

Interreg
Alpine Space



European Regional Development Fund

Health Tourism Assessment and Benchmarking Tool (HTAB) – Key Performance Indicators (KPIs, Target Groups, Model, Questionnaires and Regional Workshops)

T1: Assessment of Alpine regions' Health Tourism Policy and Development Process

Activity A.T1.1 Development of the Health Tourism Assessment and Benchmarking Tool (HTAB)

Deliverable D.T1.1.2 Health Tourism Key Performance Indicators

Deliverable D.T1.1.3 Health Tourism Assessment and Benchmarking Tool (HTAB)

Activity A.T1.2 Regional assessment of Health Tourism strategy development and implementation

Deliverable D.T1.2.1 Alpine health tourism database

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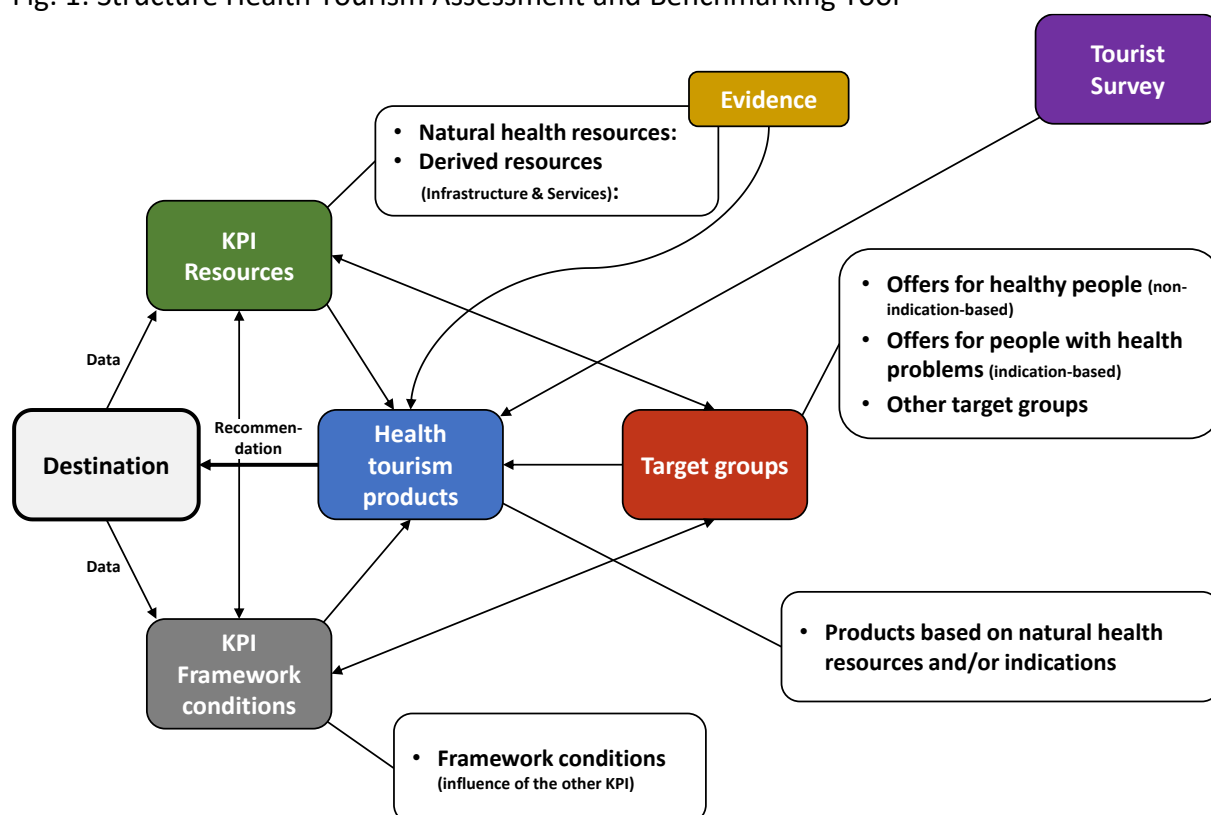
1. Overview

The aim of the tool (HTAB) is to provide recommendations for the development of health tourism products in alpine destinations or regions. Users of the tool are persons responsible for tourism in the destinations (e.g. DMO, tourism managers, politics).

