

## 2022 Mercy Care Needs Assessment

<b>Title</b>	Introduction	Methods and data sources	Encounters and patients	Service area map	Zip code list (top 75% of patients)	Chamblee vs. Atlanta locations	Homelessness- map	Types of homelessness	Children and homelessness	Children and homelessness (detail)
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### 2022 Needs Assessment

published August 2022 by Alyssa Wells, Senior Population Health Analyst

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As a Federally Qualified Health Center, Mercy Care provides valuable and necessary health services to people in the greater Atlanta area who are in need, especially those experiencing homelessness. Mercy Care seeks to serve the whole person and provides services in an integrated care model. To ensure we have an accurate understanding of the challenges and assets of our patients, we periodically conduct a Needs Assessment. This Needs Assessment will evaluate our geographical service area, special populations served, and provide insight into the factors associated with access and utilization of care, significant causes of morbidity and mortality, associated health disparities, and unique characteristics that impact health status.

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### Methods and Data Sources

A variety of data sources were compiled and analyzed to produce this Needs Assessment.

-Encounters, patient demographics, Social Determinant of Health (SDH) information is from Mercy Care's Electronic Health Record, including prior year's Uniform Data System (UDS) submission

-Mercy Care's service area is defined as the zip codes in which the top 75% of clients resided in 2021. Service area data was collected from the Trinity Health Data Hub ([trinityhealthdatahub.org](http://trinityhealthdatahub.org)), including information from the US Census Bureau, the Department of Health and Human Services, the Center for Medicaid and Medicare Services, and 2020 County Health Rankings.

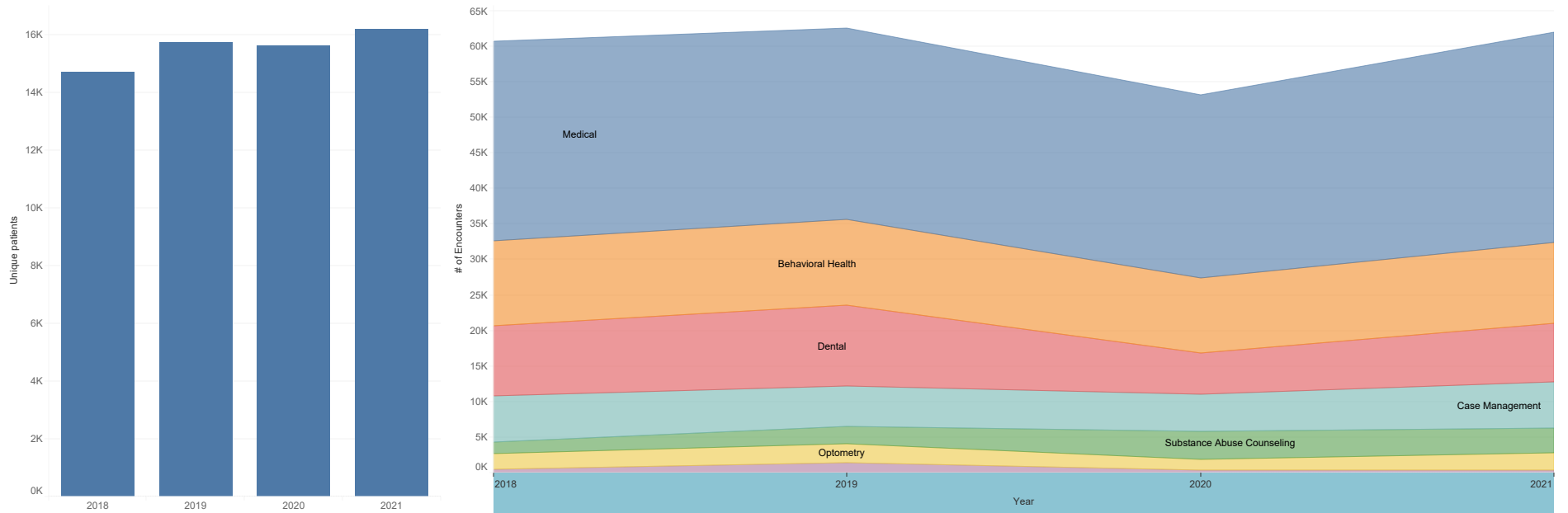
-Primary data was collected via an electronic survey distributed to Mercy Care Client Advisory Council members, MC staff members, and local community based organizations who serve a similar population (homeless and/or underserved). Respondents included 54 Mercy Care staff members and representative(s) from:

- Atlanta Regional Collaborative for Health Improvement (ARCHI)
- Atlanta Regional Commission (ARC)
- First Step Staffing
- GradyHealth System
- InTelegy Corporation
- Our House
- Partners for Home
- Wholesome Wave Georgia

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Each year, Mercy Care serves approximately 16,000 unique patients in over 60,000 encounters.

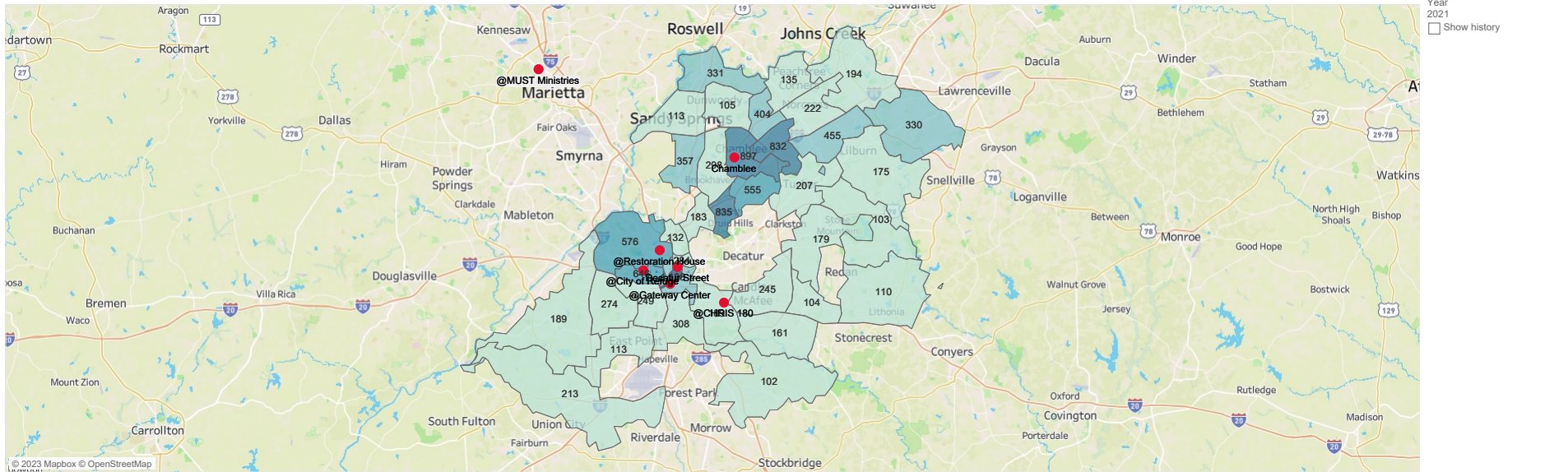


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Mercy Care's service area has covered roughly the same geographical area since the opening of Mercy Care Chamblee in early 2017. Fixed-site locations are pinned in red on the map below. Darker zip codes represent more patients served who live in or are served in that zip code. Zip codes with fewer than 100 patients served are not displayed.

Mercy Care service area with clinic locations - 2021

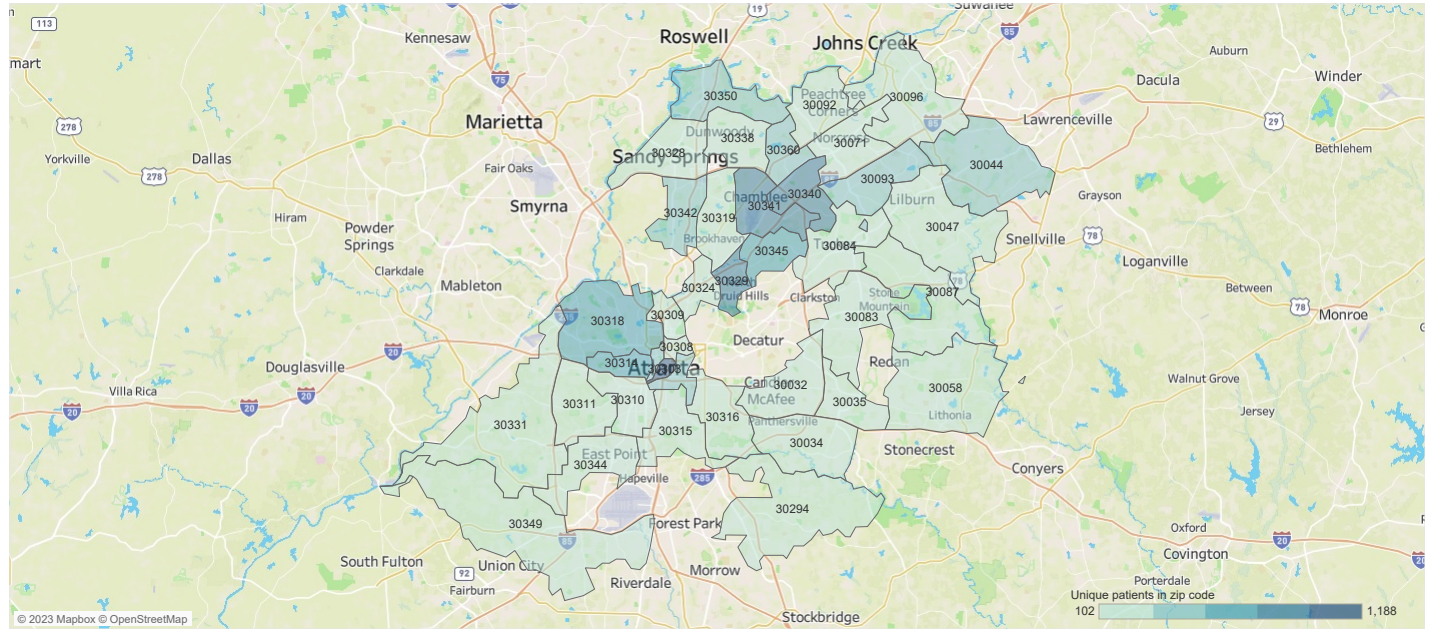


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ZIP code	# of unique patients (...)
30303	1,188 (7.34%)
30341	897 (5.54%)
30329	835 (5.16%)
30340	832 (5.14%)
30314	646 (3.99%)
30318	576 (3.56%)
30345	555 (3.43%)
30312	494 (3.05%)
30093	455 (2.81%)
30360	404 (2.49%)
30342	357 (2.20%)
30313	343 (2.12%)
30350	331 (2.04%)
30044	330 (2.04%)
30315	308 (1.90%)
30319	298 (1.84%)
30308	284 (1.75%)
30311	274 (1.69%)
30310	249 (1.54%)
30032	245 (1.51%)
30071	222 (1.37%)
30349	213 (1.32%)
30084	207 (1.28%)
30096	194 (1.20%)
30316	189 (1.17%)
30331	189 (1.17%)
30324	183 (1.13%)
30083	179 (1.11%)
30047	175 (1.08%)
30034	161 (0.99%)
30092	135 (0.83%)
30309	132 (0.82%)
30328	113 (0.70%)
30344	113 (0.70%)
all other zips	3,887 (24.00%)
<b>Grand Total</b>	<b>16,193 (100.00%)</b>

In 2021, 75% of Mercy Care's clients came from 34 zip codes.





# 2022 Mercy Care Needs Assessment

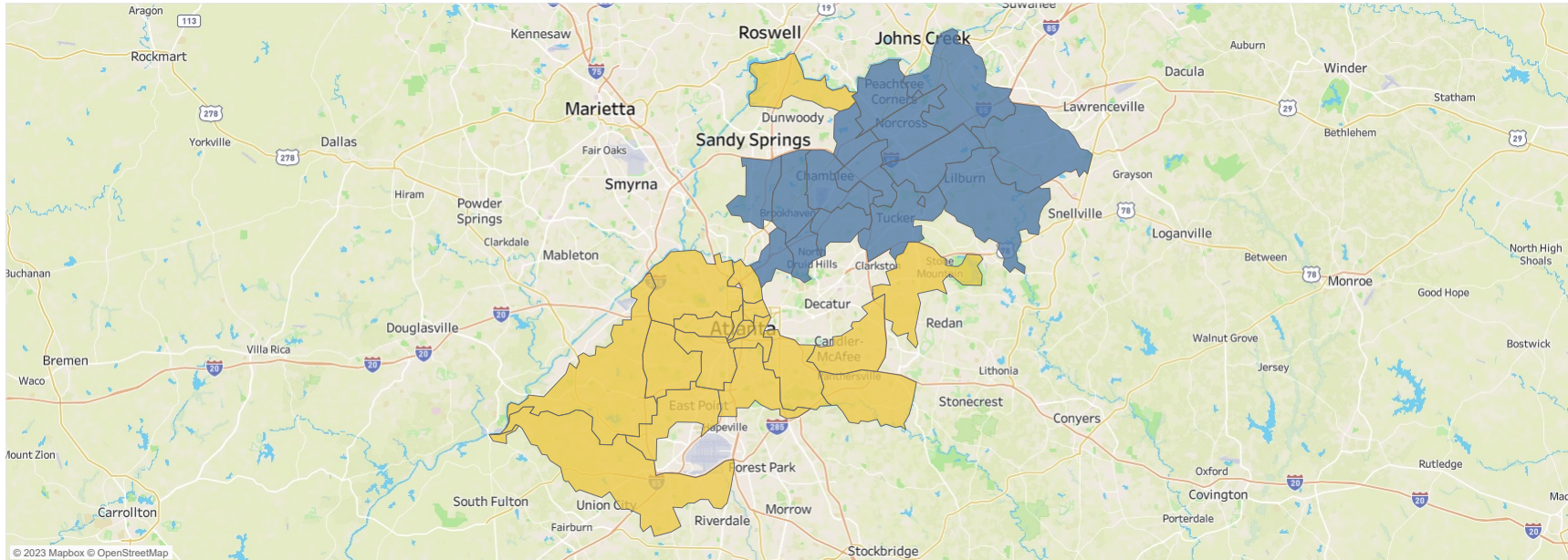
Introduction	Methods and data sources	Encounters and patients	Service area map	Zip code list (top 75% of patients)	<b>Chamblee vs. Atlanta locations</b>	Homelessness- map	Types of homelessness	Children and homelessness	Children and homelessness (detail)	Child vs. adult homelessness
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Mercy Care's patient population can be divided into those who routinely visit the Chamblee location and those who frequent all other downtown Atlanta locations (fixed-site and mobile services). This map displays each zip code representing at least 100 patients at the clinic location: blue for Chamblee, yellow for all other sites (referred to as "downtown Atlanta").

