

# The Mobile Outreach Boomerang van: taking care to the community

Indigenous-specific mobile clinics improve access to health care by delivering care to underserved communities

All people have an inalienable right to accessible primary health care;<sup>1</sup> however, this right is denied to some people due to structural and functional barriers.<sup>2</sup> Indigenous peoples internationally experience these barriers, in addition to barriers such as affordability, acceptability, a lack of cultural safety, and disrespect for their values, traditions, customs and holistic conceptions of health.<sup>2</sup> Unsurprisingly, there are significant and persistent inequities in morbidity and mortality of Indigenous and non-Indigenous peoples in colonised countries.<sup>3</sup>

To address these inequities, culturally safe models of primary health care are needed, where Indigenous voices are privileged, the governance structures embody self-determination, and Indigenous peoples' conceptions of health form the foundations for service provision.<sup>3</sup> Indigenous-specific mobile primary health care clinics are one strategy for dealing with access issues by delivering care to underserved communities.<sup>4</sup> Importantly, evidence from the United States demonstrates the cost-effectiveness of mobile clinics, with an estimated saving of US\$12 per US\$1 spent on mobile health care.<sup>5,6</sup>

In Australia, the 144 Aboriginal and Torres Strait Islander Community Controlled Health Organisations address this need;<sup>7</sup> however, because they do not have blanket coverage across the whole country, there remain many Aboriginal and Torres Strait Islander communities that are unable to access culturally safe primary health care. Aboriginal and Torres Strait Islander-specific mobile primary health care clinics may provide a solution.

One such mobile clinic has been providing primary health care for Aboriginal and Torres Strait Islander people in Toowoomba, the traditional Country of the Giabal and Jarowair people, and the Southern Darling Downs of Queensland. Here, we document the different contributions the mobile clinic has made to the local communities and training of the next generation of health professionals.

In February 2013, Carbal Medical Services (Carbal) and the University of Queensland launched the Mobile Outreach Boomerang (MOB) van — a mobile primary health care clinic. The 10-metre-long caravan, featuring artwork by Toowoomba Indigenous artist Kim Walmsley, was equipped with a general practitioner room, a registered nurse room, a small kitchenette, and a weatherproof waiting area (Box). Funded by Health Workforce Australia, it aimed to enhance Aboriginal and Torres Strait Islander people's access to primary health care and ensure that emerging health professionals, whether

medical, nursing or allied health, were trained in the provision of culturally appropriate primary health care.

## Reaching out to the community

The MOB van initially delivered services in Toowoomba and outlying regional centres during the 2013 NAIDOC (National Aborigines and Islanders Day Observance Committee) celebrations, where it provided a clinical space for completion of annual Indigenous health assessments (Medicare Benefits Schedule item number 715). In addition, due to its distinctive artwork, it was a focal point for communities at the events, enabling the provision of health promotion advice.

The MOB van also visited primary and secondary schools in the Toowoomba region, enabling Aboriginal and Torres Strait Islander students to have their annual health assessments. There is a relatively low uptake of annual health assessments among Aboriginal and Torres Strait Islander youth aged 5–14 years compared with other age groups,<sup>8</sup> thus taking the MOB van to youth helped address this service gap. Taking culturally safe health care to the schools meant that the benefit of the MOB van was broadened, with some students reporting that accessing health care through the MOB van changed their attitudes towards their health. The MOB van was a source of pride for all Aboriginal and Torres Strait Islander students, their parents, and teachers. Indeed, the students of one school claimed ownership of the van by renaming it the Rainbow Van.

Interorganisational collaboration has been particularly important in enabling these outreach services. Carbal has collaborated with the Beyond the Broncos mentoring program ([www.broncos.com.au/community](http://www.broncos.com.au/community)) and the Clontarf Foundation (<https://clontarf.org.au/about-us>) for support in engaging students. If the school did not already collaborate with Beyond the Broncos or the Clontarf Foundation, Carbal worked directly with the school's Aboriginal Liaison Officers or nominated teachers to support students to visit the van and have their health assessment.

