



# SEATTLE/KING COUNTY CLINIC

*A Community of Compassionate Care*

## 2018 FINAL REPORT





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## INTRODUCTION

Seattle/King County Clinic took place over four days, September 20 - 23, 2018, in KeyArena at Seattle Center. This was one month earlier than previous years due to the construction schedule for a new arena. More than 130 organizations, along with thousands of individuals, contributed to the project. A wide range of clinical services were offered, free of cost, on a first-come, first-served basis. Ultimately, 4,156 volunteers provided just over \$3.3 million in dental, vision and medical care to 3,661 individuals. The clinic achieved its goal of attracting a racially diverse and economically disadvantaged patient population, although the total attendance was shy of the target 4,000 patients. Indications are that the change of date contributed to this outcome. Yet, slightly lower attendance meant added capacity, and this allowed many patients to spend more time with providers and receive extra services. Organizers, volunteers and patients noted that the pace and quality of the experience was the best it has been in five years and, thus, declared the event a success.

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

- Patient and volunteer registration data
- Patient service data
- Feedback from volunteers
- 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 relatively even distribution among female and male patients; 54.4% of patients were female, 45.1% were male. About 0.5% of patients indicated they were transgender or other gender.

### Age

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

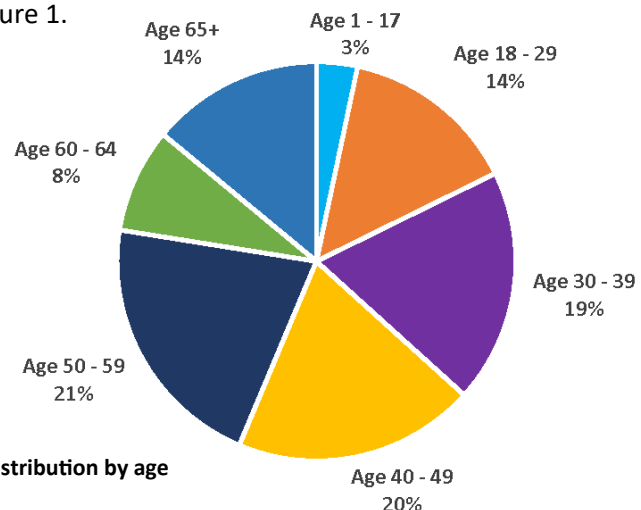
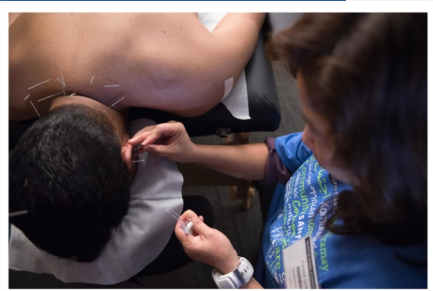
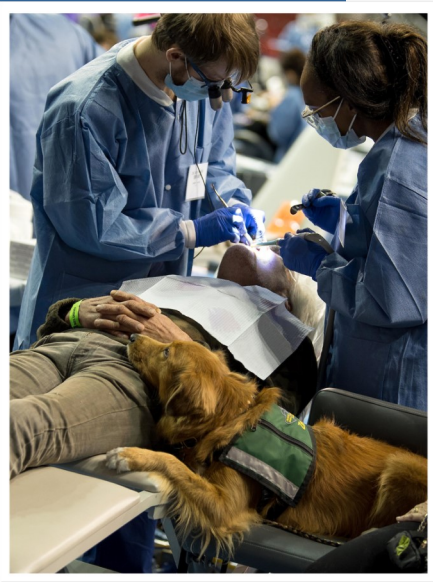


