

WOMEN OF MEANS, INC.

free, compassionate health care for women in need



ANNUAL REPORT 2006

Women of Means

Women of Means, Inc. is a non-profit organization whose mission is:

“To improve the lives of women who are homeless or marginally housed through quality health care, education and advocacy”

Using volunteer physicians and a small paid nursing staff, Women of Means provides free medical care to homeless, battered and poor women and their accompanying children, onsite in women’s shelters and day programs in the Boston area.

The doctors and nurses provide care for immediate medical concerns and then work to connect their patients to existing health care services in the community.

Administrative offices in Wellesley MA offer a central location for staff; an office in Boston serves as a site for clinical meetings and medical supply storage. Medical care and outreach services are provided directly onsite at:

- Rosie’s Place
- Women’s Lunch Place
- All of the Casa Myrna Vazquez residences
- Four family shelters in Waltham, MA managed by the Middlesex Human Service Agency

Referral support is provided to guests of On the Rise.



Checking blood pressure at Rosie’s

Board and Staff

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Dear Friends,

Spurred on by Massachusetts adoption of its innovative Health Care Reform Law, we placed greater emphasis on providing outreach and advocacy efforts this year.

The law helps increase insurance coverage, meeting the needs of the 500,000 individuals documented as uninsured in Massachusetts. It uses a combination of expansions and changes to the State's Medicaid program, government subsidies, insurance market reforms and a requirement that individuals purchase insurance coverage if an affordable plan is available. To support the last requirement, the state has established a group, the Commonwealth Health Insurance Connector Authority, to oversee affordability standards and provide access to subsidized insurance through a program called 'Commonwealth Care'.

To help make the best use of the opportunities the law provides, and recognizing our patients needs when navigating the new coverage plans, Women of Means assigned one nurse to focus solely on helping patients make the necessary connections. The nurse offers practical assistance. She accompanies the women to the hospital when they apply for coverage, helps them fill out the necessary application for free subway passes, and attends referral appointments providing support as well as translation of medical information.

A newly hired Clinical Coordinator works closely with the outreach nurse, offering her administrative support. She has

received training and can help patients apply for or check their health insurance status. The Coordinator is now helping women apply for coverage at Women's Lunch Place and Rosie's Place, though we still help women apply at a hospital based clinic if they prefer.

We know putting in an extra effort works. Over the last two years the organization tracked 80 uninsured patients in two shelters. At the end of the time period, even before we had the capability to help women apply for coverage, Women of Means documented that it helped enroll 49% of its uninsured patients in insurance plans, connected 67% to primary care providers and 26% to mental health providers.

Our outreach and advocacy work is a natural extension of our mission. We cannot thank our funders enough for helping us offer these practical and effective efforts. They make all the difference.



Roseanna H. Means, MD

Executive/Medical Director



Anne St. Goar, MD

Physician Volunteer
Chair, Board of Directors

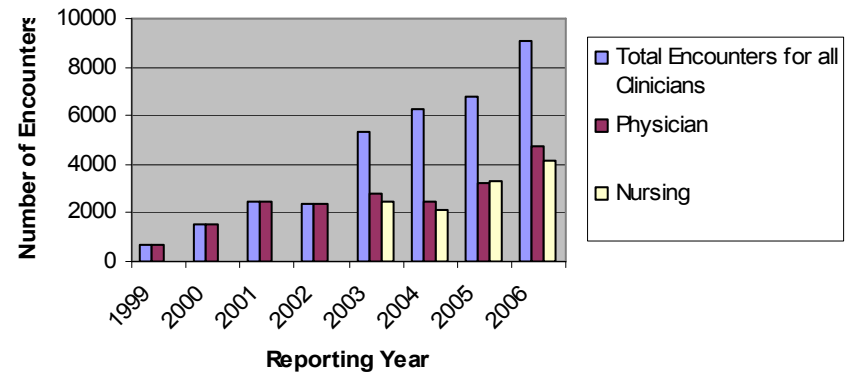
2006 Highlights

Navigating the confusing and complex medical care system is a challenge even for those of us with the most supportive network and resources. Women of Means is unique in that all the work is conducted directly in the shelters where the women feel safest and where we can meet them on their own safe “turf”. Our constant presence and predictability translates into trust building and confidence that we can help. Each woman and child is offered our time, patience, resources and professional skills. The result is seeing women who have been at their desperate worst move forward toward better health.



