

MASTER'S IN MANAGEMENT OF TOURISM DESTINATIONS

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MASTER'S THESIS

Title:

**HEALTH TOURISM AS AN OPPORTUNITY FOR A SUSTAINABLE DESTINATION
DEVELOPMENT OF THE FRENCH REGION GRAND EST**

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LIST OF ABBREVIATIONS

UNWTO	The World Tourism Organization
WHO	World Health Organization's
OECD	Organisation for Economic Co-operation and Development
INSEE	Institut National de la Statistique et des Etudes Economiques
GDP	Gross Domestic Product
EU	European Union
GWI	Global Wellness Institute
SRDEII	Schéma Régional de Développement Economique, d'Innovation et d'Internationalisation
ART	Agence Régional de Tourisme.
ORT	Observatoire Régional du Tourisme
SRDT	Schéma Régional de Développement Touristique
SRADDET	Schéma Régionaux d'Aménagement, de Développement Durable et d'Egalité des Territoires
FTC	Fédération Thermale et Climatique
ORS	Observatoire Régional de Santé
SRT	Schéma Régional de Développement Touristique
ETP	Equivalent Temps Plein
CNETH	Conseil National des Etablissements Thermaux
CSG	Contribution Social Générale
DGE	Direction Générale des Entreprises
FFCM	Fédération Française des Curistes Médicalisés
WHO	World Health Organisation
Inh	Inhabitants
p.	page

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ABSTRACT

This master thesis examines the opportunity to develop a sustainable destination through Health Tourism. The French government take in 2016 the initiative to make a policy innovation creating a new region. The region Grand Est is one of the 13 new French regions, unifying the 3 ancient region Alsace, Lorraine, Champagne-Ardenne.

The french government regional reform Law n°2016-1028 is intended to strengthen the development policy and sustainability. The challenge of achieving this policy goals at regional level is entrusted to the SRADDET (Regional Planning of Sustainable Development and territories Equality). This fact leads to assessment issue of policy efficiency, namely developing a sustainable Health Tourism destination in the Grand Est region, which is the main task in the present research topic. In order to achieve this objective, this study is performed by using a critical constructivist paradigm.

The required data are collected in two different ways:

- The Secondary data, collected by the author based on internet sources: (INSEE, FFCM, SRDT, SRADDET...).
- The primary data, based on seven experts questionnaire, realised on Google Forms sent to 40 public/private Health Tourism organisations and one expert interview realised by Facebook Messenger with the Health Tourism expert Mr. Jean Pierre GROUZARD President of the French Federation of Medical curists (FFCM). The interview is recorded and transcript.

The secondary data analysis is performed by quantitative deductive method and by comparing the data before and after 2016 (after legal reform of the Grand Est region).

The primary data analysis is realised by the mixed method: the experts questionnaire is evaluated using the quantitative deductive method and the expert interview of Mr. Jean Pierre GROUZARD is interpreted by using the qualitative inductive method.

The results of this study were not positive as expected. Both secondary data analysis and primary data analysis deliver converging results. Even the qualitative analysis result regarding the expert interview confirmed the quantitative analysis results about the experts questionnaire. This Accordance strengthen the reliability and validity of the result. The development policy for a sustainable tourism destination in the French region Grand Est should be reconsidered.

Key words: Health Tourism, development policy, development opportunity, French region Grand Est, sustainable destination development.

PROBLME STATEMENT

Context

The Grand Est in the north of France, was one of the least dynamic and least attractive regions between 2010 and 2015. This is why it was created in 2016 as a new region by the territorial reform law n° 2015-991. It brings together the three former regions Alsace, Lorraine and Champagne-Ardenne. The vision of this political innovation is to expand the destination in order to strengthen its planning competence and regional development.

The governance is entrusted to the SRADDET, tourism is managed by its subdivision SRDT. To develop this region, the policy of Health Tourism is based, among other things, on the flagship project Grand Nancy Thermal to boost thermalism and to turn the entire Grand Est region into a sustainable and a unique destination.

Research Question

The goal of this study is to find out if the Health Tourism could be an opportunity for sustainable development in the French region Grand Est. The motivation to face this challenge is closely related to the booming of Health Tourism currently all over the world. Regional planning and development policy making are crucial for "Health Tourism well-being", therefore, the core of this investigation is to check if the Health Tourism policy shows some positive results after the regional reform of 2016.

Hypothesis

According to the regional presentation of Grand Est in the Superficial literature and media, the Health Tourism is flourished after the regional reform of 2016.

TERMINOLOGY

- The french term thermalism, means medical treatment through mineral springs baths.
- In this work the french term curists, means tourist who needs treatments with mineral springs baths.
- In this work Spa is also meaning resorts where curists take medical treatment through mineral springs baths.

INTRODUCTION

Recently, a new field called “Health Tourism” is growing substantially in academic and practical fields in the tourism industry. Connell (2006) and Smith et al. (2007) describe that global healthcare service has been booming recently. The development of technology has made travel a simple task. Technology advancements made it possible to quickly move big crowds of people to destinations with a variety of amusement options. Currently, people are also going to tourism destinations to get medical attention. Nowadays, People prefer to receive wellness treatments outside of their home country due to its higher quality and costs much less, as their primary reason for traveling is for healthcare, they could be classified as a health tourist. Here, the idea of health tourism takes the form as a result of the healthcare providers extensive possibilities for tourism, shopping, and learning about healthy diets. Furthermore, by 2030, visiting friends and relatives, health, religion, and other purposes will represent 31% of all international arrivals (UNWTO, 2013). Health Tourism is a relatively recent phenomenon that has developed in the last two decades (García-Altés, 2005; Kaspar, 1990; Reisman, 2010). It has had an amazing effect on economic progress, job creation, and prevention of currency leakage, furthermore Health Tourism has been suggested as an opportunity and has developed rapidly, and presently it has been industrialized in which people travel long distances to obtain medical, dentistry, aesthetics surgical, wellness and relaxation services during their holiday. According to industry reports generated by the Global Wellness Institute (GWI, 2017, p. 7), Health Tourism—which is a combination of medical tourism, wellness tourism, and medical-wellness tourism (Spa)—is a booming subsector of general tourism, but, for medical tourism, for example, academics like Connell (2013) dispute this claim. The three components show not only the differences, but also the overlaps, on the ‘illness health- wellness’ and ‘curative-preventative-promotive’ continuum. Health Tourism becoming increasingly relevant in many established and emerging destinations around the world due to its exponentially growth in recent years, it mixes leisure, fun and relaxation together with wellness and healthcare.

Medical tourism, wellness tourism, healthcare travel, and medical value travel are other names for health tourism. Actually, the current shares of health tourism are not very large, but they may play a role in the development of sustainable tourism, place a value on environmental quality, reduce seasonality, adapt supply to a particular need, diversify the

overall tourism offering in the world, and probably have an impact on the relationship with food, taxes, and labour skills.

Sigrist (2006a) predicts that the rise of Health Tourism, often known as the "health" or "prevention boom," will become the new "economic power." This is because there are less restrictions, more opportunities for innovation, adapted policies and a greater emphasis on the wants and needs of the tourists. That is why, the health care market became a significant value creator in terms of GDP and workplaces in economies, despite political attempts to contain health care costs (Sigrist, 2006a).

According to Drouin et al. (2008), the majority of OECD nations will spend more than a fifth of their GDP on healthcare if current trends continue through the year 2050. Furthermore, Health Tourism is important and relevant field for destinations in terms of sustainability, of economic health, societal health and environmental health.

Destination Planning and Policy Supports the Health Tourism sector by providing efficient and adequate policies and strategies adapted on it. Destination planning and policy have a direct influence on tourism destinations such as those focusing on health and well-being as an offer. The decisions made in destination planning and policymaking are therefore very significant and provide long-term guidance for regions and destinations such as health and well-being destinations. Moreover, one of the major tasks of a destination management organization (DMO) is to support and participate in initiatives concerning strategic regional planning. The regional management supports the cooperation and the coordination between local actors (stakeholders) regarding the development and promotion of projects and thus, contributes to positioning the region better in the global market and against competitors (Friedel and Spindler, 2008, p.470). It should be emphasized that different socioeconomic backgrounds and levels of development result in different planning cultures in different country. (Knieling and Othengrafen, 2009, p.43).

Currently, Destinations used various strategies and policies to manage the development of a regions to attract tourists having different interests and needs. One of such strategy is branding a specific thematic regard to tourism like emerging Health Tourism, for example the EU has been laid out in Directive 2011/24/EU on the application of patients' rights in cross-border healthcare (European Union, 2011) which aims to establish rules for facilitating accessibility to cross-border with high-quality of healthcare in the EU. The common Health Tourism policies in the EU at the national and regional level are to guarantee and improve the quality of the health tourism offer, encourage cooperation and coordination between the

actors concerned, create and execute marketing strategies, emphasize regional specialization, establish and amend legislation, distribute efficiently government funds to programs promoting health tourism, and using health tourism as a tools to boost tourism in destinations in the low season periods.

This Project is aimed to analyse and examines the opportunity to develop a sustainable destination through Health Tourism. One of those destinations which relies on Health Tourism as a niche tourism, is the French region Grand Est, especially the “Thermalism” (mineral Springs treatments tourism). Analysing the policies making which is one of the crucial tools for producing a sustainable and a unique Health Tourism destination in the Grand Est region.

The objective of this work is to know if the policies of sustainable development of thermalism deployed by the public authorities in term of legal reform policy of 2016, cross-regional and cross-border policy, investment and growth, reimbursement policy, diversification of thermalism offer policy and research and staff training policy are efficient in the French region Grand Est?

This Master’s Thesis is structured by an abstract, terminology and problem statement at the beginning, following by an introduction that allows the readers to have an overview of the Health Tourism as an opportunity for a sustainable destinations development, and in which the objective of this work is included. Then, the **first chapter** is structured in two subtitles, the first one is for the purpose of having an overview of Health Tourism, the second one it is about the main policies related directly to the Health Tourism sectors.

The second chapter, adopting a geographical approach, explores the market size of Health Tourism at the worldwide, European, French level and finally at the Grand Est region level. Then, in the **chapter three**, the research methodology take place (how the data are collected, which method used to analyse, which paradigm apply...) and it presents the most relevant results obtained from the analysis.

Finally, the Master’s Thesis ends with **the fourth chapter**, which contains a conclusion that includes a critical reflection.

CHAPTER I : LITERATURE REVIEW

OVERVIEW OF HEALTH TOURISM

1.1 Definition

To understand health tourism, at first, it is important to define and understand what Health is. Both the health and tourism industries are part of the concept of health tourism. The World Health Organization's (WHO) definition of health helps in defining the notion of health tourism: *“Health is the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”*. (World Health Organisation/WHO, 1946).

This description fits the broad scope of the health tourism market, which covers the full range from illness to health and wellness and from therapeutic to preventative and then promotional activities in addition to elements of recovering from illness (Hall, 2011).

Although the notion of health tourism is widely accepted, there is still debate among scientists and other professionals about it. The following terms are frequently used when discussing travel based on health-related activities: health tourism, medical tourism, wellness tourism, spa tourism, and medical travel. These concepts are considered by some researchers as independent tourist segments (Carrera & Bridges, 2006; Hume & DeMicco, 2007; Kusen, 2011; Sobo, 2009).

Many definitions exist for health tourism, the following table gives an overview of the different definitions of Health Tourism from different references:

Table 1: Definitions of Health Tourism

DEFINITIONS	REFERENCE (searcher)
Health tourism is the term used to describe all interactions and phenomena resulting from tourist and residence, who is their major goal is to preserve, encourage, and, if necessary, re-establish their corporeal, psychological, and social well-being using health care for who the residence is neither a principal nor permanent where they live or work environment.	Benhacine et al. (2008, p. 36).
Health refers to the state of total physical, mental, and social well-being, not merely the absence of disease or other weakness.	Benhacine et al. (2008, p. 36).
Health tourism is providing of medical services utilizing local natural resources, particularly the climate and mineral water	M. Smith (2015, p. 358).

<p>Health is defined as the degree to which a person or group is able to achieve goals, meet needs, and adapt to or cope with their environment.</p> <p>Health is a positive notion that emphasizes both social and personal resources as well as physical abilities. Rather than being an objective in itself, it is a tool for daily life.</p>	<p>The definition, taken from the World Health Organisation (WHO), and developed in 1984 and cited by M. Smith and Puczkó (2015, p. 206).</p>
<p>Health tourism includes those forms of tourism which are centrally focused on physical health, but which also improve mental and spiritual well-being and increase the capacity of individuals to boost people's ability to meet their own needs, perform better in their environments, and contribute to society</p>	<p>M. Smith and Puczkó (2015, p.206).</p>
<p>Healthcare tourism, according to Goodrich & Goodrich, is the deliberate marketing of healthcare services and facilities in addition to traditional tourist attractions by a tourist institution (such as a hotel) or destination (such as Baden, Switzerland).</p>	<p>Goodrich and Goodrich (1987, p. 217).</p>

Source: Research for TRAN Committee: Health tourism in the EU: a general investigation, p 93

1.2 Health Tourism Taxonomy

Health tourism is the umbrella term for the subtypes: Wellness tourism, medical tourism and Medical Wellness tourism as an overlap of both.

Table 2: Health Tourism taxonomy

HEALTH TOURISM		
Medical Tourism	Medical wellness Tourism	Wellness Tourism
<ul style="list-style-type: none"> in which the emphasis is on modern healthcare facilities such hospitals, clinics, diagnostic centres, and specialty medical centres that principally provide medicine, healthcare, as well as surgeries and treatments. 	<ul style="list-style-type: none"> When medical care and tourism are equally emphasized, as a result, a wonderful combination of programs offering treatment, recovery, and curative applications of natural resources or environmental assets. 	<ul style="list-style-type: none"> n which the attention is on physical, mental, and emotional renewal using "feel good" techniques as body relaxing (for instance, a herbal bath or mud bath), beauty and face treatments, and fitness programs like massage, water exercise, sauna, and thalassotherapy.

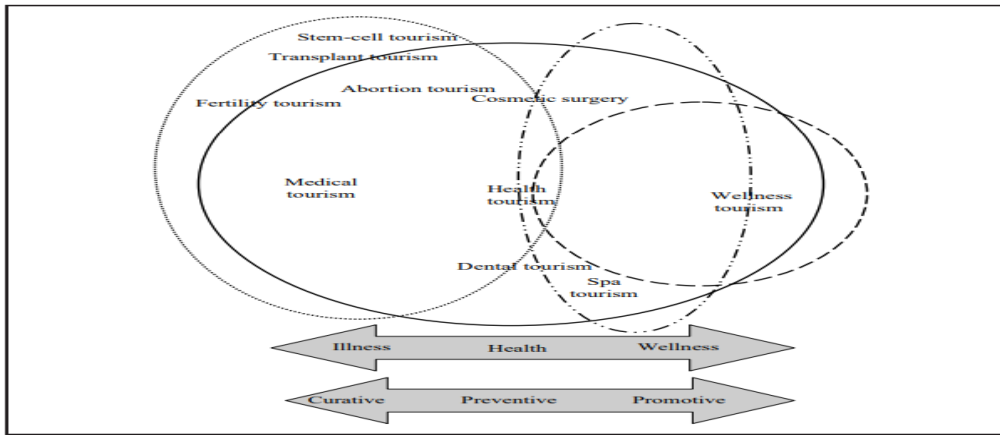
<ul style="list-style-type: none"> • Three things are required from the tourism sector: ➤ Help to arrange all trip plans, as well as all necessary services, to and from destinations. ➤ offering specific tours or activities that are amusing, cultural, or recreational to be practiced as part of the medical program, particularly during the recovery stage, and providing tourist programs to the patient's companions. 	<ul style="list-style-type: none"> • Although all of these activities are carried out under doctor's supervision, independent spas (destination spas, medically oriented spas, or spa resorts) are where most people go to get medical wellness programs (Helmy, 2005). • Based on its exceptional standards in offering innovative therapeutic/curative products, each facility's marketing and promotional efforts promote what is known to as the "Spa Concept" (e.g., weight loss, detoxification, stress therapy, aromatherapy, and thalassotherapy,). (Helmy, 2005). 	<ul style="list-style-type: none"> • The preceding services can be offered as an amenity by a department in a hotel or resort (also known as a resort spa, hotel spa, or spa on a cruise ship), at a day spa in a big city, or at an independent spa. The client of wellness tourism can travel for objectives other than health, such as business, and may not be required to be enrolled in a medical or health program in order to use the resorts' wellness amenities (Helmy, 2005).
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Source: Adapted from Eman M. Helmy.2011

1.3 The overlap in Health Tourism

The Figure 1 below, shows a representation of the medical, spa (medical & wellness) and wellness tourism within the overall context of health tourism and presents them in relation as to the promotion of health to preventative and curative health practices, and the continuums of wellness to illness. It should be stressed that these continuums are ideal relationships and that some categories of medical tourism, such as fertility and abortion tourism are closely connected to issues surrounding terminology like "wellness" and "health tourism" can mask deep ethical and political issues that relate to the control and exploitation of the health.

Figure 1 : the overlap in Health Tourism



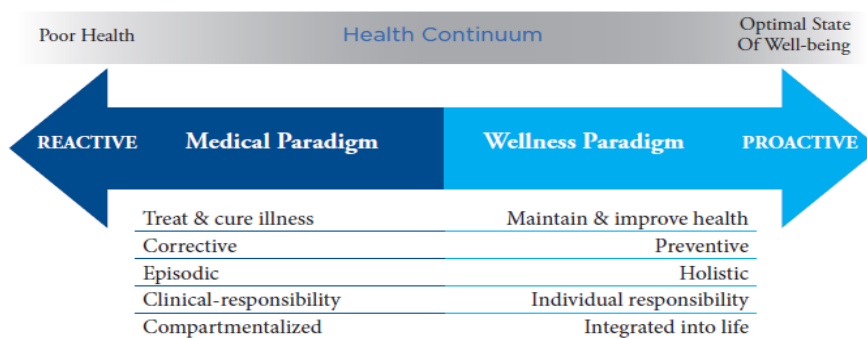
Source: (Hall, 2011). C. Michael Hall, 2011, Health and medical tourism: a kill or cure for global public health, p 8

HEALTH TOURISM POLICIES

2.1 Health continuum

Considering health as a continuum that goes from illness to a state of optimal wellbeing is one approach to understand wellness. On the one hand, sick patients use the medical paradigm to treat their illnesses; they interact reactively and periodically with healthcare providers like doctors and clinicians. On the other hand, proactive prevention and maximizing vitality are the main worries of individuals. They adopt behaviours and attitudes that promote health, fight off sickness, improve quality of life, and make them feel better about themselves. In other words, wellness is motivated by self-responsibility and is proactive, preventive, and intentional. The expansion of this consumer value and worldview is what has led to the rise of wellness. The modern concept of wellness is introduced in the 1970s by Dr. Jack Travis, one of the pioneers of the modern wellness movement, in his “Illness-Wellness Continuum”.