# unique patients  
From 100

Year  
2021

Place of service  
■ downtown Atlanta  
■ Chamblee



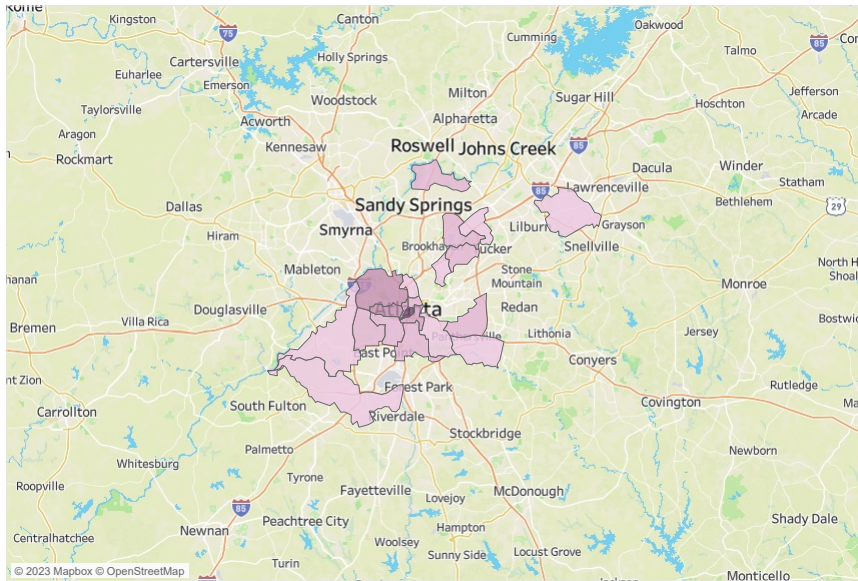
© 2023 Mapbox © OpenStreetMap

# 2022 Mercy Care Needs Assessment

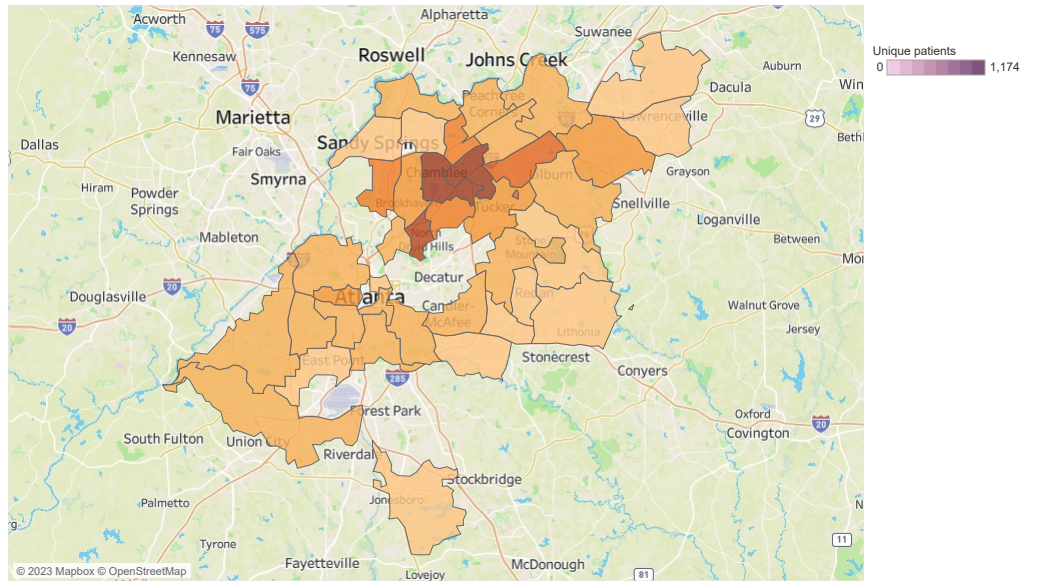
Methods and data sources	Encounters and patients	Service area map	Zip code list (top 75% of patients)	Chamblee vs. Atlanta locations	<b>Homelessness- map</b>	Types of homelessness	Children and homelessness	Children and homelessness (detail)	Child vs. adult homelessness	Children by clinic
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There are clear distinctions between the patient populations served at Chamblee and the patients served at Mercy Care's other clinic locations. Notably, most patients experiencing homelessness are concentrated in downtown/intown Atlanta zip codes, while our non-homeless clients are concentrated in the northeast of the city. Clients without a fixed address are grouped in the zip code where they received services.

Clients experiencing homelessness



Non-homeless clients



Year  
2021

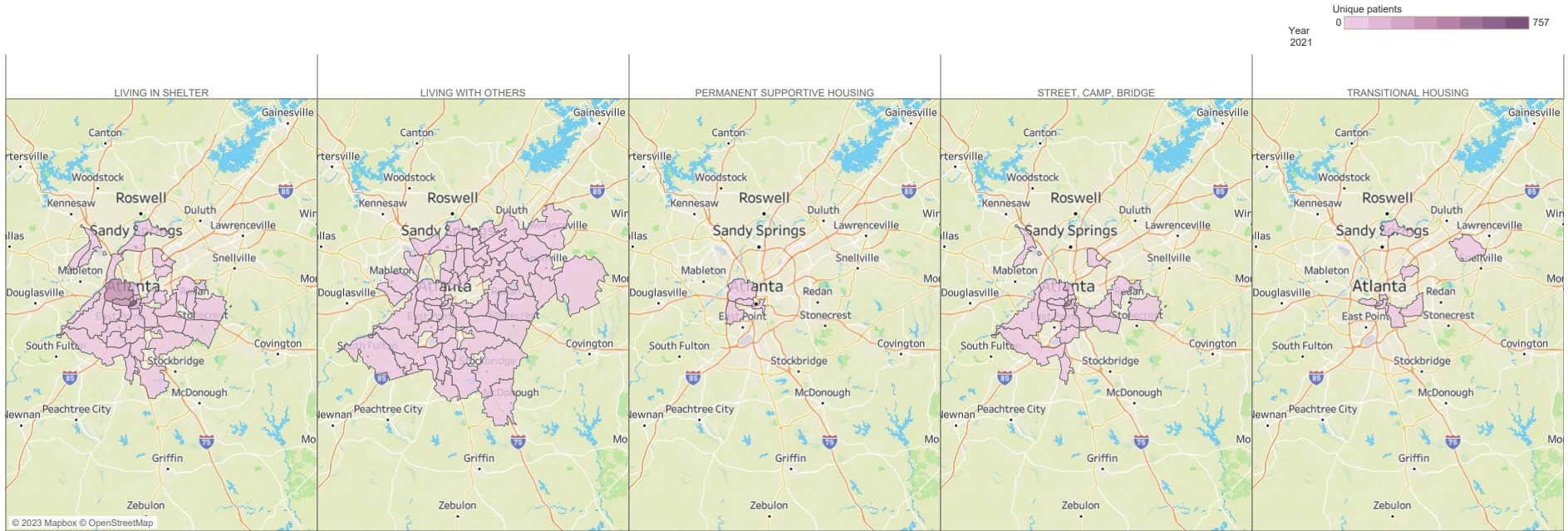
Unique patients  
0 1,174



# 2022 Mercy Care Needs Assessment

Encounters and patients	Service area map	Zip code list (top 75% of patients)	Chamblee vs. Atlanta locations	Homelessness- map	<b>Types of homelessness</b>	Children and homelessness	Children and homelessness (detail)	Child vs. adult homelessness	Children by clinic	Hispanic/Latino clients
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Certain types of homelessness are more common in certain geographical regions. For example, people living on the street, in a camp, or under a bridge are more common in downtown or south Atlanta zip codes. Most clients living in a shelter are in downtown or west Atlanta. The most common type of homelessness northeast of the city (Chamblee's primary service area) is living with others, also known as doubling up.



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Service area map	Zip code list (top 75% of patients)	Chamblee vs. Atlanta locations	Homelessness- map	Types of homelessness	<b>Children and homelessness</b>	Children and homelessness (detail)	Child vs. adult homelessness	Children by clinic	Hispanic/Latino clients	Non-Hispanic/Latino, English speakers
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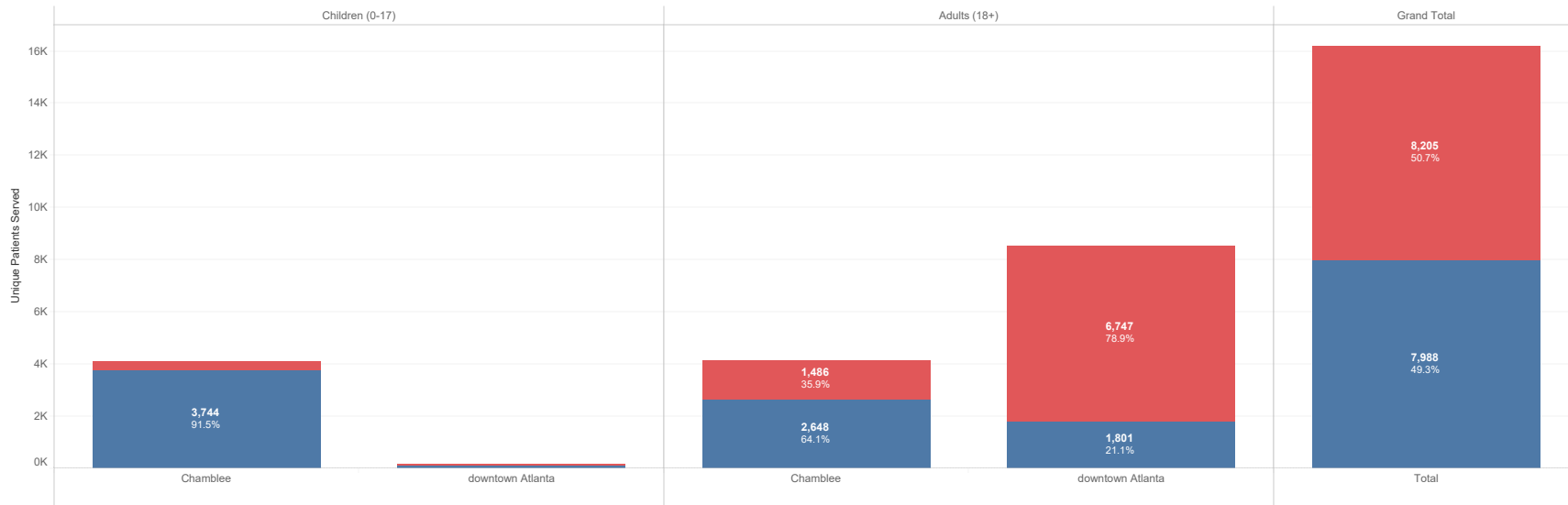
In 2021, 50.7% of all Mercy Care patients served were experiencing homelessness. However, among adult patients only, this figure was 65.0%. Fewer than 10% of pediatric patients experienced homelessness. Almost all children are seen at the Chamblee clinic, and as our pediatric population continues to grow, the overall percentage of MC patients experiencing homelessness has declined.

