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Food, Tourism and Health: a Possible Sinergy?

Hrelia, S. *
University of Bologna (Italy)

ABSTRACT

Food is a significant aspect of the tourist's experience of a destination. While the term "wine and food tourism" is too often addressed only to the taste of the product, the more aseptic definition of "food tourism" wants to focus the attention also on the health properties of local products. Healthy eating is not about strict nutrition philosophies, staying unrealistically thin, or depriving ourselves of the foods we love. Rather, it is about feeling great, having more energy, stabilizing our mood, and keeping ourselves as healthy as possible, all of which can be achieved by learning some nutrition basics and using them in a way that works for us. We can expand our range of healthy food choices and learn how to plan ahead to create and maintain a tasty, healthy diet. Not only the psychological, but also the physical benefits of tourism appear to have gained increasing importance and healthy nutrition represents one of the most important determinants. Food tourism can be considered a potential benefit for human health.

Understanding tourists' needs and wants in terms of healthy food consumption is of paramount importance to hospitality businesses. Food, tourism and health could really be a possible synergy.

Keywords: Food, Health, Tourism, Gastronomic Heritage, Well-being.

* E-mail address: silvana.hrelia@unibo.it

Introduction

Today's tourist is more cultured than visitors of 20 years ago, and often is searching for new experiences, is concerned about the environment, wants to experience the local culture and is also interested in taking part in a health/well-being lifestyle. In this framework, food is a significant aspect of the tourist's experience of a destination, driven by the growing need to have a high-quality experience. Food tourism shapes gastro destinations such as Italy where food plays an important part of the overall experience. Food stands on the top of the ranking as a reason for choosing a holiday destination, beats visiting museums and exhibitions, shopping, the search for new friends, and sports. In short, accommodations, entertainment, art and culture do not statistically compare with good food. "Food tourism" is a phrase that could be defined in a more traditional way "wine and food" tourism, that is the search for interesting food solutions in the place where we are staying for tourism. While the term "wine and food tourism" is too often addressed only to the taste of the product, the more aseptic definition of "food tourism" wants to focus the attention also on the health properties of local products. In this cultural, thematic, integrated and sustainable form of tourism, the spirit of a place can be sampled on a plate and experienced directly through tours and visits to producers. The multi-cultured consumer wants to taste unique recipes that are authentic of a particular destination. If food tourism is well planned, managed and controlled, it can become a real economic resource and food tourism could be considered as a new recipe for business success. During vacations at each destination, food becomes a social occasion for creation of a "time oasis" to connect with family and friends.

But food tourism can be also considered a potential benefit for human health. Cultured, well travelled, adventurous and environmentally conscious modern tourists prefer to undertake a lifestyle of health and well-being while exploring the local culture and cuisine during holidays. In this contest, food and tourism represent a powerful tool to reach and maintain health.

Food and Health

Today, the consumer is better educated, wealthy, has traveled more extensively, lives longer, and is concerned about his health and the environment. As a result, food and drink has become more important and have a higher priority amongst certain social groupings. Food is the new culture capital of a destination, as if culture has moved out of the museum to become a living experience of consumption. One thing must be clear, food must be a high quality product, whether it is slow food or fast food.

The media has strong influence in determining food selection. Today, the influence of celebrity chefs (Gordon Ramsey with "Hells Kitchen" or Jamie Oliver campaign for good school meals, Masterchef series) drives our interest to good quality food. This underlines the great interest that the food world has generated.

There is a higher awareness of health issues on food consumption decisions. Most of the adults say that they have been eating less fat and sugar compared to the previous year and a significant percentage say they are eating less salt, whereas other food groups, notably vegetables, fruit and bread/cereal/pasta are on the rise (International Food Information Council Foundation, 2012). These trends have transformed also the

food industry, with Starbucks offering Soya milk, and McDonalds offering fresh salads. Interestingly, in New York, the city council has banned certain types of fats as a promising intervention to promote healthy nutrition styles (Brambila-Macias, et al., 2011; Bos, et al., 2013).

The proportion of vegetarians increased in the last 20 years. And also, the number of food venues offering vegetarian options due to its association with healthy eating has increased exponentially along with the perception that vegetarian food is healthy (Leitzmann, 2014).

Consumers are therefore becoming ever more cautious regarding the food they eat. These considerations can be exploited in order to maximize the potential marketing of certain products. However, due to the volatile nature of demands and trends, these requirements are hard to predict. Food producers and providers need to have “quick response” mechanisms to enable them to keep up with dietary fads.