Figure2: Health continuum model



Source: Global Wellness Institute, The Global Wellness Tourism Economy (2013-2014), P 11

According to the GWI (Global Wellness Institute), wellness and health are understood mostly, in popular usage as anything that makes someone feel good and healthy. Unlike these popular meanings of "health" the World Health Organization defines: "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" UNWTO.

This definition coincides with the continuum concept of Dr. Jack Travis 'Illness-Wellness Continuum' which started from proactive preventive health (wellness) to reactive curative health (Medical) by going through SPA (medical-wellness). In addition, social wellbeing is an important component to achieve the optimal level of wellbeing, quality of life of a person in the social and environmental context.

2.2 Health care system

Healthcare is the entirety of society's organized and unorganized, private and public, funded and unfunded, efforts to ensure, provide, finance, and promote health.

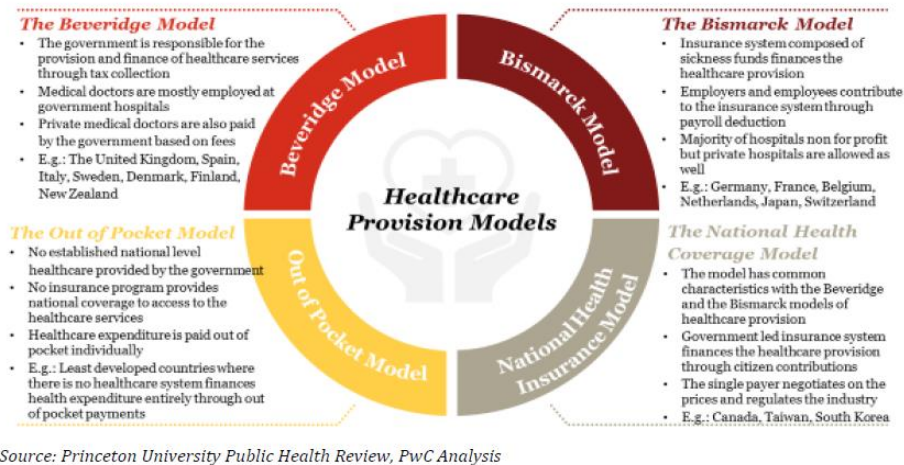
Health care includes measures, activities, and procedures for preserving and enhancing people's health, as well as rights and responsibilities acquired through health insurance.

The healthcare system is related to the economic situation, educational, and political system of the issuing country, and due to deficiencies in one or more of these sectors, it is possible to state that not all nations have a developed healthcare system.

Theoretically, there are four models that can be used as a guide for developing a nation's healthcare system, The Beveridge Model, The Bismarck Model, The National Health Coverage Model and The Out-of-Pocket Model.

The four models can vary from the theoretical framework in practice in each country, but most nations use these models as a starting point to develop their own unique healthcare delivery models.

Figure 3: The Four Healthcare Models



The healthcare models offer individuals, families and communities health care which consists of a combination of promotional, protective, preventive, diagnostic, curative and rehabilitation measures.

In this study, the healthcare system is analysed as a policy for the development of health tourism in France and especially in Grand Est region regarding the development of its thermalism.

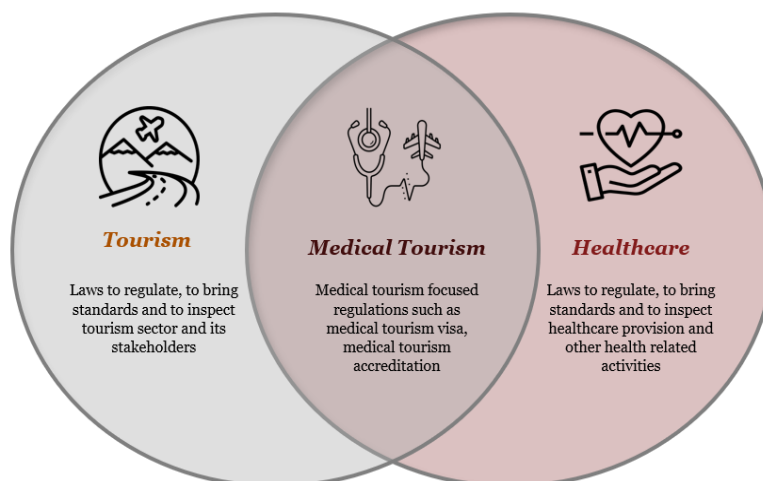
In France, the healthcare model adopted is The Bismarck Model. This model exit since 1883, the Germany Social Legislation and National Health Insurance Plan for Workers, which Otto von Bismarck, the German Chancellor, created, served as the basis for the Bismarck "mixed" model. In addition to Germany, countries including the Netherlands, Belgium, France, Austria, Switzerland, Luxembourg, Israel, Japan, Central and Southeast European (CSEE) countries, and former Soviet Union (FSU) countries also have social/mandatory insurance that is primarily financed by contributions.

Among the long list of pathologies that are reimbursable by the Healthcare system in France, there are different pathologies treated in thermal baths are taking into consideration by the healthcare system, and becoming more and more reimbursable, precisely the pathologies that are related to the elderly who are mostly retirees. In 2019, according to the National Council of Thermal Operators (CNETh), the French thermalism attendance began to decline and that is due to the decline in power purchase of curists who retirees are mostly, and this decrease in the number of spa guests in thermal baths in France is due to the increase in the CSG (Generalized Social Contribution) in their retirement.

2.3 Legislative structure model

All countries apply a set of laws to maintain order and prevent social unrest, regardless of their governing structure or economic standing. All nations generally define the main economic activity areas and government tasks in accordance with their governance model in addition to defining penal codes and civil rights. From this approach, it is possible to state that not all nations are anticipated to have specific codes on the sector when it comes to medical tourism. Although, the health and tourism sectors are often governed by distinct legislation, as a result, the overall legislative framework for medical tourism can be defined as being influenced by the intersection of legislation governing health-related and tourism-related activities, unless a country has established a special medical tourism-related legislations or regulations.

Figure 4: legislative structure of health tourism model



Source: comcec, Developing Medical Tourism in the OIC Member Countries-p65

Countries that adopt a specific medical tourism strategy also create a legal framework for the activities. In the context of this particular framework, implementations like medical tourism visas and medical tourism accreditation attributed to qualified healthcare professionals and intermediary agencies, are seen among the nations with a medical tourism approach; in addition to healthcare regulations and the tourism components of medical tourism, are almost always present in all countries. The legislation impacts directly or indirectly the health tourism sector, which is a mix of tourism and health. Legislation has an important role in this sector because it will not only apply the laws at the national or regional level within the institutions, the tourist and medical establishments but it is there to protect the tourist himself either from his country or to the country of destination by protecting their rights and clarifying their obligations.

CHAPTER II : HEALTH TOURISM MARKET

This chapter will explore the Health Tourism market in general and in particular the Health Tourism in the Grand Est region which represents the core of this research study.

Here, the geographic approach is used in this study to investigate firstly, the global Health Tourism market related to its size and trends, the second step, the Health Tourism in Europe and France regarding the policy and the economic situation, and finally, the Health Tourism in the region Grand Est which is the subject of the research question in terms of regional development policy and its innovative pilot project Grand Nancy Thermal.

1 HEALTH TOURISM MARKET WORLDWIDE

The global market for health tourism is characterized as one of the most lucrative and most competitive sectors of the tourism industry today. Governments at the national level are interested in utilizing the financial benefits this business has to offer. More people are traveling for health reasons as a result of the ongoing growth of global tourism. Flows have been facilitated by accessibility, inexpensive travel and easily accessible information online. It is difficult to predict the size and development of the health tourism sector due to insufficient, fragmented, and frequently incorrect data as well as different definitions of health tourism and its components. Related to some industry estimates, the market for medical tourism (Patients Beyond Borders) is worth between USD 45.5 billion and USD 72 billion, or USD 100 billion (UNWTO). According to Data Bridge Market Research, the global health tourism market is growing and will maintain the growth of 15.55% in the forecast period of 2022-2029, the market size value is going to reach approximately USD 1,216.63 Billion by 2029 (Data Bridge Market Research Analysis 2022), that shows the market of Health Tourism is a great opportunity for economic development of a destinations.

Figure 5: Global Health Tourism Market – Industry Trends and Forecast to 2029



Source: Data Bridge Market Analysis study 2022

2 HEALTH TOURISM IN EUROPE

- **European policies**

The European Union's Directive 2011/24/EU on the application of patients' rights in cross-border healthcare establishes a portion of the legal framework for health tourism (or cross-border healthcare, to be more specific) (European Union, 2011).

The European Union's Directive 2011/24/EU, which has become effective on April 24, 2011, aims to establish regulations for facilitating access to high-quality, secure cross-border healthcare, to ensure patient mobility in accordance with the standards established by the European Court of Justice, and to encourage member states' cooperation in the healthcare sector. Institutions and patient reimbursement are the three main focus areas of Directive 2011/24/EU, together with national contact points and cross-border cooperation (e-health and European reference networks).

There is a various tourist policies at the level of the European Union members that highlight health tourism as a strategic tourism product, a priority, a subject area, an investment opportunity, etc.

Countries like Albania, Andorra, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Estonia, Hungary, Ireland, Latvia, Lithuania, Macedonia, Monaco, Montenegro, Poland, Portugal, Romania, Serbia, Slovenia, Slovakia, and Turkey have always recognized the importance of this sector in terms of tourism in their national tourism policies.

The main of the strategies have recurring ambitions and/or actions on Health Tourism in current and candidate EU member states are:

- Assuring the overall quality of health tourism, by including wellness and medical facilities, services and personnel's along with recreation and accommodation offer.
- Strengthening regional and national collaboration between providers of accommodation and leisure services, healthcare and wellness centres, and several other public and private actors.
- Developing marketing programs to promote health tourism with the ultimate goal of attracting more visitors through the use of printed materials and print advertisements, electronic promotion, workshops and congresses, ambassadors and facilitators, collaborations and networking, and the development of a corporate identity for health tourism.
- Focus on regional specialisation: determining the areas that should specialize on health tourism or particular subsectors thereof, resulting in specialization and distinction.
- create and adjust legislation of health tourism areas.
- Financing for health tourism or one of its three subsectors by the government and making efforts to get money for health tourism projects from the European Union, in France, for example, the Grand Nancy Thermal project goes through a large investment, and its financing

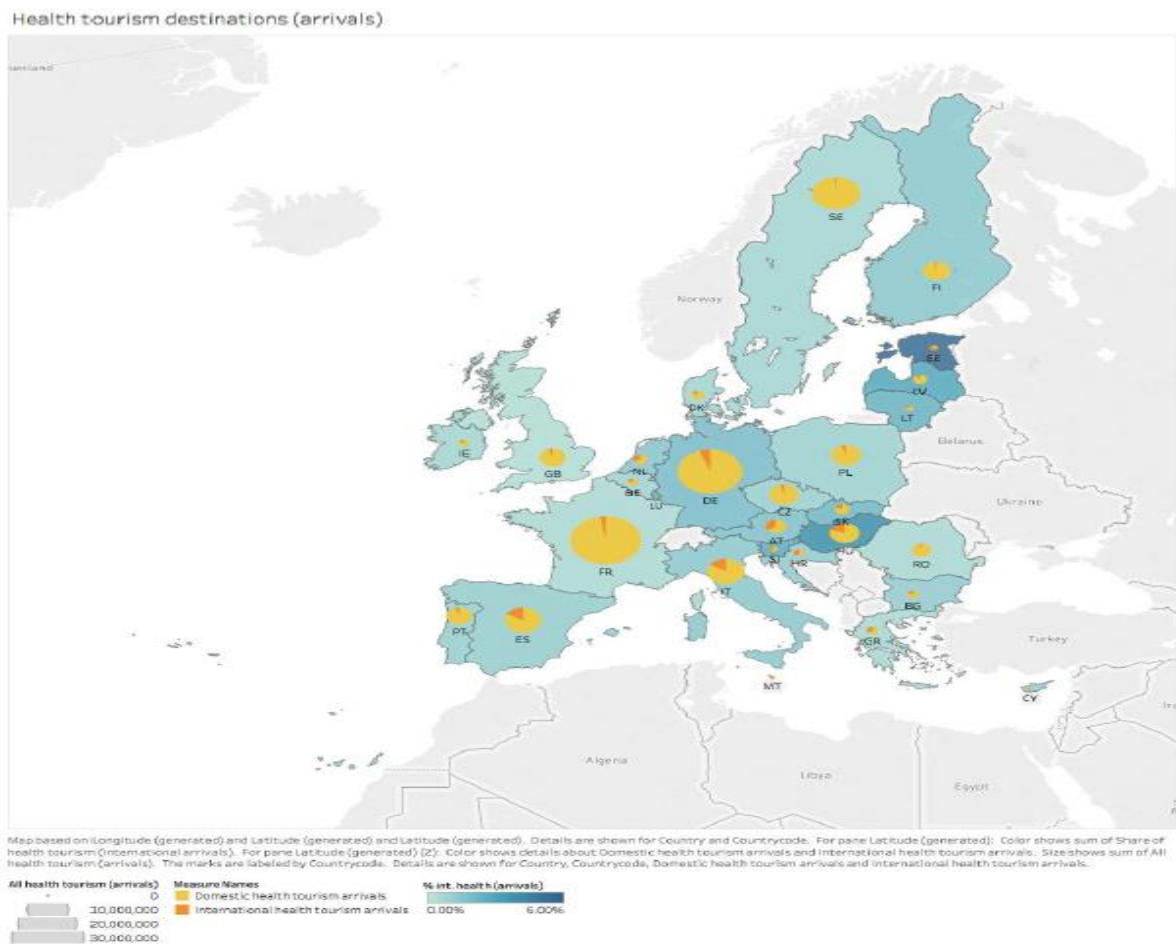
which represents 98 million euros financed by the French public authority with more than 80 million euros and the contribution of the private sector with 18 million euros.

- identifying the opportunities and actions essential to allowed Health Tourism to stimulate tourism in the low season by creating special offers during the winter and by ‘creating a diversity of offer suitable for year-round.

- **Health tourism market size in EU**

According to the Expanded Health Tourism database, there were 61.1 million health-tourism arrivals in the EU28 in 2014, including 56.0 million domestic arrivals and 5.1 million international arrivals (from all over the world).

Figure 6: Health Tourism destination arrivals in EU -2014



Source: Health tourism in the EU: a general investigation p.29

Both the specific share of general tourist arrivals from outside the EU28 and the precise share of health tourism arrivals from outside the EU28 are unknown. But given that arrivals from outside the

EU25 (including Norway, Switzerland, Bulgaria, and Romania) only made up 6% of all arrivals in 2000, this share is probably not very significant (P. M. Peeters, van Egmond, & Visser, 2004).

Health tourism is considered to meet the same general economic, trip time, travel cost, and attraction rules as general tourism, therefore there is no reason to believe that this (6%) statistic would necessarily be different.

According to Table below, 4.3% of all EU28 arrivals, 5.8% of domestic arrivals, and 1.1% of international arrivals make up the entire health-tourism market (international plus domestic travel).

Table 3: size of Health Tourism arrivals in EU-2014

	All trips	Domestic	International
Total trips (million)	1,361	900	461
Health tourism trips (million)	61.1	56.0	5.1
Health tourism share of total trips (%)	4.3	5.8	1.1

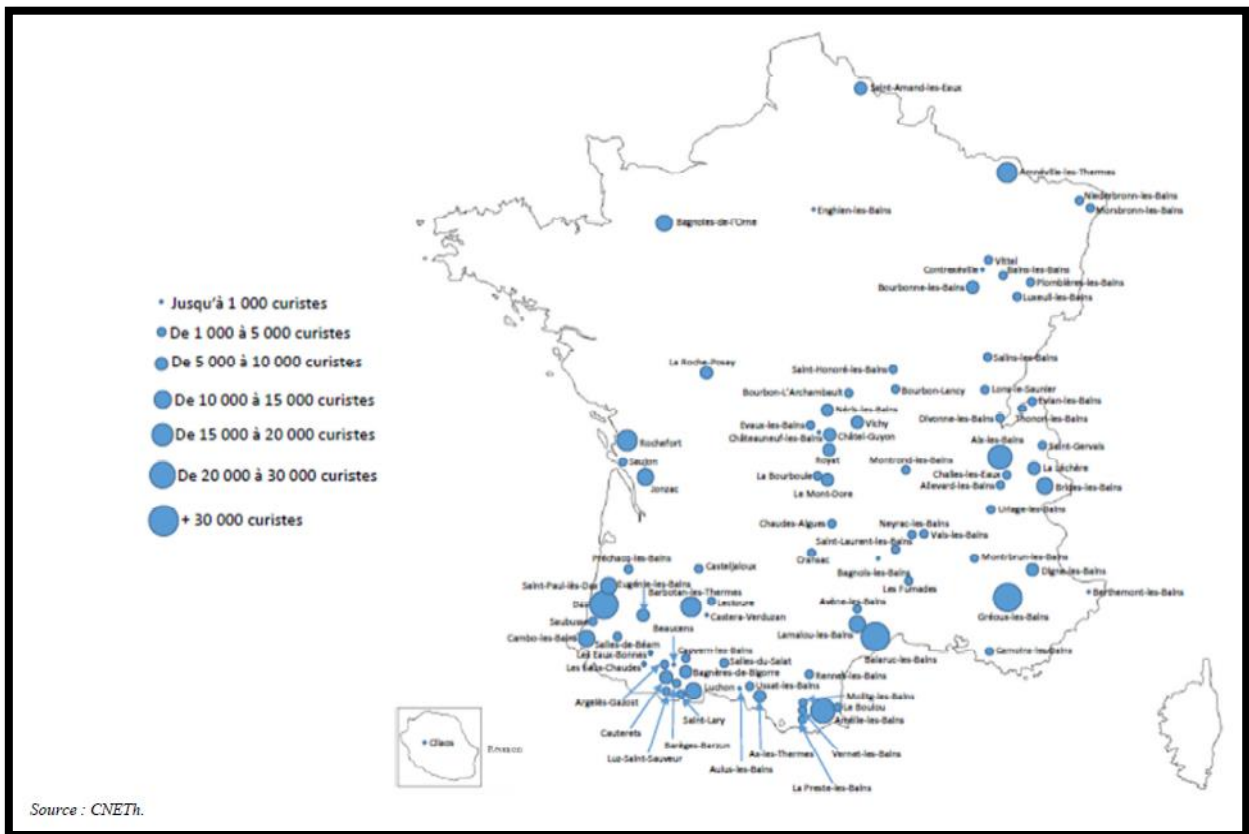
Source: Health tourism in the EU: a general investigation p.27 and [UNWTO \(2016b\)](#)

3 HEALTH TOURISM IN France

- **An essential sector for the economy**

Thermalism is a very old economic activity whose geographical contours essentially froze in the second half of the 19th century. Practiced since antiquity, brought back into vogue at the end of the 19th century, with the development of thermal resorts, then medicalized in the 1950s, Health Tourism is considered as a sector in its own right of the French tourist offer. The thermalism sector is made up of 97 establishments spread over 88 spa resorts mainly located (80%) in three major spa regions (Occitanic, Auvergne-Rhône-Alpes, New-Aquitaine). They receive approximately 580,000 spa guests for 16 million nights in commercial accommodation. These figures make France the third European country in terms of spa supply and attendance.

