

TURISMO DE TERCERA EDAD: EL PAPEL DE LOS SERVICIOS DE SALUD THE THIRD AGE TOURISM: THE ROLE OF HEALTH SERVICES

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RESUMEN

Esta investigación relata el estudio del turismo de tercera edad en relación al rol del sistema de sanidad, señalando que la pareja “turismo y salud” es cada vez más vital para el sector turístico y para la calidad de vida y bienestar del turista de tercera edad.

En este estudio, no solo nos ocuparemos de la calidad de los servicios sanitarios sino también de su presencia y distribución en el territorio, en función del turismo de tercera edad. El estudio ha sido generado considerando la carencia de servicios sanitarios en localidades turísticas, teniendo en cuenta una región del sur de Italia muy influida por el fenómeno turístico. La investigación destaca las fortalezas y debilidades del sistema de salud local y confirma que aún no existe un plan serio enfocado a favorecer las potencialidades existentes. Esta carencia influye en la elección de atracciones turísticas por parte de la demanda del turismo de tercera edad.

Palabras clave: turismo de tercera edad, servicios sanitarios, turista-paciente, localidades turísticas relevantes.

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ABSTRACT

The research work relates to the study of the third age tourism in correlation with the role of health care system. It highlights how more and more the couple "tourism and health" is becoming vital both in the tourism sector and in the quality of life and well-being of third age tourist. In this paper, we mainly occupied not the quality of the health service but of its presence and distribution in the territory and in function of third age tourism. The work has been generated considering the presence or lack of health service in tourist localities. We considered a region of southern Italy very interested in the phenomenon of tourism. The investigation highlights the strengths and weaknesses of the local health system and we confirm, still lacks a serious plan aims to enhance the potential and resources. This lack can impacts on chance of attraction on the third age tourism demand.

Key words: third age tourism, health services, tourist-patients, relevant tourist localities

1. AGING, SOCIETY AND TOURISM

The progressively ageing population is one of the most interesting phenomena of the society in which we live, a trend that connotes all industrialized countries of the world, and that deeply affects the economic and social organization of postmodern society.

The life of the elderly today is made of complex meanings and they can't be easily labeled both from the point of view of the elderly and from the point of view of society that surrounds him (Bernardini, 2003).

The social role of the elderly in the past it was referred in large part classified and / or more easily identifiable to functions, tasks, duties and requirements. Becoming elderly, in the usual sense, meant to retire, detached from the world of production, to become grandfathers/grandmothers and enjoy what they had managed to create during the "active" life, to play an essentially static and passive role, or of support to their children and to their families and friends.

If at the beginning of the XXI century the elder lies around the world were more than half a billion, it is expected that in the next four decades they will come to be around two billion, and in majority of women with origins in the more developed countries of the world. It is estimated that in 2060 about 30% of EU residents will be over 65 years, today this segment covers 18% of the total (Eurostat). Italy is one of the European countries with the highest number of elderly people, and with a high average life expectancy for both men and women (over 74 years). Even in Italy the elderly population seems destined to increase, the percentage of people over 65

will increase from 20.3% in 2011 to 26.5% by 2030, to reach 31.8% in 2050 (Istat).

It is clear that in Italy, as in all other countries with similar situation, the issue of aging population in the years occupied a place in the growing political and social debate, which it often faces issues such as welfare, social services, the organization of leisure time, the real economic value of pensions, social relations, etc. ..

In fact, even today it seems that the problems posed by aging population have not always found a solution that engages to the behaviors of the elderly population sometimes difficult to predict in a social world in constant evolution, which must relate to the constant changes imposed by of the globalization, technological innovations and communications, and the structural economic crisis is still ongoing (Cesa-Bianchi and Cristini, 2013: 88).

In this context, an important part of the debate on the consequences of an aging population and its needs is, at least in the last decade, occupied by the relation that the elderly population has with the greater free time, especially with that one related to the abandonment of productive life or post-retirement.

There is no doubt that, today more than in the past, becoming "elderly" means adopting a particularly interested and prone lifestyle to socializing, meeting, to the knowledge and loisir (Peirone and Gerardi, 2010).

