



HEALTH ON WHEELS

Healthcare services available to "mainstream" Americans are incompatible with the needs of the poor and underserved, who often do not obtain traditional services because they get lost in the bureaucracy of the healthcare system and they have no way to get to points of service. To adequately meet the needs of this population, we must bring healthcare services to them.

Saint Joseph's Hospital of Atlanta is doing just that through its Mercy Mobile Health Program. In downtown Atlanta there are about 19,000 homeless and working poor with limited access to care in a primarily suburban healthcare system, evidencing a real need for nontraditional methods of service delivery.

THE EVOLUTION OF MERCY MOBILE

In 1985 a group of nurses at Saint Joseph's Hospital founded the Mercy Mobile Health Program as a volunteer program (see Sr. Josephine Patti, GNSH; Kathy McDonagh, RN; and Tim Porter-O'Grady, EdD, RN, "Streetside Support," *Health Progress*, June 1990, pp. 60-62).

The nurses were responding to an obvious community need: ensuring that Atlanta's homeless could obtain basic healthcare services. Nurses



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*A Mobile
Healthcare
Program*

*Creates a
"Culture of
Flexibility"*

*To Serve
Homeless
Persons in
Atlanta*

**BY NANCY PARIS &
TIM PORTER-O'GRADY,
EdD, RN**

and physicians began donating their time to the program several evenings each week. They traveled from the suburban hospital to the inner city, providing foot care, treating colds and flu, and distributing socks and scarves. The hospital showed its support by purchasing a van and filling "tackle boxes" with medicines and supplies.

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Even though Mercy Mobile has been available for a decade, the health status of Atlanta's homeless and working poor has deteriorated. The program has therefore increased its services to include primary care, disease prevention, health promotion, case management, and information and referral.

With four vans and two mobile clinics, the program operates five days and three evenings a week, often in space donated by churches and other not-for-profit organizations. It provided more than 50,000 episodes of care last year.

Developing strategies and resources to treat medically-at-risk, hard-to-reach clients with multiple diagnoses is a complex task, requiring the resources of more than one organization. One example of an effective collaborative effort is the "Street Home" program for HIV-infected homeless persons. This program, which provides early intervention and primary care to persons with HIV, is funded through the federal Ryan White "CARE" (Comprehensive AIDS Resources Emergency) Act.



include primary care, disease prevention, health promotion, case management, and information and referral. Specialized services include HIV testing, AIDS risk reduction (a program that teaches sexual responsibility), immunizations, treatment of HIV and sexually transmitted diseases, and a community living program that helps homeless people reintegrate into society.

Mercy Mobile has 43 paid staff members—nurses, nurse practitioners, a physician, social workers, educators, outreach workers, and advocates. More than 100 volunteers provide direct care, child care, and fund-raising expertise. Student interns (in social work, nursing, and medicine) are used in clinics. A scholarship for a full-time administrative intern has been awarded to the program. The local Scottish Rite Children's Medical Center assigns a full-time pediatric nurse practitioner to work with the program, and the local health department provides funding for two mental health case managers.

With four vans and two mobile clinics, the program operates five days and three evenings a week, often in space donated by churches and other not-for-profit organizations. It provided more than 50,000 episodes of care last year. The program does not accept Medicaid or Medicare: All services are free to clients, and there is no third-party billing. However, with the current focus on expanded access and universal coverage, the organization is now modifying its computerized clinical record system to accommodate reimbursement standards.

RESPONDING TO NEED

The Mercy Mobile Health Program functions under the auspices of Saint Joseph's Mercy Care, a sister corporation of Saint Joseph's Hospital. Because it is outside the hospital environment, Mercy Mobile has been able to create a culture of flexibility, where services are developed in response to community needs. Identifying emergent needs and understanding clients' perceptions are essential components of program development and service delivery. In addition to staying in close contact with clients, staff and volunteers conduct client evaluation interviews and focus groups to elicit information on their health needs—ophthalmic, dental, physical, medical, and mental—and also their social and housing needs. Health and social service provider networks are additional sources of information on collaborative and funding opportunities.