Figure 7 distribution of thermal baths in France



Source: CNETH

Most of thermal baths are established in rural or mountain towns, 71% of which have less than 5,000 inhabitants, thermalism has essential global economic benefits for these fragile territories. They are estimated in 2019 at €4.9 billion for nearly 26,000 jobs (ETP), including €499 million in turnover for 6,600 direct jobs (ETP). Expenditure by spa guests in the resorts (accommodation, catering, leisure) is estimated at €1.2 billion, i.e. €47/day for spa guests and €51 for accompanying persons. Finally, 60% of the expenses of the thermal entities are made with local suppliers, including a third in their municipality of establishment.

Over the last decade, the French thermalism attendance increased by 17%, then began a slight economic decline in 2019, due to exceptional closures of establishments and, according to the National Council of Thermal Operators (CNETH), is due to the decline in power purchase of spa guests who are mostly retirees, and this decrease in the number of spa guests in thermal baths is due to the increase in the CSG (Generalized Social Contribution) and postponement of the revaluation of pensions.

The French thermalism economic model is mainly based on medical cures and is mainly aimed at senior customers. If the demographic curve make it possible to envisage a trend increase in the number of curists in the coming years, the evolution of the purchasing power of retirees and the

methods of taking charge of cures by the Health Insurance will be determining factors of the attendance.

As a policy, the spa establishments will also have to compete with low-cost spa destinations (Mediterranean basin, Eastern Europe), top-of-the-range spas in Germany or Luxembourg and therefore win over new clienteles, younger, more family-oriented and more local.

The direct management of establishments by local authorities (particularly the boards, which represent 16% of establishments) has also shown its limits, placing the financial burden of the crisis on the finances of the authorities. Finally, in 2021, recruitment difficulties, in particular for paramedical staff and spa doctors, have brought the question of training and the attractiveness of the spa professions back to the fore.

4 HEALTH TOURISM IN GRAND EST

4.1 Presentation of Grand Est region

The region of Grand Est is a geographical concept often used in France to designate the regions of the northeast quarter of the country (France).

Although not clearly delimited and not traditionally corresponding to any administrative entity, until 2016, the French Grand Est generally included the former administrative regions of Alsace, Champagne-Ardenne, Lorraine. With more than 5.5 million inhabitants or 8.4% of the French population in a vast area of 57,441 km² and a strategic position in the heart of Europe Profoundly European.

The Grand Est is an attractive region at the heart of Europe, sharing borders to the North and East with Belgium, Luxembourg, Germany and Switzerland and, to the West, with Paris and Ile-de-France. This unique geographical position, connected to the European megalopolis, makes the Grand Est appealing and accessible to international markets, ranking it among the top five French regions most sought-after by foreign investors. Its dynamic domestic market, the close proximity of a Northern European clientele with high spending power and the presence of the Ile-de-France trade area just a stone's throw away make this a choice area for investment and project development in a wide variety of sectors.

Figure 8: Grand Est region and its border European countries.



Source : CALL FOR PROPOSALS For sustainable tourism in the Grand Est (France).p 2

Ardennes, Aube, Bas-Rhin, Haute-Marne, Haut-Rhin, Marne, Meurthe-et-Moselle, Meuse, Moselle and Vosges are the 10 departments of the Grand Est region. The potential for growth and appeal in this area is enormous. The region is ranked first nationally for its agri-food and agricultural products (1st regional employment) and for the number of jobs in the wood sector, with about 80% of its land devoted to agriculture and forestry.

4.2 Grand Est attractiveness

The tourism attractiveness of the Grand Est region is based on 6 brands

- Thermalism and Well-being.
- Nature tourism (ecotourism, sports and leisure and nature)
- Itinerant tourism (bicycle routes, greenways, river, equestrian, etc.)
- Heritage and cultural tourism (crafts, urban tourism, economic discovery, etc.)
- Memory tourism (historical sites related to first and second world wars)
- Wine tourism and gastronomy

Limitation: this work is limited to Thermalism and Well-being, especially the policy of sustainable development of Health Tourism in Grand Est region.

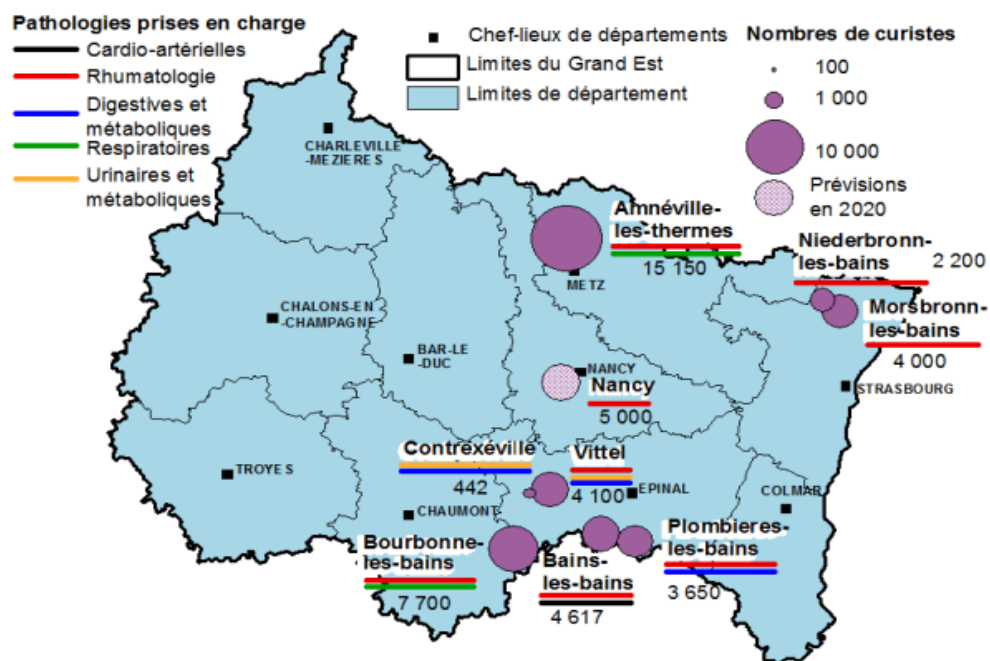
4.3 Thermalism in the Grand Est region

The Grand Est is one of the top thermal regions of France. Eight (8) resorts welcomed more than 43,000 spa guests in 2016, pending the creation of a ninth resort by 2023 (Grand Nancy Thermal).

The 8 resorts of the Grand Est are united within the Thermal and Climatic Federation FTC. A Thermalism resolutely turned towards care, with the desire to modernize, drawing inspiration from German examples, very focused on well-being.

Spas vary in size (they welcome from less than 500 spa guests/year to more than 15,000). The Grand Est region is ranked 5th in terms of attendance in the 11 new regions with resorts.

Figure 9: thermal baths in the Grand Est region



Source : Fédération Thermale du Grand Est ; réalisation ORS Grand Est

Source: ORS Grand Est

- **Thermal baths by locality and medical indication in Grand Est**

Table 4: Thermal baths in Grand Est region by locality and medical indication

Thermal baths	Local community	Medical indication	Spa guest 2019- FFCM
RURAL LOCALITIES			
AMNEVILLE-LES-THERMES	Amneville 10416 Inh	Rheumatism respiratory tract	16123
BOURBONNE-LES-BAINS	Bourbonne-les-Bains 1 977 Inh	Rheumatism respiratory tract	7729
BAINS-LES-BAINS	Bains-les-Bains 1225 Inh	Rheumatism respiratory tract	5274
VITTEL	Vittel 4 832 Inh	Urinary infection Rheumatism Digestive disorders	4937
MORSBRONN	Mors Bronn-les-Bains 684 Inh	Rheumatism	4890
PLOMBIERES-LES-BAINS	Plombières-les-Bains 1604 Inh	Digestive disorders Rheumatism	3911
NIEDERBRONN	Niederbronn-les-Bains 4381 Inh	Rheumatism	2513
CONTREXEVILLE	Contrexéville 3190 Inh	Digestive disorders Digestive disorders	478
URBAN LOCALITIES			
GRAND DNANCY THERMAL	Nancy 105 058 Inh	Starts 2023	Starts 2023

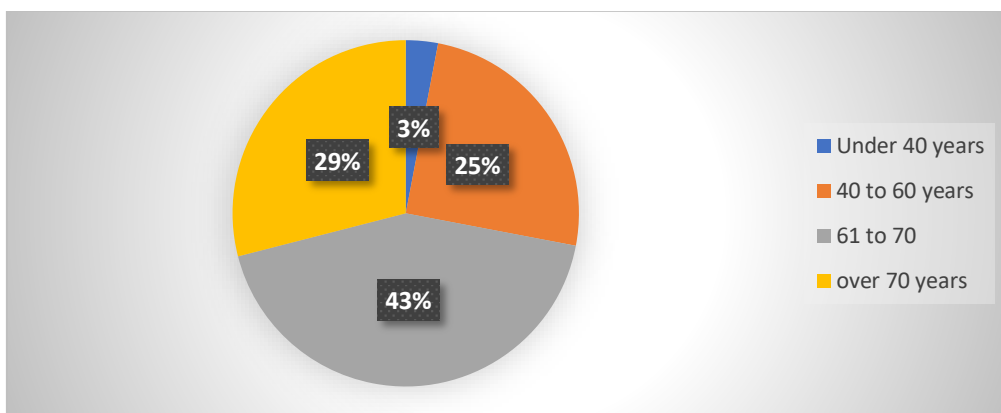
Source: own illustration

In 2016, it welcomed 43.448 spa guests out of 588.208 nationwide and cover several therapeutic orientations (rheumatology, respiratory affections, urinary affections and metabolic diseases, digestive conditions and diseases metabolic, cardio-arterial diseases, 78,2 % of cures are oriented to Rheumatology, followed well behind by the respiratory tract with 7.6%. (Fédération thermal du Grand Est 2017).

- **Demography of Thermalism**

At the end of September 2017, nearly three quarters of spa guests residing in the Grand Est were over 60 (72%) and women were in the majority (61.7%).

Figure 10: Spa guest types in Grand Est



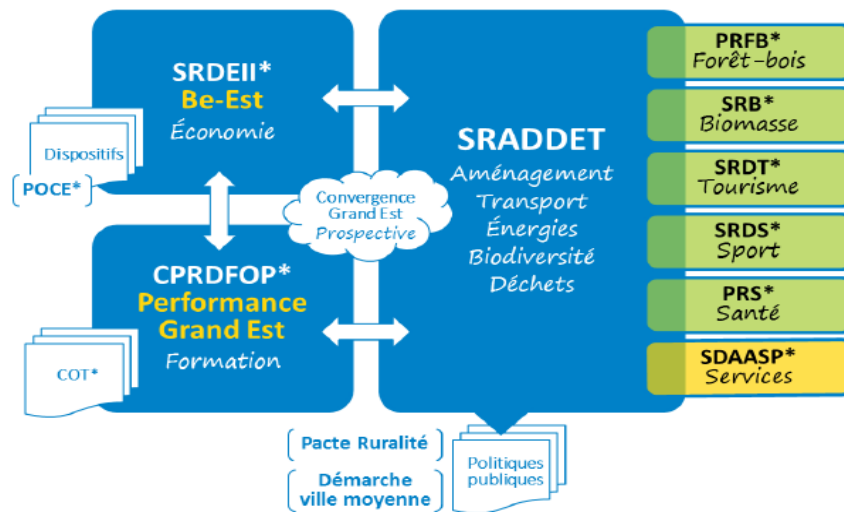
Source: adapted from La médecine thermal 2017(Assurance Maladie).

In 2015, the Region had 1.379.069 people aged 60 and over (24.8% of the population), including 317.322 over 85 years (5.7% of the population). Changes in life expectancy are expected to increase the number of over-60s by a third by 2030 (Insee2015); from this data, the Grand Est region has an opportunity for the development of thermalism in terms of the Spa guests.

- **Health Tourism development policy**

After the original reform of 2016 prescribed in the law n°2015-991 the regional public organizations related to the sustainable Planning and Development policy are Illustrated in schema below.

Figure11: Organizations related to sustainable planning and development in Grand Est region



Source: SRADDET version projet, diagnostic territorial du Grand Est, synthèse de l'état des lieux et enjeux

This figure also shows the various institutions and their articulation and cooperation. This work is mainly focused on SRADDET (Regional Plan for Planning, Sustainable Development and Equality of Territories and its subdivision SRDT (Regional tourism development plan). These two organizations are the core of the regional development policy. The sustainability is assured by the cooperation with the rest institutions and the totality of the stakeholders in the region.

To develop an opportunity for Health Tourism in the Grand Est region, the authorities invested considerable effort towards the development of this destination.

The Ambitions development policy in term of Health Tourism is translated into action creating the flagship project the Grand Nancy Thermal. This project brings together: Wellness tourism, Wellness medical tourism, medical tourism and Aqua-Leisure.

The inauguration date is set for 2023, such as project requires a bundle of policy competencies in term of:

- Development policy and sustainability
- Reimbursement policy
- Mixing Aqua-Leisure and Health Tourism policy
- Cross Regional and cross-border policy
- Research and staff training in Health Tourism policy
- Investment policy

Those are the development policy Dimensions to investigate in this study.

CHAPTER III: ANALYSIS

1 ANALYSIS METHODOLOGY

This chapter aims to identify and specify the adapted methodology used to collect, to generate and to analyse information and data about this topic. The right methodology selected is important to strengthen the reliability of the methods and the validity of the results. Thus, the selected methodology allows a critical evaluation of how the data are gathered and analysed.

1.1 Research design

1.1.1 paradigm framework

The basic assumptions to answer the research question related to the policy development efficiency of Health Tourism in the region Grand Est are:

- **Constructivist paradigm** (this paradigm claim that knowledge is constructed by people own experiencing, understanding and reflecting the reality).
- **Correlation** (the connection between policy development and Health Tourism in Grand Est is interpreted in a no-causal way).

1.1.2 Data gathering

To evaluate the policy development efficiency of Health Tourism in the region Grand Est, the data selected and collected for this subject are based on the following two different types of data:

- **Secondary data:** collected from available sources in internet (INSEE, FFCM, SRADDET, SRDT...)
- **Primary data:** collected by the author, based on:
 - **Questionnaire:** structured online questionnaire realised on Google Forms sent to tourism and thermalism professionals in the Grand Est region and France (40 of public, private organisations and federations) in order to cover different perspectives regarding this subject. The evaluation is based on 7 of the participants. Date limitation of the questionnaire is 18/08/2022.
 - **Interview:** Semi structured interview, realised with Mr. Jean Pierre GROUZARD, an expert in Health Tourism in France, president of the FFCM (French Federation of Medical Curists. The interview was conducted vis the social media Facebook Messenger. The interview was recorded and transcript.

1.1.3 Ethics

- Asking permission for recording the interview.
- Confirming consents.
- Ensuring confidentiality and privacy.
- Masking identities for the questionnaire.

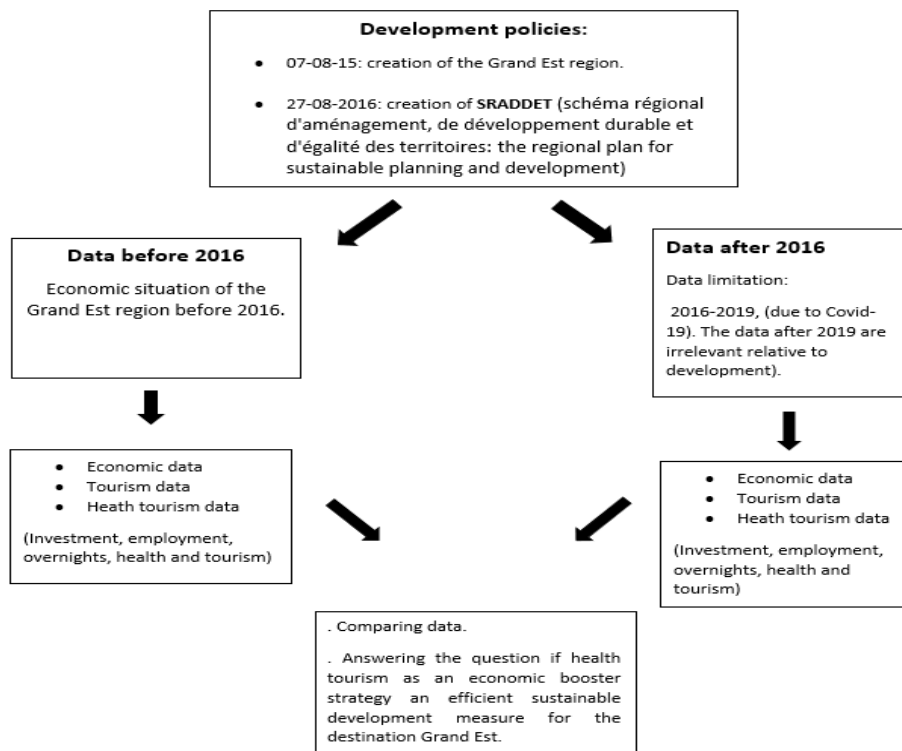
1.1.4 limitations

- The investigation framework to answer the research question is limited to the development policy in the Grand Est region (development policy, reimbursement policy, amalgamating of aqua-leisure and Health Tourism policy, cross-regional and cross-border policy, research and stuff training policy, investment and growth policy).
- Data after 2016 up to 2021
- Data before 2016 since 2008

