

PANNON MANAGEMENT REVIEW



PMR.UNI-PANNON.HU

VOLUME 5 · ISSUE 3-4 · (NOVEMBER 2016)

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UNIVERSITY OF PANNONIA PRESS

Wartha V. u. 1. Veszprém, 8200 Hungary
+36 (88) 624-253 kiado@almos.uni-pannon.hu
p-ISSN 2063-8248 e-ISSN 2064-0188
Printed in B5 on 9,1 sheets PE 131/2016

FACULTY OF BUSINESS AND ECONOMICS
UNIVERSITY OF PANNONIA

PANNON MANAGEMENT REVIEW

Editor
Zoltán Veres

HTTP://WWW.PMR.UNI-PANNON.HU

PANNON MANAGEMENT REVIEW

Pannon Management Review contributes to bridging scholarly management research and management practitioner thinking worldwide. In particular, *Pannon Management Review* broadens the existing links between Hungarian scholars and practitioners, on the one hand, and the wider international academic and business communities, on the other – the Journal acts as an overall Central and Eastern European catalyst for the dissemination of international thinking, both scholarly and managerial. To this end, the articles published in *Pannon Management Review* reflect the extensive variety of interests, backgrounds, and levels of experience and expertise of its contributors, both scholars and practitioners – and seek to balance academic rigour with practical relevance in addressing issues of current managerial interest. The Journal also encourages the publication of articles outside the often narrow disciplinary constraints of traditional academic journals, and offers young scholars publication opportunities in a supportive, nurturing editorial environment.

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Co-funded by the COSME programme
of the European Union

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ZOLTÁN VERES
EDITORIAL:
HEALTH TOURISM FROM DIFFERENT ASPECTS

Welcome to the 2nd double issue of Pannon Management Review in the year of 2016, which has got again a different structure as compared to the standard issues of PMR. In this issue a really actual topic of our ageing society, namely health tourism has been put into the focus from different aspects. Among the leading trends of our era healthy way of life is of strengthening priority. Let us look at medicaltourism.com on the topic:

Medical tourism has been around for thousands of years. In fact, archaeological evidence from the third millennium B.C. suggests that people in ancient Mesopotamia traveled to the temple of a healing god or goddess at Tell Brak, Syria to heal eye disorders. A couple millennia later the Greeks and Romans would travel by foot or boat to spas and cult centers all over the Mediterranean. The Asclepia Temples, dedicated in honor of the Greek god of medicine, were some of the world's first healing centers. Pilgrims would come and stay several nights praying that Asclepios would appear in a dream and provide a cure to their ailment.

Some actual facts on global health tourism market in the USA:

- *Medical tourists spend between \$7,475 and \$15,833 per medical travel trip;*
- *48% of respondents would be interested in engaging in medical tourism again at some point in the future;*
- *The cost of medical treatment (85%) and state-of-the-art technology (83%) were the most important factors in their decision to travel abroad for treatment.*

This issue of PMR demonstrates research cooperation of the University of Pannonia in this field with other institutions (in the framework of 676737 COSME programme, co-funded by the European Union). The research explored opportunities and barriers to involvement of new sending areas. It has affirmed that travel activity remains unchanged as a part of values. As for the management aspects of health tourism cross-cultural harmonisation and over the border partnership can be stressed. Managers in the health tourism value chain belong to the core target group of this issue but students, educators and researchers can equally find useful material from the papers.

The papers feature a broad range of research issues. Ilenia Gheno in her paper of *Healthy Ageing in the European Union – Tourism in the Focus* discusses challenges

to be considered in health tourism, as well the resources to be mobilised. She states that from the European perspective it is relevant to share the outcomes of both policy and projects' results that will drive the implementation of national and local solutions for low-season and age-friendly tourism. Zsófia Papp and Katalin Lőrincz under the title of *Health Tourism Trends* argue that health tourism product is to be developed also in line with mainstream trend by providing a contribution to an increased health status, and quality of life. Therefore they attempt to set out some health tourism trends. The paper *Seniors' Participation in Tourism* of Eszter Madarász presents that older adults are a very attractive segment for tourism stakeholders. The reason for that – among others – is that they have an increased awareness of their health status, so health can be a crucial motivator when travelling with tourism purposes. The author Judit Sulyok has contributed with two papers to this issue. In the first one, titled *Perception and Potential of Northern European Health Tourists*, the Reader has got an insight into the results of a primary research. It has been proved that the already affluent travellers are especially interested in the experiences and discovering new places that can support to maintain their good health condition and support a good quality of life. However, in the case of new, emerging destinations, the general tourism image and awareness should be also communicated, in order to reach the target segments successfully. In the second paper, under the title of *Potential of New Health Tourism Product – Stakeholders' View* the conclusions highlight that stakeholders are more 'rational' and focusing on 'hard' factors (e.g. infrastructure, safety), meanwhile potential travellers can be attracted by the emotional benefits, and experiences provided by the destination visited. Finally the last two papers investigate the health tourism destinations of Hévíz and Covasna. The paper *Tourism Product Development in a Mature Destination – Hévíz (Hungary)* written by Orsolya Horváth presents that the main focus of the new health tourism product development is to enrich and rejuvenate the already available offer, the innovation means to target new segments (senior travellers from Northern Europe) by providing new and tailor-made experiences. The last paper *Tourism Product Development in an Emerging Destination – Covasna (Romania)* by Zoltán Albert and Márta Giliga illustrates well that a new health tourism product can support the reputation of the place, and induces further developments in the area.

I hope that the papers in this issue draw the attention of the readers to the topic. I am convinced at the same time that the papers can offer a broad selection on the management problems of health tourism.



Zoltán Veres, Professor of Marketing, at the University of Pannonia, Veszprém, Hungary, Head of Department of Marketing. He was born in Hungary and he received his university degrees from the Technical University of Budapest (Masters degree in Electrical Engineering) and the Budapest University of Economic Sciences (Masters degree in International Business). He obtained his PhD in economics, at the Hungarian Academy of Sciences. More recently, he obtained his habilitation degree at University of Szeged, Faculty of Economics and Business Administration.

He worked as project manager of numerous international industrial projects in the Mediterranean region (e.g. Greece, Middle East, North Africa) between 1977 and '90. Since 1990, he actively

participates in the higher education. Among others he taught at the College for Foreign Trades; at the Ecole Supérieure de Commerce d'Angers and between 2004 and 2009 he was Head of Institute of Business Studies at the University of Szeged. In 2011 he was appointed professor of Marketing at the Budapest Business School (BBS), Hungary, and between 2010 and 2014 he was also Head of Research Centre at BBS. Since 2014 he is Head of Department of Marketing at the Faculty of Business & Economics of the University of Pannonia, Veszprém, Hungary. From the beginning of this year he is the editor of the Pannon Management Review.

Zoltán Veres has had consultancy practice and conducted numerous research projects on services marketing and project marketing. In 2001 and 2002 he was Head of Service Research Department at the multinational GfK Market Research Agency. He is a member of the research group of the European Network for Project Marketing and Systems Selling, Lyon; Advisory Board member of Academy of World Business, Marketing and Management Development, Perth (Australia); member of Comité Científico del Academia Europea de Dirección y Economía de la Empresa (Spain); Advisory Board member of the Nepalese Academy of Management; member of Board of Supervision at Association for Marketing Education and Research, Hungary; Advisory Board member of McMillan & Baneth Management Consulting Agency, Hungary and consultant of Consact Quality Management Ltd., Hungary.

He has more than 200 scientific publications, including the books of *Introduction to Market Research*, *Foundations of Services Marketing* and *Nonbusiness Marketing*. He has been editor of series to Academy Publishing House (Wolters Kluwer Group), Budapest. Besides Zoltán Veres has been editorial board member of the journals Revista Internacional de Marketing Público y No Lucrativo (Spain), Вестник Красноярского государственного аграрного университета (Krasnoyarsk, Russian Federation), Tér-Gazdaság-Ember and Marketing & Menedzsment (Hungary); member of Journal of Global Strategic Management, Advisory Board and Review Committee; member of Asian Journal of Business Research, Editorial Review Board.

JUDIT SULYOK & TÜNDE VAJDA
OFF TO SPAS PROJECT

Ageing population is a widely discussed phenomenon. Supporting seniors' healthy and active lifestyle, a wide range of products and services are aimed at serving elder age groups' needs. Travelling with tourism purposes is among one of the popular activities of seniors in developed countries. Acknowledging tourism's benefits, the European Union is also supporting programmes with the objective of developing new tourism products, new tourism flows. In the framework of the COSME programme (co-funded by the EU), projects have been initiated with the main objective fostering tourism flows during the off-season period. This can help not only to raise the quality of life of the involved travellers, but can result a better use of tourism capacities, and a more balanced tourism performance of destinations. One of the COSME programme is the Off to Spas project (676737/COSME) that aims creating a new health tourism product in the Central European countries attractive for senior tourists during the off-season period.

Introduction

The *Off to Spas* project aims at creating new, thermal water related international health tourism products (international balneology product) in the spa towns of Central Europe that could serve as a main attraction in order to bring seniors to these regions in the low tourism seasons. The project is co-funded by the European Union (676737/COSME Programme).

The project is realized by an international consortium, including the following partners:

- University of Pannonia (Veszprém, Hungary);
- AGE Platform Europe (Belgium);
- Tourism Non-profit Ltf. of Hévíz (Hungary);
- Consilul Județean Covasna/Covasna County Council (Romania);
- Asociația pentru Desvoltarea Turismului in Județul Covasna/Covasna Tourism Association (Romania);
- Travel Specialist Group Sweden AB (Sweden);
- Zala County Government (Hungary).

In the framework of the Off to Spas project, two central European health tourism destinations – Hévíz (Hungary) and Covasna (Romania) – are represented. Both

places are very rich in natural treasures and healing sources based on balneological assets which are perfect tools to raise the quality of life of seniors.

The project period is from August 2015 to November 2016.

Main goals of the project

In accordance with the European Union's strategy to foster low/medium season tourism (COSME Programme), the main objectives of the project were:

- Encourage a better cooperation and increased agreements among different actors of the health tourism value chain and seniors associations/organisations with elaborating a new, international balneology tourism product network focused on off-season, and custom tailored to seniors specific needs;
- To make more benefit for tourism SMEs by increasing the number of tourism flows during the low and medium seasons and professionalization of tourism service providers;
- Communication and promotion of tourism as a strategy for active and healthy ageing;
- Facilitate accessibility in tourism offers, along with intermodal transfer and transnational connectivity;
- Foster the construction of innovative health insurance policies in order to make the product sustainable and self-developing in the future.

In order to generate new tourism flows, new jobs, new opportunities for regional growth the following actions are taken:

- Creating a new, international balneology tourism product network which offers site and market specific curing, health promotion and leisure programmes for seniors;
- Implementing a medium to long term strategy for self-sustainable tourism products for seniors, that takes into account the dynamic approach of the product offer (i.e. the rapid changing shape of economic and social realities affecting seniors, currently and in the medium-long term);
- Senior market analysis, surveys, comparative analysis, evidence-gathering, analysis of the senior market and balneology issue studies;
- Local resource based and market-oriented re-positioning of the complementary spa destinations in order to find new aspects in the field of co-operations;
- Holding discussion platforms, workshops and other events for networking and partnering activities and for exchanging good practices;
- Capacity-building for senior tourism professionals, service suppliers;

- Creating awareness raising events and communication programmes of the project and the international balneology product;
- Fostering and facilitating the negotiations amongst the state-owned and private health insurance companies and health-related tourism services, building promotional and communication campaigns on it.

Target groups

The Off to Spas project focused on the wide range of the involved stakeholders, acknowledging the complexity of the health tourism value chain. From the supply side, tourism SMEs are in the main focus of the project, furthermore regional and local public authorities, and spa towns/destinations are important actors. The project's activities aim seniors and seniors associations from the demand side. In order to efficiently reach the objectives, regional and local public authorities, health insurance companies, health related organisations, tourism development bodies, and European associations are also addressed.

The communication activities aim to reach all the target groups with different and specialised contents and the appropriate and relevant dissemination ways (Tab. 1).

Table 1: Off to Spas target groups and activities (Source: Off to Spas project)

Supply side	
Tourism SMEs	Research Creation of service portfolio B2B study tours Pilot travellers Product evaluation
Regional and local public authorities	Research One-on-one meetings Conferences Creation of service portfolio
Spa towns, spa associations	Research Knowledge transfer
Demand side	
Seniors	Research Marketing communication & promotion Pilot test Product evaluation

Senior associations	Research Marketing communication & promotion B2B study tours Product evaluation
Other	
Health insurance companies	Research One-on-one meetings Conferences B2B study tours Creation of service portfolio
Health related organizations	One-on-one meetings B2B study tours
Regional/national tourism development bodies	One-on-one meetings Dissemination
European associations	Conferences Dissemination

Activities performed

The health tourism product development process included a wide range of activities from research to monitoring, and was supported by the active marketing communication of the involved partners (Fig. 1).

The project is realized with the support of five ‘work packages’. One work package is dedicated to the technical and financial administration that enables the high quality performance of the activities, and the excellent cooperation among the project partners. The next work package includes all the communication activities related to the project and the new health tourism product. Another work packages focuses on the product development itself (covering research and creation of service portfolio), and one focuses on the pilot testing. The last work package involves the evaluation and the fine-tuning.

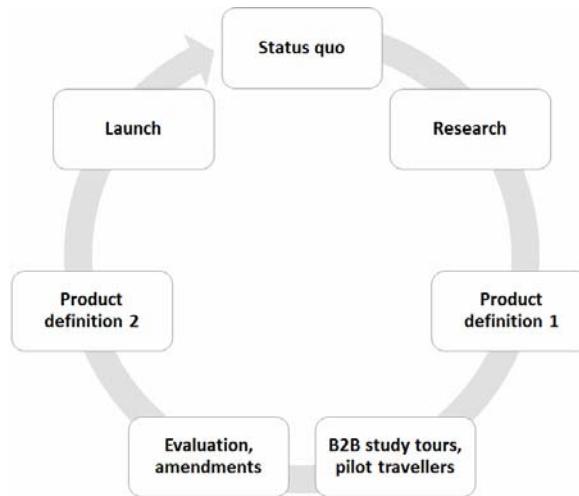


Figure 1: Off to Spas tourism product development process (Source: Off to Spas project)

In order to identify the real potential of a new tourism product, and in order to reach the target market, the good quality and reliable information is of cutting edge role. In this framework, a comprehensive research activity supported the Off to Spas project. Besides analysing the secondary information, the primary research covered surveys among potential travellers, and stakeholders. In both cases, the country-of-origin and the destination approach was also used. Besides this, some selected best practices (Balkan Wellbeing, Alpine Wellness, Portoroz/Slovenia, Sopot/Poland, Parnu/Estonia) has been studied (Fig. 2).

Furthermore, the monitoring of the marketing activities, the one-on-one meetings with key stakeholders, and the outcomes of the project meetings also enriched the realization of the project.

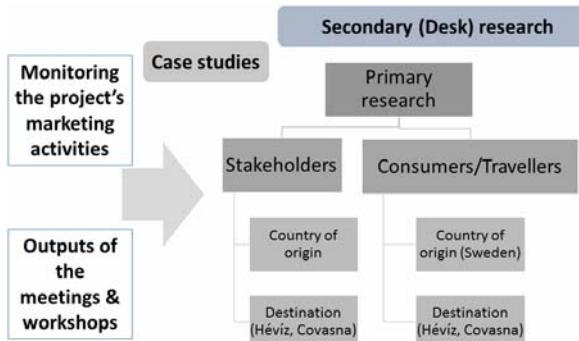


Figure 2: Off to Spas research activities (Source: Off to Spas project)

Based on the outcomes of the research and on the available information, the first version of the new health tourism product has been defined. Representative of seniors' associations and health related organizations were invited (B2B study tours) in order to test the new offer.

For the potential travellers (pilot test), the new product has been actively promoted by the project partners' communication and promotion channels (e.g. websites).

Based on the feedbacks of travellers, the final product has been identified, and launched at the Off to Spas final conference (to be held in November 2016 in Hévíz/Hungary). With the aim of targeting the best potential stakeholders, the conference is organized together with the annual meeting of the Hungarian Balneological Association.

Results achieved, outlook for the future

The health tourism product development process realized in the framework of the Off to Spas project resulted important conclusions and implications for the future developments, and for the estimated impacts on longer term (Fig. 3).

An important added value is that the project highlights the need for understanding visitors' needs. In the case of health tourism, the social-cultural background (e.g. natural healing assets available at the country of origin, attitudes towards health and travel) are of outstanding importance when coming to an international travel with health tourism purpose.

The perception problems, the lack of awareness (especially in the case of Covasna/Romania) does effect the success of new offers. In order to maximize the potential, general tourism information and attractions should be also communicated, accompanied by the health tourism services.

The concept of health tourism has been widened during the last decades, medical treatments outside of home are more popular. However, in the case of the Off to Spas project, the conclusion is that there is a strong emphasis on the 'experience', and the improved health condition is rather a 'side effect'. An important challenge is that how to reach the benefits of the natural healing assets (e.g. thermal water or moffetta) during a shorter stay (e.g. one week).

Although the project did significant steps in cooperation between the health and the tourism sector, further common think-tank and cooperation is needed. One area could be supporting evidence-based research that can be efficiently communicated for potential customers via the tourism stakeholders' marketing and sales channels.



Figure 3: Off to Spas project conclusions (Source: Off to Spas project)

References

COSME website – www.offtospas.eu

Project partners

University of Pannonia, project coordinator (Veszprém, Hungary) – www.gtk.uni-pannon.hu
AGE Platform Europe (Belgium) – www.age-platform.eu
Tourism Non-profit Ltf. of Hévíz (Hungary) – www.heviz.hu
Covasna County Council (Romania) – www.kovasznamegyetanacsa.ro
Covasna Tourism Association (Romania) – www.iranyharomszek.ro
Travel Specialist Group Sweden AB (Sweden) – www.vegaresor.se
Zala County Government (Hungary) – www.zala.hu

Off to Spas Project Team

Partners from left to right:

Zoltán Albert (Covasna Tourism Association), Judit Sulyok (University of Pannonia), Márta Giliga (Covasna County Council), Orsolya Horváth (Tourism Non-profit Ltf. of Hévíz), Ilenia Gheno (AGE Platform Europe), Vesa Hautaniemi (Vegaresor), Tünde Molnárné Gazdag (Zala County Government), Tünde Vajda (University of Pannonia)



Judit Sulyok is a senior lecturer at the Department of Tourism, Faculty of Business and Economics, University of Pannonia, since 2015. She graduated as an Economist specialized in Tourism at the College of Commerce, Catering and Tourism in Budapest in 2001. She got her MSc degree at the University of Pécs. Her PhD research focused on the Lake Balaton and its branding. She has experience in working in tourism practice, as well. Before joining the University of Pannonia, she worked as a researcher at the Hungarian Tourism Ltd. for several years where she got experience in international cooperation, in organization of conferences, and in other marketing communication activities, as well.

She teaches health tourism, problemsolving, strategic destination marketing, and regional marketing. On behalf of the University of Pannonia, she has been one of the coordinators (technical) of the Off to Spas project.