The global prevalence of obesity increased substantially in the past four decades regardless of age, gender, race, and ethnicity (Komlos & Brabec, 2011).

The concept of obesity has been defined as having a Body Mass Index (BMI) of 30.0 or higher. BMI is defined as body weight in kilograms divided by height in meters squared. For the vast majority of people, overweight and obesity result from excess caloric intake and/or inadequate physical activity.

According to the World Health Organization, in 2008, 1.5 billion adults were overweight, and of these over 200 million men and nearly 300 million women were obese (<http://who.int/mediacentre/factsheets/fs311/en/print.html>, 2011). Childhood obesity in USA has more than doubled in children and quadrupled in adolescents in the past 30 years (Ogden, Carroll, Kit, & Flegal, 2014).

More than a third, 36 per cent, of Italian children are either overweight or obese by the age of eight, according to a survey released by the Institute for Auxology of Milan, making Italy the worst in Europe in terms of obesity among young children (Archenti & Pasqualinotto, 2008). While the rest of the world is encouraged to copy the traditional Italian menu by swapping junk food for fruit and vegetables, it seems Italians are forgetting the lessons they taught everyone else. Traditional home-made meals and snacks are losing out to low-cost, calorie-packed fast food. Coupled with less physical activity, the results are evident with ever more "ciccioni" , fat children, on every street corner. Italians are eating less and less of the Italian diet and more and more fast food (Bonaccia, et al., 2014).

Multiple disease mechanisms link obesity with cardiovascular disease. Excess adipose tissue, specifically visceral fat, is associated with altered release of adipokines and chemical mediators (Blüher, 2013).

Together, these mediators promote a pro-inflammatory and pro-thrombotic state contributing to cardiovascular diseases. Moreover, obesity increases the prevalence of cardiovascular diseases through risk factors associated with metabolic syndrome such as diabetes mellitus, insulin resistance, hypertension, and dyslipidemia (Shin et al., 2013).

So we have to choose a healthy diet to prevent/counteract all of these chronic/degenerative pathologies. Healthy eating is not about strict nutrition philosophies, staying unrealistically thin, or depriving ourselves of the foods we love.

Rather, it is about feeling great, having more energy, stabilizing our mood, and keeping ourselves as healthy as possible, all of which can be achieved by learning some nutrition basics and using them in a way that works for us. We can expand our range of healthy food choices and learn how to plan ahead to create and maintain a tasty, healthy diet. Instead of being overly concerned with counting calories or measuring portion sizes, think of our diet in terms of colour, variety, and freshness. This way it should be easier to make healthy choices, focusing to finding foods we love and easy recipes that incorporate fresh ingredients. Gradually, our diet will become healthier and more delicious.

People often think of healthy eating as an “all or nothing” proposition, but a key foundation for any healthy diet is moderation. But what is moderation? How much is a moderate amount? That really depends on us and our overall eating habits. For most of us, moderation or balance means eating less than we do now. More specifically, it means eating far less of the unhealthy stuff (refined sugar, saturated fat, for example) and more of the healthy (such as fresh fruit and vegetables). But it does not mean eliminating the foods we love.

The goal of healthy eating is to develop a diet that we can maintain for life, not just a few weeks or months, or until we have hit our ideal weight. So we have to think to moderation in terms of balance. Despite what certain fad diets would have us believe, we all need a balance of carbohydrates, protein, fat, fiber, vitamins, and minerals to sustain a healthy body.

Fruits and vegetables are the foundation of a healthy diet. They are low in calories and nutrient dense, which means they are packed with vitamins, minerals, antioxidants, and fiber. We have to eat a rainbow of fruits and vegetables every day and with every meal, the brighter the better. Colourful, deeply coloured fruits and vegetables contain higher concentrations of vitamins, minerals, and nutraceutical antioxidant compounds, and different colours provide different benefits (Hrelia, Leoncini, & Angeloni, 2010).

Healthy eating is about more than the food on our plate, it is also about how we think about food. Healthy eating habits can be learned and it is important to slow down and think about food as nourishment rather than just something to gulp down in between meetings or on the way to pick up the kids.

And also, it is not just what we eat, it is how we eat! Eating with other people has numerous social and emotional benefits, particularly for children, and allows us to model healthy eating habits.