Data analysis methods

➤ Secondary data analysis method

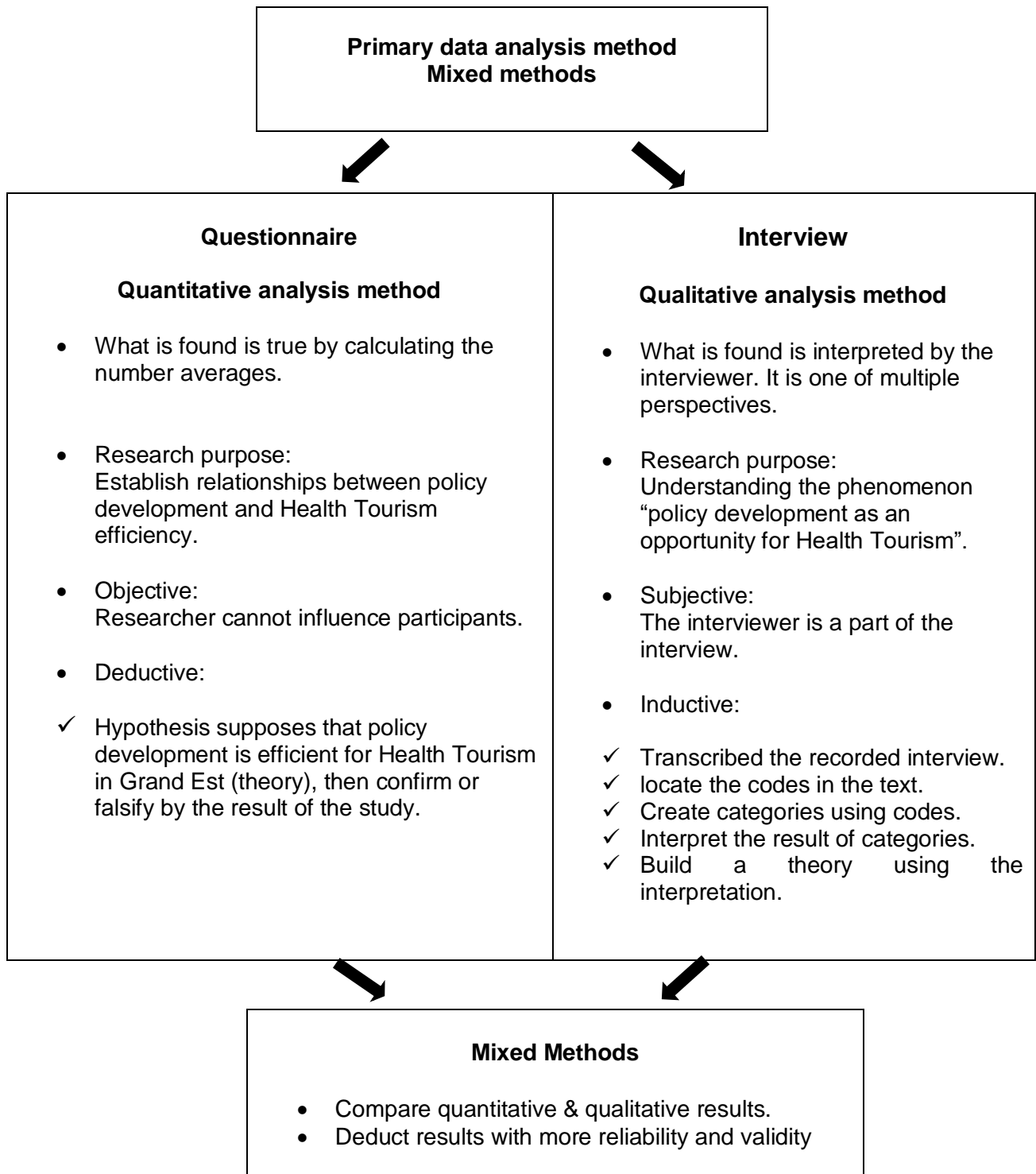
Figure 11: Secondary data analysis method



Source: developed by the author

➤ **Primary data analysis method**

Figure 13: primary data analysis method



Source: developed by the author

2 ANALYSIS AND RESULTS

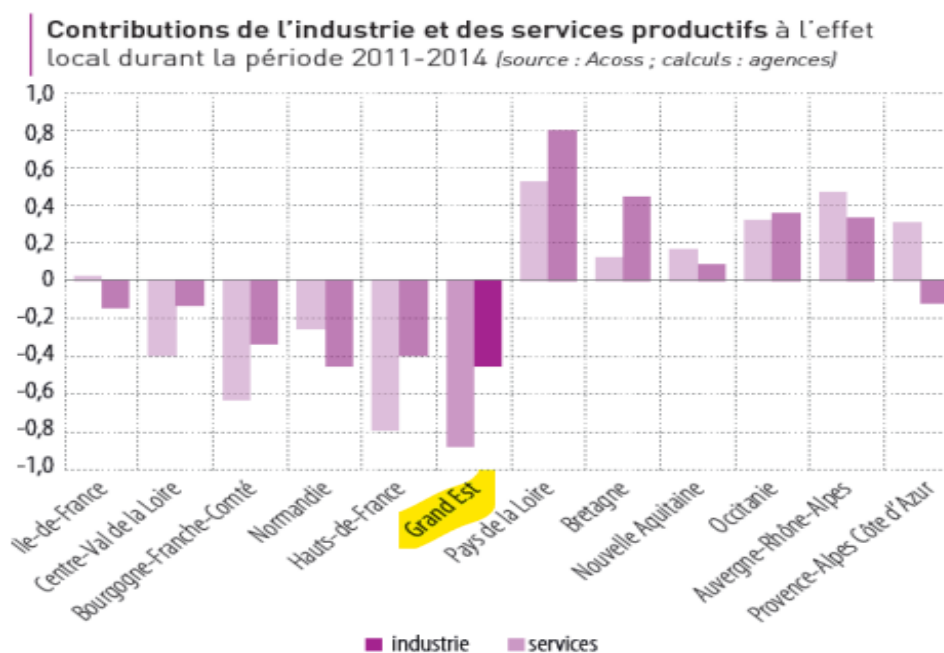
2.1 Secondary data analysis

2.1.1 Data of Grand Est before 2016

- **Economic situation of Grand Est before 2016**

a) industry and services:

Figure 14: the decline of industry and services in the region Grand Est (2011-2014)



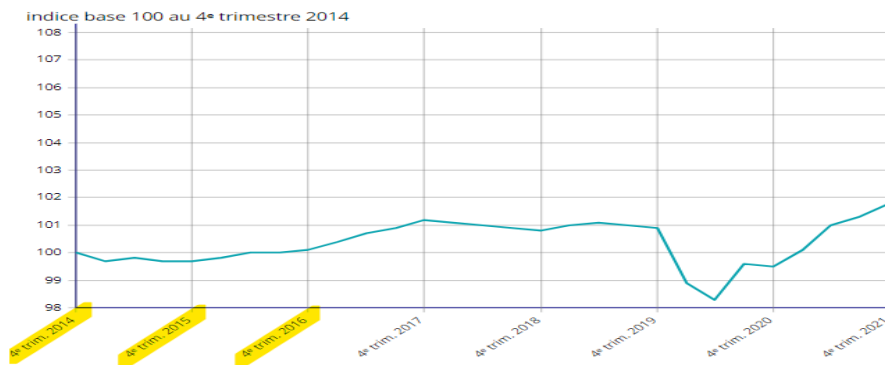
Source : SRDEII Région Grand Est-Livret 5 – Diagnostic régional et Enjeux p.81

The Grand Est region lost a considerable number of jobs between 2008 and 2014 due to its macro-economic environment structure. The deterioration of the economy of the territories of the Grand Est region is the highest among the other regions of France.

This explains the necessity for an economic development program for this region, that is why the French authorities have created the regional plan for sustainable planning and development SRADDET (Schéma Régional d'Aménagement, de Développement Durable et d'Égalité des Territoires/ regional plan for development, sustainable development and territorial equality) in 2016.

b) Employment

Figure 15: employment evolution in the Grand Est region 2014-2016



Source: employment estimates; quarterly estimates, Insee.

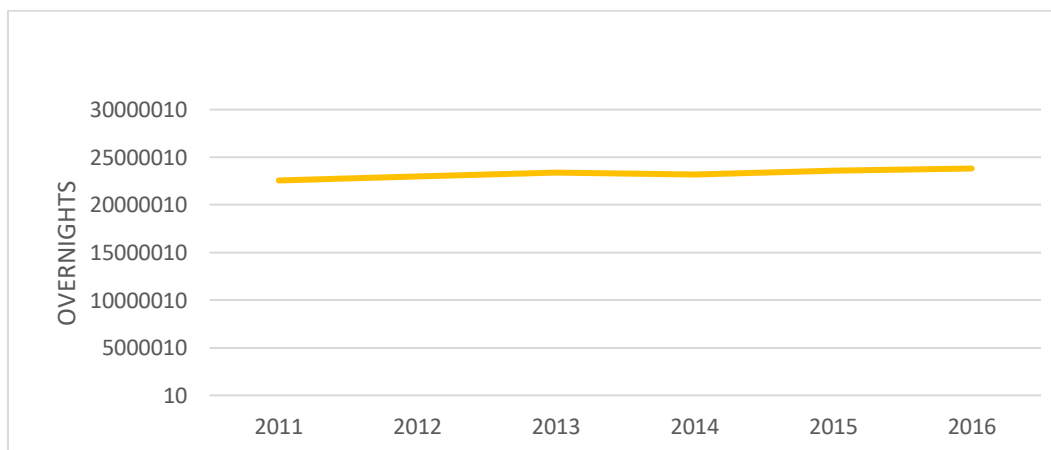
<https://www.insee.fr/fr/statistiques/2121812>

Employment is an important indicator for the economy and the society situation for destinations. In our case, we study the employment in the region Grand Est before the legal reform of the destination GE (2016), and from the results obtained, the employment in this destination for this period has declined from 2014 to the 3rd quarter of 2016. Then, the Grand Est destination has a low employment rate.

- **Tourism in Grand Est region**

- **overnights**

Figure 16: Overnight stays in the Grand Est region 2011 to 2016



Source: elaborated by the author, based on Source: DGE-INSEE. Diagnostic and perspectives Grand est p119

The overnight stay figures in the Grand Est region before the legal reform of 2016 were between 22.5 and 23.8 million with an increase of 0.13 million. And from the graphical, the evolution of the numbers of overnight was very low. There was no remarkable evolution in the number of overnight stays in the Grand Est region before the 2016.

- **Thermalism in the Grand Est region**

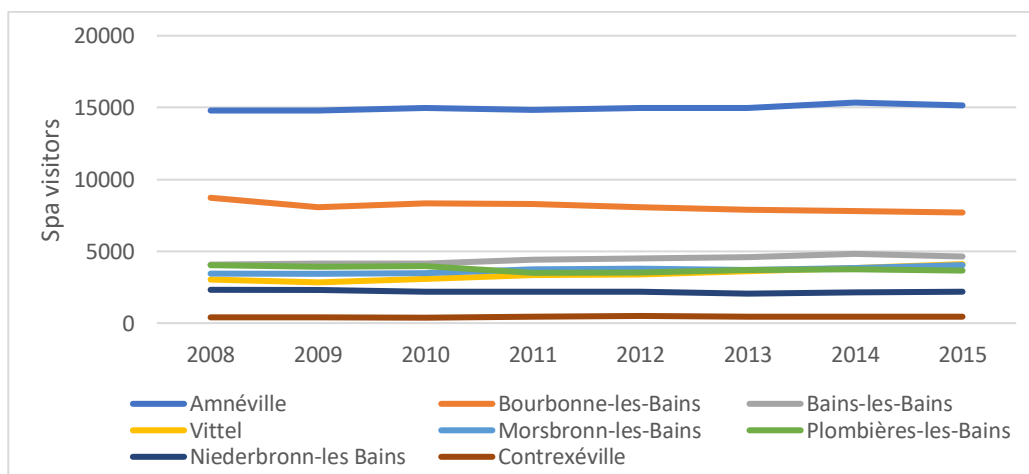
Table 5 : Evolution of curists numbers in 8 thermal baths Grand-Est region 2008-2015

	2008	2009	2010	2011	2012	2013	2014	2015
Amnéville	14 806	14 795	14 959	14 845	14 974	14 898	15 349	15 145
Bourbonne-les-Bains	8 723	8 069	8 317	8 278	8 085	7 909	7 800	7 698
Bains-les-Bains	4 072	4 127	4 134	4 393	4 483	4 608	4 820	4 617
Vittel	3 043	2 836	3 072	3 333	3 382	3 614	3 854	4 106
Morsbronn-les-Bains	3 444	3 454	3 474	3 755	3 801	3 689	3 838	4 037
Plombières-les-Bains	4 033	3 908	3 946	3 497	3 509	3 681	3 765	3 651
Niederbronn-les Bains	2 299	2 307	2 204	2 200	2 188	2 051	2 137	2 185
Contrexéville	411	423	379	442	500	448	452	442
Total	40 831	39 919	40 485	40 743	40 922	40 898	42 015	41 881

Source : SETV

Source : RAPPORT D'OBSERVATIONS DEFINITIVES Société d'Economie mixte des Thermes de Vittel

Figure 17: Evolution of the number of Spa visitors in 8 thermal spas Grand-Est region 2008-2015



Source: elaborated by the author, based on SETV data

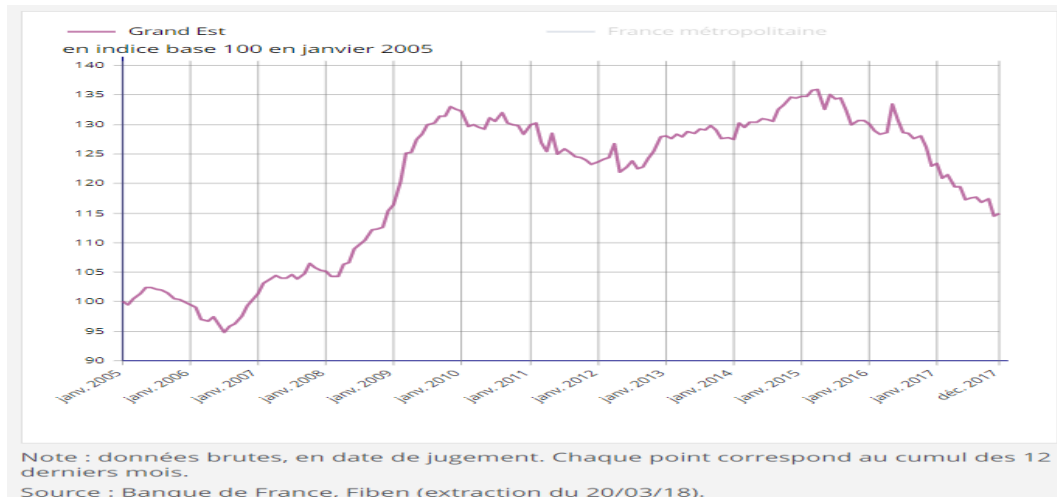
According to the figures giving by the SETV (La société d'économie mixte des thermes de Vittel), the Numbers of Spa Visitor in 8 thermalism spas in Grand Est region has experienced a small increase about 2.5% of Spa visitors from 2008 to 2015.

2.1.2 Data of Grand Est after 2016

- **Economic situation of Grand Est after 2016**

- a) **Investment:**

Figure 18: Evolution of business failures in the Grand Est region



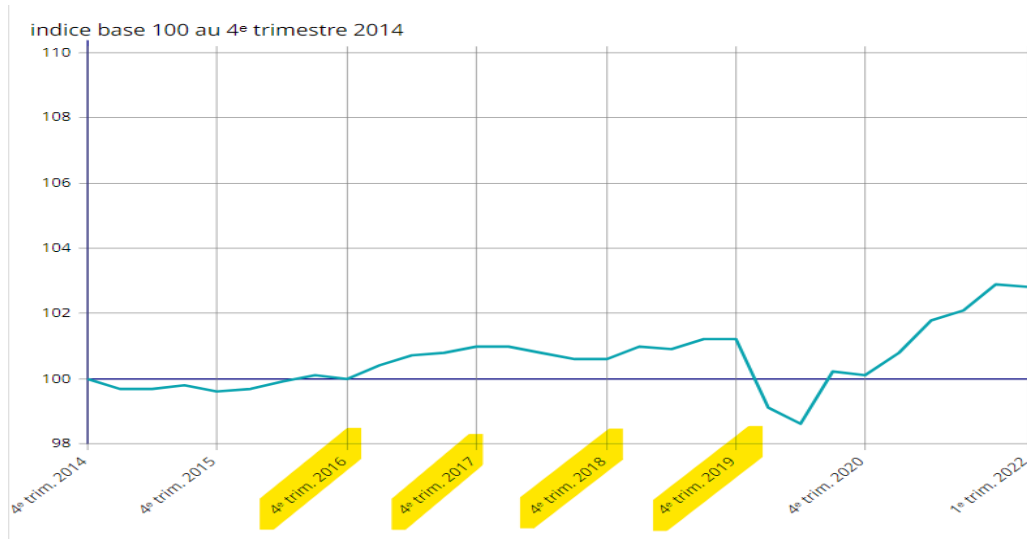
Source: INSEE, statistics based on Banque de France, (extraction du 20.03.2018).

In 2017, the Grand Est region recorded 4,150 business failures, a decrease of 6.5% compared to the previous year. It is in the trade, transport, accommodation and catering sector that the number of legal proceedings decreased the most in volume (-180). It also fell back sharply in construction (-15%, or -154). Business failures are on the rise in the industry sector alone (+3.2%).

At the national level, the number of bankruptcy filings stands at 53,140, a decrease of 6% compared to 2016. It is decreasing in all sectors of activity. Construction and business services recorded the strongest declines (-11% and -8% respectively).

b) Employment

Figure 19: employment evolution in the Grand Est region 2016-2019



Source: employment estimates; quarterly estimates Urssaf, Dares, Insee.

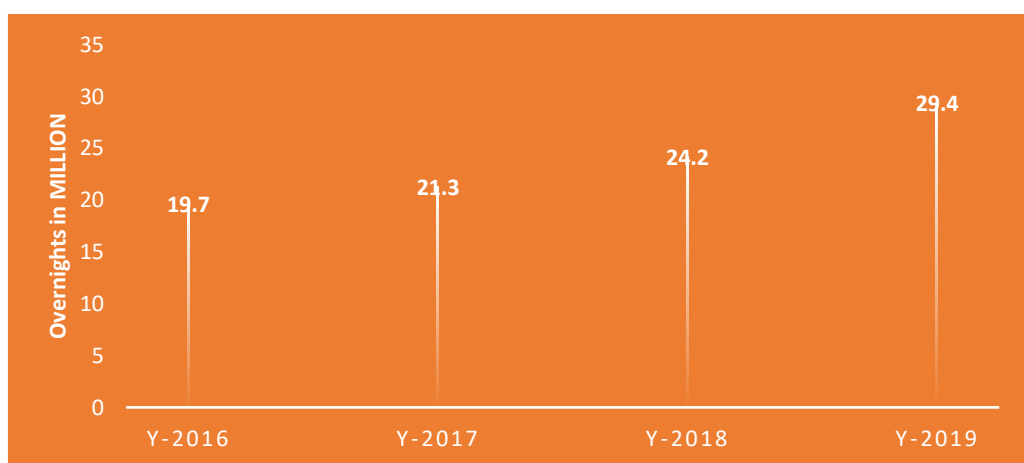
<https://www.insee.fr/fr/statistiques/2121812>

From the 4th quarter of 2016 to the 4th quarter of 2019, the evolution of employment in the Grand Est region has experienced a little bit increase in the number of employment if we compare it with the period before 2016, but this positive evolution remains weakly, and it is an evolution that maintained a stagnation in the employment's numbers during 2016 to 2019.