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Tünde Vajda is the head of Centre for Communications at the Faculty of Business and Economics, University of Pannonia. She graduated as a Human Resource Manager in 2009, and got her master's degree two years later at the University of Pannonia as an Economist in Leadership and Management. She is employed at the University since 1999 in different fields of administration. The main stream of her recent work is cooperation with the stakeholders of the Faculty. The Centre for Communications is responsible for the corporate relations, recruitment activity, marketing activity and international relations. She works in projects since 2011, has a great experience in project administration and coordination. Faculty of



Business and Economics has an open eyes to EU funded projects to cooperate with other actors of scientific life providing focus on their own research area and letting influence by other skills and experiences. Results of the different projects are always built in the development strategies offering open-minded and modern approach to researchers, lecturers and students as well. On behalf of the University of Pannonia, she has been one of the coordinators of the Off to Spas project.

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ILENIA GHENO

HEALTHY AGEING IN THE EUROPEAN UNION – TOURISM IN THE FOCUS

Tourism is one successful strategy for active and healthy ageing. However a set of challenges needs to be considered, as well as numerous resources can be mobilised. From the European perspective it is relevant to share the outcomes of both policy and projects' results that will drive the implementation of national and local solutions for low-season and age-friendly tourism.

Keywords: ageing, health, European Union, seniors

Introduction

The promotion of the senior tourism is one successful strategy for active and healthy ageing. In fact travelling provides life satisfaction and helps people stay active, avoids loneliness and lack of meaning in the later stages of life and tackle social exclusion, which are some of the main issues older people face today. Travelling can be an enriching experience for senior citizens as it provides a change in their daily routine and represents an inspiring challenge; it involves discovery, interaction with the environment, intercultural contact and social interaction.

Travelling nevertheless urges older people to face some challenges, from the physical accessibility of venues (hotels, restaurants ...) and of transports, to the availability of reliable and updated information on websites, passing through some language barriers, issues with e-payments and insurances (for instance, in some countries car rental services still propose different rates with respect to the age of the renter).

When focusing on the local context, some additional challenges can be highlighted, such as:

- How to mobilise the most marginalized ones, those who don't want or cannot travel?
- How to reach out to those distant from the centers of happenings and opportunities (such as big cities)?

The experience gathered via a set of European projects, such as EUROSEN, ESCAPE and Off to Spas, has shown how the local context itself can provide the solution to cope with those challenges. Although inhabitants in rural areas and remote villages could find difficult to travel, they are depository of local traditions,

and are usually very welcoming people. Allowing them to play an active role in the touristic offer of their regions means to empower them to get directly involved in preserving and promoting their territories and customs; this enables to divert some of the happenings from big cities to less known centers that can progressively attract more tourists. Furthermore, by the contact with incoming tourists, the most marginalized stakeholders can be encouraged to travel and explore, or they can learn about what happens elsewhere by the direct exchange with incoming tourists, which is also a different way to travel!

Finally, at local level real experiences are offered, normally at more affordable prices than in big cities. Needless to say, accessibility is often however still a problem, but it is definitely something that can be improved and services can be better organised indeed to accommodate the needs of a potentiated touristic flow.

AGE Platform Europe

AGE Platform Europe is a European network of non-profit organisations of and for people aged 50+, which aims to voice and promote the interests of the 190 million citizens aged 50+ in the European Union and to raise awareness on the issues that concern them most. Since 2001, AGE works for *bringing older people's point of view in the European policies' debates*, regarding the most important dossiers for people aged 50+, such as social protection and pension reforms, anti-discrimination, employment, social inclusion, ICT, health, research, mobility and build environment, and senior tourism. Together with its 120 *Members* from all over Europe and its experts, gathered in 12 *Task Forces* (one of which is devoted to senior tourism), AGE raises *awareness on the users' needs and wishes*, on the principle and practice of users' involvement, in order to add value to the European research, to industrial production, to the service provision and policy-making. At project level via the involvement in EU projects, and at policy level via advocacy activities and campaigns (e.g. solidarity between generations, age-friendly environments) and the direct exchange with the European institutions (e.g. The European Parliament's Intergroup on Active Ageing, Intergenerational Solidarity and Family policies).

AGE Platform Europe does not of course work on a silos, but pools with other European NGOs and stakeholders: facing the challenges brought by the demographic change by working together and by sharing the rationale that nothing can be done without the involvement and consent of those the action is addressed to ('*nothing for us without us*' as expressed by the European Disability Forum).

Europe and senior tourism

Acknowledging the challenges faced by our ageing societies, the European Union puts great emphasis on addressing them from both the policy perspective and the funding programmes. These programmes – among them the COSME Programme, which has co-financed the Off to Spas project – enhance the European cooperation across countries and stakeholders, allowing partners to exchange and discuss common tourism development issues to be implemented also at local level; this increases the co-operative and therefore more effective working and think-tank, while sharing solutions suitable to be adapted to different contexts.

Among the most tangible benefits of being involved in European projects and partnerships, it is possible to highlight the following added values:

- shared know-how between European countries and set up of professional contacts across borders;
- raise greater awareness of country and culture specific aspects;
- connect local cases and challenges faced by tourism developers and tourism enterprises to European and international cases, thanks to the access to good practices.

Among the numerous projects addressed to older people at European level, the ESCAPE and the EUROSEN ones are especially dedicated to tourism and local tourism, and are therefore worth being described to provide valuable insights regarding this sector.

Overview of feedback from the ESCAPE and EUROSEN projects

The '*European Senior Citizens' Actions to Promote Exchange in tourism*' (ESCAPE)¹ project brought together 8 partners from 6 different countries to work on the enhancement of the existing tourist infrastructure and staff in the low season, facilitating as such transnational exchanges off-season by concentrating on the senior citizen market, those falling in the 55+ age range. The project covered the geographical areas of Belgium, Bulgaria, Cyprus, France, Italy and Portugal, and designed and offered innovative and sustainable thematic tourism packages, tailor made for 55+, with special attention on quality and safety, while available during the low season.

AGE worked on a combined and all-inclusive report on the characteristics of the seniors market in the tourism/travel sector, on which basis the partnership developed

¹ <http://www.escape2europe.eu/>

- the *ESCAPE Charter*: a ‘promise’ that a tourism company/attraction is sensitive to the needs, expectations and demands of 55+ travelers. In essence it is a user friendly list of requirements upon which a tourism company and a historical/cultural attraction must comply with in order to be considered senior-friendly;
- The *ESCAPE Club*: a group of senior-friendly establishments ranging from accommodation providers, to restaurants-cafes-bars, transport companies, as well as cultural and historical attractions;
- Promote the ESCAPE tourism packages and improve the image of Europe as a continent of attractive, quality, and safe destinations for seniors using the:
 - *iESCAPE app*: a mobile phone and tablet application, downloadable on AppStore and GooglePlay free-of-charge, whereby both the ESCAPE packages as well as the ESCAPE Club members are promoted and located on the map;
 - *ESCAPE Club* on-line platform: a platform through which interested tourists of 55+ age are able to identify their ideal ESCAPE destination based on their interests, as well as search for a senior-friendly establishment.

AGE Platform Europe has moreover being partner of the *Europe for Seniors – EUROSEN*² project that pursues an economic objective (the strengthening of the European tourism industry with a specific focus on the micro, small and medium enterprises) and add to it a social goal: fostering the active life of the senior citizens, by involving them in the touristic initiatives both as travelers and as hosts of the visiting guests. The project is currently designing senior-oriented travel packages, a new and effective organizational and business model for the senior tourism and setting up a ‘Senior Tourism Quality Certification’ programme.

The project is based on a cooperative approach on a public-private partnership extended to the whole community (4P: public-private-people partnership), involving institutions (at local, regional and national levels), the tourism-related business sector with a focus on micro and small/medium enterprises (SMEs), Senior Associations, groups of interest and no-profit organizations (e.g. cultural associations), as well as the whole local community all together establishing an ad hoc entity called *Cluster of Local Culture (CLC)*.

Senior Associations are key players in the project: their members act – on a voluntary basis – as local hosts to give the foreign peers a warm welcome and to allow them a full immersion in the local culture settling the basis for reciprocation.

² <http://eurosen.eu/en>

And seniors, and their associations, have been the target of two EU-wide surveys, one carried out for the ESCAPE project at the end of 2014 (900 respondents aged 55+) and the other carried out for the EUROSEN project during the summer of 2015 (780 replies from people aged 55+).

Hereby follows a short overview of the results, focusing on the most recent ones deriving from the EUROSEN survey, which gathered replied especially from Italian, Slovenian, Belgian, Romanian, Austrian, Irish respondents.

Seasonality still matters. With respect to what highlighted in the ESCAPE questionnaire,³ where summer time was the favourite season, *autumn and spring* have been listed among the preferred seasons for travelling by the majority of the respondents, with the exception of the Italian respondents, who opted for summer time in majority (66%).

The interviewed sample prefers to organise their holidays individually, but travel agencies and organisations, such as parish organisations, senior associations, or others are also considered as a reliable sources of information and help in planning. The fact that people aged 55+ prefer to organise autonomously their holidays is confirmed also by the *preference for tailored holidays*, rather than standard tourist packages, and this transversally across countries.

Despite very widespread stereotypes, internet is also very well used by the respondents to search for information and planning the trips. Relatives and friends are mostly appreciated as source of information, but the web competes well with them, ranking then travel agencies, guidebooks and specialized magazines below in the ladder (especially in Slovenia). *If internet is an appreciated tool, on the contrary social networks are not very well exploited as a source of information.*

With respect to the activities that people appreciate to carry out while on holidays, across countries it emerged that there is great willingness to enjoy the local landscape and get to know the local culture. In particular, people seem to like *visiting a local farm or a shop or exhibitions, and going around with local people.* The cooking lesson and the experience of local dishes was however average welcome, alongside with the direct interaction in local dances or singing experience, which are very important elements for EUROSEN to be taken into account.

The conclusions provided by the EUROSEN survey must be coupled with the results of the ESCAPE survey, conducted at the end of 2014. Its results and trends, available on-line⁴ in the '*Report on Senior Tourists' needs and demands*', have been confirmed by this current work. In particular it showed that no matter of their

³ <http://www.age-platform.eu/policy-work/news/escape-project-publishes-first-results-older-travellers-preferences> and <http://www.escape2europe.eu/documents>

⁴ <http://www.age-platform.eu/policy-work/news/escape-project-publishes-first-results-older-travellers-preferences> and <http://www.escape2europe.eu/documents>

countries of origin or residence, or their education, the majority of the interviewed *older tourists like to travel with a partner, with relatives or family members, as well as in groups with people they know*. Besides, older tourists also appreciate to enjoy holidays with a budget up to 100€ a day, and prefer to take 4–7 nights breaks when possible, and also to extend the length up to 13 nights.

With respect to seasonality, the ESCAPE survey showed a preference to travel in summer and spring, which has been modified by the EUROSEN results, more inclined to travel in autumn and spring. ESCAPE confirmed that travellers 55+ tend to be quite autonomous in planning and managing their travels, opting less frequently for all-inclusive packages, preferring to organise their holidays individually.

When asked to rate the importance of themes, topics and activities, ‘nature and culture’ are the preferred touristic themes, and the ESCAPE sample considered very important to have clean and easy accessible natural and cultural heritage sites, as well as affordable ones. The natural environment is indeed very important, alongside with the local culture. Security and comfortable and clean accommodations are also relevant general factors having an impact in the choices of senior travellers.

Tourists aged 55+ have undoubtedly different expectations when travelling: the personal preferences and tastes also matters. Nevertheless it is possible to state that seniors appreciate and require security, clean and reliable sites and services, and better value for money, as well as they would like also to be ensured that toilets, pharmacies and supermarkets are available infrastructures in their tourist destinations.

For more insights on the country-specific highlights, covering Bulgaria, France, Greece and Portugal, as well as on additional patterns and studies on senior tourism, the EUROSEN team invites to read the *ESCAPE Report on Senior Tourists’ needs and expectations and its main findings*.

EULSTIB work and conclusions

In 2014 the European Commission set up an informal ad-hoc group called ‘European Union Low Season Tourism Initiative Board’ (EULSTIB) on the basis of a call for expression of interest and with a mandate for the period 2015–2016. The group gathered together experts from governments, the private sector, European industry, academia and the civil society. It provided guidance and expertise to the Commission on various aspects related to low season tourism. The group also participated to the production of informal report gathering knowledge, best practices and policy/business recommendations at EU level in order to increase the tourism demand in off-peak season and thereby contribute to improving tourism competitiveness.

In the group's conclusions, data shows that there is great potential in attracting the 55+'s as one solution for increasing tourism during low and mid seasons. There is wide consensus on this idea, however there are varying views on the best way to attract this market segment. Nonetheless, recognising diversity within the segment and not targeting seniors as a homogenous group is essential for success.

Hereby follows some conclusions from the experts:

- *Improve the offer* – To remain competitive, continuous progress and skills development is needed, primarily for product suppliers but also for operators along the entire tourism distribution chain. Shifting or increasing demands from the consumer require flexibility as well as a range of individually targeted solutions to satisfy guests. Action is needed at all levels including market studies, monitoring of trends, and use of customer (guest) surveys as critical tools to support the best way of working. Work may be most beneficial if carried out by co-owned groups of companies as the knowledge gained is often more valuable to clusters of companies that can take advantage of it together;
- *Skills development* – There is a need for accessible and tailored skills development, primarily for tourism SME's. This can have a significant impact on continued growth in the tourism industry, in particular during low and mid seasons. Irrespective of geography, target group or market, satisfying the needs of SME's to improve their competencies creates long-term positive results that are not limited to any specific field;
- *Facilitate cooperation mechanisms* – In order to establish proper governance that enables growth, all initiatives need to be coordinated to a greater extent in the future. This way lessons can be shared between the initiatives and mistakes made in one initiative are not repeated in others. One crucial piece of work is to raise awareness of the various growth initiatives and come to a common agreement on prioritised growth areas, such as age-friendly tourism. However, businesses tend to manage all themes or prioritised target groups simultaneously, as this generates revenues in all seasons. It is therefore important that the various initiatives are not run in isolation but coordinated, and that priorities are shared and agreed.

Covenant on Demographic Change

Age-friendliness matters and AGE Platform Europe has been conducting a wide campaign on its promotion, which ended up in 2015 with a new milestone: the Covenant on Demographic Change. Such organisation, legally established in Brussels, has been the greater achievement of AGE efforts on the promotion of the concept and practices of age-friendly environments and came at the end of a long process.

Since 2016 the Covenant is up and running and gathers European public authorities, at local, regional and national level, businesses, academics, associations and other relevant stakeholders, committed to develop environments that support active and healthy ageing, enhance independent living and well-being of older persons, and create a society for all ages. It creates a formal structure for implementing solutions for active and healthy ageing (based on the World Health Organisation – WHO model – 8 domains, Fig. 1). It fosters synergies with relevant stakeholders while connecting with existing initiatives such as the WHO Global Network on Age-Friendly Cities and Communities, the WHO-Europe Healthy City Network and the European Innovation Partnership on Active and Healthy Ageing (EIP AHA).⁵ Already 148 organisations from all over Europe already joined voluntarily the Covenant. The Covenant repository⁶ displays notable examples of innovative solutions for age-friendly environments in Europe.

The figure below shows the eight domains covering age-friendly environments and it can easily be detected how (health) tourism has a role to play on different petals of this special flower, in particular acting on the community and health services, the outdoor environments, as well as transport and mobility.

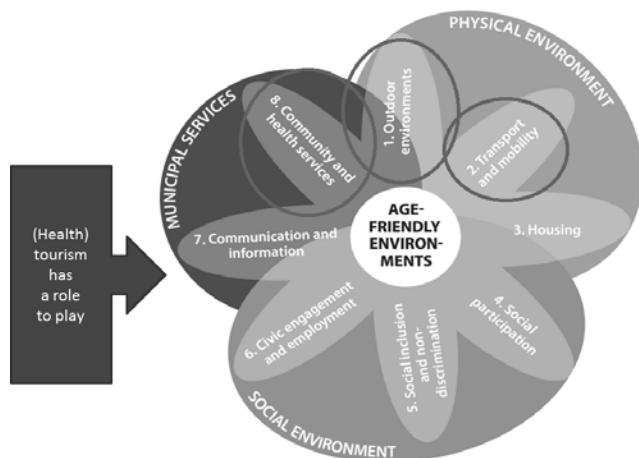


Figure 1: Solutions for active and healthy ageing, links to tourism (Source: WHO)

⁵ http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing

⁶ <http://www.afeinnovnet.eu/repository>

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AGE Platform Europe is a European network of non-profit associations of and for people aged 50+ promoting the interests of the 190 million inhabitants aged 50+ in the European Union and raising awareness of the issues that concern them most. AGE voices older and retired people in the EU policy debates through the active participation of their representative organisations at EU, national, regional and local levels, thus informing EU policy development. AGE works on a wide range of policy areas, such as anti-discrimination, active ageing, social protection, pension reform, social inclusion, health, research, accessibility of public transport and of the built environment, and new technologies. Besides, AGE is also involved in several EU funded research projects on healthy ageing, ICT and ageing, transport, age-friendly environments, and senior tourism. AGE participation in projects allows the projects' consortium to be fed in with fresh information and initiatives coming from the European spheres, while enabling AGE members and experts to contribute directly to the development of products, services and solutions targeted to our ageing societies.

ZSÓFIA PAPP & KATALIN LŐRINCZ

HEALTH TOURISM TRENDS

Although consumer and tourism trends vary destination by destination, some mainstream development focusing on technology, sustainability, health consciousness – and recently shared economy – forms the environment for tourism receiving areas. Big data and mobile technology influences mostly tourism which results personalisation. However, the main ‘essence’ of travel experience remains something similar, namely feeling happier, better rested, closer to the family, less stressed and more relaxed (Euromonitor 2015). Population ageing, lifestyle changes, tourism alternatives, and particularities of healthcare systems are supporting health tourism development already for some decades (García-Altés, 2005). All these trends influence the Off to Spas project’s success in a positive way, because the health tourism destinations involved offer a non-conventional, innovative way of travel experience, outside of the tourism hot points. The health tourism product is to be developed also in line with mainstream trend by providing a contribution to an increased health status, and quality of life. The Off to Spas project has a clear remit and the terms of reference make our task clear, as we address the health tourism experience of senior citizens (50+) within the European Union. However what becomes clear is that closer scrutiny reveals that there is greater complexity involved in the remit than would be at first appear. As will become obvious, the environment we are operating within lacks definitional and operational certainty. Therefore this article attempts to set out some health tourism trends.

Keywords: trends, health tourism, medical tourism

Health & health perceptions

According to the World Health Organization (WHO, 1984), *health* can be defined as ‘the extent to which an individual or a group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources as well as physical capabilities’.

Seniors in the focus

Increased *life expectancy* is a ‘triumph of humanity’ that has benefited individuals, communities, and society as a whole (WHO, 2008). Along with the invaluable contributions older adults have made to society, added risks to their

health have emerged (Vincent – Velkoff, 2010). Risk of chronic illness, functional decline, and geriatric syndromes threaten the well-being of older adults. Survey research reveals that at least 42% of persons over the age of 65 have a functional limitation. One study reported that 25% of older persons with one or more chronic condition also have one or more co-existing geriatric syndrome (Lee – Cigolle – Blaum, 2008). In addition to changing physical and health circumstances, older adults tend to spend less of their leisure time socializing and communicating as they grow older (Federal Interagency Forum on Age Related Statistics, 2010).