This life style is especially prevalent among the elderly population belonging to the so-called baby boom generation, that is, people who have lived in historical periods and countries to increase economic well-being and who have acquired rights that allow people to live this further period of living in conditions of social and economic prosperity. Among these it is particularly known the case of the overwintering of a large amounts of English and German in places that are very different from those of origin, but which provide a good quality of life, as well as the economic and social point, also from the environmental and climate one (Mazón, Huete and Mantecón, 2010:77).

In this context, the last two decades the debate on the relationship between leisure and aging of the population has found ample space. This debate is very focused on how to use leisure time by the elderly, and in that sense a significant portion of the reflection is devoted to the relationship between tourism and the elderly population, tending to, probably in an overly simplistic, classify all with the label "third-age tourism".

In fact, as we will mention later, the so-called "third-age tourism" is a significant segment of tourism by long time.

Some resorts host it (third-age tourism) but they have not consciously found it, other resorts host it and they have consciously found it.

The first ones, especially in cases where the presence of this type of tourist becomes particularly relevant, are forced to find solutions to meet the special needs of these tourists manifest; the second ones, however, are more equipped and ready to ensure a proper tourist stay to the elderly in their territory.

Ultimately, the tourist of the Third Age, is, in fact, primarily a tourist, and as such has similar needs to those of any other type of tourist. However, it has special needs related to its status as a person in a "gradual disengagement from activities and relationships that before they represented the core of the active life" (Serino, 2011) and also a person who as elderly has, and even if in good health condition compared with the non-elderly population, the objective need of efficient health services.

In other words, a tourist resort that aims to develop the third-age tourism, will necessarily organize keeping in mind that, unlike to the popular stereotypes, the tourist resort must return to third-age tourist relational spaces for socialization and for active life, and, in addition, efficient general services in particular those related to the protection of people's health.

In this situation, an important space for the development of tourism for the elderly is the presence of widespread and efficient health services.

In view of the development of so-called third age tourism, the topic of this work is the analysis of the situation of health services in areas in which tourism is particularly widespread, mainly the tourism of private dwellings (or residential tourism). The case study relates to an high tourist area of southern Italy.

2. THE THIRD AGE TOURISM MARKET

In recent decades, the holiday market of the third age is among the most interesting ones and continues to signal a trend of strong growth, despite the phenomenon of tourism in this range, remains among the least known both in quantitative and qualitative terms.

The segment of the Third Age is a domestic and foreign tourist market share increasingly important and consistent, capable to develop multi-seasonal tourist flows with varied interests (relax, spa and wellness, water, cultural, environmental, historic, gastronomic, sports, cruise) and with differing availability of economic and tourist spending.

The economic and social importance of tourism for the elderly has also been recognized by the European Commission for Tourism, who seeing in the growth of this form of tourism as a major opportunity to seasonal adjustment of tourism resulting in job growth at the European level, has promoted initiatives the presentation of specific tourism development projects aimed at encouraging the growth of transnational travel of the elderly subjects. According to the European Commission "The third age- citizens account for about 25% of the European population. This demographic group, which includes people with purchasing power and leisure time, has significant market potential and lends to national and / or regional models existing and eventually transferred to the European level."³

In fact, the age range that goes from 65 years old, is the only one within Europe that can boast of a general growth in tourism (in the period 2006-2011, 10%): "Same matter for the number of holidays taken. According to estimates, in 2011 over 65 residents in the European Union, have made 91 million holiday trips lasting more than 4 nights, ie about 15% more compared to 2006. Remarkable growth of outbound trips: 32 million trips abroad senior exceed by almost 20% compared to 2006, although in 2006-2009 the growth of this type of holiday was even higher (+30%). But the strongest increases relate to the expenditure: € 53 million spent by tourists for over 65 holidays in 2011 recorded an increase of 32% compared to 2006. Average expenditure per single trip of senior amounted to € 586, and that average for travel across the border rises to 934 euro: the figure is the highest when compared to both the European average (€ 837), than to that of other age groups. If the over-65s account for 20% of total spending on holidays, this proportion rises to 30% if one considers only the expenditure on the purchase of packages "(fig. 1)⁴.