Homeless status

- Homeless
- Not Homeless

Year  
2021

Show history



# 2022 Mercy Care Needs Assessment

Zip code list (top 75% of patients)	Chamblee vs. Atlanta locations	Homelessness- map	Types of homelessness	Children and homelessness	<b>Children and homelessness (detail)</b>	Child vs. adult homelessness	Children by clinic	Hispanic/Latino clients	Non-Hispanic/Latino, English speakers	Ethnicity and Race
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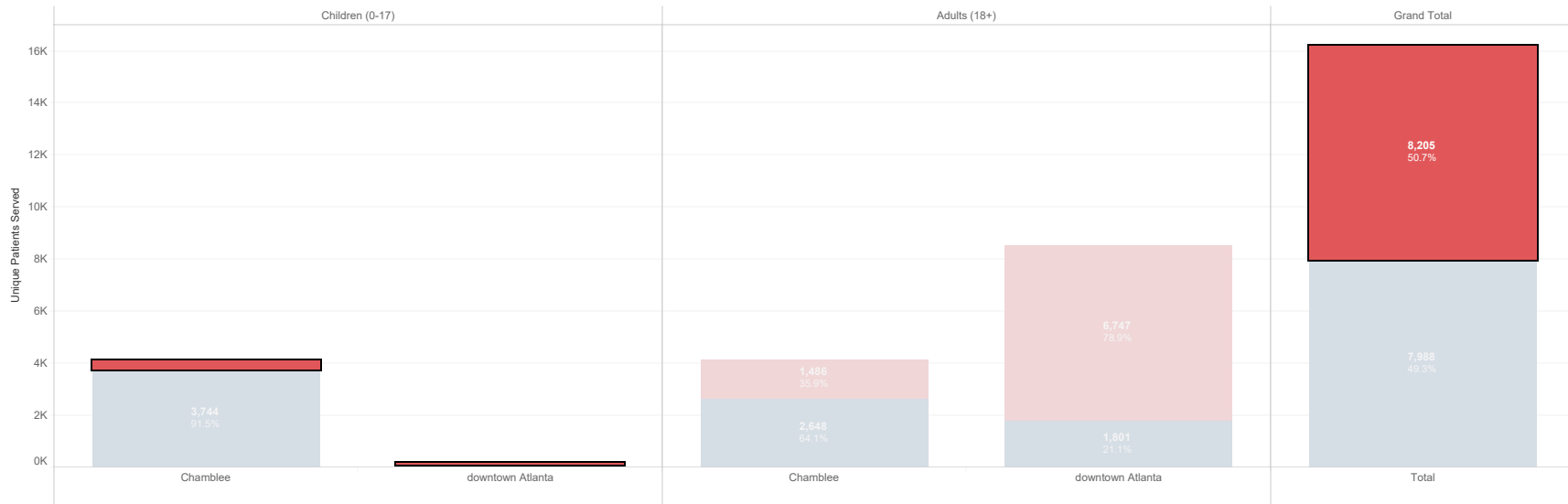
Out of the 8,205 patients experiencing homelessness in 2021, only 435 of them were children (5% of all homeless clients).

Homeless status

- Homeless
- Not Homeless

Year  
2021

Show history

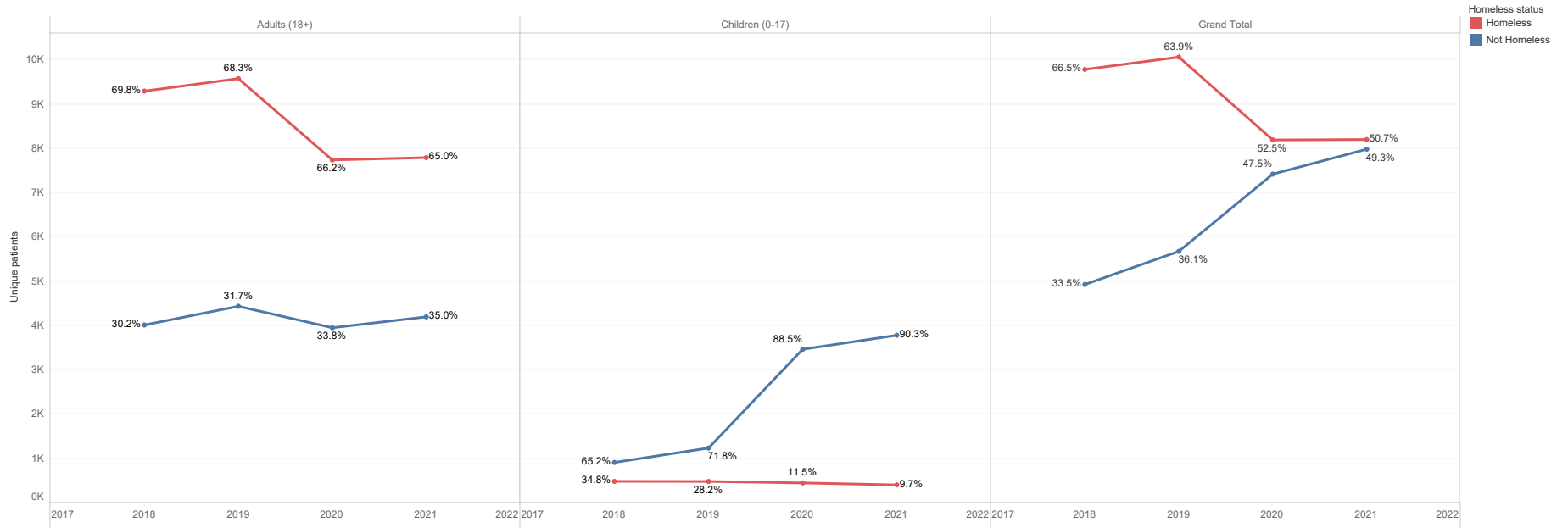


# 2022 Mercy Care Needs Assessment

Chamblee vs. Atlanta locations	Homelessness- map	Types of homelessness	Children and homelessness	Children and homelessness (detail)	<b>Child vs. adult homelessness</b>	Children by clinic	Hispanic/Latino clients	Non-Hispanic/Latino, English speakers	Ethnicity and Race	Ethnicity and Race by clinic and age group
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In recent years, Mercy Care has served fewer clients experiencing homelessness as a percentage of our overall patient base. This is partially due to the increasing volume of (non-homeless) children served in our Chamblee location.

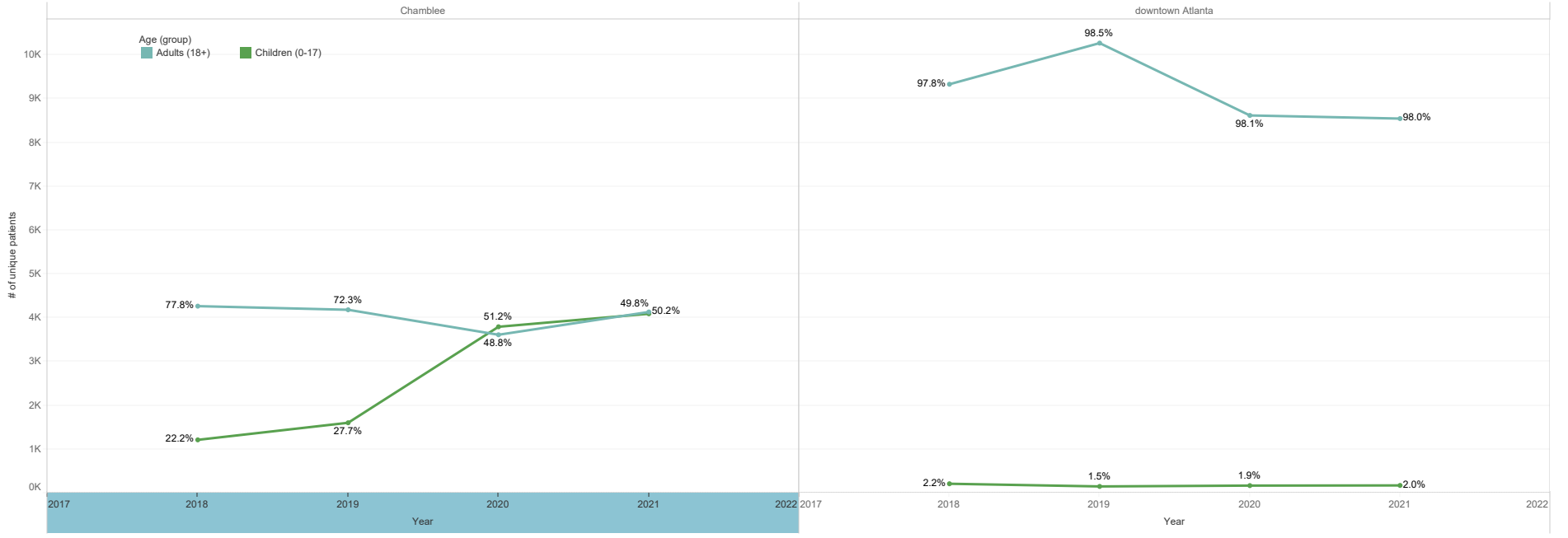
Clinic  
All



# 2022 Mercy Care Needs Assessment

Homelessness- map	Types of homelessness	Children and homelessness	Children and homelessness (detail)	Child vs. adult homelessness	<b>Children by clinic</b>	Hispanic/Latino clients	Non-Hispanic/Latino, English speakers	Ethnicity and Race	Ethnicity and Race by clinic and age group	Ethnicity/Race of service area
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Almost all of Mercy Care's pediatric patients are served at the Chamblee clinic. Children account for half of all patients served at Mercy Care Chamblee.





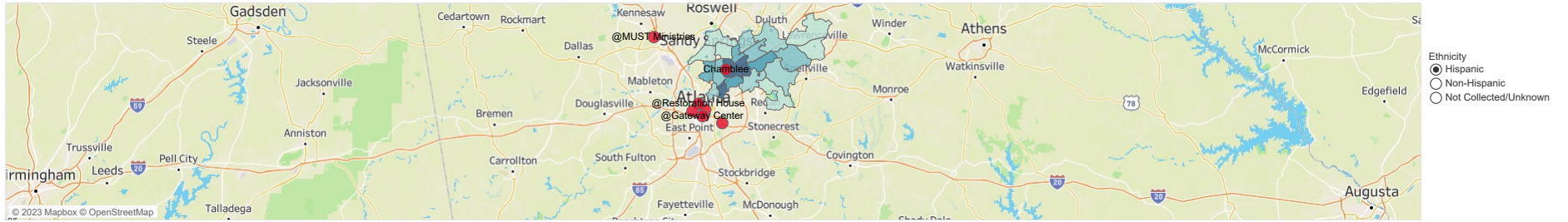
# 2022 Mercy Care Needs Assessment

Types of homelessness	Children and homelessness	Children and homelessness (detail)	Child vs. adult homelessness	Children by clinic	<b>Hispanic/Latino clients</b>	Non-Hispanic/Latino, English speakers	Ethnicity and Race	Ethnicity and Race by clinic and age group	Ethnicity/Race of service area	Sexual orientation and gender identity
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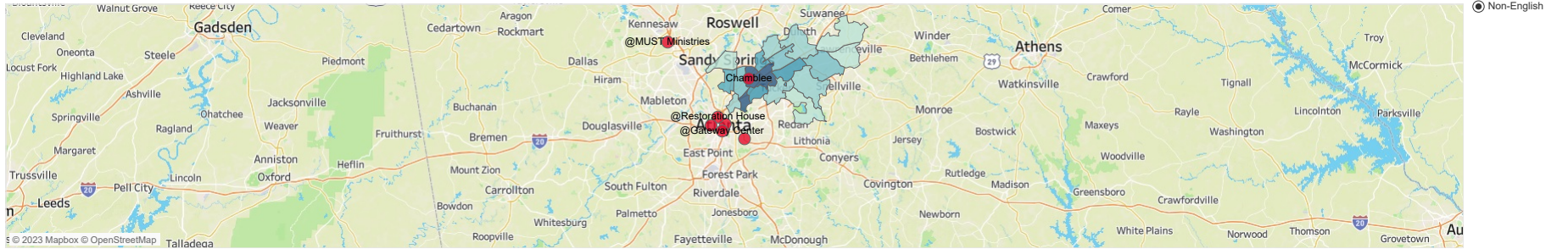
Most clients served at our Chamblee location are Hispanic, and speak Spanish (or another language) as their primary language.

Year  
2021

## Ethnicity



## Language



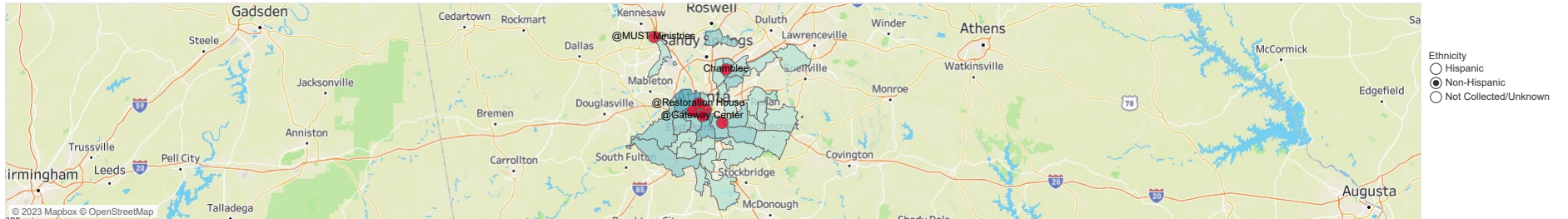
# 2022 Mercy Care Needs Assessment

Children and homelessness	Children and homelessness (detail)	Child vs. adult homelessness	Children by clinic	Hispanic/Latino clients	<b>Non-Hispanic/Latino, English speakers</b>	Ethnicity and Race	Ethnicity and Race by clinic and age group	Ethnicity/Race of service area	Sexual orientation and gender identity	Health insurance coverage, all patients
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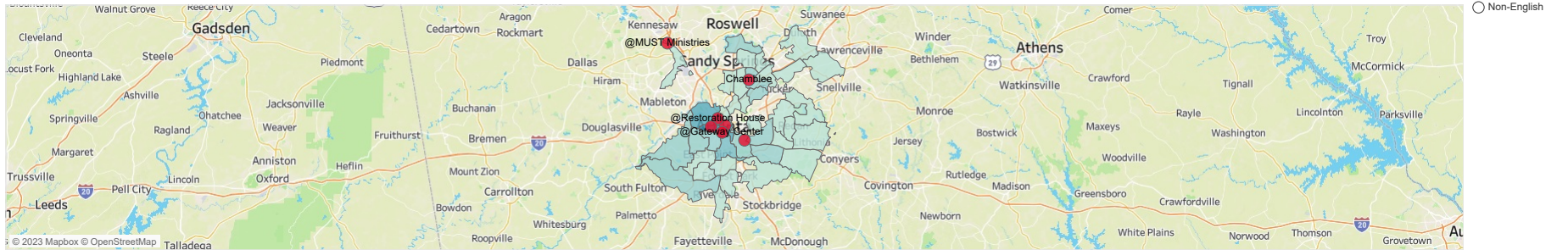
Non-Hispanic/Latino, English speaking clients come from many different locations to visit a Mercy Care clinic, but most are clustered in downtown Atlanta.