The better health condition of elder people is reflected also in the higher life expectancy. Western (France, Spain and Switzerland) and Northern European citizens are among the longest living nations in Europe: the life expectancy (LE) at birth is about 81.1 years in Finland, 81.8 years in Norway, and 82.0 years in Sweden (Tab. 1). Even if these countries have long traditions in welfare societies, the LE has developed continuously during the last few years, as well. The good health status is accompanied and supported by a strong health care system, easily available health care services in the Northern European countries.

Table 1: Overview of Health Statistics in the Involved Countries of the Off to Spas project (2014) (Source: OECD Health Statistics)

	Finland	Norway	Sweden
Current expenditure on health, per capita	3517 USD	6177 USD	4904 USD (2013)
Out-of-pocket expenditure on health, per capita	681 USD	889 USD	726 USD
Doctor consultations per capita (2013)	2.6	4.2	2.9
Life expectancy at birth (2013)	81.1 years	81.8 years	82.9 years
Obesity (total population) (2013)	15.7%	10.0% (2012)	11.7%

The *quality of life* (QoL) is a much broader and more complex concept that also influences the seniors' tourism potential and the success of health tourism (balneology) product potential. According to the well-known and widely used model of Rahman et al. (2005, in: Smith – Puczkó, 2013), the QoL's main domain include health, work and productivity, material well-being, feeling part of one's local community, personal safety, quality of environment, emotional well-being, and relationship with family and friends. Adopting the model to tourism, Smith – Puczkó (2013) highlights health as one of the most important areas influenced positively by tourism (tourism in general, not health tourism).

Currently it is estimated that 15 per cent of the world population has a physical, mental or sensory disability (WHO, 2011), and it is estimated that one third of the world population is affected by disabilities in a direct and indirect way. Because of the demographic ageing in the western world the number of people with mental and physical disabilities and with chronic diseases (such as hearing impairments) is expected to increase (Lee et al., 2012; Hoeymans et al., 2014; UNWTO, 2013). This has two implications. First, tourists with disabilities are becoming an important part of the tourism market. Second, the demand for an accessible tourism environment, transport and services will increase. The combination of both presents a challenge to the global travel industry (UNWTO, 2013).

Health spending

According to the OECD Health Statistics which is the most comprehensive source of comparable statistics on health and health systems across the 34 OECD countries (including the source markets in the focus of Off to Spas project), there are good signs of recovery after the global economic crisis. Parallel with the overall economic growth, *health spending* showed an increase, as well. This resulted that health expenditure as a share of GDP has remained stable in recent years.

Taking a look at the split between public and private expenditure, the USA has a much more significant share of private expenditure among OECD countries (Fig. 1). In the case of Finland, Norway and Sweden, *public expenditure dominates* – as in the case of most countries listed.

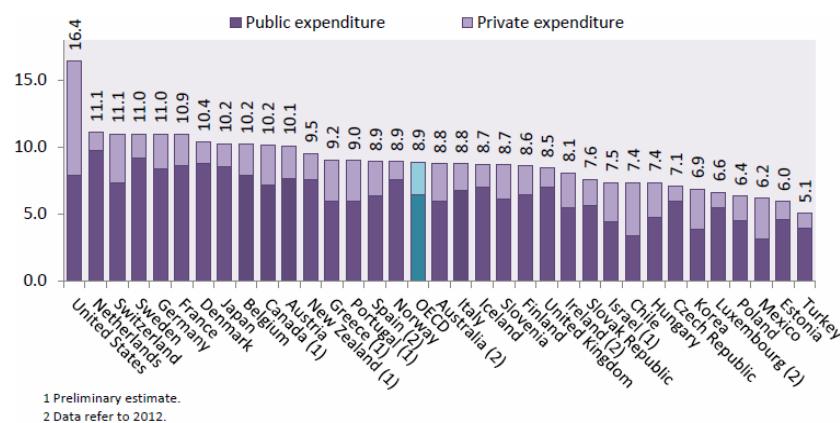


Figure 1: Health spending as a share of GDP (2013) (Source: OECD Heath Statistics, 2015)

In the United States, health spending grew by 1.5% in 2013, less than half the average annual growth rate prior to 2009. The latest available forecasts from the Centres for Medicare and Medicaid Services point to faster growth in 2014 as more Americans gain health insurance coverage.

Although tourism (taking medical services outside of the home country) is not directly referred to in the OECD report, the out-of-pocket spending – hit by the global financial and economic crisis – has showed a moderate increase recently.

Private health insurance (PHI) can play different roles in health systems. Whereas PHI provides primary health care coverage for large population groups in the United States and Germany it complements or supplements public coverage for the vast majority of the population in countries such as France, Belgium and Slovenia. In other countries, e.g. Australia and Ireland, it serves as duplicate insurance providing access to a larger group of providers. On average across OECD countries, spending for PHI accounts for only 7% of health spending. For a number of countries PHI plays only a marginal role, but in others it represents a sizeable share, e.g. in the United States (35%). The share is also above 10% in Slovenia, France, Ireland and Canada.

In per capita terms, Norway spent 5862 USD, and Sweden spent 4904 USD in 2013, which is well above OECD average (3453 USD). This amount was 3442 USD in Finland, just below the OECD average.

The health environment and the above mentioned positive trends impacts health tourism services in a positive way. However, the strong lobby activities linked to the enhancing of international patient mobility is beyond the project's responsibilities. The 'traditional' *North – South flows* (Northern Europe – Mediterranean) are hard to change on a shorter term, however the excellent resources, accompanied by a good reputation can support Central and Eastern European stakeholders to make more benefit from this potential.

Concept of health tourism

According to development tendencies health tourism is the most important touristic segment of 21st century's first decade. It is a complicated notion without consensus either in tourism and health care industry. The reason for it is that there are significant differences in various countries concerning usage of different definitions connected to health tourism (Fig. 2). (Rátz, 2011; Smith – Puczkó, 2009)

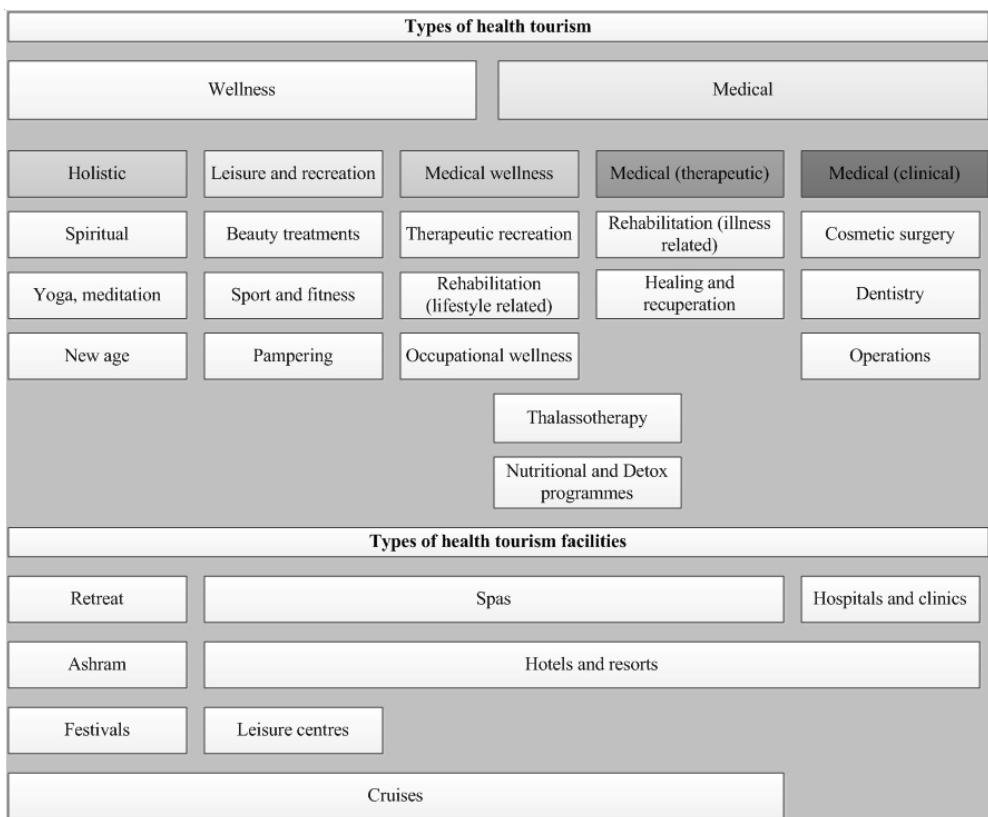


Figure 2: Fields of health tourism (Source: Smith – Puczkó, 2009, 7.)

Cultural differences

Socio-cultural differences and attitudes undoubtedly influence the success of *a new health tourism development*. The *balneological dimension* of the Off to Spas project has a special added value, so it is very important to understand the perceptions of the involved source areas and potential Northern European travellers.

On the *supply side*, Central and Eastern Europe has a strong focus on medical waters and natural assets (Smith – Puczkó, 2013), treatments based on the benefits of healing water does have a curative effect. However, in other cultures, balneotherapy is not known or understood that – because of the lack in perception – can influence the success of such developments. In order to benefit the most of the available resources, many of the Central and Eastern European governments (e.g. Hungary) invest a lot in developing the ‘medical’ pillar of health tourism, and so

developing a medical health tourism including high quality services, providing modern, innovative and attractive experience to the participants.

Taking a look at the *potential demand side* of the Off to Spas project, namely Northern Europe, we can see a good understanding of and strong focus on the *holistic approach*, on the wellbeing dimension. On the perception level, because of the lack of natural healing assets and traditions, guests are not familiar with the benefits of medical waters. However, Nordic people have a generally healthy attitudes to life (Smith – Puczkó, 2013). Here should be highlighted that the Baltic countries that are known and popular destinations for Nordic people have strong tradition in wellness (including thermal bath). So, this can help to develop the *perception of new health tourism products* related to medical waters.

In order to understand the main factors of tourism demand, another cultural fact can be described, namely the *Nordic Wellbeing*. The *concept itself* (Nordic Wellbeing Report, 2011) is a widely acknowledged, well developed issue that influences the perception of potential Northern European health tourists, as well. This concept highlights that *tourism support wellbeing and health in general*, where older age groups (45+) are especially attracted. The geographically bounded ‘umbrella’ brand, the Nordic Wellbeing has a strong focus on *nature, quietness, activities, and food* (Fig. 3).



Figure 3: The elements of Nordic Wellbeing concept
(Source: Nordic Wellbeing Report, 2011)

Wellness and wellbeing

Although the word *wellness* appeared in the mid 1950's, the concept has roots back to the ancient times (e.g. 'regimens' in early Greece). The 'traditional' health tourism definition differentiates between wellness and healing dimensions which has been fine-tuned a lot during the last decade. Although the prevention and the healing activities have plenty of specific characteristics, there is a complementary option for

both, enriching each other. GSS (2010, in Smith – Puczkó 2013, 5) describes wellness using the following dimensions:

- wellness is multi-dimensional;
- wellness is holistic;
- wellness changes over time and along a continuum;
- wellness is individual, but also influenced by the environment;
- wellness is self-responsibility.

It seems to be the case that the concept of health and wellness are increasingly being used inter-changeable, but it should still be emphasized: *health tourism includes medical and cure aspects*; while *wellness is more preventive than curative*.

In the 19th and early 20th centuries, the connection between spirituality and health was emphasized (Miller, 2005). Besides the traditional medicine, a lot of new solutions, products and services has been developed and widely used in order to support the physical-mental-spiritual wellbeing of human beings. Also, consumer and tourism trends are reflected strongly in the concept of *wellness*, *wellness tourism* and *wellbeing (tourism)* – for example, the increased share of urbanized people, more active seniors lead to a lot of new solutions under the umbrella of tourism. Adopting the wellness concept to seniors, McMahon – Fleury (2012) identifies *becoming, integrating, and relating* as main attributes that can result being well and living values as important outcomes or consequences for this segment's life.

Although the literature lacks of a clear health tourism definition, the different dimensions of it can be identified much more easily. According to Smith – Puczkó (2013, 25), *wellness tourism* is: 'trips aiming at a state of health where the main domains of wellness are harmonised or balanced (e.g. physical, mental, psychological, social, etc.). There is an emphasis on prevention rather than cure, but some medical treatments may be used in addition to lifestyle-based therapies'.

Dimitrovski – Todorovic (2015) identifies six dimensions of *motivation* among wellness tourists, namely:

1. rejuvenating;
2. socialization and excitement;
3. hedonism;
4. obsession with health and beauty;
5. relaxation;
6. escape.

Among the benefits for wellness tourism, we can see transcendence, physical health and appearance, escape and relaxation, important others and novelty, re-establish self-esteem, and indulgence (Voigt et al., 2011).

Spas and mineral springs

From the wide range of stakeholders and actors involved in the health tourism value chain, *spas* have a *special role*. These ‘new cathedrals of the 21st century’ transmits a holistic view of health, where leisure is central (Gustavo 2010, 134.). Because of the very popular use of the term ‘spa’, furthermore the flourishing environment of spa facilities, spa does have a strong influence on the perception about health related tourism. Modern spas have their roots in ancient towns famed for the healing powers of their mineral waters and hot springs. Travelers would come to ‘take the waters’ and restore their health. The practice of bathing in hot springs and mineral waters dates at least to the Babylonians and Greeks. Water treatments are still considered the heart of the spa experience in Europe. Today massages and facials are by far the most popular spa treatments in America.

Based on the natural resources (medical water, mineral hot springs), Central and Eastern Europe is very rich in different kind of *spas*, where both domestic and international guests can enjoy the water-related services and treatments. Especially in Hungary some spa complex focus on the elderly generation and offer them water-based medical cures.

There are several different types of spas (e.g. destination spa, medical spa, resort/hotel spa, mineral springs spa, club spa, cruise ship spa, airport spa etc.) including a handful of dedicated destination spas that are all about healthy living, resort spas where the spa is another amenity (like golf or tennis courts). In general, a spa is a place where you can *receive spa treatments*, most commonly massage, facials, and body treatments. Spas are devoted to enhancing health and well-being – though medical spas have a stronger focus.

A *destination spa* is a place whose sole purpose is to help individuals develop a healthy lifestyle through:

- healthy spa cuisine that emphasizes whole grains, fresh fruits and vegetables and nutritional education;
- a full program of fitness and stress reduction classes;
- therapeutic spa treatments including massage;
- educational lectures that teach you how to bring your healthy habits back home.

From the Off to Spas project point of view the *mineral springs* and *mineral water* have special role in health tourism. Mineral springs have been valued for centuries for their power to ease joint pain, arthritis, and treat other physical ailments such as depression and rheumatism. The practice of soaking in hot springs, which have naturally occurring minerals, almost certainly began with native peoples – or perhaps their predecessors.

Mineral springs have naturally occurring minerals and trace elements (such as calcium, magnesium, potassium, sodium, iron, manganese, sulphur, iodine, bromine, lithium, even arsenic and radon), which in very low quantities can be beneficial. In the 19th century, not just bathing, but drinking the mineral waters was an important part of the cure. This kind of treatment is still living tradition, but the main service offers the practice of bathing in hot springs.

Medical travel

According to Smith – Puczkó (2013, 15.), the *concept of medical tourism* involves a trip to a place outside a person's normal place of residence for the purpose of receiving medical treatments, interventions or therapies. It is notable that the touristic qualities of the destination are secondary and not even be used. The global *medical tourism* has been *static* at around 7 million people for five years and shows no signs of growth (Youngman, 2016). According to health-tourism.com medical tourism generated between \$60 and \$70 billion in 2015. Over the last few years medical tourism has gained popularity among highly industrialized countries such as the United States. The number of medical tourists from the US has increased from about half a million in 2007, to an expected estimate of 1.25 million Americans in 2014.

However it is very difficult to measure medical tourism. Although the number of hospital patients are measured in many countries it is *not an exact and reliable number*. There are two main reasons:

1. the collected data contains the number of 'non-resident' hospital patients, but this includes not only the medical tourists but also the temporary expatriates, holidaymakers or business travellers (who are in hospital because of an accident so medical treatment was not the primary motivation of the travel);
2. the figures are always 'in-hospital' figures, which means that the patient spends at least one night in the hospital. But several medical treatments can be mentioned, when no overnight stay is needed – these day-cases are excluded from statistics.

Therefore the number of medical travellers should be increased by the number of one-day patients and decreased by the number of non-medical travellers staying in the hospitals, as it is shown in Figure 4.

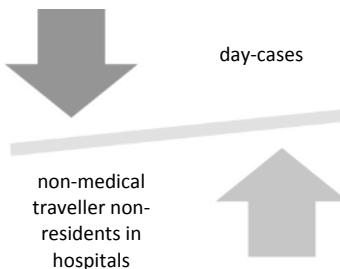


Figure 4: The number of medical travellers (Source: own compilation)

According to several sources the *most popular and typical medical tourism products* are *dental tourism* and *cosmetic surgery tourism*. However medical tourism has far more products and possibilities. The most typical products are listed in Table 2.

Table 2: Typical medical tourism products
 (Source: own compilation based on Lunt et al., 2012)

Addiction treatment	Fertility treatment
Birth tourism	Obesity treatment
Cancer	Organ transplants
Cosmetic surgery	Sex change tourism
Dental treatment	Spa tourism
Diabetes treatment	Sports medical tourism
Elderly care	Stem cell treatment
Eye care	Surgery

These products are usually quite similar to other tourism products; tourists need the same services like transportation to the destination, accommodation (if not staying in a hospital) and they may need additional entertainment services as well.

There have been some innovative ideas as well, like '*cruise ship medical tourism*' for example. A few years ago various business ventures sought to bring medical tourism on cruise ships as a logical mixture of three popular areas: medical tourism, wellness tourism and cruising. The failure of the idea was mostly because of the characteristics of the cruise liners: these are designed for movement and delivery rather than continuous occupation.

Medical tourism destinations

There are countries which appear as typical *medical tourism destinations* – but it is very changing unlike holiday destinations for example.

The Medical Tourism Index (MTI) developed by the International Healthcare Research Center (IHRC) is a new type of country-based performance measure to assess the attractiveness of a country as a medical tourist destination. (Fig. 5)

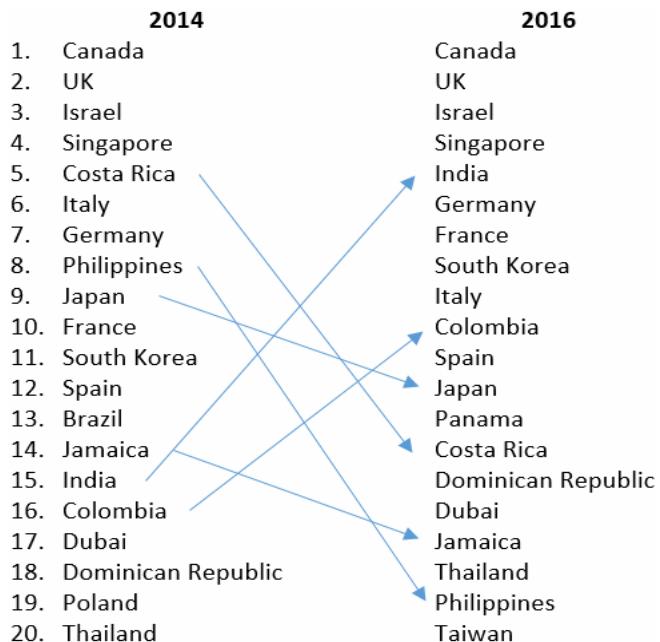


Figure 5: Ranking in medical tourism destination, according to MTI (Source: IHRC, 2016)

It can be a worldwide reference point on the attractiveness of countries as medical tourism destinations, rating and analysing the state of a country as a medical tourism destination, how it is positioned and should be positioned to increase the prosperity of its population.

