The great anthropologist, Margaret Mead, was once asked which relics could show whether a community thrived thousands of years ago. Was it a shard of pottery? Or a spoon? Or a basket? Her answer speaks to the mission of Health Care Without Walls. She replied that a healed thigh bone was the strongest indicator of a bound community, because a healed bone meant that another person took care of an injured one. In ancient times, when hunting and gathering required being on the move, stopping to care and to comfort someone in need of help demonstrated selflessness and compassion. Communities thrive when we take care of each other.

Health Care Without Walls is a community of caregivers that go out of their way to show love and compassion to the women and families that are broken and left out, caring for those who are too often forgotten when it comes to traditional healthcare.

In our model of care, the personal touch matters. Taking the time to listen, to figure out the next steps, letting the women ask questions and giving them space to feel safe—these are all gestures of human kindness that are missing from our hectic and fast-paced healthcare system.

The women we care for are able to thrive because we stop to care.

Our system of healthcare and insurance is necessary, but not sufficient. An insurance card from a government Medicaid Program is no substitute for having someone explain how to navigate the complex bureaucracy that has taken over medical care. Together, we are creating a thriving community.

Thank you for giving us your support—your donation is critical, and will allow us to continue to do our life-saving work. We don’t get any money from the government or insurance companies, so every dollar donated counts. Give as generously as you can, because it matters more than you can imagine. Thank you and God bless you!

-- Roseanna Means, MD

“ZoomRx recognized HCWW as a smaller organization with an outsized positive impact in their community, specifically in a population that is underserved by conventional U.S. health care. ZoomRx was eager to lend our skills to help further HCWW’s growth.”

Kat Lynch
Senior Manager

At HCWW, one of our biggest challenges is building awareness and understanding of the unique needs and gaps in care facing women struggling with housing instability and dire poverty. How can we more effectively inform people about the issue and, more importantly, solutions that are making a difference and improving health care access and health outcomes for women?

Earlier this year ZoomRx reached out to us offering their expertise and services on a pro-bono basis. ZoomRx is a pharma industry market research firm that excels in gathering large, complex data-sets from health care stakeholders and performing quantitative analysis to derive actionable insights for their clients. As an industry leader, ZoomRx is committed to both serving their clients and recognizing their responsibility to the greater community. By using their resources and capabilities, they pursue a mission of driving meaningful social impact by partnering with effective organizations that share their innovative spirit and commitment to solving pressing social issues.

ZoomRx feels strongly that everyone deserves access to quality care. Their social impact work primarily focuses on addressing existing disparities in this area.

The results of this survey will shed light on how you, our stakeholders, want to hear from us, what you want to learn about, and what drives your philanthropic support.

We are lucky to have ZoomRx working on our behalf, and we are thankful to those of you who took the time to tell us what you think.
MassHealth is Massachusetts’ Medicaid and Children’s Health Insurance programs. It provides health insurance to more than one in four Massachusetts residents. Crucially, MassHealth serves as a safety net — the insurer of last resort — for some of the state’s most disadvantaged residents, many with very complex health care needs. It covers 27.2% of all MA residents—42% of all children, 25% of all adults (excluding seniors), and 39% of all births. MassHealth enrollees have access to emergency rooms, most have primary care physicians, prescription drug coverage, mental health services and more.

So why do we need Health Care Without Walls?

Take “Kendra,” for example. Kendra, an 80 year old women living in a shelter, took a fall and went to the ER to have her shoulder checked out. At discharge, Kendra left with pages of instructions she did not understand. She came to our clinic at WLP where we helped her schedule a follow up appointment with an orthopedic surgeon, explained her instructions for pain management, and sent her ‘home’ with ibuprofen in her pocket.

And then there’s “Mary,” who has high blood pressure and diabetes. Mary comes to our clinic weekly to take her blood pressure and glucose readings. With regular testing, Mary is now taking her medicine, watching her diet, and no longer visiting the ER with concerns about her blood pressure. Primary care physicians simply are not equipped to provide this level of follow up or maintenance care.

For many women, our clinics replace the medicine cabinet at home, typically stocked with cold medicine, bandages, pain relief medicine, and so much more. For women who are desperately poor, there is no medicine cabinet down the hall. These simple remedies most of us take for granted are otherwise unavailable to the homeless.

And finally, there is the emotional support we provide when dealing with health concerns. In a survey conducted during our Bridges to Elders pilot program, the two leading program benefits identified by our enrollees were reductions in 1) isolation and 2) depression. Our clinicians become the family member, friend, or neighbor that typically listens to their concerns. We help research and come up with a care plan, and stay with the women through the medical care process.

We are there for these brave women, where and when they need us. We care.

That’s why we need Health Care Without Walls.

