

SEATTLE/KING COUNTY CLINIC

A Community of Compassionate Care

2015 FINAL REPORT

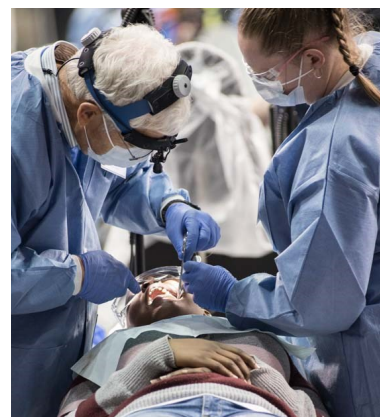
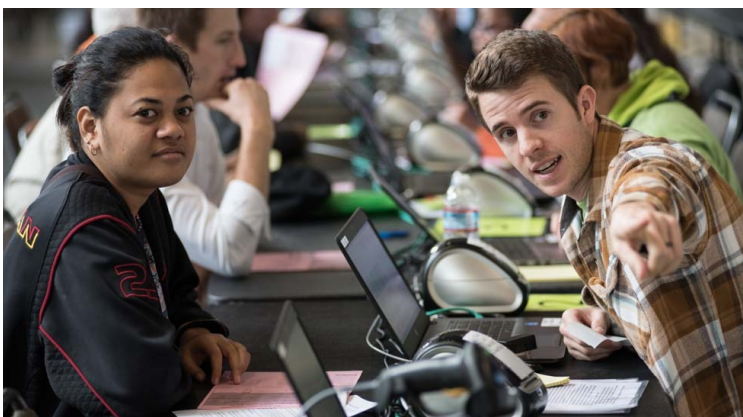


TABLE OF CONTENTS

INTRODUCTION	2
PATIENT POPULATION	2
Gender	2
Age	2
Race/Ethnicity	3
Primary Language	3
Employment & Military Status	3
Where Patients Live	4
Housing Status	4
Patient Insurance Status	5
Time Since Last Healthcare Visit	5
Health Conditions	6
Why Patients Chose This Clinic	6
Socio-Economic Status	6
Where Patients Heard About the Clinic	7
SERVICES PATIENTS RECEIVED	8
Dental	8
Medical	9
Vision	10
Referrals & Resource Services	11
PATIENT IMPACT	11
Patient Satisfaction & Descriptions of the Clinic	12
VOLUNTEERS	13
Clinic Communication & Organization	14
Volunteer Experience	15
Volunteer Perspectives on Patient Population	16
CLINIC ADMINISTRATION	17
CONCLUSION	17
DONORS	18-19



INTRODUCTION

Seattle/King County Clinic took place over four days, October 22-25, 2015, in KeyArena at Seattle Center. More than 110 organizations, along with thousands of individual volunteers, contributed to the significant effort. A wide range of clinical services were offered, free of cost, on a first-come, first-served basis. Ultimately, over 3,800 volunteers provided \$3.7 million in dental, vision and medical care to 4,010 individuals. For a second year, stakeholders and the community deemed the event a success. The clinic received high satisfaction ratings from volunteers and patients alike and achieved its goal of attracting and serving a racially diverse and economically disadvantaged patient population.

This report includes a summary of findings from multiple data sources, including:

- Patient and volunteer registration data
- Patient service data
- Online survey of volunteers
- Exit feedback from patients

PATIENT POPULATION

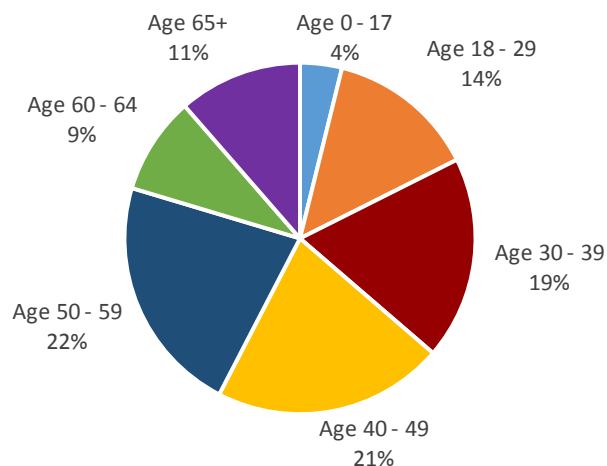
Demographic information about patients who attended the clinic was collected at two primary locations — registration and patient intake (where health history and vitals were taken for all patients). Patients were required to provide only first and last name and birthdate to initiate their patient record. However, many patients willingly provided additional information, understanding that it may aid in their treatment, and that any of it used for community reporting purposes would be discussed only in aggregate.

Gender

Registration data shows a fairly even distribution among female and male patients; 1,991 patients were female, 2,014 were male and 5 reported being transgender.

Age

The average age of registered patients was 45 years old. Over two-thirds (69%) of patients were between 26 and 59 years old. However, age was calculated based on the date of birth that the patient provided. In reviewing the data, it was observed



that in a few instances patients either gave a false birthdate (no form of identification was required for verification) or a data entry error occurred. As a result, some ages that were calculated incorrectly identified patients as children rather than as adults. (Figure 1)

Figure 1 - Patient distribution by age

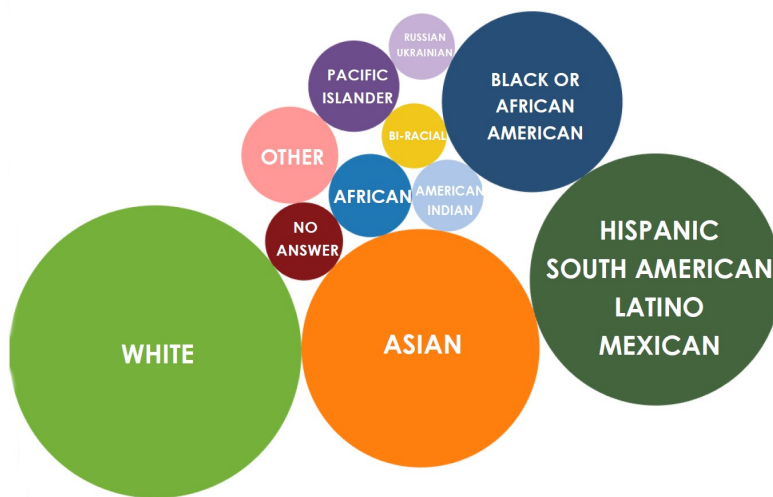


Figure 2 - Patient distribution by race/ethnicity

Race/Ethnicity

Almost one-third (30.3%) of registered patients identified their race as White/Caucasian; 22.4% identified themselves as Hispanic/Latino/Mexican/South American; 20% were Asian; 11.5% reported their race as Black/African American. The remaining patients were spread across other races/ethnicities as shown in Figure 2. Only 2.1% of patients did not identify their race or ethnicity.

