

공동체 Community **SANTÉ** Bulshada
 Медицинская Помощь **Pakikiramay**
 اجتماع **Komunidad**
 Vava'aiga **ማግኒረሱክ** **співчуття** 護
Compassion **Care**
 コミュニティ **Agalelei** **ការថែទាំ**
 समाज **община** **ਦੇਖਭਾਲ** 關懷
співтовариство **Comunidad**
COMPASIÓN **رعاية** **Communauté**

SEATTLE/KING COUNTY CLINIC

A Community of Compassionate Care

2016 FINAL REPORT



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INTRODUCTION

Seattle/King County Clinic took place over four days, October 27-30, 2016, in KeyArena at Seattle Center. More than 115 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, 3,947 volunteers provided \$3.9 million in dental, vision and medical care to 4,492 individuals. For a third year, stakeholders and the community deemed the event a success. The clinic 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; 51% of patients were female, 49% were male and 3 patients were transgender.

Age

The average age of registered patients was 46 years old. Exactly three-quarters (75%) of patients were between 26 and 64 years old. The distribution of patients by their age is shown in Figure 1.

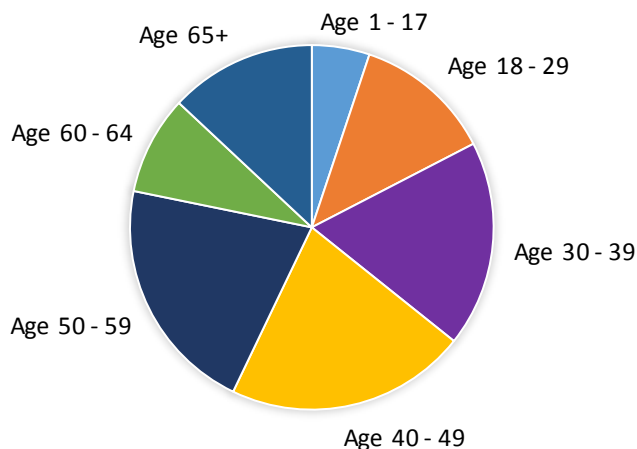


Figure 1 - Patient distribution by age

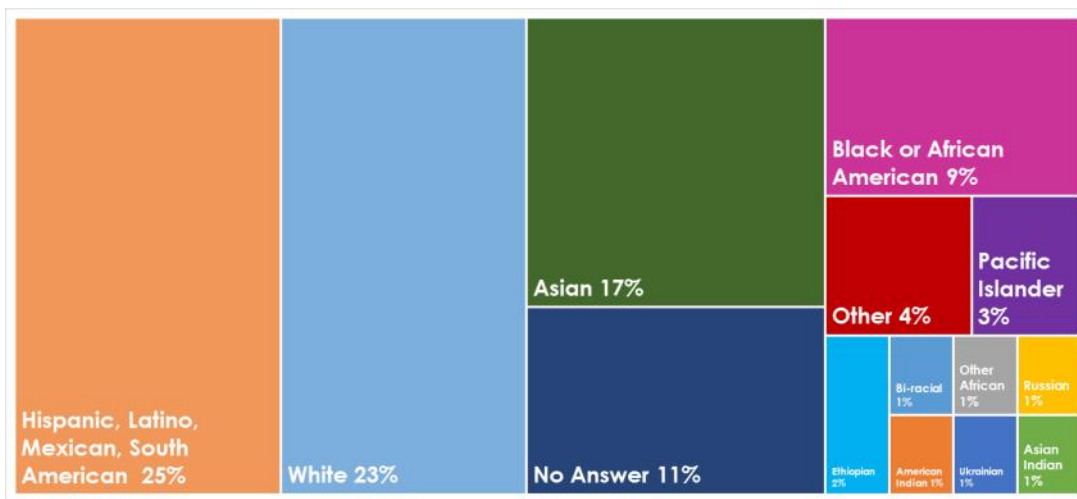


Figure 2 - Patient distribution by ethnicity identity

Ethnic Identity

One-quarter (25%) of registered patients identified their ethnic identity as Hispanic/Latino/Mexican/South American; 23% identified themselves as White/Caucasian; 17% were Asian; 9% reported their race as Black/African American. The remaining patients were spread across other ethnic identities as shown in Figure 2. A sizable 11% of patients did not identify their ethnicity.

Primary Language

During registration, patients reported speaking 34 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 1,056 calls and provided 7,163 minutes of interpretation on their system. Onsite information and registration materials were also printed in English, Spanish, Chinese and Vietnamese.

Employment & Military Status

Over one-third (38%) of patients answering the employment question at registration reported being unemployed; 20% were employed full time; and 17% were employed part time. Of the remainder, 9% were retired; 5% were disabled; 5% were minors or students. (Figure 3) Just over 5% of patients were veterans of the United States military.

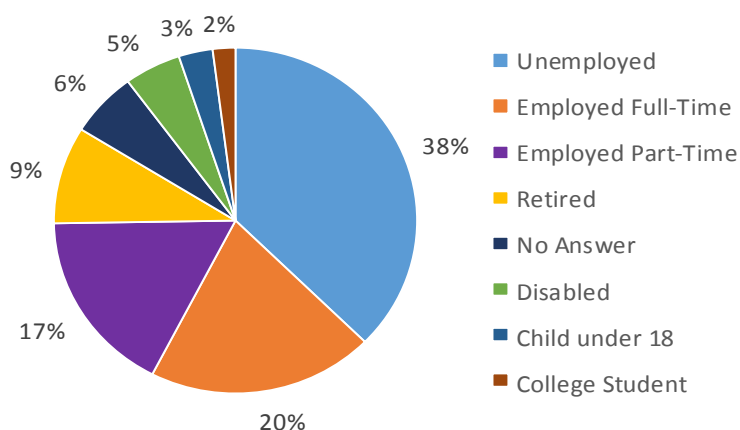


Figure 3 - Patient employment status

LANGUAGE	# OF PATIENTS
Spanish	791
Mandarin	126
Vietnamese	123
Cantonese	120
Amharic	87
Other	75
Korean	34
Russian	31
Romanian	22
Ukrainian	22
Tagalog	20
Tigrinya	20
Arabic	19
Cambodian	16
French	14
Filipino	10
Punjabi	10
Somali	10
Thai	7
Indonesian	6
Urdu	5
Farsi	4
Hindi	4
Porguguese	4
Samoan	4
Japanese	3
Mien	3
Sign Language	3
Laotian	2
Nepali	2
Apache	1
Hungarian	1
Oromo	1
Turkish	1

Table 1 – Patients' primary spoken language other than English

Where Patients Live

Registered patients came from 262 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, including: Downtown Seattle (98104), Rainier Valley (98118), South Park (98108), Atlantic/Mt. Baker (98144) and North Seattle (98133).

Based on zip code data, 76% of clinic patients reported residing in King County. More than 11% reported coming from Snohomish County and 6% reported traveling from Pierce County for the clinic. The remaining patients reported a range of zip codes from across Washington, including: Chelan, Clark, Grant, Grays Harbor, Island, Jefferson, Kitsap, Kittitas, Lewis, Mason, Skagit, Thurston, Whatcom, Whitman and Yakima Counties.