For the first time, Women of Means sent a nurse to four collaborating family shelters, supporting the volunteer physicians who provide care for the 185 children and mothers who live in the residences. In addition to case management, the nurse offers flu vaccination and TB testing along with lots of TLC.

Clinical Encounters 1999 - 2006



In 2006, **19** volunteers, **6** paid nurses and a physician's assistant went to **12** sites around the Boston area to provide care.

Altogether, clinicians met with homeless women and their children **9,075** times.

The nurses conducted **4,145** of these encounters; **3,338** were educational sessions. The nurses followed up with **595** complicated cases.

The nurses made **1,186** clinical outreach calls.

A Patient's Story

Samantha is a 58 year old African American woman whose life has been a roller coaster of successes and failures for the past 20 years. I've known her for 15 of those years. She has been moving from shelter to shelter, taking one step forward and two steps back, struggling with alcoholism and crack addiction. Occasionally she would get a job then lose it or get into detox and then fall off the wagon. She is one of those patients that the public and even caregivers want to dismiss as a "chronic recidivist", "unable to get her act together", "untrustworthy", "abusive of the system". The kind of patient that is scorned as using taxpayer money and doing no good for herself or anyone else. Everyone she knew had given up on her---family, health care workers, former employers. In 2006, one of our nurses, Sally, saw Samantha in the day shelter while Samantha was there getting breakfast. Samantha had recently determined that she alone had to get her life back and had will-



ingly gone into detox and was now clean. Sally urged Samantha to get her mammogram, and offered to go with her to have it done. Two weeks later, Samantha's PCP, a member of the Boston Health Care for the Homeless team, called us to tell us that Samantha's mammogram had come back abnormal and asked our help finding her. We work collaboratively with all the homeless providers and primary care practices. We found Samantha, told her the news, and talked her into going back for additional views, accompanied by Sally. Those were also abnormal, and by now, Samantha was truly scared. She trusted Sally implicitly and was willing to move forward with the evaluation, but only if Sally could be with her for moral support and to listen to what the doctors said and explain it all to her. Sally did that. She went with Samantha to the biopsy, she sat with her in the Health Care for the Homeless doctor's office when the result came back showing cancer cells. She let Samantha call her on her cell phone anytime she needed someone to talk to. Sally worked with the PCP to schedule Samantha for her staging studies, and went with her the day of her lumpectomy. Sally visited Samantha in the hospital, held her hands, gave her encouragement when the fear of the cancer and the side effects of the medicines and the radiation dermatitis made Samantha want to quit everything and use drugs to escape. Over those 9 months, it was Sally who kept Samantha going. There was no one else in Samantha's life. She had burned all her bridges. Four months into the treatment Samantha contacted her estranged daughter and gave her the news. They had lunch (and Sally went, too) and promised to work harder on their relationship. Her grandchildren needed their grandmother. Samantha had to finish her radiation and chemotherapy and eventually, her daughter took over the role that Sally had filled. Sally helped Samantha fill out a housing application and by the end of the year, Samantha had moved into her own apartment. She is enjoying her grandchildren. She is free of cancer. She is free of drugs and alcohol. She is free of homelessness.

Roseanna H. Means, MD

The Intention to Self-Heal

Women of Means has demonstrated that positive outcomes result from the organization's consistent and reliable presence within the shelters. In a study funded by Blue Cross Blue Shield of Massachusetts Foundation, and presented at the American Public Health Association's national meeting held in Boston, Dr. Means explained:

"Women living on the streets or in homeless shelters face multiple barriers in accessing medical care. Isolation, shame, poverty, humiliation, mental and cognitive impairment are only some of the many barriers that get in the way of asking for and receiving help. Through compassionate care Women of Means medical team supports their patients helping them advocate for their own care. "

In **326** instances, Women of Means documented activities that are "valuable alternative outcomes" and named them "intention to self-heal behaviors":