As input for the tool, success factors in Alpine health tourism are defined (KPI). This is done on the one hand by a literature analysis as well as knowledge from previous research/projects and on the other hand by the exchange with practice partners from tourism (regional workshops to complement, test and finalise the KPIs). In addition, data from our own tourist survey will be used.

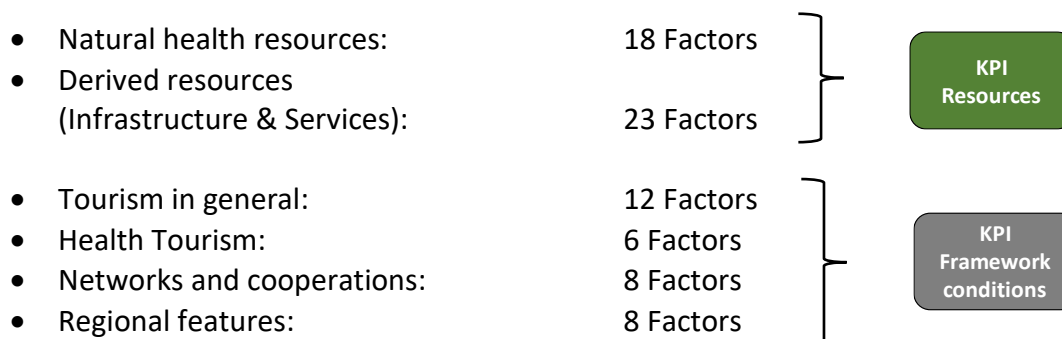
As output, recommendations are given in text form for predefined target groups, which are also derived from the literature as well as from previous research work and regional workshops. These recommendations are based on the input of the destinations and thus on the general conditions of the destination as well as on the expectations of the tourists (tourist survey). In addition, the current level of evidence of the health resource on which each recommendation is based is given. The following figure shows the explained model structure in a graphical overview.

Fig. 1: Structure Health Tourism Assessment and Benchmarking Tool



Source: own illustration 2020

According to the current status, the model is based on the following success factors of Alpine health tourism (KPI), which are classified here (KPI details, see Chapter 2):



In principle, the model works as follows: For each of the target groups, a separate optimum is defined for the KPIs. These target group optimums are then compared in the model with the real data from the destination. In this way, the existing framework conditions in the respective destination are analysed with regard to the needs of the defined target groups. Finally, the target groups are identified for which the destination offers the best conditions under the general conditions represented by the KPIs. The destinations then receive a recommendation in text form for these target groups, which are best suited to the destination. This recommendation includes the essential contents (resources and general conditions) for product development. In addition, the KPIs from the tourist survey are included in both the analysis and the recommendations.

2. Key Performance Indicators, Destinations

As described above, the success factors on the destination side are the core of the model. The KPIs are collected in the finished model via a dedicated online platform. This digital questionnaire is then directly linked to the model and carries out an analysis in real time, so that the result is available to the destinations after a short time. In principle, the target groups of the model are all destinations in the Alpine region that wish to become involved in health tourism. Concrete actors are therefore all decision-makers and other stakeholders in these destinations.

However, the online platform does not yet exist in the current development phase. Therefore the data can/must be collected in the test regions without this support. How this is implemented in individual cases is left to the regional partners. If wished, the PMU can provide an online questionnaire (in English and German).

Below is a list of the pre-selected Key Performance Indicators (KPI) for the Health Tourism Assessment and Benchmarking Tool. The structure of the list is based on the previously introduced structure of the tool (see Fig. 1).

- **Natural health resources (18 Factors):**

- Alpine healing waters / thermal water
- Alpine water – blue space (e.g. rivers, lakes, glaciers)
- Kneipp
- Waterfalls
- Forest
- High altitude (2500+)
- Moderate altitude (1000-2500m)
- Protected areas & biodiversity
- Alpine farming
- Radon treatment
- Honey
- Alpine milk & dairy products
- Plants / Phytotherapy
- Healing cave/tunnel (Heilstollen)
- Air quality
- Light pollution
- Noise pollution

KPI
 Resources

- **Derived resources (Infrastructure & Services) (23 Factors):**

- Health Manager (own employee with tasks in project management, marketing and public relations (of health topics in tourism), contact person for business partners, network coordinator)
- Health check before & after
- Courses in sport and exercise
- Gymnastics / Balance training