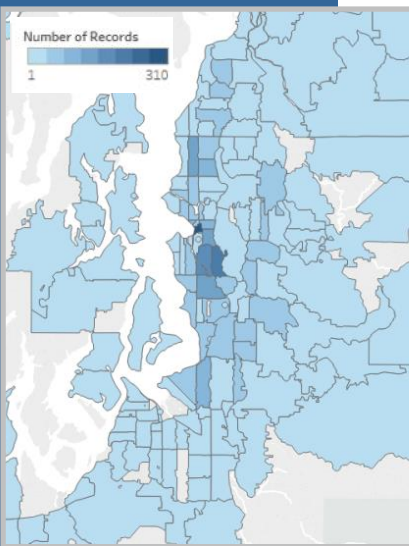


Figure 4 - Patient population by zip code, Seattle Metro

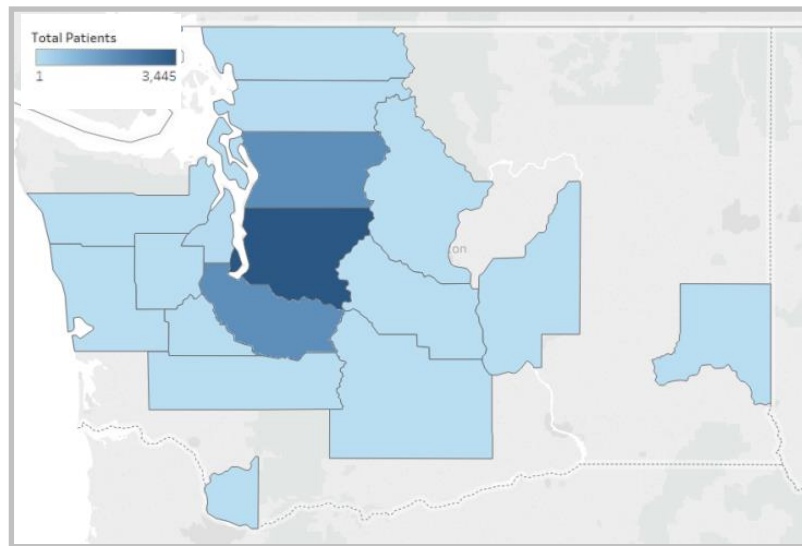


Figure 5 - Patient population by county, Washington State

Housing Status

Over half (52%) of patients stated that they resided in a rented room, apartment or house; 19% said they were doubled-up with family or friends; almost 9% stated they lived in a shelter, on the street or in transitional housing; 9% did not respond to the question. (Figure 6)

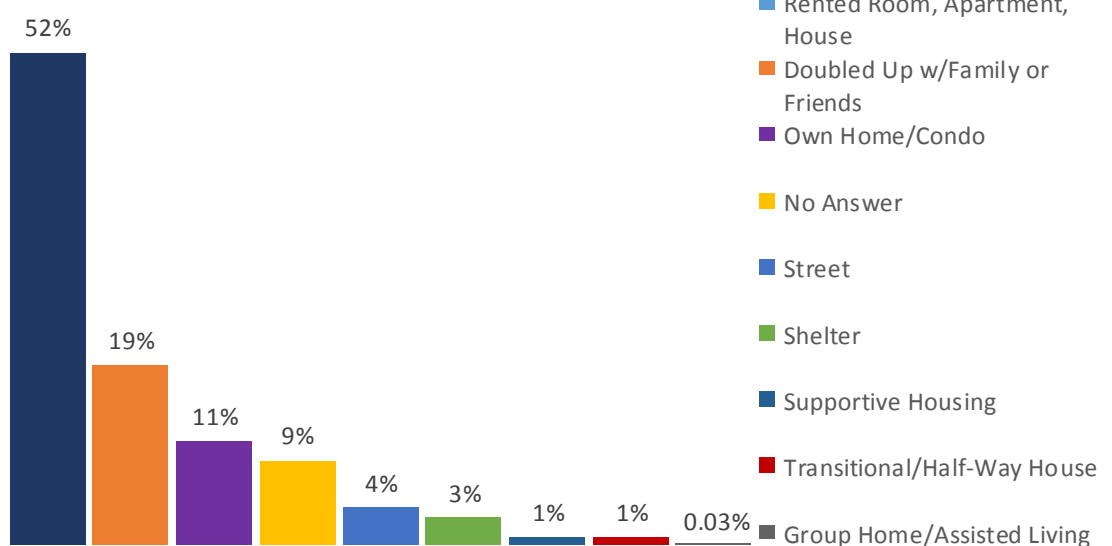


Figure 6 - Patient housing status

Insurance Status

The clinic imposed no access restrictions related to whether patients had health insurance; clinic organizers hoped to attract people who needed services but had extremely limited means of accessing them. Forty-seven percent of patients did not have health insurance. Forty-four percent of patients indicated they had some health insurance, including 20% on Medicaid and 12% on Medicare. Nine percent of patients did not report their insurance status. (Figure 7)

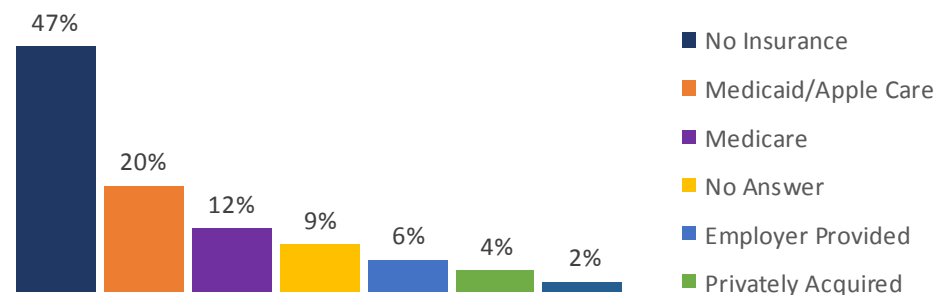


Figure 7 - Patient health insurance

Time Since Last Healthcare Visit

Registration data shows more than half (59%) of the patients registered reported seeing a doctor and receiving medical care within the last year; 43% reported having dental care; 30% reported receiving vision care within the last year. Conversely, 26% of patients indicated they had never sought professional eye care or it had been more than 5 years since they had received care; 18% indicated that for dental; 10% for medical. (Figure 8)