The index was first formulated and calculated in 2014 and provided a ranking of the 41 examined countries based on 34 criteria from hard data and a primary survey.

Figure 5 shows the top 20 countries of 2014 and 2016. According to the results the top four countries remained the same while there are serious changes among the rest. The most visible change is the role of the India (improved), Costa Rica and the Philippines (deteriorated).

It is very interesting to examine India. The position of India has changed by 10 places mainly thank to the medical tourism industry development and the good quality of medical tourism facilities and services. It is shown by the detailed ranking in Figure 6 – which also shows that the first place of Canada is mostly because of its good performance as a destination.



Figure 6: Overall top destinations according to MTI (Source: healthcareresearchcenter.org)

This ranking may be objective and performance based but is not general. The country choice of medical travellers depends on several factors and motivations. Medical tourists from the US prefer Mexico (due to its close proximity), Costa Rica or Panama – mainly for dental services or cosmetic surgery. In case of orthopaedic and cardiovascular cases Southeast Asia and India will be the choice destinations (due to the high quality of healthcare and a significant number of US accredited hospitals).

Germany can be another example. Although German healthcare is one of the best, most efficient, most advanced and most available in the world, several German medical tourists go to the Czech Republic, Poland, Hungary, Turkey or other Eastern European countries. The strange situation occurs: while Germans go to other countries for low price cosmetic surgery and dentistry, the country is a magnet for Middle Eastern countries due to its very high medical standards. The most important factor is the motivation of medical travellers.

Motivations

The Medical Tourism Association (MTA) is a global non-profit association for the medical tourism and international patient industry. The MTA works with healthcare providers, governments, insurance companies, employers and other buyers of healthcare – in their medical tourism, international patient, and healthcare initiatives – with a focus on providing the highest quality transparent healthcare. The MTA has worked to address information gaps in the medical tourism industry through its medical tourism surveys.

According to the MTA survey, one of the most important facts of the survey results was about the motivation. In 2013 80% of the respondents said that *medical travel is driven by cost savings* (Fig. 7) and the most important factors in their decision were the cost of the medical treatment and the *state-of-the-art technology*. It has also been found that medical tourists spend between \$7,475 and \$15,833 per medical trip.

Another motivation of participating in medical travel is the *unreachability of the domestic healthcare services*. Many medical traveller choose travelling because of the long waiting lists in their home country. It is typical in developing countries, where the number of doctors may be relatively low, but in some developed countries as well. In Belgium there are several medical travellers from the Netherlands; the reason why they cross the border is still to avoid the typically long waiting lists of their country (Youngman, 2016).



Figure 7: Motivations of medical tourism (Source: own compilation)

Conclusion

In this fast changing world – tourism trends are also changing quickly. Although consumer and tourism trends vary destination by destination, some mainstream development focusing on technology, sustainability, health consciousness – and recently shared economy – forms the environment for tourism receiving areas.

In this article the authors tried to collect the most recent and important new trends focusing on two main fields: health and medical tourism. In health tourism a very strong new trend is the search for wellbeing – therefore wellness offers are more and more demanding; including spas and mineral springs. In medical tourism however it is interesting to see which new destinations arise and how insurance companies behave.

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World Tourism Organization (UNWTO) – <http://unwto.org/>



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ESZTER MADARÁSZ
SENIORS' PARTICIPATION IN TOURISM

Nowadays societies are rapidly changing: fertility rates are declining, life expectancy is lengthened, urbanization and migration are important circumstances too in this environment (European Commission, 2014). The prognosis of the UNWTO says that the trips of people over 60 will mean two billions travel by 2050 (Morgan et al., 2015). Such forecasts supposed that each older generation would be healthier, better educated and more financially secure than the previous (Patterson, 2006; Morgan et al., 2015). Older adults are a very attractive segment for tourism stakeholders. The reason for that – among others – is that they have an increased awareness of their health status, so health can be a crucial motivator when travelling with tourism purposes (Chen et al., 2013).

Keywords: senior, tourism, successful ageing, ageing societies, Europe

Ageing societies

All over the world, societies are rapidly changing: fertility rates are declining, life expectancy is lengthened, urbanization and migration are important circumstances too in this environment (European Commission, 2014). Over the past century the proportion of older people has been emerging without intermission (Harper – Leeson, 2008; Nielsen, 2014). By 2030 people aged over 65 years are expected to reach one quarter of the population, and by 2050 this ratio is predicted to rise to one-third (Harper – Leeson, 2008; Nielsen, 2014).

17% of the European Union's population are already over 65 and in the United Kingdom (UK) 650,000 people turn 65 every year (Office for National Statistics, 2014; Morgan et al., 2015). This segment has been recognised as a vital tourism market, their spending during the travel means an increasing ratio of tourism spending. The prognosis of the UNWTO says that the trips of people over 60 will mean two billions travel by 2050 (Morgan et al., 2015). Such forecasts supposed that each older generation would be healthier, better educated and more financially secure than the previous (Patterson, 2006; Morgan et al., 2015).

The number of senior EU residents is increasing rapidly in the next 50 years (Fig. 1). In 2012, 16.7% of the EU population was 65+. According to population forecasts, the number of 65+ persons will have risen by more than 20% in 2020 compared to 2010 (CBI, 2015).

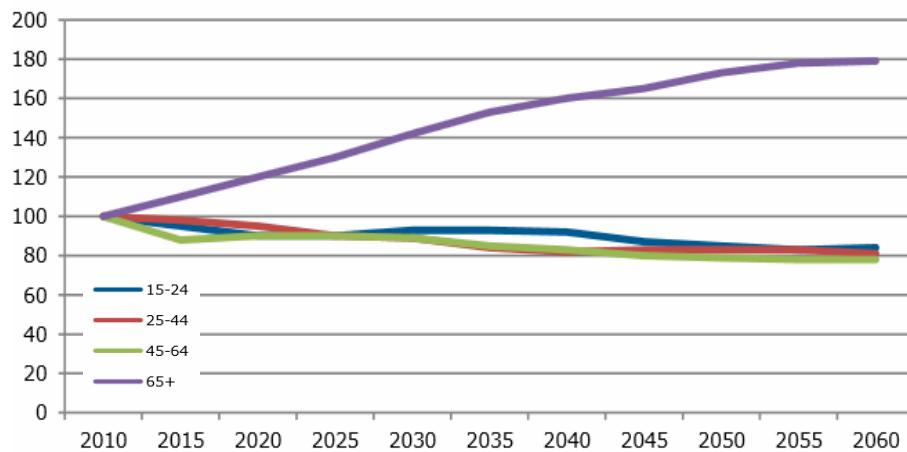


Figure 1: Trends in EU population by age group, 2010–2060 (index: 2010 = 100)
 (Source: https://www.cbi.eu/sites/default/files/market_information/researches/product-factsheet-europe-senior-travel-2015.pdf)

Who are ‘seniors’?

There is no common definition for or understanding of what is meant by an older consumer market and at what age a person should be considered a senior citizen. There are many terms, they vary from 50 years old (e.g. Lohmann – Danielsson cited by Pesonen et al., 2015) to as much as 65 years old (Norman et al., 2001 cited by Pesonen et al., 2015).

The Table 1 shows the heterogeneity of this segment which means that it’s difficult to make generalisations about these group(s). Companies have to understand the heterogeneous characteristics of senior markets, and if it happens they can provide added customer value in their marketing activity and product development for this segment(s) (Pesonen et al., 2015).

This challenges notions of legal entitlement and participation in social schemes targeted at specific sections of the populations. However, historically there has been an imbalance that is being corrected as men and women have qualified for pension benefits at different ages. Gender differences do not merely present in age terms but also through discussions of contributions made during working age. We must consider the creation of seniors as a social construction, premised upon long ingrained notions of social norms and behaviours, which in turn create individual and social expectations.

Table 1: Different grouping of senior segment
(Source: Pesonen et al., 2015; own compilation)

Vigolo & Confente (2014)	Prospective seniors: people ranging from 50 to 64 years of age, Seniors: people at least 65 years of age.
Lohmann & Danielsson, 2001; Reisenwitz & Iyer, 2007; Foot, 2004	The post war Baby Boomer generation (people born in the years 1946–1966) = seniors
Peter Laslett, 1987	Third age: active phase, self-fulfilment, extensive leisure time, good health, secure livelihood as a retired people, Fourth age: pensioners start becoming dependent on others, health problems.
Collins, 2002; Lawson, 2004	Empty nesters (age group 55–64 years): still working, children have left home or people without children, not dependent, strong financial background, Young seniors (age group 65–79 years): retired, time-rich group, usage of their past savings, high health and quality awareness, Seniors (age group 80+ years): late retirement phase, declining health status is declining, less or little travels.

Thanks to the above mentioned issues nowadays it's an important issue how we should age successfully. 'Successful ageing' dates back to the 1950's. This was the time when gerontologists started to research this topic with the aim of understanding 'normal ageing'. In 1996 Rowe and Kahn created their well-known definition containing three related elements. These components are in strong interaction with each other (Fig. 2):

- avoidance of physical illness and disability;
- maintenance of high physical and cognitive function;
- continuing engagement in social and productive activities.

This definition opened the door to think about the optimal behaviour related to aging on the part of individuals and the society as well.

Older adults are a very attractive segment for tourism stakeholders. The reason for that – among others – is that they have an increased awareness of their health status, so health can be a crucial motivator when travelling with tourism purposes (Chen et al., 2013).

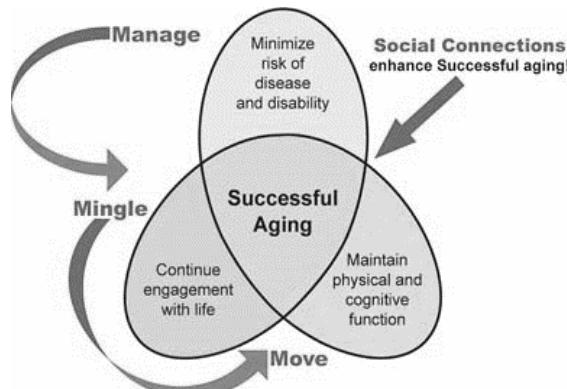


Figure 2: Successful ageing
 (Source: <http://www.universityvillage.net/lifestyle/stories/the-power-of-social-connectedness.aspx>)

Related to tourism this concept is important to understand the needs, wants and motivation of senior people. On the other hand tourism is an effective tool to carry out an active and successful aging because being socially engaged has the most important impact on one's health and quality of life (Fig. 3).



Figure 3: Relationships Are Everything – Top 10 action steps for healthy and successful ageing
 (Source: <http://www.atriaseniorliving.com>)

Demographic development is having a considerable impact on a broad set of aspects in the life of everyone. With the baby boom generation moving into older age bands, the older segment of the European population is growing significantly. Such a demographic change has direct consequences also on tourism demand and implications in the ways to adapt the touristic supply.

The survey of the European Commission

A recent survey, financed by the European Commission in the framework of the ESCAPE project (2015), shed some light around some basic needs and expectations of tourists aged 55+ across the whole European Union. Older tourists are a very heterogeneous group, whose needs and expectations vary a lot in relation to age, health conditions, social and familiar constraints (e.g. care duties) and economic status. Nevertheless the survey allowed to highlight some common patterns and preferences, especially concerning the age range 55–75. This chapter is built on the report AGE delivered after having analysed the 900 questionnaires gathered in November 2014.

No matter of their countries of origin or residence, or their education, the majority of the interviewed older tourists like to travel with a partner, with relatives or family members, as well as in groups with people they know. They also appreciate to enjoy holidays with a budget up to 100€ a day, and prefer to take 4–7 nights breaks (42%), when possible, and also to extend the length up to 13 nights (33%). With respect to seasonality, they prefer to travel in summer and spring and tend to be quite autonomous in planning and managing their travels, opting less frequently for all-inclusive packages, preferring to organise their holidays individually. Relatives, friends and the internet seem to be reliable sources of information that tourists aged 55+ privilege when choosing their destinations. With regard to the preferred means of transport, it is the plane to be ranked in the number 1 position (40%), followed by the car (26%). Interesting enough, the provision of services in the airport was not considered a priority though. Furthermore, seniors are open to travelling both abroad (51%) and within their own countries (42%), they don't expect to spend a lot of money, neither of time, no matter if retired or not.

When asked to rate the importance of themes, topics and activities that could better shape its holidays, the sample opted for 'nature and culture' as the preferred touristic themes, and considers very important to have clean and easy accessible natural and cultural heritage site, as well as affordable ones. The natural environment is indeed very important, alongside with the local culture. Security and comfortable and clean accommodations are also relevant general factors having an impact in the choices of senior travellers. Tourists aged 55+ have undoubtedly different expectations when travelling: the personal preferences and tastes also matters. Nevertheless it is possible to state that seniors appreciate and require security, clean and reliable sites and services, and better value for money, as well as they would like also to be ensured that toilets, pharmacies and supermarkets are available infrastructures in their tourist destinations.

The survey allows gathering some specific insights on one Eastern European Country, Bulgaria, also covered by the ESCAPE project. With that respect, it was possible to note that:

- the majority of Bulgarian people belonged to a rather young cohort (aged 55–60) and were not retired (differently from the respondents from other countries);
- they prefer to travel by car (36%) and by bike (38%), rather than by plane, as reported in the questionnaires received by other countries. They also tended to rate as important sport and leisure, as well as religious aspects mattered to them. These latter categories were not particularly popular among the replies gathered from other countries.

Other investigations

Besides this analysis, AGE Platform Europe gathered some other interesting insights from some of its members, complementing the width and the depth of the study. In particular, the following notes are worth being reported.

- Specifically on security, additional comments reinforced the aspect of accessibility and web-accessibility. There should be much more awareness for rules which matter accessibility, to the benefit of all generations, and especially of those suffering from any temporary or permanent disability. Security goes beyond the protection against pick-pockets, and airport security, and encompasses essential accessibility issues, both of the physical environment (entrances, accessible and open toilets, accessible lifts, accessible inter-modality, ...) and the virtual one (accessible websites, available phone numbers of basic services for tourists, ...).
- With particular regard to health safety, a comment targeted the controls on legionella. This shows that the attention of older tourists towards health related issues, and the need to go beyond the provision of pharmacies and the availability of doctors. Food safety cannot be neglected and more awareness must be raised.
- Insurances and premiums costs must also be considered. In some countries (the specific example came from the UK, but the situation is common across Europe) those costs are exorbitant and discrimination on the ground of age is a risk. Action is needed to cope with such an issue, especially in the light of the elaboration of new and tailored tourist packages for senior tourists.
- Despite the 38% of older tourists travel with their partner, and 28% of the respondents travel with relatives and family members, about 20% travel in groups. In practice, the majority of offers are meant for 2 persons sharing one

room, resulting in an extra cost when opting for single rooms. Tour operators could be more aware of the fact that some older people may prefer a single room (for health reasons, for practical reasons ...) and could consider some offers for people who prefer a single room.

Various studies¹ confirm the trends and analysis hereby reported. Taking a broader perspective, so to encompass intergenerational comparisons, it is interesting to read the results of this present work with the statistics and analysis that took into account the preferences of younger cohorts, as it is the case in the Eurobarometer study (2014) on the preferences of Europeans towards tourism. As a matter of fact, the report highlights that older respondents are more likely to go on holiday in their country: '54% of people aged 55 and over plan to do this, compared with only 38% of 15–24 year old'. According to the Eurobarometer, age seems to influence the reasons to go on holiday. Respondents aged 55 and over are more likely to mention nature (35%) as their main reason, compared with 15–24 year-olds (21%). Conversely, they are the least likely to go on holiday for the sun/beach (36% vs. 48–53% for the other age groups). Younger respondents are the most likely to have gone on holiday to visit family/friends (38% of 15–24 year-olds and 40% of the 25–39 age group vs. 30% of 40–54 year olds and 33% of people aged 55 and over).

What follows here are other extracts from the Eurobarometer survey, suitable to raise further points of comparison and discussion around touristic preferences and ageing:

- The younger respondents are more likely to regard recommendations from friends, colleagues or relatives as important: 67% of 15–24 year-olds mention this, compared to 44% of those aged 55 and over. Unsurprisingly, the youngest respondents are also the most likely to mention social media sites (15% vs. 3% of people aged 55 and over). Respondents aged 55 and over are much less likely than younger respondents to mention Internet websites (28% vs. 52–59% for other age groups), but are the most likely to mention tourism offices/travel agencies (22% vs. 16% of 25–39 year-olds);
- Respondents aged 15–24 and 55 and over (both 31%) were the most likely to have been on an all-inclusive holiday in 2013, while 25–39 year-olds (23%) were the least likely to have done so. Additionally, 15–24 year-olds were the most likely to have gone on a holiday where the services were purchased separately, whereas people aged 55 and over were the least likely (45% vs. 35%);
- People aged 55 and over (32%) are the most likely to have taken a holiday lasting more than 13 consecutive nights, with 25–39 year-olds (23%) the least

¹ Cfr. bibliography

likely to have done so. Conversely, 15–24 year-olds (53%) are the most likely to have taken a short-stay trip (up to three nights), while respondents aged 55 and over (44%) are the least likely to have done so;

- People aged 25–54 (63%) are the most likely to cite financial reasons, while those aged 15–24 (45%) are, surprisingly, the least likely to do so. 15–24 year-olds are the most likely to say they lacked the time (31% vs. 6% of people aged 55 and over), while the latter are the most inclined to mention personal/private reasons (39% vs. 16% of 15–24 year-olds);
- Respondents under the age of 25 are more likely to plan holidays lasting 4–13 nights (50% for 15–24 year-olds) than people aged 55 and over (34%). Similarly, people aged 55 and over are less likely to plan short-stay trips than other age groups (24% vs. 34–40%).

About seasonality, it is interesting to mention a part of the study, carried out by the European Commission, DG Enterprise and Industry (2014), on the economic impact and travel patterns of accessible tourism in Europe. The report refers to people aged 65 and above only and states that this group in Sweden, Belgium and the UK is ‘less likely than average to travel over the summer holidays. In contrast, Swedish seniors are more likely to travel during the spring holidays, UK seniors over the winter holidays, and Belgian seniors in the offseason. In terms of most likely period for a holiday, three countries stand out for seniors: people aged 65 and over Belgian seniors are less likely than average to have stayed with family or friends in the past 12 months but more likely to have stayed in a rental house or flat, or in a spa or wellness resort’.

