A Market Segmentation Study Based On Wellness Attributes

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ABSTRACT

Health and wellness are two buzzwords making their presence known in a variety of industries including hospitality, tourism, food and beverage and, leisure among others. As the obesity epidemic continues to be at the forefront of people's minds, health and wellness are topics that cannot be overlooked by the tourism and leisure industries. Due to the popularity of American's wanting to live more healthy and active lifestyles the average tourism consumer has changed considerably. The values of American tourists have altered from those of the past and now the tourism industry finds itself attempting to meet the needs and wants of this large and emerging health and wellness market.

The purpose of this study is to determine whether there are different groups (market segments) of travelers based on their self proclaimed travel behavior. Using a factor-cluster market segmentation approach, this study attempted to delineate the segments of the U.S. traveling public. Based on four healthy living attitudes factors, cluster analysis was employed to identify similar respondents based on their attitudes towards healthy living. The findings show that there are two distinct groups: High Health Conscious and Low Health Conscious. Gender was shown to be statistically significant between the two groups. The study concludes with marketing implications of the study results, limitations, and suggestions for future research.

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Introduction

Background of Study

Health and wellness are two buzzwords making their presence known in a variety of industries including hospitality, tourism, food and beverage, and leisure. As the obesity epidemic continues to be at the forefront of people's minds, health and wellness are topics that cannot be overlooked by the tourism and leisure industries. Over the past 50 years, the American public has taken a new and more profound interest in physical activity (LaMonte & Chow, 2010). Along with the focus on health and wellness, many American's are placing more emphasis on their personal well-being and quality of life (QOL). Research tells us that this emphasis may also include a focus on parts of an individual's major life domains, i.e. economic, consumer, social, environmental, and health domains. Due to the popularity of American's wanting to live more healthy and active lifestyles the average tourism consumer has changed considerably. The current health and wellness trends have altered values of many American tourists from those of the past and now the tourism industry finds itself attempting to meet the needs and wants of this emerging health and wellness market segment.

One of the most important elements of a marketing-oriented approach in the field of tourism is to understand individuals' needs, preferences, and behaviors. This approach allows for competition between organizations and destinations to provide the needs and wants of their specific market segments, for example the health and wellness market. The focus on this type of consumer-led orientation has increased the study of market segmentation within tourism studies. Research and literature show that segmentation has grown beyond demographics to include lifestyle, psychographics, and behaviors.

Most researchers believe that different individuals perceive the same products or services in a variety of ways, and that people may be grouped into segments accordingly. This provides the rationale for the importance of understanding the attitudinal dimension of travel and tourism products and services. Analyzing different market segments can be implemented through the use of a 'psychological/attitudinal approach.' This approach identifies different types of lifestyles within which individuals may be categorized explain an individual's travel behavior/choice, assess push and pull factors, and connect supply and demand. The aim of analyzing different market segments is to separate individuals into homogeneous groups, which can assist destinations in maximizing on their marketing resources.

Purpose of the Study

The purpose of this study is to determine whether there are different groups (market segments) of travelers based on their self proclaimed travel behavior. Marketing plays a major role in the hospitality and tourism industries as it aims to understand consumers' needs, wants, preferences, and behaviors given the heterogeneous nature of the travel market. Thus, the general hypothesis of the study is that the travel market is not homogeneous and that more than one segment based on self-proclaimed travel behavior variables and attributes exist.

Theoretical Foundation

Models of Health and Wellness

A number of models exist that attempt to integrate the concepts of health and wellness as related constructs. For example the National Wellness Institute (NWI)

provides the framework for a six-dimensional conceptual model of wellness, developed by Hettler (1976). All six dimensions are interrelated, and together make up what has been labeled as integrative wellness (Gill & Bedini, 2010). The model combines socio-psychological and physical well-being elements. Socio-psychological dimensions may appear as primarily inner and growth needs of individuals, whereas physical dimensions may suggest extrinsic motivation and are goal-directed.

Another model called the Indivisible Self Model (ISM) developed by Myers and Sweeny (2004) is a wellness model that provides a holistic view across an entire lifespan. The Indivisible Self serves as the center of The Wheel of Wellness with five second-order factors on the perimeter of the Indivisible Self (Essential Self, Social Self, Creative Self, Physical Self, and Coping Self). Each of the five second-order factors have at least two corresponding wellness dimensions (Creative: thinking, emotions, control, work, positive, humor, Coping: leisure, stress management, self-worth, realistic beliefs, Physical: exercise, nutrition, Essential: spirituality, gender, identity, cultural identity, self-care, and Social: friendship, love). Each of these factors together forms the holistic view of the Indivisible Self (Myers & Sweeny, 2004).

The Leisure and Well-Being Model of Wellness (LWM) developed by Hood and Carruthers (2007) is a strengths-based service model that is based on the concept that positive emotion is central in creating a life of meaning. The first component of LWM, Enhancing Leisure Experience, lists five ways of cultivating and enhancing leisure experiences including: savoring leisure, authentic leisure, leisure gratifications, mindful leisure, virtuous leisure. A second component, Developing Resources, provides individuals with resources for five components that contribute to well-being, positive

affect, emotion, and experience and cultivation and expression of one's full potential (psychological resources, social resources, cognitive resources, physical resources, environmental resources) (Hood & Carruthers, 2007).

The selected models introduced point to the fact that both tangible (cognitive) and intangible (affective) elements of leisure and wellness items may collectively influence leisure consumption. Any study that attempts to identify existing travel (consumer) market segments based on health and wellness as quality of life indicators would have to consider the salient aspects of both objective and subjective measures of wellness.

Statement of the Problem

Previous studies have used personal values to assist in the prediction of a wide variety of leisure behaviors, including recreation activities, destination selection, and leisure activities at destinations (Madrigal, 1995). The majority of these studies either link personality to leisure and travel decisions or they link personal values and leisure behavior (Madrigal, 1995). There is, however, limited research on the link between wellness attributes and push/pull factors and their possible use of the interaction as a segmentation tool that exist between the two. This study attempts to fill the gap in the market segmentation research by focusing on wellness and push/pull factors. Elements of the earlier selected models should be brought into identifying segments.

Research Questions

This study will attempt to address the following research questions:

1. What sub segments exist in the health and wellness segments of the traveling public?

2. Would it be possible to identify market segments based on the wellness attributes for a given destination?

3. How can destination promoters (hospitality and tourism industries) use the variations in travel behavior and demographics of market segments based on attributes of wellness to better market their services and products?

Objectives of the Study

The research objectives of this study are:

1. Develop wellness indicators unique to the focus of the study.
2. Delineate the nature of existing traveler markets using the refined list of attributes in Objective 1. The study would use a posterior (factor-cluster) segmentation approach to identifying existing segments.
3. Once segments have been delineated, a profile of the segments will be created using both demographic and behavior variables as included in the survey instruments of the study.
4. Provide segment specific suggestions for appropriate marketing strategies that destinations would follow.

Definition of Terms

Healthy Living Behaviors

Healthy living behaviors are those behaviors one may or may not exhibit on a regular basis. Healthy living behaviors includes how often an individual engages in aerobic or strength building exercises, how often an individual eats fruits and vegetables,

how well an individual copes with life, and how happy an individual is on a given day. As reflected in the healthy habit questions (behaviors) scale that is covered in the questionnaire, healthy living behaviors provide information into individuals' actual behaviors and actions, not just their perceptions or attitudes.

Healthy Living Attitudes

Healthy living attitudes are those attitudes one individual may or may not deem as important as another individual. Healthy living attitudes include how much an individual agrees with statements such as: I believe it is important to exercise on a regular basis, I believe it is important to eat a balanced diet, I believe I balance my work and life well, etc. As reflected in the healthy living attitude scale (from strongly agree to strongly disagree) that is covered in the questionnaire, healthy living attitudes provide information into individuals' attitudes and perceptions of healthy living.

Push Factors (Psychological Reasons For Travel)

Push factors induce travel because individuals are pushed by their own internal forces and in such a way that individuals want to move or get away from their normal home setting through tourism. Such behavioral questions as push factors (psychological reason for travel) include, breaking from one's daily living habits, finding thrills and excitement, escaping from the ordinary, seeking out new challenges, improving skills, being open to new ideas and concepts, etc.

Pull Factors (Destination Attributes)

Pull factors also induce travel, but because individuals are pulled in as a result of a destinations' attributes or qualities. These pull factors include tangible resources and intangible resources such as luxury facilities/services, campgrounds and trailer parks, mineral springs, educational tour packages, etc.

Information Sources

When seeking an information source to plan for a vacation/trip, different sources are important to different people for a variety of reasons. Four distinct groups of information sources as reflected in the information sources scale (from strongly agree to strongly disagree) include, travel professionals (general travel agents, general tour operators, etc.), print media (general brochures/travel guides, advertisements in general magazines, direct mail from destinations, etc.), online sources (general internet search, destination's website, general travel blogs, social media, etc.), and friends and family (friends and family member, word of mouth).

Contribution of the Study

The theoretical contribution of this study lies in its approach to segmenting travel markets based on the attributes of wellness indicators. This study will contribute to the growing body of knowledge in segmentation studies in the tourism industry. Practical implications are enormous, given the ever-increasing attention and focus on wellness, destination planners and promoters would use information from this study to better position themselves and develop appropriate marketing strategies to appeal to different segments of the traveling public.

Chapter 2

Literature Review

The prevalence of overweight and obese individuals is developing rapidly across the United States. According to the Centers for Disease Control and Prevention more than one-third (35.7%) of American adults are obese as of January 2012. The drastic increase in obesity rates has led to its classification as a national and international crisis and is referred to as the number one health epidemic in the United States. Severe obesity is a complex condition affected by genetic, metabolic, social, behavioral, and cultural factors, and is associated with a wide range of serious health issues as well as reduced health-related quality of life (HRQOL) (Andenaes et al., 2012). Research conducted on the impact of obesity on overall physical and mental well-being has shown that obese individuals noted lower scores on health-related quality of life scales versus the non-obese populations (Cameron, Magliano, Dunstan, Zimmet, Hesheth, Peeters & Shaw, 2011). Such research suggests that obesity affects one's physical and psychological health.

The obesity epidemic has had major detrimental consequences on the lives of the individuals' affected/diagnosed, including an increased risk for diabetes, heart disease, stroke, and osteoarthritis. These health complications have shown to reduce the mobility, happiness, and eventually the lifespan of those affected. Outside of causing physical and psychological issues, the obesity epidemic has also taken a toll on the economy as it has a direct effect on the cost of health care. With an increase of the medical costs of obesity in 1998 of an estimated $78.5 billion to $147 billion in 2008, health care costs have skyrocketed due to this epidemic (Finkelstein, Trogdon, Cohen & Dietz, 2014).

