

Health factors and diet: a tourist attraction for seniors

Gianni Pes, MD, PhD

University of Sassari, Italy

gmpes@uniss.it

It is now generally recognised that tourism can make a vital contribution to the development of local economies and is unquestionably an economic resource of primary importance with a strong impact on the employment rate and, indirectly, on welfare and the quality of life. In recent decades, tourism development has been re-examined in depth in light of the cultural debate involving the major issues of ethical responsibility and impact on environment (1). Greater awareness of these issues has led to the formulation of the concept of "sustainable tourism", which in recent decades has been increasingly recognised as a fundamental paradigm of development. "Sustainable tourism" belongs to the broader field of "sustainable development" and aims to meet current needs with full respect for all matters relating to the quality of life, so as not to damage the rights of future generations (2).

An important aspect of tourism, as it appears at the beginning of the new millennium, is the growing proportion of older people as clients. On one hand, this is due to the demographic trends of most industrial countries, where a steady increase in the number of people aged 65 or over is ongoing, though not in a uniform manner across all countries. This trend should continue in the forthcoming decades, due to the steady increase in life expectancy and the drop in fertility rates (according to projections, the total number of people aged 65 and over will increase from 17.1 in 2008 to 23.5 in 2030) (3). On the other hand, the generations who are currently crossing the threshold of old age are mostly "baby boomers", who have enjoyed significantly higher levels of education and are accustomed to a higher level of services than their economically weaker predecessors. They also have higher spending power and are more aware of the need to preserve their health until the end of their life. For this reason, various initiatives carried out worldwide by international organisations presume that the growth of the elderly population could become an opportunity for development due to a rising demand for products and services. In this regard, the concept of "silver economy" is seeking to emphasise the economic potential and investment opportunities arising from recognition of the elderly segment of the market, which deserves attention and a detailed investigation into requests and needs. Above all, the request for more opportunities in the fields of wellness, fitness, leisure, culture, communication and recreation for the elderly should be acknowledged promptly and effectively. The ageing of generations whose lifestyle included frequent displacements is, moreover, likely to result in an attempt by these social segments to maintain high levels of mobility even in advanced age, depending on economic power and individual health.

It is easy to understand that the tourist in general, and the elderly one in particular, also seeks the opportunity in the travel experience to enjoy foreign or exotic foods that are able to satisfy his/her deep emotional needs as well as material ones. So-called "food authenticity" is often privileged, partly due to an inevitable sense of nostalgia, but also because these foods really are perceived as healthier. The new tourism consumers feel that the travel experience cannot be separated from the enjoyment of foods laden with symbolic meanings, i.e. the expression of the unique identity of the hosting country, or from the healthy properties of such foods, about which he seeks the best documentation possible. This type of tourist frequently makes a choice between the various itineraries offered by the tourist market, aiming at exploiting gastronomic opportunities as much as possible. These may include in particular: (i) the "heritage of memory" that highlights the

specific anthropological character inherent in food production; (ii) the opportunity to benefit from a wide range of traditional local foods fulfilling the need, not necessarily solely nostalgic, to recover the meanings of a pre-industrial past considered more authentic; (iii) the possibility to have access, during the tourist experience, to traditional gastronomy in a context of conviviality and solidarity within villages and small towns, or during festivals appropriately included in the tourist itineraries; (iv) the attractiveness of traditional local cuisine, deriving from its alleged effect on health, more or less supported by scientific evidence, and frequently revolving around the concepts of well-being and longevity; (v) the possibility, as part of the tourist experience, to take home actual "food souvenirs" (4) incorporating the recipes of popular products collected during the trip, and even attaining their reproduction at home.

It is evident that the more the host country facilities transmit the values of uniqueness and nutritional quality of the products offered, using powerful advertising media supported by reliable scientific research, the higher recognition will be of the specific tourist offer among the myriad world competitors, thereby ensuring motivation to travel and customer loyalty.

In this respect gastronomic or culinary tourism targeting the high longevity areas known as "Blue Zones" has become increasingly important. These regions were originally identified by researchers Michel Poulain and Gianni Pes as areas of the globe where people live demonstrably longer, healthier lives (5). So far four such pockets of exceptional longevity have been identified around the world that meet the requirements to achieve Blue Zone status. They are located in Sardinia, Italy; Okinawa, Japan; the Nicoya Peninsula of Costa Rica; and the Greek island of Ikaria in the north Aegean Sea.