Seniors’ participation in tourism

Tourism has been seen to exert a positive psychological impact on older people, on their subjective wellbeing, quality of life, self-assessed health and life satisfaction, regardless of type or duration of trip (Dolnicar – Yanamandram – Cliff, 2012; Hagger – Murray, 2013; Hunter-Jones – Blackburn, 2007). It similarly plays a role in creating and sharing memories (Marschall, 2012; Sellick, 2004; Tung – Brent Ritchie, 2011) and reminiscence is recognized as promoting and maintaining older people’s mental wellbeing as it engages memory and fosters social interaction (Coleman, 2005; Mullins, 2011). Emotional and psychological wellbeing are vital to ageing well and whilst loneliness and isolation are not concomitants of ageing as many older people lead rewarding and socially engaged lives (Victor – Scambler – Bond, 2009), it is notable that in the UK over a million over-65s say they are often or always lonely and spend around 80% of their time at home (Age UK, 2011). Depression is the most common later-life mental health problem, with 2.4 million older UK adults suffering from depression severe enough to impair their quality of

life (Institute of Public Policy Research, 2009) and older people frequently have to deal with often interconnecting life transitions such as bereavement, physiological change, increased ill-health and reduced socio-economic circumstances (Age Concern & Mental Health Foundation, 2006; Naef – Ward – Mahrer-Imhof – Grande, 2013). Such concerns can predispose them to poor sleep and create a downward spiral of mental and physical health, seriously impacting their wellbeing. Despite the significance of issues such as emotional wellbeing and bereavement to older people, particularly women, they remain neglected by tourism researchers (Small, 2003). Scholarship has established however, that tourism provides opportunities to promote social inclusion, extend limited social realms, facilitate social interaction and networks, and 'for reaffirming self and developing a new identity ... in later years' (Grant – Kluge, 2012, 130). Studies demonstrate how tourism impacts positively on a range of economically or otherwise disadvantaged groups, including low-income families, teenage mothers and people with health issues and disabilities and their carers (e.g. Gump – Matthews, 2000; Hunter-Jones, 2004, 2005, 2010; McCabe – Joldersma – Li, 2010; McConkey – McCullough, 2006) and relieves stress (Toda et al., 2004).

At the same time, researchers have identified the barriers to older peoples' tourism participation as: economic; time; transportation; health; family responsibilities; the lack of a travelling companion (Blazey, 1986; McGuire, 1984; Romsa – Blenman, 1989; Shoemaker, 2000). Yet, there are few studies that explicitly connect tourism non/participation and later-life wellbeing with the burgeoning social tourism literature (Durko – Petrick, 2013).

Defined as 'tourism with an added moral value, of which the primary aim is to benefit either the host or the visitor in the tourism exchange' (Minnaert – Maitland – Miller, 2011, 414), social tourism affords a range of tourism opportunities to those who would not otherwise be able to participate due to a certain disadvantage, such as the lack of money, their role as a full-time caregiver or a health problem or disability (All Party Parliamentary Group on Social Tourism, 2011). Social tourism encompasses a variety of activities and programmes across Europe and elsewhere that provide social and economic benefits, stimulate tourism development or promote understanding between guests and hosts in tourist destinations (McCabe – Minnaert – Diekmann, 2012; Minnaert – Maitland – Miller, 2006, 2009; Minnaert et al., 2011). In Europe, there are clear differences between the northern (e.g. UK, Germany, Scandinavia) and Mediterranean (e.g. France, Spain) social tourism models, whereby the former is dominated by charitable organisations and the latter includes interventions by social services, trade unions, etc. (Hall – Brown, 2006; Hunter-Jones, 2011). Many European social tourism schemes are based on the 'inclusion' and 'stimulation' models of social tourism that encourage participation for all (Minnaert et al., 2011). In today's times of austerity, a number of

governments have re-evaluated their welfare programmes and the potential economic benefits of social tourism have received increased levels of attention (Minnaert, 2014).

A much-quoted example of the economic benefits of social tourism is the Spanish IMSERSO programme that offers holidays for senior citizens (and a companion) in domestic coastal resorts during the shoulder season. The holidays are subsidised by the public sector with beneficiaries paying only 70% of the costs. An estimated 10.5 million people have participated in this initiative that provides year-round employment (important in Spain where 30% of jobs are seasonal) and revenue, generating 13,000 direct and 85,000 indirect jobs and a €300 million return to the Spanish government (Rodriguez, 2010). To encourage similar schemes throughout Europe, the European Commission launched the Calypso programme in 2008, which aims to lower seasonality by assisting specifically defined social tourism groups to travel between different European countries (Minnaert et al., 2011). Whilst the ‘inclusion’ and ‘stimulation’ models of social tourism schemes are well established in such countries, in the UK social tourism is mainly provided by the charitable sector and largely focuses on its welfare benefits, encouraging the participation of disadvantaged individuals (Diekmann – McCabe, 2011) in the social tourism ‘participation model’ (Minnaert et al., 2011).



Figure 4: Factors of seniors’ participation in tourism (Source: own compilation)

Social tourism studies clearly evidence its positive impacts, especially for families (e.g. Hazel, 2005; McCabe, 2009; Minnaert – Stacey – Quinn – Griffin, 2010; Quinn – Stacey, 2010; Sedgley – Pritchard – Morgan, 2012). Minnaert et al. (2009) argue that social tourism helps deprived families increase their family and social capital and widen their social networks and fosters positive behaviour and self-esteem. Social tourism offered them moments for reflection, assessment and aspiration, so that ‘...things that seemed out of reach now seemed possible after all’ (2009, 328). At the same time, participants saw holidays as opportunities to escape from routine, a time ‘to leave ... worries and financial problems at home, and concentrate on more positive things’ (2009, 328). Quinn and Stacey’s (2010) research similarly identified increased self-esteem and self-confidence amongst

deprived young people, evidencing how social tourism experiences diversify the routines of children from 'limited spatial worlds' (2010, 42).

Sedgley et al. (2012) also highlighted the role of tourism participation in social inclusion: their study of London families living in poverty reveals that exclusion from tourism makes a clear contribution to their children's exclusion from everyday norms as holidays are regarded as part of contemporary British family life. Such studies emphasize how the benefits of social tourism extend beyond the immediate holiday experience and into participants' daily lives. Some researchers caution that, contrary to studies that identify pre-holiday anticipation as a wholly positive aspect of the tourism experience (Gilbert – Abdullah, 2002), social tourism trips can be wrought with uncertainty (Minnaert, 2014) whilst the return home from any holiday can generate negative reflections on lives and relationships (Hall – Brown, 2006). Nonetheless, studies overwhelmingly find that social tourism offers opportunities for escape from the stresses of mundane life, routine variation, new experiences and a 'fresh sense of perspective on problems' (McCabe, 2009, 682).

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JUDIT SULYOK

PERCEPTIONS AND POTENTIAL OF NORTHERN EUROPEAN HEALTH TOURISTS

In order to identify the real potential of a new tourism product development – health tourism in this case –, good information about the target group is essential. With this aim, a primary research has been conducted in the framework of the Off to Spas project. The online consumer survey (170 respondents, mainly from Sweden) reflects the attitudes of the potential senior travellers. Besides the general attitudes and travel experiences, the survey focused on the potential of new health tourism product and the elements of a health tourism trip attractive outside of the main season period. As the results show, the already affluent travellers are especially interested in the experiences and discovering new places that can support to maintain their good health condition and support a good quality of life. The introduction of medical treatments and services could be also enriched by the wellness services and non-health tourism attractions, among them culture, gastronomy and nature have the best potential. However, in the case of new, emerging destinations, the general tourism image and awareness should be also communicated, in order to reach successfully these segment.

Keywords: health tourism, perceptions, image, Northern Europe

Methodology

The Off to Spas project is supported by a comprehensive research activity, based on secondary and primary field work, containing a wide range of tourism research methods, such as qualitative and quantitative phases. The primary research methodology, the questionnaires content has been developed with references to the outcomes of the literature review (e.g. references of this article). This enables a holistic analysis of the topic, and helps to identify the background motivations and the future potential of the target group. The research follows the work flow of the project.

Based on the reviewed literature, the primary research of the Off to Spas project has the following objectives/research questions to be answered:

- Identifying perceptions of potential health tourists about health, and health tourism, focusing on balneology;
- Mapping motivational factors for the off-season period, and for the involved Central and Eastern European destinations;

- Providing information about the special needs of the target group, namely of the seniors;
- Providing information about the potential of treatments and balneology services in order to fill this information gap; and
- Mapping information sources used and identifying potential marketing communication channels in order to reach the target audience.

The consumer survey included an online questionnaire, as well. The link has been directly sent to more the potential senior travellers via the project partners. The field work (questionnaire link open) lasted between 30 September 2015 and 17 February 2016. The total number of responses reached 170 persons.

The main topics covered in the questionnaire were:

- health tourism attitudes;
- image of the destinations, focusing on Central and Eastern Europe;
- motivation, drivers and limitations of health tourism and of off-season health tourism;
- general travel behaviour and memorable travel experiences;
- demographics and lifestyle of the respondents.

According to the respondents' demographics, one can conclude that the survey results reflect the attitudes and travel behaviour of *potential Swedish senior health tourism customers* (most of the respondent are Swedish) (Tab. 1).

Table 1: Consumer survey sample's demographic
 (Source: Off to Spas consumer survey) (n = 170)

	Response Percent	Response Count
Gender		
Male	25.2%	36
Female	74.8%	107
Age		
50–55 years	22.1%	30
56–60 years	16.9%	23
61–65 years	17.6%	24
66–70 years	18.4%	25
70+ years	25.0%	34
Children		
No	29.3%	41
Yes	70.7%	99

Children living abroad		
No	86.9%	119
Yes	13.1%	18
Relatives, friends living abroad		
Yes	67.8%	97
No	32.2%	46
Retired		
Yes	53.8%	77
No	46.2%	66
Education		
Low/elementary school	0.0%	0
Middle	30.8%	44
High/college, University	69.2%	99
Income level (1–10, 1 = very poor, 10 = very rich)		
1–4	23.3%	31
5	24.8%	33
6	24.1%	32
7	17.3%	23
8–10	10.5%	14
Total	100.0%	170

Results

Perceptions of and attitudes towards health tourism

Potential senior travellers associate 'health tourism' mainly with spa, sport facilities, healthy food, relaxation, medical services, health, 'feeling good', massage, wellness, tourism, wealth, spa hotel and holiday. This results a very leisure oriented approach where prevention and healthy lifestyle are dominant rather than cures and healing process.

The respondents are very open-minded and active. At the same time, safety during travel is important. Thanks to their good health condition, they do not need special care during travelling. Their active lifestyle is also reflected in that 85.7% of the respondents have any hobbies (e.g. gardening, cooking, summer cottage, handicrafts) (Fig. 1).

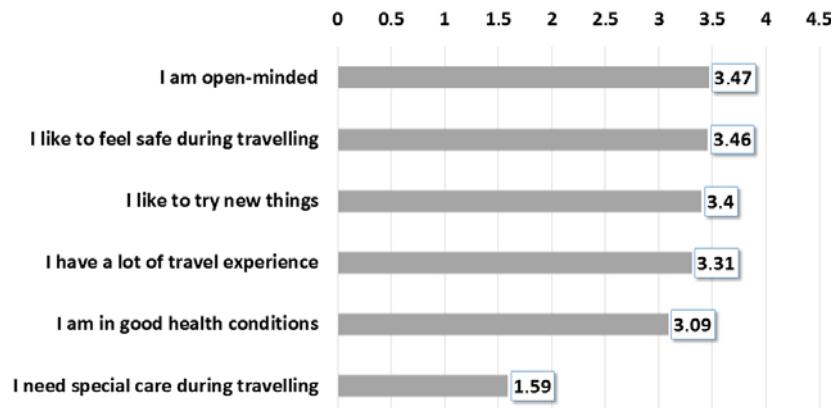


Figure 1: To what extent do you agree with the following statements?

(1 = do not agree at all, 5 = totally agreed)

(Source: Off to Spas consumer survey) (n = 161)

In order to maintain their good health conditions, seniors are engaged in 3.8 activities on average. The most important from the prelisted options are physical exercises (84.9%) and healthy food (79.2%). More than half of the respondents does mental exercises, does wellness activities or goes to spas which are of outstanding potential for health tourism destinations and services (Fig. 2).

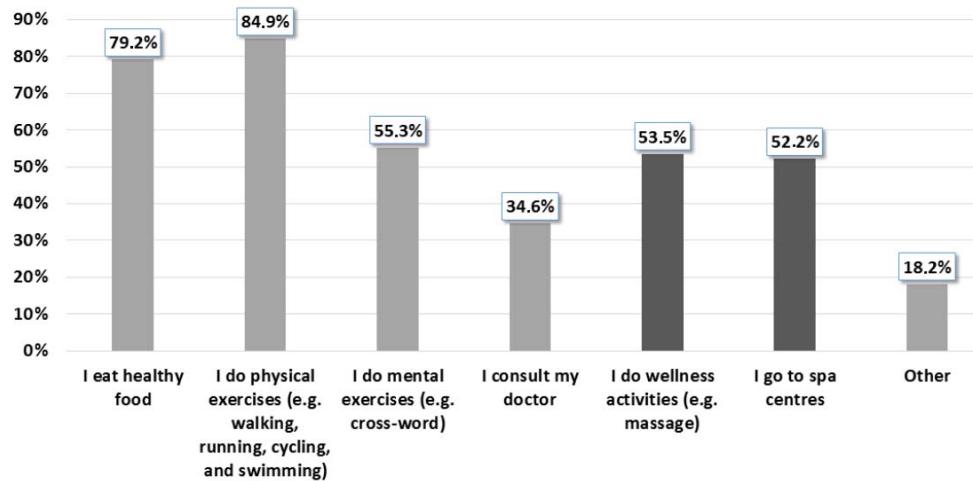


Figure 2: What do you do regularly do for your health? (Multiple answers possible)

(Source: Off to Spas consumer survey) (n = 159)

Travel behaviour

Potential senior travellers involved in the survey are active travellers which means that most of them (71.3%) has taken a domestic and an international holiday both during the period 2012–2015. Further 20.4% has been involved in international tourism, whereby only 3.8% travelled in their home country, and the share of non-travellers is 4.5%. In the case of new health tourism developments, these segment is of high relevance because they do feel familiar with leaving their place of residence with tourism purposes, so the perceived risk and safety is not influenced by the lack of earlier travel experiences (Fig. 3).

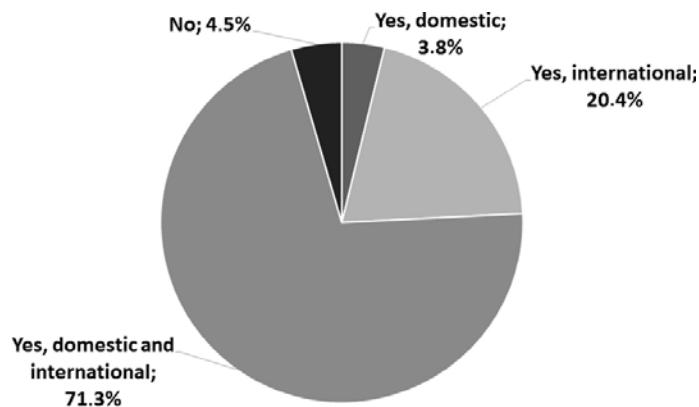


Figure 3: During the last 3 years (between 2012 and 2015) have you taken any leisure trips that lasted at least one night spent away your home?
(Source: Off to Spas consumer survey) (n = 157)

The survey identified also the three most memorable travel experience of the seniors. This information can help to map potential visitors' expectations and perceptions about their future visits, as well. Senior tourist of today are the 'baby boomers' which means that source markets in the developed regions (e.g. Western and Northern Europe) could discover a very wide range of traditional (European in this case) and exotic destinations (e.g. Asia, Africa) during their lifetime.

When coming to taking a health tourism trip, an international destination comes to mind at first. Deciding between summer and other period of the year, foreign destinations have a good split, with a significant potential during the off-season, as well. In the case of domestic health tourism trip, the off-season has a more significant role than summer months. Only 25% of the respondents has not taken any (neither during summer, nor during other season) health tourism trip during the period 2012 to 2015 (Fig. 4).

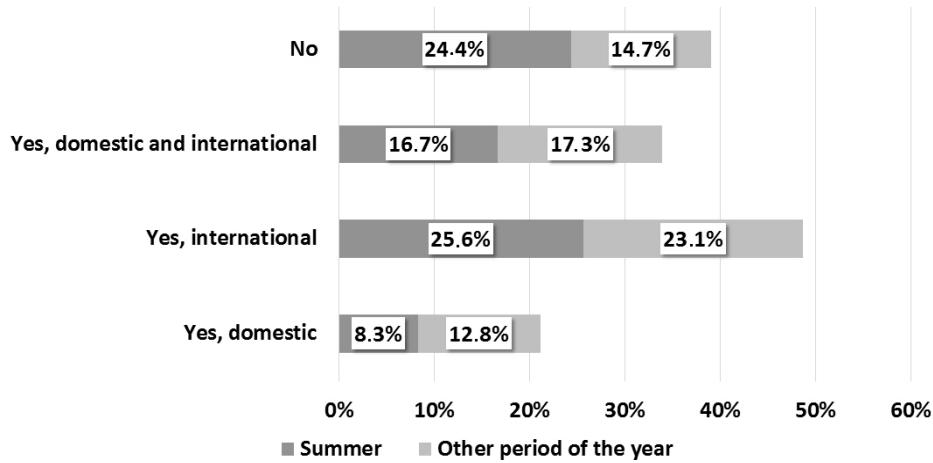


Figure 4: During the last 3 years (between 2012 and 2015) have you taken any Health Tourism trips that lasted at least one night spent away your home?
 (Source: Off to Spas consumer survey) (n = 156)

Decision-making about health tourism

In order to gain information about how to reach potential customers, the survey mapped decision-making factors, as well. When taking a health tourism trip, respondents highlighted good value for money (80.1%), cleanliness (60.9%), high quality services (60.3%), and the positive reputation, attractiveness of the destination (59.0%) at the first places.

Reflecting the leisure oriented approach, the medical treatments (28.2%) and the availability of services funded by Health Insurance Companies (15.4%) have limited general attractiveness, or have potential in a smaller, more special segment (Tab. 2).

Table 2: What kind of factors would you consider when undertaking a Health Tourism trip?
 (Multiple answers possible) (Source: Off to Spas consumer survey) (n = 156)

Answer Options	Response Percent
Good value for money	80.1%
Cleanliness	60.9%
High quality services	60.3%
Positive reputation, attractiveness of the destination	59.0%
Quality	52.6%
Safety	51.9%

Hospitality	48.7%
Availability of proven medical treatments	28.2%
Accessibility	27.6%
Wide range of tourism services, attractions	23.7%
Availability of treatment/services financed by Health Insurance Company	15.4%
Other (please specify)	21.8%

Interestingly, the costs (namely that health tourism is associated with higher cost level) are at the same time the limitations for travelling with health tourism purposes. All other aspects (e.g. distance or health condition) play a much less significant role (Tab. 3).