When on holiday, food becomes the social occasion when busy people create a time oasis, but also to connect with family members and friends who may in general be less time-impooverished. Food becomes a human-space within frequently much harried lives; the notion of the meal as a time oasis seems to be a very powerful theme. As the consumer desire for new experiences increases, the authentic food experience becomes more important. Authenticity is about food that is simple, rooted in the region, natural and ethical, and all of these characteristics combine to create a food tourism destination.

But, if selecting safe and healthy foods in our home country is easy, navigating a foreign menu can be a minefield of unexpected ingredients. One of the great pleasures of travelling is the opportunity to sample different foods. But for anyone with a food allergy or food sensitivity, sampling new foods can be an uncertain or, at worst, a dangerous proposition.

Allergy is widespread and affects approximately one in four of the population in the world at some time in their lives (de Blok , et al., 2007). Each year the numbers are increasing with as many as half of all those affected being children. Some people are so highly allergic to foods that only a small amount will send them to the hospital and in some cases cause death. Others have less severe reactions to foods ranging from intestinal-stomach problems to skin rashes.

For a traveller with food allergies the single most serious obstacle is language. Well-established tourist-friendly restaurants are more likely to have English-speaking staff, as are restaurants in major metropolitan areas, but in Italy, for example, restaurants outside the most famous tourist centres may not have a staff fluent in English, and menus typically do not have English translations. The problem is greater for Italian tourists and travellers. English is the language of business, technology and science, the language with the world communicates, but Italians still have great difficulty in using and understanding English. A massive search conducted over the course of 6 years (2007-2012) on the basis of tests of proficiency made by 750 thousand adults in 60 countries around the world revealed that Italy is second to last among Europeans, because French know English still less than Italians. However, Italy is at 32th place in the ranking (France is the 35th) followed almost exclusively from Latin America and the Middle East.

Moreover, also food safety issues are deeply felt by tourists especially when traveling in developing countries where hygienic conditions do not meet the standards of Western countries.

Food safety and tourism have been linked for many decades. Even superficial study of the food industry reveals that it is vulnerable on almost all levels. From processing until delivery to the table, food for human consumption goes through a number of hands, machines and processes. Tracing where food may have been contaminated is difficult. Tourism depends also on a safe and reliable food supply. Tourists and visitors cannot often go to local markets to buy food supplies and usually need to depend on restaurants or other public places to purchase food. Restaurants are vulnerable for still another reason: they are icons of their society or of another society (ethnic restaurants). For example, it is almost impossible to separate a “pizzeria” from Italian culture or a croissant from French culture.

The Codex Alimentarius Commission of the Food and Agricultural Organization (FAO) released a specific document reporting the guidelines for food safety in tourist zones (<ftp://ftp.fao.org/codex/Meetings/CCLAC/cclac14/>, 2004) that exposes the problem in

a language appropriate for non-specialists in the field in order to facilitate the adoption of operational programs and procedures for the preparation of food in tourist zones. In today's competitive world of travel, food plays an ever increasingly important role. People not only seek new food experiences but continue to demand safer and healthier food. While safe and healthy food cannot assure a destination's success, food bad quality can help to determine its failure.

Food, tourism and health: a possible synergy?

People generally understand the need to adopt healthier habits, and this is true also when they travel. Although there is a lack of attempt at systematically addressing the factors affecting tourist food consumption and their interrelationships, a study by Mack et al. (2012) provides important groundwork for understanding the phenomenon. The Authors reported a distinct set of factors that may influence tourist food consumption behaviour. These potential factors can be classified into five main categories: cultural and religious influence, socio-demographic factors, food-related personality traits, exposure and past experience, and motivational factors.

Of particular interest is the difference between "neophobic" and "neophilic" tendencies in taste, suggesting that a human has a natural tendency to dislike or suspect new and unfamiliar foods (neophobic), and yet, also has a propensity to search for novel foods (neophilic). The tension between the neophobic and neophilic tendencies has been described as the "omnivore's paradox", that constantly occurs in "the oscillation between the two poles of neophobia (prudence, fear of the unknown, resistance to change) and neophilia (the tendency to explore, the need for change, novelty, variety)" (Fischler, 1988). In the tourism literature, the food neophobia concept has been adopted to explain the difference in tourists' food consumption behaviour. Although tourists may typically be eager or willing to engage in "novel" or "unusual" experiences (neophilic), eating involves the actual ingestion of unfamiliar food in the destination and thus, neophobic tendency might become more prominent.

