As we turn the corner of another year, Health Care Without Walls is leaning into its 18th year of operations. Eighteen years of free, walk-in, unfettered, uncomplicated, direct, respectful, compassionate and loving care to women and families in need. We are a team of over 30 dedicated volunteer doctors, staff nurses and community health workers whose tender attentions and strong advocacy are helping to turn lives around and build futures for this neglected population.

Ask one of our Bridges to Elders clients, who has stopped using the emergency rooms for crisis care or emotional meltdowns. Ask one of our longstanding shelter guests, who now understands her diabetes and is taking the correct doses of insulin. Ask one of the children in the family shelters, who doesn’t cry himself to sleep anymore from the tummy aches that began when his mom had to run away from his father. Ask the Bridges to Moms new mother, who we helped get housing, and brought her some gently used furniture, diapers, a fuzzy toy. The moms in this program receive taxi vouchers to make sure they attend their prenatal appointments, and can get there safely, and not be hassled on the street.

Health Care Without Walls is blessed to be turning 18 with strong staff, a committed Board, and plans to reach more of these vulnerable women and children and help them attain the better life that we all dream of. Thanks to your support, those dreams are coming true.

Roseanna Means, MD
Founder and President

Measuring Our Impact

Instinct, along with anecdotal evidence, tells us that we are improving the lives of those we serve.

But we can show so much more about the specific ways in which our clients are improving their health and saving money with better data collection. Our clinical encounters and data points are unlike traditional medical records tied to billing systems. Now, however, with support from an anonymous grant, we are launching a new encounter database that will inform and guide us on how we are making a difference. We are tracking long term relationships with these individuals, and we are measuring the better health and lifestyle practices we are teaching them that could lead to better long term outcomes.

There are important and obvious metrics that can tracked and quantified against standards for this population subset, such as cost savings through improved preventive medical care and reduced Emergency Room visits and In-Patient Hospital stays. Beyond that, we can to measure many health behaviors, or milestone events, that reflect intention towards improved health, such as taking medication as prescribed, following through on medical appointments, and getting vaccinated. Attainment of personal goals, such as reducing isolation and managing depression, also goes a long way to better health. Last year, 96% of Bridges to Elders clients who set goals reached all three of the goals they set for themselves. Improving our data collection helps in many ways, affirming the inherent value of our compassionate care model with funders, donors, care providers, and policy makers at all levels. And it will guide us about what future services might have the greatest positive impact on our clients.
The steady drumbeat of news about the decline in the number of families housed in state-funded hotels and motels could be encouraging to those of us on the frontlines of battle to combat homelessness – but is it? At the end of the last fiscal year, 3,800 families were in shelters in Massachusetts, with 440 of those families residing in state-funded hotels or motels. That is a 65% decrease in families placed in hotels/motels compared to the previous year. These shelters include traditional family shelters, scattered sites (individual apartments) and specific programs for substance abuse. The overall number of families in shelters showed a slight increase. Families receiving aid from programs like HomeBASE (up to $8,000 of financial support) jumped 77% to 4,207 families. Hotel/motel shelters are more costly to the state (averaging $90/night), and families are crowded into a single bedroom with limited access to groceries and cooking facilities, laundry, transportation, and support resources. While the experience may be better than the street, it is still isolating and traumatic. HCWW provides much needed medical care and support for families in hotel/motel shelters whose stays average nearly 11 months and can often extend for years.

Helping families relocate from motel shelters makes sense, but it does not eliminate the problem, as families require on-going support to transition to different shelters or new homes. With no tracking of families that leave the state's Emergency Assistance program, it is impossible to know how they are doing, and until underlying issues of housing costs and availability are addressed, Massachusetts families will continue to struggle with homelessness. HCWW will continue to provide families struggling with homelessness with medical care and support for families in hotel/motel shelters whose stays average nearly 11 months and can often extend for years. Helping families relocate from motel shelters makes sense, but it does not eliminate the problem, as families require on-going support to transition to different shelters or new homes. With no tracking of families that leave the state’s Emergency Assistance program, it is impossible to know how they are doing, and until underlying issues of housing costs and availability are addressed, Massachusetts families will continue to struggle with homelessness. HCWW will continue to provide families struggling with homelessness with medical care and support for families in hotel/motel shelters whose stays average nearly 11 months and can often extend for years.

