Grey nomads

Health and health preparation of older travellers in remote Australia

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BACKGROUND
Many older Australians now tour remote Australia (so called 'grey nomads'). Anecdote suggests they place a burden on limited remote health services, however, this burden is poorly documented.

METHODS
Two groups were approached to participate in the survey: travellers aged 50 years or over and staying in caravans, motor homes or tents at Fitzroy Crossing, Western Australia; and local primary health care providers.

RESULTS
All 260 travellers approached responded. The prevalence of chronic diseases in those aged 65 years or over was 68%; 57% had sufficient chronic medications for the entire trip; 19% had a list of long term medications; and 9% of those with chronic diseases had a health summary from their usual general practitioner. Sixty-four local health providers responded: 95% rated health summaries highly (particularly if they included an active problem list, past history, current medications, and allergies).

DISCUSSION
Older patients are poorly prepared for travel in remote Australia. They have a chronic disease rate no less than the national prevalence and could represent a drain on local health resources. Solutions might include GP review before travel, bringing sufficient medication for the trip, review of vaccination requirements, and a health summary.

Many older Australians now tour remote Australia (as so called 'grey nomads') by road from urban centres as far away as Perth (2350 km from Fitzroy Crossing) or Sydney (5216 km). About 265 000 tourists, more than six times the resident population, visit the Kimberley region of Western Australia annually (increasing 6.4% per year); 48% by road.[1] Those aged 65 years or over represent 40 800 (13%) of all visitors.[1]

The Kimberley region is twice the area of Victoria, with a resident population of only 40 000. Only one sealed road, the Great Northern Highway, traverses the Kimberley from east to west (*Figure 1*). Health care is provided by six basic hospitals, six Aboriginal community controlled health services (ACCHSs) and remote community health clinics staffed by registered nurses and Aboriginal health workers. Access to Medicare subsidised primary health is available in only one town, and prescriptions for travellers can be dispensed from only three commercial pharmacies in Broome, Derby and Kununurra. Funding to the state health provider and ACCHSs is not inflated to account for travellers' needs.

Anecdote suggests 'grey nomads' place a poorly documented burden on limited remote health services. An assessment of health and any underlying illnesses, which should form an integral part of a pretravel health visit,[2,3] is often missing. As a first step toward addressing this burden, the research group investigated a cohort of older Australians in the Kimberley.

Methods

The group surveyed all people aged 50 years or over present between 2.30 pm and 5.30 pm at the Fitzroy Crossing River Lodge Caravan Park over 5 days in June 2004. This is the major caravan park in Fitzroy Crossing, with a high turnover rate and located on the only sealed road connecting East Kimberley and West Kimberley. Because of its position (about 4 hours from Broome by road, 2 hours from Derby, and 3 hours from Halls Creek), most travellers elect to spend at least one night there, and sampling them captures most visitors travelling from east to west by road.

Subjects were provided with a verbal explanation and written information sheet before providing verbal consent.

Management of the tourist park provided approval to conduct the study. Information was obtained by interview using a survey form. The survey inquired about current medical illnesses; frequency of use of medical services; possession of a health summary letter; and written list and supply of medications. A chronic illness was defined as an illness present for at least 1 year and requiring ongoing medication.

The research group also undertook a local health provider survey of all doctors in the Kimberley providing primary health care, and all nurses providing care at remote clinics without a resident doctor. This survey was conducted by telephone. Participants were asked to describe the benefits of a health summary when delivering medical care to Kimberley travellers; and the importance of different components of such a summary.

Continuous variables were nonparametric and descriptive summaries utilised median and interquartile range (IQR). Dichotomous variables were summarised using percentage with binomial 95% confidence intervals.

Ethics approval was obtained from the Human Research Ethics Committee of the University of Western Australia.

Results

Traveller survey

Of 260 travellers approached for the survey, none refused to participate. Respondents' median age was 61.3 years (IQR 57.7–65.4). Respondents nominated their usual place of residence as Western Australia (18.5%); another Australian state (76.9%); or outside Australia (4.6%). The median length of the planned trip was 14 weeks (IQR 9–22).