## Providing quality clinical care

When on deployment in Toowoomba, the MOB van functions as a mini Carbal clinic. It is staffed by an Aboriginal Health Worker, an Indigenous nurse (where possible), and a GP. The MOB van has the same capabilities, including information technology systems, as the permanent clinics, and it functions as an extension of these clinics. Patients attending the MOB

Deborah A Askew<sup>1</sup>



Ethan Kettyle<sup>1</sup>

Kim Passante<sup>2</sup>

Tamika Campbell<sup>2</sup>

Maree R Toombs<sup>1</sup>

<sup>1</sup> University of Queensland, Brisbane, QLD.

<sup>2</sup> Carbal Aboriginal and Torres Strait Islander Health Service, Toowoomba, QLD.

[d.askew@uq.edu.au](mailto:d.askew@uq.edu.au)

doi: 10.5694/mja2.51816

The Mobile Outreach Boomerang van — a mobile primary health care clinic



van are registered as Carbal patients and, therefore, recall and follow-up are provided through Carbal's permanent clinic, ensuring continuity of care.

#### Addressing an unrecognised service gap

In May 2014, the MOB van was relocated to Warwick, a regional centre about 80 km south of Toowoomba and the traditional County of the Gidhabal and Gnarabal peoples. At this time, there were no dedicated Aboriginal and Torres Strait Islander health services in the town, and the state health department believed that there were insufficient Aboriginal and Torres Strait Islander people in Warwick to warrant such services. Carbal proposed that the MOB van serve as a primary health care clinic to gauge need and, with the permission of local authorities, it was located in a park in the town centre. Despite security not being provided, the MOB van was never vandalised, and indeed, members of the local Aboriginal and Torres Strait Islander community took it upon themselves to ensure the security of the van, and to cover it with a tarpaulin during a particularly heavy storm. Within the first 11 days of operation, 85 patients had registered for care. By January 2015, nearly 630 Aboriginal and Torres Strait Islander people had attended the MOB van for nearly 3000 episodes of care and over 180 annual health assessments had been completed. These numbers provided the necessary evidence for the Queensland Government to support Carbal establishing a permanent primary health care service for the Aboriginal and Torres Strait Islander community of Warwick and surrounding areas.

#### A safe space for women's health care

Once Carbal established a permanent primary health care clinic in Warwick, the MOB van returned to Toowoomba to serve as a safe space for Aboriginal and Torres Strait Islander women's health care. The van was equipped to provide cervical screening tests and breast checks in addition to full health assessments for women. The MOB van was the

central feature of Women's Wellness Day held in 2015, at which the new Women's Wellness shirts were launched and provided to 85 women who presented for health assessments.

#### The van as an education and research space

One of the goals of the MOB van is to provide a clinical space for training the next generation of health professionals. A range of health professionals, including Aboriginal health workers, medical students, and nursing students, have benefited from this training environment, both in terms of their clinical skills and in experiencing a model of health care delivery that is uniquely able to assess and meet the needs of underserved communities. The MOB van has also provided a safe space for a variety of research projects where privacy was required to ensure participant confidentiality and for data collection.

#### Responding to needs

The MOB van can be easily and readily relocated to where it is most needed. It has attended various Carbal health days and has enabled partnerships to be developed with local schools, refugee communities and other organisations. It has provided primary health care services to Syrian and Kurdish refugees which led to the establishment of a permanent clinic with interpreters to ensure best practice clinical care.<sup>8</sup>