- **Tourism in Grand Est region**

- **Overnights**

Figure 20: Evolution of overnight stays in the Grand Est region 2016-2019

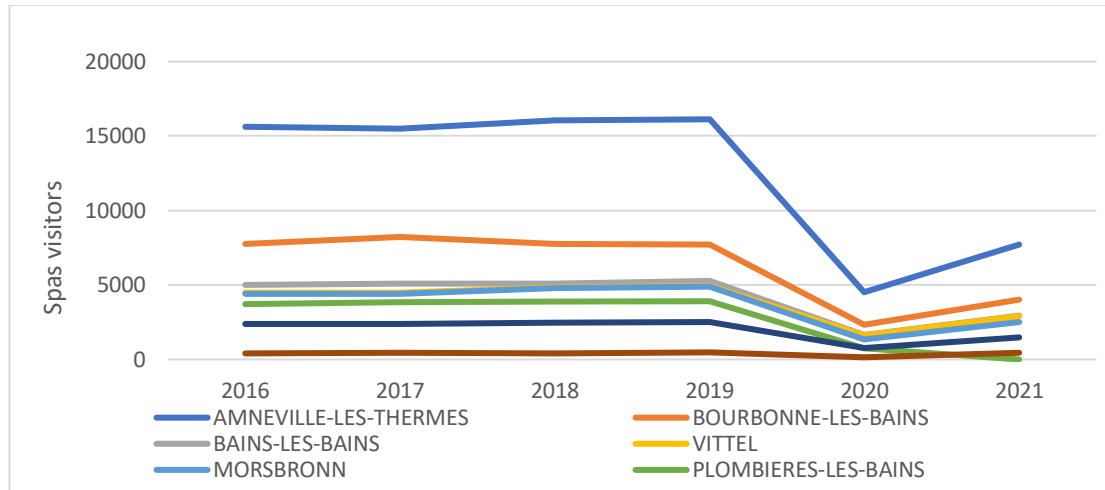


Source: elaborated by the author, based on INSEE and ART, ORT data in France.

Regarding to the evolution of the overnight stays in the region Grande Est after the legal reform of 2016, the increase is 9.7 million (33%,) from 2016 with 19.7 million of overnight to 2019 with 29.4 million of overnights.

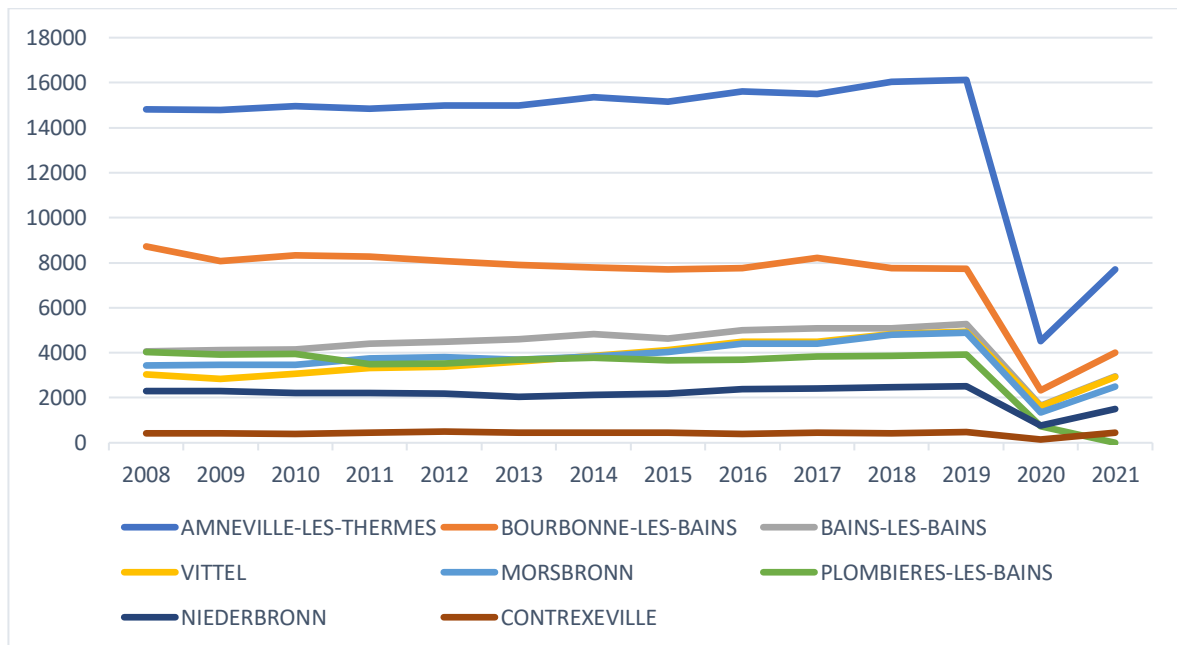
- **Thermalism in the Grand Est region**

Figure 21: Evolution of the number of Spa visitors in 8 thermal baths Grand-Est region 2016-2021



Source: elaborated by the author, based on FFCM data

Figure 22: Evolution of the number of Spa visitors in 8 thermal baths Grand-Est region 2008-2021



Source: elaborated by the author, based on FFCM and SETV data

Concerning the development and the evolution of the thermalism in the region Grand Est from 2016 to 2019, there was not a remarkable and significant growth about the number of spa visitors, based on FFCM and SETV statistics, in 2016 the number of spa visitor was 43722 Spa visitors, and 45855 in 2019, which represents a growth of 2133 spas visitor in this destination.

From these statistics and the data collected, it is clear that thermalism in the Grand Est region is a sector that is not taken into consideration by the development policy in this destination despite its importance. Based on customer survey in Grand Est 2018-2019 realised by Observatoire Régional du Tourisme (ORT), The health tourist spends twice as much as traditional tourists spend on average. Indeed, a stay costs on average 955 € for a tourist in spas versus 477 € on average for a classical tourist in the Grand Est. This difference is partly explained by a longer length of stay.

Curists (spa guests) has an average length of stay of 13.1 nights, higher than the Grand Est regional average of stay (4.8 nights). It corresponds to 19% of short stays (1 to 3 nights) and 81% of long stays (4 nights and more). More than half of long stays have a length of stay of 15 nights or more.

- **Results of secondary data:**

Before 2016, the Grand Est region lost a considerable number of jobs due to business failures and the decline industry and services.

From the year 2016 to 2016, after the application of the development policy related to the regional reform, the analysis of this secondary data shows the following economic impacts:

- A slight increase regarding the employment.
- A slight increase regarding Spa visitors.
- A substantial growth covering all overnights in the Grand Est region (due probably to foreign tourists).

Conclusion: grosso modo, the efficiency of the development policy elaborated in 2016 is slightly visible but not considerable. This because probably to the short survey period was interrupted by the pandemic Covid-19. To prove the efficiency of the policy, a long-term evolution is needed.

2.2 Primary data analysis

2.2.1 Questionnaire analysis

a) **Category A:** Development Policy and sustainability

Question :

Is the legal reform regional development policy of 2016 great opportunity for Grand Est region?

This category includes the questions 1,2,3 and 4 of the section of legislation, development policy and the question 13 of the Grand Nancy thermal section of the online questionnaire.

The results are based on the average of the answers in the questionnaire on Google Forms.

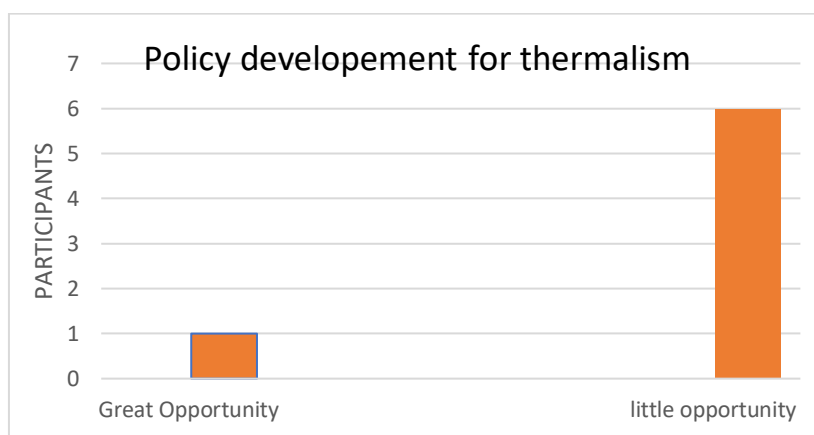


Figure 23: evaluation of Q1, Q2, Q3 and Q4 of legislation, development policy+Q13 of Grand Nancy project. which can be grouped as question regarding to the regional policy development in the Grand Est region in France. Source: own illustration.

Result: regarding to the policy of sustainable destination development in the French region Grand Est, 6 from 7 of public and private experts in health tourism, estimate that the policy of sustainable development has a little opportunity for this destination.

b) **Category B:** Reimbursement policy (Paradigm shift: from wellness to Medical Paradigm)

Question:

Is the reimbursement policy for thermal cures important for the development of thermalism in the Grand Est?

This category includes the questions 5,6,7,8 et 9 of the section of legislation and development policy of the online questionnaire. The results are based on the average of the answers of the questionnaire on Google Forms.

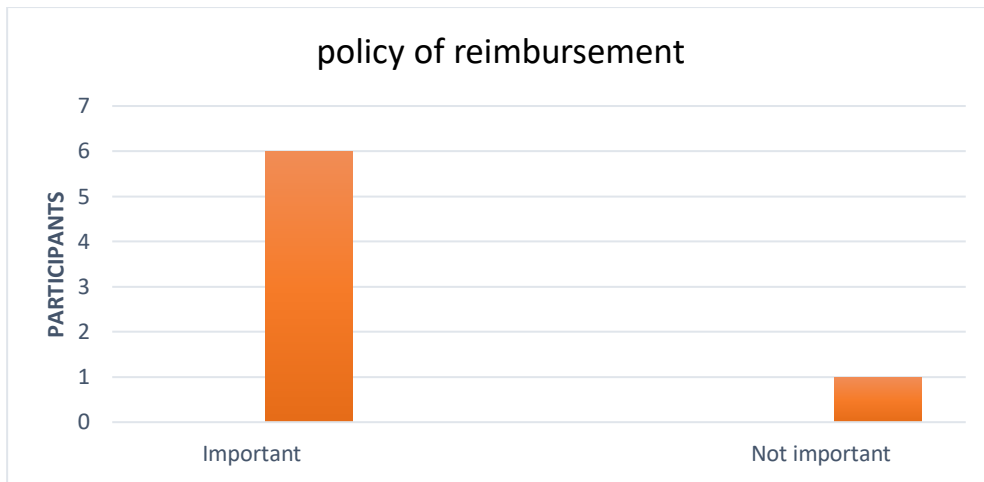


Figure 24: evaluation of Q5, Q6, Q7, Q8, Q9 of legislation section and development of the online questionnaire. These questions are grouped to one question related to the policy of reimbursement of health tourism in the Grand Est region. Source: own illustration.

Result: the policy of reimbursement is considered as important for the development of health tourism by 6 from 7 (85,71%) of public and private experts in health tourism.

c) Category C: Policy of amalgamating Aqua-Leisure and Health Tourism

Question:

Does mixing Aqua-Leisure and health tourism is an opportunity to increase the attractivity of the region Grand Est?

This category includes the questions 1,2,11 and 12 of the section Project Grand Nancy thermals of the online questionnaire. The results are based on the average of the answers of the questionnaire.

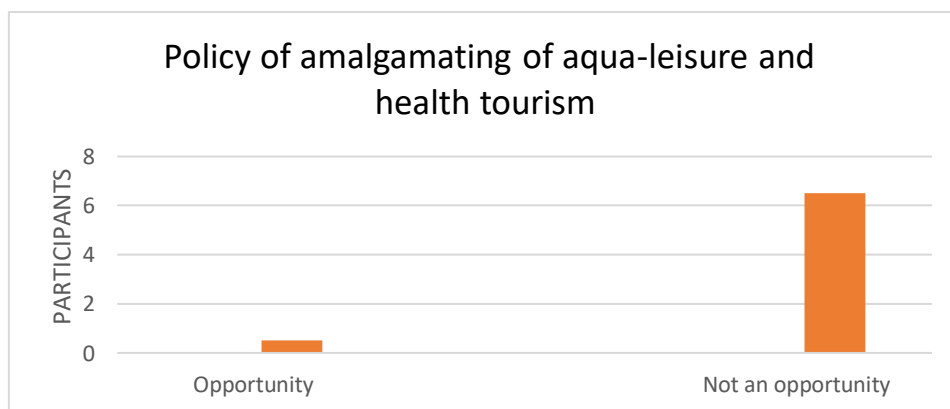


Figure 25: evaluation of the Q1, Q2, Q11 and Q12 of the project Grand Nancy section of the online questionnaire. The questions are grouped to one question related to the amalgamating of Aqua-Leisure and Health Tourism policy. Source: own illustration.

Result: the policy of amalgamating Aqua-Leisure and Health Tourism in the project Grand Nancy thermal is judged by 6 from 7 of public and private experts in health tourism not having the opportunity of increasing the attractivity in Grand Est region.

d) Category D: Cross-regional and cross-border policy

Question:

Will the Grand Nancy thermal have the national and international competitiveness capacity in term of health tourism in Grand Est region?

This category includes the questions 3,4,7 and 10 of the section Project Grand Nancy thermals and the questions 6,7,8 of the statistics section of the online questionnaire. The results are based on the average of the answers of the online questionnaire on Google Forms.

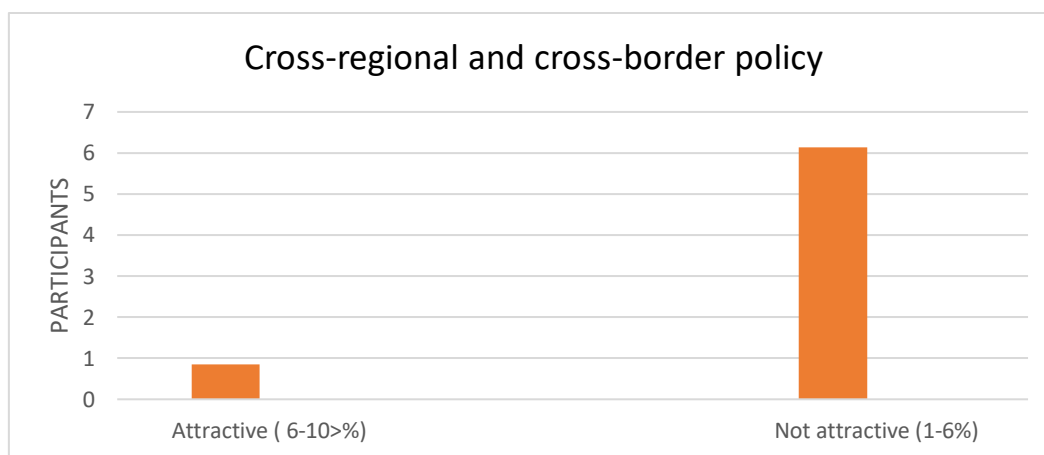


Figure 26: evaluation of the Q 3, Q4, Q7, and Q10 of the section project Grand Nancy Thermal and the Q6, Q7, Q8 of statistics section of the online questionnaire. These questions are grouped to one question related to the cross-region and cross-border policy of thermalism in the Grand Est region. Source: own illustration.

Result: the cross-regional and the cross-border policy is assessed by around 6 from 7 (87.71%) of the public and private experts in health tourism, that the project of Grand Nancy Thermal will not be an attraction engine for the region Grand Est in term of health tourism.

e) Category E: Research and staff training in health tourism

Question:

- Is medical research and professional training in thermalism a major factor for the development of health tourism in the Grand Est region?

This category includes the questions 8 and 9 of the section Project Grand Nancy thermals of the online questionnaire. The results are based on the average of the answers of the online questionnaire on Google Form.

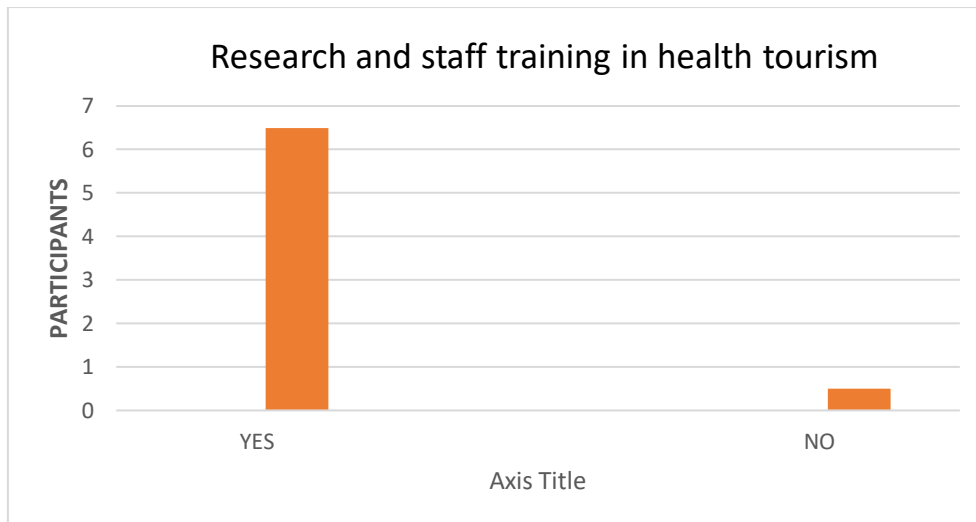


Figure 27: evaluation of the Q 8 and Q9 of the section project Grand Nancy Thermal of the online questionnaire. The questions are grouped to one question related to the research and staff training in Health Tourism. Source: own illustration.

Result: research and staff training in health tourism are considered by private and public experts in health tourism as a very important pillar for a sustainable destination development in the French region Grand Est.

f) Category F: Investment and growth policy

Question:

Is investment in the Grand Est region sufficient enough to boost the growth of health tourism in terms of growth, visitors, overnight stays, business creation and employment?

This category groups the questions 10 and 13 of the section Legislation, development policy and the questions 1,2,3,4,5,9 and 10 of statistic section, and the question 5 and 6 of Grand Nancy project section of the online questionnaire. The results are based on the average of the answers of the online questionnaire on Google Form.

