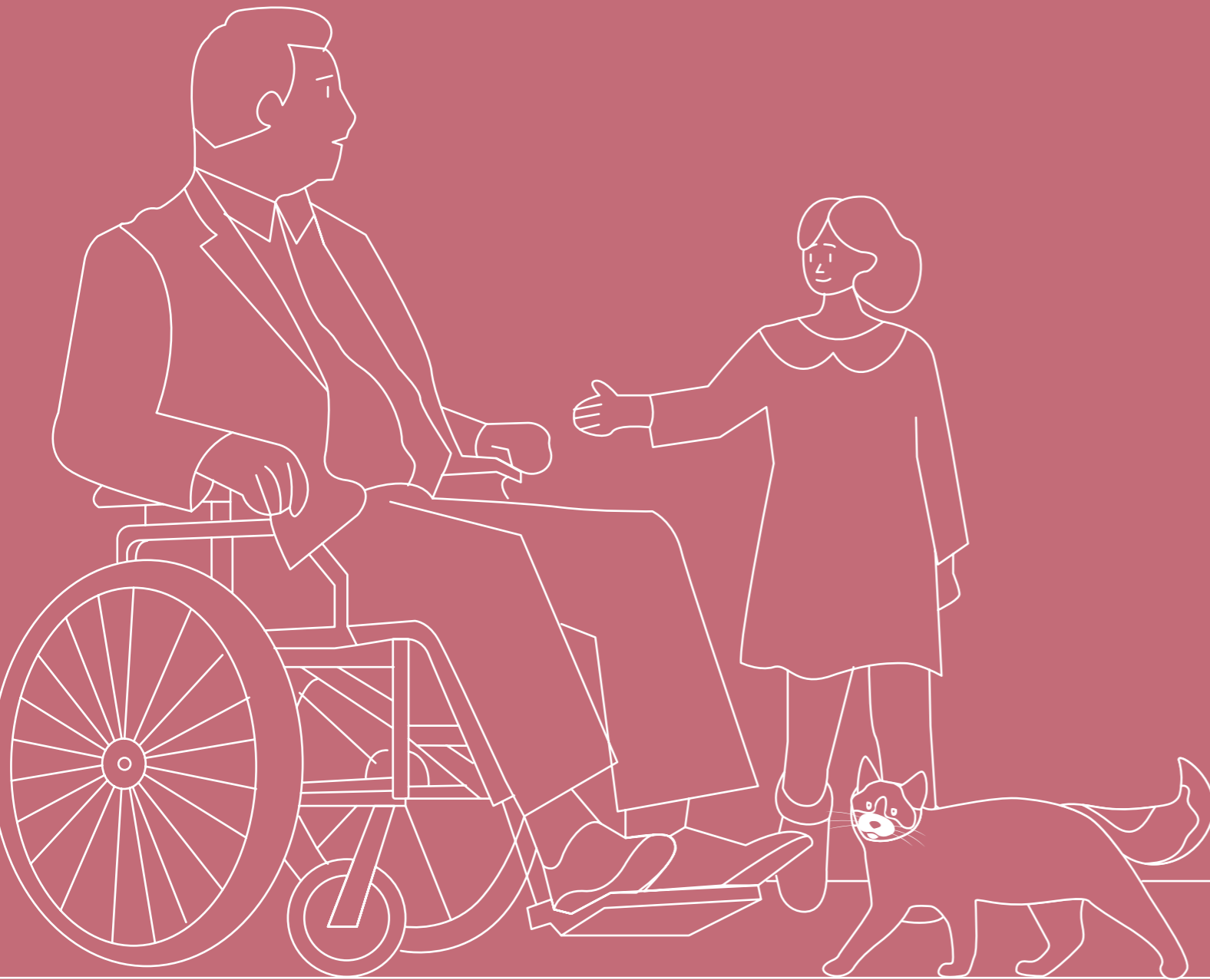
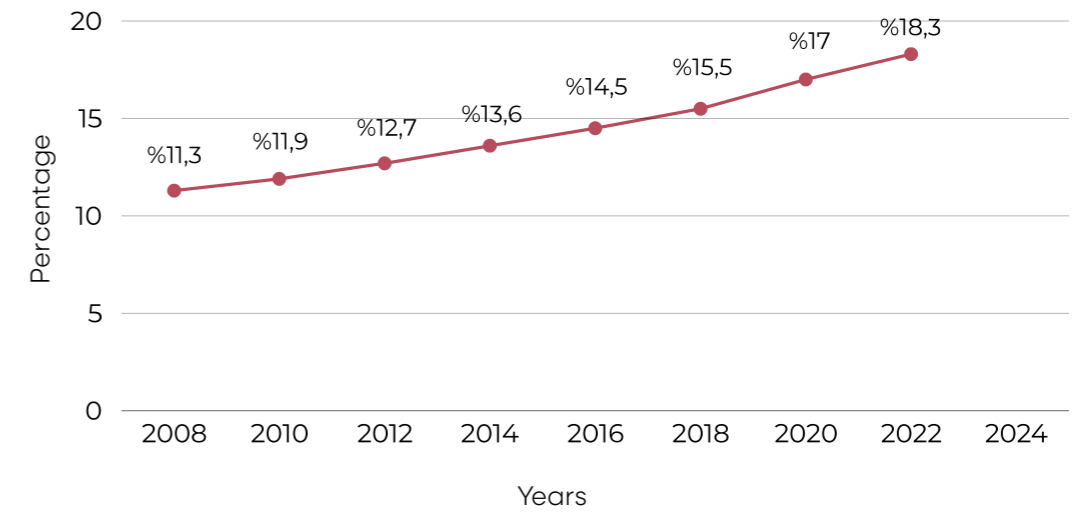
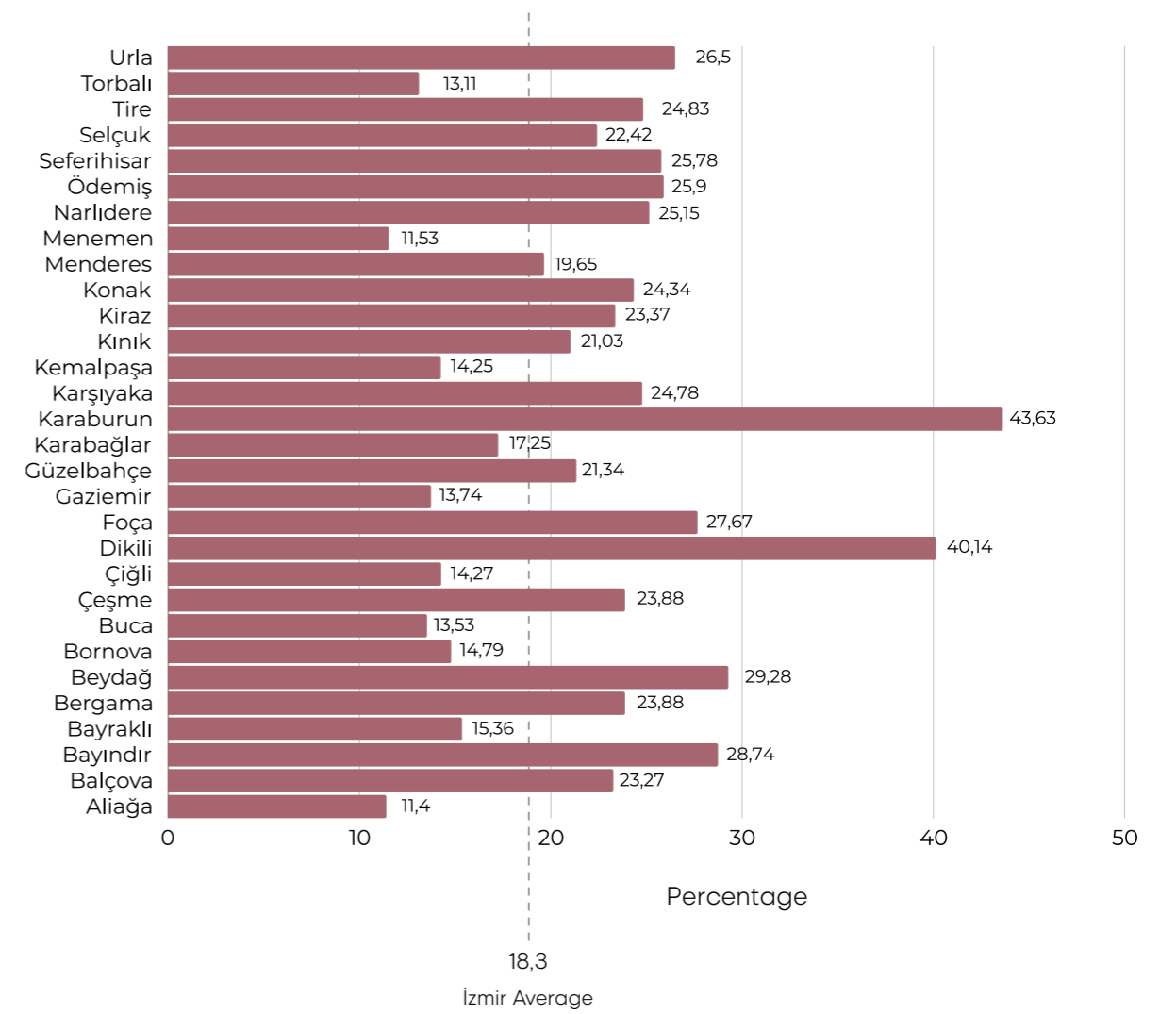


