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**The Pop-Up Project**

Bringing care to those in need: Translating a ‘Pop-Up’

Health and Social Support Intervention for

vulnerable communities in South East Melbourne

### **Background**

The South East Melbourne region has a high proportion of geographically isolated, vulnerable people with limited transportation options, food insecurity and low household incomes. Primary health care is hard to access for communities in this area, and there are barriers to communities obtaining help, despite the presence of many local health and social support agencies. Poor access to community based primary health care leads to overloaded emergency departments, avoidable hospitalisations, increased costs and poor health outcomes.

The Pop-Up project (‘Bringing care to those in need: Translating a Pop-Up Health and social support intervention to vulnerable communities in South East Melbourne’), was a Monash University led study in collaboration with Dr Cathie Scott of PolicyWise for Children & Families in Alberta Canada. This 12-month study arose from a larger piece of work, [Innovative Models Promoting Access-to-Care Transformation (IMPACT) Centre of Research Excellence](https://www.impactresearchprogram.com/). Our project partners were: Monash Health (Monash Health Community, Monash Health Dental Service), Central Bayside Community Health Services, enliven (a Primary Care Partnership) and the Victorian Department of Health and Human Services. Project partners and Monash University staff worked together in a steering group to guide the project.

The aim of the Pop-Up project was to implement a number of Pop-Up events to improve access to health and social support services for people in the South East Melbourne region of Victoria who are underserved by, and struggle to connect with these services. The project used a co-design process to capture the priorities of community members and project partners, and further aimed to improve health service integration by facilitating cross-organisation networking and collaboration.

In August 2019, a Deliberative Forum was conducted to bring academics, community stakeholders and service organisations together to identify local community groups that had needs, gaps and barriers in accessing primary health care. Two Pop-Ups were delivered to two communities in late 2019.

### **Pop-Up 1**

The first Pop-up was held on Thursday 7th November, at the Bayside Community Care Matt's Place Community Meals Program at St Matthew’s Anglican Church, Cheltenham. Central Bayside Community Health Services was the lead agency in the event’s planning and implementation. Many of the attendees of the meals program experience financial hardship, community isolation, and barriers in accessing services. The Pop-Up was staffed by service providers from five health and social support organisations. Services provided guests with service details, contact information and made follow-up appointments where appropriate.

At this Pop-up, 5 organisations had 84 interactions with attendees, providing services related to dental care, mental health, Centrelink services, housing, education and employment.

### **Pop-Up 2**

The second Pop-Up was held at the Southern Migrant and Refugee Centre, Dandenong, on Tuesday 10th December. Enliven was the lead agency in the event’s planning and implementation. Attendees were the Daughters of Jerusalem, a South Sudanese community group that volunteer to provide support and guidance to vulnerable young people within their community. The Daughters of Jerusalem and the youth they support struggle to make connections with trusted service providers due to language, cultural and other barriers. To facilitate meaningful interactions, three interpreters were utilised during interactions between attendees and service providers. At this Pop-Up, 16 organisations had 91 interactions with attendees, providing services related to dental care, mental health, refugee health, youth support, housing, education and employment.

### **Project findings**

To assess the Pop-Ups, the research team at Monash University conducted surveys, interviews and After Action Reviews with attendees, service providers, managers and steering group members. The results are summarised below.

* **The Pop-Ups engaged vulnerable people that are hard to reach through usual service provision models**
  + Only 57% (Pop-Up 1) and 63% (Pop-Up 2) of attendees had a specific health professional mainly responsible for their health care.
  + 71% (Pop-Up 1) and 50% (Pop-Up 2) of attendees had two or more chronic diseases.
  + Half of the attendees from each Pop-Up felt their financial situation was ‘tight or ‘very tight’.
* **Key strengths of the Pop-Up model were its person-centeredness, assertive outreach approach, and face-to-face engagement** 
  + The Pop-Ups were person-centred with a heightened focus on addressing individuals’ needs. This was enhanced by being able to directly introduce attendees to appropriate services during the Pop-Up.
  + The assertive outreach approach brought providers to the attendees, facilitating opportunistic engagement in a familiar, safe and accessible environment. Bringing all the providers to one location also centralised an otherwise complex network of services.
  + The Pop-Up provided face-to-face contact between attendees and providers in a relaxed and informal environment. Providers felt that this built trust and encouraged open conversations.
* **Attending the Pop-Ups improved service provider understanding of the primary health care system, referral processes, and facilitated cross-organisational networking and collaboration**
  + 92% of surveyed managers said that the Pop-Up improved staff understanding of the local primary health care system.
  + 77% of surveyed managers said that the Pop-Up improved staff understanding of intake, assessment and referral processes of other service providers.
  + 85% of surveyed managers said that the Pop-Up improved the quality of working relationships between service providers, including the ability to sort out problems.
* **The Pop-Ups improved attendee knowledge of services**
  + Pop-Up attendees reported improved knowledge of the services available to them and a better understanding of how to access them.
* **The Pop-Ups have made steps towards improving access to primary health care** 
  + Several attendees from the Pop-Ups received dental care 3-months post-Pop-Up.
  + A small number of attendees were provided with employment and accommodation.
  + An assertive outreach role was developed by one of the lead agencies to provide ongoing support with primary health care access for the community at the first Pop-Up.
* **There are barriers in achieving follow-up contact post-Pop-Up**
  + Providers were unable to reach many attendees on their provided contact details.
  + Most attendees did not initiate or seek follow-up contact.
* **Sustainability of the Pop-Up model is a priority, but needs to overcome a number of challenges** 
  + 100% of surveyed managers indicated interest in being involved with and attending a future Pop-Up.
  + Continuation of the Pop-Up model requires a leading organisation, sufficient resources, and integration with organisational strategy.
  + Provider funding and inability to claim for services provided at the Pop-Up remains an ongoing challenge.

### **Key messages**

* The Pop-Up model shows promise in improving access to primary health care for hard-to-reach and vulnerable communities.
* Benefits of the model include increased person-centeredness, immediate referrals, building trust from face-to-face contact, and the potential for opportunistic engagement from meeting people where they are.
* Through participating in a Pop-Up, health and social support providers may gain an improved understanding of the primary health care system, referral processes, and the opportunity to develop cross-organisational networks and partnerships.
* People who participate in Pop-Ups have improved knowledge of services and how to access them. What is yet to be seen is whether this translates into increased access of primary health care and improved health and wellbeing.
* A key challenge with the Pop-Up model is whether service providers can achieve meaningful contact and linkage with primary health care with attendees after the Pop-Up.
* Sustainability of the Pop-Up model is a priority, but needs to overcome a number of challenges relating to resources, funding, and organisational leadership.

**How do I get more information?**

To find out more about the project, please see the [Pop-Up website](https://www.monash.edu/medicine/spahc/general-practice/research-projects/pop-up-project) or contact Professor Grant Russell: [grant.russell@monash.edu](mailto:grant.russell@monash.edu)

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