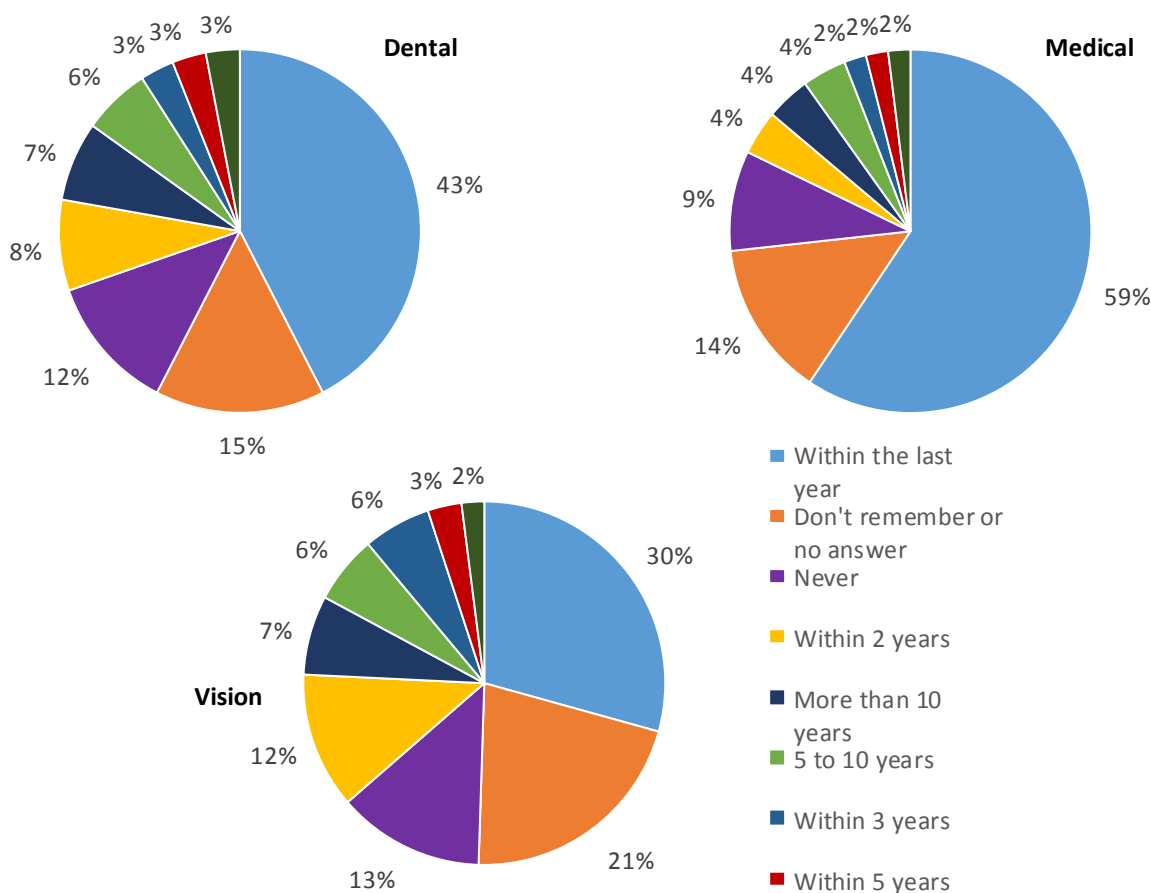


Figure 8 - Time since last visit by care type

"I was amazed and pleased with my first SKCC experience. Thank you for having this dental clinic available. I spent years with no dental treatment because the Veterans Administration will not help me. The doctor was skilled, pleasant, helpful and very good-natured."
 – JD M., Patient

“Professional and kind, everyone that I encountered at the 2016 Seattle/King County Clinic. I very much appreciate their expertise, time, and effort to help me with my health needs. I was also very impressed with how well organized and smooth your operation was, given how many people were assisted today. I can’t say thank you enough!”

– M Barrel, Patient

Why Patients Chose This Clinic & How Long They’d Been Waiting for Care

While more than 25% of patients declined to share how long they’d been waiting to get care for the health conditions they were experiencing, whether they had tried to get care at another location and what made them choose to attend this clinic, many others did offer insight into their circumstances. Thirty-nine percent of patients said they had been waiting 7 months or more to get care for their conditions. Twenty percent indicated they had tried unsuccessfully to get care elsewhere before coming to the clinic. 42% of patients stated they came to the clinic instead of another community source because they lacked health insurance, while 27% of patients said although they had insurance, they came because they still could not afford healthcare costs or because insurance did not cover needed services. (Figure 9)

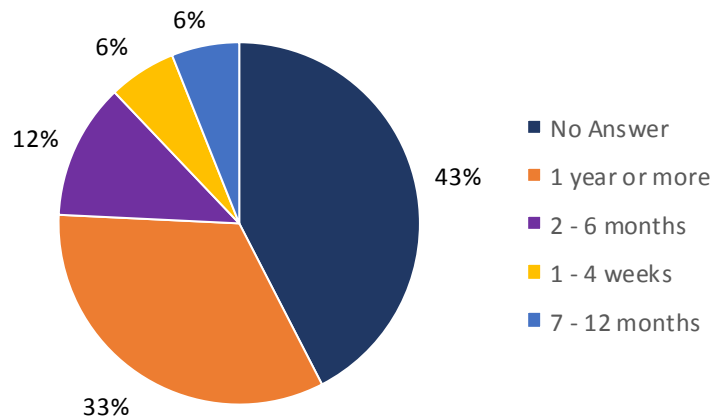
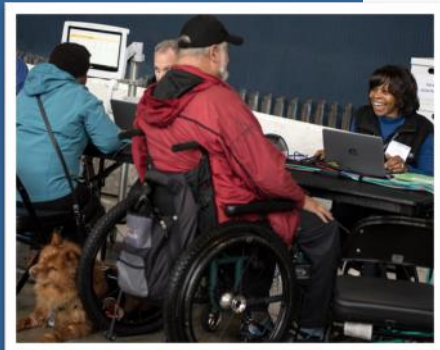


Figure 9 - How long patients had been waiting for care.

Health Conditions

At intake, patients were asked about their health history and especially about conditions that might relate to their care at the clinic. The data showed that 25% of patients had high blood pressure or hypertension; 15% self-reported having emotional concerns or a behavioral health diagnosis; 13% had diabetes; 9% were asthmatics; 8% had hearing loss and many were interested in finding a low-cost source for hearing aids (which are very hard to get); 8% presented with either Hepatitis A, B or C; 5% 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; 16% of patients reported using tobacco, 10% use marijuana and 2% smoke e-cigarettes.



How 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 advertising through print media, radio and television; flyers and posters written in 13 different languages; outreach through community-based organizations and agencies. An expanded emphasis was placed on East African communities.

In addition, a new effort involving social media was also attempted. For two weeks just prior to the clinic, ads were placed to promote the clinic and its services to people from target demographics.

Targets Included:

- Geographic: Bitter Lake, Lakewood, Northgate, Renton, SE Seattle, White Center
- Age: 30 – 65
- Ethnic Identity: African American, Asian, Hispanic
- Veterans
- Home type and household composition

Results:

- People reached - 97,644
- Click through to clinic website - 2,355
- Shared post - 1,172
- Reactions or comments to post - 1,017

The results of both the new and expanded efforts were encouraging. Still, the effectiveness of the outreach work is credited to a multifaceted approach.