- Sought help from Women of Means instead of using an emergency room inappropriately
- Followed up with a clinician when

advised

- Saw a Women of Means specialist (Psychiatry, Dermatology, Foot care) when advised
- Obtained a free T-Pass to be able to go to appointments or a Medical Alert bracelet to inform caregivers of serious illnesses or allergies
- Agreed to accept care previously refused
- Took medicines as prescribed
- Improved blood sugars through education
- Asked for detoxification referral
- Agreed to sleep in a shelter instead of on the street
- Obtained health insurance
- Came to Women of Means for a flu vaccine or TB test, including returning for the TB test reading two days later
- Went with a Women of Means nurse to interview for housing
- Had wound care regularly until healing
- Worked with Women of Means to get eyeglasses or dental care.



Dr. Means continues to volunteer her time and provide free care to women in need.

Training Future Caregivers

Since its inception, Women of Means has collaborated with the Regis College Center for Health Sciences and Harvard Medical School to provide training for nursing and medical students as well as medical residents. Named, The Partnership for Free Health Care for Homeless Women, the interdisciplinary program offers cultural competency training that the students and residents will not receive elsewhere. Partnership faculty guide students and residents through the exercise of “parsing” every step of needing, asking for and receiving medical care, making the students see where, at each step, barriers get in the way for poor and homeless people.

2006 HIGHLIGHTS:

- Training expanded to family shelters
- Women of Means hosted interns from Brigham & Women's Hospital and Beth Israel Deaconess Medical Center
- Participants came from Brigham and Women's, MGH, Beth Israel, Tufts New England Medical Center, NYU Medical School, Harvard Medical School, Drexel University, Barnard and Wellesley Colleges, Salem State College, Northeastern and Regis College.

“One of the unfortunate practices I've seen working its way into my patient relationships is the avoidance of complex social concerns. I know where it comes from...I think at some point, efficiency and empathy became mutually exclusive qualities for me....much of my trouble was simply not being present with a patient. Rosie's Place gave me an opportunity to slow down and be present. For the first time in a long time, I got to think about how social situations impacted a person's health. The barriers that can interfere with a person's ability to obtain healthcare were brought to the forefront. I've become more aware of my patients' stories and who they are as complete people. Far from making me inefficient, I believe it's made me a better doctor....with my time at Rosie's Place, I have kept the good qualities of my training while working on some of the weaker.”

“I learned what it truly means to use the little resources at hand to help with whatever the circumstances. I learned what it means not to judge, to become a better listener, to be more patient, how to advocate, assessing needs, teaching, evaluating, counseling. But most importantly it put a whole new perspective on nursing. I started this experience thinking I had a lot to contribute to these women, but what I came to find out instead was in fact this experience contributed to my growth as a nurse. For that I'm grateful. I can now move forward with a new wealth of knowledge relating to community nursing, but also have a clearer understanding of how to help my community as a nurse and future nurse practitioner.”

- comments from trainees with Women of Means

Replication

With funding from a local philanthropist, and support from an anonymous Foundation, Women of Means continued to work toward a replication pilot project in Philadelphia.

Dr. Means along with key staff and board members have visited the city several times, broadening contacts with shelters and stakeholders. They found a physician willing to act as the first volunteer doctor for the Philadelphia branch. The doctor participated in the Women of Means training program as a medical resident from Brigham and Women's Hospital several years ago and is now on the clinical staff at the University of Pennsylvania.

Over the year, Women of Means worked with an intern from New Sector Alliance, a consulting organization, to articulate the steps for replication and conduct a needs assessment confirming a critical need for more clinical outreach services in Philadelphia.

The intern found that like Boston, the city has a homeless population of about 6,000 and is home to many medical schools. In addition, she discovered that like Boston, Philadelphia did not have a comprehensive resource for services for the homeless. Women of Means quickly remedied that, publishing a Philadelphia Telephone and Shelter Resource Directory, mirrored on the Massachusetts one.

Practical Resources

GETTING TO THE POLLS

Women of Means defines advocacy in broad terms, making every effort to have a positive impact on women's lives.