Primary Language

During registration, patients reported speaking 37 primary languages. (Table 1) For those who did not speak English, interpretation assistance was available either from onsite volunteers or through a remote video system provided by InDemand Interpreting. InDemand Interpreting's medically certified interpreters answered 800 calls and provided 4,500 minutes of interpretation on their system. Onsite information and registration materials were also printed in both English and Spanish.

Employment & Military Status

Over one-third (37.8%) of patients answering the employment question at registration reported being unemployed; 17.9% were employed full time; the same percentage (17.9%) were employed part time. Of the remainder, 8.7% were retired; 6.7% were disabled; 4.2% were minors or students. (Figure 3) Just over 6% of patients were veterans or active members of the United States military.

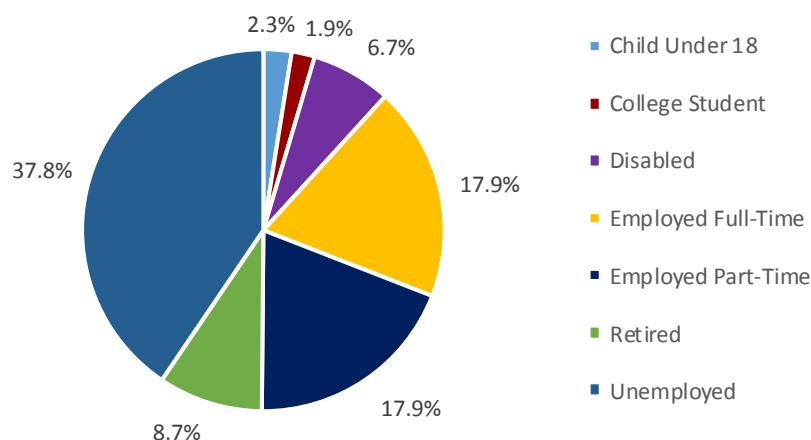


Figure 3 - Patient employment status

LANGUAGE	# OF PATIENTS
Spanish	723
Vietnamese	169
Cantonese	140
Mandarin	126
Amharic	72
Tagalog	51
Korean	50
Russian	37
Filipino	25
Romanian	25
Arabic	22
Somali	15
Hindi	13
Ukrainian	13
Cambodian	12
French	11
Samoan	11
Thai	11
Portuguese	10
Tigrinya	10
Farsi	8
Burmese	7
Laotian	7
Sign Language	7
Polish	6
Oromo	5
Japanese	4
Turkish	4
Nepali	3
Armenian	2
German	2
Italian	2
Malay	2
Mien	2
Punjabi	2
Indonesian	1

Table 1 – Patients' primary spoken language other than English

"To those who continue with the mission to help those in medical and dental need – I thank you from the bottom of my heart. You are heroes!!!"
 – Melanie, patient

Where Patients Live

Registered patients came from 247 unique zip codes. The distribution indicates the clinic reached an audience throughout the central Puget Sound region where outreach was focused. The highest concentration of patients reported coming from the Seattle Metro area (Figure 4), including: Downtown Seattle (98104), Atlantic/Mt. Baker (98144), Rainier Valley (98118), White Center (98168) and South Park (98108). Based on zip code data, 77.5% of clinic patients reported residing in King County. More than 9% reported coming from Snohomish County and 5.3% reported traveling from Pierce County for the clinic. The remaining patients reported a range of zip codes from across Washington (Figure 5), including: Chelan, Clallam, Clark, Grant, Grays Harbor, Island, Jefferson, Kitsap, Kittitas, Lewis, Mason, Okanogan, Skagit, Spokane, Thurston, Whatcom and Yakima Counties.

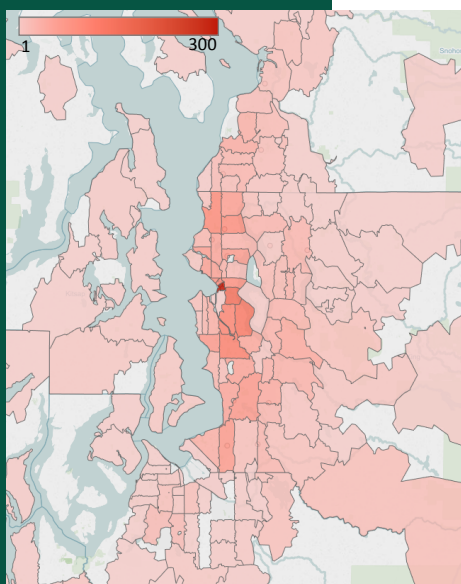


Figure 4 - Patient population by zip code, Seattle Metro

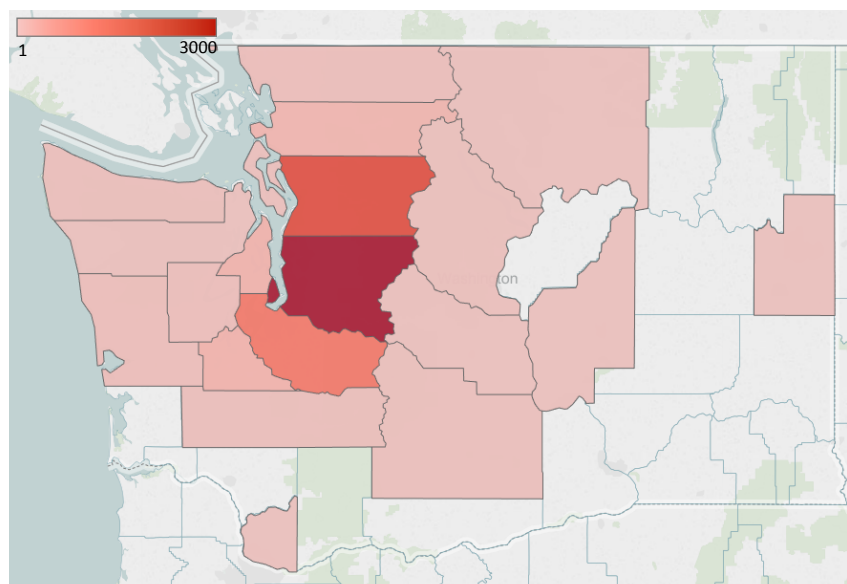


Figure 5 - Patient population by county, Washington State

Housing Status

Almost half (46.2%) of patients stated that they resided in a rented room, apartment or house; 15.1% said they were doubled-up with family or friends; almost 8% stated they lived in a shelter or on the street; 17.2% did not respond to the question. (Figure 6)