Year of DOS  
2021

## Ethnicity (2)



## Language (2)

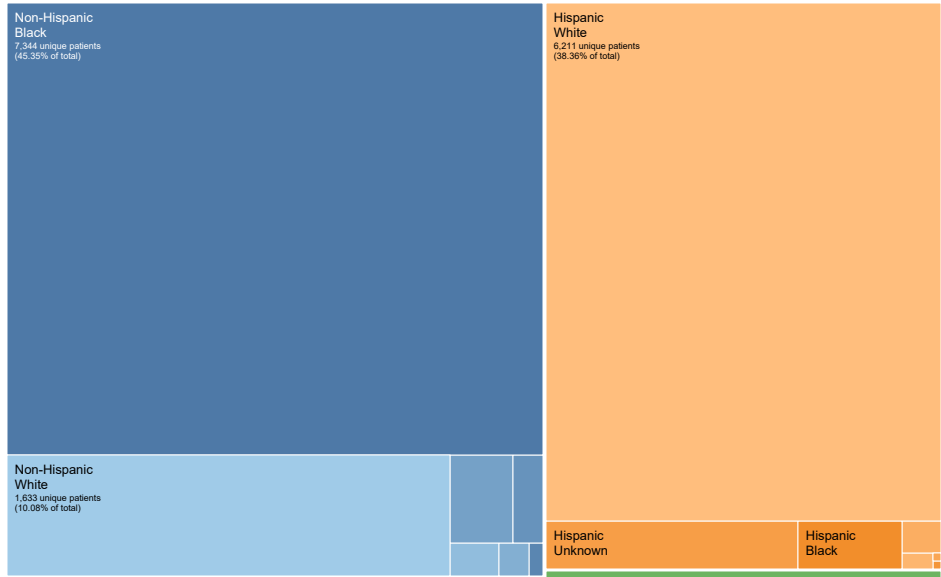


# 2022 Mercy Care Needs Assessment

Children and homelessness (detail)	Child vs. adult homelessness	Children by clinic	Hispanic/Latino clients	Non-Hispanic/Latino, English speakers	<b>Ethnicity and Race</b>	Ethnicity and Race by clinic and age group	Ethnicity/Race of service area	Sexual orientation and gender identity	Health insurance coverage, all patients	Health insurance by age
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Out of all clients served, Non-Hispanic Black patients represented the largest proportion, followed by Hispanic White clients.

Ethnicity and Race - 2021, All clinic(s)



Age (group)  
All

Clinic  
All

Year  
2021

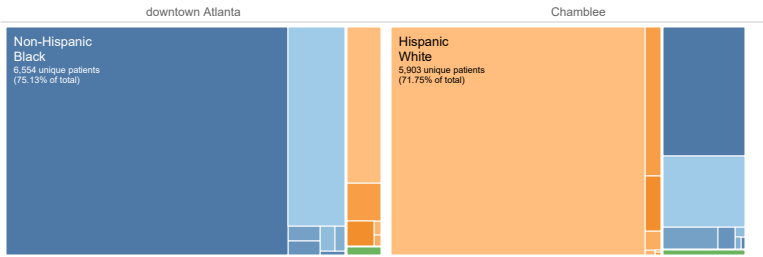
# 2022 Mercy Care Needs Assessment

Child vs. adult homelessness	Children by clinic	Hispanic/Latino clients	Non-Hispanic/Latino, English speakers	Ethnicity and Race	<b>Ethnicity and Race by clinic and age group</b>	Ethnicity/Race of service area	Sexual orientation and gender identity	Health insurance coverage, all patients	Health insurance by age	Uninsured, service area
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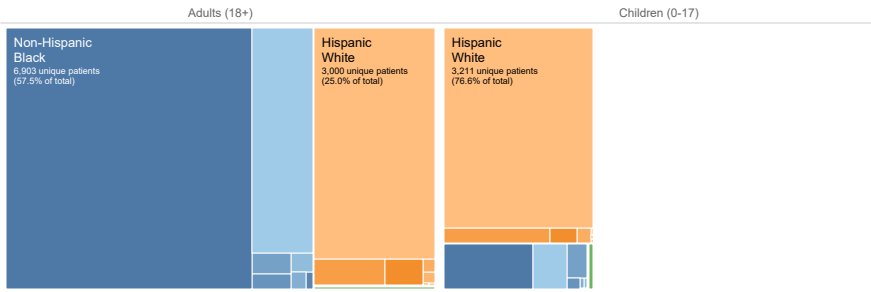
Again, there are clear differences between Chamblee/non-Chamblee locations, and children/adults.

Year  
2021

Ethnicity and Race, by clinic - 2021



Ethnicity and Race, by age - 2021



## 2022 Mercy Care Needs Assessment

Children by clinic	Hispanic/Latino clients	Non-Hispanic/Latino, English speakers	Ethnicity and Race	Ethnicity and Race by clinic and age group	<b>Ethnicity/Race of service area</b>	Sexual orientation and gender identity	Health insurance coverage, all patients	Health insurance by age	Uninsured, service area	Federal Poverty Level
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When compared to Mercy Care's service area, Mercy Care actually serves a disproportionately higher rate of clients identifying as Hispanic/Latino, and a lesser rate of Non-Hispanic White people and Non-Hispanic Asian people.

<b>Geography</b>	<b>Non-Hispanic White</b>	<b>Non-Hispanic Black</b>	<b>Non-Hispanic Asian</b>	<b>Non-Hispanic Native American or Alaska Native</b>	<b>Non-Hispanic Native Hawaiian or Pacific Islander</b>	<b>Non-Hispanic Some Other Race</b>	<b>Non-Hispanic Multiple Races</b>	<b>Hispanic or Latino</b>
<b>Mercy Care clients</b>	10.1%	45.4%	1.0%	0.2%	0.1%	1.0%	0.3%	42.0%
<b>MC service area (34 zips)</b>	28.6%	45.8%	7.3%	0.2%	0.0%	0.4%	2.4%	15.3%
<b>Georgia</b>	52.1%	31.2%	4.1%	0.2%	0.1%	0.4%	2.5%	9.6%
<b>United States</b>	60.1%	12.3%	5.6%	0.6%	0.2%	0.3%	2.8%	18.2%



## 2022 Mercy Care Needs Assessment

Hispanic/Latino clients	Non-Hispanic/Latino, English speakers	Ethnicity and Race	Ethnicity and Race by clinic and age group	Ethnicity/Race of service area	<b>Sexual orientation and gender identity</b>	Health insurance coverage, all patients	Health insurance by age	Uninsured, service area	Federal Poverty Level	Service area FPL
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Mercy Care's patient population is split equally between female and male clients. A very small number of clients (less than 1%) self-identify as transgender, non-binary, or questioning.

Every year, approximately 6-7% of Mercy Care's patient population identifies as a sexual orientation other than heterosexual/straight. Nationally, in 2020, all health centers in the US reported 2.25% of their patients self-identified as something other than heterosexual/straight (based on 28.5 million patients served)\*. This means that Mercy Care serves **more than twice as many patients who identify as lesbian/gay, bisexual, or something else**, as compared to all other health centers in the US.

### Sex assigned at birth

	2018	2019	2020	2021
Female	50.9% 7,498	51.0% 8,026	50.2% 7,837	50.8% 8,234
Male	49.0% 7,220	49.0% 7,722	49.8% 7,782	49.1% 7,952
unknown	0.0% 2		0.0% 2	0.0% 7

### Gender identity

	2018	2019	2020	2021
Female	45.20% 6,653	45.36% 7,144	39.56% 6,179	40.39% 6,540
Male	42.52% 6,259	42.33% 6,666	38.49% 6,012	37.81% 6,122
Unknown	12.07% 1,777	12.05% 1,898	21.68% 3,387	21.41% 3,467
Transgender Female / MtF	0.12% 18	0.16% 25	0.15% 23	0.19% 31
Transgender Male / FtM	0.07% 10	0.08% 13	0.10% 16	0.08% 13
other (Non-binary, Questioning, Two)	0.02% 3	0.01% 1	0.03% 5	0.12% 18

### Sexual orientation

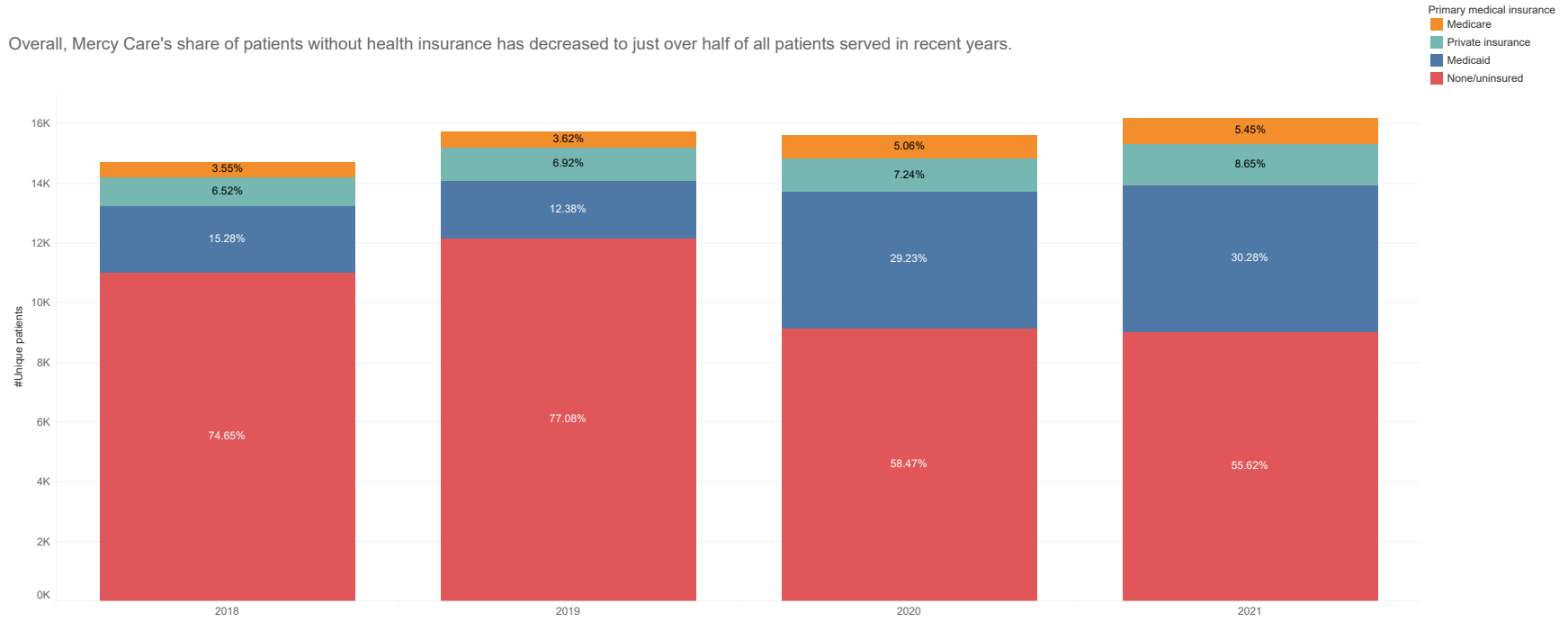
	2018	2019	2020	2021
Heterosexual (or straight)	73.8% 10,862	76.9% 12,106	68.6% 10,714	68.8% 11,134
Unknown	19.4% 2,863	16.7% 2,627	25.3% 3,951	24.9% 4,029
Lesbian or Gay	4.1% 608	4.0% 628	3.5% 545	3.6% 575
Bisexual	1.1% 166	1.3% 198	1.5% 231	1.8% 284
Don't know	1.4% 206	1.1% 168	1.1% 165	0.9% 143
Other (Asexual, Pansexual, Something else)	0.1% 15	0.1% 21	0.1% 15	0.2% 28
Grand Total	100.0% 14,720	100.0% 15,748	100.0% 15,621	100.0% 16,193

\*<https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=3B&year=2020>

# 2022 Mercy Care Needs Assessment

Non-Hispanic/Latino, English speakers	Ethnicity and Race	Ethnicity and Race by clinic and age group	Ethnicity/Race of service area	Sexual orientation and gender identity	<b>Health insurance coverage, all patients</b>	Health insurance by age	Uninsured, service area	Federal Poverty Level	Service area FPL	Service area: availability of healthcare
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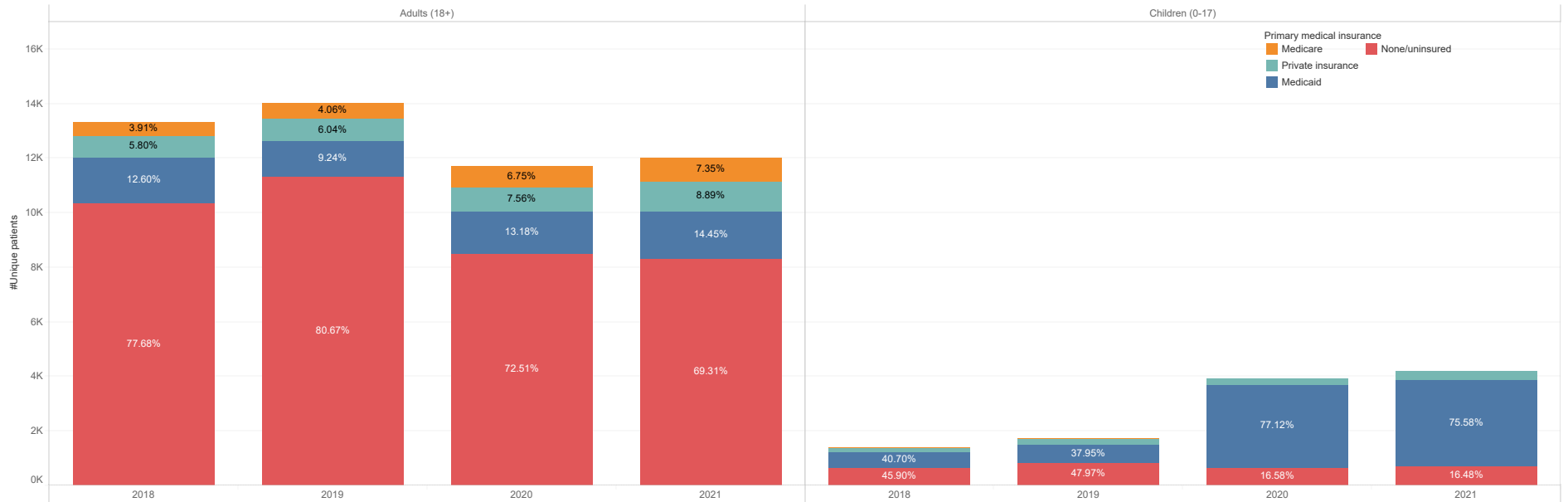
Overall, Mercy Care's share of patients without health insurance has decreased to just over half of all patients served in recent years.



