



International Society of Travel Medicine Destination Community Support Interest Group June 2011 Survey Summary of Results

Survey Description

In June of 2011 a survey was electronically distributed to the 339 Members of the ISTM Destination Community Support Interest Group (DCSIG). It was available for 10 days, and had 68 respondents, roughly 20% of the membership.

The survey was divided by four sections: The Responsible Traveller documents, Medical Tourism, Sex Tourism and Future Topics/Areas of Interest. There were 16 questions in the survey and likely took the respondents between five and eight minutes to complete.

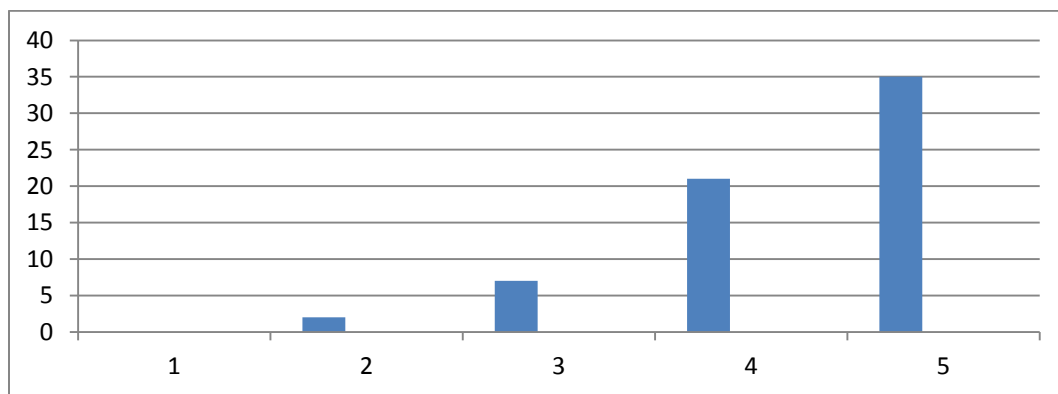
The Responsible Traveller

The Responsible Traveller documents are patient education tools developed by the DCSIG, available as a member benefit to all ISTM Members. 44 (64.7%) of the respondents indicated that they were aware of these documents.

59 (88.1%) of the respondents indicated they would be interested in distributing copies of The Responsible Traveller documents, and 64 (95.5%) agreed they should be free of charge. 100% of the respondents indicated the documents should be downloadable from the ISTM website.

57 (83.8%) of the respondents indicated they prefer the documents in English, 17 (25%) in Spanish, 7 (10.3%) in German, 3 in Chinese, 3 in French, 2 in Portuguese, and Greek, Russian, Italian, Dutch, Romanian, and Indian were also mentioned by one respondent each. Note the respondents were able to note more than one language.

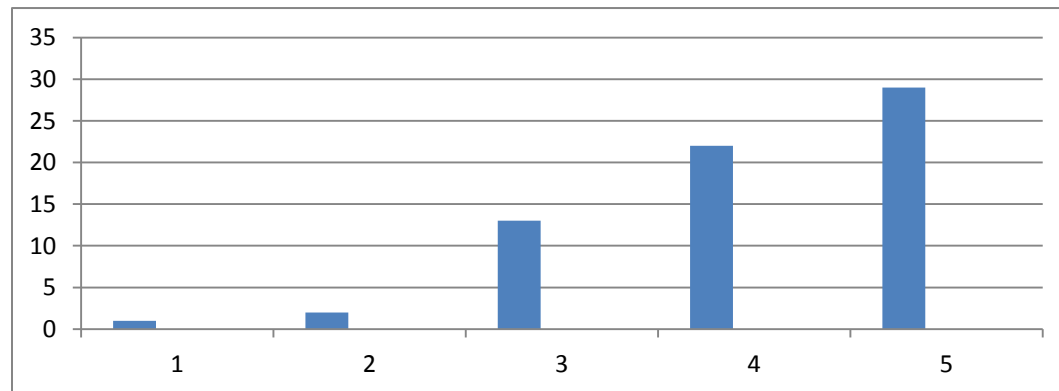
In response to the question "How much importance and support should be given to the health issues of people living permanently in "travel destination countries?" on a scale of 1-5, with 1 indicating not important, and 5 very important the average rating was 4.37.



1 = Not Important

5 = Very Important

The survey asked how relevant it would be to include educational sessions from groups such as Alliance for Rabies Control, Roll Back Malaria Campaign, and Water Aid. On a scale of 1-5 with 1 representing not important and 5 very important, the average response was 4.13, indicating a high interest in having educational sessions from these groups.