- Courses/services for relaxation
 - Massages
 - Physiotherapy
 - Nutritional advice
 - Meditation
 - Yoga
 - Guided hiking
 - Mountain hiking
 - Climbing / Outdoor bouldering
 - Walking
 - Winter - snow-based activities,
 - Winter - Not snow-based activities
 - Cosmetics / Beauty Offers
 - Spa treatments
 - Certified hotels for health tourism
 - Barrier-free
 - Car-free destination
 - E-Bike Availability
 - Bicycle availability (e.g. bicycle rental)
- **Tourism in general (12 Factors):**
 - Population
 - Population density
 - Arrivals
 - Overnight stays
 - Length of stay
 - Tourism intensity
 - Seasonality
 - Internationality
 - Day guests
 - Quality of accommodation
 - Guest structure, age
 - Guest structure, gender
- **Health Tourism (6 Factors):**
 - Use of natural health resources
 - Health tourism products
 - Share of health tourism in total tourism
 - Minimum duration of stay Effectiveness
 - Seasonality of the product
 - Certified accommodation in health tourism (evidence-based design)
- **Networks and cooperations (8 Factors):**
 - Cooperation in the tourism sector
 - Cross-sectoral cooperation

KPI
 Framework
 conditions

- Cooperation in the health sector
- Cooperation with authorities and politics
- Network participation, regional
- Network participation, national
- Network participation, international
- Project experience in tourism

- **Regional features (8 Factors):**
 - Tourist image
 - Image health tourism
 - Tradition of health tourism
 - Unique selling proposition (USP)
 - Attractions, regional characteristics (events)
 - Authenticity
 - Regionality (food)
 - Accessibility

The exact query of the individual KPIs can be found in the Destination Questionnaire (v3).

3. Target Groups

Below is a list of pre-selected potential target groups for the Health Tourism Assessment and Benchmarking Tool. The selection has been made on the basis of current literature as well as already completed research projects on this topic (e.g. HEALPS I). Based on these potential target groups, the model compares the actual conditions in the destinations with conditions previously defined as ideal (from a medical point of view). This results in recommendations for health tourism products in these areas.

- **Potential target groups:**

- Overweight, body composition
- Lack of fitness, performance improvement
- Respiratory diseases (chronic bronchitis, asthma)
- Nervousness, stress, burnout, exhaustion
- Back pain
- Joint pain, arthrosis
- Rheumatism, joint and spinal column diseases
- Relationship quality (sexual listlessness, adult couples)
- High blood pressure
- Allergies
- Exhaustion, tiredness
- Weak immune system (strengthening the immune system)
- Mental health and psychological well-being (depression)
- Diseases of the digestive system, stomach problems
- Insomnia
- Bladder weakness, kidneys, urinary tract, prostate
- Cardiovascular diseases
- Lack of mobility
- Skin diseases
- Women's Suffering
- Osteoporosis
- Fibromyalgia and chronic pain
- Diabetes, metabolic disorders
- Eye complaints
- Oncological aftercare
- Best Ager (balance, immune function, cognitive performance)
- Family, children (ADH, ADHS, etc.)

Target groups

4. Definition of the optima

As explained in Chapter 1, the model is based on a comparison of reality with a defined optimum. This means that for each KPI, in combination with each individual target group, it is determined how this indicator should be expressed so that optimal conditions exist for the respective target group.

An Excel file (KPI list) is used to implement this approach. Here these input data are listed in the columns, separated by destinations (tab 1) and tourists (tab 2), and briefly explained (variables, description, unit of measurement, Question). In the rows below, these data are linked to the defined target groups so that a matrix of target groups and KPIs is created (only tab 1, destination, light blue area). In this matrix the optimal conditions for the individual target groups are defined.

The evaluation of the optimum always takes place on a scale of 1-10 (1 = not important at all, ..., 10 = very important or 1 = no influence at all, ..., 10 = major influence). So if a KPI is very important for a target group, this indicator is rated highly, e.g. 9. In addition to the fundamental importance, the possible direction of the characteristic is also taken into account here. If, for example, a low share of day visitors is an advantage, this indicator is rated high, but is defined as important in the sense of "low" by a color marking (yellow).

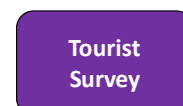
For the model, the exact optimum must be defined for each KPI and target group. The evaluation is made in the same way as described above (evaluation of the optimum on a scale of 1-10). The question for each cell within this light blue area is therefore: How important is this KPI for this target group? In the case of data based on absolute numbers or text, it would be very helpful if possible threshold values (at what point is a value too high/low for the target group) or ideas for the evaluation (keywords) could be collected during the workshops.

