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:\(^1\):
• 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\(^2\) 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