The most recent chapter in the MOB van's journey has been in response to the coronavirus disease 2019 (COVID-19) pandemic. In 2020, at the height of the first wave of infections in Queensland, the van was rapidly deployed as a COVID-19 testing facility. As the pandemic response progressed and vaccine supplies became available, the van became a mobile vaccination clinic, positioned at various locations throughout Toowoomba. A characteristic feature of mobile health clinics such as the MOB van is their ability to be tailored to meet the needs of target communities, thus

they are ideal in emergency situations when care is disrupted.<sup>9</sup>

## Conclusion

Since its initial deployment, the MOB van has provided a culturally safe space for Aboriginal and Torres Strait Islander people to congregate and receive primary health care. It has provided a visual representation of the vibrancy of the Aboriginal and Torres Strait Islander communities of the Southern Darling Downs and it is something that Carbal and its community are justifiably proud of. The MOB van has addressed needs, including unrecognised needs, thereby illuminating how culturally safe primary health care can transform the lives of Aboriginal and Torres Strait Islander people. The van continues to deliver outreach services to primary and secondary schools in Toowoomba to conduct health assessments for Aboriginal and Torres Strait Islander students, and it is also used for community days in Warwick and Toowoomba. When not providing outreach services, it provides additional clinical space at Carbal's COVID-19 testing and vaccine centre. Should needs change in the future, the MOB van can be rapidly redeployed to ensure that Aboriginal and Torres Strait Islander people in the Southern Darling Downs continue to receive culturally safe, accessible primary health care.

**Open access:** Open access publishing facilitated by The University of Queensland, as part of the Wiley – The University of Queensland agreement via the Council of Australian University Librarians.

**Competing interests:** No relevant disclosures.

**Provenance:** Not commissioned; externally peer reviewed. ■

© 2022 The Authors. *Medical Journal of Australia* published by John Wiley & Sons Australia, Ltd on behalf of AMPCo Pty Ltd.

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial-NoDerivs](#) License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

- 1 World Health Organization, UNICEF. Declaration of Alma-Ata; 1978. <https://www.who.int/docs/default-source/documents/almaata-declaration-en.pdf> (viewed Nov 2022).
- 2 Scrimgeour D, Scrimgeour M. Health care access for Aboriginal and Torres Strait Islander people living in urban areas, and related research issues: a review of the literature. Darwin: Cooperative Research Centre for Aboriginal Health, 2008. [https://www.lowitja.org.au/content/Document/PDF/DP5\\_final-pdf.pdf](https://www.lowitja.org.au/content/Document/PDF/DP5_final-pdf.pdf) (viewed Nov 2022).
- 3 Anderson I, Robson B, Connolly M, et al. Indigenous and tribal peoples' health (The *Lancet*-Lowitja Institute Global Collaboration): a population study. *Lancet* 2016; 388: 131-157.
- 4 Beks H, Ewing G, Charles JA, et al. Mobile primary health care clinics for Indigenous populations in Australia, Canada, New Zealand and the United States: a systematic scoping review. *Int J Equity Health* 2020; 19: 201.
- 5 Yu SWY, Hill C, Ricks ML, et al. The scope and impact of mobile health clinics in the United States: a literature review. *Int J Equity Health* 2017; 16: 178.
- 6 Mobile Health Map. Impact report [website]. <https://www.mobilhealthmap.org/impact-report> (viewed Nov 2022)
- 7 National Aboriginal Community Controlled Health Organisation. Aboriginal health in Aboriginal hands [website]. <https://www.naccho.org.au> (viewed Nov 2022)
- 8 Australian Institute of Health and Welfare. Indigenous health checks and follow-ups [Cat. No. IHW 209]. <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-checks-follow-ups/contents/about> (viewed Nov 2022).
- 9 Carbal Health Services. 2020–2021 Annual report. Toowoomba: Carbal Aboriginal and Torres Strait Islander Health Services Limited, 2021. [https://carbal.com.au/wp-content/uploads/2021/09/Carbal\\_Medical\\_Services\\_Annual\\_Report\\_2021-Final.pdf](https://carbal.com.au/wp-content/uploads/2021/09/Carbal_Medical_Services_Annual_Report_2021-Final.pdf) (viewed Nov 2022). ■