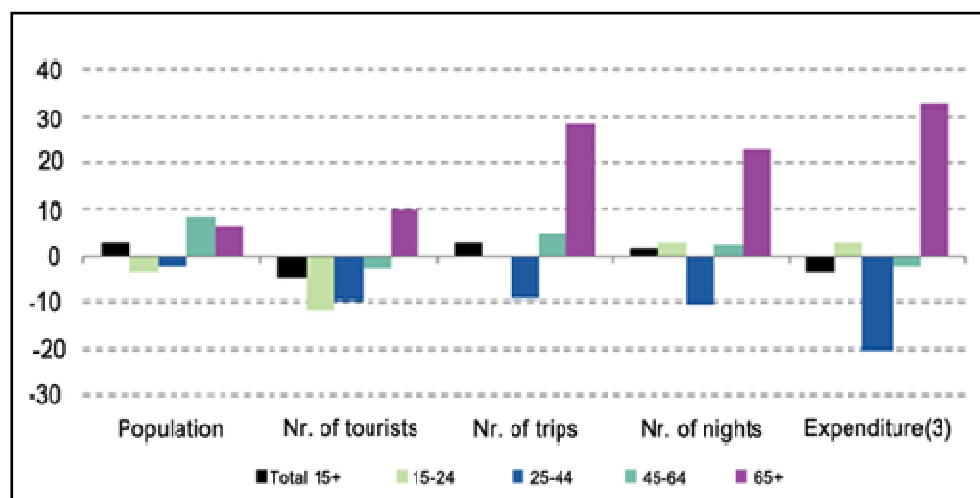
With regard to Italy, the consistency of tourism practiced by over 65 has been consolidated over time and the last decade was practically stable at around 10% of total holiday trips made by Italians (ISTAT, 2009).

According to some statistics compiled by CENSIS, the sixties are over five million every year planning a trip for pleasure, for a holiday or to visit a city of art.

³ Cf. website http://ec.europa.eu/enterprise/sectors/tourism/tourism-seniors/index_it.htm (European Commission Tourism for the elderly).

⁴ Source: ONT Italy on Eurostat data

Figure 1: Change in % of the population, the number of tourists, travel, and spending nights *, 2006-2011, by age group in the EU-27.



Source: ONT Italy on Eurostat data

The tourism system, however, as pointed out, does not appear particularly appropriate to the over 65 tourism demand, where it is possible to find people with special needs, with a more quiet and well-established economic position, with a greater availability of leisure time, and with greater ability to travel at different times of the year.

But what are the characteristics of third age tourist? First of all, with particular reference to the Italian market, it should be noted as experts and institutions do not fail to point out that in many cases the "third age tourist" is considered "fallback customers" useful to fill the low season periods or temporary tourism demand crises; a demand for which there is no need to search particularly complex tourist services and products.

In fact this is true only in part, as it is easily demonstrated by the results of research carried out on tourism for the elderly, even if what comes out is difficult in the tourist reception. The third age tourist has needs and complex necessities that if met they would allow more overall development of tourism in general. As written below summarizes, the results of a study on the characteristics of the third age tourist: "It's a demanding clientele because it knows the value of time and knows it could not repeat the experience". It has the sense of the contract and wants it be complied with in letter and spirit, has horror also of the interpretations of texts and loopholes, which may result, therefore, it is always on the defensive.

The third age tourists are often anxious and suspicious and in order to eliminate the uncertainties and inaccuracies, it should get to the conventions "all inclusive" and specify the

content of the "package." It's better to be redundant than nebulous. Also the price of extras, options, optional excursions should be fixed in advance. In fact, many people who have a reduced budget that, if well managed, can be enough, but that cannot cope with an economic surprises.

Once scrupulously adhered to these basic rules of simple honesty and common sense, however, dissatisfaction and boredom of customer can remain in the minds, if what agencies offer, despite the best intentions, is nothing more than a stereotype and standardized product.

The tourism product for the elderly must take into account some elements and basic needs, such as: choosing the most suitable climatic period; harmonization of commitments and rest periods; attention to the menu; security, that is the provision of all those services that take care; the constant presence of the companion not only tourists, but also for staff to be a reference point in terms of human and psychological profile.

It is also important that the infrastructure of the area are working even during the flow period of the elderly, to spare them to stay in a desert devoid of attractions." (Bartoli, 1994)⁵.