## 2022 Mercy Care Needs Assessment

Ethnicity and Race	Ethnicity and Race by clinic and age group	Ethnicity/Race of service area	Sexual orientation and gender identity	Health insurance coverage, all patients	<b>Health insurance by age</b>	Uninsured, service area	Federal Poverty Level	Service area FPL	Service area: availability of healthcare	Survey respondents: access challenges
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However, most of the decrease in uninsured patients is attributable to the increase of pediatric patients, who are much less likely to be uninsured. About 75% of pediatric patients served are covered by Medicaid, **5x the rate of adult patients** (15%). Among adult patients, about 70% of patients do not have any health insurance.



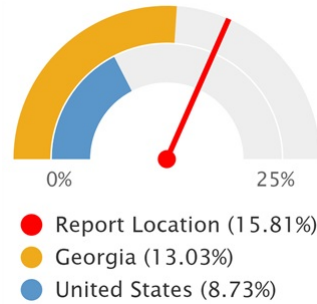
## 2022 Mercy Care Needs Assessment

Ethnicity and Race by clinic and age group	Ethnicity/Race of service area	Sexual orientation and gender identity	Health insurance coverage, all patients	Health insurance by age	<b>Uninsured, service area</b>	Federal Poverty Level	Service area FPL	Service area: availability of healthcare	Survey respondents: access challenges	Common diagnoses and services at Mercy Care
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In Mercy Care's service area, it is estimated that 15.8% of the population is uninsured. Mercy Care's actual population served includes over 9,000 clients with no health insurance, or 55.6% of all patients.

Report Area	Uninsured, Percent	Total Population	Uninsured Population
Mercy Care patients	<b>55.6%</b>	16,193	9,007
Service area (34 zips)	15.8%	1,318,013	208,392
Clayton County, GA	18.3%	283,741	51,935
DeKalb County, GA	13.3%	749,223	99,552
Fulton County, GA	10.1%	1,041,583	104,828
Gwinnett County, GA	15.7%	921,563	145,068
Georgia	13.0%	10,321,846	1,345,294
United States	8.7%	321,525,041	28,058,903

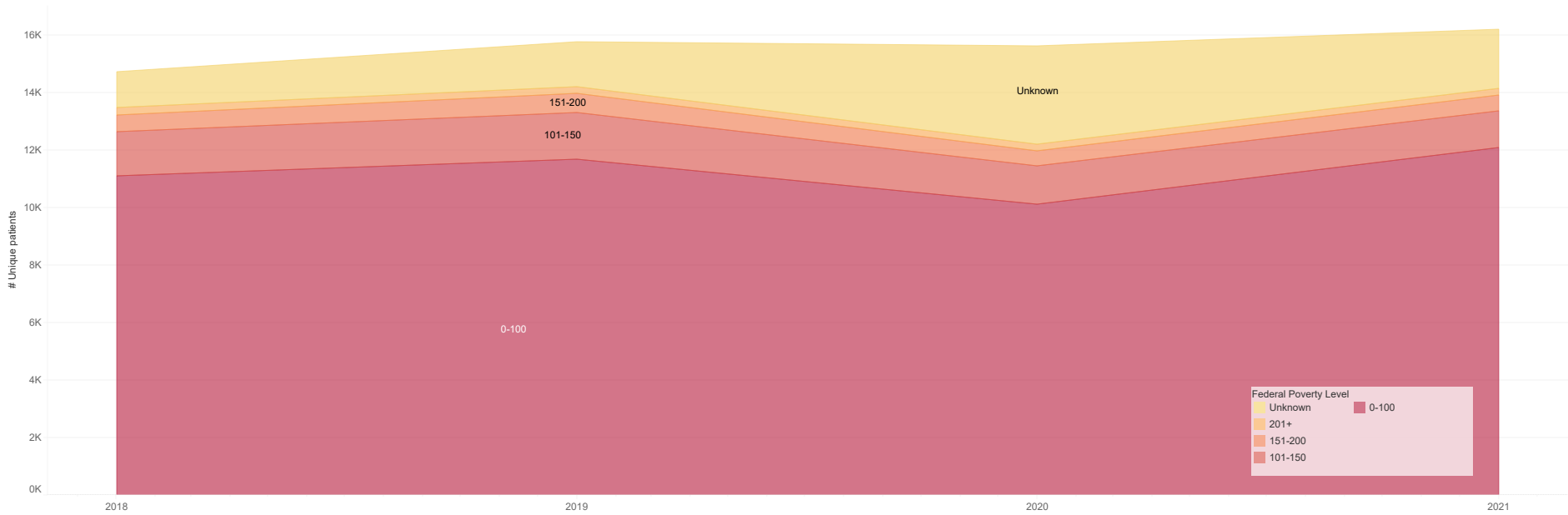
⚡  
 Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract  
<https://www.census.gov/programs-surveys/acs/>



# 2022 Mercy Care Needs Assessment

Ethnicity/Race of service area	Sexual orientation and gender identity	Health insurance coverage, all patients	Health insurance by age	Uninsured, service area	<b>Federal Poverty Level</b>	Service area FPL	Service area: availability of healthcare	Survey respondents: access challenges	Common diagnoses and services at Mercy Care	Common diagnoses by patient
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The majority of Mercy Care's patients served are below 100% of the Federal Poverty Level. Mercy Care offers a sliding fee scale based on the client's FPL. Some patients choose to pay the full cost of services out of pocket without sharing their financial information-- these patients are displayed as "unknown" FPL.





## 2022 Mercy Care Needs Assessment

Sexual orientation and gender identity	Health insurance coverage, all patients	Health insurance by age	Uninsured, service area	Federal Poverty Level	<b>Service area FPL</b>	Service area: availability of healthcare	Survey respondents: access challenges	Common diagnoses and services at Mercy Care	Common diagnoses by patient	Access to care: survey responses
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Over 85% of Mercy Care patients live in households with income below 200% of the Federal Poverty guidelines. In our larger service area, just over 35% of households are below 200% FPL, a number that is higher than both state (32.9%) and national rates (29.8%).

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Mercy Care 2021 patients	16,193	13,901	<b>85.8%</b>
MC service area (34 zips)	1,296,192	460,695	35.5%
<i>Clayton County, GA</i>	<i>281,025</i>	<i>125,073</i>	<i>44.5%</i>
<i>DeKalb County, GA</i>	<i>741,462</i>	<i>239,580</i>	<i>32.3%</i>
<i>Fulton County, GA</i>	<i>1,018,587</i>	<i>283,813</i>	<i>27.9%</i>
<i>Gwinnett County, GA</i>	<i>919,423</i>	<i>257,687</i>	<i>28.0%</i>
Georgia	10,238,369	3,365,256	32.9%
United States	318,564,128	94,899,936	29.8%
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract			

## 2022 Mercy Care Needs Assessment

Health insurance coverage, all patients	Health insurance by age	Uninsured, service area	Federal Poverty Level	Service area FPL	<b>Service area: availability of healthcare</b>	Survey respondents: access challenges	Common diagnoses and services at Mercy Care	Common diagnoses by patient	Access to care: survey responses	Barriers to accessing care: survey responses
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According to the US Department of Health and Human Services, Mercy Care's 34-zip code service area is well-served by most medical providers. The rate of **FQHCs, dentists, and mental health providers** for the population are all better than that of Georgia, although all fall under the average of the entire nation's rate. Mercy Care's service area has more **PCPs** than both the state and country. One area that is lacking is the rate of **addiction/substance abuse providers**; the MC service area has 3.41 providers for ever 100,000 residents, which is lower than the rest of the state and much lower than the national average of 21.44 providers per 100,000 people.

	Service area (34 zipps)	Georgia	United States
Total Population (2020)	1,348,999	10,711,908	334,735,149
Number of Federally Qualified Health Centers <sup>1</sup>	37	287	10,363
Rate of Federally Qualified Health Centers per 100,000 Population <sup>1</sup>	2.74	2.68	3.1
Addiction/Substance Abuse Providers, Rate per 100,000 Population <sup>2</sup>	3.41	5.21	21.44
Ratio of Dental Providers to Population (1 Provider per x Persons) <sup>3</sup>	1,554.40	1,921.40	1,398.90
Dentists, Rate (Per 100,000 Population) <sup>3</sup>	64.3	52	71.5
Number of Mental Health Facilities <sup>4</sup>	258	1,377	56,424
Number of Mental Health Providers <sup>4</sup>	1,290	7,306	442,757
Mental Health Providers, Rate per 100,000 Population <sup>4</sup>	95.63	68.2	132.27
Number of Primary Care Facilities <sup>4</sup>	533	3,360	117,465
Number of Primary Care Providers <sup>4</sup>	1,655	9,150	349,603
Primary Care Providers, Rate per 100,000 Population <sup>4</sup>	122.68	85.42	104.44

1. US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, September 2020. Source geography: Address  
 2. Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), July 2022. Source geography: Address  
 3. US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File, Accessed via County Health Rankings, 2020  
 4. Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), July 2022. Source geography: Address

**Despite promising rates, many of our patients cite difficulties in accessing these services.**

## 2022 Mercy Care Needs Assessment

Health insurance by age	Uninsured, service area	Federal Poverty Level	Service area FPL	Service area: availability of healthcare	<b>Survey respondents: access challenges</b>	Common diagnoses and services at Mercy Care	Common diagnoses by patient	Access to care: survey responses	Barriers to accessing care: survey responses	Time and cost of services: client survey responses
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Survey respondents were asked to identify barriers to accessing care. Free-text responses are summarized below.

Many clients have difficulty navigating the system, including knowing where to go, how to apply for services, and issues stemming from access to/familiarity with technology. Literacy, health literacy, and mental illnesses can also hinder a person from being connected to the resources they need.

If clients are connected to the correct service provider, they often face shortages or limited/insufficient resources.

Cultural competency (and trauma-informed care) and understanding the population is crucial! This includes seeking out the opinion of patients impacted when making decisions and planning programs, as well as ensuring outreach/mobile teams are going where they are needed most

Lack of coordination between care providers also slows down the process. *"The problems are not so much as lack of information about where to access services or education on health conditions as much as the lack of coordination among those providing referrals and shared knowledge of the availability and/or level of care that can be provided by an organization. (e.g. receiving referrals when there is no space at the organization, lack of knowledge we does have space at a given time, not being told at the beginning that the level of care that can be offered is not sufficient to adequately manage the patient's condition and needs (e.g. intensive trauma focused therapy)."* (community partner's response)

## 2022 Mercy Care Needs Assessment

Uninsured, service area	Federal Poverty Level	Service area FPL	Service area: availability of healthcare	Survey respondents: access challenges	Common diagnoses and services at Mercy Care	Common diagnoses by patient	Access to care: survey responses	Barriers to accessing care: survey responses	Time and cost of services: client survey responses	Overcoming barriers: survey responses
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Every year, Mercy Care reports selected diagnoses and services rendered to HRSA. HRSA notes that this list "does not reflect the full range of diagnoses and services rendered by a health center. The selected diagnoses and services represent those that are prevalent among Health Center Program patients, have been regarded as sentinel indicators of access to primary care, or are of special interest to HRSA."

(Please visit <https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2022-uds-manual.pdf> for complete descriptions and codes included.)