The most prevalent chronic disease was hypertension. The majority of respondents (61.9%) were taking regular medication, of which about half had enough with them to last the entire trip. Only 9.1% had a health summary from their GP and 39.2% aged 65 years or over were not adequately vaccinated according to National Health and Medical Research Council (NHMRC) recommendations.

Participant response to the survey is detailed further in *Table 1*.

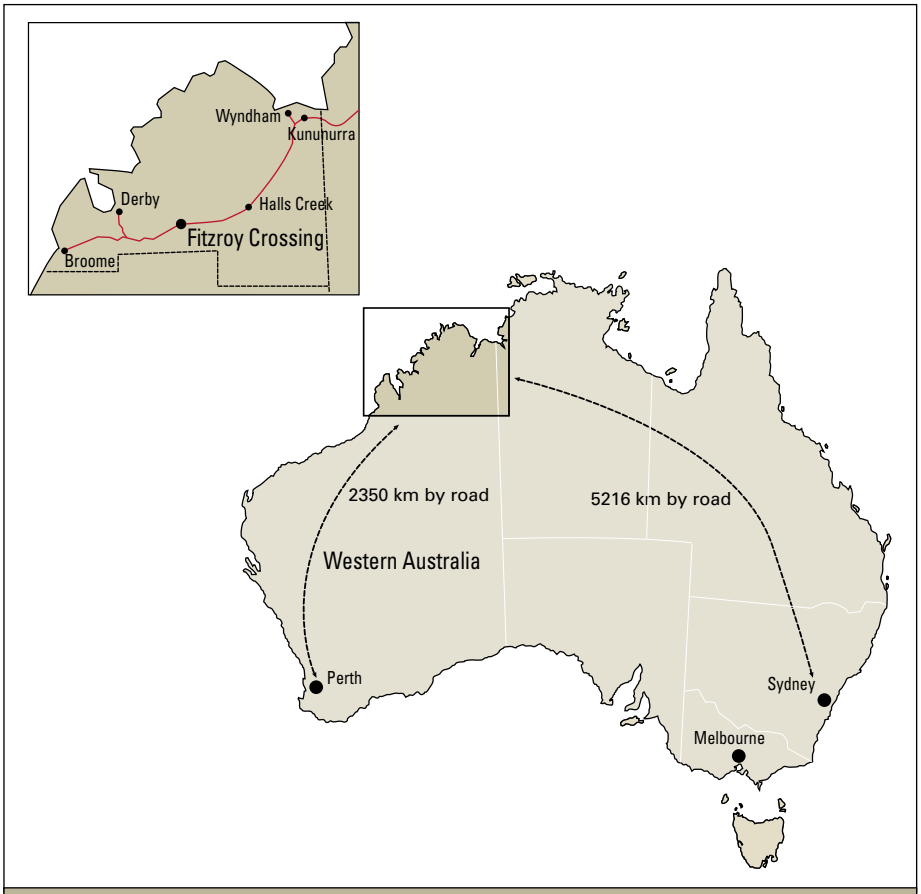

Figure 1. The Kimberley region of Western Australia
Demonstrates the distance by road from major centres to the study site, Fitzroy Crossing. Detail indicates the Great Northern Highway, the only sealed road that traverses the Kimberley from east to west

Health provider survey

Of 71 eligible participants, 64 (90%) were surveyed (40 doctors and 24 nurses). They regarded a health summary prepared by the traveller's regular GP as important, especially the medication, allergies and active problems list components (*Table 2*).

Discussion

This is the first study to review the burden of disease and preparedness to travel of older travellers visiting remote Australia. Comparison of this study with national prevalence data[4] of people aged 65–74 years for heart disease (13.5% compared to a national prevalence of 11.3%); respiratory disease (6.8 to 9.3%); and diabetes (8.1 to 4.9%); suggests chronic diseases do not discourage travellers from visiting remote Australia. However, many had insufficient medication to complete their trips, even though Pharmaceutical Benefit Scheme rules allow access to 6 months supply under Regulation 24.[5,6]

Only a minority of 'grey nomads' taking regular medication had a written list of these drugs with them while travelling, and less than one in 10 had a list provided by their usual local doctor. Remote health providers identified such a medication list as essential. Encouraging supply of such a list by a traveller's usual GP might be optimal. Alternatives may include encouraging dispensing pharmacists to generate a list when dispensing under Regulation 24, or recognising pretravel health checks as part of Enhanced Primary Care funding for GPs.