Table 3: What could be limitations for you for taking a Health Tourism trip?
(Multiple answers possible)
(Source: Off to Spas consumer survey) (n = 152)

Answer Options	Response Percent
I usually travel with my children and grand-children	8.6%
Costs	71.7%
Health condition	25.7%
Distance	32.2%
Language	15.8%
Unknown destination	11.8%
Other (please specify)	21.7%

Drivers and limitations of off-season travel

In accordance with the project's main objectives, namely developing a new health tourism product attractive during the lower season period, the consumer survey mapped the drivers and limitations of travelling during the off-season period. The main motivations for taking a health tourism trip outside the summer season are undoubtedly the quiet environment, and the lower prices/expenses.

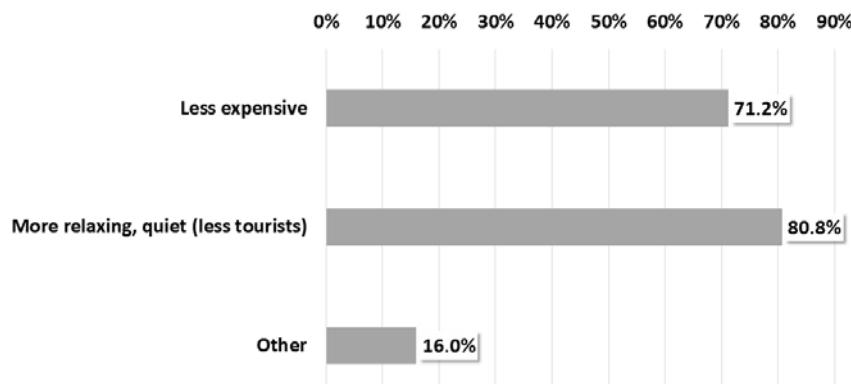


Figure 5: What could be the main motivation(s) for you to take a Health Tourism trip off-season (outside the summer season)? (Multiple answers possible)
 (Source: Off to Spas consumer survey) (n = 156)

Those respondents who share their views about the limitations (126 respondents), highlighted the lower choice of available activities (47.6%) and bad weather (37.3%) when considering taking a health tourism trip outside the summer season.

‘Ideal’ Health Tourism Package

According to the opinions of the respondents, the wellness dimension is the strongest ‘ingredient’ of an ideal health tourism trip. Interestingly, culture, wine and gastronomy are the next in the ranking. Potential travellers are interested both in medium (3 stars) and high (4 stars) quality accommodation, however meaning a good quality in both cases. The active tourism facilities and fitness activities have also significant potential, and the medical treatment is also acknowledged in this sense (Fig. 6).

Among the medical treatments, diagnostics and check-ups have the biggest potential. Dentistry and orthopaedic surgery could be also attractive for a smaller segment (Tab. 4).

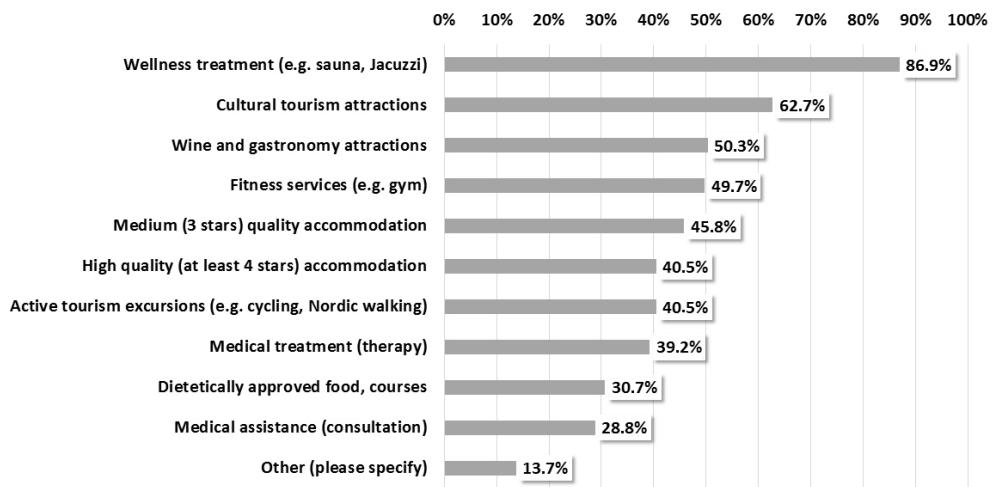


Figure 6: According to your opinion, what kind of services and attractions would a health tourism trip ideally include? (Multiple answers possible)
(Source: Off to Spas consumer survey) (n = 153)

Table 4: According to your opinion, what kind of medical treatments would a health tourism trip ideally include? (Multiple answers possible)
(Source: Off to Spas consumer survey) (n = 117)

Answer Options	Response Percent
Diagnostics and check-ups	96.6%
Dentistry (cosmetic and reconstruction)	12.0%
Cosmetic surgery (breast, face, liposuction)	6.8%
Eye surgery	6.0%
Orthopaedic surgery (hip replacement, resurfacing, knee replacement, joint surgery)	5.1%
Cardiology/cardiac surgery (by-pass, valve replacement)	1.7%
Bariatric surgery (gastric by-pass, gastric banding)	0.9%
Organ, cell and tissue transplantation (organ transplantation; stem cell)	0.9%

An ideal health tourism trip would last one week (7.7 nights) on average, there were a significant number of respondents (27 persons) who marked two weeks. Most of the travellers would go with their spouse/partner (58.7%) or/and with friends (55.3%). The share of travelling alone (32.0%) or with a senior group (16.7%) is also significant. 24.0% would be interested in travelling with their family

(including children, grandchildren). Although the project is aimed at supporting off-season tourism flow, still the summer season would be the most attractive for the respondents to take a health tourism trip. After then, winter, autumn and spring could be the most popular.

Information sources & booking

Potential customers are affluent travellers, the internet (87.3%) or/and the travel agency (44.0%) could be the most important booking channels. Although we are talking about seniors (Swedish seniors), they are familiar with the new technologies, and probably the wide range of travel experiences does also influence the trust in the online available booking options. Health tourism is a bit more ‘sensitive’ than general leisure trip, where the travel agencies can do a lot in transmitting reliable and comprehensive information, minimizing the potential risks of disappointments during the trip (Tab. 5).

Respondents consult 4.4 information sources on average before taking a health tourism trip. Not surprisingly, the internet is also the number one among the information sources used when planning such a trip. This is followed by family/friends recommendation, and past experience. From the ‘traditional’ channels, TV programmes, newspaper/magazine articles, and travel agency has the most potential in order to reach the customers (Tab. 6).

Table 5: How would you book such a Health Tourism trip? (Multiple answers possible)
 (Source: Off to Spas consumer survey) (n = 150)

Answer Options	Response Percent
Via the internet	87.3%
Via a travel agency	44.0%
Directly at the hotel/destination	18.7%
Via Health Insurance Company	4.0%
Other (please specify)	6.0%

Table 6: What are the most important sources of information for you when planning a health tourism trip? (Multiple answers possible)
 (Source: Off to Spas consumer survey) (n = 146)

Answer Options	Response Percent
Internet	91.8%
Friends/family recommendation	60.3%
Past experience	56.2%

TV programme	42.5%
Newspaper/Magazine articles	37.7%
Travel agency	27.4%
Travel information received by e-mail	24.0%
Guide books	21.9%
Social media	18.5%
Newspaper/Magazine advertisements	15.8%
Travel information received by mail	15.8%
Maps	10.3%
Medical referral	8.2%
Health Insurance Company	8.2%
Radio programme	6.2%

Awareness & image of health tourism destinations

Among the most attractive health tourism destinations in Europe, one can find the closer – like Estonia – and the ‘traditional’ areas – like Hungary, Czech Republic. The Mediterranean region – especially Spain – is also often listed, and some respondents also mentioned Romania.

Rating selected Central and Eastern European countries (among them the Off to Spas project’s destinations, namely Hungary and Romania) on a five items’ scale (1 = not attractive at all, 5 = very attractive), Hungary has the best potential, followed by Austria and the Czech Republic. Romania is well behind Slovakia and Slovenia, as well, in regard of health tourism attractiveness (Fig. 7).

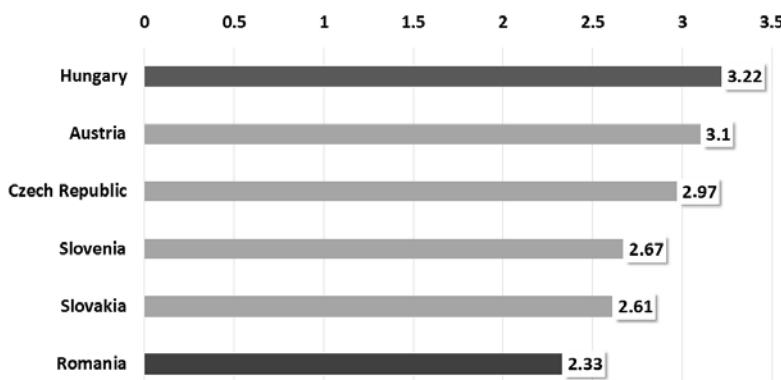


Figure 7: How attractive do you consider the following countries as health tourism destinations? (Source: Off to Spas consumer survey) (n = 146)

This is also reflected in the earlier experiences. Most of the respondents have not been to Hungary or Romania, either. In the case of Hungary, the health tourism visitors have a significant share, whereby in the case of Romania, the ‘other’ purpose follows the non-visitors.

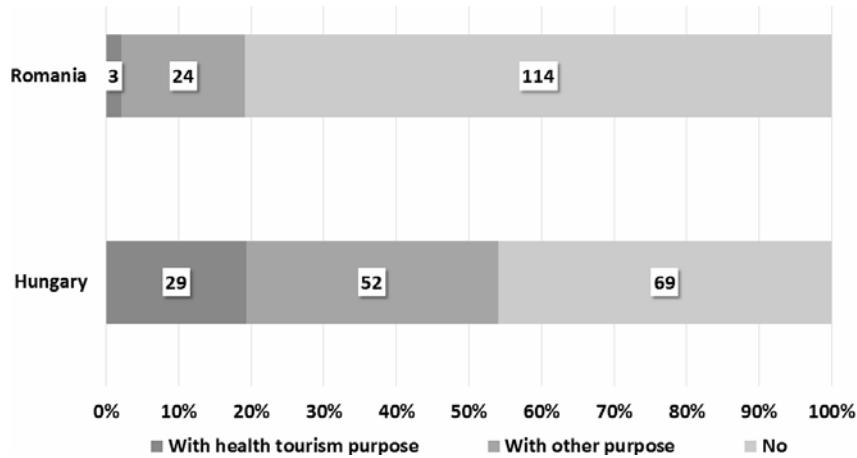


Figure 8: Have you already visited the following destinations? (Number of respondents)
 (Source: Off to Spas consumer survey) (n = 146)

In order to identify potential messages, the survey included a special question about the perceived unique selling points (USP) of Hungary and Transylvania/Romania as health tourism destinations.

Hévíz (Hungary) is a mature destination with a well-known thermal lake. This is reflected in the potential unique selling points, as well. Besides the natural healing assets, good price level (compared to Northern/Western Europe), the culture and the gastronomy/food could be in the core of the marketing messages. At the same time, for a number of potential travellers, the destination is still unknown (being out of the main flows, hub destinations).

In the case of Transylvania/Romania, most of the respondents could not mention any unique selling points. The lack of awareness does have a significant influence on the promotion of new health tourism products. Besides that, the wonderful natural environment, the good prices, and discovering new places, new experiences can be the motivation for future senior travellers.

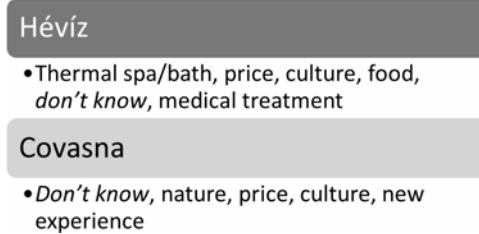


Figure 9: USP of Hungary and Transylvania/Romania as a Health Tourism Destination

(Source: Off to Spas consumer survey) (n = 170)

Conclusions

The theoretical and practical implications of the consumer research can be summarized as follows.

- The target group – senior citizens – can be characterized by *active ageing*. They are open-minded, and have *no special needs during travelling*;
- Northern European seniors have a *wide array of travel experiences* that cover all over the world. From the project point of view, this can result *higher expectations* towards the visited destinations and their attractions, services;
- Health tourism in general has the potential of *low-season tourism*, and also *international destinations* are in the forefront of desired places to visit;
- The *good value for money* has a cutting-edge role. It is very highly ranked among the decision-making factors, together with high quality of services. Parallel with this, health tourism oriented factors (e.g. treatments) have less influence which supports that first of all the wellness and well-being dimension of health tourism could be of interest for a wide range of travellers. At the same time, favourable prices and tranquillity can be the main drivers to take a health tourism trip outside of the main season, whereby cost is also considered the most important limitation for health tourism trips;
- The '*ideal*' *health tourism trip* reflects also the wider understanding of health tourism, so a wellness oriented approach. In order to maintain travellers' good health conditions, health tourism services can be accompanied by culture, furthermore by wine and gastronomic delights of the destinations. An ideal trip is actually not a family (with kids) happening, during a one-week lasting holiday, first of all couples and friends would travel with. The role of senior groups is also significant;
- From the medical services, *diagnostics and check-ups* have the most potential. Any other special treatments could attract special interest groups, and so could be communicated via non-traditional channels;

- The segments is familiar with the technological advances, the *internet* plays the leading role in reaching them. However, travel agencies can help to provide more detailed information and build trust towards health tourism services;
- Among the *information sources* consulted before travelling, internet is followed by the recommendations of friends and family, furthermore the past experiences. The most relevant channels to transmit marketing messages can include also TV programmes and newspaper/magazine articles;
- Among the European health tourism destinations, closer (e.g. Estonia) and well-known (among them Hungary) places are the most attractive, Romania (also being included in the project) has less potential. The reason for that is mainly the lack of awareness in general.

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Website

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JUDIT SULYOK

POTENTIAL OF NEW HEALTH TOURISM PRODUCT – STAKEHOLDERS' VIEW

In order to provide a comprehensive view about the potential of the new health tourism product development, the consumer survey has been accompanied by a stakeholders survey. Getting to know stakeholders' opinion and perception, it enables to elaborate a realistic product development process. Gaps identified between travellers' and stakeholders' perception can support to map strength (to be communicated more intensively) and weaknesses (to be developed in the future) of the new health tourism product. In the case of the Off to Spas project, the conclusions highlights that stakeholders are more 'rational' and focusing on 'hard' factors (e.g. infrastructure, safety), meanwhile potential travellers can be attracted by the emotional benefits, and experiences provided by the destination visited.

Keywords: health tourism, stakeholder analysis, product development

Methodology

The Off to Spas project is supported by a comprehensive research activity, based on secondary and primary field work. The primary research methodology, the questionnaires content has been developed with references to the outcomes of the literature review (e.g. references of this article). The consumer (potential senior travellers) survey is accompanied by a stakeholder research. Comparing consumers and stakeholders perceptions enables a holistic analysis of the topic, and helps identify the background motivations and the future potential of the target group.

Based on the reviewed literature, the stakeholder research of the Off to Spas project has the following objectives/research questions to be answered:

- Identifying perceptions of potential health tourist about health, and health tourism, focusing on balneology;
- Mapping motivational factors for the off-season period, and for the involved Central and Eastern European destinations;
- Providing information about the special needs of the target group, namely of the seniors;
- Providing information about the potential of treatments and balneology services in order to fill this information gap; and
- Mapping information sources used and identifying potential marketing communication channels in order to reach the target audience.

The stakeholder survey included an online questionnaire. The link has been directly sent to more hundred stakeholders (tourism professionals, tourism authorities, spa towns/destinations, senior associations, health insurance companies) by the project partners. The field work (questionnaire link open) lasted between 30 September 2015 and 17 February 2016. The total number of responses is 23.

The main topics covered in the questionnaire were:

- health tourism attitudes,
- image of the destinations,
- potential segments' characteristics,
- marketing channels,
- motivation of potential travellers.

Results

Perceptions of and attitudes towards health tourism

The stakeholder survey ($n = 23$ relevant stakeholders, 16 of them representing senior associations) focused on the senior travellers from Western and Northern Europeans, identifying their needs and expectations regarding health tourism and the involved destinations (Hungary, Romania). According to the experience of the respondents, safety during travelling is an important issue for seniors. Thanks to their good health conditions and the wide array of travel experiences, elder people need less special care which means that they are rather guest and not 'patients' regarding health tourism's potential (Fig. 1).

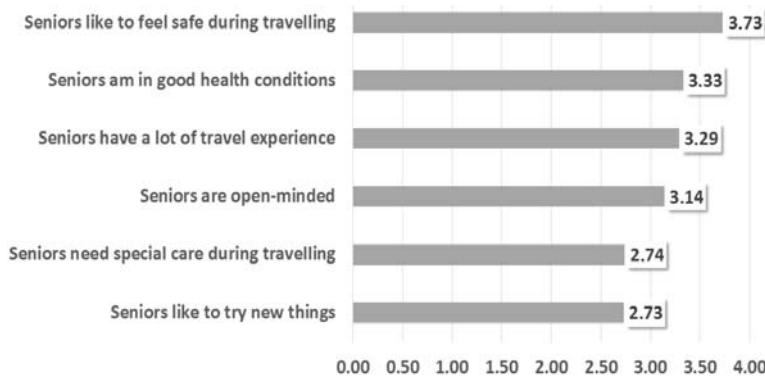


Figure 1: To what extent do you agree with the following statements?
 (1 = do not agree at all, 5 = totally agreed) (Source: Off to Spas stakeholder survey) ($n = 23$)

According to the opinion of the stakeholders involved in the survey, the potential senior travellers are very conscious consumers. They want to travel to accessible destination, they want to have a good value for their money, furthermore cleanliness and safety comes into focus when deciding about a health tourism trip. This means that ‘hard’ factors are in the forefront, meanwhile – according to the stakeholders’ view – emotional factors (e.g. positive reputation of the destination) play a less important role (Tab. 1).

Answer Options	Response Count
<i>Accessibility</i>	16
<i>Good value for money</i>	16
<i>Cleanliness</i>	14
<i>Safety</i>	14
High quality services	12
Positive reputation, attractiveness of the destination	11
Hospitality	11
Quality	6
Availability of treatment/services financed by Health Insurance Company	5
Availability of proven medical treatments	4
Wide range of tourism services, attractions	4
Other (please specify)	0

Table 1: What kind of factors would senior travellers consider when undertaking a health tourism trip? (Multiple answers possible)
 (Source: Off to Spas stakeholder survey) (n = 21)

The most mentioned sub-segments of health tourism could be the wellness (including relaxation, good food etc.), the plastic surgery and medical treatment among the elderly people. Regarding the destinations’ assets, the environment, tranquillity, and – what is non controllable – warm and sunny places are in the forefront (Fig. 2).