3. THIRD AGE TOURISM AND HEALTH SERVICES

It is now several years that we are perceiving a growing tourist demand in the population in old age, this is also thanks to the development of more and more comfortable, safe and fast means of transportation, the liberalization of borders, the "last-minute" etc. ..., but mainly due to the increased amount of free time, which is derived from the absence of work obligations.

The journey is experienced by the elderly, not only as a evasive, recreational and relaxing condition, but also as a cultural and experiential growth opportunities. The rediscovery of the playful dimension of life can offer several benefits for the elderly: the maintenance of cognitive, affective and psychomotor functions (Mackay Yarnal et al., 2008).

Furthermore, and more generally, the postmodern tourist is increasingly attentive to the wellbeing and quality of life. In this context the quality health services play a crucial role in the hospitality of tourists who travel to an area, and represent a surplus in order to increase the tourist offer of the same.

Even when we speak of "accessible and responsible tourism," the emphasis is on the importance of quality of hospitality and, therefore, the quality of services, including health care available in a given territory.

⁵ Cf. Associazione 50&Più Turismo, 2014, <http://www.formazioneturismo.com/terza-eta-caratteristiche-bisogni-e-motivazioni-del-consumo-turistico>

The health service is increasingly important in function of age and diseases of the tourists. In a society where aging population is a fact of life, caused mainly by the decline in the birth rate and by lengthening the average life expectancy, due to the bio-medical progress, the combination of "health and tourism" is becoming more and more "vital". In addition, some studies emerge as the management of leisure affects the prevention of certain diseases in the elderly (Serino, 2011).

The growth of this target in the tourism sector involves the adaptation of the services related to it. One must be able to address all possible situations that might occur. The nutrition, security, health services and specialized assistance must represent the business card of the tourist and / or business operators. The data published by CENSIS confirm as above-mentioned, where it appears that about five million of elderlies, or twenty-five percent of the entire traveling population, rely, for their travels, to Tour Operator specialized in trips for seniors. The choice is due to a greater guarantee (or suspected) about the chosen destination on the tourist and assistance.

A very important element in the combination of "health and tourism" is a growing demand for spa treatments in people over sixty who resort periodically. The use of these types of care is mainly due to the need for a greater well-being physical and not. This is also demonstrated by the growing demand of, "beauty centers", beauty salons, spas, etc.. where they can not only be "cured", but also do social life and cultural and recreational activities.⁶

4. HEALTH SERVICES, TOURISTS AND TOURIST-PATIENTS

The holidays are becoming more and more reason of need and safety establishing itself as a "tailor-made holiday" for that segment of tourists who requires care and assistance during your stay holiday.

Health care for tourists regards reasons related only to need the already existing or that may arise on vacation spot, and to the presence of points and / or structures that are involved in health care for the health's tourist for simple or complex benefits , or for tourists with special needs related to the continuity of health benefits such as hemodialysis.

The interconnection between health services and tourism policies creates an opportunity to innovate the system of health services offered during the tourist season thus allowing an

⁶ According to data from Istat 2008 shows a preference, by those over 65, the climate stays and spa treatments.

accessibility of quality to weak categories. Here are some Italian examples.

In Veneto⁷ *holidays in health campaign* (including application for Smartphone's) laid the foundations for the emergence of Italy's largest Healthcare Agency of seaside tourism that offers services ranging from health care to prevention. In particular, it highlights the pediatric service for tourists until the end of August, hemodialysis service, Substance Addiction services and tourism and general medicine clinics.

In Romagna⁸ it was presented the plan for the safety of tourists, including a seaside order provides regional allocation of defibrillators every two bathing establishments. Health Taxi for codes of low gravity on the entire coast for weekends in June, July and August. Strengthening of 118 ambulance service, hemodialysis services in hospitals and summer medical care active every day.

In Sicily⁹, the initiative not only a good health for citizen, but also for tourists, sponsored by the Sicilian Regional Department of Health, in collaboration with the Department of Tourism offers a new and innovative information services to act to publish online the geo-referenced map of health facilities and primary care in such a way as to allow the various stakeholders of the tourism sector to know the area and easy access to points of interest.