Influenza vaccination coverage in survey respondents was lower than the national average (72.6%) and Western Australian (78.7%) average in the age group 65 years and over.[7] Reasons for this are difficult to determine. It is possible that these older Australians were in less frequent contact with their usual GP because of their travel.

Health planners, regional health provider organisations and national health funding

Table 1. Prevalence of chronic disease, preparedness to travel and health utilisation in older travellers in remote Australia

		Age 55–64 years (n=186)	Age 65 years or over (n=74)	All (n=260)
Chronic disease (%, 95% CI)	All	50.0 (42.6–57.4)	67.6 (55.7–78.0)	55.0 (48.7–61.1)
	Heart disease	8.1 (4.6–13.0)	13.5 (6.7–23.5)	9.6 (6.3–13.9)
	Diabetes mellitus	5.9 (3.0–10.3)	8.1 (3.0–16.8)	6.5 (3.9–10.3)
	Hypertension	24.2 (18.2–31.0)	31.1 (20.8–42.9)	26.2 (20.9–31.9)
	Lung disease	5.9 (3.0–10.3)	6.8 (2.2–15.1)	6.1 (3.6–9.8)
	Dyslipidaemia	18.8 (13.5–25.2)	27.0 (17.4–38.6)	21.1 (16.4–26.6)
	Mental illness	4.8 (2.2–9.0)	0	3.5 (1.6–6.5)
	Other	16.7 (11.6–22.8)	27.0 (17.4–38.6)	19.6 (15.0–25.0)
Number of chronic diseases (median of those with chronic disease, IQR)		0.5 (0–1) (range 0–6)	1 (0–2) (range 0–4)	1 (1–2) (range 1–6)
Taking regular medication (%, 95% CI)			61.9 (55.7–67.9)	
Has enough medication for this trip (% taking regular medication, 95% CI)			51.6 (43.6–59.5)	
Has enough medication for this trip (% taking regular medication and travelling <6 months, 95% CI)			56.8 (48.2–65.2)	
Carrying list of medications (% taking regular medication, 95% CI)			18.6 (12.9–25.5)	
Own list (% taking regular medication, 95% CI)			9.3 (5.3–14.9)	
General practitioner list (% taking regular medication, 95% CI)			9.3 (5.3–14.9)	
Carrying summary letter from health provider (% with chronic illness, 95% CI)			9.1 (4.9–15.0)	
Influenza vaccination up-to-date (% meeting NHMRC criteria,[8] 95% CI) (asthma and chronic lung disease, >65 years in nonindigenous Australians)			61.2 (50.0–71.6)	
Health provider review (%, 95% CI)			19.6 (15.0–25.0)	
Health provider review (% with chronic illness, 95% CI)			24.5 (17.7–32.4)	

Table 2. Importance of health summary information carried by travellers, according to Kimberley health providers

Information item	% of providers rating item as being of high importance, 95% CI
Health summary letter	95 (87–99)
Pathology results	47 (34–60)
Active problem list	91 (81–96)
Allergies	92 (83–97)
Past medical history	87 (76–94)
Past hospitalisations	31 (20–44)
Medication list	100 (94–100)
Usual GP	69 (56–80)
Radiology results	22 (13–34)
Usual specialists	30 (19–43)

to Australian states should recognise the burden 'grey nomads' place on remote health infrastructure.

Implications for general practice

- 'Grey nomads' in remote Australia have as much chronic disease as the rest of the population.
- They are poorly prepared with regard to medication supplies and health summaries.
- Such health summaries are highly valued by remote health providers.
- Pretravel health assessment, vaccination, medication supplies sufficient for the duration of the trip, and written health summaries might improve travellers' health care and reduce health service utilisation while travelling.

Conflict of interest: none declared.

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