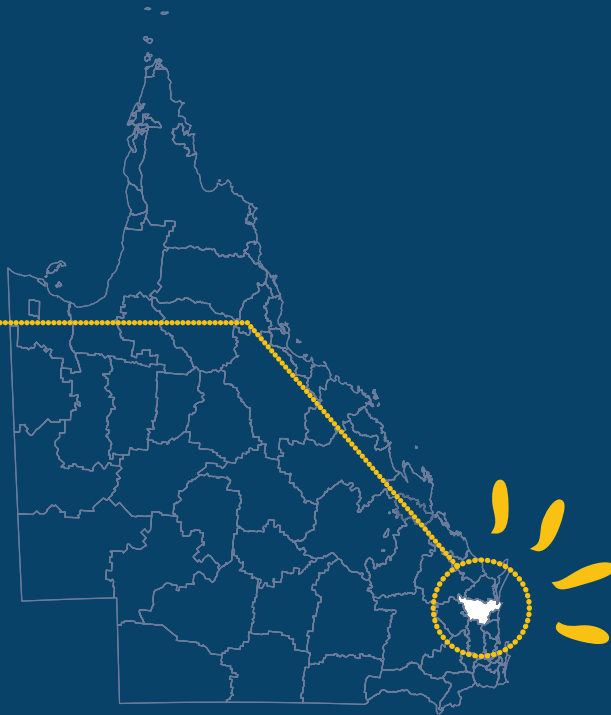


IMPACT & INSIGHTS

SUMMARY

GYMPIE MOBILE HEALTH SERVICE



20 APRIL – 4 JUNE 2026

Key strategic reflection

Sustained, multidisciplinary outreach can enable repeat contact, follow-up treatment and stronger pathways into ongoing care, reinforcing the value of regular outreach models beyond short-term disaster response.

The **Gympie Mobile Health Service** demonstrated the value of longer service delivery periods, flexible and scalable workforce models for rural and regional settings and an even more diverse multi-disciplinary team with mental health peer and AOD workers undertaking outreach alongside the primary healthcare, mental health clinicians and housing team members.



Following flooding along the Mary River in Gympie

caused by Tropical Low 29U and the monsoonal trough, and increased demand resulting from the ongoing impact of flooding across the region, Country to Coast Queensland and local partners rapidly mobilised a temporary assertive primary healthcare outreach service to support people experiencing homelessness during a period of heightened risk.

Delivered alongside existing homelessness, housing, mental health and disaster response services, the initiative demonstrated the value of place-based outreach healthcare in improving access to care during emergencies, reducing avoidable pressure on acute health services and strengthening local coordination across health and social care partners.

Report scope: This report presents the results, impacts and learnings arising from the health service component of the response and does not evaluate housing outcomes or housing services delivered by partner organisations.

The Gympie Mobile Health Service was part of CCQ's primary care disaster response funded through the Australian Government's PHN Program.

IMPACT SNAPSHOT



29 people supported



50 ED presentations avoided



57 service contacts



50 ambulance transports avoided



139 health & wellbeing interventions



16 days of outreach service delivery



66 hours of assertive outreach healthcare delivered



\$121,950 estimated acute system costs avoided (see page 3)

Primary healthcare outreach model

A multidisciplinary team comprising nurse practitioners, registered nurses, paramedics, mental health clinicians and peer workers, AOD support workers delivered primary healthcare directly to people in community settings, including places where people were living, accessing services or staying in temporary accommodation.

The service operated alongside existing homelessness, housing, community and disaster response services, attending sites with homelessness outreach workers.

The initiative demonstrated that integrated assertive outreach healthcare can:

- Improve access for people experiencing profound inequity.
- Identify and treat health issues early in community settings.
- Reduce avoidable escalation into acute care.
- Strengthen coordination across health, homelessness and disaster response systems.
- Support more resilient local health system responses during disaster events.

IMPACT THROUGH THE QUINTUPLE AIM

BETTER HEALTH OUTCOMES

- Early intervention for low to moderate acuity health issues.
- Wound care and medication support delivered in community settings.
- Mental health support provided during heightened disaster vulnerability.
- Follow-up care arranged for ongoing injuries and health needs.
- Stronger links to longer-term primary healthcare established.
- Reduced risk of deterioration and escalation into crisis care.

BETTER CARE EXPERIENCE

- Care delivered directly where people were located.
- Reduced barriers including transport and medication access.
- Trauma-informed, person-centred outreach supported engagement and trust.
- Welfare checks and relationship-building created pathways into care.
- Support provided to attend appointments and access investigations.