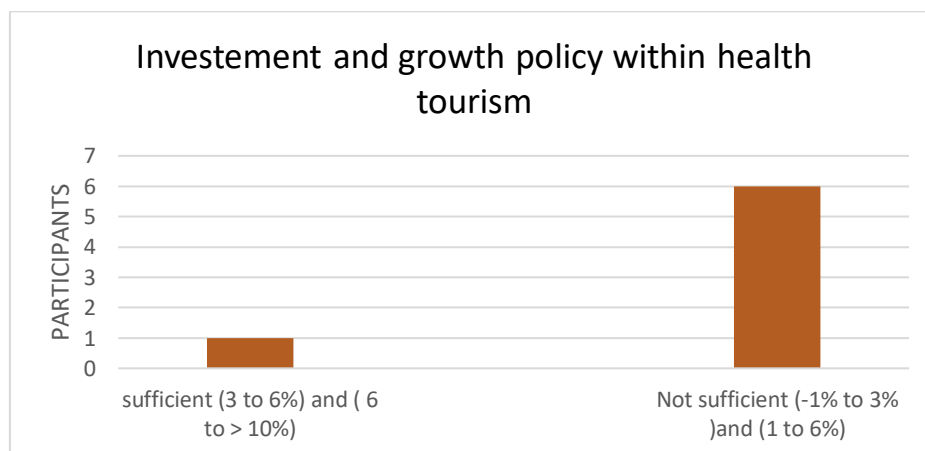


Figure 28: evaluation of the Q10 and Q13 of the section legislation, development policy, and the Q1, Q2, Q4, Q5, Q9 and Q10 of statistic section, and evaluating the Q5, Q6 of Grand Nancy project section of the online questionnaire, which are grouped to one question related to the investment and growth policy in Health Tourism. Source: own illustration

Result: regarding the investment in health tourism in Grand Est region, 6 from 7 of the private and public experts in health tourism evaluate that the investment is not sufficient to boost the health tourism in Grand Est region.

- **Result of the experts questionnaire:**

The questionnaire used is divided into 3 sections. The first section is related to development policy, the second one is about statistics and the third part questioning the opportunity of the flagship project “Grand Nancy Thermal” for the thermalism in particular and for the tourism in general in the region Grand Est.

The results of the experts questionnaire have revealed:

- Public and private experts in Health Tourism estimate that the development policy generates a little opportunity for thermalism.
- The policy of reimbursement is considered as important for the development of Health Tourism.
- Mixing aqua-leisure and Health Tourism as a main strategy of “Grand Nancy Thermal”, is almost totally rejected from the experts.
- Cross-regional and cross-border policy as another strategy of Grand Nancy Thermal is seen as almost not effective for attractiveness.
- However, the policy of research and staff training, in Health Tourism is considered as a major factor for development policy regarding Health Tourism in the Grand Est region.
- Finally, the investment is not efficiently considered in the development policy of Health Tourism in Grand Est.

In summary, apart from the reimbursement policy, the rest of the development policies elaborated in 2016 is considered almost not effective for the Health Tourism (thermalism) in the Grand Est region. This because probably the short survey period (2016-2019) is interrupted by the pandemic Covid-19. To prove the efficiency of a such development policy, a long-term evolution (5 to 10 years) is probably needed.

2.2.2 Interview analysis

Table 6: interview analysis

TEXT SECTION	GATEGORIES	SIGNIFICATIONS
<p>1 "Je dois dire que je suis un peu dubitatif, comme beaucoup de rassemblements régionaux qui ont lieu en France, ils ne tiennent pas compte de l'histoire, c'est un petit peu tiré par les cheveux »</p> <p>English translation I have to say I am a little dubious, like many regional gatherings that take place in France, they do not take history into account, it is like trying to pull himself out of the swamp by his own hair.</p> <p>2 "Il y a un gros potentiel mais il est très mal exploité..."</p> <p>English translation "There is great potential, but it is very poorly exploited..."</p> <p>3 "...Le thermalisme dans le Grand Est n'est pas orienté dans la bonne direction la bonne direction c'est le thermalisme médicalisé..."</p> <p>English translation "...Thermalism in the Grand Est is not oriented in the right direction; the right direction is medicalized thermalism..."</p> <p>4 "Dans la mesure où une énorme quantité d'eau va être utilisée (pompée, traitée, polluée puis retraitée, etc.) je ne pense pas que cela soit bon pour la ressource naturelle en eau (même s'il y a un peu de recyclage prévu) au moment où les difficultés ont tendance à s'amplifier dans toute la France dans ce domaine, il me semble difficile d'envisager des retombées positives en matière écologique, donc également de développement durable"</p> <p>English translation Insofar as a huge quantity of water is going to be used (pumped, treated, polluted then reprocessed, etc.) I do not think this is good for the natural water resource (even if there is some recycling planned) at a time when the</p>	<p>A: Development Policy and sustainability</p>	<p>-Regional reform of 2016 without influence.</p> <p>-Sustainability not achieved in thermalism</p>

<p>difficulties are tending to increase throughout France in this area, it seems difficult to me to envisage positive repercussions in terms of the environment, and therefore also of sustainable development.</p>		
<p>1 "Oui absolument, c'est la stratégie numéro un qui sera gagnante, beaucoup moins chère que le bien-être...les gens qui ont des soins thermaux remboursés par l'assurance maladie, ils reviennent..."</p> <p>English translation</p> <p>"Yes absolutely, it's the number one strategy that will win, much cheaper than well-being...people who have spa treatments reimbursed by health insurance, they come back..."</p> <p>2 "il y a de plus en plus de gens qui sont malades et qui auraient besoin du thermalisme, alors au lieu d'aller chercher des gens en bonne santé et d'investir des sommes folles pour ramasser pas grand-chose, il serait beaucoup plus intelligent pour le Capital d'investir dans la santé ».</p> <p>English translation</p> <p>"There are more and more people who are sick and who would need thermalism treatments, so instead of going to look for healthy people and investing crazy sums of money to collect not much, it would be much smarter for Capital to invest in health"</p> <p>3 "...Thermalism in the Grand Est is not oriented in the right direction; the right direction is medicalized thermalism..."</p> <p>English translation</p> <p>"...Thermalism in the Grand Est is not oriented in the right direction; the right direction is medicalized thermalism..."</p>	<p>B: Reimbursement policy</p>	<p>The reimbursement of thermalism treatments is the key policy for the health tourism development.</p>

<p>1 “Non, C'est une erreur fondamentale...on ne peut pas associer des gens ... qui sont malades...qui sont âgés avec des gens en pleine santé”.</p> <p>English translation</p> <p>“No, it's a fundamental mistake...you can't associate people...who are sick...who are old with healthy people.”</p> <p>2 “Nous sommes d'accord qu'il y a deux branches, mais alors il ne faut pas les mélanger au même endroit”.</p> <p>English translation</p> <p>We agree that there are two branches, but then they should not be mixed in the same place.</p> <p>3 “...on peut les partager évidemment...mais il faut faire vraiment attention de bien séparer les deux’.</p> <p>English translation</p> <p>“...we can obviously share them...but you have to be really careful to separate the two....”</p> <p>4...” Dans le thermalisme en France le thermalisme est fait pour soigner des gens malades âgés dont la moyenne d'âge avoisine les 65 ans. Le bien-être vanté pour tout le monde à travers la nouvelle méthode de thermoludisme, n'est pour moi que de la foutaise au niveau thermal...”</p> <p>English translation</p> <p>“...In thermal baths in France, hydro baths are made to treat elderly sick people whose average age is around 65 years old. The well-being touted for everyone through the new method of thermoludism, is for me only nonsense at the thermal level...”</p> <p>5.”...Pour simplifier des hommes d'affaires ont décidé qu'il y avait de l'argent à se faire avec le thermalisme mais ils ont confondu le thermalisme et le barbotage, deux choses extrêmement différentes...”.</p>	<p>C: Policy of mixing Aqua-Leisure and Health Tourism</p>	<p>Mixing Aqua-Leisure And Health Tourism policy is an inefficient strategy</p>
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<p>English translation “...To simplify, businessmen decided that there was money to be made with thermalism, but they confused hydrotherapy and bubbling, two extremely different things...”.</p> <p>6 "...Personnellement je n'ai rien contre les gens qui vont s'amuser dans l'eau, je trouve ça très bien, mais on ne peut pas comparer un amusement et des soins pour les malades..."</p> <p>English translation "...Personally, I have nothing against people having fun in the water, I find that very good, but you cannot compare fun and care for the sick one..."</p>		
<p>1 "...je connais un peu l'Allemagne... ce qui était fait en Allemagne c'est un peu différent de la France, et dans l'ensemble je dois dire que ça marcherait pas mal surtout en Allemagne..."</p> <p>English translation “...I know a little about Germany... what was done in Germany is a little different from France, and overall, I must say that it would work quite well, especially in Germany...”</p> <p>2 “...probablement que le Nancy thermal devrait marcher un petit peu...”</p> <p>English translation “...probably the Nancy thermal should work a little bit...”</p> <p>3 “...Selon une dame riche avec qui j’ai discuté au téléphone et qui avait l’habitude d’aller à Vichy, elle me dit qu’on est de plus en plus mal soigné en France dans les établissements thermaux, ce qui est vrai...”</p> <p>English translation "...According to a rich lady with whom I spoke on the phone and who used to go to Vichy, she told me that we are more and more poorly cared for in France in thermal establishments, which is true..."</p>	<p>D: Cross-regional and cross-border policy</p>	<p>The cross-regional and the cross-border policy through the thermalism in the Grand Est region is less effective.</p>

<p>... “il serait beaucoup plus intelligent pour le Capital, d'investir dans la santé, la vrais, pas la foutaise”.</p> <p>English translation ... “it would be much smarter for Capital to invest in real health, not rubbish”</p>	<p>E: Research and staff training in health tourism</p>	<p>-Investing in health means qualified personnel</p> <p>-Investing in real health means medical indications justified by scientific research</p>
<p>1 “...les investissements qui pourraient être faits pour les attirer seraient tendance à être oubliés...”</p> <p>English translation “...The investments that could be made to attract them would tend to be overlooked...”</p> <p>2 “...il y'aura un petit quelque chose mais tout ça sera de toute façon sous la menace de la crise économique qui est là, je dirai qu'il faut une plus grande prudence...”</p> <p>English translation “...there will be a little something but all that will be under the threat of the economic crisis, which is there anyway, I will say that there will need to be more careful...”</p> <p>3 “... le projet du Grand Nancy thermal va changer quelque chose forcément...”</p> <p>English translation “... the Grand Nancy thermal project will necessarily change something...”</p> <p>4 “...mais maintenant l'ampleur et surtout la durée demeure une inconnue...”</p> <p>English translation “...but now the extent and especially the duration remains unknown.”</p> <p>5 “...une crise économique comme on n'a peut-être jamais vu, elle est là, elle est à nos portes, avec l'inflation et tout...je ne sais pas ce qui va se passer?”</p> <p>English translation “...an economic crisis like we've perhaps never seen, it's here, it's on our doorstep, with inflation and all...I don't know what's going to happen?”</p>	<p>F: Investment and growth policy</p>	<p>Investment insignificant, expected growth unknow due to the economic crisis</p>

Source: developed by the author

- **Results of the expert interview:**

Thermalism (medical wellness tourism) is the core business of Health Tourism in the Grand Est region, that is why this interview is focused on the chairman of the FFCM (French Federation of Medical Curists) Mr. Jean Pierre GROUZARD expert in Health Tourism. Another reason for this choice is to experience the current situation regarding the development policy and sustainability in this region.

This expert interview has revealed that:

- The development policy regarding the regional reform of 2016 is without efficiency, and the sustainability still not achieved in thermalism.
- The reimbursement of thermalism treatments is assessed as the key policy for the Health Tourism development.
- Mixing Aqua-Leisure and Health Tourism policy is a bad strategy.
- The cross-regional and cross-border policy regarding the thermalism in Grand Est is less effective.
- The policy of research and staff training in Health Tourism is considered as an important strategy.
- The investment is evaluated as insignificant in total and regarding the flagship project “Grand Nancy Thermal” as an unknow future due to the economic crisis.

In summary: according to the chosen strategies of the research questions investigation, this expert interview acts as a control study for more reliability and validity of the experts questionnaire results. This corresponds with the mixed method which includes a control stage in according with critical theory. This expert interview approved the outcome of the experts questionnaire and even the result of the sec

CHAPTER IV: CONCLUSION

Conclusion

The result of the study was not positive as expected. The development policy and the sustainability regarding the Health Tourism in the Grand Est region is from the current point of view not efficient enough.

The expert interview achieves a convergence with the statement of the experts questionnaire, which consequently strengthen the reliability and validity of the primary data analysis result.

From the point of view of the triangulation method, the outcome of the secondary data analysis is once more in accordance with following final result and recommendation:

The keys of successfully regional development and sustainable policy of Health Tourism in the Grand Est region are, firstly, the reimbursement policy of thermalism treatments, secondly, the policy of research and staff training in the whole Health Tourism field.

Furthermore, it is recommended to separate Aqua-Leisure and Health Tourism (the healthy ones and the seek ones) and to use spring mineral water sparingly without pollution. Health Tourism is also understood as niche tourism not as mass tourism. It is also recommended to invest more in medical wellness tourism.

Summarised in a sentence, the development policy for a sustainable Health Tourism destination in the French region Grand Est should be reconsidered.

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ANNEXES

ANNEX 1 : Online questionnaire (Google Forms)

Online questionnaire sent to tourism and thermalism professionals in the Grand Est region and France

Madame, Monsieur,

Étudiante à l'université de Rovira I Vergili -URV à Tarragone, en Espagne, je mène un questionnaire dans le cadre de mon travail de mémoire de fin d'études en master « Management of Tourism Destinations ».

Au regard de l'importance du rôle du thermalisme dans le développement durable de la région Gran Est, je suis en train d'étudier la fonction de la politique de développement du thermalisme dans les territoires sous l'égide du professeur Salvador Anton Clavé.

Pour ce faire, je suis en train de collecter des informations auprès des professionnels du tourisme et du thermalisme.

Pour cette raison, je m'adresse à vous afin de solliciter votre participation à ce questionnaire qui me permettrait d'avoir les meilleurs résultats pour évaluer la politique de développement régionale concernant le thermalisme dans le Grand Est.

Veillez trouver le questionnaire ci-joint, et je vous remercie d'avance de votre coopération.

Par ailleurs je vous garantis la confidentialité des informations fournies et je vous rappelle

Ce questionnaire est mené dans un but purement scientifique.

Pour les réponses, je vous serais très reconnaissante si vous pouviez me répondre avant le 18 août 2022 par mail : amanzougarene.sofia@gmail.com

AMANZOUGARENE SOFIA

Université URV-Rovira I Vergili -Villa Seca, Tarragona, Espagne

Faculté de Tourisme et Géographie (FTG)

Mail : amanzougarene.sofia@gmail.com

N'hésitez pas à me contacter pour toute information complémentaire.

Mes sincères salutations.

Section 1 : Législation, politique de développement

1) Le thermalisme, est-il considéré comme locomotive de développement dans la nouvelle politique régionale du Grand Est ?

- Plutôt négligé* *comme égal aux autres secteur* *Comme secteur privilégié*

2) Le thermalisme, est-il un secteur privilégié dans le cadre de la politique d'aménagement de territoire de la région Grand Est ?

- Pas du tout* *Moins privilégié*
 Privilégié *Très Privilégié*

3) Le thermalisme, est-il une opportunité pour un développement durable de la région Grand Est ?

- Pas du tout* *Petite opportunité* *Grande opportunité*

4) Le thermalisme, est-il un pilier essentiel du développement durable pour toute la région Grand Est ?

- Pas d'accord* *d'accord* *Tout à fait d'accord*

5) Le thermalisme, est-il important en termes de santé publique dans le Grand Est ?

- Pas du tout important* *Important* *Très important*

6) Le service rendu par les établissements thermaux à la collectivité, coût-t-il cher à la caisse assurance maladie ?

- Pas cher* *Cher* *Très cher*

7) Les cures thermales, devraient-elles être remboursable par l'assurance maladie ?

- Pas du tout d'accord* *D'accord* *Tout à fait d'accord*

8) Le thermalisme, a-t-il un rôle préventif en termes de santé ?

- Pas du tout d'accord* *D'accord* *Tout à fait d'accord*

9) Le thermalisme, est-il important pour la bonne santé de nombreux patients ?

Pas du tout important *Important* *Très important*

10) Le thermalisme, est-il important pour l'économie des communes dans le Grand Est ?

Pas du tout important *Important* *Très important*

11) Le thermalisme, est-il un secteur stratégique dans la politique de développement du Grand Est ?

Pas du tout stratégique *Stratégique* *Très stratégique*

12) La réglementation, est-elle favorable envers le secteur du thermalisme ?

Pas du tout favorable *favorable* *Très favorable*

13) Les investissements, sont-ils adéquats au secteur du thermalisme dans le Grand Est ?

Pas du tout adéquat *Adéquat* *Très adéquat*

Section 2 : STATISTIQUES

1) Quelle est la croissance globale des nuitées marchandes annuelles du thermalisme du Grand Est 2011- 2015 ?

-1 à 1% *1 à 3%*
 3 à 6% *> 6%*

2) Quelle est la croissance globale des nuitées marchandes annuelles du thermalisme du Grand Est 2016- 2019 (avant le covid-19) ?

-1 à 1% *1 à 3%*
 3 à 6 % *> 6%*

3) A combien estimez-vous la croissance annuelle des nuitées marchandes du thermalisme dans le Grand Est après l'ouverture du projet Grand Nancy thermal en 2023 ?

1 à 3 % *3 à 6 %*
 6 à 10% *> 10%*

4) Selon vous, quelle est l'évolution de la création d'entreprises touristiques dans le Grand Est après la réforme territoriale de 2015 ?

Faible croissance *croissance moyenne* *Forte croissance*

5) **Quelle est l'importance des investissements accordés au secteur du thermalisme dans le Grand Est après la réforme territoriale de 2015 ?**

Faible

Moyenne

Considérable

Enorme

6) **Le nombre annuel de visiteurs thermalisme étrangers de proximité dans le Grand Est, a-t-il augmenté après la réforme territoriale de 2015 ?**

1 à 3 %

3 à 6 %

6 à 10 %

> 10%

7) **Le nombre annuel de visiteurs thermalisme Français dans le Grand Est, a-t-il augmenté après la réforme territoriale de 2015 ?**

1 à 3 %

3 à 6 %

6 à 10 %

> 10%

8) **Le nombre annuel de visiteurs thermalisme « Français du Grand Est » dans le Grand Est, a-t-il augmenté après la réforme territoriale de 2015 ?**

1 à 3 %

3 à 6 %

6 à 10 %

> 10%

9) **Le taux de chômage, a-t-il diminué dans le Grand Est après la réforme territoriale de 2015 ?**

0 à 3 %

3 à 6 %

6 à 10 %

> 10 %

10) **Le taux de croissance annuel des touristes, a-t-il augmenté dans le Grand Est après la réforme territoriale de 2015 ?**

1 à 3 %

3 à 6 %

6 à 10 %

> 10%

Section 3 : Projet Grand Nancy Thermal

1) **Selon vous, le Grand Nancy thermal est-il une bonne réponse aux besoins souvent exprimé par le tourisme thermal d'aujourd'hui et de demain à savoir les loisirs, les sports, le bien-être et la santé ?**

Pas du tout d'accord

D'accord

Tout à fait d'accord

2) L'offre de loisir, de sports, de bien-être et de santé du Grand Nancy thermal renforcera-t-elle l'attractivité de la région Grand Est ?

