

Innovative Models of Care (IMOC) Program – Mob Pod – Empowering Mob through Community Led Innovation

The North Coast Aboriginal Corporation for Community Health will deliver the Mob Pod – Empowering Mob through Community Led Innovation: a mobile mental health services/telehealth model in rural QLD.

Round 5: The North Coast Aboriginal Corporation for Community Health Mob Pod, Empowering Mob through Community Led Innovation

Location: rural QLD - Cooloola Cove, Tin Can Bay, Rainbow Beach, Imbil, Glenwood, Amamoor, Cooroy, Pomona, Tewantin, >25km outside of Gympie (outreach) - Widgee, Chatsworth, Tamaree, Gunalda (MM5).

Funding: \$1.6 million over 4 years from 2024

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The activity will trial a mobile primary health services/telehealth model in rural QLD. The Mobile Health (Mob Pod) project centres around the activities undertaken post-establishment of a Mobile Health Pod. The Mob Pod operates mobile van to increase culturally appropriate access to a targeted cohort with locally in demand services. The proposed activity addresses critical health needs faced by the communities through a multi-disciplinary and community-centred approach. This builds resilience and social connectedness in geographically dispersed populations. The project will provide essential health services and other primary care resources in small rural towns outside of Gympie region. The Mob Pod is a dynamic platform, offering both face-to-face and telehealth services, and engaging communities through primary healthcare activities. The project scope includes building resilience and social connection of community in the event of disasters such as flooding in the region.

The grant will set up the co-design governance, policies and procedures, statement of commitment from partners. Additional activities include engaging communities, developing effective project management tools and integrating healthcare services and its systems. The grant will also support a Project Manager, Outreach Officer and IT Technician to manage the trial and associated systems. The trial will include travel to rural communities, IT systems maintenance, training and activities. This will allow regular co-design of governance meetings, steering groups, workshops and showcase events.

The model will commence establishment in July 2024 with evaluation beginning six months from implementation. This timeline allows for an initial implementation phase, ensuring sufficient data for a comprehensive evaluation. The evaluation will adopt a mixed-methods approach. This combines quantitative data on healthcare accessibility, mental health outcomes, and community resilience indicators with qualitative insights from community and stakeholder feedback.

This model is anticipated to result in measurable improvements in community health, including:

- A 20% increase in the use of mental health services in the first year.
- A 15% rise in the accessibility of specialised healthcare services, measured through pre- and post-intervention surveys.
- A 25% increase in community members reporting enhanced disaster-preparedness for accessing health, gauged through targeted awareness campaigns and training sessions.
- A 30% reduction in reported geographical barriers to healthcare services, as assessed through community surveys.
- A 20% increase in providing healthcare resources, measured by tracking service delivery times in comparison to pre-intervention benchmarks.
- A 25% increase in community participation rates in pop-up events and workshops.
- A qualitative analysis of community feedback, focusing on how the model improved social connections and mental well-being.