Exploring the Benefit of Tourism for Seniors
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Session Aims

• To provide the context of ageing in the UK

• To review research activity in the ageing, health and tourism context

• To identify research questions for the study

• To summarise stage one methodology, application and outcomes

• To outline the expected impacts of the study
Tourism Experience Context – Theories and Concepts

- Motivation
- Positive psychology
Ageing in the UK Context – General Statistics

• There are now over 15 million people in the UK aged 60 and above. (3)

• The number of people aged 60 or over is expected to pass the 20 million mark by 2030. (9)

• The percentage of the total population who are over 60 is predicted to rise from 24.2% at present to over 29% in 2035. (12)

• Current UK estimates from the Office for National Statistics for female life expectancy at birth are 82.8 years and 79.1 years for men. (81)

• The number of centenarians living in the UK rose by 73% to 13,350 between 2002 and 2012. (89)

Royal Geographical Society with IBG, Britain’s greying population, 16th June 2009
The issues over which people think older people are treated badly are:

- Poor standards of care for older people -- either in care homes or their own homes: 66%
- Poor standards of healthcare: 51%
- Poor pension provision for older people: 56%
- Poor benefits provision for older people: 41%
- Discrimination against older people: 29%
- High levels of crime and antisocial behaviour: 28%
- Poor availability of jobs and opportunities for older people: 19% (39)
Ageing in the UK Context - Discrimination

- Individuals with low incomes are more likely to experience age discrimination. Highly educated older people with low-to mid-level incomes are the most likely to report age discrimination. (27)

- 60% of older people in the UK agree that age discrimination exists in the daily lives of older people. (31)

- 97% of annual travel insurance policies impose an upper age limit for new customers. (36)

- 39% of people aged 65+ think businesses have little interest in the consumer needs of older people. (38)
The average daily excess winter deaths for people aged 65+ in England and Wales is 210 people per day. (71)

Cold homes cost the NHS in England more than £1.36 billion every year. (79)

The UK has the highest rate of fuel poverty and highest rate of excess winter deaths in Europe (338)

 Older people in private rented housing are most at risk of living in non-decent homes. (337)

Poor housing for older people costs NHS at least £634m every year. (273)
Ageing in the UK Context - Food

• Nearly 1 million people aged 65 and over have had to cut back on food shopping over recent years to cover the cost of utility bills. (80)

• In 2011, 32% of people aged 65 and over who were admitted to hospital were found to be malnourished at the time of admission. (127)

• 22% of people 60+ GB (2009) skipped meals to cut back on food costs (3 million people). (143)
850,000 people are estimated to be living with dementia in the UK in 2014, of whom 773,502 were aged 65 years or over. (202)

By 2025, the number is expected to rise to 1.14 million. By 2051, it is projected to exceed 2 million. (203)

2014 survey of 1,000 people with dementia found that:
- Less than half feel a part of their community
- Only 47% said that their carer received any help in caring for them
- 72% are living with another medical condition or disability as well as dementia (206)

Dementia costs the UK approximately £26.3 billion per year, about twice as much as cancer, yet the UK spends nearly twelve times as much on cancer. (207)
• 3.5 million 65+ live alone. This is 36% of all people aged 65+ in GB. (17)

• 2 million people over 75 live alone; 1.5 million of these are women. (19)

• 2.9 million older people (65+) feel they have no one to turn to for help and support. (109)

• Loneliness and social isolation are linked to:
  ➢ 30% increased risk of stroke or coronary artery disease. (213)
  ➢ Up to 25% risk of premature death. (214)

• People with a high degree of loneliness are twice as likely to develop Alzheimer’s (218)

• People who have more health-maintaining and independence maintaining behaviours are less likely to feel isolated. (227)
The aging population and increased prevalence of long term conditions have a significant impact on health and social care and may require £5 billion additional expenditure by 2018. (97)

If nothing is done about age-related disease, there will be over 6.25 million older people with a long-term limiting illness or disability by 2030: nearly 9% of the total population. (98)

Of the 18.7 million adults admitted to hospital last year, around 7.6 million (41%) were aged 65+. 118

14% people aged 65+ have sight loss which affects their day to day living; this increases to 35% for those aged 75+ and 50% for 90+. (162)
• Depression affects 22% of men and 28% of women aged 65+. (192)

• 68.8% say being a carer had damaged their psychological wellbeing. 42.9% reported their mental health had worsened in the past year. (271)

• People with sight loss are more likely to have problems with day to day living, feel their quality of life is lower, feel less satisfied with life, have lower confidence, lower levels of wellbeing, and higher levels of depression. (163)

• Mental health problems increase with hearing loss due to a range of factors including poor social and support networks. People with hearing loss face extra difficulties in accessing the mental health support they may need. (171)

• Worse general health can be associated with depression among older adults (195), and other risk factors include not living close to friends and family, poor satisfaction with accommodation, and poor satisfaction with finances. (196)
Ageing in the UK Context – Economic Factors

- An estimated £5.3bn has been wiped from the economy in lost earnings due to people who've dropped out of the workforce to take on caring responsibilities for older or disabled loved ones, including £1 billion in forgone taxes. (265)

- Nearly 1.4 million people aged 65+ in England and Wales provide unpaid care for a partner, family, or others. (262)

- Older people provide informal care estimated to be worth about £11.4 billion per year. (268)

- In Nov 2015, 12.97 million people were receiving a state pension. (including 1.21 million people living abroad). (309)

- 21% of single pensioners have no source of income other than the state pension and benefits. (313)

- 1.6 million (14%) pensioners in the UK live in poverty (that is with incomes below 60% of median household income after housing costs). (315)
Ageing and Health

Populations are getting older

Percentage aged 60 years or older:
- 30% or more
- 10 to <30%
- <10%

2015

World Health Organization
Research Activity in Tourism Context

• Research on health benefits of tourism
  ➢ Wellness
  ➢ Quality of life
  ➢ Subjective Well-being

• Research on tourism and age
  ➢ Marketing segmentation

• Research on health, tourism and age
  ➢ Limited
Research Questions

• What are the ‘actual’ health affects of tourism for seniors?