ONE TOOTH LEFT



BY TATIANA GILL

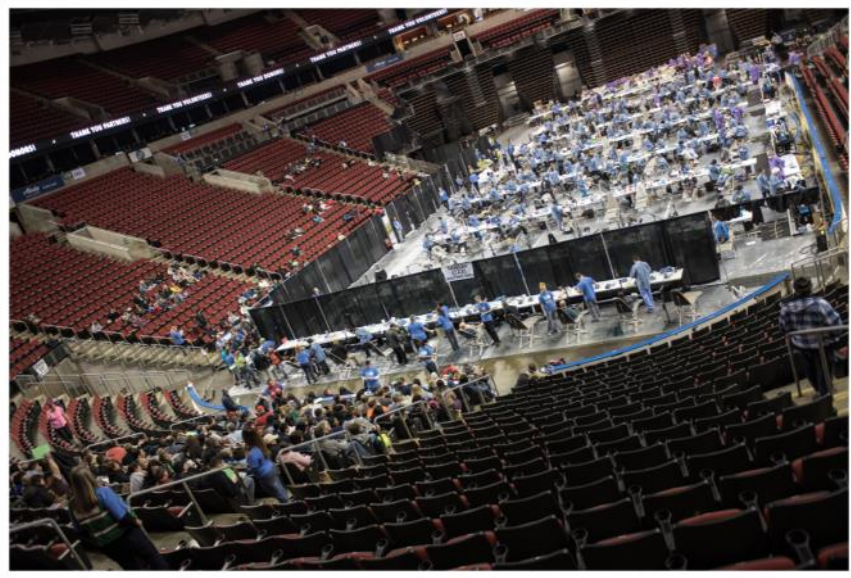
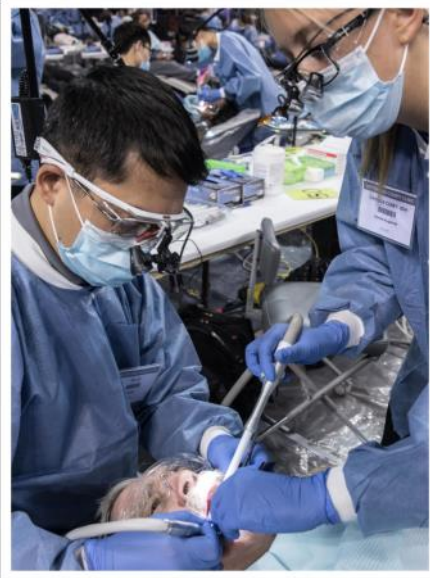


"I am still in shock over the positivity this clinic provided me. I cannot express my gratitude over the experience, it was the most logical health oriented event of my adult life."

— Cassidy K., Patient

SERVICES PATIENTS RECEIVED

During the 48 hours of clinical operations, \$3.9 million in services were provided to people in need.



SERVICE	QTY
Amalgam 1 Surface	64
Amalgam 2 Surfaces	92
Amalgam 3 Surfaces	54
Amalgam 4 Surfaces	18
Composite 1 Surface	554
Composite 2 Surfaces	639
Composite 3 Surfaces	301
Composite 4 Surfaces	231
Crown - Porcelain	165
Debridement	218
Extractions	1576
Flippers	82
Fluoride Application	258
Imaging - Bite Wing	902
Imaging - Panorex	360
Imaging - PA-X	1123
Prophy (Cleaning)	640
Root Canals	92
Scaling	266

Table 2 –Top dental services

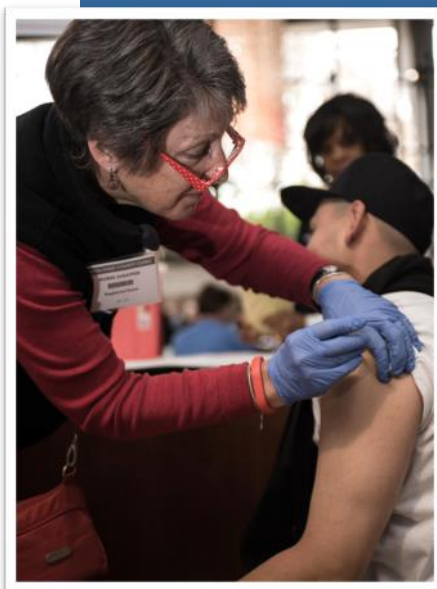
Dental

2,485 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 \$2.06 million in dental services.





Medical

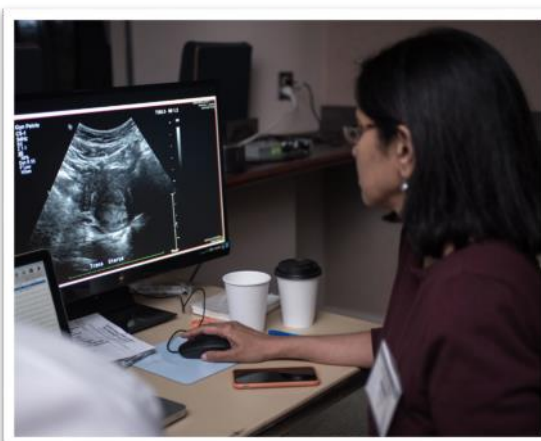
2,830 patients received medical care.

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 \$1.24 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	310
Behavioral Health Consultation	87
Chiropractic	481
EKG	52
Flu Vaccine	1051
Foot Care	277
Lab Tests	2549
Mammogram	219
Nutrition Consultation	130
Physical Exam-General	754
Physical Exam-Naturopathic	30
Physical Exam-Women's Health	223
Physical Therapy	174
Rapid HIV Test	120
Tdap Vaccine	659
Ultrasound	98
Wound Care	21
X-Ray	164

Table 3—Top medical services





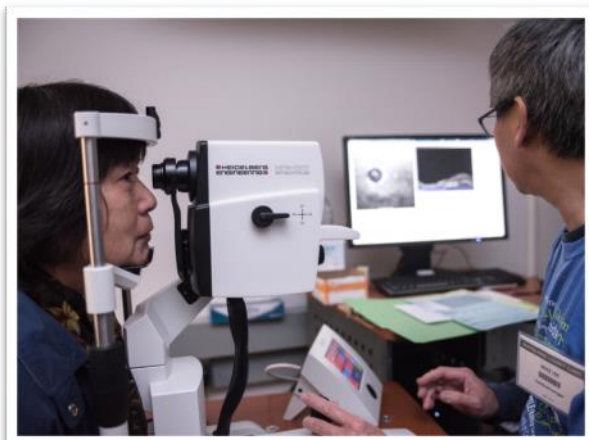
Vision 1,373 patients received eye care.

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

The clinic provided over \$642,000 in vision care.

SERVICE	QTY
Eye Exam	1282
Pre-Testing	1370
Readers	102
Rx Glasses - Bifocal	645
Rx Glasses - Single Vision	541

Table 4 – Vision services

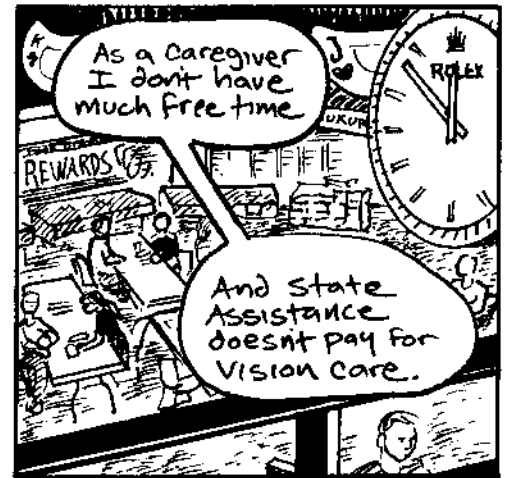


Resource Services

At the clinic, patients were encouraged to seek follow-up care and were directed to onsite social workers who could help to identify sources near where they lived to meet their needs. In addition, Neighborcare Health had staff onsite who could schedule patient appointments at any one of their 15 locations. Since social work consultations were not recorded on patient healthcare records, volunteers were asked to track how many patient interactions they had each day. Social workers reported helping 473 patients on clinic premises.