Table 1. Elderly Population Data of İzmir in 2023 (TURKSTAT, Address-Based Population Registration System 2023)

İzmir / Districts	Elderly Population Counts by Age Group						Elderly Population Rate
	65-69	70-74	75-79	80-84	85-89	90+	65+ (%)
Aliağa	3470	2377	1464	771	416	220	8,21
Balçova	4250	3268	2640	1628	824	315	16,61
Bayındır	2612	1978	1367	831	438	226	18,35
Bayraklı	12261	9422	6270	3075	1312	662	10,97
Bergama	5993	4571	3268	1876	998	412	15,98
Beydağ	783	629	418	261	156	78	19,22
Bornova	17941	13213	8507	4786	2303	1087	10,69
Buca	20495	14302	8495	4662	2283	1067	9,80
Çeşme	2956	2213	1555	857	453	192	16,44
Çiğli	8970	6296	3766	1921	932	509	10,41
Dikili	4372	3524	2279	1154	522	227	24,97
Foça	2510	1931	1258	649	310	138	18,88
Gaziemir	5532	3738	2265	1163	599	252	9,83
Güzelbahçe	1982	1466	961	661	304	192	14,63
Karabağlar	20696	15485	10649	5934	3164	1445	12,04
Karaburun	1331	970	666	337	208	95	26,96
Karşıyaka	19520	15764	11229	6595	3352	1766	17,03
Kemalpaşa	4473	3154	1946	1179	595	313	9,89
Kınık	1376	1175	757	419	201	89	13,75
Kiraz	2299	1766	1276	800	402	205	15,49
Konak	18173	13943	10153	6473	3683	1907	16,60
Menderes	5654	4036	2517	1439	653	301	13,35
Menemen	6942	4394	2733	1457	841	372	8,06
Narlıdere	3341	2823	2169	1351	674	399	17,31
Ödemiş	8117	5976	4011	2608	1359	715	17,18
Seferihisar	3888	2861	1803	946	454	216	17,36
Selçuk	2143	1569	997	624	323	161	15,12
Tire	5083	3896	2635	1501	900	413	16,41
Torbalı	7581	5306	3194	1768	904	444	8,97
Urla	4783	3733	2671	1626	843	455	18,18
İzmir Toplam	209527	155779	103919	59352	30406	14873	12,81

Table 2. Elderly Dependency Ratios of İzmir for Selected Years (TURKSTAT, 2023)**Table 3.** Elderly Dependency Ratios of İzmir Districts as of 2023 (TURKSTAT, 2023)

B. Current Work of the İzmir Metropolitan Municipality

The ability of individuals to age actively and healthily is closely related not only to their personal characteristics but also to the psychosocial, economic, and physiological support services provided to them by society.

As the İzmir Metropolitan Municipality, our aim is to implement rights-based policies that focus on the opportunities and rights for independent, healthy aging, emphasizing public services and environments that are accessible, effective, and reflect the approach that elderly individuals are active subjects of life. This is in line with the concept of active, healthy, and successful aging.

Our goal as the İzmir Metropolitan Municipality is to make elderly residents feel the privilege of living in İzmir more deeply and, like all residents of İzmir, to offer them a healthy, happy, and pleasant life through our policies that focus on the well-being of the elderly.

While İzmir Metropolitan Municipality provides services for the elderly population through its relevant units, it carries out these services mainly through two different departments. One of these is the Department of Social Services and the other is the Department of Health Affairs.

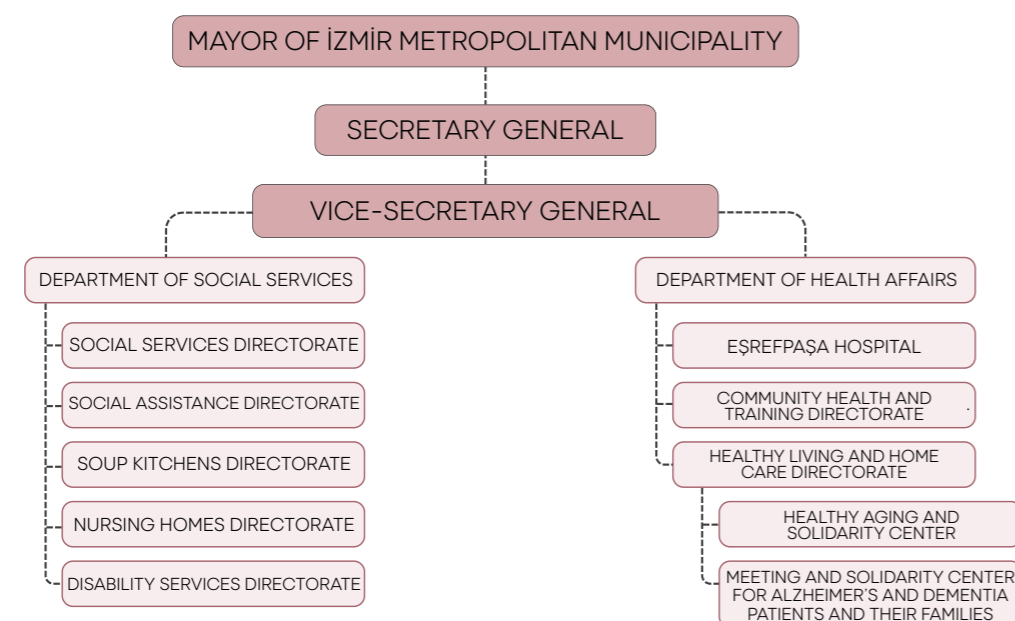


Figure 5. Structure of Units Working in the Field of Aging within the İzmir Metropolitan Municipality

1. Services Provided by the İzmir Metropolitan Municipality's Social Services Department in the Field of Elderly Care

Table 4. Organizational Chart of Services for the Elderly Population Provided by the Social Services Department of İzmir Metropolitan Municipality

NO	DEPARTMENTS	NUMBER OF SERVICES PROVIDED TO CITIZENS AGED 60 AND OVER BETWEEN 01/01/2024 - 11/09/2024
1	Nursing Homes Directorate	Since 01/01/2024, residential care services have been provided to 510 nursing home residents.
2	Soup Kitchens Directorate	Since 01/01/2024, hot meals have been delivered to 14,802 elderly and disabled citizens aged 65 and over at their homes.
3	Social Assistance Directorate	Since 01/01/2024, food packages (2,736), furniture assistance (248), and second-hand furniture assistance (10) have been provided to 2,610 citizens aged 60 and over living in their homes. Additionally, a total of 5,722,357.44 TL in retirement support has been provided to retirees.
4	Social Services Directorate	Since 01/01/2024, assistance has been provided to a total of 339 citizens aged 60 and over living in their homes, including batteries (10), electric wheelchairs (16), white canes for the visually impaired (9), incontinence pads (66,660), over-bed tables (52), hospital beds (52), air mattresses (27), and manual wheelchairs (74).