The fact that these populations have a lifespan measurably longer than the average suggests that, apart from the possible role of genetic factors, the role of a pristine environment and a healthy lifestyle are at the origin of their exceptional state of health. This is consistent with the fact that in the past these populations suffered from isolation, which entailed slow economic growth compared with the surrounding countries. In most of these areas traditional agro-pastoral activities persisted despite the rise of industrialism. This had important individual and social consequences, including better preservation of the traditional habitat and traditional home-produced foods, not to mention a more satisfying and less alienated individual and occupational life (6).

The greater proportion of longevous individuals in the Blue Zones has attracted great interest internationally, especially because their existence seems to be the outcome of various environmental, socio-economic, anthropological and cultural factors that might be a model for improving the health of the population in general.

Although the initial excitement over Blue Zones has faded, they have actually become a model that is attracting institutional attention because of their implications as regards policy. For example, Appel in 2008 expressed the thought that "Blue Zones, now limited to just a few populations in the world, can become commonplace" (7). The suggestion is that, although most aspects of the traditional way of life of Blue Zone residents are no longer realistically applicable to our post-industrial populations, there is room for transposing the lessons obtained from these longest-lived communities in the world - especially good-health practices and diet - to improve healthy ageing of Western societies. In this perspective Blue Zone populations are candidates to play the role of incubation chambers to test the social consequences of certain policy choices. The Blue Zones Project (8) is an initiative launched in several places in the US, aimed at creating a programme at community level to improve their residents' health and well-being, and lend themselves to exploitation also from the tourist point of view. So far this experiment has tried to encourage behavioural changes, especially in the direction of constant greater physical activity all the year round, but in the future it will also provide hints for better food choices following a more Blue Zone-oriented lifestyle. It is naturally too early to assess the results of the Blue Zone

Community Project, however in forthcoming years scientists will need to take care to develop accurate indicators that might help assess the efficiency of such an attempt.

Of course, these developments are suitable for marketing Blue Zones as tourist destinations, and indeed some "Blue Zone tourism" is already appreciable (8), as more and more affluent international tourists choose to visit Blue Zones, attracted by the fame of these areas where the probability an individual has of becoming a centenarian is higher than anywhere else on the planet. In these places they can come into contact with elderly people who are well integrated in their families and in good health, both physically and mentally: learning their virtuous behaviours conducive to "successful ageing" (9) is an integral part of the travel experience. During their trips, tourists may contemplate the various "longevity factors", which include the consumption of local, highly nutritious, home-produced food, the practice of healthy physical activity and life in a pristine environment. The elderly and the centenarians of the Blue Zones are also living witnesses of cultural traditions that could be rediscovered and valued, the knowledge of which will help to consolidate a strong sense of identity that urgently needs to be recovered in an increasingly globalised world. Aspects related to diet are therefore an integral part of the cultural heritage of these populations and are consequently strongly imbued with affective, psychological, anthropological and ritual content, thus justifying the allocation of time and money by neo-tourists to obtain access to them. Besides, scientific evidence actually suggests that some traditional and typical foods may significantly prevent major age-related diseases (cardiovascular diseases, cancer, neurodegenerative diseases), and may potentially promote human health in general. The properties concerned seem to derive not only from the intrinsic characteristics of foods (antioxidants, vitamins, polyphenols, unsaturated fatty acids) but also from the transformation processes needed to obtain the finished product. Epidemiological studies conducted in the various Blue Zones have revealed the existence of a protective effect of certain food components against ageing processes, and it is scientifically proven that people who eat healthy foods live longer, irrespective of individual genetic make-up. The keywords of a healthy diet acting as a tourist attraction are: caloric restriction, unrefined foods, fermented foods, low glycemic index, fresh fruits and vegetables with antioxidant properties. Foods rich in antioxidants are indeed important to counteract the process of cellular ageing.

From this point of view it is interesting to note that two out of four of the populations recognised as Blue Zones (Sardinia and Ikaria) are located in the Mediterranean area, and have for centuries followed a local variant of the Mediterranean diet, the only one capable to increase longevity (10). Also, for the population living on the Nicoya Peninsula (Costa Rica), though clearly showing obvious Mesoamerican influences, a remote European and Mediterranean influence cannot be excluded, mediated by their Spanish legacy. The added value of the "Mediterranean diet", to the point of constituting potential for identifying this geographic area as optimal and suitable to host resident seniors, is easily understandable. It is fair to say that it was on the grounds of studies carried out in Sardinia and Ikaria that the role of sourdough bread, the health properties of which are expressed through a postprandial blood glucose-lowering effect and thus the prospect of reducing the incidence of diabetes (11), was promoted on the tourism market. In addition, the moderate consumption of red wine by the long-lived population of central Sardinia has been considered a healthy habit due to the high content of antioxidants (12). Red wine could attract tourists with the prospect of defence against cardiovascular disease and cancer and of boosting the immune system.