The services of the abroad health care system¹⁰, in a State of the European Union (EU), for temporary stays are accessible thanks to the possession of the EHIC (European Health Insurance Card), ie the back of the magnetic health card. Health care are assured by applying the law of the country of temporary stay under the same conditions as the nationals resident; so if certain performance is expected to pay the ticket (eg, hospital admissions), the citizen must take responsibility and cannot expect refund upon return to Italy. In countries outside the EU or not affiliated with Italy citizens are required to pay their own medical expenses¹¹,

In major European tourist destinations are in place strategies to promote health and prevent diseases on vacation. These strategies attract those tourist-patients beyond the boundaries of home to make sure care that for various reasons cannot receive at home. They point especially on the

⁷ For a closer examination of the example see <http://vacanzeinsalute.ulss10.veneto.it/it>

⁸ For a closer examination of the example see <http://www.saluter.it/news/ausl-romagna/potenziamento-dei-servizi-sanitari-per-la-stagione-balneare-lunione-fa-la-forza.it>

⁹ For a closer examination of the example see <http://m.livesicilia.it>

¹⁰ For a closer examination of the example see http://europa.eu/eu-life/healthcare/index_it.htm

¹¹ Therefore it is advised to carry adequate health coverage by entering into a private insurance policy.

differentiation of services and low costs and the provision of rooms in accommodation to ensure the stay of tourists in need of assistance, such as in the early stages which anticipate and / or come after a surgery. Therefore, it outlines a health tourism rather than health services first aid and / or rescue.

In fact, medical tourism is taking on the appearance of a real phenomenon in strong growth with an economic impact not easily measurable and quantifiable.

The demand for health services across borders is a delicate phenomenon, already common practice, which originates from a certain degree of dissatisfaction with the health care system of their country of residence: long waiting times, laws that hinder operations or noncommissioned or contemplated operation practices, costs and technologies. The required medical treatments relates to dental care, followed by cosmetic surgery and fertility treatment. Increasingly Eastern Europe is a privileged destination, but followed closely by Thailand, Korea and India.

5. HEALT SERVICES IN THE RELEVANT TOURIST LOCALITIES: STUDY OF AMANTEA'S CASE

Amantea is a noted seaside tourist destination in the South of Italy¹², placed along Tyrrhenian coast of Calabria.

It is characterized by significant natural and cultural heritage and archeology, an ancient maritime tradition which it is still alive and with a significant presence of companies operating in the food farming sector, packaging of local products, a good concentration of accommodation facilities and services for tourism, and for am high concentration of private dwellings for holiday use.

The accommodation facilities consist of more than 20 and product tourist flows of a certain interest (cf. tab. 1).

The primary objective that has guided the present lines of investigation was to "contextualize" the strategies adopted for the assistance and health intervention for tourists highlighting the major obstacles to the process of development and related strengthening policies. In this way, it was possible to formulate some suggestions for making the most effective intervention policies on the subject.

The mapping work has provided as methodological choice a SWOT analysis of the area in correlation with the object of analysis and the administration of questionnaires and in-depth interviews with privileged witnesses aimed at

¹² Precisaly, Amantea is a calabrian municipality of the Province of Cosenza, situated in a strategical position in respect to Lamezia Terme Airport and railway junction of Paola. The municipality has a resident population of 13.827 unit.

assessing the status of implementation of assistance and intervention strategies health care for tourists.

The survey¹³ covered a coastal territory wide about 10 km from the inhabited centre of the municipality of Amantea to hamlet of Campora San Giovanni of the same municipality and for the analysis has been considered the health service for the tourist season (May 1 and October 31) and in particular the Emergency service considering both the simple and the complex services, we have considered two different kind of interventions: health service and safety in beach and health service and safety off the beach.