1.1. Zübeyde Hanım Nursing Home

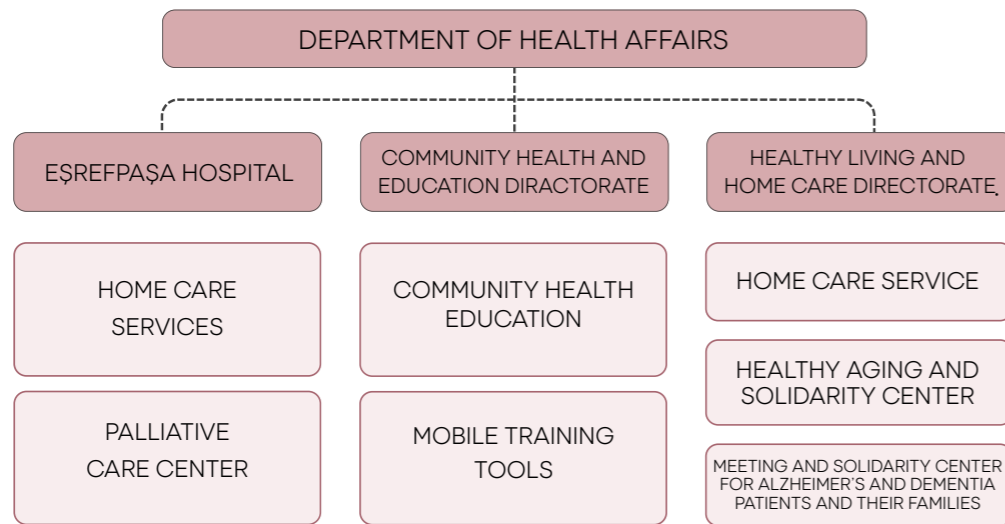
Zübeyde Hanım Nursing Home, with a capacity of 425 residents, serves elderly citizens over the age of 60 who are in social and economic deprivation, in need of care, able to perform daily living activities independently, and mentally healthy. The nursing home meets the shelter, nutrition, and health needs of its residents, and organizes meals and outings outside the institution, cultural activities, musical and dining events within the institution, handicraft courses, and bocce tournaments. In addition, walks are organized in the İnciraltı City Forest under the supervision of a sports trainer, and those who wish can exercise in the gym within the institution under the supervision of a sports trainer.

1.2. Gürçeşme Nursing Home (CURRENTLY UNDER RENOVATION AND NOT PROVIDING SERVICES)

The old Gürçeşme Nursing Home is currently under renovation and not providing services. After the renovation, it will serve 48 citizens in need with 12 single rooms and 18 double rooms.

2. Services Provided by İzmir Metropolitan Municipality Health Affairs Department in the Field of Elderly Care

The İzmir Metropolitan Municipality Health Affairs Department maintains its services for the elderly population through Eşrefpaşa Hospital, which was established in 1908 and is the first municipal hospital in our country, as well as the Community Health and Education Directorate and the Healthy Living and Home Care Directorate. The scope of these services includes the health services offered by Eşrefpaşa Hospital, community health education provided by the Community Health and Education Directorate, mobile training tools, and home care services from the Healthy Living and Home Care Directorate, along with services from the Healthy Aging and Solidarity Center and the Meeting and Solidarity Center for Alzheimer's and Dementia Patients and their Families.



Şekil 6. Organizational Structure of İzmir Metropolitan Municipality Health Affairs Department

2.1. Eşrefpaşa Hospital

2.1.1. Supporting Home Care Services with Health Services

The home care team consists of 52 members, including a physician, nurse, health officer, and driver, with the capacity to include specialists such as psychologists, social workers, dentists, dietitians, and physiotherapists when necessary. This team is tasked with following the treatment of patients, conducting analyses, renewing committee reports, providing wound care, medical care, and rehabilitation services at home, and offering social and psychological support. Thanks to home care services, patients can receive the necessary medical services without the need to go to the hospital. In cases where patients require further examinations and specialist opinions, they are transported to Eşrefpaşa Hospital by ambulance. This improves their quality of life and allows for more effective management of illnesses.

Since 2023, a total of 5,576 examinations, psychological support, physiotherapy, and oral health services have been provided to 2,757 patients across İzmir, as well as dressing services for 1,090 patients with bed sores totaling 15,675 interventions.

2.1.2. Palliative Care Center

The Palliative Care Center within Eşrefpaşa Hospital started serving in 2021 with a capacity of 12 beds. The center has specialist physicians, psychologists, social workers, dietitians, and specially trained nurses. This team aims to improve the quality of life for patients by addressing issues that deteriorate their living conditions. As of 2023, this service has been provided to 548 patients at Eşrefpaşa Hospital.

2.2. Community Health and Education Directorate

2.2.1. Community Health Education

Community health education aims to enhance individuals' health literacy and help them develop healthier living habits. İzmir Metropolitan Municipality organizes various health trainings targeting disadvantaged and special needs groups, especially the elderly population. These trainings cover topics such as prevention of infectious and non-communicable diseases, early diagnosis of diseases, first aid, oral and dental health, psychosocial health, healthy production and consumption, and the importance of physical activity. The trainings aim to increase the community's health knowledge and facilitate access to healthcare services. During 2023, a total of 360 social media posts, including 48 videos, were shared through social media accounts, reaching a wide audience. Additionally, online live meetings and webinars were held to provide direct access to participants. As of 2023, trainings covering community health topics have been provided to 1,131 elderly individuals.

2.2.2 Mobile Training Tools

Mobile training tools are services provided for individuals with limited access to health services. İzmir Metropolitan Municipality conducts practical training sessions with oral and dental health education vehicles in locations where the elderly population has difficulty reaching trainings in urban centers. These tools facilitate access to health services for individuals living in areas far from health centers. Mobile training tools consist of equipped mobile units enabling individuals to receive health screenings and basic health services at their location. These services are particularly important in rural areas and regions with restricted access to health services.

2.2.3 Healthy Villages Project

The Healthy Villages Project is based on the World Health Organization's definition of health as not merely the absence of disease or disability but rather a state of complete physical, mental, and social well-being.

The project aims to instill healthy living habits in villages, educate and raise awareness among neighborhoods and village residents, facilitate participation in events and activities, and promote active involvement in problem-solving. Individuals living in rural areas will be informed about preventive health practices, diseases, their symptoms, and treatments, aiming to maintain physical, mental, and social health while promoting healthy eating habits.

2.3. Healthy Living and Home Care Directorate

2.3.1. Home Care Service

Home care services are provided to patients, elderly, and disabled individuals in İzmir who have applied for or been reported for assistance and are experiencing socio-economic deprivation and cannot carry out daily living activities independently. Personal care, hairdressing, house cleaning, psychological support, and minor repair services are provided periodically. After a social survey, a decision regarding the services to be provided is made, and part or all of the mentioned services is offered. As of 2023, approximately 2,100 elderly individuals in İzmir have received personal care services 14,783 times, hairdressing services 3,046 times, house cleaning 6,943 times, psychological support 1,271 times, and minor repairs 434 times.

