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:
- 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 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

Further reading

All photos courtesy of South Australian Tourism Commission.