Table 6A: diagnoses and services rendered-- by # of encounters and (# of unique patients served)  
See next page for ranking

Group Name	2018	2019	2020	2021
1-2. Symptomatic / Asymptomatic HIV	<b>2,397</b> (757)	<b>1,995</b> (720)	<b>1,555</b> (620)	<b>1,772</b> (618)
3. Tuberculosis	<b>1</b> (1)	<b>5</b> (5)	<b>4</b> (3)	<b>2</b> (2)
4. Sexually transmitted infections	<b>317</b> (254)	<b>294</b> (219)	<b>271</b> (221)	<b>332</b> (249)
4a. Hepatitis B	<b>36</b> (25)	<b>22</b> (18)	<b>6</b> (4)	<b>7</b> (6)
4b. Hepatitis C	<b>268</b> (193)	<b>195</b> (149)	<b>132</b> (77)	<b>121</b> (83)
4c. Novel coronavirus (SARS-CoV2) disease			<b>242</b> (223)	<b>237</b> (220)
5. Asthma	<b>1,072</b> (606)	<b>911</b> (547)	<b>877</b> (601)	<b>1,047</b> (676)
6. Chronic lower respiratory diseases	<b>615</b> (325)	<b>524</b> (291)	<b>357</b> (205)	<b>360</b> (203)
7. Abnormal breast findings, female	<b>476</b> (353)	<b>452</b> (367)	<b>279</b> (238)	<b>324</b> (272)
8. Abnormal cervical findings	<b>142</b> (90)	<b>140</b> (100)	<b>61</b> (48)	<b>73</b> (64)
9. Diabetes mellitus	<b>4,362</b> (1,566)	<b>4,345</b> (1,597)	<b>3,660</b> (1,468)	<b>4,043</b> (1,514)
10. Heart disease (selected)	<b>573</b> (347)	<b>569</b> (339)	<b>411</b> (271)	<b>450</b> (301)
11. Hypertension	<b>8,529</b> (3,553)	<b>7,890</b> (3,596)	<b>6,638</b> (3,225)	<b>7,099</b> (3,402)
12. Contact dermatitis and other eczema	<b>418</b> (328)	<b>319</b> (264)	<b>310</b> (263)	<b>322</b> (257)
13. Dehydration	<b>16</b> (16)	<b>18</b> (18)	<b>16</b> (16)	<b>10</b> (10)
14. Exposure to heat or cold	<b>3</b> (3)	<b>4</b> (4)	<b>3</b> (3)	<b>5</b> (5)
14a. Overweight and obesity	<b>3,575</b> (2,396)	<b>3,473</b> (2,490)	<b>4,188</b> (3,144)	<b>7,406</b> (4,800)
15. Otitis media and Eustachian tube disorders	<b>165</b> (124)	<b>179</b> (123)	<b>103</b> (90)	<b>277</b> (202)
16. Selected perinatal medical conditions	<b>28</b> (21)	<b>53</b> (35)	<b>150</b> (106)	<b>126</b> (84)
17. Lack of expected normal physiological development	<b>64</b> (46)	<b>71</b> (62)	<b>238</b> (183)	<b>354</b> (257)
18. Alcohol related disorders	<b>2,025</b> (613)	<b>2,751</b> (722)	<b>3,085</b> (674)	<b>3,591</b> (759)
19. Other substance related disorders (excluding tobacco use disorders)	<b>2,630</b> (968)	<b>3,974</b> (1,112)	<b>4,835</b> (1,164)	<b>5,724</b> (1,410)
19a. Tobacco use disorder	<b>807</b> (477)	<b>2,029</b> (975)	<b>2,375</b> (1,036)	<b>2,858</b> (1,212)

# 2022 Mercy Care Needs Assessment

Federal Poverty Level	Service area FPL	Service area: availability of healthcare	Survey respondents: access challenges	Common diagnoses and services at Mercy Care	<b>Common diagnoses by patient</b>	Access to care: survey responses	Barriers to accessing care: survey responses	Time and cost of services: client survey responses	Overcoming barriers: survey responses	Social factors: survey responses
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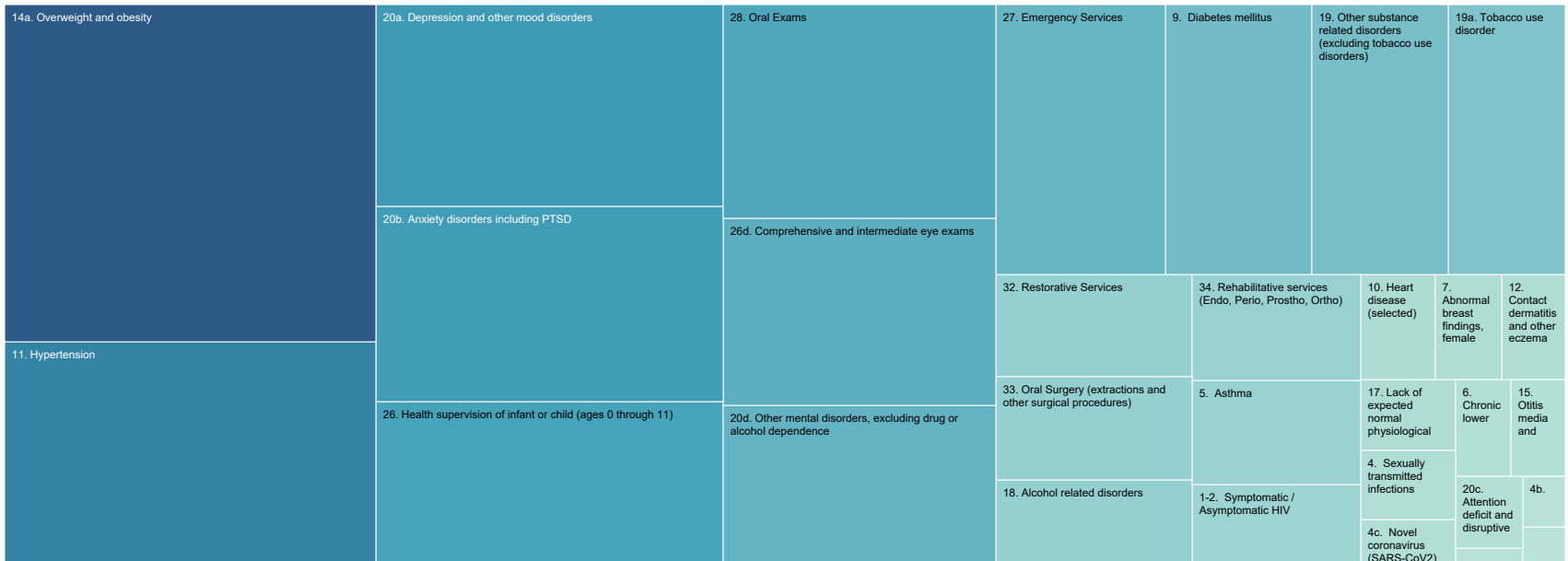
The diagnoses affecting the greatest number of patients in 2021 were: overweight/obesity, hypertension, depression, and anxiety.

# of unique pts  
1 4,800

## Unique patients by code - 2021

Year of Service Date  
2021

Show history



# 2022 Mercy Care Needs Assessment

Service area FPL	Service area: availability of healthcare	Survey respondents: access challenges	Common diagnoses and services at Mercy Care	Common diagnoses by patient	<b>Access to care: survey responses</b>	Barriers to accessing care: survey responses	Time and cost of services: client survey responses	Overcoming barriers: survey responses	Social factors: survey responses	Obstacles to managing health: survey responses
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We asked Mercy Care staff and our community partners serving a similar population to assess the needs from their perspectives. Respondents were asked about the top unmet health needs of persons experiencing homelessness in Atlanta. On average, chronic condition care, mental health treatment, and primary care were ranked the highest unmet needs.

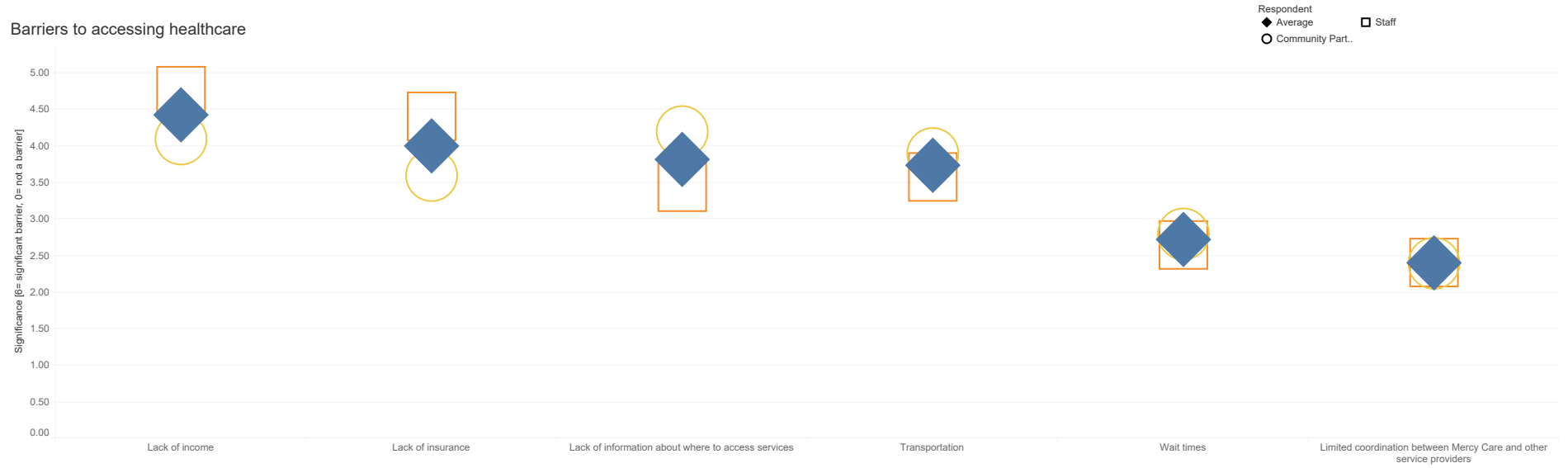


# 2022 Mercy Care Needs Assessment

Service area: availability of healthcare	Survey respondents: access challenges	Common diagnoses and services at Mercy Care	Common diagnoses by patient	Access to care: survey responses	<b>Barriers to accessing care: survey responses</b>	Time and cost of services: client survey responses	Overcoming barriers: survey responses	Social factors: survey responses	Obstacles to managing health: survey responses	How MC can help overcome obstacles
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When asked about barriers to accessing healthcare, staff and community partners agreed that lack of income and lack of insurance are the biggest barriers, followed by lack of information about how to navigate the system and transportation.

## Barriers to accessing healthcare





## 2022 Mercy Care Needs Assessment

Survey respondents: access challenges	Common diagnoses and services at Mercy Care	Common diagnoses by patient	Access to care: survey responses	Barriers to accessing care: survey responses	<b>Time and cost of services: client survey responses</b>	Overcoming barriers: survey responses	Social factors: survey responses	Obstacles to managing health: survey responses	How MC can help overcome obstacles	Food insecurity: client responses
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Members of Mercy Care's Client Advisory Committee were asked about their preferred time for health appointments. Of the clients who responded, all agreed that weekday mornings were the best time for clinic visits, followed by weekend mornings. Based on past focus groups, many clients don't like afternoon or evening appointments due to restrictions on obtaining a shelter bed for the evening. Shelter intake often closes in the afternoon, so clients must be at the shelter by then to have a bed for the night.

CAC members were also asked about financial barriers to accessing Mercy Care's services. An average of \$22 was given as a reasonable price for a person to pay for a medical visit, with responses ranging from \$3 to \$43.

## 2022 Mercy Care Needs Assessment

Common diagnoses and services at Mercy Care	Common diagnoses by patient	Access to care: survey responses	Barriers to accessing care: survey responses	Time and cost of services: client survey responses	<b>Overcoming barriers: survey responses</b>	Social factors: survey responses	Obstacles to managing health: survey responses	How MC can help overcome obstacles	Food insecurity: client responses	Financial insecurity: client responses
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When asked how to help clients overcome barriers to receiving healthcare, staff members and community partners gave many ideas, summarized below:

Continue to invest in behavioral/mental health, especially more intensive needs like dementia and Permanent Supportive Housing.

Expand Street Medicine to larger geographical area and serve those who are unable to travel.

Be intentional about creating diverse partnerships with a wide variety of other service organizations to connect clients to needed resources.

Train staff to be culturally competent and trauma-informed.

Refine process and criteria for recuperative care program to serve more clients.

Focus on addressing/preventing burnout and retaining staff.

Emphasize the importance of preventative care.

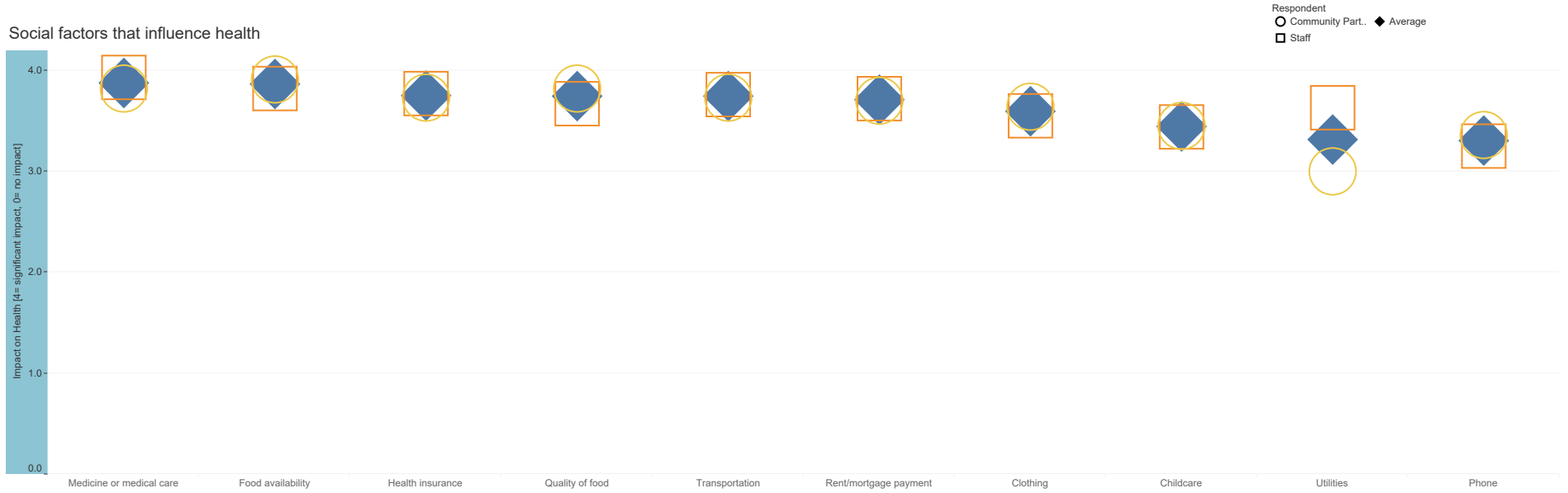
Have a plan to regularly reevaluate fees charged for Mercy Care's services, especially in the Chamblee clinic where many patients pay the full cost of the visit.