When facing and combating the obesity epidemic the traditional goals for health improvement include treatment that aims to reduce body weight, maintain a reduced body weight over a sustained period of time, and prevent additional weight gain. Because effective, sustained weight loss is not easily achieved, bariatric surgery is also regarded as an effective weight-loss option for people whose obesity diagnoses poses a major health problem. However, research shows that those individuals seeking bariatric surgery report poorer quality of life than those who chose to not attempt bariatric surgery as a weight loss option, as this is seen as a last resort option. It is therefore important to identify factors that may predict an improved quality of life for the morbidly obese who seek treatment, as these individuals are looking for positive change in their personal health and quality of life (Andenaes et al., 2012).

The process for an individual to be categorized/diagnosed as obese is based a scale that uses one's body mass index (BMI) as well one's height. An individual's BMI is divided by their height in meters. It is important to note that different categories exist including; underweight, normal weight, over weight, and obese. The categorization of overweight is typically assigned to those with a BMI ranging from 25-30, while obesity is marked by a BMI greater than 30. Since the BMI range for overweight is so close to the marker for obesity, one might even consider the overweight range to signify a status of being at-risk for obesity (Astrup, 2004; Wadden, Brownell, & Foster, 2002; Wang & Lobstein, 2006). In the United States alone, obesity has quickly developed into the country's number one health crisis (Wyatt, Winters, & Dubbert, 2006) (Lewis & Puymbroeck, 2008, p. 574). Research has shown that obesity is more prevalent in specific genders, ages, races, and ethnicities within the United States. Recent studies on obesity

have shown that American men are more likely to be overweight versus American women whom are more likely to be obese. Although the obesity epidemic has taken a toll on a large portion of the American population, it has shown more prevalence in individuals in lower socioeconomic status, specifically African-American and Latino populations. The obesity epidemic in the U.S. may be more prevalent in specific demographic areas but this condition does not limit itself to any one specific gender, race, or ethnicity as seen by the amount of Americans diagnosed with this disease.

Along with implications to physical health, obesity often carries a stigma that negatively impacts the social, emotional, and psychological functioning of those who are overweight or perceive themselves as overweight. This concept supports the idea that obese individuals report having a lower quality of life. Therefore, supporting research shows that an individual's functional health and well-being is negatively impacted by an individual's weight. This stigma is seen and well known throughout the American culture, and is evident at different levels across lines of gender, race, ethnicity and socioeconomic status (Lewis & Puymbroeck, 2008). As a result, health-related quality of life (HRQOL) is shown to be negatively affected by individuals who are labeled obese regardless of personal demographics. "Health related quality of life may also plausibly impact weight status, with a reduction in the physical quality of life domains likely to affect energy expenditure through physical activity levels and time spent sedentary. Mental health domains may impact energy intake, with links between eating behavior and emotional state, body dissatisfaction and self-esteem having been established previously" (Cameron, Magliano, Dustan, Zimmet, Hesketh, Peeters & Shaw, 2011, p. 296). It is important to note that recent studies have reported an inverse relationship between one's

BMI and HRQOL, and indicate that HRQOL improves with weight loss (Tsiros, Olds, Buckley, Grimshaw, Brennan, Walkley, Hills, Howe & Coates, 2009).

Obesity literature has proposed explanations for the obesity epidemic that include societal changes that promote both sedimentary lifestyles and poor eating habits (i.e. lack of nutrients, larger portions, increased sugar intake, etc.). Such societal changes also lead researchers to believe that obesity cannot be explained by genetics alone because of how widespread the obesity epidemic has become (Christakis & Fowler, 2007). It has been suggested if this rate of weight gain continues, population health gains seen over the last century could be overturned. Because there is such a strong association between obesity and chronic disease, reduced mental and physical health, higher health care costs, and lower life expectancy these could all potentially hinder the health advancements of the past (Cameron and Zimmet 2008; Hu 2008; Kim and Popkin 2006) (Byles, 2009, p. 412). Bell, Tyrvaine, Sievanen, Probstl, and Simpson state that as the American society is increasingly concerned about the physical health and well-being of its citizens, obesity will continue to be seen as a key public health concern (Bell, Tyrvainen, Sievanen, Probstl & Simpson. 2007). It is clear that this concern also has consequences for individual subjective wellbeing.

Well-being

Diener, Suh, Lucas, and Smith (1999) define subjective well-being as a "broad category of phenomena that includes people's emotional responses, domain satisfactions, and global judgments of life satisfaction or put more simply 'happiness'. They added that each of these concepts should be studied individually. However, measures of these

constructs often correlate substantially, suggesting the need for a higher-order construct (cf. Busseri, Sadava, & Decourville, 2007)" (Sigry, 2012, p. 36). There is general agreement in the literature that the basic principle of subjective well-being research "is that in order to understand the well-being of an individual, it is important to directly measure the individual's cognitive and affective reactions to […] specific domains of life" (Diener & Suh, 1997, p. 200) (Baker & Palmer, 2006). Hartwell, Hemingway, Fyall, Filimonau, and Wall (2012) state that, "well-being is a complex concept concerning both objective, in terms of tourism destination, and subjective, in terms of health, affect and other personal goals. Currently, the debate in health considers two perspectives: the hedonic approach, which focuses on happiness and defines well-being in terms of pleasure attainment; and the eudemonic approach, which focuses on meaning and self-realization. Pleasure is the hallmark of eudemonia" (Hartwell, Hemingway, Fyall, Filimonau & Wall, 2012).

According to Sirgy (2012), there are three components and their interrelationships as well as their determinants capture three distinctions made in the literature: "(1) the distinction between the cognitive and affective aspects of subjective well-being, (2) the distinction between positive and negative affect of subjective well-being, and (3) the distinction between short-term and long-term affective states of subjective well-being. Furthermore, satisfaction of human developmental needs is directly related to the experience of positive and negative affect. That is, life events satisfy human developmental needs (e.g., biological, safety, social, esteem, actualization needs). The satisfaction of needs also influences and guides people's constructs of these three components of subjective well-being. The three distinctions are: (1) cognitive versus

affective, (2) positive versus negative affect, and (3) short term versus long term" (Sirgy, 2012, p. 38).

QOL research is somewhat divided in its defining and treatment of well-being. Some researchers use objective indicators of well-being (e.g., indicators of health, education, crime, pollution, income), while others use subjective indicators (e.g., life satisfaction; happiness; satisfaction with various life domains such as social life, family life, work life, and so on; positive and negative affect, and psychological well-being). Uysal, Sirgy, and Perdue (2012), observe the well-being of tourists can be viewed in terms of both subjective and objective well-being. "Subjective well-being deals with tourists' overall sense of well-being which may be captured through a variety of concepts such as life satisfaction, perceived QOL, life domain satisfaction (i.e. satisfaction in leisure life, social life, family life, work life, etc.), positive/negative affect and overall happiness. Objective well-being refers to actual value-laden circumstances related to tourists' life domains (objective indicators of wellness in a variety of life domains such as leisure life, social life, cultural life, work life, family life, love life, travel life, culinary life, and spiritual life, etc.)" (Uysal, Sirgy & Perdue, 2012, p. 669). Summer (1996) articulated the distinction between subjective and objective QOL by asserting that objective indicators of well-being require a point of view that is independent from the individual whose QOL is being evaluated. "Subjective indicators of well-being tap the concept of well-being biased by the individual's frame of mind (i.e., values, attitude, beliefs, motives, personality, and emotional state). Quality of life usually refers to the degree to which a person's life is desirable versus undesirable, often with an emphasis on external components, such as environmental factors and income. In contrast to subjective

well-being, which is based on subjective experiences, quality of life is often expressed as more "objective" and describes the circumstances of a person's life rather than his or her reaction to those circumstances. However, some scholars define quality of life more broadly, to include not only the quality of life circumstances, but also the person's perceptions, thoughts, feelings, and reactions to those circumstances. Indexes that combine objective and subjective measures such as happy life years and healthy life expectancy have also been proposed" (Sirgy, 2012, p. 31).

Outer well-being in the context of input conditions of well-being can be characterized in terms of the livability of the environment (i.e. life satisfaction, happiness, perceived life quality, overall well-being). Examples of outer well-being in the form of input conditions include the quality of education afforded to the individual, the quality of an individual's environment, the quality of an individual's family, etc. In contrast, inner well-being in relation to input conditions are those conditions that are internal to the individual's ability to live a fulfilling life. In other words, the focus is on personal capabilities or individual characteristics that help an individual take advantage of environmental conditions and opportunities and transform them in order to generate satisfaction in overall quality of life. According to Sirgy these personal capabilities may include; personality characteristics (e.g., extraversion, genetic endowment for positive affect, high self-esteem, optimism), financial assets (e.g. high income, financial bequests, investments and savings, ownership of property), and socioeconomic characteristics (e.g., personal associations with the upper classes, residence in upscale neighborhood, high level of education, prestigious occupation), among others (Sirgy, 2012, p. 34).

According to Kozma and Stones (1992) happiness is seen as a direct function of two psychological states, one short term and the other long term (cf. Kozma, 1996). Literature and a vast body of studies provide support the notion that happy people function better in life than less happy people; happy people are more productive and socially engaged, and have higher incomes. Studies have also shown that happy people are healthier than unhappy people (e.g., Diener, 2000; Judge, Thoreson, Bono, & Patton, 2000; Kesebir & Diener, 2009; Lyubomirsky, King, & Diener, 2005; Lyubomirksy, Sheldon, & Schakade, 2005) (Sirgy, 2012, p. 45). Along with affecting productivity and engagement, QOL is an essential part of the following areas: medical interventions, health management, housing programs, economic and community development, etc. Research has examined various aspects of quality of life and how it associates with a number of life domains in which each individual weighs these areas differently in their personal life (Baker & Palmer, 2006). "Argyle (1996a) cites much evidence suggesting that subjective well-being has beneficial health effects to the individual, both physical and mental. Specifically, high levels of subjective well-being are positively related to a strong immune system, fewer disease incidences, and greater longevity (also see Pressman & Cohen, 2005). Diener and Chan (2011), after reviewing much of the evidence linking subjective well-being and longevity, concluded by stating: Seven types of evidence are reviewed that indicate subjective well-being (such as life satisfaction, absence of negative emotions, optimism, and positive emotion) causes better health and longevity. For example, prospective longitudinal studies of normal populations provide evidence that various types of subjective well-being such as positive affect predicts health and longevity, controlling for the health and socioeconomic status at baseline. Combined

with experimental human and animal research, as well as naturalistic studies of changes of subjective well-being and physiological processes over time, the case that subjective well-being influences health and longevity in healthy populations is compelling. However, the claim that subjective well-being lengthens the lives of those with certain diseases such as cancer remains controversial. Positive feelings predict longevity and health beyond negative feelings. However, intensely around or manic positive affect may be detrimental to health (Diener & Chan, 2011; Abstract)" (Sirgy, 2012, p. 45).