As for long-lived Asian countries (Okinawa in Japan and the Sunchang region in South Korea), the importance of local food for good health has been recognised over the centuries (13). The uniqueness of the people of Okinawa and the low incidence of diseases such as diabetes, stroke, cancer, Alzheimer's and obesity - very common in the rest of the world especially in Western countries - is interpreted as the effect of a lifestyle that includes a combination of good nutrition,

exercise and psycho-spiritual and socio-institutional elements. Tourists who visit Okinawa can really experience a concept called in the local language "*ishokudogen*", meaning "food as medicine". The Okinawa diet is based on the consumption of vegetable- and fish-based dishes, fruit and vegetables, soy products, seafood, seaweed and fish. Fish consumption in Okinawa seems to be higher than the average across the nation, while seaweed is consumed primarily as Kombu (*Laminaria japonica*), brown seaweed rich in minerals such as iron, calcium, iodine and magnesium, highly recommended by nutritionists throughout the world. Soybeans are also the main ingredient of the traditional dishes of South Korea; the health properties are well-known of Kimchi and of a number of sauces collectively known as the *chang's* that accompany the main dish, usually steamed rice. It has been reported that these sauces can reverse mutations in cells and are not only able to prevent cancer, but also have the ability to prevent the growth of cancerous cells already formed.

To conclude, the awareness of the potential nature of traditional food production is of great interest for the development of a tourist market of the elderly, and is a promising strategy for improving the sales performance of supply chains and encouraging a "silver economy", as well as being in line with the goals of "sustainable tourism". The latter addresses clients with a greater awareness of the cultural values of the population and the factors affecting quality of life, among which diet and longevity are by no means the least important. Regional and national policy strategies have recognised as priorities the progressive reshaping of tourism, the development of eco-tourism, or better eco-sustainable tourism, agri-tourism, and more generally those experiences where the tourist enjoys the priceless heritage of a people and can experience the recovery of intangible goods that had been partially set aside in previous periods of development. A kind of "emotional" experience is increasingly sought by the elderly tourist, as he tries to escape a standardised everyday routine and a feeling of loss of identity, probably induced by globalisation. He is ready to pay more attention to quality of life and good nutrition, thereby touching on issues related to health improvement and increased life expectancy.

REFERENCES

1. Ceballos-Lascurain H. (1993) Ecotourism as a worldwide phenomenon. In: Lindberg K and Hawkins DE (eds). Ecotourism: a guide for planners and managers. The Ecotourism Society, North Bennington, Vermont, pp. 12–14.
2. United Nations Environmental Program (UNEP). (2002) Ecotourism: Principles, Practices & Policies for Sustainability, United Nations Publication.
3. The 2015 Ageing Report. European Commission 2015, ISSN 1725–3217.
4. Bessière J, Tibère L. (2013) Traditional food and tourism: French tourist experience and food heritage in rural spaces. *J Sci Food Agric.* 93: 3420–3425.
5. Poulain M, Pes GM, Grasland C, et al. (2004) Identification of a geographic area characterized by extreme longevity in the Sardinia island: the AKEA study. *Exp Gerontol* 39: 1423–1429.
6. Poulain M, Pes GM, Herm A. (2013) The Blue Zones: areas of exceptional longevity around the world. *Vienna Yearbook of Population Research* 11: 87–108.
7. Appel LJ. (2008) Dietary patterns and longevity: expanding the Blue Zones. *Circulation* 118: 214–215.
8. Buettner D. (2015) The Blue Zones Solution: Eating and Living Like the World's Healthiest People. National Geographic Society, Washington DC.
9. Rowe JW, Kahn RL. (1987) Human aging: usual and successful. *Science* 237: 143–149.
10. Trichopoulou A, Vasilopoulou E. (2000) Mediterranean diet and longevity. *Br J Nutr* 84 Suppl 2: S205-9.
11. Maioli M, Pes GM, Sanna M, et al. (2008) Sourdough-leavened bread improves postprandial glucose and insulin plasma levels in subjects with impaired glucose tolerance. *Acta Diabetol* 45: 91–96.
12. Corder R, Mullen W, Khan NQ, et al. (2006) Oenology: red wine procyanidins and vascular health. *Nature* 444: 566.
13. Suzuki M, Wilcox BJ, Wilcox CD. Implications from and for food cultures for cardiovascular disease: longevity. *Asia Pac J Clin Nutr.* 2001; 10: 165-171.