2.3.2. Healthy Aging and Solidarity Center

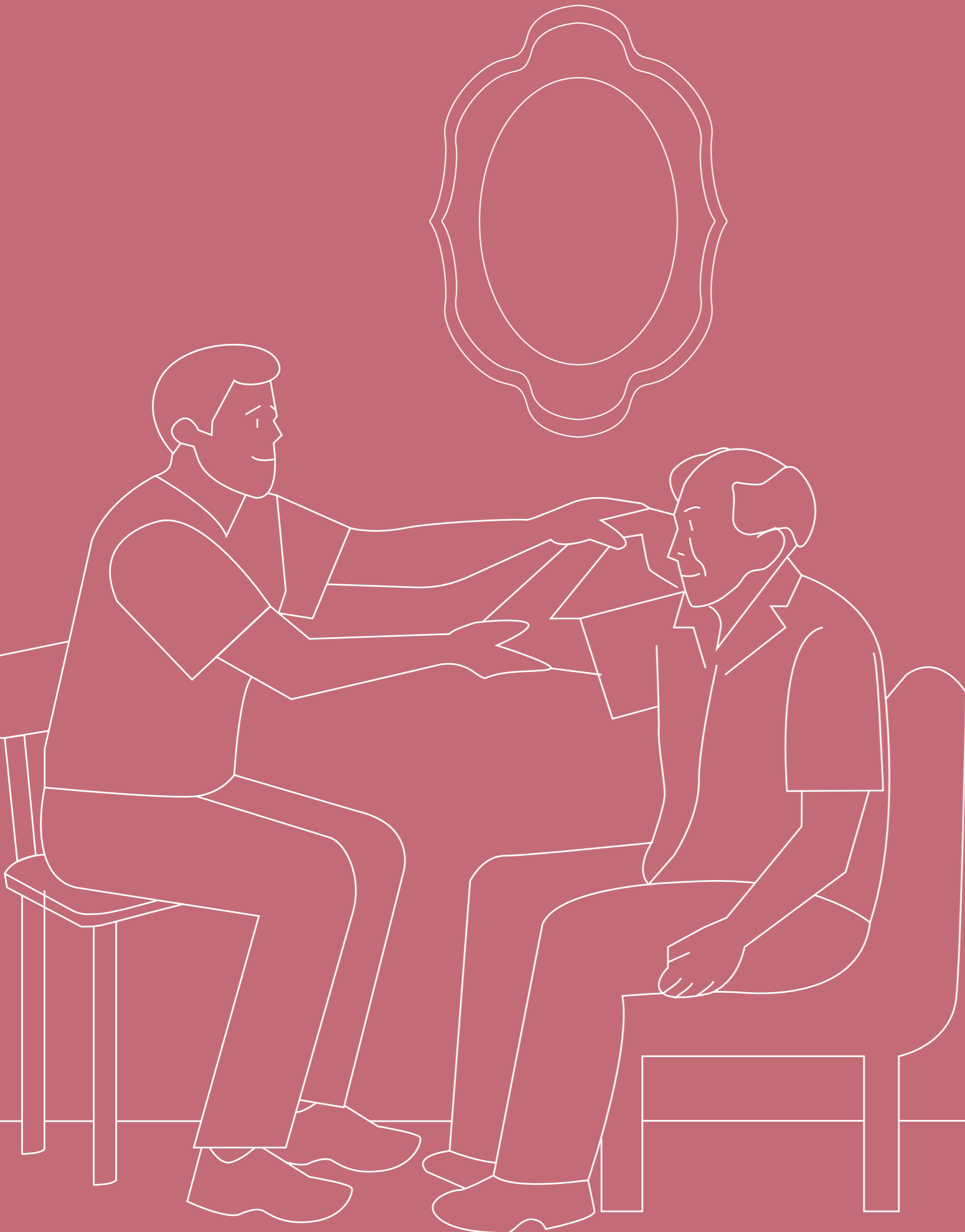
This center serves as a place for our citizens aged 65 and older, where they can come together and increase their social and physical activities. With 1,150 members, the center offers members the opportunity to exercise with trainers, visit cultural and historical sites, participate in entertainment activities, sing in the art music choir formed, and frequently gather for conversations. The center, which operates on a membership basis, offers courses in yoga, gymnastics, music, drama, chess, tile-making, jewelry crafting, and handicrafts (14 courses: Sports, Tile, Glass Painting, Transferring, English, Mind and Intelligence Games, Rhythm Course, Modern Dance, Drama, Handicrafts, Turkish Folk Music, Turkish Classical Music, Painting, Jewelry). Trips, boat tours, and entertainment events can be organized, as well as information meetings and cinema days.

2.3.3. Meeting and Solidarity Center for Alzheimer's and Dementia Patients and Families

Opened in 2013, the center serves elderly individuals with Alzheimer's (stage 1) and/or mild stage dementia who can carry out daily activities and do not exhibit aggressive behaviors, do not have disabilities, illnesses, or mental health issues that prevent them from meeting their bodily functions independently, and do not suffer from contagious or severe diseases requiring continuous treatment.

3. Events Organized by İzmir Metropolitan Municipality

İzmir Metropolitan Municipality continues its efforts to identify special needs in İzmir through scientific approaches by organizing Advanced Age Symposiums, Enjoyable Aging Fairs, Congresses, and workshops together with all stakeholders.



C. Action Plan

1. Ensuring Inter-Institutional Cooperation and Coordination

Goal 1.1. Developing collaborations with relevant ministry institutions, universities, civil society organizations, professional organizations, and district municipalities.

Activities:

1.1.1. An "Active and Healthy Aging and Elderly Policies Advisory Board" will be established with the participation of academics from different disciplines and fields, City Council, NGOs, representatives of professional organizations, and experts.

1.1.2. A structure will be established to provide coordination between elderly services working units of the metropolitan and district municipalities, ensuring resource and service optimization.

1.1.3. Cooperation protocols will be signed between İzmir Metropolitan Municipality and professional chambers/unions and NGOs operating in the elderly care field, and joint projects and collaborations will be carried out, strengthening civil society participation.

1.1.4. Collaborative efforts will be developed with commercial and economic representation structures, chambers, and councils in İzmir.

1.1.5. An "Elderly Rights and Policies" workshop themed "Active and Healthy Aging in İzmir" will be held with the participation of academics, City Council, NGOs, representatives of professional organizations, and experts.

1.1.6. Meetings involving neighborhood authorities and civil society organizations will be organized to raise awareness regarding aging, common diseases in elderly individuals, and the increase of elderly participation in decision-making processes.

1.1.7. Informational meetings will be held with council members, with the participation of relevant committees.

1.1.8. Collaborations will be made with managements and student communities in schools and universities, and projects will be implemented to increase interaction between elderly individuals and young people.

1.1.9. Collaborative and joint working visits will be conducted with relevant directorates, such as the Provincial Directorate of Family and Social Services and the İzmir Provincial Health Directorate.

1.1.10. The decisions taken during the first segment of stakeholder meetings will be followed up, and these meetings will be repeated at certain intervals.

2. Situation Assessment and Capacity Building

Goal 2.1. To create an elderly data system by identifying services and needs for the elderly in İzmir

Activities:

2.1.1. İzmir Elderly Atlas research will be conducted to identify the problems, expectations, and solutions of elderly residents in İzmir.

2.1.2. An inventory will be prepared concerning elderly individuals living in İzmir.

2.1.3. A software study will be conducted to keep the inventory up to date. Participation of stakeholders such as neighborhood authorities and families will be ensured for the updating of the database.

2.1.4. A service database related to home care and minor repair services offered by İzmir Metropolitan Municipality and district municipalities will be established to collect data on human resources, equipment, and capabilities, and these data will be updated periodically.

2.1.5. The diversity of services will be increased for elderly individuals requiring social services needs who live within İzmir's metropolitan boundaries and whose needs are unmet.

Goal Based on the results of the situation assessment, personnel and infrastructure improvement efforts will be carried out by İzmir Metropolitan Municipality and district municipalities

Activities:

2.2.1. Work will be carried out to increase the number of personnel such as physicians, nurses, EMTs, psychologists, social service specialists, gerontologists, elderly care technicians, physiotherapists, dietitians, sports trainers, technicians, etc., in the necessary units.

2.2.2. Efforts to create smart systems and telemonitoring systems for monitoring and following dependent elderly individuals will be initiated.

2.2.3. An emergency and support line for the elderly will be established.

2.2.4. Special socialization areas for elderly individuals will be created.

3. Combating Elderly Poverty

Goal 3.1. Conducting support programs focused on elderly health and welfare based on the right to access dignified economic conditions

Activities:

3.1.1. The scope and contribution amount of the Retirement Solidarity Supporting Beneficiaries provided to needy elderly individuals and retirees will be increased.

3.1.2. The scope of the prepared meal production and distribution service provided to needy elderly individuals will be expanded.

3.1.3. Food production and distribution services provided by mobile catering vehicles at Bizİzmir solidarity points will be expanded based on need.

3.1.4. Medical supplies (wheelchairs, hospital beds, air mattresses, adult diapers, etc.) will continue to be supplied to elderly citizens in need based on social assessment reports, and within the available budget, these resources will be increased.

4. Participation in Social Life

Goal 4.1. Encouraging the participation of elderly individuals in social decision-making processes.

Activities:

4.1.1. An "Elderly Council" composed of elderly individuals will be established to facilitate their involvement in municipal services and decision-making processes.

4.1.2. In advisory and coordination boards concerning issues affecting the elderly, representatives from elderly organizations will be included along with other NGOs.

4.1.3. Collaboration and joint efforts with elderly and retiree organizations will be increased.

Goal 4.2. Establishing social spaces that encourage the social participation and solidarity of elderly individuals and strengthening lifelong learning opportunities.

Activities:

4.2.1. The number of active and healthy aging centers will be gradually increased across all districts.

4.2.2. A Third Age University for individuals aged 65 and over will be initiated under İzmir Metropolitan Municipality.

4.2.3. To increase awareness of Active and Healthy Aging, educational courses, seminars, and awareness events will be broadly sustained within a lifelong learning framework.

4.2.4. “Elderly Health Talks” for elderly individuals and their relatives will be organized in central and district locations.

4.2.5. Informational and awareness-raising activities regarding elderly rights and the utilization of those rights will be conducted.

4.2.6. Informative activities related to elderly safety (cybercrimes, digital fraud, elderly neglect, and abuse, etc.) will be organized in seminars.

4.2.7. Digital literacy courses/training will be organized, and efforts to promote digital literacy will be supported.

4.2.8. İzmir Advanced Age Symposiums will be traditionally held in the elderly week every year.