Sirgy (2012) states that based on the differences between short-term and long-term states, an attempt is made to reconstruct these concepts in a framework that integrates these disparate concepts. We can construe "inner/outcome" well-being in terms of life satisfaction, happiness, perceived QOL, absence of ill-being, positive affect, eudemonia, subjective well-being, psychological well-being, and perhaps overall well-being" (Sirgy, 2012, p. 35). Sirgy also explains, subjective well-being as an enduring (long-term) sentimental state that is made of multiple components: (a) actual experience of happiness (i.e. joy, love, satisfaction, etc.) in salient life domains, (b) actual experience of depression (i.e. depression, sadness, anger, guilt, embarrassment, anxiety, etc.) in salient life domains, and (c) evaluations of one's overall life or evaluations of salient life domains (Sirgy, 2012, p. 37). The figure, Subjective Well-Being: It's Elements "shows how these three components make up the construct of subjective well-being. The figure also shows the determinants of the components. Specifically, one's actual experience of happiness is determined by an aggregation of pleasant feelings (e.g., joy, affection, pride) over time in salient life domains, in which each pleasant feeling is determined by a positive life event. Similarly, one's actual experience of depression is determined by an

aggregation of unpleasant feelings (e.g., sadness, anger, guilt, anxiety, and shame) over time in salient life domains, in which each unpleasant feeling is determined by a negative life event. The third component, life satisfaction, deals not with the actual emotional experiences (e.g., joy, affection, pride, depression, sadness, anger, guilt, anxiety, and shame) but with cognitive evaluations of life overall and salient life domains. One's evaluation of one's own life is determined by an aggregation of evaluations of positive and negative events of important life domains (e.g., leisure life, work life, family life, community life, social life, and sex life) or recall of those evaluations made in the past from memory. The evaluation of each life domain is determined by a host of evaluations of life events in that domain or simply one's assessment of positive and negative affect in that domain" (Sirgy, 2012, p. 37). Focusing on the outer dimensions of well-being, one can conceptualize the input conditions as behaviors that people engage in to contribute to society. Veenhoven calls this condition of well-being as utility of life. The inner conditions of well-being can be constructed as the ultimate "dependent variable." In other words, all other conditions of well-being are determinants or antecedent conditions to "inner well-being."

Uysal, Sirgy, and Perdue (2012) have stated, "there are many factors that capture the interaction between tourist and trip characteristics in relation to tourist satisfaction with particular life domains and/or satisfaction with life overall" (Uysal, Sirgy & Perdue, 2012, p. 673). "Focusing on tourist and trip characteristics (and their match and mismatch) and these effects on the sense of well-being in various life domains and overall can be construed as "main effects." These effects can be enriched by the inclusion

of moderator effects-demographic, psychographic, sociocultural, technological, institutional, and economic, etc." (Uysal, Sirgy & Perdue, 2012, p. 675).

Leisure

From the early writings of Aristotle to the work of contemporary scholars, the search for leisure and the principles that it rests on has formed the basis of research from multiple disciplines and has become an important value of many societies. However, a renewed interest in the study of positive human emotions and positive human health has led to an increase in the study of quality of life and its many multi-dimensional attributes (Fredrickson, 2000) (Baker & Palmer, 2006).

Many studies conducted by Lloyd, Auid, London, Moller, Unger, Kerran, and Uysal have noted the positive relationship that exists between leisure and quality of life. Participation in leisure or recreation activities is considered by many researchers as an essential component of an individual's sense of well-being and helps to support an overall positive well-being (Argyle, 1996; Murphy et al., 1991). Researchers have identified many positive benefits of leisure participation, such as: relaxation, self-improvement, family functioning, and cultural awareness all of which have shown to improve overall quality of life (Csikszentmihalyi, 1990; Driver et al., 1991; Edginton et al., 2002; Hills and Argyle, 1998; Murphy et al. 1991) (Baker, Palmer, 2006). "Leisure and its importance to life satisfaction has been heavily researched in the general QOL literatures: Diener and Suh (1997) and Karnitis (2006) acknowledge leisure and recreation as a key domain in QOL. Silverstein and Parker (2002) and Dann (2001) argue the contribution of leisure to 'successful' old age. Iwasaki, Mannell, Smale, and Butcher

(2005) and Jeffres and Dobos (1993) derive the importance of leisure for QOL from the relationship between leisure and stress relief. Kelly (1985) notes that tourism (vacations) is recreation on the move, engaging in activity away from home in which travel is at least part of the satisfaction sought. In a later review examining leisure behavior of individuals, Kelly (1999) argues that individuals seek to obtain two patters of leisure behavior throughout their life-in one pattern, leisure is consistent, accessible and persist throughout the life course, and in the other, leisure has variety, is less accessible and changes throughout the life course. Zabriskie and McCormick (2001) combine Kelly's (1999) notion of two patterns of leisure behavior with Iso-Ahola's (1984) argument that individuals 'seek stability and change, structure and variety, and familiarity and novelty in [their] leisure' (p. 98). They include activities such as watching television together, playing board games, gardening, and family dinners. Core activities often require little planning and resources and are spontaneous and informal. Balance family leisure activities are more novel experiences, occurring less frequently. They are usually not home-based, and require a greater investment of time, effort, and other resources. Balance patterns include activities such as family vacations, most outdoor recreation such as camping, boating, and fishing, community-based events, etc." (Dolnicar, Yanamandram & Cliff, 2011, p. 3). This research conducted by Zabriskie and McCormick shows the varieties of tourism. Including the concept of home-based leisure activities provide opportunities for individuals to increase their quality of life by allocating time to their home life.

Tourism

According to Hall and Page (2006), a universally accepted definition of leisure, tourism, or recreation is impossible, because the definitions change according to their intended purpose and context (Dolnicar, Yanamandram & Cliff, 2011). Although tourism may be difficult to define Uysal, Sirgy, and Perdue (2012) explain tourism as something that takes place in a destination, where people travel to the destination to visit the attractions offered, and participate in leisure activities. It is further stated that such tourism experiences allow visitors to meet their intrinsic and extrinsic growth needs while enriching themselves with experiences preserved in memories (Uysal, Sirgy & Perdue, 2012). Within the understanding of tourism, vacations are a major sector of this industry, including "stay-cations" to global vacations. The joys of vacations are an integral feature of modern life for many people in developed nations and represent a possible avenue for individuals to pursue experiences, memories, and life satisfaction (Rubenstein, 1980). Hobson and Dietrich (1994) observed that there is an "underlying assumption in our society that tourism is a mentally and physically healthy pursuit to follow in our leisure time" (p.23), and therefore a factor in increasing QOL (Dolnicar, Yanamandram & Cliff, 2011, p.1). Vacations are therefore a form of tourism that has the potential to affect visitors overall life satisfaction and quality of life.

"Tourism is a major socioeconomic force in today's world. The study of tourism and its increasing growth as a field of study can be largely attributed to tourism's ability to create significant economic benefits and jobs in destinations. Tourism and its socioeconomic impacts have become high investigated phenomena of today's academic world" (Uysal, Perdue & Sirgy, 2012, p. 1). The increase in travel and travel related

spending both have become a major staple and factor in today's economy. "Leisure and travel are increasingly viewed as necessary to one's emotional well-being and both mental and physical health. Whereas in the past one lived to work, increasingly, we now work to live. Our quality of life is increasingly defined not by our work, but by our leisure and travel" (Uysal, Perdue & Sirgy, 2012, p.1).

Destination Selection

Tourists, travel agents, service providers, tourism attractions, and Destination Marketing Organizations (DMO) as stakeholders are the central components of the destination selection system. The marketing information and transportation components are crucial components that provide tourists with the information needed in order to decide where to go, how long to stay, and what to do (Fesenmaier and Uysal 1990; Sirakaya and Woodside 2005). The mutual interaction between supply and demand affects the creation of an individual's total vacation experience in which the simultaneous production and consumption of goods and services take place (Uysal, Sirgy & Perdue, 2012).

Research has shown that the amount of time spent visiting a destination affects an individual's quality of vacation experience. The very existence of tourism and sustained competitiveness depends on the availability of resources (products and services) and the degree to which these resources are bundled to met visitor expectations and needs at the destination (Uysal et al. 2011; Kozak 2004). There are many amenities, activities, and other offerings that pull-in tourists and these different offerings put together is known as the tourist market (Pearce 1987). The amount and level of this interaction between

visitors and the destination, the level of tourism development in the destination community, the availability of tourism amenities, the support from stakeholders, and the consumption life cycle all affect the perceived and realized benefits of tourism, thus affecting the QOL of tourists and residents (Uysal, Sirgy & Perdue, 2012).

This global movement towards healthier eating and happier lifestyles is not the sole responsibility of the health services, but is a wide social issue encompassing a variety of industries and professions. The World Health Organization's (WHO) Healthy Cities initiative aims to help promote healthier eating and happier lives by engaging local governments in health development through a process of political commitment, institutional change, capacity building, partnership-based planning and innovative projects. This initiative sheds light on the concept that tourism does not exist in a vacuum. Tourism will only function smoothly if it shares, cooperates and has effective dialogue with other sectors of society, while ensuring that the destination is not comprised in terms of environmental, asocial and cultural integrity. This in turn helps to promote a destination's, resident's, and tourist's quality of life. (Hartwell, Hemingway, Fyall, Filimonau & Wall, 2012).

While on or planning for a vacation/trip, tourists have interactions with multiple groups outside of their own including, the destination's residents, business owners, and other tourists. These types of interactions begin with the planning process and do not cease until the tourist returns home from their vacation/trip. (Neal et al. 1999, 2004, 2007; Dann 2001; Hallab et al. 2003; Richards 1999; Sirgy 2010; Sirgy et al. 2011).

Tourist characteristics refer to factors such as a tourist's demographic characteristics, psychographic characteristics, and sociocultural characteristics, among others. Past studies have attempted to relate the differences in tourist's characteristics to satisfaction with specific life domains and overall life satisfaction (Uysal, Sigry & Perdue, 2012). "The consumer behavior research literature of consumer personality, psychographics, values, motives, beliefs, and reference groups is very rich. New concepts and models can be deduced form the consumer behavior literature and tested in the context of tourism and QOL. One obvious example is the very popular VALS model (www.sric-bi.com/VALS/types.html) commonly used by marketers of large firms. Market segments such as innovators, achievers, thinkers, experiences, etc., can be profiled in relation to how travel and tourism contributes satisfaction in social life, leisure life, family life, cultural life, etc. Conversely, many of the market segmentation techniques (i.e. cluster analysis) can be applied to tourism research in an inductive manner. In this case, data instead of theory should dictate. Applying market segmentation techniques may allow tourism researchers to identify unique segments that vary in terms of how tourism impacts their various life domains and life satisfaction at large" (Uysal, Sirgy & Perdue, 2012, p. 672).

Wellness Tourism

Wellness tourism can be defined as travel that focuses on maintaining or enhancing one's personal wellbeing. Wellness travel encompasses five major factors; healthy living, rejuvenation & relaxation, meaning & connection, authentic experiences, and disease prevention & management (SRI International). Along with wellness tourism comes spa tourism, which makes up for a large portion of the wellness tourism industry.

Spa tourism represents about 41% of all wellness tourism expenditures (SRI International). The general tourism industry is continuing to grow at a rapid pace and due to wellness being such a strong consumer trend this niche market is growing faster than the overall tourism industry. Due to heightened attention placed on persona lifestyle and health trends the wellness tourism industry is in a position for great success within the United States and beyond.