1 = Not Important

5 = Very Important

Medical Tourism

Many patients who seek medical treatment do so in countries other than their country of residence. This may result in a number of medico-legal, ethical issues that impact on the patient returning home who develops complications and the medical infrastructure of the country of origin as well on the general population of the host country.

When asked if this is a topic that the DCSIG should address Medical Tourism, 47 (74.6%) of the respondents said yes. The most common reasons indicated for this include:

- It is becoming increasingly popular and will continue to expand
- To address complications and post travel/post treatment issues
- The need to counsel and educate patients prior to travel
- Its impact on local structure and communities

When queried whether they had experience with medical tourism, 40 (62.5%) respondents indicated they had none. Of the 24 who indicated they had experience, their elaborations included:

- Treated patients from other countries while visiting
- Treated post travel complications after returning home
- Experience with patients going to other countries for lower cost health and dental care
- Treat military, airline crews, and other business travellers while travelling

Sex Tourism

Sexual tourism is travel specifically arranged for, or planned by, travelers to facilitate the procurement of sex abroad. In this context, these travelers are referred to as "sex tourists".

58 (93.5%) of the respondents indicated an interest in receiving the DCSIG document on Sex Tourism that has been developed, and 56 (88.9%) responded that it would be helpful to receive a traveler hand-out on Sex Tourism to distribute to patients.

49 (79%) of the respondents supported the possibility of the DCSIG forging links with other organizations such as ECPAT (End Child Prostitution and Trafficking).

Future Topics/Areas of Interest

In this section the DCSIG was seeking to learn how it can best support the practices of its members.

Replies to the request for topics for future talks and presentations included:

- Travel insurance
- Regional lectures
- Impact of tourism on destination countries; how tourism can enhance local communities; halt to bribery; learning which countries have positive and negative results from tourism
- Risk profiles of young people working at NGOs
- Impact of tourism on environmental ecosystems in recipient countries; stratifying risk in countries relating to violence, accidents, poisonings; changes tourism can generate in aboriginal populations; international adoption
- More roles for RNs
- Infection prevention and control
- Adventure travel, medical tourism
- Mutual interactions of travelers and destination communities
- Need to involve other organizations that focus on responsible tourism, eco-tourism and the effect that expatriates have on destination communities
- over use of disposable water bottles and other garbage build up in host countries who lack recycling capabilities; effects of sunscreen & insect repellent on marine life (i.e. snorkel trips); conservation of limited resources in host countries (water, electricity, etc.)
- Issues impacting destination countries to better education patients
- Educational programs for Doctors participating in global care
- There was a nice poster about sex tourism in Peru, that content would make for a good presentation.

Responding to a question regarding having a workshop or symposium focused on issues pertaining to destination countries, 51 (92.7%) indicated yes. Topics suggested included:

- About the world cup
- Anything current would be helpful
- Injury insurance of local people working in the tourism industry if at high risk (mountain biking, mountaineering, rafting)
- All countries are “destination countries”
- Travelling to tropical countries
- Survey members to identify which countries are of highest interest
- Mediterranean is the most visited area in the world, topic about health risks for travellers to Spain-Portugal, Italy, Greece-Croatia
- Medical emergencies abroad; trekking emergencies, including dental
- Effects that mass events can generate in host communities
- Precise epidemiological data on infectious diseases in destination communities; need to shift away from Europe/USA and deal with communities in Africa
- Impact on health of host communities being exploited as cheap labour in tourist industry and experiencing a reduction in resources such as water supply because of tourist use

- Session on what diseases tourists import into destination countries - overview and/or more limited focus that is disease specific. Session on environmental impact of tourism.
- As you've suggested: Protecting the Host Population; Abuses and Risks of Sex Tourism: A two way street; Medical Tourism: Potential Benefits to Developing Countries

Other areas of interest that the DCSIG should pursue were suggested by a few respondents, including:

- Assisting practitioners develop travel medicine centres/practices; provide mentorship for those interested in presenting posters
- Analysis of the impact of volunteer tourism – good or bad?
- Ethics and Best Practice for doctors & health professionals assisting in developing countries

The final question asked respondents to share any other comments or questions. Answers included:

- I consider DCSIG very important and useful
- Become part of mainstream travel medicine within ISTM by disbanding the DCSIG
- Thank you for conducting this survey – the results will be useful for guiding DCSIG activities
- This is a wonderful effort – hope it is sustainable
- I must say I feel the DCSIG leadership is somewhat exclusive in its requirement that you can only nominate yourself once you have attended an ISTM congress! This is rather patronising. It also effectively bars most people from 'destination countries' from playing a meaningful role in the SIG. Please think again!
- Make all pigs equal on the ISTM farm.