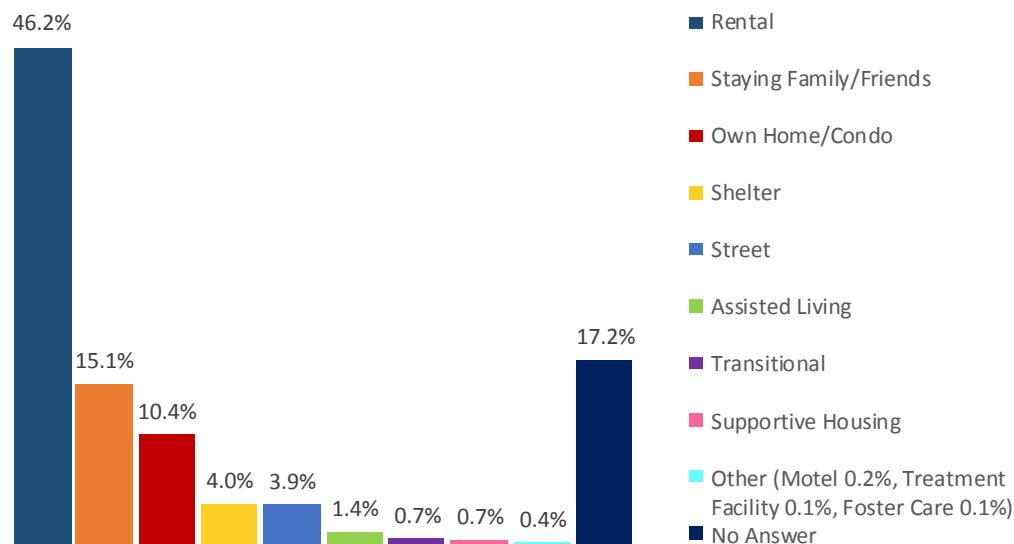


Figure 6 - Patient housing status

Patient Insurance Status

The clinic imposed no access restrictions related to whether or not patients had health insurance; clinic organizers hoped to attract people who needed services but had extremely limited means of accessing them. Forty-six percent of patients indicated they had some health insurance, including 15.1% on Medicaid and 13.6% on Medicare. Most of the patients indicated that, while insurance covered some costs, out-of-pocket expenses for many health services, from prescription eyeglasses and lab tests, to dental procedures and x-rays, were still unaffordable. Nine percent of patients did not report their insurance status. (Figure 7)

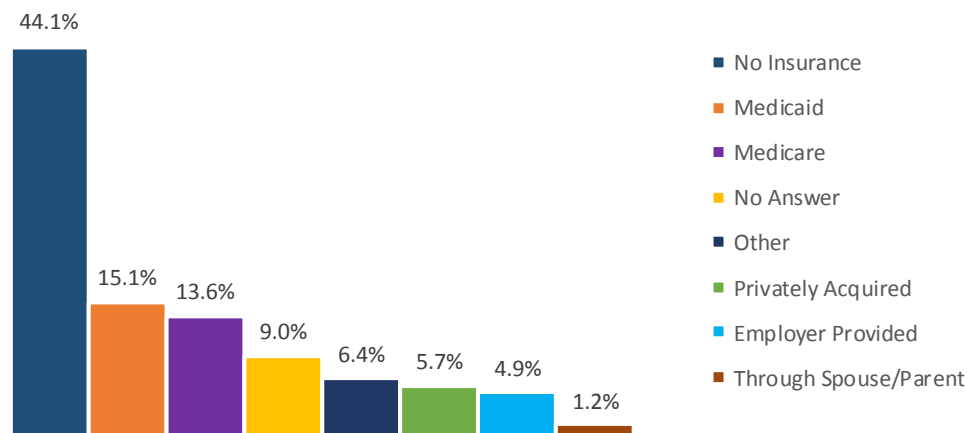


Figure 7 - Patient health insurance status

Time Since Last Healthcare Visit

Registration data shows more than half (63.3%) of the patients registered reported seeing a doctor and receiving medical care within the last year; 41.4% reported having dental care; 30% reported receiving vision care within the last year. (Figure 8)

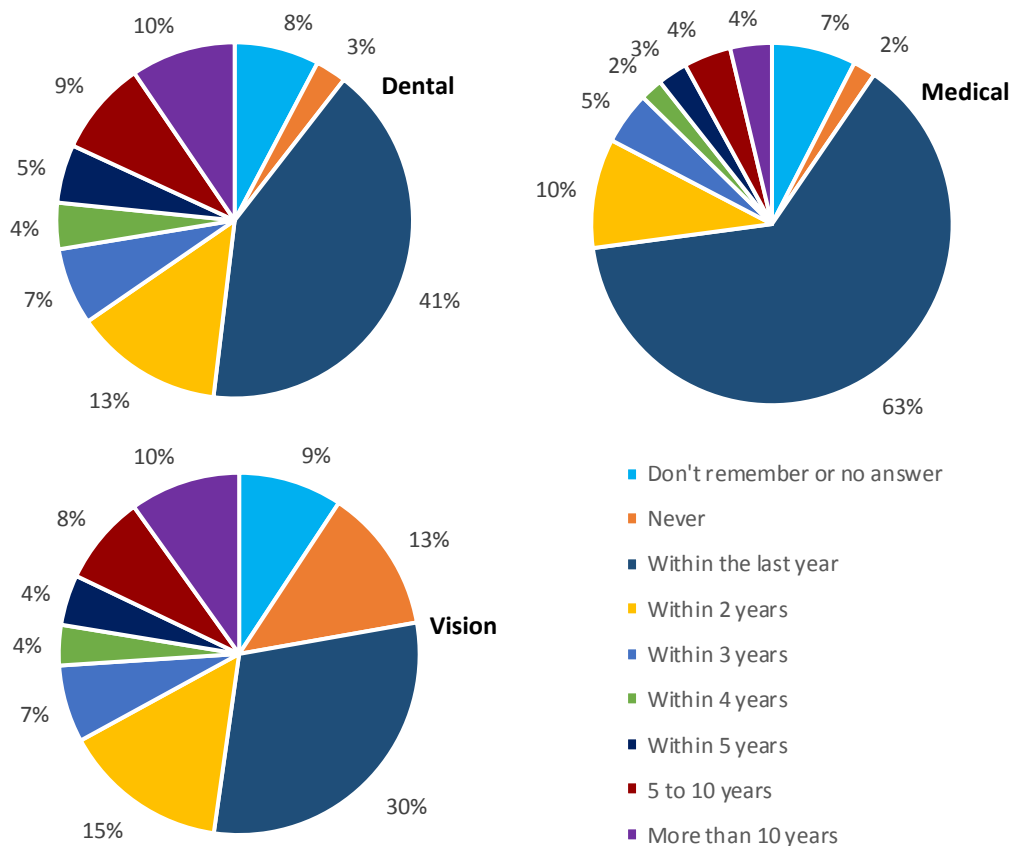


Figure 8 - Time since last visit by care type

"I am still reeling from my incredible experience. I am so humbled to be able to receive care from the community. The entire process went like clockwork. Everyone treated us with the utmost of care and compassion. If there is one word to describe what I felt at the Clinic, it would be 'safe.' I wholeheartedly thank ALL involved."

