

# The health of 'grey nomads': On the move and under the radar?

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## Background

Grey nomads (GNs) – older people driving long distances recreationally and staying in caravans, tents, campervans, or motorhomes – are common on Australian highways. There is some evidence that they impose a significant burden on rural and remote health services, including GPs, pharmacists, and hospitals.

## Method

Scoping literature review of academic journals and grey literature, including tourism/travel industry publications.

## Results

**Quantitative research is limited (mainly head-counting) and is largely confined to the tourism literature. Each year there are:**

- ~400,000-500,000 GNs travelling
- ~200,000 caravan trips of 6+ weeks by retirees.

**GN demographics not entirely representative of age cohort:**

- mainly early to mid-60s
- mainly heterosexual couples
- women usually younger than male partners
- mainly white Anglo-Australians.

**Medical literature limited to snapshot of 260 GNs at Fitzroy Crossing (WA) caravan park in 2006<sup>1</sup>:**

- median age 61.3 years
- high rates of chronic disease and medication use
- lower vaccination rates than non-nomadic peers
- 5% reported medical emergency on the road
- possibly somewhat healthier and more resilient than peers.

**Ethnographic research<sup>2</sup> has also provided useful information:**

- most GNs reported regular pre-travel check-ups
- most of their doctors approved of their travel
- 87% self-reported good or excellent health
- 32% men, 21% women had major 'health scare' in past 2 years
- health scares often triggered decision to travel
- 4/216 people reported medical emergency on the road
- all GNs were able to continue travelling.



## Discussion

**Grey nomads:**

- exercising a lifestyle choice with many rewards but some risks
- many but not all well prepared for travel
- significant but poorly documented burden on rural/remote health services
- under-researched, flying under health services radar
- tourism industry better than healthcare at monitoring GNs and anticipating/addressing their needs.

## Implications

**This literature review, the first to integrate the limited existing evidence, provides a good starting-point for future research and practice, which ideally would include:**

- basic epidemiological research on GN health status
- use and effectiveness of self-care strategies
- health systems research into rural/remote areas
- useful information and data about current and future trends
- assessing strategies to optimise healthcare utilisation
- educating GPs to assist in preparing GNs for travel
- educating GNs about planning and preparation for travel
- providing outpatient clinics at non-peak times to suit GNs.

### References

1. Tate, J., et al. (2006). Grey nomads: Health and health preparation of older travellers in remote Australia. *Australian Family Physician*, 35(1/2), 70-72.
2. Onyx, J. & Leonard, R. (2007). The grey nomad phenomenon: Changing the script of aging. *International Journal of Aging and Human Development*, 64(4), 381-398.

### Further reading

Erny-Albrecht, K., Brown, L., Raven, M., & Bywood, P. (2014). *Fly-in Fly-out/ Drive-in Drive-out practices and health service delivery in rural areas of Australia*. PHCRIS Policy Issue Review. Adelaide: PHCRIS.  
<http://www.phcris.org.au/publications/policyreviews/report.php?id=8425>



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