Health Insurance Navigators 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 over 400 people.

Additional resource services were located in the building where patients waited to receive admission tickets including, King County 2-1-1, Valley Cities behavioral health and Seattle Animal Shelter. An effort by The Seattle Stand Down and Compass Housing Alliance helped to find housing assistance for 40 veterans and 65 individuals/families.



“Thank you so much for all your kind, generous, and understanding volunteers and services. This has been a remarkable as well as life changing experience. Everyone was so compassionate and patient, going above and beyond. I hope to give back next year by volunteering myself.”
– Cheryl, Patient

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 written feedback before exiting the clinic, and a number sent emails or notes on a subsequent day. Others provided verbal feedback to volunteers or staff, which was then documented and given to organizers.

Patient Satisfaction & Descriptions of the Clinic

It was important to organizers that patients not only received high-quality care, but that they were treated with respect. While no formal effort was made to survey patient satisfaction this year, many patients expressed their appreciation for the kindness and professionalism of volunteers, as well as how the services would positively impact their lives. Noticeably absent were many criticisms, often the first form of feedback to be provided. Last year, critiques trended around challenges with the distribution of food and sometimes having to return to complete care on a subsequent day. Organizers made adjustment to processes to try and improve the circumstances and complaints were all but eliminated.

The select frustrations expressed this year did not follow any pattern. Even when patients had an issue with some aspect of the clinic, many still appreciated the effort and services that were provided. The most prolific piece of feedback expressed during the clinic was “Thank you!”

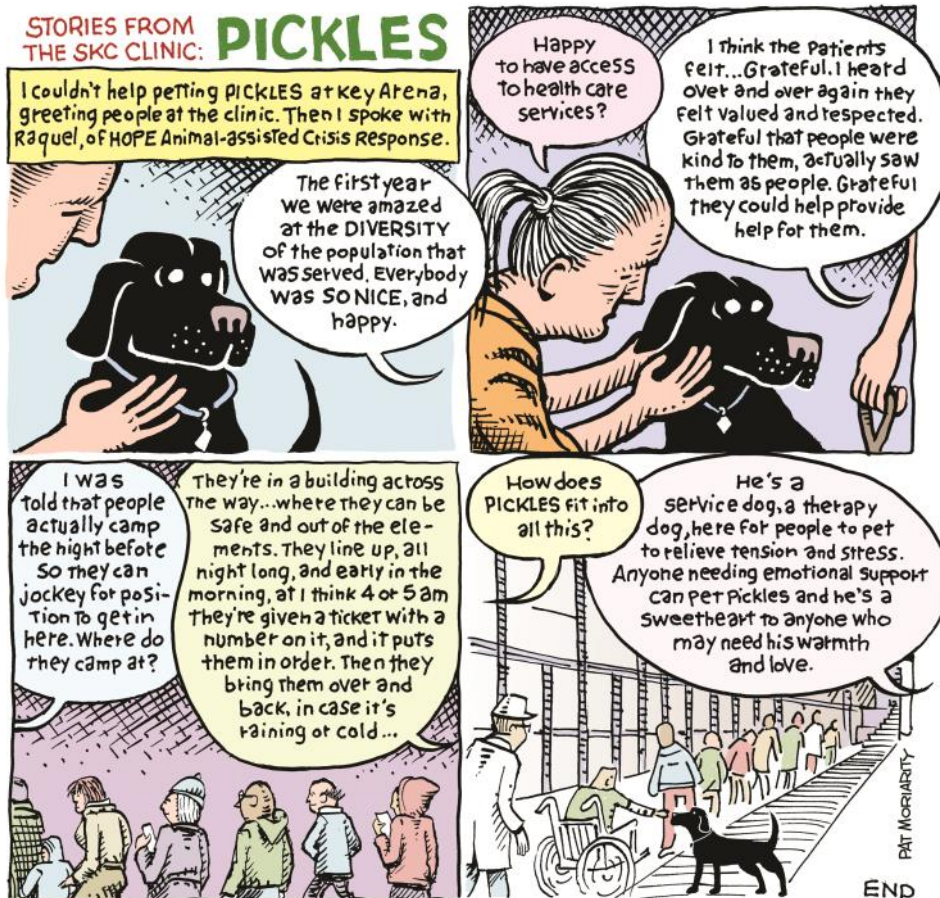


VOLUNTEERS

The clinic could not have happened without the commitment of 3,947 volunteers and comfort canines during the four day clinic and more than 730 volunteers who assisted with preparation and wrap-up activities. 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. 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 over 38 languages (both interpreters and other professions alike) and represented 50 professions or volunteer classifications. (Table 5) The participation of 418 healthcare professionals was facilitated by the state-sponsored Volunteer and 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 \$28.99/hour. With upwards of 56,000 recorded hours, this results in a minimum of \$1,623,440 in donated time. However, given the rates of professional healthcare 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	24
Certified Nurse Midwife	2
Chiropractor	27
Dental Assistant	216
Dental Assisting Student	21
Dental Hygiene Student	91
Dental Hygienist	173
Dental Lab Technician	22
Dental Student	60
Dentist	302
Denturist	3
Dietician/Nutrition Student	14
Dietician/Nutritionist	11
Emergency Medical Technician	25
General Support/Interpreter	1653
Health Insurance Navigator	34
Healthcare Resource Professional	57
Licensed Midwife	1
LPN/LVN	11
Massage Therapist	5
Medical Assistant	32
Medical Student	43
Mental Health Counselor	24
Nurse Practitioner	44
Nursing Assistant	15
Nursing Student	69
Ophthalmic Technician	50
Ophthalmologist	35
Optician	32
Opticianry Student	14
Optometric Technician	2
Optometrist	31
Pharmacist	18
Pharmacy Student	1
Pharmacy Technician	4
Phlebotomist	16
Physical Therapist	16
Physician	96
Physician Assistant	6
Psychologist	8
Psychology Student	25
Public Health Student	78
Registered Nurse	452
Social Work Student	2
Social Worker	25
Tech - EKG/ECG	6
Tech - Mammography	8
Tech - Medical Lab	17
Tech - Radiology/X-Ray	16
Tech - Ultrasound	10

Table 5 – Volunteer participation during clinic

“I appreciate SKCC giving me the opportunity to serve my community. This has been such a wonderful experience & has made me a better healthcare professional. It has renewed my compassion for people and those in need and inspired my friends and I to do more for our community.”

– Anonymous Volunteer

Clinic Communication & Organization

Effective communication with volunteers is paramount to the success of the clinic. Organizers were pleased that 97% of responses indicated that the registration website was easy to use. Ninety-eight percent of volunteers agreed that organizers communicated well with them in advance of the clinic, and 98% said the orientation materials they received were effective and easy to understand.

Volunteers were also asked questions about communication within the clinic. A majority of respondents (96%) agreed that volunteers communicated well with each other across the clinic; 95% said they received proper guidance and instructions to be successful in their role; 95% reported area Leads were helpful in answering questions that came up.