– Riko, patient

“My husband and I both received treatment from this wonderful event. We are deeply touched and feel so VERY THANKFUL. There are so many who need help. The dental and doctor bills are unreasonably sky high, only a certain percentage of people can afford care. You are all angels to freely serve the public amid the economic down time. Thank you ALL so very much!” - Zena C. and Michael L., patients

Health Conditions

At intake, patients were asked about their health history and especially about conditions that might relate to their care at the clinic. Following patient treatment, health care providers were also asked to track any additional conditions that were discovered. The data showed that 23.2% of patients had high blood pressure or hypertension; 18.8% self-reported having emotional concerns or a behavioral health diagnosis; 11.7% had diabetes; 10.8% were asthmatics; 10.4% had hearing loss and many were interested in finding a low-cost source for hearing aids (which are very hard to get); 8.5% presented with either Hepatitis A, B or C; 6.7% reported having a heart attack or heart disease; 6% of patients were dealing with cataracts; almost 2% had glaucoma. With the recent legalization of marijuana and the advancing use of vapor devices, smoking conditions were also tracked; 20.8% of patients reported using tobacco, 11.7% use marijuana and 2.6% smoke e-cigarettes.

Why Patients Chose This Clinic

While 31.4% of patients stated they came to the clinic instead of another community source because they lacked health insurance, almost half (47.5%) of patients said whether or not they had insurance, they came because they could not afford health care costs or because insurance did not cover needed services. (Figure 9)

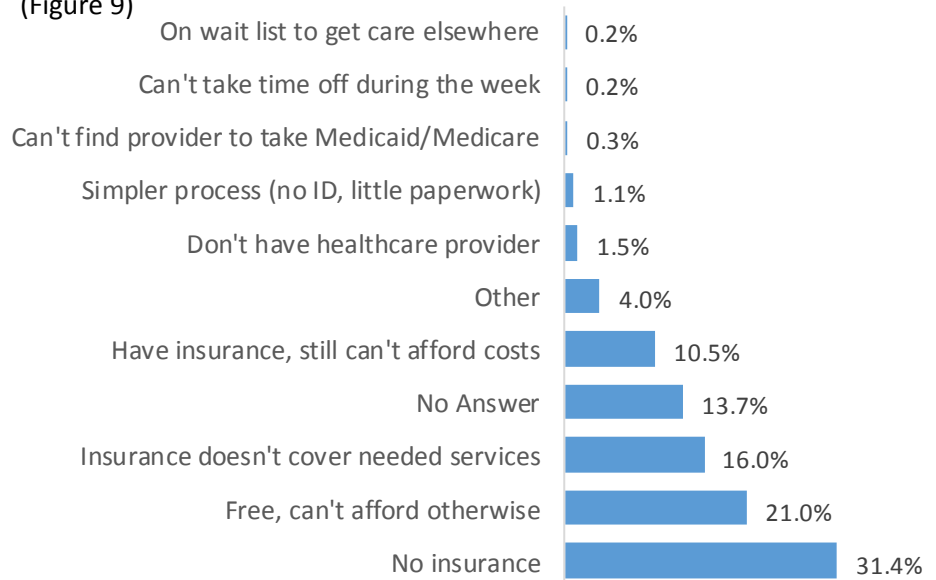


Figure 9 - Why patients chose this clinic

Socio-Economic Status

Two questions asked at patient registration were intended to help indicate patients' socio-economic status. However challenges resulted in our inability to fully capture this information. Initially volunteers reported that patients struggled to identify either their average monthly or annual income. It was recognized that for people who work multiple jobs, pick up work where they can, or have sporadic sources of income, an "average" amount is difficult to calculate. Additionally, in the end it was discovered that the registration system failed to record the responses to one of the questions so results could not be determined.

Where Patients Heard About the Clinic

The clinic's communications team made a concerted effort to connect with underserved and vulnerable populations, especially ethnic communities, by utilizing trusted and accessible sources for each respective target community.

Methods included:

- Spanish language print media, radio and television.
- Ethiopian cable access television and radio.
- Advertising through the Chinese Post, Filipino American Herald, Korean Times, North American Post, Northwest Vietnamese Weekly, International Examiner, Seattle Facts, Real Change, Runta, Seattle Gay News, AATTv, KFFV, KUOW, KCTS, KBCS, KRIZ and KPLU.
- Flyers and posters written in 12 different languages.
- Outreach through community-based organizations and agencies, including: the Department of Neighborhoods' District Coordinators; food banks; free clinics and community health centers; Immigrant and Refugee Advisory Commission, Tri-County Refugee Planning Committee, and other immigrant service providers; mosques and churches; Public Health – Seattle & King County's Community Communication Network; Seattle Center's Festal coalition; Seattle Housing Authority and other housing organizations; Seattle Police Department Community Advisory Councils; shelters and service providers for people experiencing homelessness; community colleges; Highline School District; and consulates.

Almost one-half (41.4%) of patients reported learning about the clinic from a friend, family member or via word of mouth, while 18.9% saw something on television and 11.3% saw a flyer or poster about the clinic.

"Everyone is so kind and every aspect of today was run perfectly. I stayed all day and I didn't even care! This work is so important. Thank you!"