Independent of they are neophobic or neophilic, a new category of tourists is now emerging: people that like healthy eating and discharge unhealthy food, with the aim to protect their health also during travel. The increased awareness and knowledge of food quality and especially of nutritional guidelines can affect the tourist food choice in order to maintain and also protect their health. Healthy eating can be challenging when we are on the road, but certainly not impossible! Travelling can prompt us to make hasty, unhealthy food decisions. While it may seem that food options are limited, healthy food is all around us. Many restaurants all around the world have now a "healthy highlights" menu to help consumers to do the healthy choice.

The American Heart Association believes that educated consumers, armed with the right nutrition information, can make healthier choices when they are eating out (American Heart Association, 2013). Better menu labeling can also inspire restaurant industry innovation. While the Nutrition Facts Label on packaged foods has been available since 1994 (U.S. Food and Drug Administration, 1994), the same details are not provided on most restaurant menus, menu boards, or foods sold in venues for immediate consumption, such as movie theaters, sport arenas, and grocery store delis. Menu labeling may result in reductions in fat and calorie content of menu items through recipe modification or reduction of portion sizes served. Many reports are present in the literature focusing on consumers acceptance and response to nutrition/health information in food labels and recipes (Cowburn & Stockley, 2005; Burton, et al., 2006; Grunert & Willis, 2007; Wyness, Buttriss, & Stanne, 2012). Although it is hard to imagine that a consumer would not be affected to some degree by knowledge that a selected entrée contains their entire recommended calorie intake for the day, there is an urgent need for more research studying consumer use of nutritional information on food labels.

Although these information has an influence only on those who are already motivated to read nutritional information, these people represent a growing percent above all in the middle-upper income classes (Darmon & Drewnowski, 2008). In fact, healthy choices are more expensive, as the cost of a healthy meal is high, whereas the cost of a meal largely based on animal and refined products is lower (Drewnowski & Darmon, 2005; Drewnowski, 2010). Foods with high nutritional value tend to be more expensive and when the budget shrinks (as is currently the case in the European Mediterranean countries), the first items dropped from the diet are the most costly option: fresh vegetables and fruit, unrefined cereals, extra virgin olive oil and fish. This kind of “high budget” tourists is aware that labeling a food as “healthy” does not make it taste worse. As an example, the so called “Mediterranean diet”, included in the UNESCO Intangible Cultural Heritage List, is full of healthy delicious recipes and countries like Italy are visited by tourists also for its famous gastronomic heritage.

The phenomenon of wellness and well-being tourism is growing. As defined by Muller and Kaufmann (2001), wellness tourism is “the sum of all the relationships and phenomena resulting from a journey by people whose main motive is to preserve or promote their health”. Not only the psychological, but also the physical benefits of tourism appear to have gained increasing importance and healthy nutrition represents one of the most important determinants.

Understanding tourists’ needs and wants in terms of healthy food consumption is of paramount importance to hospitality businesses.

An in-depth knowledge pertaining to factors influencing tourist food consumption is, therefore, extremely valuable to the hospitality sector in providing the appropriate tourism dining experiences that can lead to tourist satisfaction. This value extends to the tourism sector in developing and promoting gastronomic healthy products and associated events or activities.

Moreover, promoting healthy food as menu options is another strategy that the tourism industry can utilize in addressing to healthy food choices.

One trend in the age of globalisation is the increasing interest towards heritage and local traditions. The place and its resources can also be used for economic development of local food market, creating new niche opportunities for local food industries.

The place and its natural resources set the basis for the tourist product. Also innovative food industries, promoting healthy food, might directly or indirectly make up an important part of the tourist product. So, the food industries might not only depend on, but also profit from the tourist industry. Successful product development and marketing in both healthy food and tourism industries may also compensate the decline in employment in other sectors and all the economic actors in the food-tourism chain might gain the best economic profit by engaging a closer food, tourism and health sinergy.

References

American Heart Association (2013) Downsizing the Epidemic. Menu Labeling in Restaurants <http://www.heart.org/policyfactsheets>.

Archenti, A., & Pasqualinotto, L. (2008) Childhood obesity: the epidemic of the third millenium. *Acta Biomedica*, 79, 151-155.

Blüher M. (2013) Adipose tissue dysfunction contributes to obesity related metabolic diseases.

Best Practice & Research. Clinical Endocrinology & Metababolism, 27, 163-77.

Bonaccia, M., Di Castelnuovo, A., Bonanni, A., Costanzo, S., De Lucia, F., Persichillo, M., Zito, F., Donati, M.B., de Gaetano, G., & Iacoviello, L. (2014) Decline of the Mediterranean diet at a time of economic crisis. Results from the Moli-sani study. *Nutrition Metabolism and Cardiovascular Diseases*, 24, 853-860.