Additionally, responses suggest that volunteers believed the clinic was well organized (98%) and had adequate supplies (96%). (Figure 10)

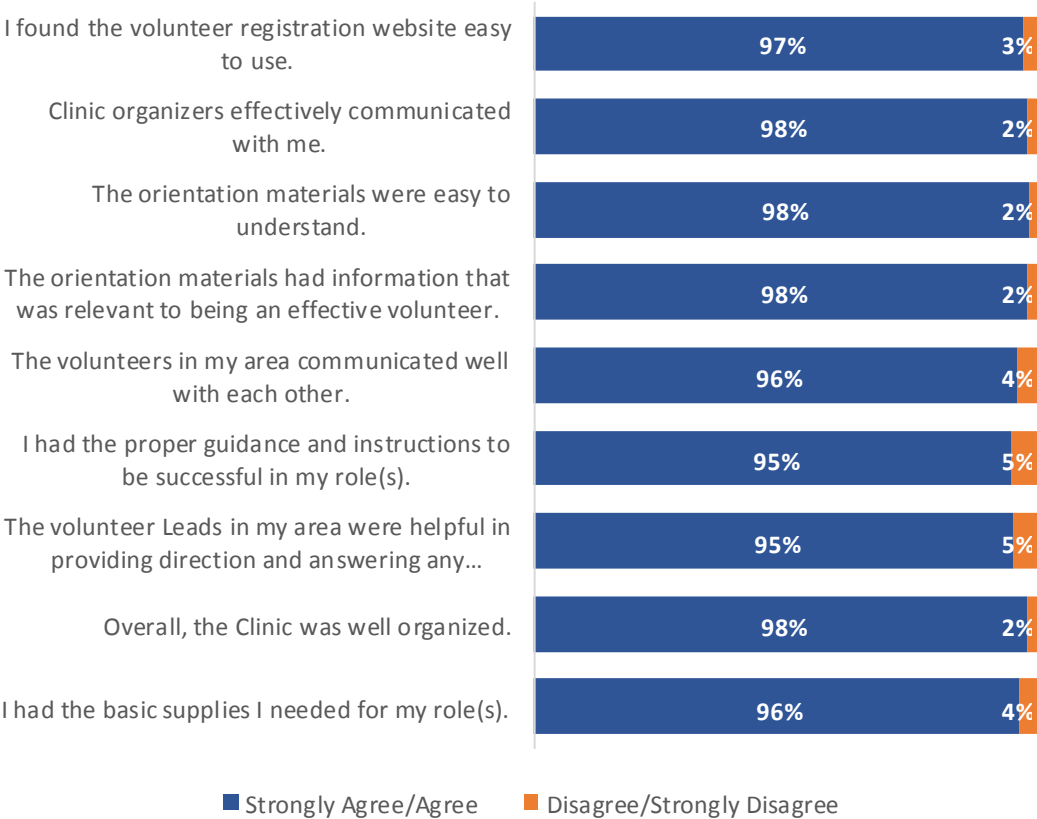


Figure 10 - Clinic communication and organization



Volunteer Experience

Organizers understand the important correlation between volunteer and patient experience. As such, equal emphasis was placed on cultivating volunteer experience. The majority (99%) of volunteers who responded to the survey indicated their experience was worthwhile and said they were treated well by other volunteers and organizers (98%). Ninety-eight percent of volunteers said their participation made them feel more connected to the community and 98% said that they deepened their awareness about the state of healthcare in the community and/or the challenges facing this patient population. Almost all (99%) respondents agreed that they would be interested in volunteering again and would recommend volunteering to colleagues and friends. (Figure 11)

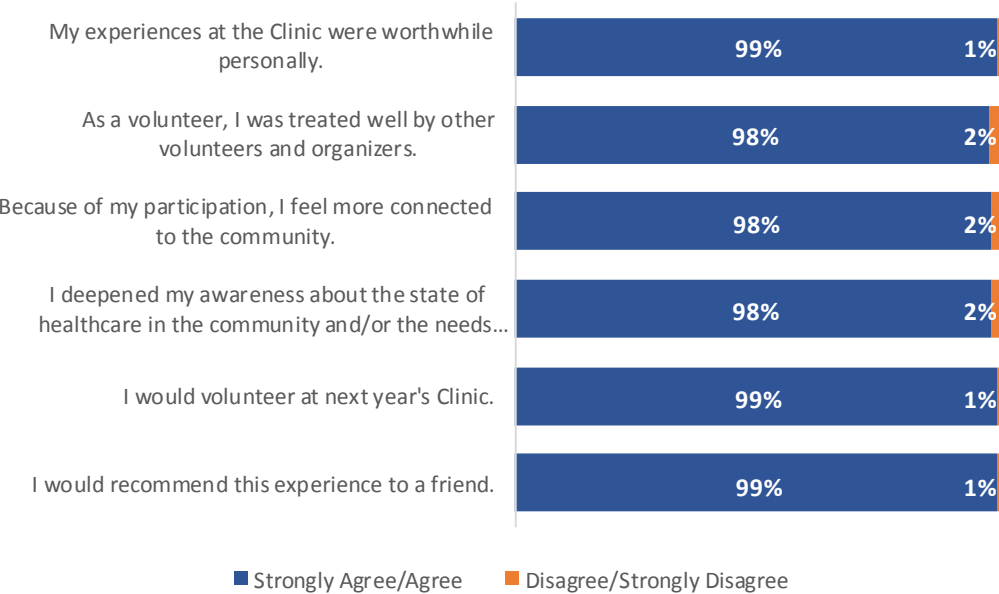


Figure 11 - Volunteer experience

“It was very rewarding to be of service to my community in a way that was needed and immediate. I am a hopeful premed student and the experience has inspired me to continue working for basic healthcare as a right, not a privilege.”
– Anonymous Volunteer



"It was a joy and privilege to participate, I plan to return next year and to bring other dental professionals along! I have never seen so many smiles from strangers in a single day! Many hands do indeed make light work!!"
– Linda S., Volunteer



Volunteer Perspectives on Patient Population

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

Ninety-nine percent of respondents said that volunteers treated patients with respect and 98% said that patients appeared satisfied with the services provided. One hundred percent of healthcare professionals who responded to the survey said patients received quality treatment. Ninety-eight percent indicated they had adequate time to spend with patients. (Figure 12)

Forty-nine percent of volunteers said they were surprised by who sought services at the clinic. When asked to explain why, they indicated they expected more homeless patients and instead saw more working poor, immigrants and veterans. Many were surprised when patients had health insurance and realized that costs were still prohibitive or services were not covered. Volunteers commented on the wide diversity of patients, including ethnic diversity, age, family and employment status. Some providers thought patient conditions would be far worse than they observed. One volunteer stated, "I expected to see people different from myself. I saw a lot of families and people very interested in their healthcare."

Organizers also used this opportunity to learn what patients were telling healthcare professionals about their barriers to receiving care. Providers reported that more than half of their patients indicated they did not have health insurance; insurance did not cover needed services; or even with insurance costs were unaffordable.