– Anonymous, patient



SERVICE	QTY
Amalgam 1 Surface	58
Amalgam 2 Surfaces	84
Amalgam 3 Surfaces	49
Amalgam 4 Surfaces	16
Composite 1 Surface	504
Composite 2 Surfaces	581
Composite 3 Surfaces	274
Composite 4 Surfaces	210
Crown - Porcelain	193
Crown - Stainless Steel	7
Debridement	184
Extractions	1439
Flippers	53
Fluoride Application	351
Imaging - Bite Wing	848
Imaging - Panorex	404
Imaging - PA-X	1003
Prophy (Cleaning)	356
Root Canals	95
Scaling	242

Table 2 –Top dental services

SERVICES PATIENTS RECEIVED

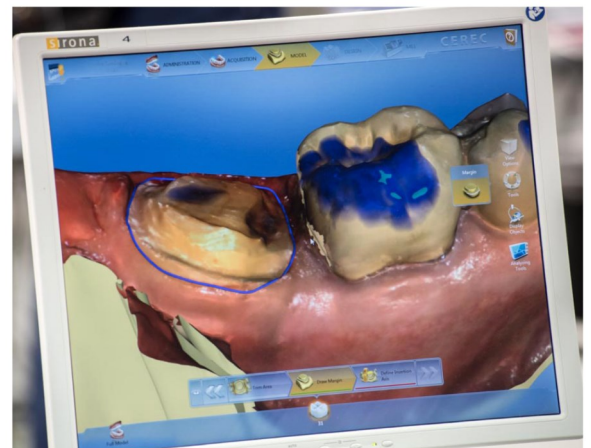
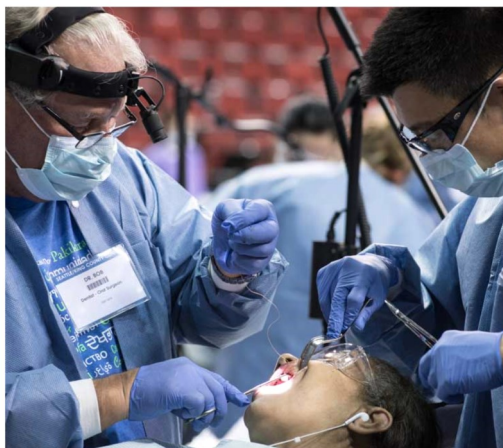
During the 48 hours of clinical operations, \$3.7 million in services were provided to people in need.



Dental 2,130 patients received dental care.

The services shown in Table 2 are a sampling of the top dental treatments provided as listed on the patient records and as reported by partners who managed specific services.

The clinic provided \$1.8 million in dental services.





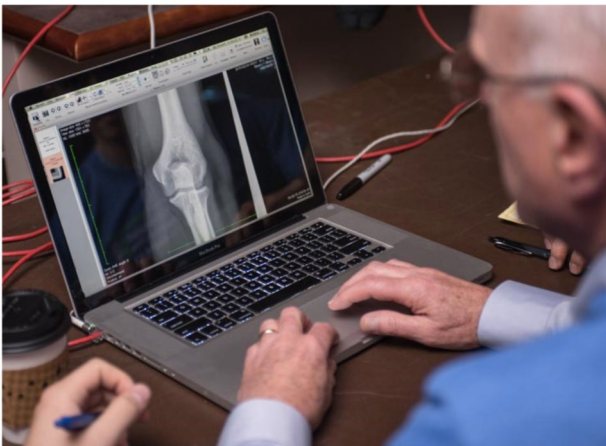
Medical 2,947 patients received medical care.

The number of patients served includes those who received immunizations, but no other medical services. The services indicated in Table 3 are a sampling of the top medical treatments provided as listed on the patient records and as reported by partners who managed specific services.

The clinic provided \$1.4 million in medical services. This includes a value for donated shoes that were distributed to all patients as part of an emphasis on foot care.

SERVICE	QTY
Acupuncture	277
Behavioral Health Consultation	153
Chiropractic	455
EKG	27
Flu Vaccine	1024
Foot Care	306
Lab Tests	2093
Mammogram	205
Nutrition Consultation	98
Physical Exam-General	624
Physical Exam-Naturopathic	73
Physical Exam-Women's Health	224
Rapid Hepatitis C Test	311
Rapid HIV Test	243
Tdap Vaccine	814
Ultramobile Ultrasound	13
Ultrasound	72
Wound Care	18
X-Ray	222

Table 3—Top medical services



SERVICE	QTY
Pre-Testing	1209
Eye Exams	1146
Readers	94
RX Glasses - Bifocal	505
Rx Glasses - Single Vision	496

Table 4 – Vision services



Vision
1,209 patients received vision care.

The services indicated in Table 4 were documented on patient records and reported by partners who managed specific services.

The clinic provided over \$550,000 in vision care.



Referrals & Resource Services

At the clinic, 101 patients were referred to a health care provider, clinic, or specialist for specific additional care. Many more patients were encouraged to seek general follow-up care and were directed to onsite social workers who could help to identify sources near where they lived to meet their needs. Since social work consultations were not recorded on patient health care records, volunteers were asked to track how many patient interactions they had each day. Social workers reported helping 449 patients on clinic premises.

In-Person Assisters were also at the clinic to assist patients and their companions with health insurance issues or registering for the ORCA LIFT reduced fare public transportation program. Volunteers reported connecting with 185 people.

Additional resource services were located in the building where patients waited to receive admission tickets. While not all groups recorded the specific number of interactions they had with patients, King County 2-1-1/Crisis Clinic stated they were kept sufficiently busy that it was difficult to track how many people they came into contact with; King County Voter Registration reported 1,508 inquiries; WelcomeOneHome homeless veterans outreach, Valley Cities behavioral health and Seattle Animal Shelter also had many positive contacts.

PATIENT IMPACT

In addition to patient demographic information, organizers were interested in learning about patient experiences at the clinic. Patients were given the option of providing formal feedback before exiting the clinic, although a number sent emails or returned with hand-written thank you notes on a subsequent day. Others provided feedback to volunteers during their time in the clinic, which was then documented and given to organizers.

“Dear Volunteers, Comfort Animals and Sponsors, Thank you for your care and kindness. Your generosity of time, knowledge and spirit was amazing! The fact that you did so at your own cost is remarkable. Everyone I met was positive and upbeat. The event was well organized and felt safe. I was amazed at the number of people in need.”
– Domini C., patient



- Roberta, patient

VOLUNTEERS

The clinic could not have happened without the commitment of more than 3,800 volunteers and comfort canines. Volunteers contributed to all aspects of the operation making them an invaluable resource not only for the clinic, but for evaluative data as well. Volunteers were asked to provide feedback about their experience through an online survey.