HCWW will continue to provide families struggling with homelessness with medical care, going to the locations where we can provide the services to the largest number of families. The crisis of family homelessness is not yet going away, unfortunately.

On August 18th we hosted “A Day for You” day of health, maintenance, and beauty for guests of Women’s Lunch Place. The morning began with screening for skin damage—a common hazard for the homeless who are exposed to the elements—and continued on with personal care items and donated jewelry, bags, scarves, perfumes and more. Everyone deserves a bit of pampering once in a while.
“Marie” was living at the Pine Street Inn, working but still unable to keep up with her rent. She got pregnant. The relationship faltered, the dad became verbally abusive. At the shelter, “Marie” did not feel safe — she was harassed, scared, and all alone. At 27 weeks’ gestation, “Marie” developed pre-eclampsia. She was rushed to the Brigham and Women’s Hospital by ambulance and delivered a 1.5 pound baby girl. 72 hours later, mom was sent “home” while the newborn remained in the NICU, a stay that lasted 3 and a half months.

Bridges to Moms was just launched.

“Marie” was referred to us when her baby was 3 weeks old. We offered our support and guidance to help “Marie” feel safe and build a loving and nurturing relationship with her baby girl. “Marie” visited her daughter every day at the NICU and had a healthy meal, thanks to the transportation and meal vouchers HCWW provided. We helped her bond with the baby, teaching parenting skills and reinforcing all the positive ways she was helping her baby thrive. We visited the Housing office to advocate for her to be in a clean apartment instead of a crowded shelter. At home, we continue to visit “Marie,” teaching her how to feed, bathe, and care for her baby. We monitor both mother and daughter to ensure both are continuing to thrive.

The baby recently celebrated her first birthday. “Marie” is a wonderful mother. The baby continues to grow, weighing more than 16 pounds. “Marie” is now studying for her GED.

Meet “Marie” Our First Bridges to Moms Client and Soon To Be Graduate

Meet our Community Health Workers

Aisha joined us this summer with years of experience helping others adapt and thrive in their environment. Her experience ranges from helping patients and families cope and find support as a Cultural Navigator Coordinator at Children’s Hospital to working with the elderly and disabled as a Medical Escort and Outreach Associate at La Cadena De Amistad in Jamaica Plain. Her warmth, compassion, and resourcefulness are unbounded when it comes to helping new moms make a home with their newborns.

Aisha earned her B.A. degree from Simmons College, and has a Certificate in Translation from the University of Massachusetts, Boston.

Ketsy is all about giving back to her community. She has been working with the Boston Housing Authority for many years as both a Community Health Advocate and a Residential Advocate. She has been helping residents take advantage of health screenings for heart disease and asthma, works with residents to promote healthy living through adopting smoke-free policies in their buildings and advocating for healthier food options and chronic disease management. Ketsy’s networks in the Boston service community run deep, and our clients with the Bridges to Moms program will benefit greatly from her energy, tenacity, and experience.

Ketsy uses her language skills to serve as a voice for her community and serves as a proud role model for others.

Dr. Roseanna and her team from Health Care Without Walls have been awesome to me every step of the way.”

“Marie”
About the artist

Julie, a long time client of Health Care Without Walls, is a homeless artist who uses various mediums and styles to design cards and prints in what she refers to as graphic arts by interpreting life in the shelters and on the street.

Julie shares her story to remind us that homeless women are a part of our world and need our help.

Share Julie’s story, and support Health Care Without Walls.

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