Figure 1 - Patient distribution by age



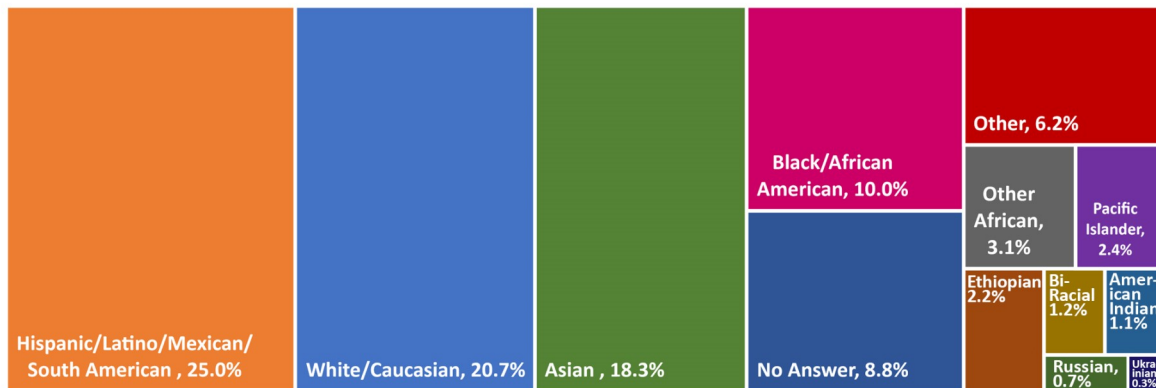


Figure 2 - Patient distribution by ethnic identity

## Ethnic Identity

One-quarter (25%) of registered patients identified their ethnic identity as Hispanic/Latino/Mexican/South American; 20.7% identified themselves as White/Caucasian; 18.3% were Asian; 10% reported their race as Black/African American. The remaining patients were spread across other ethnic identities as shown in Figure 2. 8.8% of patients did not identify their ethnicity.

## Primary Language

Patients used 50 primary languages. (Table 1) For those who did not converse in English, interpretation assistance was available either from onsite volunteers or through a remote video and phone system provided by InDemand Interpreting. Onsite information and registration materials were also printed in English, Spanish, Chinese and Vietnamese.

At registration, patients reported using 33 different languages. More than 130 patients indicated speaking a language other than what was listed in the clinic’s registration system. InDemand Interpreting’s medically certified interpreters assisted with 16 of these other languages and provided 9,961 minutes of interpretation overall.

## Employment & Military Status

Just under one-third (30.9%) of patients answering the employment question at registration reported being unemployed; 20.8% were employed with one full-time job; 18.3% were employed with one part-time job; and 1.3% were employed with more than one job. Of the remainder, 11.5% were retired; 5.8% were disabled; 4.2% were minors or students. (Figure 3) Just over 4% of patients reported they were veterans or active members of the United States military.

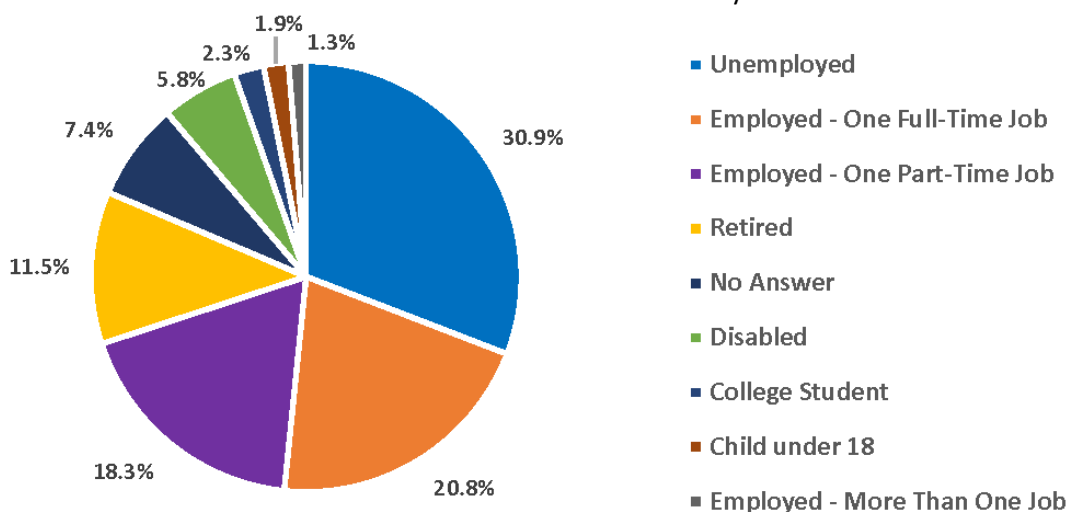


Figure 3 - Patient employment status

LANGUAGE	# OF PATIENTS
Spanish	650
Other	131
Mandarin	126
Cantonese	80
Vietnamese	67
Amharic	66
Arabic	55
Marshallese	29
Tigrinya	28
Russian	27
Korean	26
Tagalog	24
Cambodian	17
Romanian	16
French	12
Farsi	10
Filipino	10
Oromo	9
Thai	8
Nepali	7
Portuguese	7
Hindi	6
Japanese	6
Sign Language	6
Burmese	5
Urdu	4
Turkish	3
Laotian	2
Samoan	2
Somali	2
Ukrainian	2
Malay	1
Polish	1
<b>OTHER (FROM INDEMAND)</b>	
Akateko	
Assyrian	
Akalanon	
German	
Toishanese	
Armenian	
Chuukese	
Czech	
Nigerian Pidgin	
Chinese	
Karen	
Haitian Creole	
Swahili	
Pashto (Pushto)	
Moroccan Arabic	
Mongolian	

Table 1 – Patients’ primary language

## IRINA

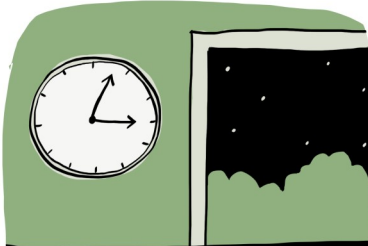


On TV they make this clinic seem like it's only for the homeless, but look -

I'll bet that 90% of these people are the working poor. It is so difficult to pay rent, feed your family, and then afford the dentist or insurance co-pays.