Bos, C., Van der Lans, I.A., Van Rijnsoever, F.J., & Van Trijp, H.C. Understanding consumer acceptance of intervention strategies for healthy food choices: a qualitative study. (2013) *BMC Public Health*, 13, 1073.

Brambila-Macias, J., Shankar, B., Capacci, S., Mazzocchi, M., Perez-Cueto, F.J., Verbeke, W., & Traill, W.B. (2011) Policy interventions to promote healthy eating: A review of what works, what does not, and what is promising. *Food And Nutrition Bulletin*, 32, 365-375.

Burton, S., Creyer, E.H., Kees, J., & Huggins, K. (2006) Attacking the Obesity Epidemic: The Potential Health Benefits of Providing Nutrition Information in Restaurants. *American Journal of Public Health*. 96, 1669-1675.

Cowburn, G., & Stockley, L. (2005) Consumer understanding and use of nutrition labelling: a systematic review. *Public Health Nutrition*, 8, 21-28

Darmon, N. , & Drewnowski, A. (2008) Does social class predict diet quality? *The American Journal of Clinical Nutrition*. 87, 1107-1111.

de Blok, B.M., Vlieg-Boerstra, B.J., Oude Elberink, J.N., Duiverman, E.J., DunnGalvin, A., Hourihane, J.O., Cornelisse-Vermaat, J.R., Frewer, L., Mills, C., & Dubois, A.E. (2007) A framework for measuring the social impact of food allergy across Europe: a EuroPrevall state of the art paper. *Allergy*, 62:733-737.

Drewnowski A., & Darmon, N. (2005) Food Choices and Diet Costs: an Economic Analysis. *The Journal of Nutrition*. 135, 900-904.

Drewnowski, A. (2010) The cost of US foods as related to their nutritive value. *The American Journal of Clinical Nutrition*. 92, 1181-1188.

Fischler, C., (1988) Food, self and identity. *Social Science Information* 27, 275–292.

Grunert, K.G., & Wills, J.M. (2007). A review of European research on consumer response to nutrition information on food labels. *Journal of Public Health*, 15, 385-399.

Hrelia, S., Leoncini, E., & Angeloni, C. (2010) Piante per alimenti funzionali e probiotici. in P. Ranalli (ed.), *Le piante industriali per una agricoltura multifunzionale* (pp.39-58). Milano: Avenue Media.

International Food Information Council Foundation (2012) 2012 Food & Health Survey: Consumer Attitudes toward Food Safety, Nutrition and Health, www.foodinsight.org.

Komlos, J., & Brabec, M. (2011) The trend of BMI values of US adults by deciles, birth cohorts 1882–1986 stratified by gender and ethnicity. *Economics & Human Biology*, 9, 234–250.

Leitzmann C (2014) Vegetarian nutrition: past, present, future . *The American Journal of Clinical Nutrition*, 100, Suppl 1, 496S-502S

Mak, A.H.N., Lumbers, M., Eves, A., & Chang, R.C.Y. (2012) Factors influencing tourist food consumption. *International Journal of Hospitality Management*, 31, 928– 936.

Mueller, H., & Kaufmann, E.L. (2001) Wellness Tourism: Market analysis of a special health tourism segment and implications for the hotel industry. *Journal of Vacation Marketing*, 7, S. 5-17.

Ogden, C.L., Carroll, M.D., Kit, B.K., & Flegal, K.M. (2014) Prevalence of childhood and adult obesity in the United States, 2011-2012. *Journal of the American Medical Association*, 311, 806-814.

Shin, J.A., Lee, J.H., Lim, S.Y., Ha, H.S., Kwon, H.S., Park, Y.M., Lee, W.C., Kang, M.I., Yim, H.W., Yoon, K.H., & Son, H.Y. (2013) Metabolic syndrome as a predictor of type 2 diabetes, and its clinical interpretations and usefulness. *Journal of Diabetes Investigations*, 4, 334-343.

U.S. Food and Drug Administration. (1994) Guidance for Industry: A Food Labeling Guide. www.fda.gov/FoodLabelingGuide

Wyness, L.A., Buttriss J.L., & Stanne, S.A. (2012) *Reducing the population's sodium intake: the UK Food Standards Agency's salt reduction programme*. *Public Health Nutrition*, 15, 254-261.