FUNDING FOR SERVICE

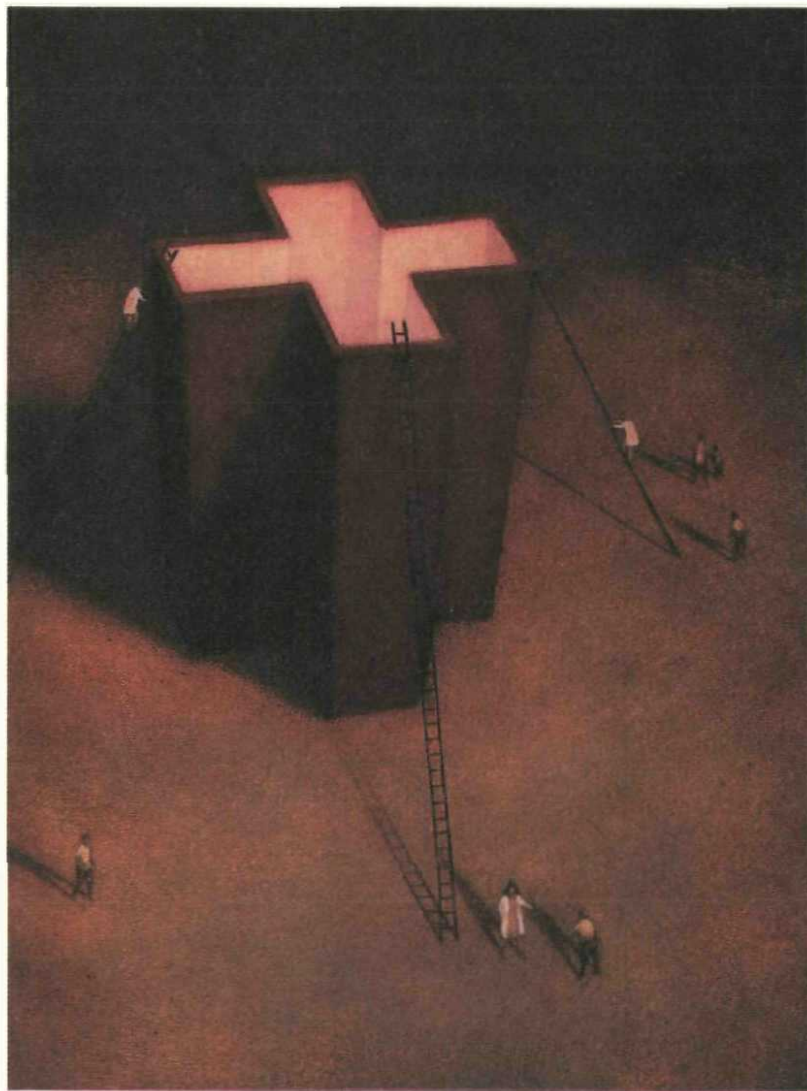
The collaborative, community-owned nature of the Mercy Mobile Health Program is reflected in

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the diverse funding sources. A \$1.2 million endowment from foundations, government grants, individuals, and corporations make up two-thirds of Mercy Mobile's \$2.5 million operating budget. Saint Joseph's Hospital of Atlanta funds the additional third.

Mercy Mobile's capital investment is low, consisting only of vehicles. Offices are housed in leased space in downtown Atlanta, which is closer to the program's clients and less expensive than space on the hospital campus. An added advantage of this location is its visibility to funders, many of which are downtown businesses. Volunteers renovated administrative offices using materials donated by local contractors and suppliers. The total value of in-kind support on this project exceeded \$300,000. These contributions create a sense of ownership in the community,

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Neil Brennan

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while holding down operating costs.

The program's major operating expense is personnel. Paid staff's services are augmented by the work of lay and professional volunteers and students. Nurse practitioners are the primary care providers. Physicians serve primarily as clinical consultants. The hospital's purchasing power is used to negotiate reasonable pricing for medications and supplies, but vendors also donate many items.

The broad funding base and strong community support are essential components of Mercy Care's strategic plan, which focuses not only on service delivery but also on advocacy, collaboration, and sharing of expertise. By raising awareness within the corporate community or in the state legislature about the healthcare needs of the medically underserved, Saint Joseph's Mercy Care is also fulfilling its mission.

STREET HOME

Since its inception, Mercy Mobile has concentrated on creating relationships to enhance its effectiveness with medically-at-risk, hard-to-reach clients. These clients often have health problems that are compounded by substance abuse and mental illness. Developing strategies and resources to treat those with multiple diagnoses is a complex task, requiring the resources of more than one organization.

One example of an effective collaborative effort is the "Street Home" program for HIV-infected homeless persons. This program, which provides early intervention and primary care to persons with HIV, is funded through the federal Ryan White "CARE" (Comprehensive AIDS Resources Emergency) Act.

At the Shrine of the Immaculate Conception, homeless clients participate in a day treatment program that addresses their physical, emotional,


social, and spiritual needs. Staff of Mercy Mobile and its service partner, AID Atlanta, offer educational workshops, a chemical dependency recovery program, life-skills training, community resource information, and case management. Mercy Mobile provides primary care for HIV and sexually transmitted disease three days each week at Central Health Center, located adjacent to the shrine. This program is sponsored by Central Presbyterian Church.

Twice daily Project Open Hand, a local organization, provides home-delivered meals to the HIV infected. Grady Memorial Hospital's Infectious Diseases Clinic offers case consultation and protocol review and sees clients who are too ill to be cared for in day treatment. In the evenings, clients return to their shelter or transitional housing.

The goal of this collective effort is to provide HIV-infected homeless persons with the care, resources, and skills they need to live with their disease. More than 150 clients received care through "Street Home" last year. Without this initiative, they would have been forced to fend for themselves on the streets.

BREAKING THE CYCLE OF HOMELESSNESS

As the healthcare system continues to evolve—even without federal legislation—one thing clear is the continuing need for creative and mobile service models that facilitate access and population-specific range of services. To break the cycle of homelessness, healthcare providers must connect clients to a range of healthcare, social, and human services that help them address issues such as shelter, employment, benefits services, and food. □

 For more information on the Mercy Mobile Program, call Nancy Paris, 404-249-8600.

Coming in the
Next Issue of

Health Progress®

CULTURAL DIVERSITY

As America's population continues to diversify, healthcare providers will face new challenges and opportunities.

December's special section highlights difficulties and practical solutions related to a culturally and ethnically diverse work force and patient base. These include leadership skills for managing diversity, practical management guidelines, healthcare needs assessment, the impact of racism, and marketing healthcare facilities to the various members of the community.

PHYSICIAN-ASSISTED SUICIDE

Michael F. Moses, an attorney with the U.S. Catholic Conference, tells how a little-noted Washington State court decision upholding assisted suicide could have grave implications for patients, healthcare workers, and society as a whole.