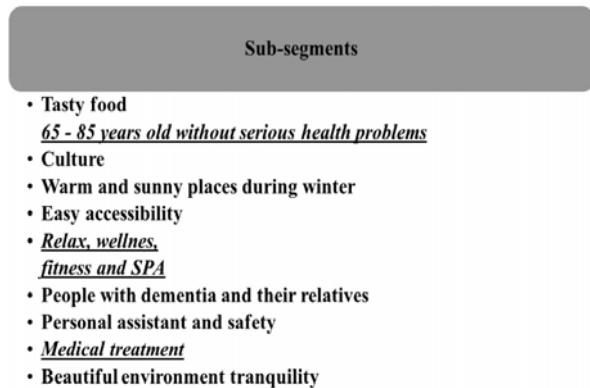


Figure 2: Potential sub-segment of health tourism (open-ended question)
 (Source: Off to Spas stakeholder survey) (n = 23)

Drivers & limitations of off-season tourism

The main motivations for Western and Northern European senior travellers for taking a health tourism trip off season (outside of the summer period) could be the favourable costs and the tranquillity.

At the same time, costs could be crucial limitation for taking a health tourism trip, followed by health condition and distance (which is an important issue in the case of the involved destinations, Hungary and Romania) (Tab. 2).

The limitations for a health tourism trip outside of the summer season are the bad weather and the lower choice of activities.

Table 2: What could be the limitations for Western and Northern European seniors for taking a health tourism trip? (Multiple answers possible)
 (Source: Off to Spas stakeholder survey) (n = 20)

Answer Options	Response Count
Costs	14
Health condition	10
Distance	10
Unknown destination	9
Language	7
I usually travel with my children and grand-children	3
Other (please specify)	2

'Ideal' Health Tourism Package

According to the stakeholders' view, the 'ideal' health tourism holiday could include rather a medium (3 stars) than a higher (4+ stars) category accommodation. From the wide range of health tourism services, wellness has the greatest potential, followed by treatment, medical assistance and dietetically approved food. Health tourism experience could be enriched by cultural activities, wine and gastronomy, and to a less extent by active excursions (Tab. 3).

Those who share their views about it, indicated diagnostics and check-ups, followed by dental treatments to have the best potential for senior travellers (Tab. 4).

Health tourism trip's ideal long is 8.63 nights. Tourists would like to travel in senior groups because of the same language and problems, or/and with spouse/partner. Most of the respondents indicated Spring or Autumn as the most preferred date for health tourism holiday.

Table 3: According to your opinion, what kind of services and attractions would a health tourism trip ideally include (for Western and Northern European senior travellers)? (Multiple answers possible) (Source: Off to Spas stakeholder survey) (n = 20)

Answer Options	Response Count
Cultural tourism attractions	15
Wellness treatment (e.g. sauna, Jacuzzi)	13
Medium (3 stars) quality accommodation	12
Wine and gastronomy attractions	12
Active tourism excursions (e.g. cycling, Nordic walking)	9
Dietetically approved food, courses	8
Medical treatment (therapy)	8
High quality (at least 4 stars) accommodation	7
Medical assistance (consultation)	7
Fitness services (e.g. gym)	6
Other (please specify)	0

Table 4: According to your opinion, what kind of medical treatments would a health tourism trip ideally include (for Western and Northern European senior travellers)?
 (Multiple answers possible) (Source: Off to Spas stakeholder survey) (n = 20)

Answer Options	Response Count
Diagnostics and check-ups	14
Dentistry (cosmetic and reconstruction)	6
Cosmetic surgery (breast, face, liposuction)	1
Cardiology/cardiac surgery (by-pass, valve replacement)	1
Eye surgery	1

Information sources & booking

Stakeholders agree that senior travellers from Northern and Western Europe are also familiar with the technology (9 stakeholders indicated that seniors would book by the internet), but – according to the opinion of the involved stakeholders – travel agencies are the most important intermediaries regarding health tourism trip (mentioned by 16 respondents). Some of the respondents mentioned also the senior groups' associations as a link between demand and supply side.

Even if the internet is not the main platform for the booking process, it has a crucial role in finding information. Besides that, friends/family recommendation and – again – travel agencies were indicated. From the traditional marketing communication, TV programmes and newspaper/magazine articles could be a good way to communicate the segment (Tab. 5).

Table 5: What are the most important sources of information for Western and Northern European health tourists when planning a health tourism trip? (Multiple answers possible)
 (Source: Off to Spas stakeholder survey) (n = 18)

Answer Options	Response Count
Internet	14
Friends/family recommendation	14
TV programme	14
Travel agency	10
Newspaper/Magazine articles	8
Social media	7
Medical referral	5
Health Insurance Company	5
Newspaper/Magazine advertisements	4

Past experience	3
Travel information received by e-mail	3
Guide books	2
Radio programme	2
Travel information received by mail	0
Maps	0

Awareness & image of health tourism destinations

Among the European destinations for health tourism (open-ended question), Hungary, the Czech Republic and Spain has been mentioned as the most attractive places for senior travellers.

Among the Central and Eastern European destinations, Hungary and Austria are the most attractive, followed by the Czech Republic, Slovenia, Slovakia, and finally Romania.

The next question focused on the potential USP (unique selling point) of the two involved destinations, namely Hungary and Romania (Transylvania in this case).

Hungary’s USP could be:

- bath tradition;
- old culture, history;
- good prices;
- good hospitality;
- good food;
- good wine;
- beautiful nature;
- water/mineral treatment;
- river tours;
- Balaton.

In the case of Romania (Transylvania), there is a lack of awareness among the segment. Most of the respondents don’t know the destination, those who shared any ideas, were: fresh air, good prices, nature, and spas. At the same time, this – relatively unknown destination – could have much more potential in the future.

Conclusions

The stakeholder survey results share a lot of common implications with the consumer survey which support the successful realization of a new health tourism product development. The nature of attractive health tourism product is similar, with a wellness and experience dimension in the forefront. However, stakeholders involved in the health tourism value chain think more ‘rational’, they emphasize the availability of (non-tourism) infrastructure in the destination more than travellers. According to the opinion of the stakeholders, safety and special needs are a must for seniors, meanwhile seniors consider themselves much more ‘active’ and mobile tourists who would not need any special service. In the mind of the travellers, emotional benefits of the visited places are more important drivers for travelling with health tourism purposes.

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ORSOLYA HORVÁTH

TOURISM PRODUCT DEVELOPMENT IN A MATURE DESTINATION – HÉVÍZ (HUNGARY)

Hévíz (Hungary) is a well-known health tourism destination with an international reputation. Although the destination has a well-developed infrastructure and a wide range of tourism attractions and services, the city develops its offer from time to time. In the framework of the Off to Spas project, the destination plays a cutting edge role in sharing know-how regarding health tourism product development. Thanks to its wide professional network, the project's outcomes can be valuable also for other mature health tourism places. In the case of Hévíz, the main focus of the new health tourism product development is to enrich and rejuvenate the already available offer, the innovation means to target new segments (senior travellers from Northern Europe) by providing new and tailor-made experiences.

Keywords: health tourism, product development, mature destination, Hévíz

Introduction

Hévíz is one of the most important curative and touristic centre of Transdanubia (Hungary). It celebrated its 200th anniversary of its existence in 1995. During this 200 years it became not only in Europe but also in the whole world famous. Raw of generations has been working to raise the lake belonging to the border of Keszhely from the anonymity. By virtue of contemporary documents the sometime owner of the bath, György Festetics created the facility in 1795 that next to the thermal lake also known by the Romans the guest get accommodation and medical service. The turf-bottomed lake is the biggest thermal lake of the world, its area is 4.4 ha. Its fountain located in a funnel-like 37 m pit gives 86 million litres of water a day. Its temperature is 33–36C° in summer, it cools down on the big free surfaces only to 23–25C°. The curative effect of the lake of Hévíz is unique in the world, thanks to its composition is capable of treatment of rheumatic locomotic and some gynaecological diseases. Beyond the traditional cure methods, such as weight bath, mud pack and massage, several modern physical and balneotherapeutic processes, vital and wellness programs can be taken in advantage. The medical treatment is not only good for rehabilitation but for prevention, relaxation and recreation. One curiosity of the bath is the bath house built on bollards which is maybe a little similar to Venice. After the continuous renewals these buildings have been standing since the beginning of the last decade, defining the architectural style typical for Hévíz. Hévíz (5000 inhabitants) is one of the most important pleasure resorts in Hungary where 'sorrow dies', where everyone is welcomed.

Tourism attractions

The Hévíz Lake is a geological curiosity, Europe's largest thermal lake – a warm water lake situated in a peat-bed. The 4.4 ha water-surface lake is surrounded by a 60.5 ha nature conservation area. Springs of different temperatures diffuse in a narrow cave, and became a constant (38.5°C) temperature stream when entering the lake. Beautiful water lilies, brought to Hungary at the end of the 19th century, dot the lake, supporting the eco-life, with leaves slowing down evaporation, and creepers protecting the medicinal mud on the bottom of the lake.

The lake and its medical services/treatments has been awarded as a Hungaricum in 2015. The settlement is part of the UNESCO World Heritage applicant region of the Lake Balaton and its surroundings.

THE ‘TRADITIONAL HÉVÍZ CURE’

The basic elements of the therapy, according to the individual treatment plan, may include:

- bathing in qualified thermal water,
- medicinal mud wrap or mud bath of Hévíz,
- weight bath – based on a rheumatologist of Hévíz, Dr Moll Károly's invention.

Additional elements of the therapy, according to the individual treatment plan, may include:

- consuming medicinal water of Hévíz from a drinking-fountain,
- therapeutic massage,
- movement therapy individually and/or in a group,
- physiotherapeutic treatments (electro-magnetic-mechano-light, etc.),
- hydrotherapy: CO₂ bath tub, underwater jet massage, galvanic bath.

Source: www.heviz.hu

Main tourism attractions in Hévíz:

Lake Hévíz – Thermal lake

The thermal lake of Hévíz is the world's largest biologically active, natural thermal lake, which refreshes both body and soul. A spring containing sulfur, radium and minerals supports the 4.4 hectares sized and 38 m deep lake. 410 litres of water comes to the surface per second, due to which the water is completely changed in 72 hours. The 40°C water is a mix of seven types of spring water: two of them are hot and five of them are cold springs.

The drinking-fountain

Hévíz's largest public drinking-fountain is located by the entrance of the Town Library. The sulphurous water can't only be used for treating joint and skin diseases, but also for mitigating stomach disorders as a drinking cure

Dr. Schulhof Vilmos Promenade

Dr. Vilmos Schulhof was a balneology expert, who together with his brother Dr. Ödön Schulhof and a Hévíz doctor Dr. Károly Moll used first the lake's medicinal factors for healing. On one side of the promenade there is the lake and on the other side there are the historical buildings of the Saint Andrew's Hospital for Rheumatic Diseases built in the 1870s. The House Rákóczi, the House Deák, the House Franz Joseph are all telling interesting stories. The mediterranean microclimate surrounding the lake is most noticeable under the promenade's 110-year-old Sycamore trees.

'The Fairy of the Lake' and the Cherubs

'The Fairy of the Lake' sculpture is located opposite the main entrance of the lake. The female figure's right hand rests on Hévíz's coat of arms, on the left side of the fairy is the symbolical figure of a Cherub, who protects the lake from evil spirits. The main entrance of the lake is guarded by two Cherubs, which were made on the Festetics Family's behalf on the turn of the 19th and 20th century. They are Hévíz's official heraldic animals.

The protective forest

The protective forest surrounding the lake is an important part of the lake's ecosystem. At the site of the protective forest there were reeds, swamp and marsh until the 19th century. The Festetics family began the first tree plantations with Black Alder, White Willow and Hackberry. The most special tree type of the protective forest is the Swamp Cypress, which unlike other arrow-plants is deciduous, so it dresses the road leading to the town in orange-bronze shades in the fall.

Dr. Moll Károly Square/Medical History Memorial Room

Almost opposite the cinema, on a little square can be found Dr Moll Károly's full-length bronze statue. The world-famous doctor used first the weight bath as a new treatment method. The weight bath has become Hévíz's trademark since then. The Dr. Moll Károly Medical History Memorial Room decorated with personal articles can be seen in the building 'B' of the Saint Andrew's Hospital.

Holy Spirit Church

The church consecrated in 1999 was built by architect Bocska János with the residents' and the town's active support. The specialty of the church is the seven towers, which symbolises the Holy Spirit's seven gifts. The Holy Spirit's imagery in mythology is a spread winged dove, which is not only shown by the shape of the building, but you can also admire this motif entering the church. The cross torso on the wall of the sanctuary is a 200-year-old art treasure, that was donated to the church. The stained glass windows were made from the donations of the town's residents.

Calvinist Church

The church was built by Bálint Szeghalmi in 1998. Its interior and exterior design follows the Calvinist traditions, the woodworks are especially remarkable. In the park in front of it can be seen John Calvin's memorial column. Church services are held in Hungarian and German languages.

Heart of Jesus Church

The former age-worn wooden belfry of Egregy village was replaced by a two-storey tower in 1905, and the church was expanded with a nave in 1995. The small bell was cast in honour of Mary Magdalene, names of the sixteen soldiers of Egregy who were killed in World War I. were cast into the big bell. By the church a memorial park with 70 named headstones was built in 2000 to commemorate those who were killed in World War I. and II.

Árpád-age church

The Árpád-age church is one of the three intact Árpád-era churches in the Balaton Uplands, it is also mentioned as Hévíz's pearl. The Árpád-age church built in the 13th century is located in Egregy, a part of Hévíz. The church was first mentioned in written records in 1341. The building was heavily damaged in the 16th-17th century, so it was renovated and redesigned in 1731, but its medieval form remained. Its tower is three-storey, its specialty is the tower covered with octagonal rhenish helm. Inside there is a fragment of a Roman baptismal font and a medieval consecrated cross.

Egregy vineyards

The vineyard, which became famous as the 'grinzig of Egregy' in the 1980s, can be reached from Dombföldi Street after a heavy ascent. On the top of the ascent the hill gate designed by Zób Mihály and erected in 2003 leaps to the eye. On both sides of the road nicely renovated cellars invite the visitors to turn in. It is a pleasant pastime to taste some delicious wine and some traditional rustic food during listening to Gypsy music.

Roman soldier's grave

The Roman soldier's tomb or the Late Roman brick tomb is located at the beginning of Dombföldi Street. The grave was discovered in 1925 during digging, it was excavated in a completely intact state. The arched brick grave belongs to a still unexplored cemetery, the excavated artifacts (bronze belt buckle, dress hooks, iron knife, coins and a Roman soldier's skeleton) are from the era of Constantinus II. The art objects currently can be seen at the Balaton Museum, while the skeleton was left intact in the tomb.

Roman Ruin Garden

The remains of one of the most important Roman settlements are hidden inside the ground around the Roman ruin garden and the Roman monument of almost 1000 square meter. In the course of the excavations the archaeologists found the traces of a log building period and three stone periods. They found that the buildings of the villa farm were rebuilt several times during the 1st and 5th century. The bath, which had pools with cold, lukewarm and warm water, was built during the first stone period. In the following period the shrine of Mithras (eastern god of light) was erected in the building.

Museum of Egregy

The Museum is located next to the Roman Ruin Garden, and it presents the history of the town with modern equipment from 6000 BC to the Middle Ages. In the permanent exhibition called 'Millennia of Hévíz', in addition to the restored mosaics and artefacts, even a real witch skeleton can be viewed. In front of the museum, a spice garden, shaded benches and dry Kneipp tread await those who would like to take a rest.

General and tourism infrastructure

The city of Hévíz is one of the important settlement in the Western Transdanubian region. Hévíz (city since 1992) is located only 6km away from the Lake Balaton, and it is quite close also to the Western boarder (Austria, Slovenia).

The destination can be accessed by car (via – not directly – the highway M7). Motorway 84 connects Hévíz with Vienna, and motorway 76 with Graz. Organised (timetable) coaches commute between Hévíz and Austria (Graz, Vienna), Switzerland and Germany. The city has no railway station.

The Hévíz – Balaton Airport (located in Sármellék, 15 km away from the city) is one of the most significant airports outside of Budapest. Air connection is with Germany, Switzerland, UK and Ireland, so a lot of European destinations can be reached by maximum one stop from Hévíz. The number of air passenger was 50 000 in 2008, the destination main goal is to reach 150 000 air passengers in a few years' time.

Hévíz has a well-developed tourism infrastructure. Because tourism has a significant role in the city's economy, hospitality has a long tradition. The number of accommodation bedplaces is among the highest in the country. Most of the tourism facilities are involved in the local destination management organisation (DMO) (Tab. 1).

Table 1: Tourism service providers in Hévíz (Source: Tourism Non-profit Ltf. of Hévíz)

Type	Private accommodation	Commercial Accommodation	Accommodation total	Catering facilities	Tourism attractions
Number	470	37	510	134	75
Bedplaces	3,000	7,500	10,500	n.a.	n.a.
Involvement in the local DMO	46%	78%	62%	10%	77%

Tourism product development in Hévíz is led by the refreshment/renovation of available tourism services, furthermore by the introduction of new services, facilities. The tourism portfolio has segmented offers, like families travelling with kids, guests travelling without kids, pensioners. Motivation can be split by relaxation, prevention, rehabilitation, MICE and sport tourism. Among the special segments we should highlight accessible tourism, furthermore special experiences (e.g. Hévíz Anno 1975, Romanian times, Arpad Era, religious sites, natural treasures).

Characteristics of the tourism demand in Hévíz

In the period after the change of regime, in the 90's the clientele mainly consisted of German and Austrian guests. At that time private accommodation facilities were very popular, they had a lot of regular guests, but there were also many new visitors who were curious about Hungary as an interesting destination which was quite closed until that period. Nowadays demand for campsites is completely disappeared in the region. From the years of 2000s proportion of Hungarian guests increased (the share of domestic guest nights is app. 36%). In that period medical tourism became more important, wellness and health tourism reached wider parts of society because of the introduction of different travel support programs. The big bath developments happened this time, too. The crisis after 2008 induced several setbacks in tourism, concerning income and the number of guests.

Due to the uniqueness of the spa town, it has not been affected by the recession. However, the tourism of Hévíz has to adapt to global changes, since remarkable

transformations have happened recently regarding its clientele. The number of Russian and Ukrainian guest is constantly increasing, which has significant economic, social and cultural impacts on the life of the town. The number of Chinese tourists also grew significantly in the last few years, but it is true for them that they like to travel all over the country or visit more countries during a journey so they spend only a few time in spas, mostly 1 night and after that they travel away.

Northern European clientele is in the focus of the marketing activities on a short and on a middle term, meaning a sustainable and stable segment for Hévíz tourism supply.

Currently, Hévíz is the 2nd most popular Hungarian town (after Budapest) concerning various guest traffic data (e.g. the number of foreign/total guest nights in public accommodations, the average lengths of stay of domestic guests), but the town is the on the 1st place regarding foreign visitors and the total average lengths of stay. Usually, Hévíz drops back in the ratings concerning domestic guest traffic.

Hévíz is first of all a health tourism destination with a 50+ years' clientele with rheumatic diseases. App. 70% of the guests participate in a cure, the high season for them is the March-November period (with the exception of the hot Summer months). During the Summer months, Hévíz attracts younger and more active visitors (taking a 'holiday'). So, 30% of the guests is motivated by wellness, conference or other holiday experience (Tab. 2).