The majority of the volunteers came from Washington State, the Puget Sound region most specifically. Of those who responded to the survey, 69% were first-time clinic volunteers. Through the collective efforts of clinic partners, volunteers learned about the opportunity to participate from professional associations, volunteer organizations, Public Health Reserve Corps, employers, workplace communications, academic institutions, media, family and friends. They spoke 38 languages (both interpreters and other professions alike) and represented 48 professions or volunteer classifications. (Table 5) The participation of 329 health care professionals was facilitated by the state-sponsored Volunteer Retired Providers Program, which secures malpractice insurance for eligible volunteer and/or retired providers.

The Corporation for National and Community Service values volunteer time in Washington State at \$27.54/hour. With upwards of 46,000 hours recorded during the week of the clinic, this results in a minimum of \$1,266,840 in donated time. However, given the rates of professional health care volunteers, as well as the untallied hours that went into planning the clinic, a figure of more than \$3 million can easily be assumed.



VOLUNTEERS	QTY
Acupuncturist	26
Certified Nurse Midwife	6
Chiropractor	33
Dental Assistant	281
Dental Assisting Student	23
Dental Hygiene Student	103
Dental Hygienist	160
Dental Lab Technician	25
Dental Student	69
Dentist	347
Denturist	3
Dietician/Nutritionist	10
Dietician Student	9
EMT/Paramedic	32
General Support/Interpreter	1776
Health Insurance Navigator	37
LPN/LVN	26
Massage Therapist	6
Medical Assistant	22
Medical Student	58
Mental Health Counselor	21
Nurse Practitioner	41
Nursing Assistant	7
Nursing Student	59
Ophthalmic Technician	31
Ophthalmologist	22
Optician	24
Opticianry Student	13
Optometric Technician	15
Optometrist	33
Optometry Student	2
Pharmacist	35
Pharmacy Student	4
Pharmacy Technician	1
Phlebotomist	26
Physician	126
Physician Assistant	8
Psychologist	1
Psychology Student	15
Public Health Student	101
Registered Nurse	415
Social Work Student	3
Social Worker	28
Tech - Mammography	11
Tech - Medical Lab	16
Tech - Radiology/X-Ray	10
Tech - Ultrasound	12
Veterinarian	2

Table 5 – Volunteer participation during clinic

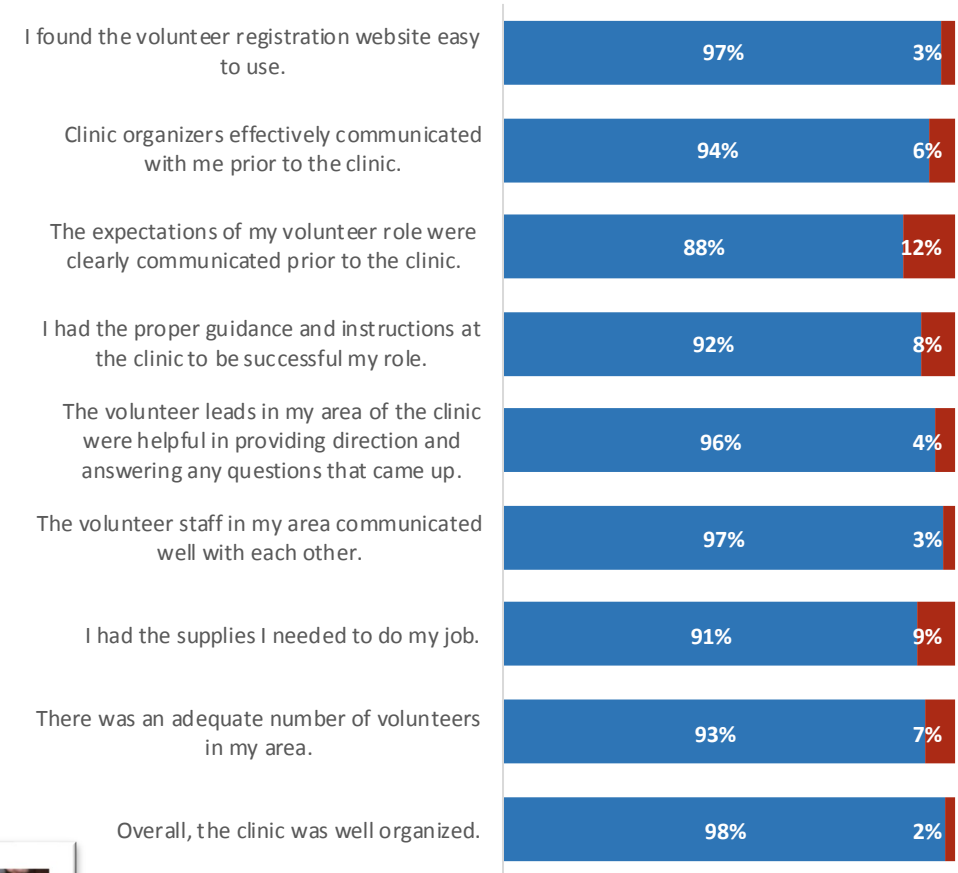
“Working this event was one of the most humbling experiences I have ever had in my 40 plus years as a nurse.”
– Linda C., volunteer

Clinic Communication & Organization

After experiencing issues with the volunteer registration system in 2014, clinic organizers were pleased that 97% of responses indicated that the new system was easy to use. Ninety-four percent of volunteers agreed that organizers communicated well with them in advance of the clinic, although only 88% said they understood role expectations prior to arriving at the clinic.

Volunteers were also asked questions about effective communication within the clinic. A majority of respondents (97%) agreed that volunteers communicated well with each other across the clinic; 92% said they received proper guidance and instructions to be successful in their role; 96% reported area leads were helpful in answering questions that came up.

Additionally, responses suggest that volunteers believed the clinic was well organized (98%), had adequate supplies (91%), and included sufficient volunteer support (93%). (Figure 11)



■ Strongly Agree/Agree ■ Disagree/Strongly Disagree

Figure 11 - Clinic communication and organization



Volunteer Experience

Organizers understand the important correlation between volunteer and patient experience. As such, equal emphasis was placed on cultivating and assessing the volunteer experience. The majority (97%) of volunteers who responded to the survey were satisfied with their role(s) in the clinic, felt their skills were well-utilized (90%), indicated their experience was worthwhile (99%), said they were treated well by other volunteers and organizers (99%), and felt safe (100%). Almost all (99%) respondents agreed that they would be interested in volunteering again and would recommend volunteering at a clinic like this to colleagues and friends (100%). (Figure 12)