Chapter 3

Methodology

This chapter provides research questions, and the general hypothesis for this study. Also, the research design, instrumentation, implementation, and methods of data analysis are discussed.

Research Questions

This study will attempt to address the following research questions:

1. What sub segments exist in the health and wellness market of the traveling public?
2. Would it be possible to identify market segments based on the attributes of wellness for a given destination?
3. How can destination promoters (hospitality and tourism industries) use variations in travel behavior and demographics of market segments based on attributes of wellness to better market their services and products?

General Hypothesis of the Study

The general hypothesis of the study is that the travel market is not homogeneous and there is that more than one segment based on self-proclaimed travel behavior variables and attributes. These segments will show variations with respect to travel behavior variables, push/pull factors, information sources and demographic variables.

Dependent Variables

The ultimate dependent variable is the segments (cluster membership) to be identified.

Independent Variables

The independent variables are listed below:

- Travel behaviors
- Demographics

Instrumentation

The survey instrument used in this study is a product of several studies and has been adapted from a variety of other studies (i.e. Hallab, Yoon & Uysal's Healthy-Living Attitude questionnaire). These questions targeted respondents 18 years of age or older, who have taken a minimum of one overnight trip within the last year for pleasure purposes. Following the screening questions a "warm-up" section was used to get respondents familiar with the survey procedure, specifically asking respondents their daily healthy living behaviors.

The survey instrument began with the "warm up" section, which asked respondents to identify their behavioral healthy living habits. Following the "warm up" section 22 attitudinal statements were listed and respondents were asked how much they agreed with a variety of healthy living statements, rated with a five-point Likert scale (1=Strongly Agree to 5=Strongly Disagree) to establish the degree to which respondents agreed or disagreed with different statements. Then the respondents travel motivations (push/pull factors) were measure using a five-point Likert scale (1=Very Important to 5=Not Important) to rate how important given reasons were for considering taking a vacation/trip. The respondents were then asked for insight into the information sources used when planning a vacation. Respondents were able to rate how important the given information sources were in planning a vacation/trip on a five-point Likert scale (1=Very

Important to 5=Not Important). The next section focused on understanding the purpose of the respondents traveling within the last year. The final part of the survey asked respondents to provide their personal information for the demographics section of the survey.

Survey Procedure

As the survey instrument was altered to fit the needs of this study, a pilot study was conducted to observe grouping of items and potential segments. The questions regarding the attributes of wellness, push/pull factors, tourism, leisure, and health were sent out to an online class and students were offered extra credit in exchange for their participation. In this manner, it was seen how the items of each scale grouped together to ensure that only one characteristic of each dimension was being measured. This method also helped eliminate any items that did not appear applicable to wellness, therefore condensing the final survey length. After the initial pilot study, a second pilot study was conducted to further see how the items of the healthy living attitudes scale grouped together to see how many segments were delineated from the scale.

After both of the pilot studies were finished and the survey had been finalized, the survey will be sent out through a marketing firm in Virginia Beach, Virginia (Issues and Answers), who guaranteed a certain number of useable, completed surveys from the desired pool of candidates. Respondents were screened based on being 18 years of age or older and having taken a minimum of one overnight trip within the last year for pleasure purposes. Because panel data collected from the commercial firm was used, the notion of internal validity was established. The desired amount of completed surveys to be

collected before conducting an analysis will be between 350-400 completed surveys (400 completed surveys was the final amount collected).

The final survey consisted of seven sections. The first section screened respondents to ensure they were 18 years of age or older and that respondents had taken at least one overnight trip for pleasure purposes in the last year. The second section of the survey instrument was the "warm up" section, which asked respondents to identify their behavioral healthy living habits. The third part of the survey consisted of attitudinal questions that asked respondents how much they agreed with a variety of healthy living statements, rated with a five-point Likert scale to establish the degree to which respondents agreed or disagreed with different statements. The fourth section measured the respondents travel motivations (push/pull factors) and behaviors and also used a five-point Likert scale to rate how important given reasons were for considering taking a vacation/trip. The fifth section asked for insight into the information sources used when planning a vacation. Respondents were able to rate how important the given information sources were in planning a vacation/trip on a five-point Likert scale from very important to not important. The sixth section aimed to understand the purpose of the respondents traveling within the last year. The seventh and final part of the survey asked respondents to provide their personal information for the demographics section of the survey.

Data Analysis

The analysis consisted of several steps including a profile of respondents based on descriptive statistics and travel behavior variables in general and checking for normality of data. The study followed a posterior (factor-cluster analysis) approach to delineating the existing segments. First, the study factor analyzed the final scale of wellness and

push/pull factors in order to reveal the underlying dimensions of the scale as a construct. Once the factors and their scores have been delineated and saved, the study used a quick cluster method on the saved factor scores in order to identify clusters-segments. This step resulted on two segments, based on the 4 factors from the scale. Finally, the study profiled and described the segments membership using both demographic and travel behavior variables. This last step was accomplished in two ways: 1). The delineated segments were used as the dependent variable with levels of segments and the scale of wellness and push/pull items behavioral variables as the independent variables in discriminant analysis in order to better understand the description of each segment and also reveal the level of correct classification of membership in each segment. 2). For categorical variables (mostly demographic variables). Chi-square test of homogeneity and for continuous variables depending on the number of segments, t-test (two segments) were utilized to examine in what ways the delineated segments are statistically significant from each other.

Chapter 4

Analysis and Results

The results of the data analysis and the general study hypotheses are presented in this chapter. The first section of this chapter discusses the results of the pilot study, which was used in order to check the reliability of item dimensions in this study. The second section provides a description of the survey methods used in this study, as well as the demographic profile of the survey respondents. The last section explains and discusses the results of the statistical analysis of the data collected.

Pilot Study

Prior to this study two pilot tests were run in order to focus the study (thus the questionnaire). The first pilot study questionnaire was concerned with healthy living attitudes, push and pull factors, information sources and demographic, respondents were asked to rate on a Likert-type scale (1=Strongly Agree to 5=Strongly Disagree each of the 15 healthy living attitudes listed. This scale, which was adapted form a previous study conducted by Hallab, Yoon, and Uysal (2003), required some modifications to cater to the specific needs of this study. The first pilot study was sent out to an online undergraduate class as well as to colleagues and friends. A total of 358 questionnaires were collected over a seven day time period. However, only 298 (77%) were complete and useable. As 400 completed surveys was the desired amount for the final survey, 298 useable responses were thought to be sufficient in order to condense and provide more structure for the existing survey questions. Gender was evenly distributed (43.5% male and 56.5% female).

For exploratory factor analysis (EFA), the following conventional criteria were used: Eigen value = 1 or higher, Loading value = .45 or higher, and each factor explained at least 5% of total variance. The scale of 15 healthy attitude items had three factor groupings (Healthy Living Habits, Balanced Life, and Harmony with Spirit and Nature) that explained over 68% of the variance in healthy attitudes. Based on the pilot study two items were reworded to become one, resulting in 14 healthy living attitudes items.

The scale of psychological reasons for travel (31 push factors) had seven factor groupings (were not named for purpose of pilot study) that explained over 68% of the variance in psychological reasons for travel. Based on the pilot study, two items were removed due to doubled loading and one item was removed because it did not have a minimum loading of .45. After these changes the final scale of push factors consisted of 29 items.

The scale of psychological/destination attributes (28 pull factors) had seven factor groupings (were not named for purpose of pilot study) that explained over 68.7% of the variance in psychological reasons for travel. Based on the pilot study, one item was removed because of "irrelevance", another item was removed because it did not have a minimum loading of .45, and one double loaded item was retained because of its importance. After these changes the final scale consisted of 26 pull factors.

A second pilot study was created using the 15 healthy living attitude questions from the original survey as well as 22 questions that were added to further pilot test the healthy living attitudes scale questions, for a total of 37 healthy living attitude scale items for a second round of testing. A total of 134 questionnaires were collected over a five day

time period. However, only 114 (85%) were complete and useable. From the results of the pilot study 15 healthy living scale items were removed due to double loading, not having the minimum loading of .45, or due to "irrelevance". The end result of the second pilot study was the final set of 22 healthy living attitude scale questions to be further tested.

Data Collection and Sample

Survey Method and Sample

Data was collected using a marketing research firm in Virginia Beach, Virginia (Issues & Answers). A panel provider used their own collection of e-mails to send out invites to a random sample populations of the U.S. public. The panel provider sent a blast of e-mail invitations to 65,121 potential respondents inviting them to participate in the study. After the invitations had been out for seven launch days, the study achieved a final count of 400 useable questionnaire responses.

Profile of Respondents

The general demographic information of the total sample is explained in order to provide an overview of the description of respondents (See Table 4.1). Of the 400 respondents, 48.8% (195) were male and 51.3% (205) were female and respondents had a mean age of 46 years old. Most of the respondents, 55.7% (234), had some or completed a college degree and 22.8% (91) respondents earned an annual salary of $50,000-$74,999. The general demographic information is representative of the U.S. population, according to the U.S. 2012 Census Bureau demographic information. Consistency can be seen in gender between the U.S. population as 50.8% of the U.S. population is female and

the survey sample was comprised of 51.3% females. In regards to age the U.S. census identifies 13.7% of the U.S. population to be 65 years of age and older, which is closely consistent with the survey respondents, 24.5% being 61 years of age and older. The consistencies between the U.S. census information and the survey sample provide support that the respondents are indeed a representative population of the general U.S. traveling public.

Table 4.1 Demographic Characteristics of Respondents

Variable	Frequency	Percentage (%)
Gender		
Male	195	48.8
Female	205	51.3
Age		
18-29	83	20.8
30-44	112	28
45-60	107	26.8
61 and Over	98	24.5
Education		
Less than High School	11	2.8
Some or Completed High School	69	17.2
Some or Completed College Degree	234	55.7
Some or Completed Graduate Degree	86	24.3
Marital Status		
Single	124	31.0
Married	128	54.5
Divorced/Widowed/Separated	58	14.5
Household Income		
Less than $25,000	49	12.3
$25,000 - $34,999	41	10.3
$35,000 - $49,999	77	19.3
$50,000 - $74,999	91	22.8
$75,000 - $99,999	59	14.8
$100,000 or more	83	20.8

Note: n=400

The questionnaire also included a variety of questions regarding travel behavior of respondents; therefore, respondents can be further described based on which type of information source they used to plan for a vacation/trip. Based on the responses collected, general internet search was ranked as the most important information source used (mean=2.22) when planning/seeking out information for a trip/vacation. Word of mouth from family and friends ranked as the second most important information source respondents used (mean=2.29). A destination's website was ranked third, followed by online booking resources (i.e. Orbitz, Kayak, Booking.com) as fourth, and general brochures/travel guides ranked as the fifth most important information source used by respondents (Table 4.2).