Table 2: Number of guests and guest nights in Hévíz
(Source: Hungarian Central Statistical Office) (2014)

Source market	Number of guests	Number of guest nights
Finland	159	582
Norway	436	2,752
Sweden	320	1,686
Foreign total	97,287	661,868
Total	186,971	982,760

Off to Spas – new health tourism product in Hévíz

Hévíz is a well-known, mature health tourism destination. However, because of the distance and Budapest's outstanding role in the international market, there is a lack of image among Northern European seniors. Therefore it is very important to provide good and reliable information about the destination's assets, the natural healing assets etc. The tourism infrastructure in Hévíz and in its surroundings enables travellers to discover the destination by themselves, however a guide could be very useful and valuable in order to fill up the image/information gaps.

In the case of Hévíz, a one-week trip would be attractive for the target group. Transportation should be organized from home to the destination (flight + bus). The accommodation will be provided in a four-star facility. Based on the feedbacks of the study tour participants, there are more options to be chosen from. Half or full board will be offered, this is more convenient for seniors, in this case they also have the freedom to try good restaurants during the one-week stay.

From the health tourism services, wellness facilities will be the base – Hévíz has good quality services, including the thermal lake itself which is a real ‘experience’. Traditional treatments, rather focusing on wellness, beauty (e.g. face or hand treatment, using the natural healing assets) could be the most attractive for the target group (seniors in general, and seniors with rheumatic diseases). Once the information is available, booking could be done in advance, or after arrival to the destination. From the medical oriented services, dental treatments could be an extra, but motivating less travellers.

Among the non-health tourism attractions, Hévíz can take advantage of the closeness of the Lake Balaton. An excursion to the lake (walk, café, cultural sight) is a good option also during the off-season period. Furthermore, seniors are interested in entertainment (music, dance), wine and gastronomy. In the case of active tourism products, they can serve as an ‘experience’ (not the motivation itself), so not too sophisticated (e.g. golf for beginners).

The package price would be ideally about 850 euro, excluding transportation. Good flight connection and cheaper prices can be a competitive advantage.

Senior groups book their holidays 6 months in advance (next season). In the case a longer trip this should be taken into account, so packages for the next off-season period (Autumn 2016) could be marketed earlier. Individuals are more flexible, in this case we can talk about 2–3 months in advance. In both cases (individual and organized) travel agency support can be important (Tab. 3).

Table 3: Service package portfolio in Hévíz
 (Source: Off to Spas project)

Characteristics	Option 1	Option 2
Season	Spring, Autumn	Spring, Autumn
Length of trip	1 week (7 nights)	1 week (7 nights)
Transportation	Air + Bus (stop included)	Air + Bus (stop included)
Accommodation	Hévíz only	Hévíz only
Meals	Half or full board	Half or full board
Health tourism services	Traditional, wellness (e.g. face, hand) – deciding on site or before	Diagnostics

Leisure services, visits	Lake Balaton (surroundings), entertainment/dance, wine cellar, other (golf for beginners)	Other leisure activities (2–3 days) Tihany, Sümeg, Keszthely, Herend 1 day Budapest excursion
Other	Guide, explanation/description (different kind of spas)	Guide, explanation/description (different kind of spas)
Price	8000 SEK (excluding flight)/850 EUR	8000 SEK (excluding flight)/850 EUR

References

www.hevizlake.com

www.offtospas.eu



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'When I found this call for proposal in the COSME programme in 2014, I was very excited. The aims of the programme, like creating a tourism product network that takes into account the special needs of the older age group or increasing the turnover of low season, were exactly the aims of our company. I was sure we have a good chance to create a successful project, so the work has begun. This was our first try in the frame of COSME, so it was important to organize an experienced project team. Every member had his/her specialized knowledge and tasks in the team and we managed to work together efficiently during the 16-month long project period. I was responsible for communication and dissemination activities which suited perfectly my company profile. It was a challenge to work in a different system but the project has given us a new stimulus and we have learned a lot from each other.'

ZOLTÁN ALBERT & MÁRTA GILIGA

TOURISM PRODUCT DEVELOPMENT IN AN EMERGING DESTINATION – COVASNA (ROMANIA)

Covasna (Transylvania) is a place with a very valuable natural environment and a wide range of natural healing assets. However, the lack of awareness, and shortage in infrastructure and tourism services results challenges when developing tourism in the destination. The Off to Spas project is a valuable tool for this emerging destination to find the already attractive assets and services, and to develop tourism packages that can be a motivation for visiting the surroundings. In the case of Covasna, the project provided an excellent know-how and network to build on. The result is a new health tourism product that can support the reputation of the place, and induce further developments in the area.

Keywords: health tourism, product development, emerging destination, Covasna

Introduction

Szeklerland, in central Romania, was serving as a buffer zone, protecting Europe from Turkish invasion in the middle ages. Nowadays it is one of Europe's most preserved natural environments. People here still know how to bake in beehive-ovens, craftsmanship is passed on from father to son and nature is genuinely untouched. The turmoiled past gave birth to a multitude of historical sites (manors, fortified churches, fortifications) that presently serve as tourism attraction all over the county.

Due to the volcanic activities that took place 50–20 thousand years ago one can find highly mineralized water alongside the Eastern range of the Carpathian Mountains. These sources are used both for internal and external cures in various spa hotels and are recommended for people suffering from cardiovascular affections and arterial hypertension, rheumatic affections and associated affections (metabolic and nutrition affections, asthenic neurosis).

The presence of natural therapeutic factors gave birth to the *Covasna method* that relies on the highly negative ionized air, mofetta gas and mineral water sources found in Covasna. The mofetta is an uprush of CO₂ that is captured in pits and used for healing purposes. Patients are taking a mofetta whilst standing or sitting. A cure lasts approx. 15–20 minutes, while the CO₂ takes its effect through the skin causing vasodilation. Due to this the patients' blood circulation is enhanced and blood pressure is lowered. Indicated in cases of vasoconstriction and high blood pressure.

Tourism attractions

Covasna is considered to be a spa resort that targets medical services (rehabilitation after surgery, treatment of circulatory disorders, arterial hypertension and rheumatic affections). The approximately 60,000 tourist arrivals are produced mainly of inbound traffic. The present main target group of Covasna is senior Romanian citizen with medical problems.

Attraction of international travellers lacks some image and accessibility problems. Covasna is less known tourism destination among international travellers, however Transylvania is attractive and has a positive reputation, it has been listed among the TOP destinations (regions) for 2016 by Lonely Planet.

The destination's main attraction is its natural environment, and unique attractions (like volcanic formations) linked to it. With reference to health tourism assets, the mofetta and the mineral water are the most significant and unique value. The mineral water is appropriate both for internal and for external usage – drinking cure, bath treatments. Visitors seeking recovery and healing find here mineral water fountains of various composition, heated mineral water baths and carbon-dioxide gas-baths (mofettas), which are effective in the treatment of cardiovascular diseases, locomotory and gynaecological complaints, as well as metabolic and nervous system disorders. Hydrotherapy, electrotherapy, kinetic therapy, and climatic therapy are also used as complementary treatments.

Among the non-health tourism services we should highlight active tourism activities, and cultural monuments (manors, fortified churches) that are valuable also on the international markets. Main attractions:

- CO₂ uprush (Mofetta);
- mineral water (for internal and external usage);
- manors;
- fortified churches;
- natural environment;
- volcanic formations.

The city of Covasna is known for its mineral water springs and for the Covasna-method of treatment. The settlement gained the rank of town in 1952, and since 1968 had lent its name to Covasna county. Its healing factors have been researched already since the second half of the nineteenth century, which resulted in the rapid flourishing of spa culture. In 1882 and in 1887 the Covasna mineral water won golden medal at the Trieste Mineral Water Exhibition. One of the greatest cardiological centres of the country operates in Covasna, where 450–500 mofetta-therapies are performed daily.

Although the density of nature protected areas is not that high in the region (e.g. St. Anna Lake), there is a significant volume of so called ‘natural healing assets’, climatic resorts, those smaller areas (e.g. around Covasna) can be developed to be successful tourism destinations.

THE ‘COVASNA METHOD’

The ‘Covasna method’ invented by Géza Benedek blends the traditional healing procedures used for heart problems with the beneficial effects provided by natural resources found in Covasna (mineral waters, mofetta). Natural procedures do not make use of any medicines. They are based on the use of

- mineral waters, mofettas,
- low-fat and low-salt diet,
- regular exercises and
- active relaxation.

The aim is to overcome classical risk – factors by regularization blood pressure, encouraging patients to give up smoking and taking regular rigorous exercise.

Source: www.info-covasna.ro

General and tourism infrastructure

The general infrastructure (transportation, telecommunication, communal services) of the destination is highly influenced by the national/country level infrastructure. Although the region is not a well-developed area from this point of view, there are ‘hotspots’ (e.g. Covasna or Sfantu Gheorghe) with good accessibility and infrastructure, so they can be a realistic, accessible and affordable tourism destination.

The hotel supply of Covasna is rather mid-upper quality. Some four star hotels – among them the newly opened Mercur – offer a complex service portfolio to the guests. Because of the destination’s natural assets, the surroundings is a very important part of the travel experience. This underlines the importance of cooperation between tourism service providers, stakeholders, in order to communicate a complex message for the potential tourists.

Hotels in Covasna:

Bradul Hotel

Social media: Facebook

Language: Rumanian

Category: **

Number of rooms: 94

Capacity: 174

Services: mofetta, physiotherapy, massage, kinetotherapy, laser

Hefaistos Hotel

Webpage: www.hotel-hefaistos.ro

Social media: Facebook, Booking.com, Tripadvisor.com, Agoda.com

Language: Rumanian, English

Category: **

Number of rooms: 148

Capacity: 288

Services: mofetta, physiotherapy, massage, kinetotherapy, laser natural steam treatment, hot bath with mineral water, physiotherapy, electrotherapy, paraffin, massage, gymnastics

Turist Hotel

Webpage: www.hotel-turist-covasna.ro

Social media: Facebook, Booking.com, Agoda.com

Language: Rumanian

Category: **

Cerbul Hotel (SC Tourism Covasna SA)

Webpage: www.turismcovasna.ro

Social media: Facebook

Language: Rumanian, English, Israeli, Russian, German)

Category: **

Number of rooms: 129

Capacity: 258

Services: modern bar, conference room

Covasna Hotel (SC Tourism Covasna SA)

Webpage: www.turismcovasna.ro

Social media: Booking.com, Tripadvisor.com, Trivago.com

Language: Rumanian, English, Israeli, Russian, German)

Category: **/***

Number of rooms: 78/50

Capacity: 156/100

Services: cosmetics, sauna, restaurant, tours

Caprioara Hotel (SC Tourism Covasna SA)

Webpage: www.turismcovasna.ro

Social media: Booking.com

Language: Rumanian, English, Israeli, Russian, German

Category: ***

Number of rooms: 144

Capacity: 264

Services: lift, restaurant, accessible facilities

Valea Zanelor Camping (SC Tourism Covasna SA)

Webpage: www.turismcovasna.ro

Language: Rumanian, English, Israeli, Russian, German

Services: music and dancing, fishing opportunities, mountain climbing, football, table tennis and field, darts, slot machines

Hotel Montana

Webpage: www.sindtour.ro

Social media: Facebook, Booking.com

Language: Rumanian

Category: **/***

Number of rooms: 244

Capacity: 496

Services: 40-seat conference room, wireless internet at the reception desk, club, reading room

Clermont Hotel

Webpage: www.clermonthotel.ro

Social media: Facebook, Booking.com, Tripadvisor.com, Agoda.com

Language: Rumanian

Category: ****

Number of rooms: 106

Capacity: 218

Services: health and beauty centre, wifi, bowling

Mercur Hotel

opening in Autumn 2016

Category: ****

Besides the basic tourism infrastructure (accommodation and catering facilities), health tourism and active tourism are in the forefront of the destination's supply. Covasna is a registered resort with national attractions. Tourism attractions include:

- narrow gauge railway;
- spa facilities;
- treatment facilities;
- adventure park;
- ski slope;
- nature trail;
- hiking trails.

Due to the shortage in general infrastructure, bicycle rental and rent-a-car services are important among the supporting services. Furthermore we should highlight hunting activities, animal watching and tourist guide that can strongly support visitors' satisfaction, and result a 'memorable experience' after visiting the destination.

Characteristics of the tourism demand in Covasna region

Due to the lack of available data, the mountain areas' tourism performance can indicate some conclusions for Covasna. The mountain areas of Romania registered 127 thousands foreign arrivals in 2013, the main source markets are Israel (16 thousands arrivals) and Germany (15 thousands arrivals). Sweden (750 arrivals) and Norway (548 arrivals) belong to the smaller markets.

Taking into account the supply side, there is a significant demand for travel assistance when staying in Covasna and in the surroundings. This includes tourist guide (preferably speaking the language of tourist or English), shuttle service.

Although the region has excellent gastronomic treasures, and healthy cuisine, there is a need for international cuisine. Programme packages can be a good option for exploring the destination, furthermore local shopping facilities (handicrafts, gastronomy, and small shops) are important.

Off to Spas – new health tourism product in Covasna

Covasna is a less-known tourism destination. This results a great challenge in order to build a positive image, but on the other side, the discovery of new places is also a motivation for the open-minded seniors. Here we have to underline, that Transylvania (and so Covasna) has a more positive image than Romania (the county is often associated with low quality services, lack of attractions). Therefore it is very important to provide good and reliable information about the destination's assets, the

natural healing assets etc. The mofetta as being the most important healing asset of Covasna is unknown among the target group. The tourism infrastructure in Covasna and in its surroundings is quite mosaic, so in order to have a wonderful travel experience, a guide and organized transportation could be very useful and valuable.

In the case of Covasna, a one-week trip would be attractive for the target group. Transportation should be organized from home to the destination (flight + bus, including a stop). The accommodation will be provided in a four-star facility, two facilities can be combined during the stay. One option can be ‘traditional’ wellness stay, the other could include special boutique (smaller facility with a special character/ambience) accommodation (e.g. Mikes Castle). Because of the less developed infrastructure, full board will be offered, this is more convenient for seniors.

From the health tourism services, wellness facilities will be the base – at this moment the mofetta is not a great ‘experience’. Traditional treatments, rather focusing on wellness could be the most attractive for the target group (seniors in general, and seniors with cardiovascular problems). From the well-being point of view, the natural treasures of the destination are undoubtedly the number one attraction, so future development can take advantage of this (e.g. cleanest air in Europe, St. Anna Lake). Even then the mountain itself is similar landscape to Northern Europe, Covasna and its surroundings is unique. Natural attractions – known and appreciated – could lead the promotional messages, and support raising awareness and reputation as a health tourism destination.

Among the non-health tourism attractions, natural and activities linked to nature (e.g. trekking, walking) could be the most attractive. The smaller towns in the neighbourhood (e.g. Brasov, castles), including shopping facilities, are good options also during the off-season period. Furthermore, seniors are interested in wine and gastronomy, the gastronomy was really highly valued – and healthy at the same time.

The package price would be ideally about 800 euro, excluding transportation. Good flight connection and cheaper prices can be a competitive advantage.

Senior groups book their holidays 6 months in advance (next season). In the case a longer trip this should be taken into account, so packages for the next off-season period (Autumn 2016) could be marketed earlier. If individuals are more flexible, in this case we can talk about 2–3 months in advance. In both cases (individual and organized) travel agency support can be important.

In the case of Covasna, further difficulties can be the communication (at least English) and the weather (during the off-season period, the daylight is not so long, so September-October and spring could be appropriate for such a trip) (Tab. 1).

Table 1: Service package portfolio in Covasna
 (Source: Off to Spas project)

Characteristics	Option 1	Option 2
Season	September, October	Spring or Autumn
Length of trip	1 week (7 nights)	1 week (7 nights)
Transportation	Air + Bus (stop included, e.g. Castle)	Air + Bus (stop included, e.g. Castle)
Accommodation	Covasna + Bálványos	Mikes Castle + Bálványos
Meals	Full board	Full board
Health tourism services	Mofetta – lack of awareness Massage, water treatments	Diagnostics, spa services
Leisure services, visits	Nature, activities, town/villages (Brassov), shopping (local)	Nature, activities, trekking, cycling, shopping (local)
Other	Guide, information	Guide, information
Price	7500 SEK (excluding flight)/ 800 EUR	7500 SEK (excluding flight)/ 800 EUR

Main challenges of tourism product development

Although the Covasna region is very rich in natural and cultural-historical assets that could be attractive for tourists, the realization of this potential faces some fundamental challenges. The entrepreneurs of the destination have a lot of limitations (e.g. resources, management, problems with human resources). The lack of general infrastructure does affect the accessibility of the area. The destination needs attractions and services developments (e.g. spa facilities), in order to fulfil visitors' needs.

In the framework of the Off to Spas project, the destination has taken important steps in order to put Covasna on the map of potential senior travellers. The know-how shared and developed during the project period supported the segmentation of Covasna's market, and the selected actors has established a good network of stakeholders, in order to provide visitors a memorable and high quality experience.

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Zoltán Albert has been working on generating new products aiming foreign markets within the Off to Spas project. Being part of both an NGO and owning a private tourism business, he perceives himself as a link between the public and the private sector. His goal is to enable the development of sustainable tourism in Eastern Transylvania through setting a benchmark and opening niches that can be capitalized by followers. This can be the premises of raising general living standards in the area. In the past 10 years the tourism market experienced quite a large shift that constantly stimulates stakeholders to look for new markets. Finding the mouse-hole into these markets and making ends meet is the real challenge of every promoter.

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Márta Giliga represented Covasna County Council in the Off to spa project. She is working as a civil servant at County Council in the foreign relations office. Covasna County Council defines the strategies and politics of development. The council contributes to tourism as a rising economic sector with several infrastructural investments and projects. A good example of this is the project called The Mineral Water Trail, that includes a number of 5 stations, indoor spas on various locations with mineral water springs. Among others the council also promotes the natural values and built heritage and is keen on establishing public-private ventures on developing the tourism sector.

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Covasna County has the second-greatest percentage of Hungarian population in Romania, just behind the neighboring county of Harghita. The Hungarians of Covasna are primarily Székelys/Szeklers. The total area of the county is 3.710 km² and the population is 206,261 inhabitants. The county seat is Sfîntu Gheorghe (Sepsiszentgyörgy), where Covasna County Council has its residence.

Covasna County Council represents the local government authority in the region, coordinating the activity of commune and town councils, with a view to carrying out the public services of county interest (economic, social, cultural, environmental and healthcare, managing the patrimony of the county, the subordinated public services etc.). Covasna County Council – as an administrative body – has its own institutional and professional apparatus. The county council have rule making functions and they are deliberative authorities on local level. It has an elected body, consisting of 29 elected councilors, lead by the elected president of the council, as an executive authority and two vice-presidents. Covasna County Council has 13 subordinated institutions of public interest on the field of culture, social assistance and healthcare, vocational training, nature protection and community services).

The *Covasna County Tourism Association* was founded in 2007 with the aim to link tourism actors from the private and public sector, to enhance a dialogue between them to promote Covasna County as a tourism destination. In order to do this, the Association is editing promotional brochures discussing many topics (active, cultural and religious tourism, health and balneo tourism, gastronomy, etc.), is participating at regional, national and international tourism fairs, takes part at projects that enhances tourism development.

Participating at the Off to Spas project gave us the opportunity to analyze wellness and balneotourism in Covasna County, to ‘test’ our offer on international market, as well as to develop new packages according to the results of the market research and needs.