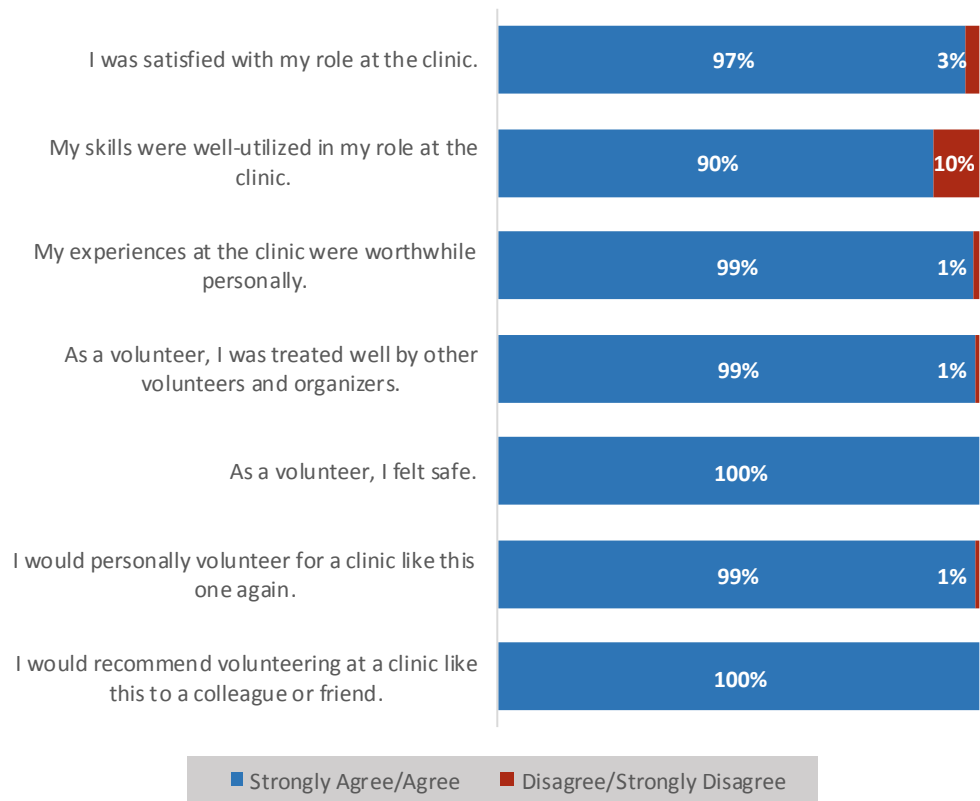


Figure 12 - Volunteer experience

“Volunteering for the Clinic was an amazing and humbling experience. It was heartbreaking to see so many people in need of health care. However, it was also very heartwarming to see so many volunteers who gave the patients such great respect and care. Everything was so well organized. I hope the heartfelt thanks from many patients were documented and shared. Thank you for organizing such a humanitarian event.”
– Denise S., volunteer



Volunteer Perspectives on Patient Population

Health care professionals and other volunteers who cared for and assisted patients contributed information about the patient population and the treatment they received.

Need for Clinic: Overall, 99% of volunteers agreed or strongly agreed that there was high need for this type of clinic. One-hundred percent believed that a clinic like this benefits the community.

Point of Care and Follow-up Care: Organizers wanted to better understand the health status of patients who attended the clinic, as well as to know the degree to which health issues could be effectively treated on site. One-hundred percent of health care professionals who responded to the survey said patients received quality treatment, and 97% indicated they had adequate time to spend with patients. However 53% said, “I discovered many conditions that I could not treat on site.” Some conditions are significant enough that patients should receive follow-up care. This can be a challenge for patients; their lack of access to resources is often one reason they come to a free clinic. Sixty percent of health care professionals indicated they saw patients who required critical follow-up care.

All (100%) respondents said that volunteers treated patients with respect and that patients appeared satisfied with the services provided. (Figure 13)

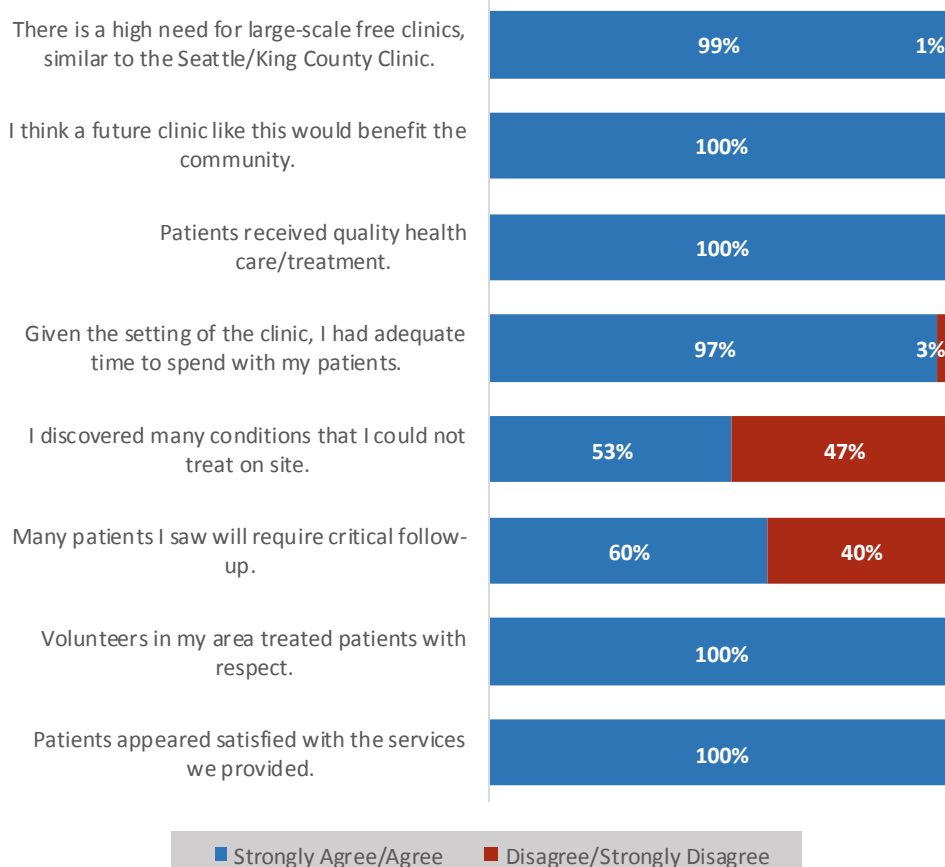


Figure 13 - Volunteer perspectives on patient population

CLINIC ADMINISTRATION

Seattle Center Foundation served as the non-profit fiscal agent for the Seattle/King County Clinic, raising funds and resources needed to cover the operations. In resource development, 23.6% of contributions came in the form of cash, while 76.4% were in-kind donations (not inclusive of volunteer time). (Figure 14)

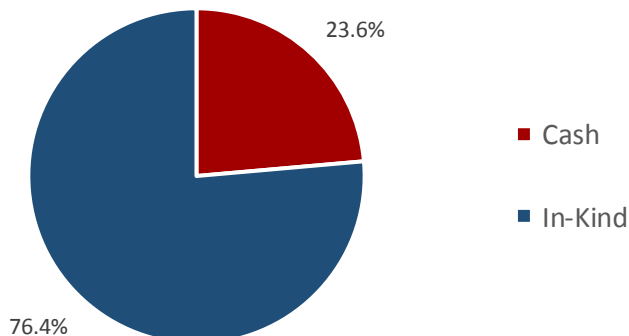


Figure 14 - Cash vs. in-kind donation distribution

As represented in Figure 15, these resources addressed a wide array of needs.