Pas du tout d'accord *D'accord* *Tout à fait d'accord*

3) La réouverture en 2023 du site Grand Nancy Thermal, est-elle attendue avec impatience par les habitants du Grand Est ?

Pas du tout *indiffèrent* *impatiemment*

4) Le Grand Nancy thermal est perçu dans le Grand Est par les 8 autres stations thermales comme :

Menace *Complémentarité*
 Synergie *Locomotive de tourisme thermal*

5) Le Grand Nancy thermal, est-il déjà un pôle d'attraction d'investissement et de création d'entreprise dans la région Grand Est ?

Faible *Fort* *Très fort*

6) D'après vous, le Grand Nancy créera-t-il des nouveaux emplois et augmentera-t-il la consommation des touristes thermaux dans le Grand Est ?

Pas du tout *Moyennement* *Énormément*

7) Le Grand Nancy thermal, aura-t-il la capacité de réduire le nombre de curistes locaux du Grand Est qui partent se soigner ailleurs ?

Pas du tout *Moyennement* *Énormément*

8) Le Grand Nancy thermal situé dans une grande agglomération proche des universités, est-il une chance de recherche de crédibilité pour un thermalisme médicale remboursable ?

Non *Oui* *Absolument*

9) Quel est l'importance de la formation professionnelle en thermalisme pour une image de qualité des soins dans la région Grand Est ?

Pas du tout importante *Importante* *Très importante*

10) L'offre diversifiée en termes de loisirs, sports, bien-être et santé du Grand Nancy thermal, serait-elle capable d'attirer d'autres prospects que les silvers ?

Les jeunes

les couples

Les familles

Les étrangères

11) D'après vous, le projet phare du Grand Nancy Thermal peut-il être un plan de développement durable du thermalisme de la région Grand Est ?

Non

Oui

Absolument

12) Quel est votre avis, sur l'efficacité de l'innovation de fusionner le thermalisme médical et le thermoludisme dans le projet de développement Grand Nancy thermal ?

Pas du tout efficace

Efficace

Très efficace

13) Le numérique, est-il un piler essentiel dans la politique de développement dans le secteur du thermalisme dans le Grand Est ?

Non

Oui

Essentiel

ANNEX 2 : Interview with an expert in Health Tourism

Interview realised with Mr. JEAN-PIERRE GROUZARD - President of the French Federation of Medical curists (FFCM association de patients agréée par le ministère de la Santé)

Question 1

AMANZOUGARENE SOFIA

Le regroupement des 3 régions Alsace, Lorraine, Champagne-Ardenne en une seule région "Grand Est" par la politique régionale de 2016, est-il une bonne stratégie de développement régionale ?

Réponse :

M. JEAN-PIERRE GROUZARD

Je dois dire que je suis un peu dubitatif, comme beaucoup de rassemblements régionaux qui ont lieu en France, ils ne tiennent pas compte de l'histoire, c'est un petit peu tiré par les cheveux.

Je pense que c'était fait par des technocrates qui ne sont pas assez attachés à l'histoire des régions qu'ils prétendent rassembler.

Question 2

A. SOFIA

Pensez-vous qu'il y a d'autres stratégies plus efficaces et adaptées au développement des régions Alsace, lorraine et Champagne-Ardenne ?

Réponse :

M. JEAN-PIERRE GROUZARD

Alors là ! pour le thermalisme, là aussi je reste très dubitatif puisque l'orientation générale qui semble être prise (si j'ai bien lu, et si je me suis bien renseigné) c'est une orientation qui fait la part beaucoup trop importante à une clientèle qui n'existe pas pour l'instant. Nous avons en France et notamment dans l'Est une très grosse clientèle médicalisée et curistes assurés sociaux. Cela marche depuis très longtemps même avant 1947. Les années 1950 surtout ont vu le véritable développement du thermalisme social en France. Il y a une clientèle très importante et cette clientèle c'est celle qu'il faut soigner parce qu'avant de chercher une clientèle qu'on n'a pas, on commence déjà à ne pas mécontenter la clientèle qu'on a parce que ça s'appelle scier la branche sur laquelle on est assis. Et je pense que c'est l'orientation générale qui est prise pour cette région comme partout ailleurs. On est en train de nous refaire l'Histoire comme on est en train de refaire les gens. Mais tout ça veut dire qu'on n'a pas les pieds sur terre - c'est ça le gros problème et il faut partir du réel. On a remplacé le réel par l'idéologie en essayant de calmer les esprits.

Pour simplifier des hommes d'affaires ont décidé qu'il y avait de l'argent à se faire avec le thermalisme mais ils ont confondu le thermalisme et le barbotage, deux choses extrêmement différentes

Personnellement je n'ai rien contre les gens qui vont s'amuser dans l'eau, je trouve ça très bien, mais on ne peut pas comparer un amusement et des soins pour les malades. Dans le thermalisme en

France le thermalisme est fait pour soigner des gens malades âgés dont la moyenne d'âge avoisine les 65 ans. Le bien-être vanté pour tout le monde à travers la nouvelle méthode de « thermoludisme » n'est pour moi que de la foutaise au niveau thermal. Parce qu'on peut très bien barboter dans l'eau du robinet. On n'a pas besoin de sources thermales pour cela. Il faut être sérieux surtout à une époque où on est en train de se rendre compte que l'eau ça devient rare, il faut y faire attention, là il y a un paradoxe énorme et qui va venir percuter le grand Nancy thermal mais cela va faire mal. Pour l'instant tout est merveilleux, on a fait des belles choses mais tout ça c'est de la tape à l'œil, moi j'aime la réalité, j'aime les chiffres, j'aime l'histoire et j'aime qu'on reste sur terre mais on n'y est plus, on parle de millions, ça d'accord les millions sont là, on vous construit du rêve mais le thermalisme en France ce n'est pas Disneyland. Le problème est là et on essaye de l'orienter vers ça, alors peut-être qu'à force de bourrer le crâne des gens un jour ça marchera mais pour l'instant on n'y est pas du tout.

Pour vous donner une idée, il y a à peu près dans les bonnes périodes 600.000 personnes qui font des soins thermaux médicalisés remboursés en France et 90 ou 100 établissements thermaux à peu près dans le pays. Le thermalisme qui est médicalisé représente en moyenne 90 à 95% de leur chiffre d'affaires et vous vous rendez compte que des gens qui ont une manne à disposition des gens malades. Ils sont captifs et reviennent tous les ans pendant 3 semaines : c'est le rêve !

On est en train de nous raconter que ce n'est pas ça l'avenir du thermalisme, c'est une clientèle que je dis imaginaire, en grande partie minoritaire plus exactement, il y a des gens que ça intéresse mais c'est extrêmement minoritaire et on investit beaucoup trop d'un autre sens dans le barbotage et alors qu'on a une clientèle énorme qui est là, qui est captive et qui revient tous les ans pendant 3 semaines, mais moi je ne sais pas, si j'étais un homme d'affaires je dirais que c'est le rêve ! ça ne les satisfait pas et au contraire je veux vous dire, là je le dis gravement : « de plus en plus nous remarquons que dans les villes thermales, pas toutes, on recherche à décourager cette clientèle existante, âgée et malade. C'est incroyable ce qui se passe », le thermalisme français est en train de se tirer une balle dans chaque pied et c'est vraiment regrettable parce que nous avons des sources au niveau médicinal parmi les meilleurs d'Europe, nous avons des établissements qui ont quand même un certain passé et nous avons une clientèle régulière qui fait d'ailleurs la promotion du thermalisme parce que on paye tous de notre poche entre 600 et 1200€ tous les ans et on n'est pas remboursé de tout un tas de choses.

Si des gens font ça tous les ans c'est que ça marche à moins que ce soient des imbéciles mais ça je ne vois pas pourquoi les curistes sont plus bêtes que les autres.

Je suis en désaccord total avec la politique thermale lancée par l'état et tout un tas de gens qui, nous le disons clairement à notre sens, sont hors-sol.

Question 3

A. SOFIA

À votre avis, le regroupement des 3 régions Alsace, Lorraine et Champagne-Ardenne en une seule région Grand Est, par la politique régionale de 2016, est-il favorable envers le secteur du thermalisme et du bien-être ?

Réponse

M. JEAN-PIERRE GROUZARD

Pour le bien-être, il débute, je n'ai pas de point de vue précis, pourquoi pas ? Mais pour le thermalisme médicalisé je ne vois pas ce qu'a apporté de plus cette politique de regroupement.

Les stations thermales sont là depuis fort longtemps, une centaine d'années pour la plupart, en dehors de Nancy qui veut se lancer dans ce projet. Je me demande si -quand même- le grand Nancy n'a pas un effet loupe un peu excessif et là aussi je signale une chose c'est que pour l'instant ça n'existe pas, on fait des projections, on rêve et , si le rêve est juste alors ça marche, sinon c'est de l'argent public gaspillé par millions et millions d'euros, c'est un projet qui passe par un investissement énorme, à notre sens, il est beaucoup trop grand et un grand risque avec l'argent public comme d'habitude d'ailleurs, à savoir qu'en France les privés passent leur temps à pleurnicher pour avoir des subventions et que notre Etat privatise les bénéfices et mutualise les pertes donc c'est vrai qu' ils n'ont pas vraiment de risque par contre c'est le contribuable français qui est derrière. Tout l'argent que vous voyez c'est le nôtre, c'est ça qui est grave et à coté de tout ça, nous avons tout un tas d'excellents établissements thermo-médicalisés dont on pourrait rénover certains, on pourrait peut-être faire une publicité un peu moins cucul praline (ridicule)

Quand on voit toutes ces publicités sur le thermalisme, toutes les photos qui concernent le thermalisme montrant les yeux fermés et en extase le candie rire et candie son est complètement niais, on va à la catastrophe avec l'argent public bien entendu.

Il y a un secteur possible mais alors on lui est en train de le gonfler si vous voulez, alors qu'à côté de ça vous avez une clientèle réelle existence et fidèle, donc j'avoue que je n'ai toujours pas compris, je pense qu'il y a beaucoup d'idéologies et beaucoup d'incompétences.

Question 4

A. SOFIA

Pensez-vous, que le secteur du thermalise et du bien-être est un pilier essentiel pour le développement de tout la région Grand Est ?

Réponse

M. JEAN-PIERRE GROUZARD

Il y a un gros potentiel mais il est très mal exploité. Le thermalisme dans le Grand Est n'est pas orienté dans la bonne direction, la bonne direction c'est le thermalisme médicalisé, ce qui n'empêche pas côté de faire un peu de barbotage, le problème c'est qu'il y a l'équilibre qui est mal vu, on confond le principal et le secondaire en ce moment, c'est ennuyeux.

Question 5

A. SOFIA

D'après vous, ajouter le thermalisme du bien-être et les loisirs au thermalisme médical, est-ce une opportunité de croissance pour toute la région Grand Est ?

Réponse

M. JEAN-PIERRE GROUZARD

NON, C'est une erreur fondamentale, pourquoi ? par ce que on ne peut pas associer une carpe à un lapin, on ne peut pas associer des gens qui sont tout tordus, qui sont malades, qui n'entendent pas ,qui sont âgés avec des gens en pleine santé qui gambadent, tant mieux pour eux c'est très bien s'ils s'amuse dans l'eau, mais on ne peut pas les associer s'il vous plaît, on ne peut pas être à la fois vieux et malade et jeune et en pleine santé, c'est pas possible, c'est pas sérieux, c'est de la propagande, ça ne marche pas tout simplement. Les expériences qui, en France sont assez

cocasses, cela fait plus de 25 ou 30 ans que j'entends les établissements thermaux et les responsables départementaux et régionaux dire l'avenir du thermalisme c'est le bien-être. ça fait 30 ans qu'ils se cassent la figure et ça fait 30 ans qu'ils continuent à investir comme des malades mais ça c'est de l'idéologie. Vous comprenez qu'est-ce que c'est qu'un idéologue : c'est quelqu'un qui refuse la réalité et qui prend ce qu'il pense pour ce qui est vrai.

On ne peut pas faire grand-chose, seulement pendant ce temps-là, les vrais malades sont lésés parce que les investissements qui pourraient être faits pour les attirer seraient tendance à être oubliés.

Question 6

A. SOFIA

Selon vous, est ce que les acteurs publics et privés du tourisme thermal travaillent et agissent ensemble pour toute la région du Grand Est ?

Réponse

M. JEAN-PIERRE GROUZARD

En opposition fondamentale avec le tourisme thermal, ce n'est pas sérieux encore une fois, c'est une confusion des genres qui a été pondue par des gens dans des ministères qui ne savent même pas ce que c'est une cure thermique et qui confondent le barbotage avec les cures. Il y a une telle somme d'incompétences et d'idéologie à la tête de tout ça, forcément on ne peut pas être d'accord parce que nous, on reste et on parle de la réalité du présent, nous voulons nous inspirer du passé, ça ne vient pas de ce que nous connaissons que des vraies gens que nous voyons se soigner, et bien entendu, c'est notre créneau, on a été créé pour ça, pour défendre tout ça. C'est tout ça - si vous voulez - c'est une construction, c'est un bourrage de crâne généralisé et tous les gens qui sont dans le domaine sont un peu obligés de le répéter parce qu'il faut bien qu'ils vivent, il faut bien qu'ils mangent, c'est tellement plus facile de répéter les âneries des autres que de chercher à réfléchir soi-même.

Question 7

A. SOFIA

Le thermalisme est-il une opportunité pour un développement durable de toute la région du Grand Est ?

Réponse :

M. JEAN-PIERRE GROUZARD

Dans la mesure où une énorme quantité d'eau va être utilisée (pompée, traitée, polluée puis retraitée, etc.) je ne pense pas que cela soit bon pour la ressource naturelle en eau (même s'il y a un peu de recyclage prévu) au moment où les difficultés ont tendance à s'amplifier dans toute la France dans ce domaine, il me semble difficile d'envisager des retombées positives en matière écologique, donc également de développement durable.

Question 8

A. SOFIA

Comment évaluez-vous le thermalisme du Grand Est par rapport au thermalisme frontalier de la Belgique, du Luxembourg et de l'Allemagne ?

Réponse :

M. JEAN-PIERRE GROUZARD

Je ne le connais pas assez bien, je connais un peu l'Allemagne alors ce qui était fait en Allemagne et tout ça c'est un peu différent de la France, et dans l'ensemble je dois dire que ça marcherait pas mal surtout en Allemagne ,mais en Belgique,le thermalisme est fait pour les riches, c'est du barbotin, ce n'est plus du thermalisme, d'ailleurs la Belgique ne rembourse même plus depuis au moins 20 ans les cures thermales, je veux dire à quel point ils ont tiré un trait sur ce qui fait la force du thermalisme qui - depuis l'Antiquité – consistait surtout à soigner des gens. A côté de ça évidemment vous avez les thermes romains où les gens allaient se délasser mais là on veut nous refaire le début de l'histoire sans connaître l'histoire, c'est une catastrophe.

Nous sommes d'accord qu'il y a deux branches, mais alors il ne faut pas les mélanger au même endroit.

Si vous avez une source ou une source minérale, on peut la partager évidemment ; il ne faut pas être trop bête non plus, il ne faut pas être des exacteurs non plus, ce n'est pas des ayatollahs je veux dire, mais il faut faire vraiment attention de bien séparer les deux et pourquoi il faut bien séparer les deux ? Parce qu'en France il y a 90% du chiffre thermal qui est remboursé par l'assurance maladie et que depuis 1947, il y a une partie d'une classe sociale qui ne supporte pas que les pauvres puissent aller aussi bénéficié du thermalisme. Ils voudraient revenir à ce qu'on appelle la belle époque c'est à dire des gens avec des toilettes qui aillent prendre leurs whiskys puis à la reprise aller prendre des eaux puis après aller au casino, ils font ça dans les Etablissements thermaux, ils font des bals etc.... la belle époque vous avez ce que c'était c'est une époque abominable pour les pauvres, des enfants travaillent dans des usines comme des forçats, c'était ça la belle époque pendant que ces gens-là allaient se pavaner.

Nous, ça ne nous va pas, on n'en veut pas, s'il y a des riches qui veulent se rassembler entre ils ont le droit mais qu'ils ne viennent pas nous percer les pieds et nous casser notre thermalisme, voilà notre position en résumé.

Question 9

A. SOFIA

D'après vous, est ce que le tourisme thermal dans le Grand Est est assez attractif pour les régions limitrophes et transfrontalières ?

Réponse

M. JEAN-PIERRE GROUZARD

Pour l'instant pas vraiment, il est vrai dans ce cadre-là, à partir du moment où nous revenons dans ce que vous cherchez, probablement que le Nancy thermal devrait marcher un petit peu ,mais il faut faire attention aux proportions, il ne faut pas que la grenouille veuille se faire aussi grosse que le bœuf : bien apprécier, faire le discernement et pas partir dans des rêves, j'entends régulièrement dire qu'il y a des responsables thermaux qui disent « les émirs vont revenir dans les stations thermales » mais vous croyez que les émirs vont venir s'enterrer en France ? Vous savez où ils vont les gens riches ? Ils vont aller à mon avis dans le Maghreb parce qu'il y a des possibilités thermales énormes.

Selon une dame riche avec qui j'ai discuté au téléphone et qui avait l'habitude d'aller à Vichy, elle me dit qu'on est de plus en plus mal soigné en France dans les établissements thermaux, ce qui est vrai. Tout ça est stupide alors je lui ai proposé un petit aller en Hongrie, mais elle me répond : « maintenant, vous savez j'irai certainement au Maroc ou en Tunisie parce que là-bas ils sont en train de construire de nouvelles choses toutes neuves. »

Question 10

A. SOFIA

a) Selon vous, le tourisme thermal a-t-il la même importance économique dans toute la destination du Grand Est ?