4.2.9. The International İzmir Enjoyable Aging Fair and Congress will be organized biennially within the framework of the World Elderly Day.

4.2.10. Projects will be developed where the experiences and knowledge of elderly individuals can be shared with society, and these projects will be supported.

Goal 4.3. Utilizing the experiences and knowledge of elderly individuals in employment areas.

Activities:

4.3.1. Experience sharing units will be established to benefit from the experiences of the elderly.

4.3.2. Hobby courses that will serve as both educators and learners for the elderly will be introduced.

4.3.3. Opportunities for production and training of the young will be presented to elderly individuals who possess occupational skills that are at risk of being forgotten and have cultural value.

Goal 4.4. Encouraging elderly individuals’ participation in social, cultural activities as well as tourism, recreation, and sporting activities.

Activities:

4.4.1. Cultural and art studies composed of elderly individuals will be encouraged and receive educational and material support.

4.4.2. Participation in cultural and artistic activities will be supported according to the interests and abilities of the elderly.

4.4.3. Visits by elderly individuals to municipal historical sites and museums will be encouraged with free or discounted entry.

4.4.4. Institutions providing education under the municipality, theaters, exhibitions, cinemas, and cultural and artistic activity environments will be arranged according to the physical and technological standards to meet the needs of the elderly.

4.4.5. All kinds of works allowing elderly individuals to transfer their knowledge and experiences to society will be supported.

4.4.6. Trips, entertainment, and cultural tours for elderly individuals will be continued with an increase in inclusivity and diversity.

4.4.7. Thematic/nostalgic film and music days will be organized for elderly individuals.

Goal 4.5. Encouraging participation in sports suitable for the age and capacities of the elderly and creating age-friendly physical and social environments.

Activities:

4.5.1. The more active use of age-friendly recreation areas will be encouraged.

4.5.2. Opportunities for proven balance, strength, and endurance exercises will be expanded among elderly individuals.

4.5.3. Evidence-based sports programs that increase mental and physical resilience/flexibility in the elderly will be promoted.

4.5.4. Third age activity programs to encourage seniors to participate in sports and exercise, change perceptions related to aging, and make senior sports visible will be implemented in İzmir.

4.5.5. Implementation encouraging elderly individuals to participate in sports, such as marathons planned by local municipalities, will be widely disseminated.

4.5.6. Plans will be made for discounted or free usage of facilities for poor elderly individuals aged 65 and over at sports centers affiliated with İzmir Metropolitan Municipality.

4.5.7. Outdoor sports stations will be promoted.

Goal 4.6. Strengthening intergenerational solidarity and communication.

Activities:

4.6.1. Projects and activities that bring together the elderly and the young will be supported.

4.6.2. The “Digital Grandchild Project,” which will bring young people together with elderly individuals residing in nursing homes and care facilities, will be activated.

4.6.3. Awareness and training activities concerning intergenerational communication will be organized.

4.6.4. Projects and events, such as “While We Grew Up, You Were Little,” where young people and the elderly share the characteristics and experiences of their own generation, will be implemented.

4.6.5. Awareness projects, such as art, storytelling, and short films, aimed at enhancing the empathy skills of children and youth towards elderly individuals, will be encouraged and supported.

4.6.6. Common projects/programs and competitions will be organized in areas such as chess, games, sports, dance, and music to strengthen communication and relationships between young and elderly individuals.

Goal 4.7. Encouraging volunteer activities

Activities:

4.7.1. Volunteer activities through which elderly individuals can share their knowledge and experiences will be encouraged and supported.

4.7.2. Elderly individuals will be facilitated to participate in municipal services within the framework of social responsibility projects.

4.7.3. Elderly individuals involved in volunteer projects will be prioritized in benefiting from municipal services within the limits of regulations, including discounts and free access.

5. Home Aging Care and Rehabilitation

Amaç 5.1. Supporting home care and rehabilitation services

Activities:

5.1.1. Treatment, care, and rehabilitation plans will be created for elderly individuals living in İzmir and are accessible.

5.1.2. An "Home Care and Rehabilitation Advisory Board" will be established with the participation of diverse academics, NGOs, representative of professional organizations, and home care representatives from the metropolitan and district municipalities.

Goal 5.2. Sustaining and improving institutional care services

Activities:

5.2.1. The capacity of nursing homes belonging to İzmir Metropolitan Municipality will be increased to continue providing services.

5.2.2. İzmir Metropolitan Municipality will open Alzheimer and Dementia Day Care and Rehabilitation Centers to provide care services for Alzheimer's and dementia patients, sharing the caregiver burden partially.

Goal 5.3. Supporting on-site living through living space arrangements, prioritizing services and environments that support personal autonomy.

Activities:

5.3.1. Daytime care centers offering daily/hourly care services will be established to support the social participation of elderly individuals and establish social integration processes for caregivers.

Goal 5.4. Continuing and improving home care services

Activities:

5.4.1. Coordination will be ensured with district municipalities and other institutions providing home care services, optimizing the service.

5.4.2. The provision of services to districts where home care services are currently unavailable will be expanded.

5.4.3. Individual-focused care and bio-psychosocial approach-oriented care and rehabilitation services will be provided with an interdisciplinary team concept.

5.4.4. Efforts will be made to increase the frequency of visits by home care unit staff.

5.4.5. The average duration of social examination processes for determining home care needs and requirements will be shortened.

5.4.6. Workers in home care units will receive training to enable them to empathize with elderly and sick individuals and be sensitive to their needs.

5.4.7. Psychosocial support will be provided to caregivers.

5.4.8. Elderly and ill individuals will receive information regarding accidents within the home.

5.4.9. Training programs for caregivers on patient care will be organized for caregivers of elderly and bed-ridden individuals.

5.4.10. Feedback will be collected from patients and caregivers regarding care provision processes to develop services accordingly.

Goal 5.5. Increasing and sustaining the capacity of palliative care services

Activities:

5.5.1. The capacity of palliative care services operating under Eşrefpaşa Hospital will be increased with new additional buildings planned.

6. Creating an Age-Friendly Environment

Goal 6.1. Initiating efforts to make the macro and micro environment (housing, transport, roads, streets, sidewalks, parks, and recreational areas) age-friendly

Activities:

6.1.1. An application will be made to join the World Health Organization (WHO) Global Network of Age-Friendly Cities and Communities.

6.1.2. A coordination unit will be established to coordinate and conduct Age-Friendly City and Community efforts.,

6.1.3. Collaboration will be established to determine age-friendly criteria for public and private service institutions in cooperation with universities, local governments, professional chambers, active NGOs, and elderly organizations, beginning an age-friendly establishment program.

6.1.4. Awareness efforts will be initiated for the elderly-friendly structured infrastructure that meets the physical and social environmental standards that elderly individuals live in (housing, transport, roadways, sidewalks, parks, recreation areas, urban planning, and architecture).

6.1.5. Age-friendly practices will be included in urban and housing planning, incorporating universally accessible design principles and an architectural approach that accommodates everyone.

6.1.6. Accessibility standards will be applied to steps, surfaces, and ramps at entrances of residential buildings; measures will be taken to ensure that they are safe against risks of falling and slipping.

6.1.7. Production of small dwellings that are comfortable, ergonomic, and secure for the elderly will be encouraged.

6.1.8. Technical transformation support will be provided to needy individuals for ensuring the safety and ergonomics of existing homes inhabited by elderly individuals.

6.1.9. Safe and accessible toilets will be provided for elderly individuals in city centers and public living areas.

6.1.10. Urban transformation will be conducted in ways that support elderly individuals to age in place, ensuring their autonomy and sustaining their social relations and intergenerational interactions.

6.1.11. Control of encroachments on sidewalks, roadways, and pedestrian crossings will be tightened so that they are made safe for elderly individuals and individuals with mobility restrictions.

6.1.12. Actions will be prioritized that are environmentally friendly in municipal services against climate change and disruption of natural balance.

7. Combatting Elder Neglect, Abuse, and Discrimination

Goal 7.1. Combatting elder neglect, abuse, and discrimination, raising awareness concerning the rights of elderly individuals

Activities:

7.1.1. Personnel working with elderly individuals will receive training regarding “elder rights, neglect, abuse, and discrimination,” as well as the ethical and legal obligations of “reporting abuse and neglect,” and they will be encouraged to report these matters to ALO 183 and HİM (Citizen Communication Center). HİM personnel will receive additional information in this regard.

