

“Grey Nomads” in Australia

Are They a Good Model for Successful Aging and Health?

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ABSTRACT: Lifestyle factors have been identified as being very important in determining health in later life. Nutrition, exercise, and social environment all interact to promote, or to limit, opportunities for an active and healthy post-working life. Not only are rates of chronic illness and disability reduced through the promotion of healthy lifestyles, but also quality of life is maintained through the compression of morbidity. Governments in Australia, as in the European Union and North America, have highlighted the importance of behavioral change in health promotion strategies with the aim of having an impact on the health-related lifestyles of their populations. This paper examines the example of a group of older Australians, the “grey nomads,” who may present opportunities for examining health-related lifestyle changes. The term *grey nomad* refers to a portion of the older population in Australia who choose to use their later years and retirement as opportunities for travel and leisure, mainly within the confines of the Australian continent. As such, they are similar to groups in North America, such as the “snow birds,” who travel to the southern United States to escape the colder winters of more northerly latitudes. Similar seasonal migrations occur from Northern to Southern Europe. What all share in common is an active culture/lifestyle of attempting to “age successfully.” Grey nomads also participate in the creation of what can be termed *postmodern communities*, where they and other regular travelers may develop a sense of community feeling with others who are also regularly returning to the same spot year after year. Social support is highly predictive of health outcomes and such mobile communities may prove a positive factor in promoting good health. In this paper we examine whether the “grey nomads” represent a good model for improving health-related lifestyles in later life.

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Australia, in common with most nations in the industrialized world, has an aging population. Internationally this is a consequence of both increased longevity, better health, and the demographic consequences of the baby boom of the early postwar years in the middle of the 20th century.¹ Australia has participated in these changes as well as having many of its own features connected to various waves of migration. In Australia the growth of the population over retirement age has also occurred in all states and territories, although it has not been shared by all groups of Australians, particularly Aboriginal Australians and the Torres Straits Islanders.² One particular concern is about whether this increase in the numbers and proportions of older people in various national populations will inevitably lead to higher levels of disability and dependency. This simple correlation has been challenged by many writers who instead propose the emergence of a “compression of morbidity,” in which increased longevity does not lead to a greater period of life spent in ill health; instead, such conditions are concentrated in a relatively short period prior to death. What this leads to is a disconnection between increasing numbers of older people and higher levels of illness and disability with a concomitant growth in demand for health and social services. What this also points to is the potential for people in later life to maintain good health for longer.^{3,4}

While these facts are well documented and have been the subject of considerable policy debate and activity, what has not received as much attention has been the cultural shifts that have been occurring in later life as the baby boom generation ages.⁵ These changes will have particular bearing on the pursuit of healthy aging in the coming decades because of the way in which dispositions and expectations set up at earlier ages will work themselves out as these cohorts age. In this paper we focus on the Australian phenomenon of the *grey nomad*, a term used to describe some older Australians’ leisure retirement activities and in particular their tendency to spend relatively long periods of time traveling the length and breadth of the country. While this might be a particularly Australian cultural activity, it has considerable international resonance with other countries such as the United States and Canada, some of whose older population also experiences later-life travelling.⁶ In order to understand the significance of the grey nomad for the topic of healthy aging it is necessary to study it within the changing cultural context of old age.

The categorization of what constitutes old age has always been a social process dependent on cultural norms as much as physiological signs. This indeterminacy has led to particular difficulties once the concept of mass retirement and pension entitlement was introduced as a mainstay of social policy in the early 20th century.⁷ Using chronological age as a marker for entry into a formalized category of old age sits uneasily with both individual physiological change and the social role (or lack of role) that the aged are expected to occupy.

Setting ages for retirement at 70, 65, or 60 has blurred the idea of old age into one of later life, which is not so easily identified by reference to incapacity, frailty, or life expectancy. In the final decades of the 20th century, retirement emerged as a distinct life stage which in some countries stretched to a length of 20 years after formal employment.⁸ What has been described as the “selling” of retirement has been so successful that for groups an active choice of early retirement was desired and meant that many older people left the workforce at ages well below the age at which states set their retirement ages. It must also be acknowledged that many older workers found that redundancy merged into retirement as their occupations disappeared in the economic restructuring that many countries experienced in the 1980s and 1990s. While retirement became a distinct life stage in the second half of the 20th century, its cultural coordinates had not changed greatly since those that had operated in the mid-century, where the expectation of what has been termed the *institutionalized life course* laid down a normative trajectory of childhood, adulthood, middle age, and old age, with its corresponding activities of education, work, child-rearing, and retirement.⁹ In such a schema, dependent upon a modernity based upon industrialization, there were expectations of time-appropriateness and linear progression. Education and training occurred in early life and seniority was built into organizations and remuneration. In a similar fashion the vast majority of children were born to married young women, and the two-parent nuclear family was seen as an uncontroversial policy objective. This pattern of life, it has been argued, has become “deinstitutionalized.”¹⁰ The notion of training for a “job for life” has become anachronistic as retraining and continuing professional development have made it likely that employees of all ages are as likely to be involved in education or in “life-long learning.” Similarly, notions of seniority and length of service–based salaries have been replaced by more specific activity– and outcome–focused forms of remuneration. Family life has been transformed in many countries by relatively high rates of lone parenthood, recombinant family structures, and the options offered by biomedical fertility treatments. Retirement has not been unaffected by these changes as deinstitutionalization has made possible a greater flexibility of roles in later life than was ever conceptualized by the midcentury theorists of role theory and disengagement. The notion of age norms and age-appropriate activities has been rendered problematic by societies which are struggling with them too. Certainly, optimistic commentators such as Peter Laslett¹¹ have identified later life as a Third Age, a potential “crown of life” that can be used for personal self-enrichment and which is not a residual category of social policy. The engagement by recent cohorts of retirees with these opportunities can be evidenced not only among the grey nomads but also in the retirement communities of Florida and Arizona, along the Mediterranean coastline of Spain, and in the boom in tourism and travel for those who are over 60.¹² However, this is not just a cohort effect, it is also a generational cultural phenomenon

connected to the very different experiences of those growing up in the post-war economic boom with those who preceded them. Mass affluence was not just a backdrop; it was also the basis for the development of cultural styles and a focus on identity and difference that came into full effect in the 1960s. Combining the de-institutionalization of the life course with the generational transformation wrought by the baby boom generations situates contemporary later life in a new location, one which implies a new set of questions to be asked about the achievement of a healthy and successful later life.

