



Health Care Without Walls

Compassionate care for women and families in need

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Spring 2017

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INSIDE THIS ISSUE:

<i>President's Corner</i>	1
<i>Health Fair at Women's Lunch Place</i>	1
<i>On Being an Older, Homeless Woman</i>	2
<i>The Growing Challenge of Family Homelessness</i>	2
<i>Pregnant and Homeless</i>	2
<i>The Relationship Between Health Care Spending and Housing</i>	3
<i>Meet Dr. Jessica Peters: "This is Why I Became a Doctor"</i>	3

PRESIDENT'S CORNER

A woman rushes into the Wellness Center at Rosie's Place with a prescription, asking breathlessly if there is still time left in the clinic session to be fitted with a frame for a free pair of eyeglasses that will be donated by Gentex Optics of Dudley, MA. A 24-year-old single mom proudly shows us that her baby is now walking, this little princess who spent the first three months of her life in an incubator in the Neonatal ICU at Brigham and Women's Hospital. Tears well up in the eyes of one of our older clients at Women's Lunch Place as she marks the first anniversary of her son's death from diabetes, and wonders aloud how her "baby" could have died before her. We give her the gift of time -- listening and acknowledging her sadness. A Community Health Worker from the Bridges to Moms program

paces across town to give a taxi voucher to a new mom whose high blood pressure is being closely monitored so she can make it to her medical appointment. Without that extra help, the strain she feels from being poor, homeless, and alone would overwhelm and undermine her resolve to take care of herself and see her doctor.

These snapshots show how our model complements and augments mainstream medical care. We go to the women, enter their worlds on their terms, and build bridges of trust, hope, and empowerment. Every day I observe extraordinary acts of kindness, compassion and caring from the nurses, doctors and community health workers who reach out to the women and children served by our programs, offering expertise fused with



Roseanna H. Means, MD
Founder and President
with a Bridges to Moms newborn

loving kindness and a commitment to make each of these lives better.

When the news is full of cut-backs and quotas, here at Health Care Without Walls, our focus is all about the human touch that lifts spirits and builds hope, affirmed by the many studies on homelessness and its impact on health and health care spending.

I am so grateful to all of you for supporting this vital work.

— Roseanna Means, MD

HEALTH FAIR AT WOMEN'S LUNCH PLACE

"My health has progressed. It's been good. I take my medicines every day. My pressure is good. My sugar. My cholesterol. My outlook on life everything has changed. And it's a wonderful feeling to know you have a friend you can go to if you need anything and they're there for you."

- Client



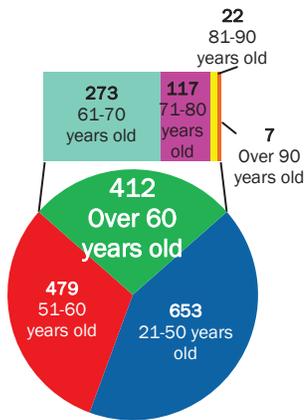
In April HCWW sponsored a Health Fair at Women's Lunch Place to complement a series of wellness seminars conducted by our Mass General Hospital nursing students.

The first station focused on body mechanics and the importance of good posture to relieve aches and pains. Next, we focused on stress management. The women were taught the basics of meditation as a way to reduce stress, making stress balls to take with them. Finally, we discussed nutrition, learning about healthy diets and the proper amounts of salt, sugar and fats to consume.

Blood pressure measurements helped to drive home the impact each of these elements has on our bodies.

In the context of life's daily challenges, we focus on those areas where the women can make changes to help themselves. This is an important step in improving their lives overall.

Aging HCWW Clients



SPOTLIGHT ON BEING A HOMELESS WOMAN, HEALTH CARE, AND HOW THEY INTERSECT

76%

Bridges to Mom's Clients attend pre-natal visits vs.