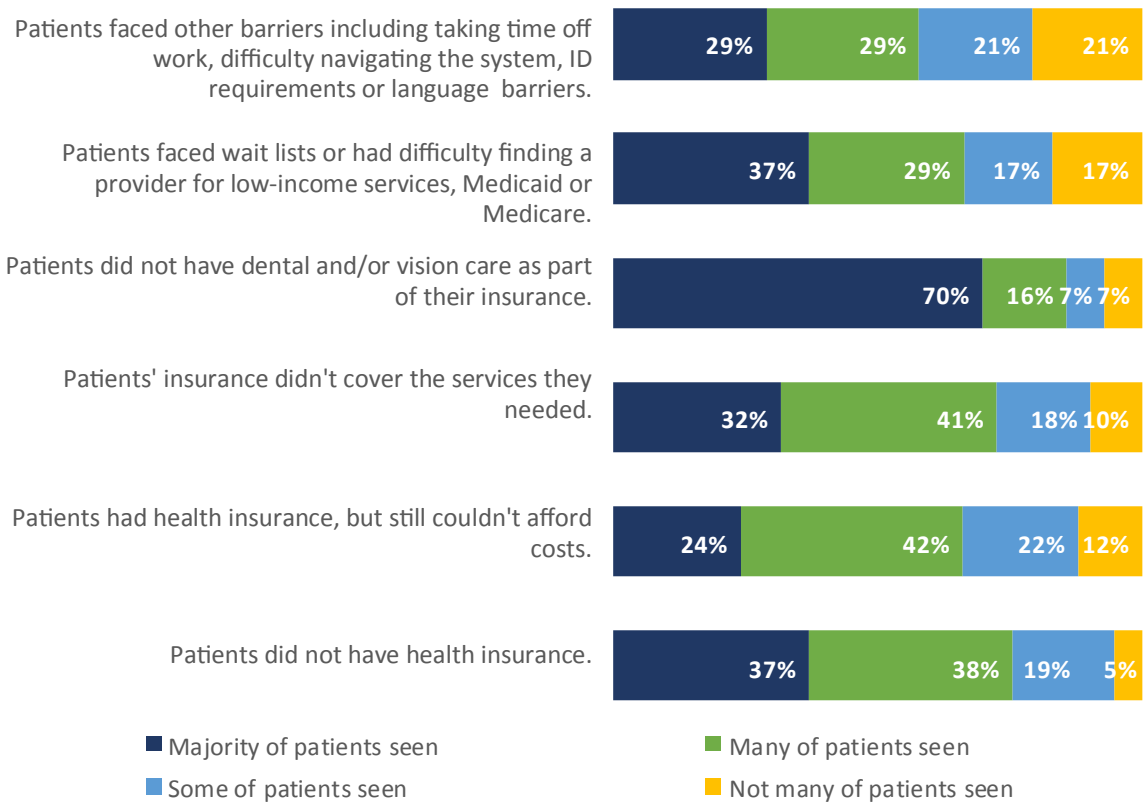


Figure 12 - Healthcare professionals' impressions of patient barriers to accessing care.

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, 36.6% of contributions came in the form of cash, while 63.4% were in-kind donations (not inclusive of volunteer time). (Figure 13)

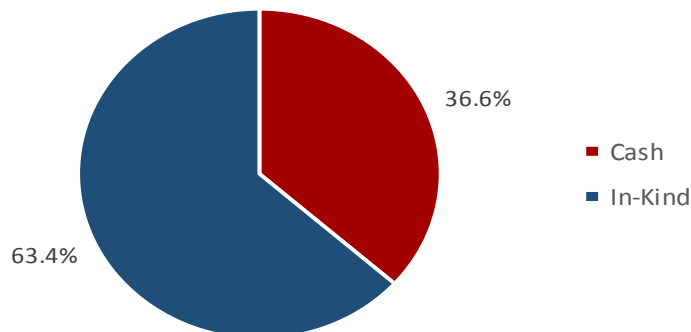


Figure 13 - Cash vs. in-kind donation distribution

As represented in Figure 14, these resources addressed a wide array of needs.

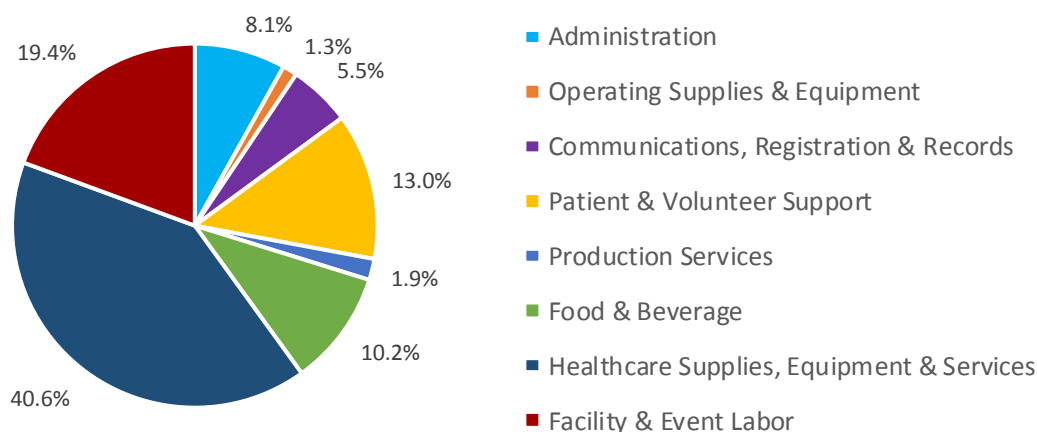


Figure 14 - Resource allocation (does not represent value of services to patients or volunteer time.)

"Amazing to see so many people from all different specialties coming together to serve. The patients were so happy it brought tears to my eyes. As I vaccinated a patient she said 'I'm going to get my life back today.' I hugged her as she wept and spoke of the free dental care that would get her smile back."

— Cindy F., Volunteer

CONCLUSION

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

"Thanks to all of you for being willing to give of your time and care to all of us who live in the shadows of life and cannot always provide or advocate for ourselves. Thank you for listening and making sure we were treated well."