# 2022 Mercy Care Needs Assessment

Common diagnoses by patient	Access to care: survey responses	Barriers to accessing care: survey responses	Time and cost of services: client survey responses	Overcoming barriers: survey responses	<b>Social factors: survey responses</b>	Obstacles to managing health: survey responses	How MC can help overcome obstacles	Food insecurity: client responses	Financial insecurity: client responses	Transportation insecurity
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We know that social factors also impact health status. When asked to rate which social factors had the greatest impact on health, staff and community partners agreed that all of the listed elements have a "significant" or "moderate" impact on health status. Access to medical care, and food security ranked slightly higher than the rest of the items.

## Social factors that influence health

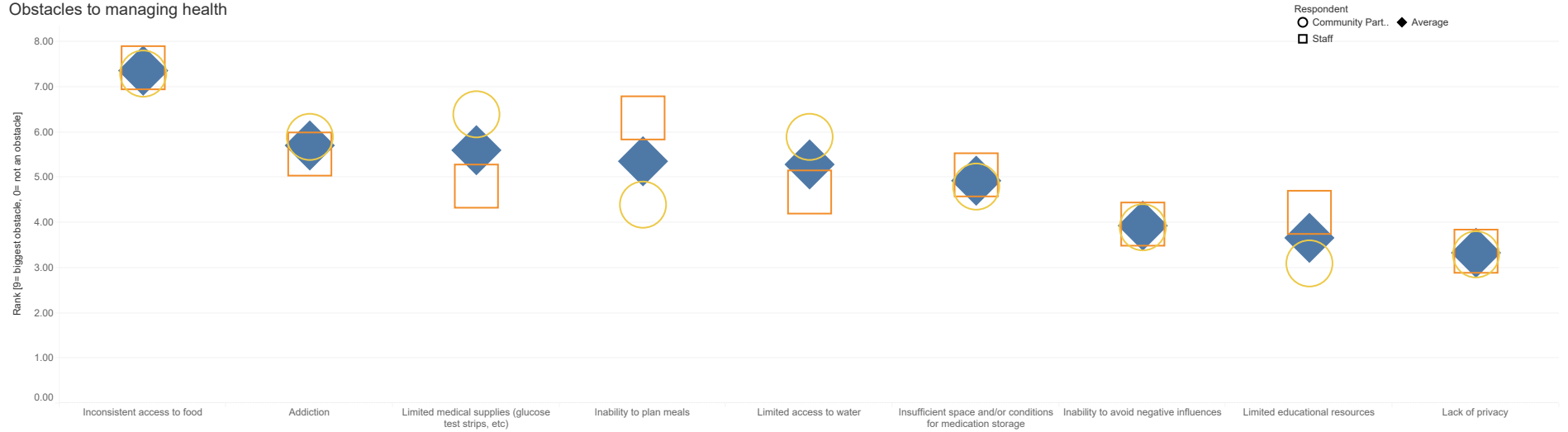


# 2022 Mercy Care Needs Assessment

Access to care: survey responses	Barriers to accessing care: survey responses	Time and cost of services: client survey responses	Overcoming barriers: survey responses	Social factors: survey responses	<b>Obstacles to managing health: survey responses</b>	How MC can help overcome obstacles	Food insecurity: client responses	Financial insecurity: client responses	Transportation insecurity	Assets: survey responses
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There are many obstacles that prevent a person from managing their health, including chronic conditions like diabetes and hypertension. Staff and Community Partners agreed that inconsistent access to healthy food is the biggest obstacle faced by clients experiencing homelessness.

## Obstacles to managing health



## 2022 Mercy Care Needs Assessment

Barriers to accessing care: survey responses	Time and cost of services: client survey responses	Overcoming barriers: survey responses	Social factors: survey responses	Obstacles to managing health: survey responses	<b>How MC can help overcome obstacles</b>	Food insecurity: client responses	Financial insecurity: client responses	Transportation insecurity	Assets: survey responses	Impact of COVID-19: survey respondents
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Survey respondents were asked "What do you wish Mercy Care had the capacity to provide or improve for our clients? The most frequent responses were:

**Provide/connect to housing resources.**

**Increase access through minimizing in-person visits or wait times through increased appointment availability, offering intake via the telephone, and improving the phone system.**

**Expand services, including reproductive health, intensive behavioral health, after-hours care, and health education/coaching.**

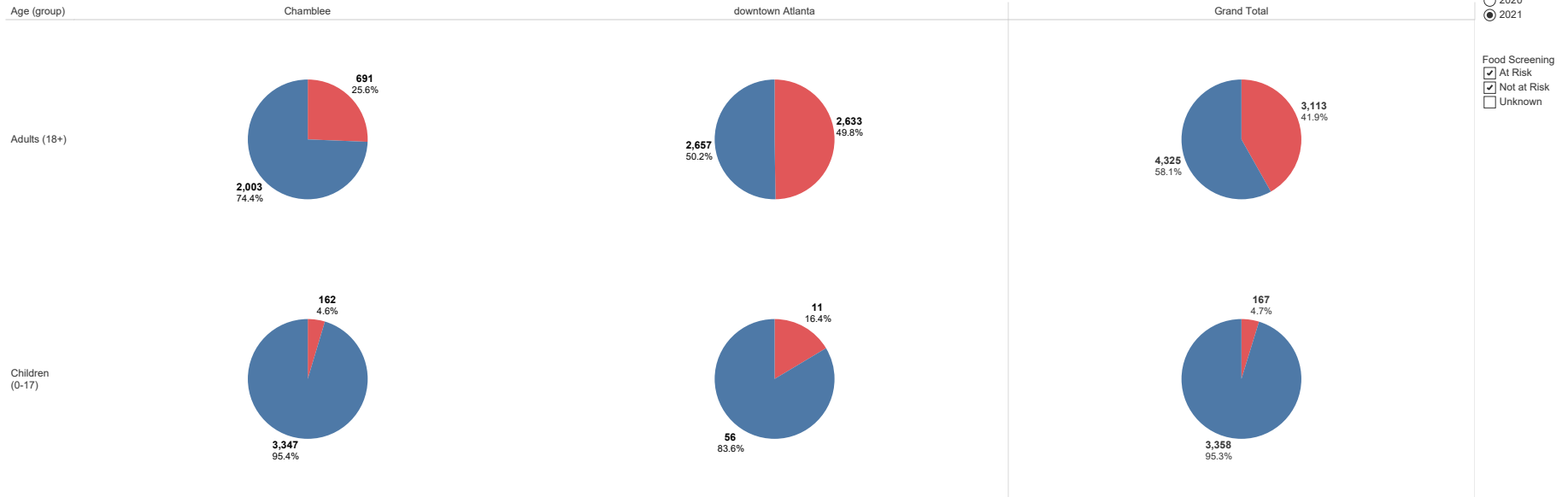
**Strengthen connection to resources/community partners (including transportation, job training, benefit enrollment).**

# 2022 Mercy Care Needs Assessment

Time and cost of services: client survey r..	Overcoming barriers: survey responses	Social factors: survey responses	Obstacles to managing health: survey responses	How MC can help overcome obstacles	<b>Food insecurity: client responses</b>	Financial insecurity: client responses	Transportation insecurity	Assets: survey responses	Impact of COVID-19: survey respondents	COVID and telehealth
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Overall, 41.9% of Mercy Care's adult patients claimed to have difficulty accessing a consistent source of nutritious foods. Less than 5% of pediatric patients are food insecure.

## Food Insecurity, children vs. adults (2021)

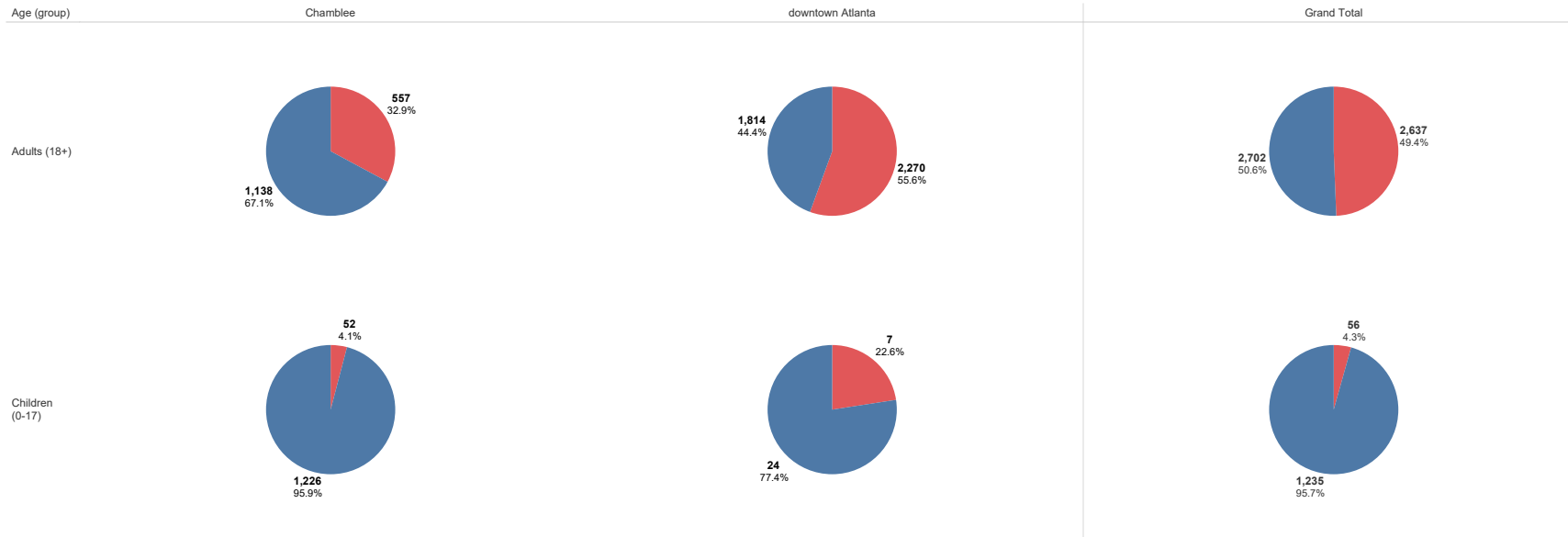


# 2022 Mercy Care Needs Assessment

Overcoming barriers: survey responses	Social factors: survey responses	Obstacles to managing health: survey responses	How MC can help overcome obstacles	Food insecurity: client responses	<b>Financial insecurity: client responses</b>	Transportation insecurity	Assets: survey responses	Impact of COVID-19: survey respondents	COVID and telehealth	Strengths of Mercy Care
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Approximately half of all adult clients reported financial insecurity, affirming that it is hard for them to pay for the very basics like food, housing, heating, medical care, and medications.

## Financial Insecurity, children vs. adults (2021)



- Financial Screening
- At Risk
  - Not at Risk
- Year
- 2018
  - 2019
  - 2020
  - 2021

- Financial Screening
- At Risk
  - Not at Risk
  - Unknown

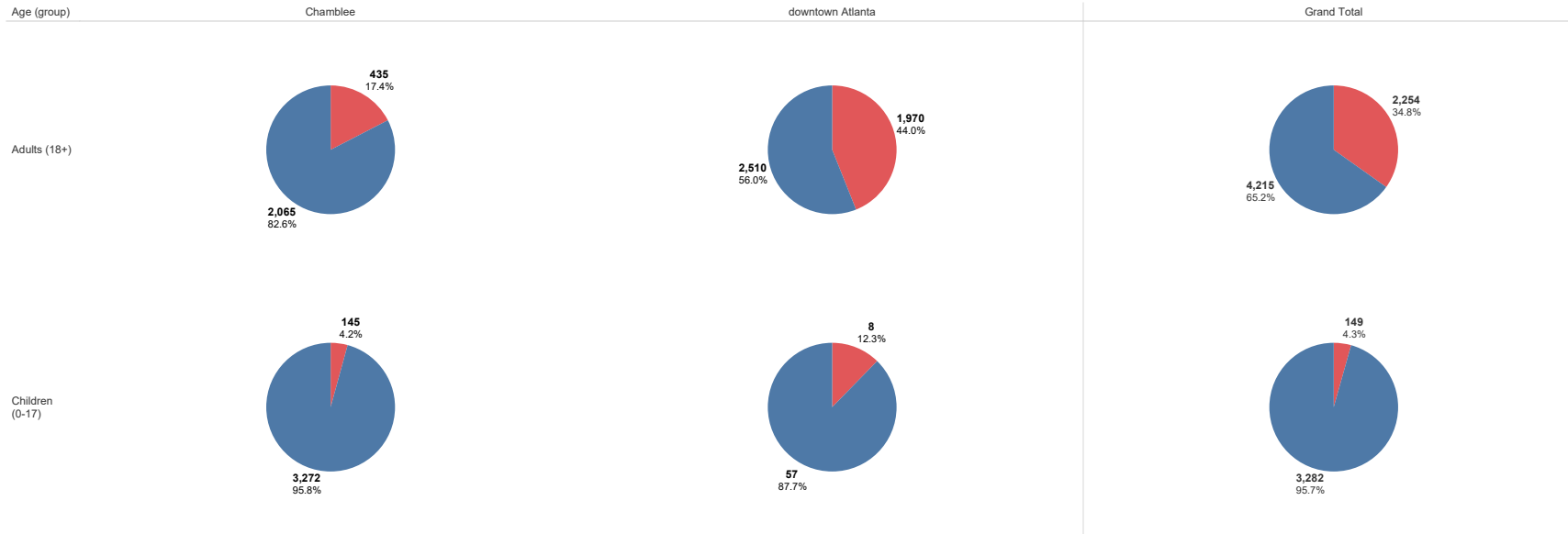


# 2022 Mercy Care Needs Assessment

Social factors: survey responses	Obstacles to managing health: survey responses	How MC can help overcome obstacles	Food insecurity: client responses	Financial insecurity: client responses	<b>Transportation insecurity</b>	Assets: survey responses	Impact of COVID-19: survey respondents	COVID and telehealth	Strengths of Mercy Care	Other feedback
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Approximately one-third of adult clients reported that transportation was a barrier, keeping them from work, medical appointments, meetings, or getting things needed for daily living.