I'm amazed by how nice this is. The waiting room was warm, they came around with snacks... You can't walk 20 feet without someone offering to help.



IRINA ARRIVED LATE LAST NIGHT. SHE CAME TO GET GLASSES BUT WHEN SHE SAW HOW MANY SERVICES WERE AVAILABLE, "I got back in line."



It's awesome.

A. CAMBER 2018

## Where Patients Live

Registered patients came from 226 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 (47%), including: Downtown Seattle (98104), Rainier Valley (98118), Atlantic/Mt. Baker (98144) and North Seattle (98133). Other top residential areas included Everett, Lynnwood, Federal Way and Renton.

Based on zip code data, 74% of clinic patients reported residing in King County. Almost 14% 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: Clallam, Clark, Cowlitz, Grant, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Skagit, Spokane, Thurston, Whatcom and Yakima Counties.

## Housing Status

Over half (54.9 %) of patients stated that they resided in a rented room, apartment or house; 12.5% said they were temporarily staying with family or friends; almost 8.8% stated they lived in a shelter, on the street or in a vehicle, in transitional or supportive housing; 8.3% did not respond to the question. (Figure 4)

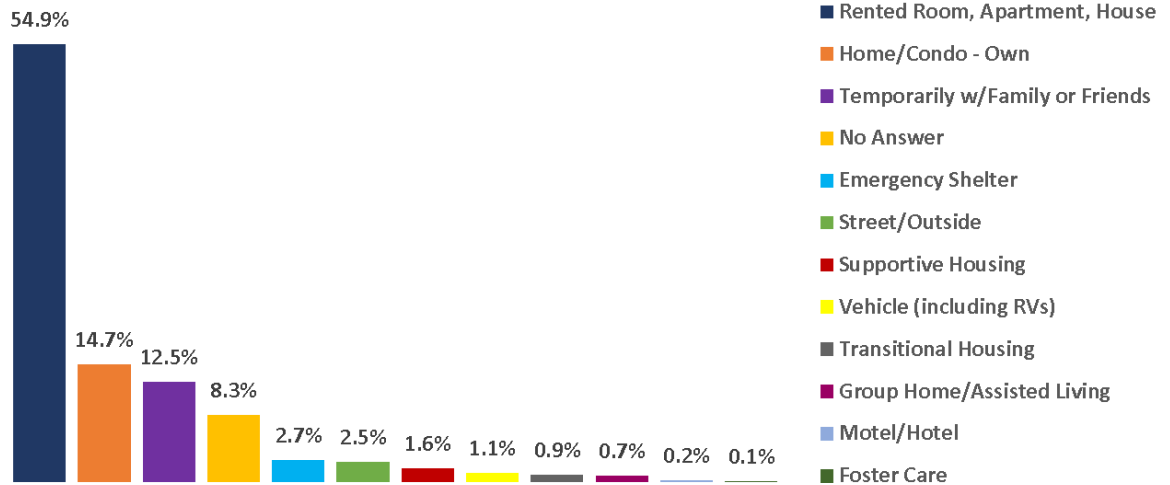


Figure 4 - Patient housing status

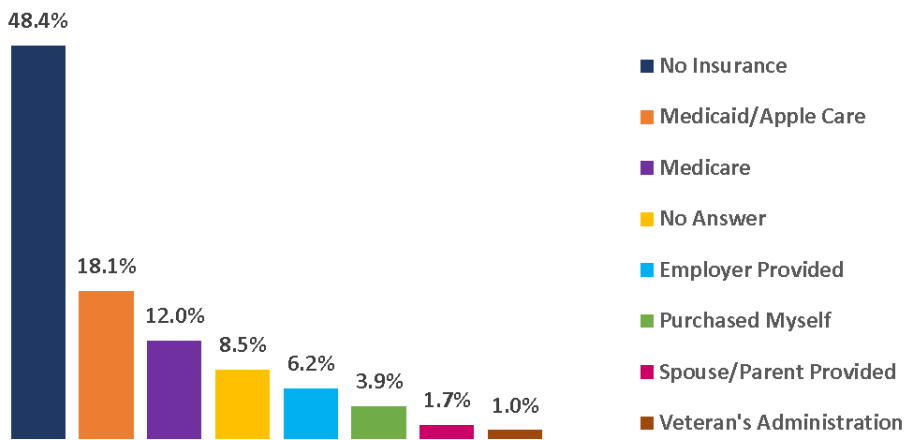


Figure 5 - Patient health insurance

## 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. Almost one-half (48.4%) of patients did not have health insurance while 43.1% indicated they did, including 18.1% on Medicaid and 12% on Medicare. 8.5% percent of patients did not report their insurance status. (Figure 5)