7.1.2. Personnel working in public transport systems and vehicles will be trained and informed about “elder rights and communication,” ensuring that discriminatory language and stereotyping are avoided.

7.1.3. Neighborhood authorities will receive training on “elder rights, neglect, abuse, and discrimination,” and brochures will be prepared and distributed.

7.1.4. Public awareness activities regarding elder discrimination, communication with the elderly, neglect, and abuse will be organized and shared on municipal digital platforms.

7.1.5. Competitions such as drawing, poetry, composition, and short films aimed at increasing societal awareness about elder rights will be held for students and young people.

7.1.6. Special efforts will be made to ensure that elderly groups with multiple disadvantages do not face “age and race discrimination.”

7.1.7. Services provided to elderly individuals based on their rights will be made more visible and recognizable.

7.1.8. Visuals and short informative videos regarding elderly rights will be prepared and shared on digital platforms during Elderly Week from March 18 to March 24.

8. Elderly Services in Disasters and Emergencies

Goal 8.1. The planning and implementation of actions regarding disasters and humanitarian emergencies will be organized to include elderly individuals

Activities:

8.1.1. A workshop will be organized to create an emergency action plan for the elderly with the participation of relevant institutions, organizations, professional chambers, NGOs, academics, and experts.

8.1.2. Sections related to the necessary preparations and risk control regarding the elderly during disasters will be integrated into İzmir AFAD’s action plan.

8.1.3. The elderly-friendly nature of İzmir’s disaster and emergency action plan will be ensured.

8.1.4. There will be a representative of the elderly in committees and formations related to disaster management.

8.1.5. Awareness training and activities concerning elderly individuals and disaster management will be conducted.

8.1.6. Education regarding preparation for disasters as well as psychosocial first aid will be provided to elderly individuals.

8.1.7. Emergency action plans will be created for elderly individuals and those with mobility restrictions in buildings, residences, and public spaces, and shared with relevant individuals, institutions, and organizations.

8.1.8. First aid training for elderly individuals and those with mobility restrictions will be expanded during disasters and emergencies.

8.1.9. Applications will be made to institutions such as TÜBİTAK (The Scientific and Technological Research Council of Türkiye) for the preparation and training of an emergency action plan for the elderly.

9. Sustainability

Goal 9.1. Ensuring the sustainability of the program and program evaluation

Activities:

9.1.1. Budgeting related to the issue in local government budgets will be done according to realistic and sustainable principles.

9.1.2. Volunteerism will be encouraged, and tasks that volunteers can perform for free or at a low cost will be defined.

9.1.3. Efforts will be made regarding funds to be created via local NGOs.

9.1.4. Community support will be prioritized for generating resources through donations and grants.

10. Effective Communication throughout the Process

Goal 10.1. Ensuring effective and transparent communication that encompasses all stakeholders throughout the application of the Action Plan and Programs

Activities:

10.1.1. A Communication Action Plan will be prepared for effective and transparent communication.

10.1.2. A website regarding the Action Plan will be created.

10.1.3. The data collected within the framework of the activities conducted on the website will be shared with the public, and studies using this data set for practical or academic research will be encouraged.

11. Monitoring and Evaluation

Goal 11.1. Conducting effective monitoring and evaluation studies to ensure the healthy functioning of the program and Action Plan

Activities:

11.1.1. Monitoring indicators for the action plan will be established, and a monitoring plan will be created.

11.1.2. The created monitoring board will evaluate and report on the process.

11.1.3. Periodic workshops will be held to evaluate the outcomes of the İzmir Action Plan with stakeholder participation.

İZMİR METROPOLITAN MUNICIPALITY
ELDERLY İZMİR ACTION PLAN
ACTIVITY TABLE



İzmir Metropolitan Municipality
Elderly İzmir Action Plan
Activity Table

	Goals	Activities	Priority Status	Time and Periodic Repetition Frequency	Responsible Institution(s)	Stakeholders
<p>1. Ensuring Inter-Institutional Cooperation and Coordination</p>	<p>Goal 1.1 Developing collaborations with relevant ministry institutions, universities, civil society organizations, professional organizations, and district municipalities.</p>	<p>1.1.1 An "Active and Healthy Aging and Elderly Policies Advisory Board" will be established with the participation of academics from different disciplines and fields, City Council, NGOs, representatives of professional organizations, and experts.</p>	Priority	2025-2026	Department of Health Affairs- Department of Social Services	NGO, City Council, Professional organizations, Universities
		<p>1.1.2 A structure will be established to provide coordination between elderly services working units of the metropolitan and district municipalities, ensuring resource and service optimization.</p>	High Priority	2024-2025	Department of Health Affairs- Department of Social Services	İzMM relevant departments, District municipalities
		<p>1.1.3. Cooperation protocols will be signed between İzmir Metropolitan Municipality and professional chambers/unions and NGOs operating in the elderly care field, and joint projects and collaborations will be carried out, strengthening civil society participation.</p>	High Priority	2024-2025	Department of Health Affairs- Department of Social Services	NGO, City Council, Professional organizations, Universities
		<p>1.1.4. Collaborative efforts will be developed with commercial and economic representation structures, chambers, and councils in İzmir.</p>	High Priority	Ongoing	Department of Health Affairs- Department of Social Services	Chambers of industry and merchants
		<p>1.1.5. An "Elderly Rights and Policies" workshop themed "Active and Healthy Aging in İzmir" will be held with the participation of academics, City Council, NGOs, representatives of professional organizations, and experts.</p>	Priority	2025-2026	Department of Health Affairs- Department of Social Services	NGO, City Council, Professional organizations, Universities
		<p>1.1.6. Meetings involving neighborhood authorities and civil society organizations will be organized to raise awareness regarding aging, common diseases in elderly individuals, and the increase of elderly participation in decision-making processes.</p>	Priority	2025-2026	Department of Health Affairs- Department of Social Services	NGO, Neighbourhood Authorities
		<p>1.1.7. Informational meetings will be held with council members, with the participation of relevant committees.</p>	Priority	Ongoing	Department of Health Affairs- Department of Social Services	İzMM relevant commissions
		<p>1.1.8. Collaborations will be made with managements and student communities in schools and universities, and projects will be implemented to increase interaction between elderly individuals and young people.</p>	Priority	2025-2026	Department of Health Affairs- Department of Social Services	Directorate of National Education, Universities
		<p>1.1.9. Collaborative and joint working visits will be conducted with relevant directorates, such as the Provincial Directorate of Family and Social Services and the İzmir Provincial Health Directorate.</p>	Priority	2025-2026	Department of Health Affairs- Department of Social Services	Public Institutions
		<p>1.1.10. The decisions taken during the first segment of stakeholder meetings will be followed up, and these meetings will be repeated at certain intervals.</p>	Priority	Ongoing	Department of Health Affairs- Department of Social Services	İzMM relevant departments

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	Goals	Activities	Priority Status	Time and Periodic Repetition Frequency	Responsible Institution(s)	Stakeholders
2. Situation Assessment and Capacity Building	Goal 2.1. To create an elderly data system by identifying services and needs for the elderly in İzmir.	2.1.1. İzmir Elderly Atlas research will be conducted to identify the problems, expectations, and solutions of elderly residents in İzmir.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		2.1.2. An inventory will be prepared concerning elderly individuals living in İzmir.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		2.1.3. A software study will be conducted to keep the inventory up to date. Participation of stakeholders such as neighborhood authorities and families will be ensured for the updating of the database.	Priority	Ongoing	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		2.1.4. A service database related to home care and minor repair services offered by İzmir Metropolitan Municipality and district municipalities will be established to collect data on human resources, equipment, and capabilities, and these data will be updated periodically.	Priority	Ongoing	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		2.1.5. The diversity of services will be increased for elderly individuals requiring social services needs who live within İzmir's metropolitan boundaries and whose needs are unmet.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
	Goal 2.2. Based on the results of the situation assessment, personnel and infrastructure improvement efforts will be carried out by İzmir Metropolitan Municipality and district municipalities.	2.2.1. Work will be carried out to increase the number of personnel such as physicians, nurses, EMTs, psychologists, social service specialists, gerontologists, elderly care technicians, physiotherapists, dietitians, sports trainers, technicians, etc., in the necessary units.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		2.2.2. Efforts to create smart systems and telemonitoring systems for monitoring and following dependent elderly individuals will be initiated.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		2.2.3. An emergency and support line for the elderly will be established.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		2.2.4. Special socialization areas for elderly individuals will be created.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
	3. Combating Elderly Poverty	Goal 3.1. Conducting support programs focused on elderly health and welfare based on the right to access dignified economic conditions.	3.1.1. The scope and contribution amount of the Retirement Solidarity Supporting Beneficiaries provided to needy elderly individuals and retirees will be increased.	Priority	2025-2026	Department of Social Services
3.1.2. The scope of the prepared meal production and distribution service provided to needy elderly individuals will be expanded.			Priority	2025-2026	Department of Social Services	İzMM relevant departments
3.1.3. Food production and distribution services provided by mobile catering vehicles at Bizİzmir solidarity points will be expanded based on need.			Priority	2025-2026	Department of Social Services	İzMM relevant departments
3.1.4. Medical supplies (wheelchairs, hospital beds, air mattresses, adult diapers, etc.) will continue to be supplied to elderly citizens in need based on social assessment reports, and within the available budget, these resources will be increased.			Priority	2025-2026	Department of Social Services	İzMM relevant departments