Less than 10%

pregnant and homeless overall

ON BEING A HOMELESS OLDER WOMAN

The consequences of homelessness for older women come not only from a lack of housing, but from a lack of connection to others. To support older homeless women, we must help rebuild social networks, individual identities, and their personal sense of value.

A recent article published in *The Sociological Review* studied the intersection and power dynamics between sexism, ageism, and homelessness.

Women who experience homelessness often get there by very different paths than their male

counterparts. Women frequently become homeless after suffering the loss of a caring relationship — losing the physical home is only part of the story. These women continue to see themselves as nurturing caregivers, making the disconnect from their current circumstance profound and leading to ever increasing loneliness and isolation.

Dr. Means founded HCWW because she realized that women who were homeless, with all of the attending medical needs women face, were not utilizing traditional medical resources, and she was determined



to help them with compassion so they could feel less isolated.

Older homeless women's identity negotiation: agency, resistance, and the construction of a valued self

Judith G Gonyea, Kelly Melekis
The Sociological Review
Vol 65, Issue 1, pp. 67 - 82
First published date: Jan-25-2017

THE GROWING CHALLENGE OF FAMILY HOMELESSNESS

A report published by *The Boston Foundation* in February 2017 takes an in-depth look at families in the Commonwealth's emergency assistance system. The findings are striking:

- Massachusetts stands out with a doubling of homeless families since FY 2008, serving more than 33,000 families over the past 9 years.
- Families — children — make up approximately 60% of the Commonwealth's homeless population, compared to a 35% national average of families in the homeless population.

The good/bad news is that new entrants into the Massachusetts

family emergency shelter system are starting to show slight declines, but families in the system are staying longer. A 'temporary' stay is nearly 6 months, with one third of families needing shelter for one, two, or even three years.

There are other programs for families that either help prevent homelessness (such as RAFT, or Residential Assistance for Families in Transition), or HomeBASE, which aims to divert and stabilize families in homes in place of shelter life. Whether the availability of these funds is timely and sufficient remains to be seen. About half of the families receiving emergency shelter also receive support through these programs.



The bottom line remains that there are far too many families — and children — living without the security of a home which impacts the health of parents and children alike.

The Growing Challenge of Family Homelessness

Prepared by Westat for The Boston Foundation
February, 2017

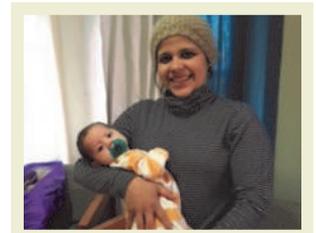
PREGNANT AND HOMELESS

Medicaid (MassHealth) covers roughly half of all childbirths in the U.S. A pre-term baby costs, on average, 10 times more than full term babies during the first year.

Homeless pregnant women face many barriers to accessing health care services including lack of transportation, lack of child care, and 'choice overload' - that feeling of being overwhelmed by the demands of pregnancy, parenthood and life as a homeless person.

As noted in a recent *Deloitte University Press* article, sometimes all it takes is a little nudge, a low-cost intervention that helps people take action now for the benefit of their future selves, to make a difference.

Programs like *Bridges to Moms* that empower pregnant women and new parents to engage in healthy behaviors more easily are proving to be helpful in encouraging actions that lead to positive long-term outcomes.



Mindful Medicaid: Nudging expectant mothers and children toward preventive care

Melissa Majerol and Tim Murphy
Deloitte Center for Government Insights
Deloitte University Press 2017

THE RELATIONSHIP BETWEEN HEALTH CARE SPENDING AND HOUSING

In March the Massachusetts Medicaid Policy Institute released a report analyzing the results of an innovative *Community Support Program for People Experiencing Chronic Homelessness* (CSPECH).

The program is based on a “housing first” model aimed at getting individuals into housing quickly and simultaneously helping them overcome other barriers to health such as accessing primary care, transportation, and generally overcoming the challenges of meeting basic life necessities such as food and safety.

