

# Health experiences of travelling Australian Grey Nomads living with chronic conditions: A qualitative descriptive study

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# DISCLOSURE

- **Learner Objectives – points to be presented:**
  - Background
  - Gaps in literature
  - Aim and methodology
  - Key findings
  - Conclusions and Implications
- **No conflicts** of interest
- Human Research Ethics Committees of the University of Wollongong (**Ethics Approval No. HE15/366**).
- Pseudonyms used in the study and in this presentation

# BACKGROUND

- Worldwide increase in life expectancy and chronic disease prevalence.
- While health care often focusses on disease management, there is a need to facilitate healthy ageing<sup>(1)</sup> and living well with chronic disease.
- ~2% Australian population<sup>(2)</sup> over 65 years travel domestically for extended periods.
- These individuals share a similar health profile to the wider older population.

# AUSTRALIAN 'GREY NOMADS'

- >200,000 trips annually<sup>(3)</sup>
- 330-1000 km journeys<sup>(2)</sup>
- Travel in caravans or motorhomes<sup>(2,4,5,6,7)</sup>
- Various motivations for travel
- Some research about the travel patterns and resource use, but limited focus on health and self-management.



# AIM

To explore the experiences of travelling  
Australian Grey Nomads living with  
chronic conditions.



# METHODS

- **Design:** sequential explanatory mixed method study (2<sup>nd</sup> phase)
- **Participants:**
  - ✓ Survey – travelled for >3 months in last year
  - ✓ Interview – survey participants aged >60 years with at least one chronic condition
  - ✓ 8 participants interviewed between June-July 2016
- **Data Collection & Analysis:**
  - ✓ Semi-structured telephone interviews
  - ✓ Digitally recorded and transcribed verbatim
  - ✓ Inductive thematic analysis

# FINDINGS

**Continuity of care**

**Experts on the road**



# CONTINUITY OF CARE

## A. Barriers with accessing health services

*“I couldn’t find a doctor in Esperance that would accept me . . . so I accessed the hospital . . . after a long wait, [the doctor] said . . . I’d have to go to Perth or Adelaide [~713 km and 2200 km away] to get help and that **he never had time to write out scripts for me**” [Kim].*

*He wasn’t interested . . . was only going to be there once to get the antibiotics for this infection . . . you won’t be going back so **he wasn’t too concerned** about getting your full history [Bill].*



# CONTINUITY OF CARE

## B. Lack of Electronic health

*“...to try and explain to him my history for that injury was almost impossible. It doesn't seem to link up, ... on the computer of my own doctor, cannot be accessed by any other doctor that I go and see ... I actually told the doctor... I've just undergone a CT scan and they've found out... what the problem was. But **they still made me undergo a CT again**” [Alfred].*

## C. Access to regular medications

*“...in some of these small towns ... **they don't carry refrigerated products**... I had to go another 120 kilometres to get the Byetta I needed” [Bill].*

# EXPERTS ON THE ROAD

## A. Health preparedness

Prescriptions with family or friends who got these “*made up*” (Gina)

*“I have a diabetes doctor which I see twice a year... I’ve got my podiatrist ... my heart specialist ... my diabetes specialist ... my dentist ... my normal doctor wants blood tests two weeks before I go on a long trip... It’s a series of events, which takes roughly about 6 to 8 weeks before you go on a long trip” [Alfred].*

# EXPERTS ON THE ROAD

## B. Accommodating health issues on the road

*“with diabetes, you’ve got to worry about the temperature control of insulin...”* and because of his other co-morbidities *“you’ve got to **step back a little bit from things you love doing**”*  
[Alfred]

*“I got ill in Western Australia and I knew ... I’ve got a mobile phone ... it has got a health app... It takes your blood pressure and oxygen levels... When my pulse rate was going high – 120 - I **knew that because of my heart, I needed to access a doctor... I rang the ambulance.** They came out into where I was camped... **got me and put me in a hospital”*** [Kim]

# EXPERTS ON THE ROAD

## C. Travelling for health

*“a lot of **stress goes**” [Alfred]*

*“...better get travelling now... do **as much as we can** before I’m unable to” [Jack].*

*“was a heavy smoker, and that’s stopped ... was a heavy drinker and that’s **pretty well stopped**” [Alfred]*

*“you’re out **doing more physical things**... prepare meals properly and eat the right things” [Bill]*

# EXPERTS ON THE ROAD

## C. Travelling for health

*“you pull up somewhere ... immediately swapping stories, names ... people have time to interact... [it’s] almost like the best drug in the world” [Fiona].*

# CONCLUSION AND IMPLICATIONS

- Identifying ways to better promote the utilization and uptake of electronic health initiatives
- Opportunities to improve healthy ageing for Grey Nomads by:
  - Ensuring they have good access to support services and health care planning
  - My Health Record implemented by the Australian Government<sup>(8)</sup>
- Crucial systems issues challenging health care for travelers
- Rural, remote and usual health services to enhance the care delivered to older travelers as they travel and as they age.

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