Table 4.2 Information Sources Used by Respondents

Variable	Mean	Ranking
Travel Professionals		
General Travel Agents	3.27	11
General Tour Operators	3.07	9
Special Interest Travel Agents/Tour Operators (Health/Fitness)	3.35	13
Print Media Advertisements		
General Brochures/Travel Guides	2.63	5
Advertisements in General Magazines	3.06	8
Special Interest Brochures/Travel Guides (Health/Fitness)	3.26	10
Advertisements in Health/Fitness Magazines	3.51	14
Direct Mail from Destinations	3.00	7
Online Sources		
Destination's Website	2.35	3
General Internet Search	2.22	1
Online Booking Resources (i.e. Orbitz, Kayak, Booking.com)	2.60	4
Social Media (i.e. Facebook, Twitter, Instagram)	3.35	13
General Travel Blogs	3.29	12
Travel Recommendation/Rating Sites (i.e. TripAdvisor)	2.74	6
Family/Friends – Word of Mouth		
Friends and/or Family Members	2.29	2

Note: n=400, 1=very important and 5=not important

The sixth part of the questionnaire aimed to understand how often and for what reason(s) respondents traveled within the last year. On average the respondents had taken a total of 3.93 trips within the last year. Among the trips that respondents had taken in the last year the entire respondent population took an average of .81 trips for business purposes, an average of 2.71 trips were taken for pleasure purposes, an average of .2 trips were taken to attend meetings/conventions, an average of .2 trips were taken for a mix of business/pleasure/meetings and conventions, and an average of .13 trips were taken for other reasons.

Data Analysis

This section of the chapter discusses the results of the statistical analysis conducted for the main focus of the study.

Healthy Living Attitudes – Exploratory Factor Analysis & Formation of Segments

To identify major healthy living attitude groupings, respondent ratings of importance of the 22 healthy living attitude items were subjected to a principal components factor analysis to determine the underlying dimensions of the scale items. It was also important to reveal the amount of healthy living attitude variance that was explained in the study.

The factor score was computed from responses to each scale item using the following conventional criteria were used: Eigen value = 1 or higher, Factor loading value = .45 or higher, and each factor explained at least 5% of total variance. In addition, reliability alpha (Cronbach's alpha) was generated for each factor. Once the factors of the healthy living attitudes have been delineated, the study used the conventional approach

(factor-cluster or posterior approach) to revealing existing segments. Two different options of doing this were explored. The first option used the saved factor scores of four dimensions to do quick cluster using SPSS 21. This process resulted in two distinct clusters/segments. The second option used the entire list of 22 healthy living attitudes items to do again quick cluster. This too yielded two distinct clusters/segment. Using the two distinct segments as the dependent variable and the individual items of the healthy living attitudes scale as independent variables, the study employed discriminant analysis to reveal descriptive information on segments and also establish correct classification distributions. Finally, different profiles were identified among the grouped clusters. Chi-square tests were used to explore statistically significant differences between the clustered groups for demographic factors of gender, age, education, marital status, and income and behavioral variables. T-tests were used for continuous variables.

Identification of Cluster Groups

Cluster analysis was used to classify respondents into mutually exclusive groups. Using the SPSS 21 quick cluster technique, the existing segment clusters were identified based on the 22 healthy living attitude scale items. The quick cluster analysis revealed two distinct clusters. The first accounted for 79% of respondents, while the second cluster was represented by 21% of respondents. The first cluster group consistently indicated higher mean scores on the healthy living attitudinal scale than the second cluster group did.

Discriminant Analysis

SPSS stepwise discriminant analysis was employed to identify and delineate the healthy living attitude items and push and pull factors that most effectively discriminated between Clusters 1 and 2. Table 4.3 illustrates the results of the summary statistics using the four healthy living attitude factors, five push factors, and five pull factors as predictors. Since this is a two-group discriminant analysis model, it was only necessary to calculate one canonical discriminant function. The one function produced an Eigen value of 1.88, which explained 100% of the variance, which indicates that the function is related to the group difference. The value of Wilk's Lambda (.34) and the chi-square test of Wilk's Lambda (413.87) showed that the overall separation of groups was significant at the level of .00.

To determine whether the function was a valid predictor, the classification matrices were examined. Table 4.4 describes the discriminant functions as achieving a high degree of classification accuracy. For example 100% of members of Cluster 1 were correctly classified where as 85.7% of members of Cluster 2 were also correctly classified.

Based on the importance allotted on each healthy living attitude factor to each subsequent cluster, Cluster 1 was labeled High Health Conscious segment and Cluster 2 was labeled Low Health Conscious segment, thus implying that respondents in the first segment attach more importance to health-related attributes when traveling. Having delineated the two cluster solutions, segments' members were then profiled to understand their psychological reasons for travel and their characteristics.

Given the nature of the discussion above two distinct clusters exists in the general traveling public of the U.S. These two clusters can be described as High Health Conscious (Cluster 1) and Low Health Conscious (Cluster 2). The first cluster can be described as individuals who place a higher/larger amount of attention on their personal health and wellness, whereas the second cluster can be described as individuals who do not place a high amount of importance or attention towards their health and wellness as compared to Cluster 1. The analysis in this section addresses Research Question 1: What sub segments exist in the health and wellness market of the traveling public?

Table 4.3 Test of Significance of the Discriminant Function Level

Function	Eigen Value	Variance (%)	Canonical Correlation	Wilks' Lambda	Chi-Square	Sig.
1	1.88	100.00	.80	.34	413.87	.000

Table 4.4 Classification Results

Actual Group	No. of Cases	Predicted Group Membership 1	Predicted Group Membership 2
Cluster 1	316	316	0
		100%	.0%
Cluster 2	84	72	12
		85.7%	14.3%

Four factors explaining 73.32% of the total variance emerged from the factor analysis of the 22 healthy living attitude scale (Table 4.5). Each factor was named based on the common characteristics of the variables included. The first factor was labeled "Life Satisfaction" and included nine variables such as being happy with one's life,

mental health, and job/career. Each of the nine variables focused on one's attitude towards their life satisfaction as the scale statements were based on life, work, and social attitudes. This factor explained 48.57% of the total variance with a reliability alpha of .92.

The second factor entitled "Healthy Attitudes" included seven items such as believing it is important to exercise on a regular basis, maintain a healthy weight, and eat a balanced diet. The Healthy Attitudes factor placed importance on physical healthy attitudes that promote physical health through healthy eating and physical activity. The second factor could explain 12.97% of the total variance with a reliability alpha value was .93.

The third factor entitled "Connection with Environment/Nature" included three variables such as believing it is one's responsibility to protect the world's natural environment, and believing it is important to recycle and reduce pollution. Each of these three variables provides an accurate representation of the Nature Preservation factor. This factor had an explained 6.47% of the total variance with a reliability alpha of this factor was .89.

The fourth and final factor entitled "Body Image" included two variables, being happy with one's body and being happy with one's physical conditions. These two variables also provide an accurate representation of the Self Image factor. This factor explained 5.29% of the total variance with a reliability alpha of this factor was .87.

Table 4.5 Healthy Living Attitudes Scale Exploratory Factor Analysis

Variable	Factor Loading	Eigenvalue	% of Variance	Alpha
Life Satisfaction (Factor 1)		*10.20*	*48.57*	*.92*
I believe I establish peace and harmony in my personal life	.78			
I believe I am happy with my job/career	.77			
I am happy with my mental health	.77			
I am happy with my life	.76			
I believe I balance my work and my life well	.74			
I believe my job/career provides me with personal fulfillment	.73			
I believe I cope well with life's challenges	.71			
I am happy with my spiritual health	.70			
I believe I have good family support	.53			
Healthy Attitudes (Factor 2)		*2.72*	*12.97*	*.93*
I believe it is important to eat a balanced diet	.85			
I believe it is important for one to eat the recommended servings of vegetables per day	.83			
I believe it is important for one to maintain a healthy weight	.83			
I believe it is important for one to eat the recommended servings of fruit per day	.81			
I believe it is important for one to exercise on a regular basis	.79			
I believe spending time with my friends is important	.69			
I believe spending time with my family is important	.69			
Connection with Environment/Nature		*1.36*	*6.47*	*.89*
I believe it is my responsibility to protect the world's natural environment (i.e. air, water, land)	.84			
I believe it is important to recycle	.80			
I believe it is important to reduce pollution in the	.80			

environment				
Body Image (Factor 4)		*11.1*	*5.29*	*.87*
I am happy with my body	.87			
I am happy with my physical conditions	.84			
Total variance			*73.32*	

Note: n=400

Push Items – Exploratory Factor Analysis

Five factors explaining 63.57% of the total variance emerged from the factor analysis of the 30 Push Factors (psychological reasons for travel) scale (Table 4.6). Each factor was named based on the common characteristics of the variables included. The first factor was labeled "Physical/Spiritual Healing" and included nine variables such as being happy with one's life, mental health, and job/career. Each of the seven variables focused on one's attitude towards being cleansed/healing spiritually and physically. The scale statements included being cleansed physically and spiritually, enjoying health spas, and seeking healthcare services. This factor explained 41.15% of the total variance with a reliability alpha of .90.

The second factor entitled "Increasing Knowledge and Opportunities" included eight items such as learning new things, being open to new ideas and concepts, and improving skills. The Increasing Knowledge and Opportunities factor placed importance on broadening one's horizons and learning. The second factor could explain 41.15% of the total variance with a reliability alpha of .90.

The third factor entitled "Seeking Out Adventures/New Different Experiences" included five variables such as finding thrills, being daring and adventurous, and being

away from friends and family (to get away). Each of these five variables provides an accurate representation of the Seeking Out Adventures/New Different Experiences factor. This factor explained 9.20% of the total variance with a reliability alpha of .90.

The fourth factor entitled "Breaking From Ordinary/Relaxing" included five variables such as doing nothing at all (relaxing), escaping from the ordinary, and breaking from one's daily living habits. This factor explained 5.29% of the total variance with a reliability alpha of .87.

The fifth and final factor entitled "Spending Time With People (Family, Friends, New People)" included three variables, the ability to meet new people, being able to spend quality time with one's family, and going to places one's friends and family have not visited. This factor explained 4.54% of the total variance with a reliability alpha of .78.