Tab. 1: Arrivals and tourist numbers in the Amantea's accommodation facilities (year 2012)

	ITALIANS		FOREIGNS		TOTAL	
	ARRIVALS	TOURIST	ARRIVALS	TOURIST	ARRIVALS	TOURIST
JAN	605	1.068	70	179	675	1.247
FEB	944	1.529	47	94	991	1.623
MAR	1.042	1.743	249	358	1.291	2.101
APR	1.598	2.866	398	872	1.996	3.738
MAY	1.567	2.849	749	1.730	2.316	4.579
JUNE	2.811	7.410	977	2.519	3.788	9.929
JULY	4.395	24.368	1.226	4.686	5.621	29.054
AUG	5.790	37.484	942	4.446	6.732	41.930
SEPT	2.858	9.416	925	2.625	3.783	12.041
OCT	1.247	2.397	405	1.024	1.652	3.421
NOV	925	1.847	70	286	995	2.133
DEC	1.320	1.883	77	162	1.397	2.045
YEAR	25.102	94.860	6.135	18.981	31.237	113.841

Source: Province of Cosenza data

¹³ The focus of the investigation is to consider in detail how the requirements and needs of tourists who opt for residential tourism in independent form and in the absence of intermediaries organize their vacation making use of private homes or second homes owned

For the health service and safety in beach it was considered particularly the state of service in bathing establishments (both bathing establishments annexed to accommodation facilities and/or catering and only bathing establishments).

The survey for the health service and safety in beach related 22 bathing establishments (in 10 cases bathing establishments annexed to accommodation or catering) .

In this way we verified that each facility is equipped with the basic requirements of the law to ensure the safety and health care for the rescue of persons with illnesses or syndromes of drowning¹⁴.

Besides, from the analysis shows another aspect related to health care on the beach: safety. The presence of bathing establishments is an element that, both locals and tourists, deem as "important factor for the safety and quality stay on the beach". In fact the presence of facilities and staff provide a safe and clean place that returns a safety feeling and gratifies permanence of tourists.

For the health service and safety off the beach it was considered the presence or absence of a summer urgent care and the way of first aid and achievement of a closer hospital, more precisely three types of benefits were considered:

1. The basic medical services (health care clinic for primary care)
2. Prevention services and public health
3. Special needs (physical therapy, nursing care and home help, hemodialysis)

In the survey area there are no points and / or tourist health care facilities in strategic locations such as in the immediate vicinity of the beaches nor within the urban context. The only services present are those related to the continuity of care service and emergency (so-called 118 to identify the telephone number in order to request public emergency care).

¹⁴ Each licensee must establish first aid material consists of: three individual cylinders of oxygen, one-liter, accompanied by pressure regulators; of the three cylinders, two must be connected to the reduction gear unit and provided a template for immediate use, and the third in reserve. Alternatively, a two liter oxygen cylinder with pressure reducer, and a second, one-liter, reserve; a complete set of pipes mouth-to-mouth; an "ambulatory ball" or other device recognized as equivalent by the Health Authorities; a first aid kit, including portable type, containing the allocations prescribed by legislation in force

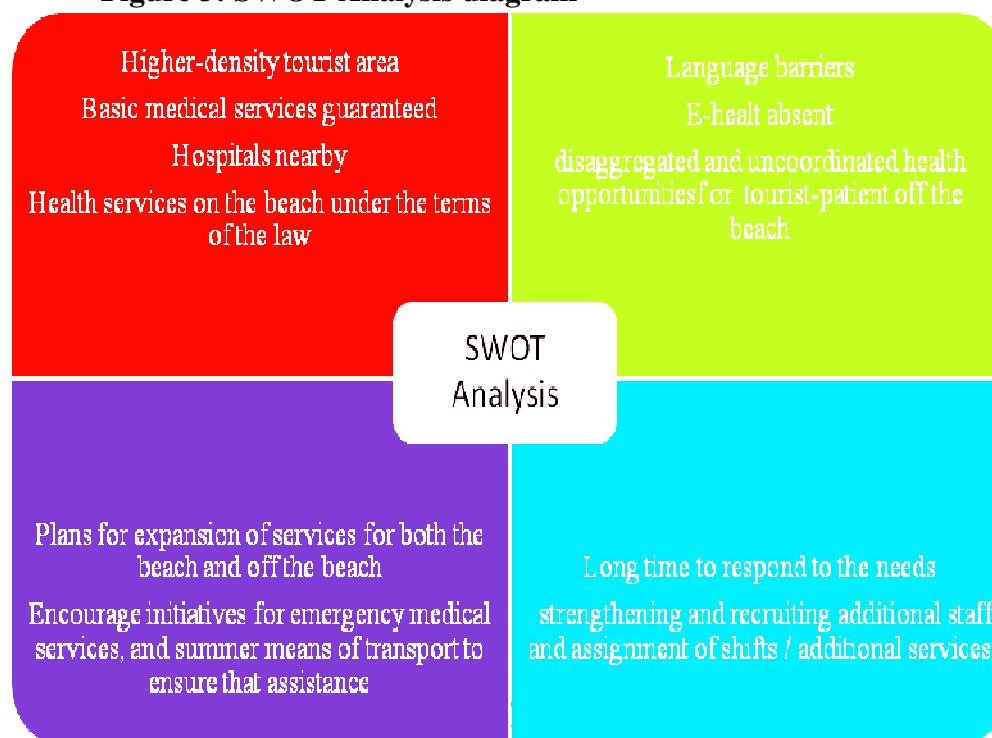
For simple services for assistance it can be considered the basic medical services with the tariff of law for non-residents and tourists, while for complex interventions must be considered continuity of care services and hospitals (Paola, Cosenza and Lamezia Terme) that are within from 20 to 60 km from the tourist center of Amantea.