BETTER VALUE & SYSTEM SUSTAINABILITY*

Clinician assessments identified:

- 50 potential emergency department presentations avoided.
- 50 potential ambulance transports avoided.
- Timely treatment provided before escalation into acute care.
- Increased use of appropriate primary care pathways.
- 20 people referred to service coordination for ongoing multidisciplinary support.

BETTER WORKFORCE EXPERIENCE

- Two nurse practitioners, one registered nurse, one paramedic, one mental health clinician, one peer worker and one AOD worker participated alongside outreach workers.
- Outreach capability strengthened through community-based delivery.
- Cross-sector collaboration improved across health and homelessness services.
- Clinicians reported greater understanding of homelessness-related barriers.
- Confidence increased in trauma-informed outreach healthcare delivery.

BETTER EQUITY

- People facing the greatest healthcare access barriers were prioritised.
- Homelessness-specific disaster risks were identified and addressed.
- Significant unmet healthcare need was made visible.
- Outreach care reduced barriers linked to transport, cost and stigma.
- Need for sustained equity-focused outreach extends beyond disasters.

* Estimated avoided acute system costs:

- Emergency department presentations: approx. \$49,000
- Ambulance transports: approx. \$72,950

CASE STUDY

Building trust to support engagement with healthcare

Perry* who was sleeping rough in Gympie, presented with a significant ankle wound and had previously declined support, transport and advocacy to access hospital-based treatment. Through engagement with the Gympie Mobile Health Service outreach team, including the Nurse and Nurse Practitioner, Perry accepted wound care support and antibiotics, although initially declined transport to hospital despite clinical advice.

Ongoing follow-up and consistent engagement supported the development of trust and rapport over time. At a subsequent review, the Nurse and Nurse Practitioner identified the need for further medical treatment and recommended hospital attendance. Perry subsequently accepted support from the homelessness outreach team to attend Gympie Hospital, where they received intravenous antibiotics.

This example demonstrates the value of a persistent, relationship-based outreach approach, where coordinated clinical primary health care and homelessness support enabled Perry to progressively accept treatment.

**Name has been changed to protect the individual's privacy.*



INSIGHTS & STRATEGIC OPPORTUNITIES

The temporary health service generated practical insights for future primary healthcare outreach, disaster response and homelessness-related service planning.

RECOMMENDATIONS

01	Need exists beyond disaster periods Significant unmet healthcare need exists for people experiencing homelessness beyond disaster and recovery contexts.	Explore sustained outreach healthcare models beyond short-term disaster responses.
02	Trust is essential to engagement Ongoing, sustained engagement leads to relationship-building and trust – often the most important intervention.	Build trauma-informed, relationship-based outreach models that allow time for engagement, follow-up and service navigation.
03	Partnerships are critical infrastructure Pre-existing relationships are a key enabler for rapid mobilisation, coordination and flexible delivery.	Continue strengthening local coordination mechanisms across health, homelessness, housing and disaster recovery partners.
04	Specialised capability matters Effective outreach requires trauma-informed practice, adaptability and confidence in complex community settings.	Build workforce capability in outreach, trauma-informed care and cross-sector collaboration.
05	Disaster planning must include homelessness populations People experiencing homelessness face unique risks during flood events and other disasters, including displacement, exposure to environmental hazards, medication disruption and reduced access to basic needs.	Embed homelessness-specific arrangements into disaster planning and local resilience frameworks, including relocation, healthcare access, medication continuity and service navigation.
06	Formalised integration supports more connected care Shared triage, assessment and service coordination improve visibility of client needs, reduce duplication and strengthen integrated responses across health, housing and homelessness services.	Formalise service integration through common triage and assessment approaches, appropriate information-sharing systems and regular multidisciplinary coordination.
07	Scalable workforce solutions required in rural and regional settings Practical, scalable alternative models enable comprehensive primary healthcare when workforce shortages and service demands limit outreach	Explore and evaluate alternatives to GP-led outreach models as a scalable workforce solution.

Country to Coast Queensland acknowledges the Traditional Custodians of the Gympie region, including the Kabi Kabi (Gubbi Gubbi) People and the Butchulla People. We recognise their continuing connection to Country, culture and community, and pay our respects to Elders past, present and emerging.

We acknowledge the enduring knowledge and practice of caring for Country, which has sustained the health, resilience and wellbeing of people and place for countless generations, and continues to offer important insights for building resilient communities in the face of environmental change.



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Front cover photo caption (L-R): Rhylee Chapman, 1300MEDICS Registered Nurse, Mia Douglass, IFYS Homeless Outreach Worker, Sarayah Todd, IFYS Homeless Outreach Worker, Kadisha Wormald, Flourish Team Coordinator.

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