Table 4.6 Push Items Exploratory Factor Analysis

Variable	Factor Loading	Eigenvalue	% of Variance	Alpha
Physical/Spiritual Healing (Factor 1)		*12.34*	*41.15*	*.90*
Being cleansed physically	.75			
Participate in fitness and wellness seminars	.74			
Seek healthcare services (medical examinations, special diets)	.74			
Be cleansed spiritually	.71			
Enjoy health spas (relaxation saunas, yoga, beauty treatments)	.69			
Participating in sports	.69			
Bathe in warm springs and/or mineral waters	.68			
Increasing Knowledge and Opportunities (Factor 2)		*12.34*	*41.15*	*.90*

Learning new things, increasing knowledge	.72			
Being open to new ideas and concepts	.66			
Improving skills	.64			
Developing healthy living habits	.62			
Being physically active	.61			
Traveling to places rich in nature made attractions	.59			
Seeking out new challenges	.58			
Traveling to historical destinations	.52			
Seeking Out Adventures/New Different Experiences (Factor 3)		*2.76*	*9.20*	*.90*
Finding thrills and excitement	.63			
Being daring and adventurous	.60			
Indulging in gourmet cuisine/desserts	.57			
Being able to leave family and friends behind (to get away)	.54			
Traveling to urban areas	.53			
Breaking From Ordinary/Relaxing (Factor 4)		*1.49*	*4.99*	*.81*
Traveling to places where I feel safe/secure	.72			
Doing nothing at all (relaxing)	.70			
Feeling at home away from home	.64			
Escaping from the ordinary	.63			
Breaking from my daily living habits	.52			
Spending Time with People (Family, Friends, New People) (Factor 5)		*1.36*	*4.54*	*.78*
Going to a place your family and/or friends have not visited	.62			
The ability to meet new people	.61			
Being able to spend quality family time together	.52			
Total variance			*63.57*	

Note: n=400

Pull Items – Exploratory Factor Analysis

Five factors explaining 66.62% of the total variance emerged from the factor analysis of the 28 Pull Factors (psychological reasons for travel) scale (Table 4.7). Each factor was named based on the common characteristics of the variables included. The first factor was labeled "Health Accommodations/Options" and included seven variables such as restaurants with emphasis on healthy cuisine, accessibility to a gym, and spas/health resorts (offer medical examinations & treatments). This factor explained 43.86% of the total variance with a reliability alpha of .91.

The second factor entitled "Sports/Indoor Leisure Activities" included six items such as watching a sporting event, going to casinos/gambling, and having all activities and amenities in the same place/location. The second factor explained 8.25% of the total variance with a reliability alpha of .91.

The third factor entitled "Nature Based/Outdoor Leisure Activities" included six variables such as outdoor activities, water activities, national parks and forests, and the availability of running or walking trails. Each of these three variables provides an extremely accurate representation of the Nature Based Leisure Activities factor. This factor explained 6.20% of the total variance with a reliability alpha of .87.

The fourth entitled "Cleanliness of Amenities/Facilities" included four variables, environmental quality of air, water, and soil, local healthcare emergency facilities standards, and hygiene and cleanliness of facilities and services. This factor explained 4.42% of the total variance with a reliability alpha of .77.

The fifth and final factor entitled "Educational Tour Options" included three variables, historical archeological or military sites and buildings, museums and art galleries, and educational tour packages. These three variables provide an accurate representation of the Education Tour Options factor. This factor explained 3.87% of the total variance with a reliability alpha of .81.

Table 4.7 Pull Items Exploratory Factor Analysis

Variable	Factor Loading	Eigenvalue	% of Variance	Alpha
Health Accommodations/Options (Factor 1)		*12.28*	*43.86*	*.91*
Restaurants with emphasis on healthy cuisine	.75			
Healthy local cuisine (emphasis on healthy cooking methods)	.71			
Accommodation with a health club/exercise facility	.62			
Shopping with emphasis on health products (vitamins & herbal remedies)	.62			
Spas/health resorts (offer medical examinations & treatments)	.57			
Smoking free bars and night clubs	.55			
Accessibility to a gym with a daily/weekly rate (no membership required)	.52			
Sports/Indoor Leisure Activities (Factor 2)		*2.31*	*8.25*	*.80*
Fast food restaurants	.67			
Casinos and gambling	.66			
Watching a sporting event	.63			
Internet access	.57			
Luxury facilities/services	.56			
Having all activities and amenities in the same place	.54			
Nature Based/Outdoor Leisure Activities (Factor 3)		*1.73*	6.20	.87
Outdoor activities such as hiking and climbing	.78			
Campgrounds and trailer parks	.71			

Water activities such as kayaking, scuba diving, snorkeling, etc.	.64			
National Parks and forests	.61			
The availability of running or walking trails	.58			
Mineral springs	.52			
Cleanliness of Amenities/Facilities (Factor 4)		1.24	*4.42*	*.77*
Hygiene and cleanliness of facilities/services	.79			
Environmental quality of air, water, soil	.69			
Beach or pool for swimming	.60			
Local healthcare emergency facility standards	.55			
Educational Tour Options (Factor 5)		*1.08*	*3.87*	*.81*
Historical archeological or military sites and buildings	.82			
Museums and art galleries	.79			
Educational tour packages	.54			
Total variance			*66.62*	

Note: n=400

Profile of Segments

The profile of delineated segments was presented with respect to a. demographic variables, b. behavioral variables. This section addresses Research Question 2: Would it be possible to identify market segments based on the wellness attributes for a given destination?

Demographic Profiling

A demographic profile of each cluster was identified using cross-tabulation analysis. The chi-square statistics was used to determine if there were any statistically significant differences among the two cluster groups. Table 4.8 provides a profile of the

two clusters with respect to selected demographic characteristics of respondents. The chi-square analysis revealed the clusters were significantly different based solely on age variables. Segment 1: High Health Conscious had more respondents in the older age bracket (61 years of age and over) (21.5%) whereas Segment 2: Low Health Conscious had more respondents in the younger age bracket (18-29 years of age) (26.2%). In summary, age was shown to be statistically significant between the two groups.

Table 4.8 Profile Segments Using Demographics

Demographics	Segment #1	Segment #2	Chi Square	P-value
Gender			*1.53*	*.21*
Male	37.3%	11.5%		
Female	41.8%	9.5%		
Age			*11.04*	*.01*
18-29 years of age	19.3%	26.2%		
30-44 years of age	25.3%	38.1%		
45-60 years of age	28.2%	21.4%		
61 and over	21.5%	3.0%		
Education			*3.82*	*.28*
Some or completed grade school	2.5%	3.6%		
Some or completed high school	15.5%	23.8%		
Some or completed college degree	59.5%	54.8%		
Some or completed graduate degree	22.5%	17.9%		
Marital Status			*3.69*	*.15*
Single	23.3%	7.8%		
Married	45.0%	9.5%		
Divorced/Widowed/Separated	10.8%	3.8%		
Household Income			*5.54*	*.35*
Less than $25,000	10.8%	17.9%		

$25,000-$34,999	9.5%	13.1%
$35,000-$49,999	19.0%	20.2%
$50,000-$74,999	23.4%	20.2%
$75,000-$99,999	15.2%	13.1%
$100,000 or more	22.2%	15.5%

Note: n=400

Attitudinal Profiling

To delineate the differences in healthy living attitudes between the two clusters, means for each attitude scale item was calculated. Table 4.9 shows the differences in means between the two clusters. The results of this analysis describe significant differences between clusters in terms of mean scores of all healthy living attitudes. The mean scores of Cluster 1 were consistently lower than those of Cluster 2. The only motive items with similar means for the two clusters was under Factor 4: Body Image, scale questions: I am happy with my body and I am happy with my physical conditions.

Table 4.9 Healthy Living Attitudes Profile Analysis

Variable	Cluster 1 (mean)	Cluster 2 (mean)	t-value
Life Satisfaction (Factor 1)	*1.88*	*3.46*	*-20.69*
I believe I establish peace and harmony in my personal life	1.84	3.49	-14.11
I believe I am happy with my job/career	2.23	3.65	-10.77
I am happy with my mental health	1.83	3.43	-12.19
I am happy with my life	1.83	3.69	-16.46
I believe I balance my work and my life well	1.79	3.32	-14.72
I believe my job/career provides me with personal fulfillment	2.24	3.68	-10.22
I believe I cope well with life's challenges	1.77	3.50	-15.32

I am happy with my spiritual health	1.79	3.20	-12.47
I believe I have good family support	1.67	3.23	-11.55
Healthy Attitudes (Factor 2)	*1.59*	*3.19*	*-20.19*
I believe it is important to eat a balanced diet	1.53	3.06	-11.62
I believe it is important for one to eat the recommended servings of vegetables per day	1.65	3.13	-11.08
I believe it is important for one to maintain a healthy weight	1.50	3.04	-10.68
I believe it is important for one to eat the recommended servings of fruit per day	1.72	3.32	-12.56
I believe it is important for one to exercise on a regular basis	1.69	3.27	-13.67
I believe spending time with my friends is important	1.66	3.31	-13.16
I believe spending time with my family is important	1.41	3.20	-12.44
Nature Preservation	*1.81*	*3.05*	*-11.90*
I believe it is my responsibility to protect the world's natural environment (i.e. air, water, land)	2.05	3.20	-8.93
I believe it is important to recycle	1.67	2.98	-9.19
I believe it is important to reduce pollution in the environment	1.72	2.99	-11.68
Body Image (Factor 4)	*2.45*	*3.41*	*-7.52*
I am happy with my body	2.51	3.42	-6.48
I am happy with my physical conditions	2.40	3.42	-7.58

Note: 1=very important and 5=not important

Push/Pull Factors and Information Sources Profile Analysis

To delineate the differences in push, pull, and the use of information sources between the two clusters, means for each dimension was calculated. Table 4.10 shows the differences in means between the two clusters. The results of this analysis describe significant differences between clusters in regards to push factors (psychological reasons for travel). The mean scores of Cluster 1 were lower than those of Cluster 2, showing a

stronger agreement with the variable(s). Such variables include, breaking from ordinary (relaxing) in which the Cluster 1 mean equaled 1.91 and the Cluster 2 mean equaled 2.69. This significant difference between the clusters assists in explaining why the clusters are pushed to travel. The results of this analysis also describe significant differences between clusters in regards to pull factors (destinations attributes). The mean scores of Cluster 1 are again lower than those of Cluster 2, showing a stronger agreement with the variable(s). Such variables include, health accommodations/options in which the Cluster 1 mean equaled 2.93 and the Cluster 2 mean equaled 3.38 and cleanliness of amenities/facilities in which the Cluster 1 mean equaled 2.83 and the Cluster 2 mean equaled 2.88.

When delineating the differences in the respondents' use of information sources between the two clusters the means showed a significant difference between using friends/family and word of mouth to gather destination information, the mean for Cluster 1 equaled 2.17 and Cluster 2 equaled 2.73. From the descriptive statistics of the information sources the following ranks how important respondents found the information sources: Most important-word of mouth, followed by online information sources, then print media, and lastly travel professionals.

Table 4.10 Push Items, Pull Items, and Information Sources Profile Analysis

Variable	Cluster 1 (mean)	Cluster 2 (mean)	t-value
Push Items			
Physical/Spiritual Healing (Factor 1)	2.97	3.37	-3.35
Increasing Knowledge and Opportunities (Factor 2)	2.09	2.96	-8.95
Seeking Out Adventures/New Different Experiences (Factor 3)	2.56	3.08	-4.68

Breaking from Ordinary/Relaxing (Factor 4)	1.91	2.69	-7.66
Spending Time with People (Family, Friends, New People) (Factor 5)	2.08	2.81	-7.13
Pull Items			
Health Accommodations/Options (Factor 1)	2.93	3.38	-3.81
Sports/Indoor Leisure Activities (Factor 2)	2.85	3.12	-2.73
Nature Based/Outdoor Leisure Activities (Factor 3)	2.83	3.25	-3.63
Cleanliness of Amenities/Facilities (Factor 4)	2.05	2.88	-8.08
Educational Tour Options (Factor 5)	2.58	3.05	-3.71
Information Sources			
Travel Professionals (Factor 1)	3.17	3.42	-1.87
Print Media Advertisements (Factor 2)	2.93	3.35	-3.19
Online Sources (Factor 3)	2.65	3.13	-4.40
Family/Friends-Word of Mouth	2.17	2.73	-4.13

Note: All significant at .05 or better probability levels except travel professionals which was significant at .07 probability level.