In 2006 Women of Means helped women register to vote, an advocacy effort initiated in 2004. The project culminated with a joint volunteer and staff effort to drive **61** women to the polls. Goodie bags donated by the Sisterhood of Temple Beth Shalom, Needham were handed out to the voters. As part of its work for social action in 2006 through The Abraham Project, the Temple focused on home-



Volunteer physician, Dr. Berg, with her patient.

lessness and affordable housing. In addition to taking women to the polls, they donated essential items including socks and toiletries.

MA TELEPHONE & SHELTER RESOURCE DIRECTORY

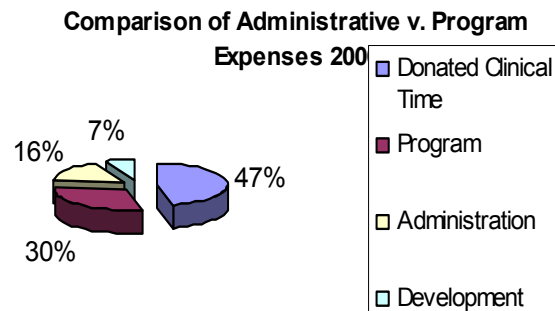
With funding from Blue Cross Blue Shield of Massachusetts Foundation, the organization fully updated its Telephone and Shelter Resource Directory. Early on, Women of Means produced a directory to address the tremendous problem providers have when trying to discharge or assist homeless patients, creating the first compilation of statewide resources for the homeless.

The updated version ensures that providers have the most current information. Where possible, new categories were included such as a section on services for Gay/Lesbian and Transgendered individuals and a section on Dental Services. Additional Community Services were added and the Health Care sections were expanded.

Finances

Each year the volunteer medical professionals donate an estimated **\$500,000**, the largest budget expense. Donated time is not indicated in the financial statements. In 2006, approximately **16** clinicians donated **150** hours per month of professional clinical services in homeless shelters.

Women of Means supported the doctors' extraordinary gift of their time and expertise through program and administrative support. Program expenses covered nurse case management and medical supplies in addition to training and supervision of both volunteer and paid members of the medical team.



Statement of Activities & Changes in Net Assets for year ending December 31, 2006

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total Net Assets</u>
REVENUES			
Grants	\$53,225	\$338,500	\$391,725
Contributions	106,242		106,242
Fundraising Events	4,330		4,330
Other	9,840		9,840
TOTAL REVENUES	173,637	338,500	512,137
NET ASSETS RELEASED FROM RESTRICTIONS			
Grants for General Operations	317,329	-317,329	
EXPENSES			
Program	327,542		327,542
General and Administrative	177,914		177,914
Development	73,080		73,080
TOTAL EXPENSES	578,536		578,536
INCREASE (DECREASE) IN NET ASSETS	-87,570	21,171	-66,399
NET ASSETS, BEGINNING OF YEAR	249,734	206,105	455,839
NET ASSETS, END OF YEAR	\$162,164	227,276	389,440

Donors

Women of Means relies on private donations and grants to support its programming. Please join us in thanking the following grant makers.

- Anonymous - five foundations
- An Anonymous Remainder Trust
- Arguild Foundation
- Blue Cross Blue Shield of Massachusetts Foundation
- Susan A. and Donald P. Babson Charitable Foundation
- Boston Scientific Foundation
- Citizens Bank Foundation
- Claneil Foundation
- Clipper Ship Foundation
- Cornerstone Charitable Foundation & Perpetual Trust for Charitable Giving, Bank of America, Trustee
- Delta Service of Massachusetts dba Delta Dental of Massachusetts
- Harvard Vanguard
- Leaves of Grass Fund
- Massachusetts Medical Society & Alliance Charitable Foundation
- Middlemede Foundation
- Middlesex Savings Charitable Foundation
- Old Mutual Asset Management Charitable Foundation
- Procter and Gamble/Gillette
- Red Sox Foundation
- State Street Foundation
- Tufts Health Plan
- Ward Foundation
- Wellesley Congregational “Village” Church
- Wellesley Hills Jr. Woman’s Club



THANKS to
Miranda Russell and
all who attended her
concert to benefit
Women of Means.

Women of Means policy is to maintain individual donors' privacy and not list all contributors. To all who donated either financially, as volunteers or with in-kind donations, please know your generosity is deeply appreciated.



Free Health Care, Education and Advocacy

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