For lower middle interventions where the patient is not in danger and suffered injury and / or trauma but do not affect vital functions (so called white and green codes) the achievement of the hospitals is borne by the tourist-patient. For situations of urgency and emergency (so-called yellow and red codes) operates the public service (118 above specified).

Absent e-health services than in other Italian and European contexts allows the integration of the health care system by reducing waiting times.

These demands collide with issues related to the recruitment of additional staff and shift assignments / additional performance in tourist period. All information and results of the survey are shown in the SWOT Analysis diagram below.

Figure 3: SWOT Analysis diagram



Source: our elaboration 2014

6. CONCLUSIONS

One among public and private services that depending on how it works, mainly impacts on raising of the quality of life in urban areas is certainly the health sector. In truth, this should be a general goal in all areas of territory and a foregone conclusion, for a society such as in which we live, said advanced and of well-being.

In fact, as we know it is not in this way, and the situation varies greatly not only within a single nation, but also, between nation and nation. In this sense, it is a demonstration the constant trips for health care that one makes, for example, from side to side of Italy and from Italy to foreign countries.

But, in addition to the problem of quality of health services, there is also that one of its spatial distribution. Again, we find areas in which the planning and distribution of health care is more complex, rich and efficient, and there are territories, sometimes very large, where the health service is distributed in different way and focused in a few areas.

In this paper, we mainly occupied not the quality of the health service but of its presence and distribution in the territory and in function of third age tourism.

The work has been generated on the basis of a consideration: the more the health service is present in tourist localities most this increases the chances of attraction towards an increasingly segment of the tourism demand that is, in fact, the third age tourism. That is, people over 65 who increasingly see the tourism as the ability to satisfy requirements related to sociality and knowledge of territories and cultures.

For this reason, we have considered a region of southern Italy very interested in the phenomenon of tourism. An area where tourism is fed as well as tourists staying in hotels and resorts also, and more importantly, thousands of tourists who spend their vacation in a private dwellings or rented.

Our investigation, which obviously deserves further study, highlights a gap in health services assistance and relief, general and specific for tourists. This situation penalizes very the possibility of making the area more attractive to tourists of third age. These services are essential for a tourism of quality, the desire of safe and assisted holidays to select more stay destinations with the consequence of putting the edge destinations in great tourism potential, but lacking of hospitality and health services.

In addition, in the area examined there is no shortage of data that can adequately represent even the most general patient satisfaction with indicators related to assessing health

care for tourists. Therefore, targeted investigations are necessary in order to highlight the strengths and weaknesses of the local health system to ensure an agenda for the promotion and strengthening of the deficiencies.

The area of investigation, still lacks a serious plan aims to enhance the potential and resources. Some tourism associations, particularly those representing the managers of bathing enterprises, are enabled to secure within their competence, health services aimed at tourists. However, the same associations ask the government a greater commitment and greater attention for health services to tourists, including: pay attention to the planning of staff and health services outside beach; diarize development plans related to: first aid, first aid points, emergency vehicles and operations center for emergencies, ready-sectoral intervention (obstetrical, orthopedic, radiology, etc.).

The third age tourism needs of health care.

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