Réponse

M. JEAN-PIERRE GROUZARD

Pour l'instant il est au même niveau, mais ça va changer certainement. Je reconnais que le projet du Grand Nancy thermal va changer quelque chose forcément, mais maintenant l'ampleur et surtout la durée demeure une inconnue, parce que -encore une fois- revenons sur terre, qu'est-ce qui se prépare en ce moment ? une crise économique comme on n'a peut-être jamais vu, elle est là, elle est à nos portes, avec l'inflation et tout... ça va être terrible, je ne sais pas ce qui va se passer, je ne sais pas quand mais je pense que ça ne va pas tarder, ce n'est pas possible.

Alors il faut arrêter de faire - comme on dit chez nous- des plans sur la comète ou faire des châteaux et vouloir construire des châteaux en Espagne, il faut rester toujours bien collé les pieds sur terre et comme ça, ça évite si on fait des erreurs qu'elles soient un peu moins grosses. Ils sont dans les nuages là ! Ça y est ! Les millions vont arriver, avec les émirs. Comme dans des tas de stations thermales dans des trous de province qui s'imaginent ça ! Encore complètement à côté de la plaque, complètement à côté de la plaque

Cependant, peut-être qu'à Nancy il y a une exception, ça ce n'est pas impossible, c'était assez bien visé mais attention de ne pas crier trop tôt victoire et faire comme la grenouille qui veut se faire aussi grosse que le bœuf. Voilà ce que j'en pense. Oui il y avait des idées, c'est pas mal, ils n'ont pas trop mal visé mais il faudrait qu'ils se calment.

b) Pensez-vous que le projet Nancy thermal peut impacter positivement la situation économique actuelle du thermalisme dans le Grand Est ?

Réponse

M. JEAN-PIERRE GROUZARD

Je ne me hasarderai pas à dire non, ce n'est pas sûr, il y'aura un petit quelque chose mais tout ça sera de toute façon sous la menace de la crise économique qui est là, je dirai qu'il faut une plus grande prudence.

Question 11

AMANZOUGARENE Sofia

a) Augmenter les indications thérapeutiques et par conséquent les cures thermales remboursables par l'assurance maladie est-elle une bonne stratégie de dynamisme dans toute la région du Grand Est ?

Réponse

M. JEAN-PIERRE GROUZARD

Oui absolument, c'est la stratégie numéro un qui sera gagnante, beaucoup moins chère que le bien-être. Il faut savoir que le bien être est beaucoup plus cher et ce sont des gens qui ne sont pas fidèles, ils restent quelques jours puis ils s'en vont ailleurs, ce sont des clientèles volatiles.

Cependant, les gens qui ont des soins thermaux remboursés par l'assurance maladie, ils reviennent. C'est une rente de situation, et il y a de plus en plus de gens qui sont malades et qui auraient besoin du thermalisme alors au lieu d'aller chercher des gens en bonne santé et d'investir des sommes folles pour ramasser pas grand-chose, il serait beaucoup plus intelligent pour le Capital, d'investir dans la santé, la vraie, pas la foutaise.

b) Que proposez-vous comme une 2e ou 3e stratégie pour cela ?

Réponse

Ah non ! Mais moi j'en ai qu'une seule stratégie : on mise sur ce qui existe c'est-à-dire qu'il faut fournir des efforts pour augmenter la qualité des soins, on rénove un peu les établissements, on fait une publicité intelligente, où on ne montre pas des gens en pleine santé entrain de gambader à des vieux malades. Parce que, quand les vrais malades voient ça, ça ne leur plaît pas, je peux vous dire qu'ils disent « on se fout de nous. »

Je me rappelle les publicités d'il y a 2 ans de cas sur une chaine thermale, où on voyait 2 mecs en pleine santé en train de danser pratiquement dans les thermes.

Question 12

A. SOFIA

Selon vous, le thermalisme et le bien-être sont-ils une signature d'attractivité authentique qui distingue toute la région du Grand Est en faisant d'elle une destination unique ?

Réponse

M. JEAN-PIERRE GROUZARD

Non, ce n'est pas une destination unique, c'est une destination parmi tant d'autres et qui souffre d'un gros défaut : il ne fait pas assez beau, avec le réchauffement climatique, peut être ça va s'arranger. C'est vrai qu'il y a un potentiel, il ne faut pas le nier mais il faut arrêter les mirages, il faut arrêter de dénigrer, parce que l'atterrissage va être brutal.

A. SOFIA : je vous remercie, Mr. Jean-Pierre GROUZARD Pour votre précieuse collaboration.

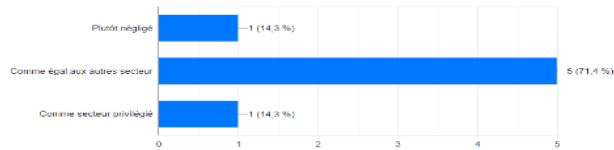
ANNEX 3: Statistics results of the online questionnaire (Google Forms)

The questionnaire is intended for the experts and specialists in tourism and thermalism in France and Grand Est region

Section 1: Legislation, development Policy

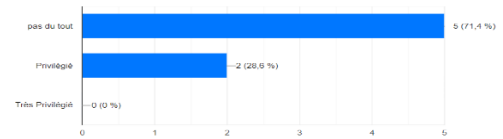
1) Le thermalisme, est-il considéré comme locomotive de développement dans la nouvelle politique régionale du Grand Est ?

7 réponses



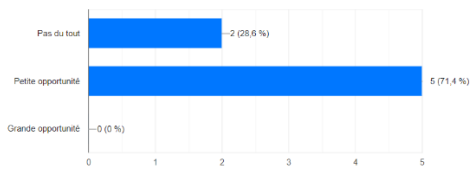
2) Le thermalisme, est-il un secteur privilégié dans le cadre de la politique d'aménagement de territoire de la région Grand Est ?

7 réponses



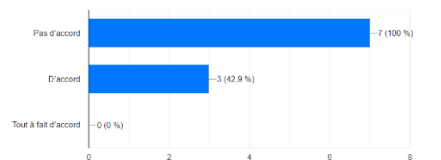
3) Le thermalisme, est-il une opportunité pour un développement durable de la région Grand Est ?

7 réponses



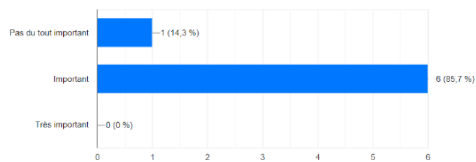
4) Le thermalisme, est-il un pilier essentiel du développement durable pour toute la région Grand Est ?

7 réponses



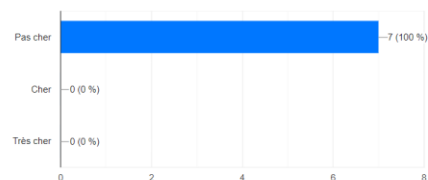
5) Le thermalisme, est-il important en termes de santé publique dans le Grand Est ?

7 réponses



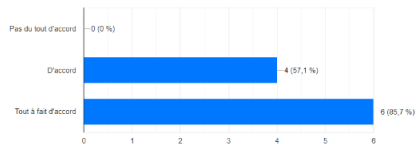
6) Le service rendu par les établissements thermaux à la collectivité, coût-t-il cher à la caisse assurance maladie ?

7 réponses



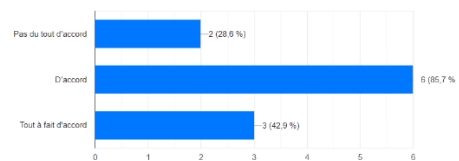
7) Les cures thermales, devraient-elles être remboursable par l'assurance maladie ?

7 réponses



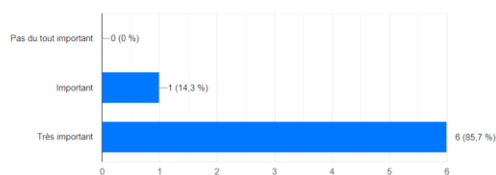
8) Le thermalisme, a-t-il un rôle préventif en termes de santé ?

7 réponses



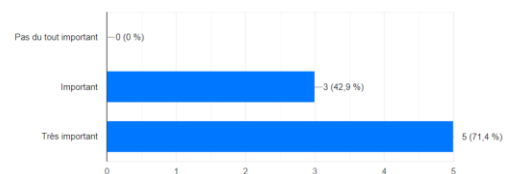
9) Le thermalisme, est-il important pour la bonne santé de nombreux patients ?

7 réponses



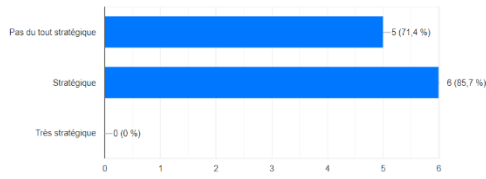
10) Le thermalisme, est-il important pour l'économie des communes dans le Grand Est ?

7 réponses



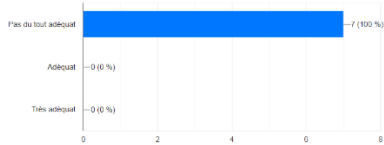
11) Le thermalisme, est-il un secteur stratégique dans la politique de développement du Grand Est ?

7 réponses



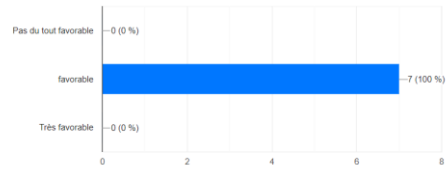
13) Les investissements, sont-ils adéquats au secteur du thermalisme dans le Grand Est ?

7 réponses



12) La réglementation, est-elle favorable envers le secteur du thermalisme ?

7 réponses

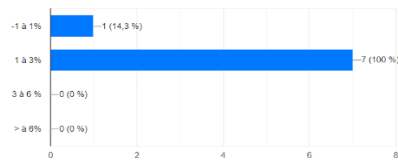


Section 2: Statistics

STATISTIQUES

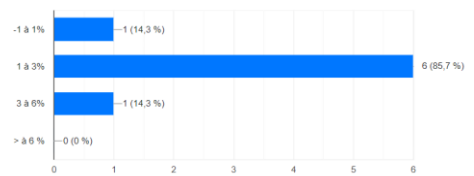
1) Quelle est la croissance globale des nuitées marchandes annuelles du thermalisme du Grand Est 2011- 2015 ?

7 réponses



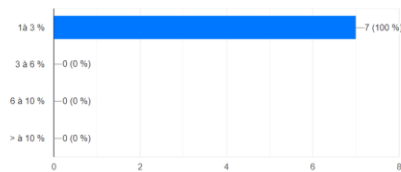
2) Quelle est la croissance globale des nuitées marchandes annuelles du thermalisme du Grand Est 2016- 2019 (avant le covid-19) ?

7 réponses



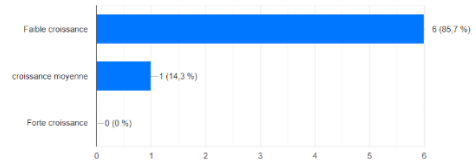
3) A combien estimez-vous la croissance annuelle des nuitées marchandes du thermalisme dans le Grand Est après l'ouverture du projet Grand Nancy thermal en 2023 ?

7 réponses



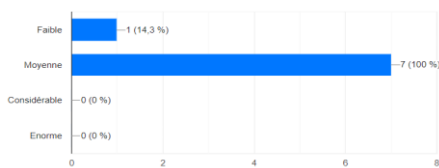
4) Selon vous, quelle est l'évolution de la création d'entreprises touristiques dans le Grand Est après la réforme territoriale de 2015 ?

7 réponses



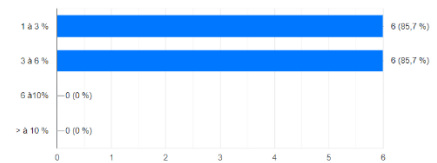
5) Quelle est l'importance des investissements accordés au secteur du thermalisme dans le Grand Est après la réforme territoriale de 2015 ?

7 réponses



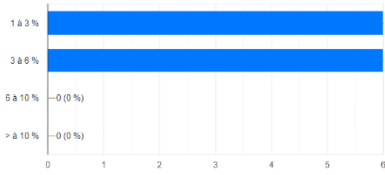
6) Le nombre annuel de visiteurs thermalisme étrangers de proximité dans le Grand Est, a-t-il augmenté après la réforme territoriale de 2015 ?

7 réponses



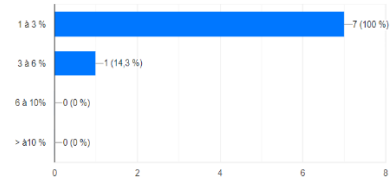
7) Le nombre annuel de visiteurs thermalisme Français dans le Grand Est, a-t-il augmenté après la réforme territoriale de 2015 ?

7 réponses



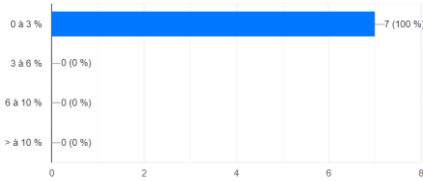
8) Le nombre annuel de visiteurs thermalisme « Français du Grand Est » dans le Grand Est, a-t-il augmenté après la réforme territoriale de 2015 ?

7 réponses



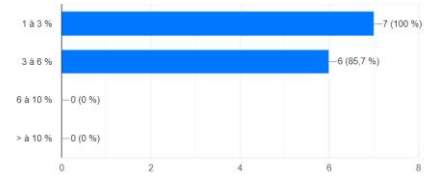
9) Le taux de chômage, a-t-il diminué dans le Grand Est après la réforme territoriale de 2015 ?

7 réponses



10) Le taux de croissance annuel des touristes, a-t-il augmenté dans le Grand Est après la réforme territoriale de 2015 ?

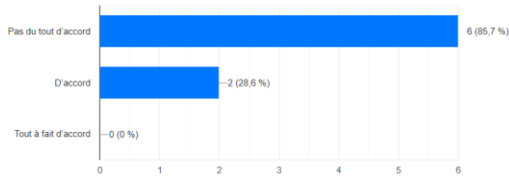
7 réponses



Section3 : project Grand Nancy Thermal

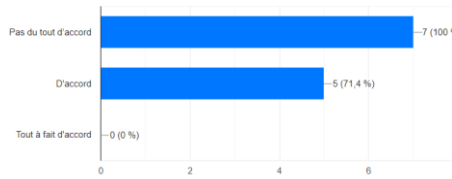
1) Selon vous, le Grand Nancy thermal est-il une bonne réponse aux besoins souvent exprimé par le tourisme thermal d'aujourd'hui et de demain à savoir les loisirs, les sports, le bien-être et la santé ?

7 réponses



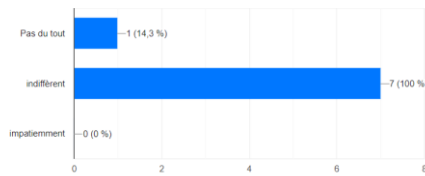
2) L'offre de loisir, de sports, de bien-être et de santé du Grand Nancy thermal renforcera-t-elle l'attractivité de la région Grand Est ?

7 réponses



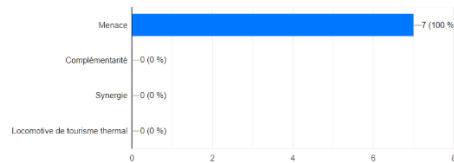
3) La réouverture en 2023 du site Grand Nancy Thermal, est-elle attendue avec impatience par les habitants du Grand Est ?

7 réponses



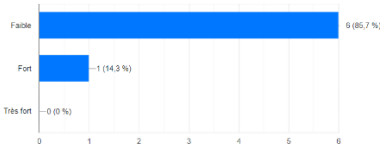
4) Le Grand Nancy thermal est perçu dans le Grand Est par les 8 autres stations thermales comme :

7 réponses



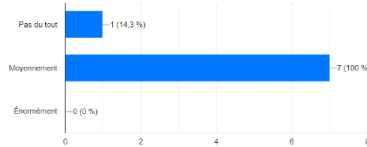
5) Le Grand Nancy thermal est-il déjà un pôle d'attraction d'investissement et de création d'entreprise dans la région Grand Est ?

7 réponses



6) D'après vous, le Grand Nancy créer a-t-il des nouveaux emplois et augmenter a-t-il la consommation des touristes thermaux dans le Grand Est ?

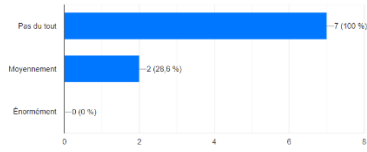
7 réponses



7) Le Grand Nancy thermal, aura-t-il la capacité de réduire le nombre de curistes locaux du Grand Est qui partent se soigner ailleurs ?

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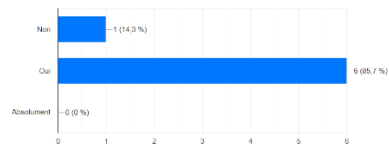
7 réponses



8) Le Grand Nancy thermal situé dans une grande agglomération proche des universités, est-il une chance de recherche de crédibilité pour un thermalisme médicale remboursable ?

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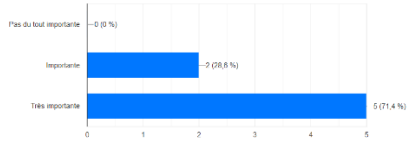
7 réponses



9) Quel est l'importance de la formation professionnelle en thermalisme pour une image de qualité des soins dans la région Grand Est ?

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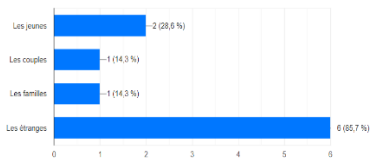
7 réponses



10) L'offre diversifiée en termes de loisirs, sports, bien-être et santé du Grand Nancy thermal, sera-t-elle capable d'attirer d'autres prospects que les silvers ?

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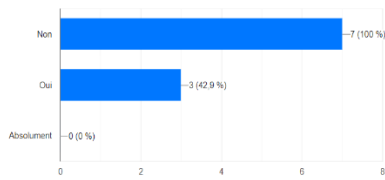
7 réponses



11) D'après vous, le projet phare du Grand Nancy Thermal peut-il être un plan de développement durable du thermalisme de la région Grand Est ?

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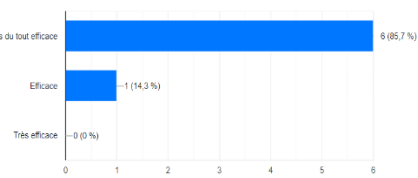
7 réponses



12) Quel est votre avis, sur l'efficacité de l'innovation de fusionner le thermalisme médical et le thermoludisme dans le projet de développement Grand Nancy thermal ?

[Copier](#)

7 réponses



13) Le numérique, est-il un pilier essentiel dans la politique de développement dans le secteur du thermalisme dans le Grand Est ?

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7 réponses