• What are the perceptions of how or if health is related to tourism?

• What are the actual and perceived barriers to tourism of seniors?
The Centre for Ageing Studies - Health

Responding to the opportunities and challenges of an ageing world, the University of Chester established the **CENTRE FOR AGEING STUDIES** in 2013 to provide research, consultancy and education, with the aim of promoting innovation in health and social care services for older people. The Centre brings together researchers, clinicians and other professionals from a variety of fields to facilitate research and education both nationally and internationally.

Department of Marketing, Tourism & Events Management

Queen’s Park Campus, Chester

The Department of Marketing, Tourism & Events Management was established in 2007 to reflect the increasing interest in these exciting and innovative subject areas.
Stage 1 – Methodology - Considerations

• Tourism and business literature reviews can be accused of
  ➢ Researcher bias
  ➢ Lack of rigor
  ➢ Qualitative focus

• Medical science
  ➢ Positivist perspective
  ➢ Quality of evidence
  ➢ Nothing less than synthesised research is acceptable
  ➢ Research must be systematic, transparent and reproducible
  ➢ Systematic review of literature usually a first step
  ➢ Meta-analysis
Systematic Review of Literature Process

• Systematic process
• Audit trail with careful recording of decisions, actions or steps
• Two stage process of planning and conducting the review
• Planning stage iterative process
  ➢ Review protocol
    ➢ Databases and journals
    ➢ Keywords and search terms
    ➢ Research strings and databases
    ➢ Inclusion and exclusion strategies
    ➢ Audit trail planning
• Conducting stage
  ➢ Application and iteration
Application – Review Protocol

• Identification of keywords
  ➢ Tourism
  ➢ Ageing
  ➢ Health (and wellness)

• Four strings
  ➢ Tourism + health + wellness
  ➢ Tourism + ageing
  ➢ Health + ageing
  ➢ Health + ageing + tourism

• Inclusion and exclusion strategies
  ➢ Decisions during conducting stage and iteration

• Parameters
  ➢ English language
  ➢ Academic journals
  ➢ Peer reviewed

• Databases
  ➢ Ebsco Host Tourism Complete
  ➢ Ebsco Host Business Source Elite
• Initial review returned 1159 journal articles
• Exclusions included
  ➢ Demographics not seniors (such as adolescents)
  ➢ Spa tourism
  ➢ Pre-existing disability
  ➢ Age as a partial word (Manage, Agent, Agency…)
  ➢ HR and employment
  ➢ Medicine (such as epidemiology, avian influenza…)
  ➢ Internet (such as marketing, web design)
• Inclusions included
  ➢ Seniors
  ➢ Elderly
  ➢ Retired
  ➢ Age-related health and disability
• Iterative process reduced journals to 113
Next Steps

Continuation of Stage 1 Methodology

• Review abstracts of 113 journal articles
  • 3 variables (health, tourism and ageing) stay in sample
  • 2 variables (any combination) go out of sample and into background

• Full read of remaining 3 variables sample

• Agreement between researchers on exclusions and inclusions

• Theme remaining sample

• Write Systematic Literature Review

• Review results with Centre for Ageing Studies

• Stage 2 Methodology based on review
  ➢ In-depth interview with seniors
  ➢ Investigation of Portugal system for senior holidays

• Stage 3 Methodology
  ➢ Stakeholder mapping
Academic Impact

• Contribution to social and economic research

• Contribution across disciplines

• Significant advances in understanding the benefits of tourism to healthier ageing

• Advances in tourism research of using systematic literature review method
Social and Economic Impact

Beneficiaries of Research:
• Seniors
• Retired
• Relatives of seniors
• Wider society (tax payers)
• Local government
• Third sector
• Care sector
• Tour operators
• Hotels
Impact for Users & Interested Parties

• Seniors healthier ageing process
• Voluntary carers (relatives) have respite
• Better and more targeted products from tourism suppliers
• Central government reduced expenditure on National Health Service (NHS)
• Local government reduced pressure on social services
• Care system under less pressure
• Improved off-season occupancy rates
Impacts of Influence

• Instrumental Impact influencing:
  ➢ the development of policy
  ➢ practice or service provision
  ➢ shaping legislation
  ➢ altering behaviour

• Influence central government policy

• Influence travel industry
  ➢ Seniors are not a homogenous market
  ➢ Provide services to meet senior needs

• Influence policy in business
  ➢ Remove upper age limits on holiday insurance
Delivering the Research

• Centre for Ageing Studies, University of Chester

• Third Sector
  • Age UK (combines Age Concern and Help the Aged)
  • Royal National Institute for the Blind
  • Mind (mental health)
  • Alzheimer’s Society

• Media
  • News feeds national and international
  • Special interest magazines
  • Trade journals
Conclusions

• Significant value exists in this study for seniors and wider society
• Tourism could benefit seniors with a healthier ageing process
• Wider society could benefit from reduced pressures on national health, social and care services
• There is recognition that government policy is ‘difficult’ to influence, particularly where additional costs are to be borne by the public budget
• Tourism for seniors could reduce pressure on the public budget and national health systems
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