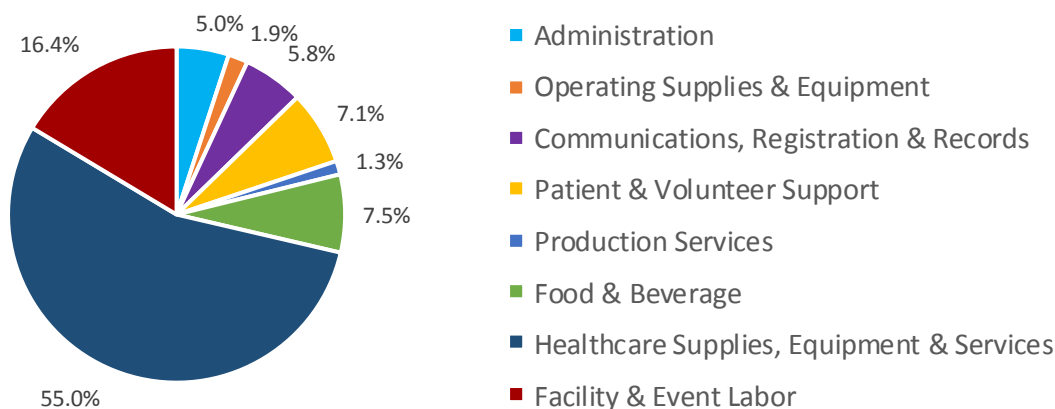


Figure 15 - Resource allocation (does not represent value of services to patients or volunteer time.)

CONCLUSION

The final words are best left to those who experienced it.

"I expected that people seeking services would be destitute. I was truly surprised to see that instead they looked like me, my family, my co-workers and neighbors. That was the biggest realization for me: folks who need (desperately need) these services aren't 'them,' they're 'us'."

– Anonymous, volunteer

"This clinic has been a life-changing experience. Living on the streets I had given up on humanity. Being at the clinic restored my faith in the good in people. Instead of avoiding me and pretending like I don't exist, people look me in the eye, they talk and listen to me. No one has acted like they don't have time for me. People smile at me. I feel like a human being again."

– Anonymous, patient



"The planning and execution of the Seattle/King County Clinic left me in shock and awe at the care, compassion, and community created by the exquisite attention to detail, exceptional organization, excellent friendly atmosphere, and an incredible single minded focus on service. I loved it, every minute of 14 hours a day for four days straight. It was invigorating, exciting to participate in, and I can't wait to do it again."

– Anonymous, volunteer

"What a gift to our community! What an honor to live in a place which goes to an extreme such as this to serve others - providing free health care, and at its optimal! What a positive, important message to those discouraged with our society. I participated as a patient in 2014 and screened positive for cancer. Both years it was exceptionally uplifting to observe volunteers sincerely enjoy their interactions with each other and the patients. I understand this event is a humongous undertaking, but the value ripples far beyond the weekend and the directly-serviced patients!"

– 2014 patient

2015 volunteer

CASH DONATIONS

\$30,000+

The Ballmer Group Philanthropy
The Norcliffe Foundation
Philips Foundation

\$7,500 - \$15,000

Anonymous
Bill & Melinda Gates Foundation
Costco Wholesale
Group Health
McKibben - Merner Family Foundation
Pacific Hospital Preservation & Development Authority
Patterson Foundation
Seattle City Light
Seattle Monorail Services
Seattle Public Utilities

\$2,000 - \$5,000

AEG Facilities
Anonymous
Anonymous Foundation
Catherine Thoma
The Coca-Cola Company
Levy Restaurants
Maria Barrientos
Seattle Finance and Administrative Services
Seattle Human Services Department
Seattle Office for Civil Rights
Seattle Office of Economic Development
SEIU Healthcare 1199NW
Tulalip Tribes Charitable Contributions
Virginia Mason
Vulcan Inc.

\$500 - \$1,050

3M ESPE Dental Products
Affordable Care, Inc.
Anonymous
Anonymous,
Tribute to Bill McGee
Anonymous,
Tribute to Jake Lane
Boylston Family Foundation
Celia Bowker
David Foster
Employees of RLI / CBIC

Frankie Manning
Ian Maki
Joel Van Etta
John Merner
Ken Mayemura, O.D.
King County Nurses Association
Mary Mahoney Professional Nurses Association
Patrick Wang, D.D.S.
Richard Voget
Steven and Julia Colson

\$10 - \$450

Adam and Sarah Sherman
Adam Lee
Amy Hagopian,
Tribute to Ian Maki
Anne Kurt
Anonymous
Benjamin and Vanessa Gill
Brenda Scott
Brian and Jill Schick
Brooke Dukes
C.M. and J.E. Williams
Carl and Cathy Sander
Carol Denzer
Cat-Tuong Tran
Chandira Hensey
Chau Tran
Cherifa Khelil
Chris and Marci Houts
Christina Brugman
Christine Crandall
Christine Lindquist
Claire Conway
Cynthia and Lise Radthorne
Dana and Gail Kaufman,
Tribute to Jamie Hilbert
Darryl Johnson and Barbara Bryant
David and Amy Efroymsen
David and Brenna Willett
DeAnn Crompt,
Tribute to Ian Maki
Deborah Katz,
Tribute to Ian Maki
Donna Paluch
Earl Ecklund,
Tribute to Ian Maki
Eric Peterson
Gretchen Lenihan
Hospital Associates
James and Cindy Brooks
Jan Shaw
Janet Hegle
Jeffrey Johnson
Jennifer Hoock,
Tribute to Ian Maki
Jody Miller
Joette Olson
John Kerr
John Westenberg
Joy Bagley
Karla Oman
Kati Dunn
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