In order to create efficiency and robustness discriminiant analysis was conducted on the healthy living attitude factors, push factors, and pull factors (Table 4.11). The significant differences between Clusters 1 and 2 can be seen from each of the Healthy Living Attitude factors, which provides more support for the High Health Conscious versus Low Health Conscious clusters. There is also a difference between Cluster 1 and the importance that is placed on push versus pull factors. It can be seen in the table below that more members from Cluster 1 place a higher importance on the push factors when traveling. The members of Cluster 1 discriminate themselves strongly from Cluster 2 in regards to breaking from the ordinary/relaxing. These are the key discriminating factors that further confirm the two segment descriptions of the High Health Conscious and Low Health Conscious segments.

Table 4.11 Healthy Living Attitude Factors, Push Factors, and Pull Factors Discriminant Analysis

Variable	Cluster 1 (mean)	Cluster 2 (mean)
Healthy Living Attitude Factors		
Life Satisfaction (Factor 1)	1.88	3.46
Healthy Attitudes (Factor 2)	1.59	3.19
Connection with Environment/Nature (Factor 3)	1.81	3.05
Body Image (Factor 4)	2.45	3.41
Push Factors		
Physical/Spiritual Healing (Factor 1)	2.97	3.37
Increasing Knowledge and Opportunities (Factor 2)	2.09	2.96
Seeking Out Adventures/New Different Experiences (Factor 3)	2.56	3.08
Breaking From Ordinary/Relaxing (Factor 4)	1.91	2.69
Spending Time with People (Family, Friends, New People) (Factor 5)	2.08	2.81
Pull Factors		
Health Accommodations/Options (Factor 1)	2.93	3.38
Sports/Indoor Leisure Activities (Factor 2)	2.85	3.12
Nature Based/Outdoor Leisure Activities (Factor 3)	2.83	3.25
Cleanliness of Amenities/Facilities (Factor 4)	2.05	2.88
Educational Tour Options (Factor 5)	2.58	3.05

This section also included travel variables such as the number of trips taken within the last year and the purpose of trips/vacations. The comparative analysis revealed that there was no significant difference between the two clusters, Cluster 1 had taken an average of 3.9 trips and Cluster 2 had taken an average of 3.89 trips within the last year. Although trips designated for pleasure purposes were taken more frequently there was no difference between the two clusters, Cluster 1 took an average of 2.77 trips for pleasure

purposes in the last year and Cluster 2 took an average of 2.42 trips for pleasure purposes in the last year.

Chapter 5

Discussion and Conclusion

This chapter summarizes the findings and their implications. The first section provides a summary of the findings, followed by the practical and theoretical implications of the findings from the study in order to demonstrate what knowledge has been gathered from this study and how it may be applied. The chapter concludes with a discussion of limitations of the study as well as suggestions for future research.

Summary of the Findings

The purpose of this study was to explore and delineate the differences between segments of the traveling public, using factor-cluster segmentation analysis. Panel data obtained from an outside source in April of 2014 was used for this study. The research methodology used in the study involved four steps. First, a factor analysis of the 22 healthy living attitudes items was performed, resulting in four health living attitude factors. Second, based on these four healthy living attitude factors a cluster analysis was employed using the quick cluster technique. From this two clusters were identified. Third, a discriminant analysis was computed to highlight the healthy living attitudes that most differentiated the two clusters, and better defined their characteristics. The last step profiled the segments using behavioral and demographic variables of the two clustered groups.

Summary of the Discussion

This study revealed four distinct healthy living attitude factors of the general U.S. traveling population: Healthy Attitudes, Life Satisfaction, Nature Preservation, and Self Image. Like Hallab, Yoon, and Uysal's study (2003), this study showed that there are two clusters within the traveling public (high health conscious and low health conscious). Though there was little significant difference found between the two clusters based upon their demographic variables, attitudes towards healthy living, and their physiological reasons for travel, it is important to note that there are two different homogenous groups within the general traveling public of the U.S. that have significantly different attitudes towards healthy living attributes and travel accommodations/offerings. These two groups, the High Health Conscious and Low Health Conscious, all support some aspects of healthy living to some degree. However, tourism and leisure planners, destination marketing organizations, etc. should note that a "one size fits all" approach to marketing a destination that focuses on health and wellness spas/retreats will not be appropriate as the traveling public is a heterogeneous population.

Table 5.1 Summary Profile of the Segments

Segment	Profile and Motivations
High Health Conscious (Cluster 1) (79% of the market)	
	Mostly women
	Most likely to have higher membership from older population (61 years of age and older)
	Most likely to have higher level of education
	Place high importance on destination selection through word of mouth
	Seek to increase knowledge/learn when traveling

	Want to break from ordinary life and relax
	Place very high importance on seeking out clean amenities/facilities
	Most likely to have good family support
	Strongly believe recycling and reducing pollution is important
	Not happy with self image
	Place importance on exercising
	Place importance on eating a balanced diet
Low Health Conscious (Cluster 2) (21% of the market)	
	Mostly men
	Most likely to have higher membership from younger population
	Place high importance on destination selection through word of mouth
	Show little interest in physical/spiritual healing opportunities
	Believe recycling and reducing pollution is important
	Not happy with self image
	Place importance on relaxing
	Lower income

Implications

Segmentation represents a powerful marketing tool because it brings about knowledge of tourist identification. Management strategies and more specifically marketing plans rely on dependable and unbiased customer data (McCleary, 1995). The findings of this research suggest that the general U.S. traveling public is not homogeneous when it comes to health and wellness spas/retreats, as proposed in the study's general hypothesis. Consequently, specific and differentiated strategies should be sought out and employed by health and wellness spa/retreat destination marketing organizations to reach these two target markets of the U.S. traveling public. Therefore,

pursuing one market as opposed to the other is not suggested in this study since the delineated segments show degrees of variations more than distinct attitudes, behaviors, and push/pull factors. High Health Conscious travelers and Low Health Conscious travelers are both important to the hospitality, tourism, and leisure industries, as they make up a portion of the current U.S. traveling market and take a large stake in these industries. The challenge is to focus on degrees of differences and levels of importance of the traveling publics healthy living attitudes push/pull factors to develop strategic marketing strategies.

The High Health Conscious cluster should be attracted and retained longer by providing a trip/vacation environment in which there are opportunities to learn and increase one's knowledge. This cluster also places a high degree of importance on seeking out clean facilities/amenities to use when traveling. Members of this group do not believe their job/career provides personal fulfillment, thus being able to tap into that and provide a service or experience that can grant them such fulfillment would be ideal. The High Health Conscious cluster is primarily comprised of more women, the older population (45 years of age and over), and high a higher level of education (college/graduate degree). A strong motivator for travel in this group is to break away from their ordinary lives and have some time to relax. The High Health Conscious segment may value increasing knowledge and education, but this segment also wants time to relax while traveling. Options of incorporating both motivations for travel would assist in meeting both needs of travelers. When marketing to this segment destination it would be advised that marketing managers bring in salient differences into promotional materials to better appeal to the High Health Conscious cluster.

The Low Health Conscious cluster should be attracted and retained longer by providing a trip/vacation environment where they can relax. This segment has no interest in physical/spiritual healing or specific healthy accommodation options because they do not place high degrees of importance on health and wellness attributes. The Low Health Conscious cluster is comprised of mostly men, the younger traveling population (18-44 years of age), and have a lower income (less than $25,000-$49,000). This segment indicated that word of mouth was the most important information source used when planning a trip/vacation. The Low Health Conscious segment seems to best fit into what would be described as the general traveling public, as this segment would most likely not seek out a health and wellness spa/retreat. This segment would find traditional travel options that are marketed to the mass public as appealing (i.e. Carnival Cruises, Disney Land/World Vacations, Sandals Resorts, etc.). It would be suggested that destination marketing organizations continue to market to the general travel public, as the Low Health Conscious cluster would be apart of that market. The implications made in this section address Research Question 3: How can destination promoters (hospitality and tourism industries) use variations in travel behavior and demographics of market segments based on attributes of wellness to better market their services and products?

Theoretical Contribution

This study adds to the healthy living market segmentation body of literature and helps to provide more recent and timely study of the general traveling public. Due to the limited amount of research conducted on tourist behavior and push/pull factors for traveling, this study could be very useful in assisting destination marketers and planners

in better understanding this specific and rapidly growing tourist market segment (High Health Conscious).

Limitations

One of the limitations to this study is that the two segments may be more of a reflection of the nature of the healthy attitude scale items. Had the study used other attributes different segments may have emerged. It is clear that demographic variable did not differentiate between the segments. However, the inclusion of other behavioral variables may have created more variations in the cluster differences. The list of behavioral variables was limited within this study. Although the sample population seems to be representative of the general population based on the census data, the sample results may be a function of the panel data that the company maintains, meaning having a high degree of homogeneity in the distribution of the selected variables. Furthermore, the study did not consider different types of vacation experiences such as outdoor recreation, golf, cultural heritage tourism, etc.

Future Research

The information taken from this study suggests the need to conduct more research on the effects of health consciousness on tourist travel planning behavior and general tourist behavior when traveling. Future research would be suggested to determine how far in advance each segment plans their trip/vacation, this would assist destination marketers and planners in marketing to these segments at the most opportune times. Future research that focused on the use of the different information factors determined from this study would also be suggested. Specifically understanding what social media sites were most

often used to obtain information, which general Internet searches were most popular, etc. Furthermore, for future research it would be suggested to consider different types of vacation experiences such as outdoor recreation, golf, cultural heritage tourism, etc. Future research would be suggested to expanding the healthy attitude scale and the items used for the purpose of this study, as there is a possibility for more segments to emerge. The last suggestion for future research would be to include more behavioral variables to potentially create more distinct variations in the cluster differences.

Conclusion

In conclusion, it is important that health and wellness spa/retreat destinations' promotional efforts be based on current segmentation research. This study portrays results related to healthy living focused items which destination management and marketing organizations may incorporate in their already established marketing activities, such as promotional packages, product/service offerings, etc. This study's information could be of value for destination marketers and managers when attempting to understand tourists' attitudes and behaviors and to develop relevant products and services. Because the needs and wants of consumers are constantly changing it is important to note that more segmentation analysis should be conducted on a regular basis to detect and assess the changes, trends, and demands in the marketplace. Periodic surveys of the general U.S. traveling public may be useful for spotting such changes and trends. This information may be critical in adjusting advertising messages and matching these to the correct segment of the traveling public to push factors (psychological reasons for travel) and pull factors (destinations' accommodations).