## Transportation Insecurity, children vs. adults (2021)



Transportation Screening

- At Risk
- Not at Risk

Year

- 2018
- 2019
- 2020
- 2021

Transportation Screening

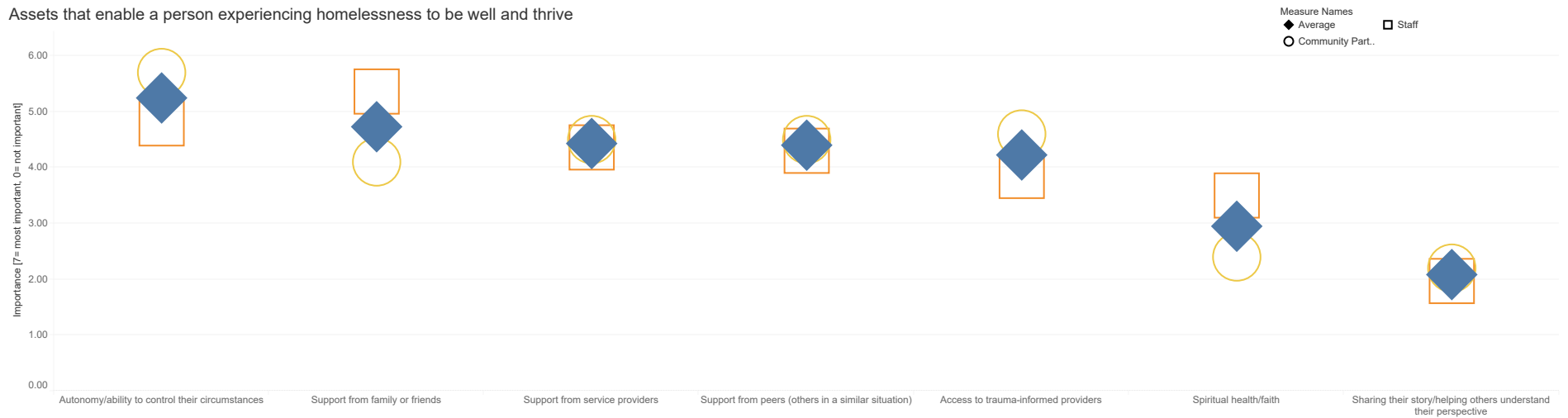
- At Risk
- Not at Risk
- Unknown

# 2022 Mercy Care Needs Assessment

Social factors: survey responses	Obstacles to managing health: survey responses	How MC can help overcome obstacles	Food insecurity: client responses	Financial insecurity: client responses	Transportation insecurity	<b>Assets: survey responses</b>	Impact of COVID-19: survey respondents	COVID and telehealth	Strengths of Mercy Care	Other feedback
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Many of the clients who walk through our doors are facing a variety of challenges. We know there are many things that contribute to a person's health and wellbeing, even in the face of difficulties. As rated by staff and community partners, the most important assets that enable our clients to thrive is the ability to control one's own circumstances and the support of family and friends. Support from service providers, peers, and access to trauma-informed providers also ranked highly.

## Assets that enable a person experiencing homelessness to be well and thrive

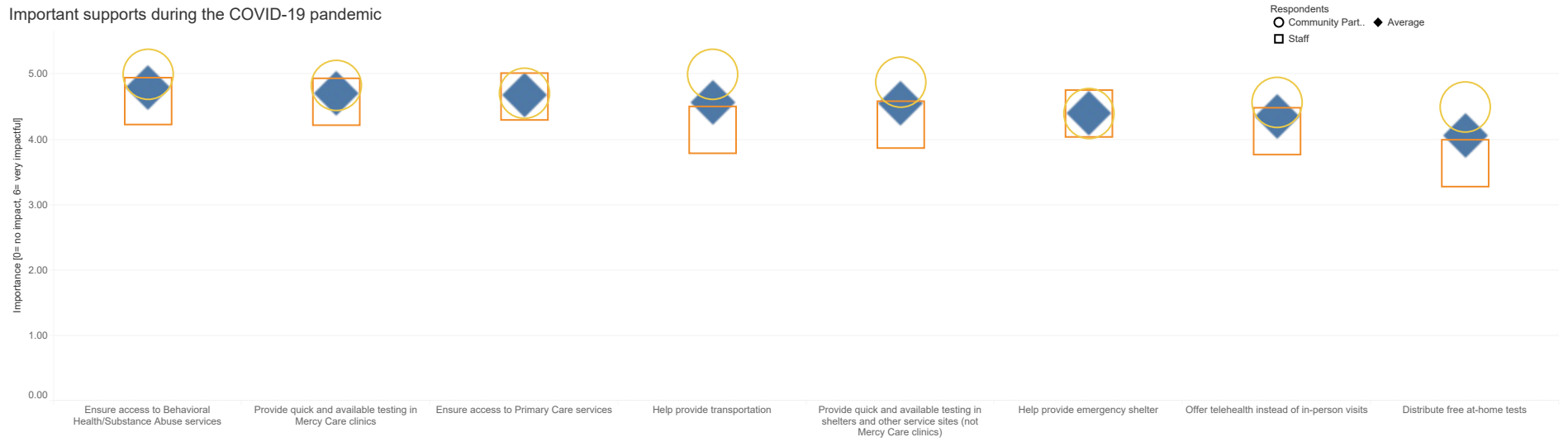


# 2022 Mercy Care Needs Assessment

Social factors: survey responses	Obstacles to managing health: survey responses	How MC can help overcome obstacles	Food insecurity: client responses	Financial insecurity: client responses	Transportation insecurity	Assets: survey responses	<b>Impact of COVID-19: survey respondents</b>	COVID and telehealth	Strengths of Mercy Care	Other feedback
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The COVID-19 pandemic touched every life and exacerbated many obstacles facing our clients. Throughout the pandemic, Mercy Care has sought new ways to overcome these challenges and serve our clients well. Staff and Community Partners rated the following as the most impactful ways Mercy Care provided support: ensuring access to behavioral health, substance abuse, testing in clinics, and primary care.

## Important supports during the COVID-19 pandemic

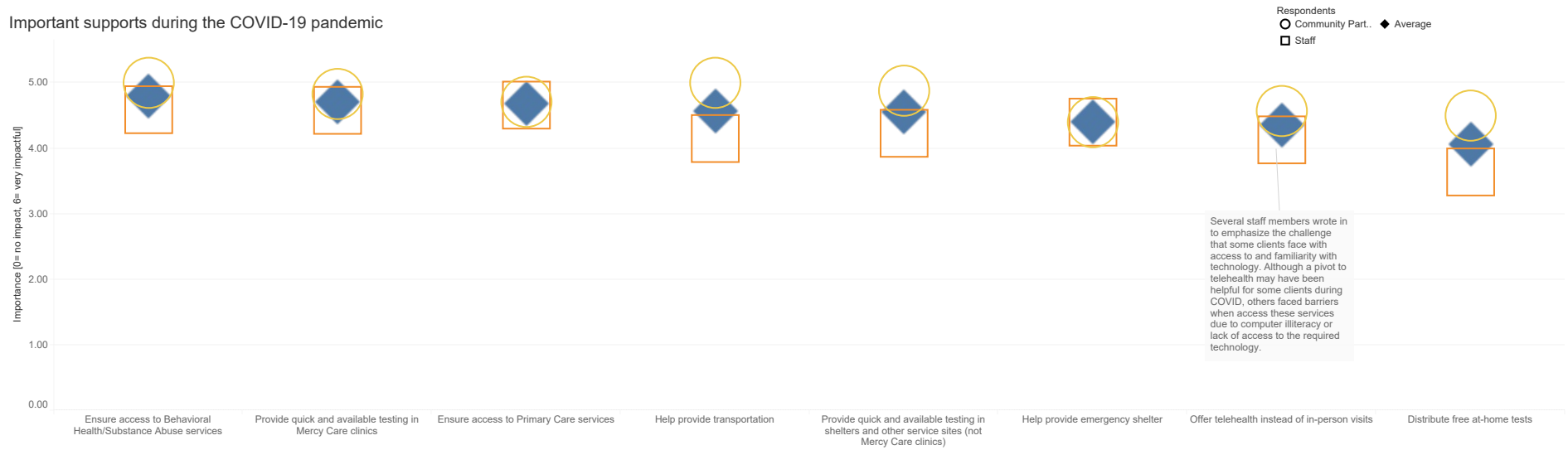


# 2022 Mercy Care Needs Assessment

Social factors: survey responses	Obstacles to managing health: survey responses	How MC can help overcome obstacles	Food insecurity: client responses	Financial insecurity: client responses	Transportation insecurity	Assets: survey responses	Impact of COVID-19: survey respondents	<b>COVID and telehealth</b>	Strengths of Mercy Care	Other feedback
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## Important supports during the COVID-19 pandemic



## 2022 Mercy Care Needs Assessment

Social factors: survey responses	Obstacles to managing health: survey responses	How MC can help overcome obstacles	Food insecurity: client responses	Financial insecurity: client responses	Transportation insecurity	Assets: survey responses	Impact of COVID-19: survey respondents	COVID and telehealth	<b>Strengths of Mercy Care</b>	Other feedback
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Survey respondents were given the chance to highlight strengths of Mercy Care's services, emphasizing the importance of continuing to do the following:

Almost all answered that Mercy Care's access to compassionate, comprehensive, high-quality care is our biggest strength. Respondents highlighted the ease of using an online patient portal, "*beautiful, professional facilities*" and wrap-around services as well. One community partner said that Mercy Care's "*doors are always open -- anyone can get help - without judgment*".

Many mentioned Mercy Care staff's willingness to lend an ear and listen, or take time to pray with a client and pay attention to their spiritual concerns.

Offering multiple services under the same roof and the integrated care model to treat the whole person was another common response.

Staff emphasized their compassionate coworkers who serve all clients fairly, without discrimination, and are willing to go above and beyond to do what is needed. Staff were also proud of providing services like food packs, hygiene kits, transportation, and "gifts of warmth" in the winter (coats, hats, blankets, socks, etc.).

## 2022 Mercy Care Needs Assessment

Social factors: survey responses	Obstacles to managing health: survey responses	How MC can help overcome obstacles	Food insecurity: client responses	Financial insecurity: client responses	Transportation insecurity	Assets: survey responses	Impact of COVID-19: survey respondents	COVID and telehealth	Strengths of Mercy Care	Other feedback
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### Other survey feedback

Respondents had the opportunity to submit anonymous feedback on Mercy Care's services and the state of the safety net in general. Here are a few highlights:

*"Mercy Care is amazing and we must not forget what our main priority is, which is helping the homeless. Providing care to the less fortunate. Giving them a loving environment to be treated, a place for them to come in and feel like they matter, be treated like family and giving them a reason to want to come back and talk positive about our community clinic at the end of the day they are our walking advertisement. Yes with building bigger buildings come greater responsibilities and need for more money to sustain them very aware of that. I feel that if we are growing in size then our spirit must also grow and we must also work twice as hard to remember why we do what we do and to not lose focus on our mission. ... We do a great job at providing to the patients lets provide to the mission as well and light that fire up again."*

--Mercy Care staff member

***"We get a lot of feedback that housing is but one part of the equation to help vulnerable neighbors achieve self-sufficiency. Health care is the other critical part. We are incredibly aware of the capacity and funding needs across the system. It would be great to work with critical players in the local homeless ecosystem on what the "ideal" system for Atlanta looks like. We tend to focus on the challenges and obstacles across the board and responding to them, but what if we share with the community how many more staff we need, how many more housing units, monies invested, etc. are needed to create a system that is efficient and can effectively manage the people who enter into homelessness on a daily basis?"***

--Homeless service provider

Other feedback focused on the importance of regularly seeking and incorporating input from clients with lived experience when planning and designing interventions for those experiencing homelessness. Several respondents urged Mercy Care to re-examine the impact and locations of mobile teams and street medicine to ensure those living unsheltered can access necessary care.