Bridges to Moms: By The Numbers

Bridges to Moms (BTM) began in January of 2016 as a pilot program modeled after our Bridges to Elders program. Our goal was to help pregnant and postpartum moms experiencing homelessness improve health outcomes for mother and baby, and help new moms to bond with and care for their newborn.

Upon referral from the Obstetrics Department of Brigham and Women’s Hospital, BTM provides intensive case management, medical referrals, and social support for homeless and housing insecure women in the prenatal, perinatal and postpartum periods. Services include transportation and food assistance, postpartum wellness checks, housing advocacy, and case management.

Through April of 2018, results have been showing a positive impact on the health and wellness of our participants:

- Participants attended 90% of prenatal appointments
- Almost three quarters (73%) attended at least 1 postpartum appointment
- Newborn stays in the NICU, when needed, were significantly shorter than the comparison group (17 vs. 36 days)
- Moms visited (86%) or called (5%) their babies in NICU over 90% of all possible days
- Among the 33 women who have exited from Bridges to Moms, more than half (61%) are living in stable housing.

The full study is available on our website at: www.healthcarewithoutwalls.org/our-work/bridges
PHOTOVOICE LEARNING COLLABORATIVE: ELIMINATING STIGMA AGAINST PEOPLE EXPERIENCING HOMELESSNESS

Health Care Without Walls is pleased to take part in the PhotoVoice Learning Collaborative, a community research initiative where individuals who have experienced homelessness share their stories through photographs and journal entries. By sharing their experiences, we hope to give voice to the struggles of women who have experienced homelessness and build awareness and connection with the community at large.

Over the past year, a group of women met on a monthly basis to participate in group training with four peer organizations across the country. During these sessions, they learned about the ways in which their images and words tell a powerful story about who they are, beyond the stereotype assumed by far too many. Three courageous women served by HCWW are sharing their stories through photos and words under the guidance and support of a team of HCWW nurses. We hope to display their stories in community exhibits, but below is a sample of their work.

Too often we see their struggles, losses, loneliness—or worse, we do not see them at all. Experience the world through the eyes and voices of women struggling with homelessness. In spite of all the challenges, one word comes through: Hope.

Anne
I was born during WW II and times were difficult for people financially and otherwise. My father was in the army and my mother was at home and she found it difficult to survive on $45 a month, for housing and everything. She was very frustrated and angry and blamed people for her problems. I could never talk to her; she cut me off right away. We went on an outing every week. The doctor said you either work or keep busy - that’s what he felt would help, because I was beginning slowly to deal with people. What do I want people to know about my experience? I have overcome my difficulties dealing with people, but at a ‘younger’ level. Some people understand but some don’t. I’m 74 years old, some seniors don’t understand me, they’re ready to die but I’m ready to live.

Yvonne
I am a domestic violence survivor. After 7 years of failed judicial system to protect my confidentiality and safety, I am now finally able to pursue housing.

Past 7 years, housing authorities and apartment management demanded a state ID with my physical address. To move forward, I had to obtain a court order to impound my address. It was a dragging, difficult process that revived my trauma. During this difficult time, my friends and acquaintances who were aware of my struggles and wounds reminded me that I am not a failure but I am someone who just did not have the right support. Still I am hopeful as long as I have each new day.

Misha
I am a senior woman and I have been homeless for 2 years. I lacked nothing before I became homeless and it has been such a struggle and a big challenge for me. However, I try not to give up hope and see the beauty of life through my eyes in this city. I believe that this ordeal is part of learning process and steps to take to be a better me. This path that I am going through will not last forever.

My doctor once said to me “you don’t look like a homeless person.” I asked him “how should a homeless person look?” He did not say anything. Maybe he had a misconception that homeless people may look dirty, smelly, messy, pitiful, anxious, and/or very needy. The reality is that anybody can be homeless regardless of age, gender, education level, social status, etc.

My photos represent the beauty of nature and landmarks of the City of Boston where I have lived most of my life. Through these photos I want to demonstrate the contrast of life-struggle vs. hope, past vs. future, darkness vs. light, weakness vs. strength/resilience, emphasizing different patterns of life that we shall take. I also want to give a simple message “there is always hope.”

Would you like to display our PhotoVoice exhibit in your workplace or community? Let us know!

Health Care Without Walls
Compassionate care for women and families in need
Health Care Without Walls is a 501 (c)(3) non-profit organization
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Shopping online for the holidays?
Don’t forget to use Amazon Smile and Amazon will donate to Health Care Without Walls
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 is turning 20 in 2019! Mark your calendars for October 3, 2019 when we will celebrate 20 years of service at our gala event: Health Care UNSCRIPTED: Building Bridges for Women in Need Honoring the work of Dr. Roseanna Means

Get your tickets today!
Visit www.healthcarewithoutwalls.org/events/improvboston or send check to Health Care Without Walls • 148 Linden Street, #208 • Wellesley, MA 02482 • Attn: Improv Tickets