İzmir Metropolitan Municipality
Elderly İzmir Action Plan
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Goals	Activities	Priority Status	Time and Periodic Repetition Frequency	Responsible Institution(s)	Stakeholders
Goal 4.1. Encouraging the participation of elderly individuals in social decision-making processes.	4.1.1. An "Elderly Council" composed of elderly individuals will be established to facilitate their involvement in municipal services and decision-making processes.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
	4.1.2. In advisory and coordination boards concerning issues affecting the elderly, representatives from elderly organizations will be included along with other NGOs.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO
	4.1.3. Collaboration and joint efforts with elderly and retiree organizations will be increased.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO, Retiree organizations
4. Participation in Social Life Goal 4.2. Establishing social spaces that encourage the social participation and solidarity of elderly individuals and strengthening lifelong learning opportunities.	4.2.1. The number of active and healthy aging centers will be gradually increased across all districts.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO, Associations
	4.2.2. A Third Age University for individuals aged 65 and over will be initiated under İzmir Metropolitan Municipality.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO, Associations
	4.2.3. To increase awareness of Active and Healthy Aging, educational courses, seminars, and awareness events will be broadly sustained within a lifelong learning framework.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO, Associations
	4.2.4. "Elderly Health Talks" for elderly individuals and their relatives will be organized in central and district locations.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO, Associations
	4.2.5. Informational and awareness-raising activities regarding elderly rights and the utilization of those rights will be conducted.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO, Associations
	4.2.6. Informative activities related to elderly safety (cybercrimes, digital fraud, elderly neglect, and abuse, etc.) will be organized in seminars.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO, Associations
	4.2.7. Digital literacy courses/training will be organized, and efforts to promote digital literacy will be supported.	Priority	Ongoing	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO, Associations
	4.2.8. İzmir Advanced Age Symposiums will be traditionally held in the elderly week every year.	Priority	Ongoing	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO, Associations
	4.2.9. The International İzmir Enjoyable Aging Fair and Congress will be organized biennially within the framework of the World Elderly Day.	Priority	Ongoing	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO, Associations
	4.2.10. Projects will be developed where the experiences and knowledge of elderly individuals can be shared with society, and these projects will be supported.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO, Associations

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Goals	Activities	Priority Status	Time and Periodic Repetition Frequency	Responsible Institution(s)	Stakeholders
Goal 4.3. Utilizing the experiences and knowledge of elderly individuals in employment areas.	4.3.1. Experience sharing units will be established to benefit from the experiences of the elderly.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO, Associations
	4.3.2. Hobby courses that will serve as both educators and learners for the elderly will be introduced.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO, Associations
	4.3.3. Opportunities for production and training of the young will be presented to elderly individuals who possess occupational skills that are at risk of being forgotten and have cultural value.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO, Associations
4. Participation in Social Life Goal 4.4 Encouraging elderly individuals' participation in social, cultural activities as well as tourism, recreation, and sporting activities.	4.4.1. Cultural and art studies composed of elderly individuals will be encouraged and receive educational and material support.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
	4.4.2. Participation in cultural and artistic activities will be supported according to the interests and abilities of the elderly.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, Associations
	4.4.3. Visits by elderly individuals to municipal historical sites and museums will be encouraged with free or discounted entry.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, Associations
	4.4.4. Institutions providing education under the municipality, theaters, exhibitions, cinemas, and cultural and artistic activity environments will be arranged according to the physical and technological standards to meet the needs of the elderly.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, Associations
	4.4.5. All kinds of works allowing elderly individuals to transfer their knowledge and experiences to society will be supported.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, Associations
	4.4.6. Trips, entertainment, and cultural tours for elderly individuals will be continued with an increase in inclusivity and diversity.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, Associations
	4.4.7. Thematic/nostalgic film and music days will be organized for elderly individuals.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, Associations

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	Goals	Activities	Priority Status	Time and Periodic Repetition Frequency	Responsible Institution(s)	Stakeholders
4. Participation in Social Life	Goal 4.5. Encouraging participation in sports suitable for the age and capacities of the elderly and creating age-friendly physical and social environments.	4.5.1. The more active use of age-friendly recreation areas will be encouraged.	Priority	2025-2026	Department of Health Affairs- Department of Social Services- Department of Youth and Sports Services	İzMM relevant departments
		4.5.2. Opportunities for proven balance, strength, and endurance exercises will be expanded among elderly individuals.	Priority	2025-2026	Department of Health Affairs- Department of Social Services- Department of Youth and Sports Services	İzMM relevant departments
		4.5.3. Evidence-based sports programs that increase mental and physical resilience/ flexibility in the elderly will be promoted.	Priority	2025-2026	Department of Health Affairs- Department of Social Services- Department of Youth and Sports Services	İzMM relevant departments
		4.5.4. Third age activity programs to encourage seniors to participate in sports and exercise, change perceptions related to aging, and make senior sports visible will be implemented in İzmir.	Priority	2025-2026	Department of Health Affairs- Department of Social Services- Department of Youth and Sports Services	İzMM relevant departments
		4.5.5. Implementation encouraging elderly individuals to participate in sports, such as marathons planned by local municipalities, will be widely disseminated.	Priority	2025-2026	Department of Health Affairs- Department of Social Services- Department of Youth and Sports Services	İzMM relevant departments
		4.5.6. Plans will be made for discounted or free usage of facilities for poor elderly individuals aged 65 and over at sports centers affiliated with İzmir Metropolitan Municipality.	Priority	2025-2026	Department of Health Affairs- Department of Social Services- Department of Youth and Sports Services	İzMM relevant departments
		4.5.7. Outdoor sports stations will be promoted.	Priority	2025-2026	Department of Health Affairs- Department of Social Services- Department of Youth and Sports Services	İzMM relevant departments
	Goal 4.6. Strengthening intergenerational solidarity and communication.	4.6.1. Projects and activities that bring together the elderly and the young will be supported.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		4.6.2. The "Digital Grandchild Project," which will bring young people together with elderly individuals residing in nursing homes and care facilities, will be activated.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		4.6.3. Awareness and training activities concerning intergenerational communication will be organized.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		4.6.4. Projects and events, such as "While We Grew Up, You Were Little," where young people and the elderly share the characteristics and experiences of their own generation, will be implemented.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		4.6.5. Awareness projects, such as art, storytelling, and short films, aimed at enhancing the empathy skills of children and youth towards elderly individuals, will be encouraged and supported.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		4.6.6. Common projects/programs and competitions will be organized in areas such as chess, games, sports, dance, and music to strengthen communication and relationships between young and elderly individuals.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments

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4. Participation in Social Life	Goal 4.7 Encouraging volunteer activities.	4.7.1. Volunteer activities through which elderly individuals can share their knowledge and experiences will be encouraged and supported.
		4.7.2. Elderly individuals will be facilitated to participate in municipal services within the framework of social responsibility projects.
		4.7.3. Elderly individuals involved in volunteer projects will be prioritized in benefiting from municipal services within the limits of regulations, including discounts and free access.
5. Home Aging Care and Rehabilitation	Goal 5.1. Supporting home care and rehabilitation services.	5.1.1. Treatment, care, and rehabilitation plans will be created for elderly individuals living in İzmir and are accessible.
		5.1.2. An "Home Care and Rehabilitation Advisory Board" will be established with the participation of diverse academics, NGOs, representative of professional organizations, and home care representatives from the metropolitan and district municipalities.
	Goal 5.2. Sustaining and improving institutional care services.	5.2.1. The capacity of nursing homes belonging to İzmir Metropolitan Municipality will be increased to continue providing services.
		5.2.2. İzmir Metropolitan Municipality will open Alzheimer and Dementia Day Care and Rehabilitation Centers to provide care services for Alzheimer's and dementia patients, sharing the caregiver burden partially.
	Goal 5.3. Supporting on-site living through living space arrangements, prioritizing services and environments that support personal autonomy.	5.3.1. Daytime care centers offering daily/ hourly care services will be established to support the social participation of elderly individuals and establish social integration processes for caregivers.