LIFESTYLE FACTORS

An important dimension of the transformation of the experiences of later life has been the increasing cultural significance of lifestyle. This is now seen as more of a project built around choices than as a combination of social styles connected to status and economic position.¹³ Emerging out of the growth of affluent consumer societies, the focus on differentiation and “style of life” has become important to both health policy agendas and to the lives of those growing older and entering retirement. The implied passivity of old age as conceived in the late-19th and for most of the 20th century is not a model that is attractive to cohorts who have grown up in societies where circumstances are not just given, but can be changed. While not all may be able to successfully take advantage of the opportunities available, the possibility of making positive lifestyle choices has been culturally legitimated. The promotion of health and well-being in later life is seen as having its foundations in the behaviors and attitudes laid down at earlier points in the life course, as well as being capable of revision at later points. Lifestyle change is one of the main objectives of health policy in countries, such as Australia, Canada, and the United States.¹ Taking exercise, eating the right foods, and maintaining positive well-being are social factors that are seen to be beneficial to healthy aging. The cultural transformation of later life has for many retirees also been accompanied by an affluence, when viewed in comparison with the past circumstances of retirees. In Australia the “over 55s” have 25% of the country’s disposable income and nearly 40% of its total wealth.¹⁴ As a consequence, many older Australians are in a position to engage in the construction of post-work lifestyles in which healthy choices are part of an aspirational healthy “lifestyle.”

SUCCESSFUL AGING AND THE THIRD AGE

The idea that later life is not just a residual stage of life overshadowed by decline and disability has been popularized in the concept of the “Third Age,” advanced by the British historian Peter Laslett.¹¹ In his work, Laslett makes the case that the period marked out by the relinquishing of work and family responsibilities can be regarded as the “crown of life” when older people

cannot only experience a positive form of life, but can also use it as time of self-realization. Projects and ambitions unrealizable at earlier points of the life course, because of time and other pressures, are now capable of being achieved. While this may be viewed as embodying the experiences of particularly affluent retirees, it would appear that it resonates much more widely in the ideas of "productive aging." It is also apparent in the cultural underpinning of the grey nomads and in their U.S. and Canadian counterparts, the "snow birds." Both groups use the flexible opportunities available in retirement to travel or seasonally migrate to better climates. The phenomenon of Canadians traveling to Florida and to other warmer parts of the United States during the bitterly cold Northern winter has been the focus of a number of ethnographic studies.¹² One of the features of these studies is the description of the alternative community structures that emerge and function over a limited time period and that seem to be as sustained as those who live in more geographically permanent circumstances.¹² While there has been relatively little social research carried out on Australia's grey nomads, their activities are seen to be on par with those in North America. In particular, outdoor and active pursuits are popular among older Australian visitors to Queensland.⁶ All of this might bear out particular generational motivations as well as reflect patterns of wealth and income; however, the emergence of a lifestyle associated with the activities of the grey nomads suggests that it needs to be studied in relation to whether it is one model for successful aging.

A NEW MODEL FOR AGING?

One of the important considerations in understanding the potential of such new cultural forms of aging is that, in part, it is not determined by the simple connection between later life, illness, and disability. This is not to suggest that these issues are not important in relation to this group, but rather it is to point out that the cultural possibilities of leading a grey nomad lifestyle are not curtailed by poor health and early mortality. Neither does it seem to be the case that there is some form of health selection occurring, positively selecting the healthiest of the older population.¹⁵ Grey nomads have a health profile similar to the rest of the older population and this means that they have similar needs and conditions. In one study in which the most prevalent chronic disease was hypertension, it was not the fact of chronic disease that was preventing travel. However, such a profile could overburden areas that attract such visitors. In one popular location 13% of visitors were aged 65 or over and more than three-quarters came from other states in Australia. While this might seem to place additional burdens on health services in places popular with visitors, it also suggests that many grey nomads are taking the invocation "adding life to years" seriously. They are using the cultural and economic resources built up over the second half of the 20th century and exploring different ways and

lifestyles of aging. These lifestyles may privilege activity, health, and vitality, but there is no evidence that these older persons are more likely to have fully integrated them into their day-to-day behavior than are other cohorts. However, the desire to successfully age should not be regarded as unimportant, given that it is the key to spending more time in the Third Age.

SOME TENTATIVE CONCLUSIONS

Grey nomads are a phenomenon of the changing nature of later life and the way in which social change and generational culture has rewritten the script of old age. Healthy aging is an important objective for both individuals and societies if they are to achieve beneficial outcomes. In this light, not only do we need to have a better understanding of the psychological and social factors that contribute to the broadest definition of health, but we also need to know how healthy aging processes connect to the changing circumstances of social life in different circumstances. In other words we need to study developments, such as the grey nomads, because of the way in which these unexpected phenomena may shed light on the important objective of improving life and health for all. In this, as always, more research is needed.

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