For some of the KPIs we have already carried out the determination of the optimum. For others this important step is still missing. The final definition of the optima will also be carried out with the help of the regional workshops. Details on this can be found in chapter 6.

5. Key Performance Indicators, Tourists

In order not only to cover the framework conditions of the supply side, the tool is extended by the perspective of the tourists themselves with the help of a continuous online survey. This is carried out once a year, which means that a separate database with information on the market can be built up and used for the tool. According to the current status, the tourist survey covers the following aspects:

- **Categories of the tourist survey**
 - (Language)
 - Closeness to nature
 - Health and holidays
 - Perception of Alpine resources as a health benefit
 - Perception of health and illness
 - Illnesses or health restrictions
 - Illnesses or health restrictions, treatment
 - Diseases or health restrictions, prevention
 - Reasons for no health leave
 - Best season for a health holiday
 - Factors health holidays
 - Medical factors Health holidays
 - Importance of services
 - Willingness to pay and services
 - Sources of information
 - Information on the local environmental conditions
 - Climate change
 - Climate change details
 - Well-known health tourism destinations
 - Previous destinations in general
 - Experience health holidays
 - Self-assessment (social media and organic food)
 - Country of origin
 - Postcode
 - Gender
 - Age



The exact query of the individual KPIs can be found in the tourist questionnaire (v2). There is already feedback from individual partners on this version, and this will be taken into account in the next version (v3).

6. Regional stakeholder workshops

The regional workshops (first RSG meetings) are primarily intended to present the project and to build interest in the topic. In addition, the previous findings on the recording and assessment of the general conditions of a destination with regard to its health tourism potential are to be evaluated and, if necessary, adapted. The workshops will be conducted after an individual assessment of the situation on site. Relevant information on possible approaches can be found in the document "Methodology for stakeholder engagement - ANNEXS 3: Urgent plan as an amendment of the Stakeholder methodology because of the COVID 19 situations (first RSG meetings)" from project partner 4 (ZRS Bistra Ptuj, Danilo Čeh).

The concrete objectives of the regional workshops with local tourism stakeholders are:

Recommended:

- Presentation of the project as a whole, emphasis on the importance of natural resources and the planned project output (promote interest and motivation to participate).
- Presentation (and discussion) of the basic model approach (see Chapter 1).
- Collection of the KPIs from the destinations. The form of collection is irrelevant, but an online questionnaire in English and German is provided (details to follow).
- Discussion and, if necessary, adjustment of the success factors defined for the destinations (see Chapter 2) - with regard to the suitability of the KPIs for mapping the conditions of the destinations' health tourism potential.
- Discussion of regional particularities with regard to the (further) development of health tourism.
- Discussion and analysis of three existing (health) tourism offers / best-practices and their success factors. The following points can be used for orientation:
 - Concrete naming of the three most important success factors!
 - Which natural (healing) resources are the product based on?
 - Which services are part of the product?
 - Which cooperations exist within the product?
 - How did the development of the product proceed, who was involved?
 - Which target groups are addressed with the product?
 - ...

Optional:

- Presentation, discussion and, if necessary, adaptation of the defined target groups (see Chapter 3). Depending on the situation, this can also be done for individual target groups only.
- Presentation, discussion and, if necessary, supplementation of the defined optima (see chapter 4 and Excel file). Depending on the situation, this can also be done for individual target groups only.
- Presentation, discussion and, if necessary, adjustment of the success factors defined for the tourists (see Chapter 5) - with regard to the suitability of the KPIs for mapping the tourists' demands on a health tourism destination/product.
- Qualitative evaluation of success factors in cross-sectoral cooperation (cooperation between actors from different sectors (e.g. between hotels, craftsmen, agriculture and creative industries). These could be, for example, short interviews with committed actors from the region. We in Austria will talk to companies that already manufacture products related to health tourism (e.g. health mattresses, timber construction).

The content and organizational basis of the workshops are the documents and information provided on the SharePoint (see also e-mails from Danilo Čeh and Christina Pichler from 06.05.2020 as well as the above mentioned information and documents (model structure, questionnaires, Excel file). These templates can be used 1:1 for the workshops, but do not have to be. More important is that all results of the workshops are recorded and documented.