The results are clear: with housing and supportive services to overcome these challenges, there are significant annual savings on health care spending per person of up to \$11,914, or a return of \$2.43 for every dollar spent on those services. These savings are based on a study of actual MassHealth expenditures before

and after entering their program.

The Massachusetts Housing and Shelter Alliance, which runs the *Home & Healthy for Good* program, released a similar study based on self-reported utilization of medical services before and after enrolling in their program. Spending on medical services is estimated to go from more than \$32,000 per year to just over \$10,000 per year per person.

These studies support what our HCWW programs are designed to accomplish, espousing the very principles that our *Bridges to Elders* and *Bridges to Moms* programs are based on. In tandem with medical care at HCWW shelter clinics, homeless women receive the long term care and supportive services needed to overcome barriers to health and housing.

To be clear, the cost savings achieved are a positive outcome of such programs. But



homelessness exacts a terrible toll on existence at the individual and societal level, and, as noted in the study, we have a moral obligation to address the issue in a compassionate and effective manner.

[Estimating Cost Reductions Associated with the Community Support Program for People Experiencing Homelessness](#)

Thomas Byrne, PhD
George Smart, LICSW
Published by the Massachusetts Medicaid Policy Institute, March 2017

[Home and Healthy for Good March 2017 Progress Report](#)

Prepared by the Massachusetts Housing and Shelter Alliance
March 2017



In 2016

191

HCWW clients reported they visited our free medical clinics *instead of* the Emergency Room *saving* the Commonwealth an estimated

\$286,500

“THIS IS WHY I BECAME A DOCTOR”

– DR. JESSICA PETERS, ASSOCIATE MEDICAL DIRECTOR

For over a decade, Dr. Jessica Peters has been on the front lines of Emergency Medicine. Her prestigious career began at Mass General and Brigham and Women’s Hospitals where she worked trained, taught and mentored residents and medical students. From there she took her skill set into the local community in an Urgent Care Clinic in Greater Boston area. Daily, the paperwork was overwhelming her ability to have quality interactions with her patients.

“I have always enjoyed taking care of patients, but the other responsibilities of working in a large medical center often reduced direct patient care,” said Dr. Peters. “I was looking for something more meaningful. In my heart, I’m a giver. I know I’m at best when I’m helping people.”

Dr. Peters’ quest to find a more meaningful setting was realized when she heard about Health Care Without Walls. She took one look at the web site and fell in love. Dr. Peters started volunteering and immediately she felt she had found her new home. The rest is history.

Working in our adult clinics, Dr. Peters has rediscovered a love of patient care. She talks to patients about their needs, and how they can help themselves (or get assistance) to overcome some of the many obstacles they face on a daily basis.

Her desire to contribute more led her to the newly created role of Associate Medical Director. Dr. Peters’ energy, enthusiasm, and leadership are welcome equally and enthusiastically by our clients, staff and volunteers.

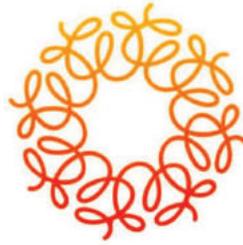


Dr. Peters with a client at WLP

Dr. Peters’ sentiments are echoed universally by our dedicated volunteer physicians. Freed from the requirements and constraints of most large medical institutions, Dr. Peters and our group of dedicated physician volunteers are able to focus all of the time and attention where it is needed — caring for women who are homeless and in need of our help.

“I am getting to know these heroic women, and with time, patience and compassion, I know I am making a difference in their lives.”

— Dr. Jessica Peters



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We can
Make a
Difference

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Health Care Without Walls
148 Linden Street, Suite 208
Wellesley, MA 02482

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and support those who need help



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At Health Care Without Walls, our mission is to improve the lives of women and families who are homeless or marginally housed through quality healthcare, education and advocacy.

Health Care Without Walls
Compassionate care for women and families in need



Formerly Women of Means

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