Priority Status	Time and Periodic Repetition Frequency	Responsible Institution(s)	Stakeholders
Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO, Universities, district municipalities
Priority	2025-2026	Department of Social Services	İzMM relevant departments
Priority	2025-2026	Department of Health Affairs	İzMM relevant departments
Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments

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	Goals	Activities	Priority Status	Time and Periodic Repetition Frequency	Responsible Institution(s)	Stakeholders
5. Home Aging Care and Rehabilitation	Goal 5.4. Continuing and improving home care services.	5.4.1. Coordination will be ensured with district municipalities and other institutions providing home care services, optimizing the service.	High Priority	2024-2025	Department of Health Affairs	İzMM relevant departments
		5.4.2. The provision of services to districts where home care services are currently unavailable will be expanded.	High Priority	2024-2025	Department of Health Affairs	İzMM relevant departments
		5.4.3. Individual-focused care and bio-psychosocial approach-oriented care and rehabilitation services will be provided with an interdisciplinary team concept.	High Priority	2024-2025	Department of Health Affairs	İzMM relevant departments
		5.4.4. Efforts will be made to increase the frequency of visits by home care unit staff	High Priority	2024-2025	Department of Health Affairs	İzMM relevant departments
		5.4.5. The average duration of social examination processes for determining home care needs and requirements will be shortened.	High Priority	2024-2025	Department of Health Affairs	İzMM relevant departments
		5.4.6. Workers in home care units will receive training to enable them to empathize with elderly and sick individuals and be sensitive to their needs.	High Priority	2024-2025	Department of Health Affairs	İzMM relevant departments
		5.4.7. Psychosocial support will be provided to caregivers.	High Priority	2024-2025	Department of Health Affairs	İzMM relevant departments
		5.4.8. Elderly and ill individuals will receive information regarding accidents within the home.	High Priority	2024-2025	Department of Health Affairs	İzMM relevant departments
		5.4.9. Training programs for caregivers on patient care will be organized for caregivers of elderly and bed-ridden individuals.	High Priority	2024-2025	Department of Health Affairs	İzMM relevant departments
		5.4.10. Feedback will be collected from patients and caregivers regarding care provision processes to develop services accordingly.	High Priority	2024-2025	Department of Health Affairs	İzMM relevant departments
	Goal 5.5 Increasing and sustaining the capacity of palliative care services.	5.5.1. The capacity of palliative care services operating under Eşrefpaşa Hospital will be increased with new additional buildings planned.	Priority	2025-2026	Department of Health Affairs	İzMM relevant departments

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	Goals	Activities	Priority Status	Time and Periodic Repetition Frequency	Responsible Institution(s)	Stakeholders
6. Creating an Age-Friendly Environment	Goal 6.1. Initiating efforts to make the macro and micro environment (housing, transport, roads, streets, sidewalks, parks, and recreational areas) age-friendly.	6.1.1. An application will be made to join the World Health Organization (WHO) Global Network of Age-Friendly Cities and Communities.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		6.1.2. A coordination unit will be established to coordinate and conduct Age-Friendly City and Community efforts.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		6.1.3. Collaboration will be established to determine age-friendly criteria for public and private service institutions in cooperation with universities, local governments, professional chambers, active NGOs, and elderly organizations, beginning an age-friendly establishment program.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		6.1.4. Awareness efforts will be initiated for the elderly-friendly structured infrastructure that meets the physical and social environmental standards that elderly individuals live in (housing, transport, roadways, sidewalks, parks, recreation areas, urban planning, and architecture).	Priority	2025-2026	İzMM	İzMM relevant departments
		6.1.5. Age-friendly practices will be included in urban and housing planning, incorporating universally accessible design principles and an architectural approach that accommodates everyone.	Priority	2025-2026	İzMM	İzMM relevant departments
		6.1.6. Accessibility standards will be applied to steps, surfaces, and ramps at entrances of residential buildings; measures will be taken to ensure that they are safe against risks of falling and slipping.	Priority	2025-2026	İzMM	İzMM relevant departments
		6.1.7. Production of small dwellings that are comfortable, ergonomic, and secure for the elderly will be encouraged.	Priority	2025-2026	İzMM	İzMM relevant departments
		6.1.8. Technical transformation support will be provided to needy individuals for ensuring the safety and ergonomics of existing homes inhabited by elderly individuals.	Priority	2025-2026	İzMM	İzMM relevant departments
		6.1.9. Safe and accessible toilets will be provided for elderly individuals in city centers and public living areas.	Priority	2025-2026	İzMM	İzMM relevant departments
		6.1.10. Urban transformation will be conducted in ways that support elderly individuals to age in place, ensuring their autonomy and sustaining their social relations and intergenerational interactions.	Priority	2025-2026	İzMM	İzMM relevant departments
		6.1.11. Control of encroachments on sidewalks, roadways, and pedestrian crossings will be tightened so that they are made safe for elderly individuals and individuals with mobility restrictions.	Priority	2025-2026	İzMM	İzMM relevant departments
		6.1.12. Actions will be prioritized that are environmentally friendly in municipal services against climate change and disruption of natural balance.	Priority	2025-2026	İzMM	İzMM relevant departments

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Goals	Activities
7. Combating Elder Neglect, Abuse and Discrimination Goal 7.1. Combatting elder neglect, abuse, and discrimination, raising awareness concerning the rights of elderly individuals.	7.1.1. Personnel working with elderly individuals will receive training regarding "elder rights, neglect, abuse, and discrimination," as well as the ethical and legal obligations of "reporting abuse and neglect," and they will be encouraged to report these matters to ALO 183 and HiM. HiM personnel will receive additional information in this regard.
	7.1.2. Personnel working in public transport systems and vehicles will be trained and informed about "elder rights and communication," ensuring that discriminatory language and stereotyping are avoided.
	7.1.3. Neighborhood authorities will receive training on "elder rights, neglect, abuse, and discrimination," and brochures will be prepared and distributed.
	7.1.4. Public awareness activities regarding elder discrimination, communication with the elderly, neglect, and abuse will be organized and shared on municipal digital platforms..
	7.1.5. Competitions such as drawing, poetry, composition, and short films aimed at increasing societal awareness about elder rights will be held for students and young people.
	7.1.6. Special efforts will be made to ensure that elderly groups with multiple disadvantages do not face "age and race discrimination."
	7.1.7. Services provided to elderly individuals based on their rights will be made more visible and recognizable.
	7.1.8. Visuals and short informative videos regarding elderly rights will be prepared and shared on digital platforms during Elderly Week from March 18 to March 24.

Priority Status	Time and Periodic Repetition Frequency	Responsible Institution(s)	Stakeholders
Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
Priority	Ongoing	Department of Health Affairs- Department of Social Services	İzMM relevant departments

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9. Sustainability	Goal 9.1. Ensuring the sustainability of the program and program evaluation.	9.1.1. Budgeting related to the issue in local government budgets will be done according to realistic and sustainable principles.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		9.1.2. Volunteerism will be encouraged, and tasks that volunteers can perform for free or at a low cost will be defined.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		9.1.3. Efforts will be made regarding funds to be created via local NGOs.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments, NGO
		9.1.4. Community support will be prioritized for generating resources through donations and grants.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
10. Effective Communication Throughout the Process	Amaç 10.1. Ensuring effective and transparent communication that encompasses all stakeholders throughout the application of the Action Plan and Programs.	10.1.1. A Communication Action Plan will be prepared for effective and transparent communication.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		10.1.2. A website regarding the Action Plan will be created.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		10.1.3. The data collected within the framework of the activities conducted on the website will be shared with the public, and studies using this data set for practical or academic research will be encouraged.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
11. Monitoring and Evaluation	Goal 11.1. Conducting effective monitoring and evaluation studies to ensure the healthy functioning of the program and Action Plan.	11.1.1. Monitoring indicators for the action plan will be established, and a monitoring plan will be created.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		11.1.2. The created monitoring board will evaluate and report on the process	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments
		11.1.3. Periodic workshops will be held to evaluate the outcomes of the İzmir Action Plan with stakeholder participation.	Priority	2025-2026	Department of Health Affairs- Department of Social Services	İzMM relevant departments