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Appendix: Survey Instrument

Part One: Screening Questions

Today you are invited to participate in a brief research study. Your participation is appreciated, but strictly voluntary.

S1. Which range includes your age?

1. Under 18 **(terminate)**
2. 18-25
3. 25-35
4. 35-45
5. 45-55
6. 55 or older

S2. How many trips **for pleasure** have you taken in the last 12 months?

1. None **(terminate)**
2. 1-2
3. 3-4
4. 5 or more

Survey Instrument: Health, Wellness, and Travel Behavior

Dear Participant:

My name is Mallory Taylor and I am a graduate student in the Hospitality and Tourism Department at Virginia Tech. For my thesis research, I am aiming to identify existing travel segments based on wellness attributes. The findings will be used to target segments of travelers to better help the hospitality and tourism industries to understand these market segments. Because you are 18 years of age or older and have taken at least one trip for pleasure in the last year, I am inviting you to participate in this research study by completing the following survey.

The following questionnaire will require approximately 5-10 minutes to complete. There is no known risk for participating in the survey. In order to ensure that all information will remain confidential, please do not include your name. If you choose to participate in this research study, please answer all questions as honestly as possible. Participation is strictly voluntary and you may refuse to participate at any time.

Thank you for taking the time to assist me in my educational endeavors. Completion and return of the questionnaire will indicate your willingness to participate in this study. If you require additional information or have questions, please contact me at the e-mail address listed below.

Thank you again for your support and assistance in this process!

Sincerely,

Mallory Taylor (Researcher) mtay16@vt.edu

Part Two: Healthy Living (Behavioral)

For each statement on this page circle the appropriate answer.

1. How many times per week do you engage in aerobic exercise of at least 30 minutes duration (activities such as cycling, swimming, aerobic dance, jogging, active sports, or brisk walking)?

1. Don't have a regular exercise program
2. Once per week
3. Twice per week
4. Three or four times per week
5. Five or more times per week

2. How often do you do strength-building exercises such as sit-ups, push-ups, or use weight training equipment?

1. Don't do strength building exercises
2. Once per week
3. Twice per week
4. Three or four times per week
5. Five or more times per week

3. How often do you eat fruits? A serving is: 1 cup fresh, ½ cup cooked, 1 medium size fruit, or ¾ cup juice.

1. Four servings or more per day
2. Three servings per day
3. Two servings per day
4. One serving per day
5. Less than one per day
6. Don't eat fruits

4. How often do you eat vegetables? A serving is: 1 cup fresh or ½ cup cooked.

1. Four servings per day
2. Three servings per day
3. Two servings per day
4. One serving per day
5. Less than one per day
6. Don't eat vegetables

5. Mark the response that describes how you feel you are currently coping with life.

1. Seldom stressed, coping very well
2. Sometimes stressed, coping fairly well
3. Often stressed, trouble coping at times
4. Heavily stressed, often have trouble coping
5. Excessively stressed, unable to cope

6. All in all, how happy are you on a given day?

1. Very happy
2. Pretty happy
3. Not too happy
4. Very unhappy

Part Three: Healthy Living (Attitudinal)

For each statement on this page select one choice to show your agreement.

	Strongly Agree				Strongly Disagree
A1. I believe it is important for one to exercise on a regular basis	1	2	3	4	5
A2. I believe it is important for one to maintain a healthy weight	1	2	3	4	5
A3. I believe it is important for one to eat their recommended servings of fruits per day	1	2	3	4	5
A4. I believe it is important for one to eat their recommended servings of vegetables per day	1	2	3	4	5
A5. I believe it is important to eat a balanced diet	1	2	3	4	5
A6. I believe I maintain positive relationships with my family and friends	1	2	3	4	5
A7. I believe spending time with my family is important	1	2	3	4	5
A8. I believe spending time with my friends is important	1	2	3	4	5
A9. I believe I cope well with life's challenges	1	2	3	4	5
A10. I am happy with my life	1	2	3	4	5
A11. I am happy with my body	1	2	3	4	5
A12. I am happy with my physical conditions	1	2	3	4	5
A13. I am happy with my mental health	1	2	3	4	5
A14. I am happy with my spiritual health	1	2	3	4	5
A15. I believe I have good family support	1	2	3	4	5
A16. I believe it is my responsibility to protect the world's natural environment (i.e. air, water, and land)	1	2	3	4	5
A17. I believe it is important to recycle	1	2	3	4	5
A18. I believe it is important to reduce pollution in the environment	1	2	3	4	5
A19. I believe I balance my work and my life well	1	2	3	4	5
A20. I believe I establish peace and harmony in my personal life	1	2	3	4	5
A21. I believe my job/career provides me with personal fulfillment	1	2	3	4	5
A22. I believe I am happy with my job/career	1	2	3	4	5

Part Four: Travel Motivations and Behavior

For each statement please imagine that you are thinking of taking a vacation/trip and select one option to show how important that reason is to you when considering such a trip.

	Very Important				Not Important
B1. Breaking from my daily living habits	1	2	3	4	5
B2. Traveling to historical destinations	1	2	3	4	5
B3. Finding thrills and excitement	1	2	3	4	5
B4. Participating in sports	1	2	3	4	5
B5. Traveling to places where I feel safe/secure	1	2	3	4	5
B6. Being physically active	1	2	3	4	5
B7. Doing nothing at all (relaxing)	1	2	3	4	5
B8. Escaping from the ordinary	1	2	3	4	5
B9. Feeling at home away from home	1	2	3	4	5
B10. Learning new things, increasing my knowledge	1	2	3	4	5
B11. Being daring and adventurous	1	2	3	4	5
B12. Seeking out new challenges	1	2	3	4	5
B13. Improving skills	1	2	3	4	5
B14. Being open to new ideas and concepts	1	2	3	4	5
B15. Traveling to places rich in nature-made attractions	1	2	3	4	5
B16. Developing healthy-living habits	1	2	3	4	5
B17. Traveling to urban areas	1	2	3	4	5
B18. Indulging in gourmet cuisine/desserts	1	2	3	4	5
B19. Participate in fitness and wellness seminars	1	2	3	4	5
B20. Seek health-care services (medical examinations, special diets, etc.)	1	2	3	4	5
B21. Bathe in warm springs and/or mineral waters	1	2	3	4	5
B22. Be cleansed physically	1	2	3	4	5
B22a. Be cleansed spiritually	1	2	3	4	5
B23. Enjoy health spas (such as relaxation, saunas, yoga, beauty treatments, etc.)	1	2	3	4	5
B24. Being able to spend quality family time together	1	2	3	4	5

B25. Being able to visit relatives or friends	1	2	3	4	5
B26. Going to a place your family and/or friends have not visited	1	2	3	4	5
B27. The ability to meet new people	1	2	3	4	5
B28. Experiencing a more simple lifestyle	1	2	3	4	5
B30. Being able to leave family and friends behind (to get away)	1	2	3	4	5
B31. Accommodation with a health club/exercise facility	1	2	3	4	5
B32. Shopping with emphasis on health products (vitamins & herbal remedies)	1	2	3	4	5
B33. Hygiene and cleanliness of facilities/services	1	2	3	4	5
B34. Beach or pool for swimming	1	2	3	4	5
B35. Restaurants with emphasis on healthy cuisine	1	2	3	4	5
B36. Healthy local cuisine (emphasis on healthy cooking methods)	1	2	3	4	5
B37. Environmental quality of air, water, and soil	1	2	3	4	5
B38. Smoking-free bars and night clubs	1	2	3	4	5
B39. The availability of running or walking trails	1	2	3	4	5
B40. Local health-care emergency facilities standards	1	2	3	4	5
B41. Internet access	1	2	3	4	5
B42. Watching a sporting event	1	2	3	4	5
B43. Having all activities and amenities in the same place	1	2	3	4	5
B44. Casinos and gambling	1	2	3	4	5
B45. Educational tour packages	1	2	3	4	5
B46. Accessibility to a gym with a daily/weekly rate (no membership required)	1	2	3	4	5
B47. Fast food restaurants	1	2	3	4	5
B48. Campgrounds and trailer parks	1	2	3	4	5

B49. Museums and art galleries	1	2	3	4	5
B50. Outdoor activities such as hiking and climbing	1	2	3	4	5
B51. Water activities such as kayaking, scuba diving, snorkeling, etc.	1	2	3	4	5
B52. National Parks and forests	1	2	3	4	5
B53. Historical, archeological or military sites and buildings	1	2	3	4	5
B54. Big modern cities	1	2	3	4	5
B55. Luxury facilities/services	1	2	3	4	5
B56. Mineral springs	1	2	3	4	5
B57. Spas/Health resorts (offer medical examinations & treatments)	1	2	3	4	5
B58. Childcare services	1	2	3	4	5

Part Five: Information Sources

When seeking an information source to plan for a vacation/trip, different sources are important to different people. Listed below are a number of information sources. For each item please choose one option to show how important that source is to YOU in planning for a vacation or a travel experience.

	Very Important				Not Important
I1. General travel agents	1	2	3	4	5
I2. General brochures/travel guides	1	2	3	4	5
I3. Friends and/or family members	1	2	3	4	5
I4. General tour operators	1	2	3	4	5
I5. Advertisements in general magazines	1	2	3	4	5
I6. Special interest travel agents/tour operators (health/fitness)	1	2	3	4	5
I7. Special interest brochures/travel guides (health/fitness)	1	2	3	4	5
I8. Advertisements in health/fitness magazines	1	2	3	4	5
I9. Direct mail from destinations	1	2	3	4	5
I10. Destination's website	1	2	3	4	5
I11. General Internet search	1	2	3	4	5

I12. On-line booking resources (i.e. Orbitz, Kayak, Booking.com, etc.)	1	2	3	4	5
I13. Social Media (i.e. Facebook, Twitter, Instagram, etc.)	1	2	3	4	5
I14. General travel blogs	1	2	3	4	5
I15. Travel recommendation/rating sites (i.e. TripAdvisor, etc.)	1	2	3	4	5

Part Six: Purpose of Trip

Please answer each question listed below.

P1. In the last 12 months, how many trips (away from home) have you taken?

_____

P2. Among the trips that you have taken in the last 12 months, how many were for the following purposes?

P2a. Business purposes _____

P2b. Pleasure purposes _____

P2c. Attending meetings/conventions _____

P2d. Mix of business/pleasure/meetings and conventions _____

P2e. Other _____

Part Seven: Demographics

Please tell me more about yourself.

D3. Please indicate your age _____

D4. Gender: ( ) Male ( ) Female

D5. Marital Status:

( ) Single ( ) Married ( ) Divorced/ Widowed/ Separated

D6. What was the last year of school you have completed? (Please circle one)

Grade *school*	*High school*	*College*	*Graduate school*
1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16	17 18 19 20 21+

D7. What is your approximate household income before taxes?

( ) Under $25,000
( ) $25,000 to $34,999
( ) $35,000 to $49,000
( ) $50,000 to $74,999
( ) $75,000 to $99,999
( ) $100,000 or more

Your time is appreciated. Thank you for your participation.