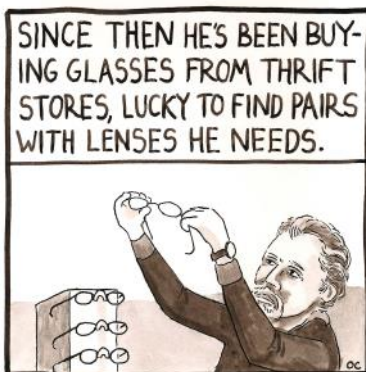
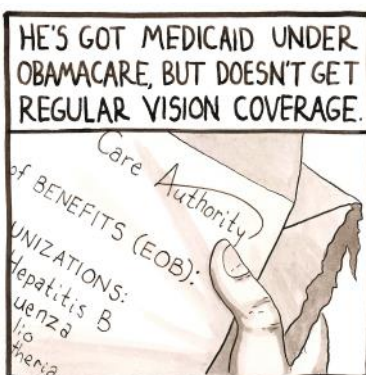
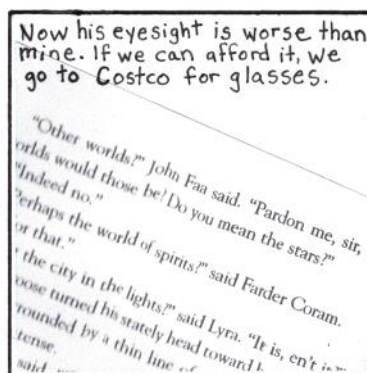
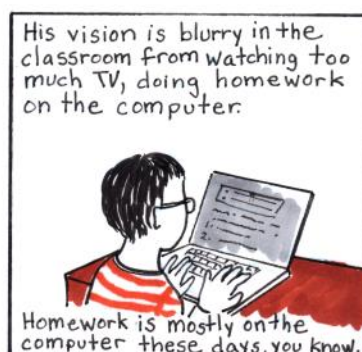
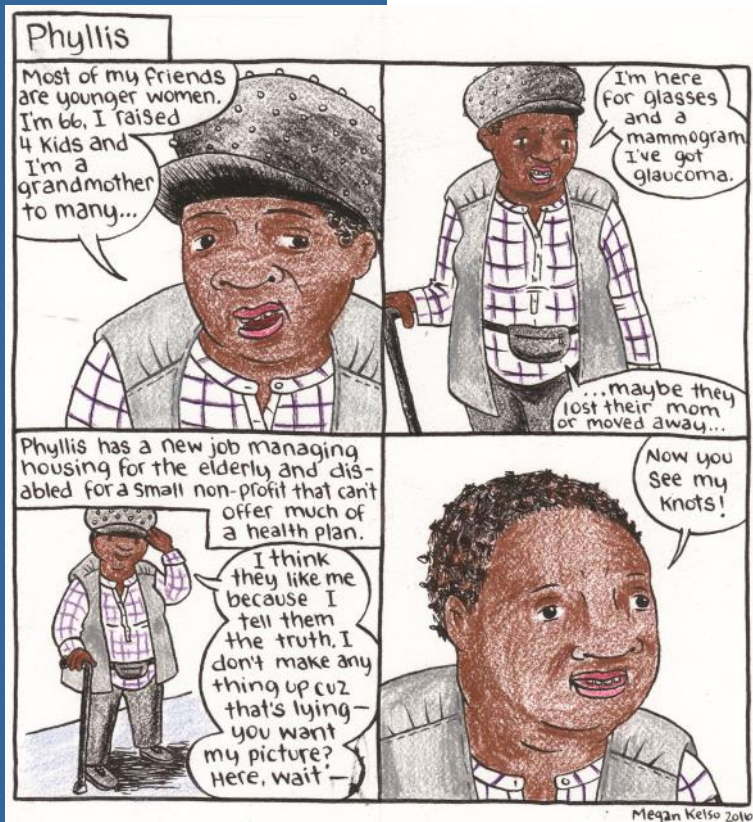
— Sheila, Patient

"This was the most amazing event that I've ever experienced. In my 8 hour shift I saw more compassion than I think I've seen in a lifetime."

— Anonymous Volunteer



David Lasky



Meredith Li-Vollmer

Owen Curtsinger

LIMITED TIME

BY TATIANA GILL

YOU WANT A STORY? I'LL GIVE YOU A STORY: FOR 12 YEARS I WAS A POLICE OFFICER IN NEW ORLEANS. THEN HURRICANE KATRINA HIT. I WAS SO BUSY HELPING EVERYBODY ELSE THAT I LOST MY WIFE AND CHILD. THEN I HAD A NERVOUS BREAKDOWN.

I'M 50 YEARS OLD AND I'VE BEEN LIVING ON THE STREETS FOR FOUR YEARS.

MY WHOLE BODY IS IN PAIN AND MY FOOT'S BEEN IN PAIN FOR DECADES. I CAME TO SEE A FOOT DOCTOR AND ACCUPUNCTURIST.

I CAN'T LIVE ON THE STREETS FOR ANOTHER TEN YEARS. IT'S RAINING, IT'S ABOUT TO GET COLD.

I'M SUPPOSED TO GET RETIREMENT MONEY WHEN I'M 65. I WON'T LIVE UNTIL THEN.

WHY DO PEOPLE GOTTA SUFFER LIKE THIS?

YOU DO BAD, YOU GET EVERYTHING YOU WANT.

YOU DO GOOD, YOU GET NOTHING.

STORIES FROM THE SKC CLINIC: Huavai

Why are you here today, Huavai?

I'd like to have my vision checked.

Key Arena

Do you have insurance?

I DID. I paid a lot of money for it. And then I'm out of a job when moving here, so that's why I don't have it for now.

What led you to the idea that the King County clinic was the best answer?

I heard a lot of good stories about the foundation here, that's why. Because I heard about it from EVERYBODY. This is my first time here.

Why THIS clinic?

Do you think it's a good thing to have the clinic here at a sports arena, of all places?

Did you have to travel far to get here?

Because I trust the people here. Seattle Washington is a good state. They have a lot of help for the people. That's why I trust them.

Absolutely it's lovely.

Yes, I traveled from Tukwila.

Listen, Pat, I love this program. I had my own insurance, and yes I want to get it again. But I think it's good for people like me for now, while I'm out of a job. That's why I came here. It's really helped me!

Ousman

I am an electrician. I have insurance but my deductibles are very high. I came from Banjul, Gambia 7 years ago.

Gambia, surrounded by Senegal

I came Friday for some extractions. I am back today for a crown. It is a blessing.

Are you in pain right now?

Ousman sends remittances to his children in Senegal. The kids live with his grandparents while he works to bring them to the U.S.

this clinic is a blessing.

Yes. A lot. But.

I'm studying mechanics at Renton Technical. I want to be an engineer.

I still spend money on school. No money to do the dentist. Before, I had insurance, but not now.

DENTAL START

I came from Vietnam five years ago. Became a citizen in July!

Healthcare was better in Vietnam. Have to pay a lot there, but more easy to see a doctor.

Healthcare was better in Vietnam. Have to pay a lot there, but more easy to see a doctor.

Meredith Li-Vollmer

"Thank you each and every person who took time from their jobs & lives to come here and provide services for me & all the others. Everyone went out of their ways to provide excellent services. Your program is a blessing to many men, women, and children. I met a lot of new friends. Thank you."

– Teresa, Patient

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\$75,000 +

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\$25,000 - \$50,000

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\$10,000 - \$15,000

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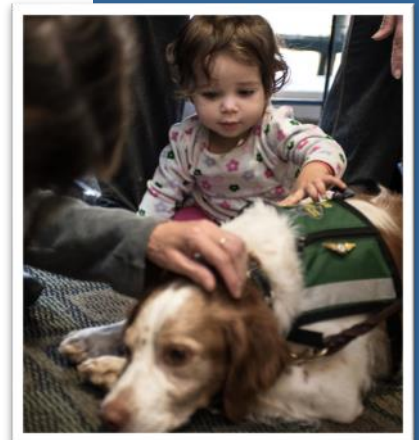
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*In-kind donations are not
inclusive of volunteer time.*

*"This was the best most
rewarding volunteering I
have ever done. And I have
done a lot. I loved how all
the patients were so
thankful and so happy to
be there. Even though they
were tired they only had
kind things to say. It was
amazing to see all the
volunteers work so hard to
make this a success with
smiles on their faces.
Thank you to everyone
who helped put this
together. I will be there
again next year and many
more years after that."*
— Anonymous Volunteer



SEATTLE/KING COUNTY CLINIC

PLATINUM



Seattle



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seattlecenter

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