## Time Since Last Healthcare Visit

Registration data shows 64.6% of the patients registered reported seeing a doctor and receiving medical care within the last year; 48.7% reported having dental care; 35.8% reported receiving vision care within the last year. Conversely, 29% of patients indicated they had never sought professional eye care, could not remember when they last received care, or it had been more than 5 years; 17% indicated the same for dental; 11.4% for medical. (Figure 6)

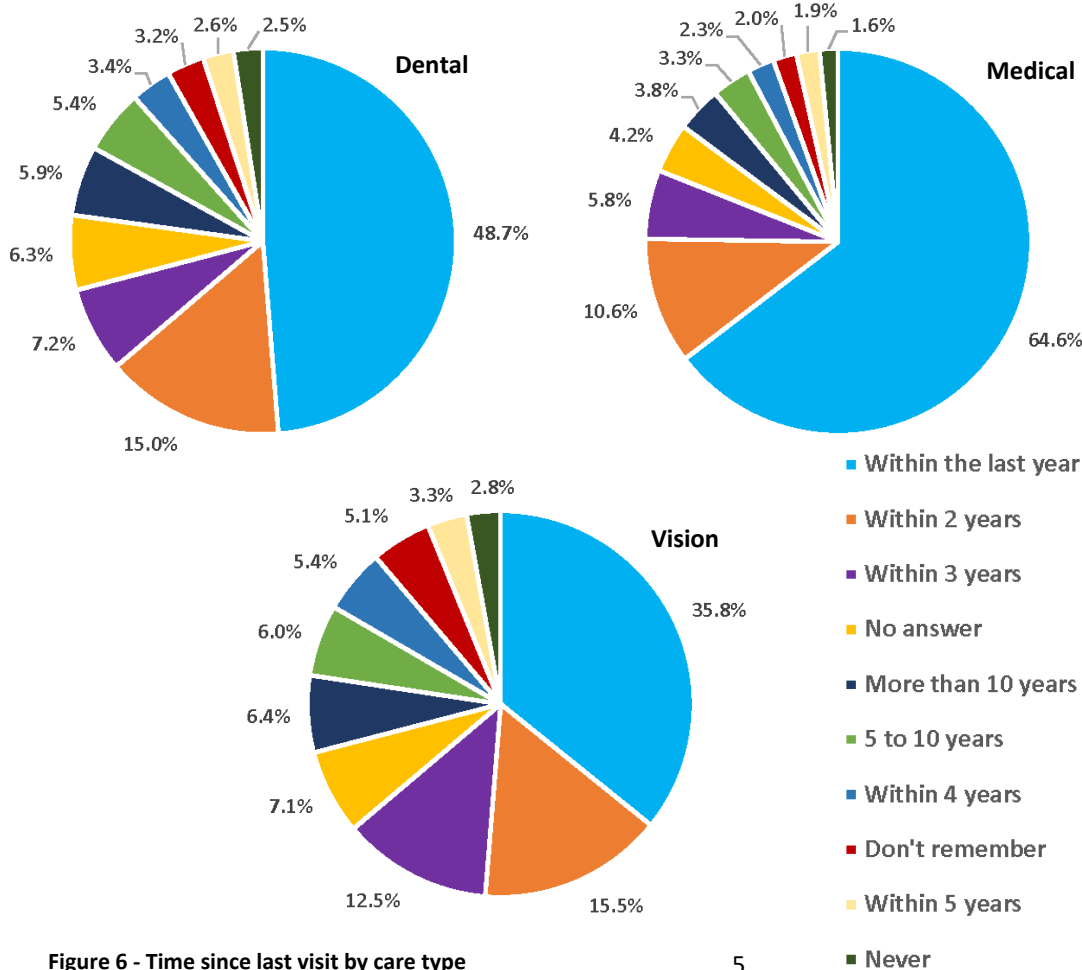


Figure 6 - Time since last visit by care type

*"I am super grateful for this clinic. I had chipped 4 of my teeth from a seizure I had a year ago. They fixed all four teeth. Also, I have so much anxiety when it comes to dentists. They were patient with me and told me everything they were going to do before they did it and took as many breaks as I needed. Thank you SKCC you are the best!! "*  
 – Monique, Patient

## Barriers and Access to Care

While 23.5% of patients declined to share what prevents them from accessing healthcare, 43.7% percent indicated it was lack of insurance. Another 24.8% of patients said although they had insurance, they still could not afford healthcare costs or insurance did not cover needed services. (Figure 7)

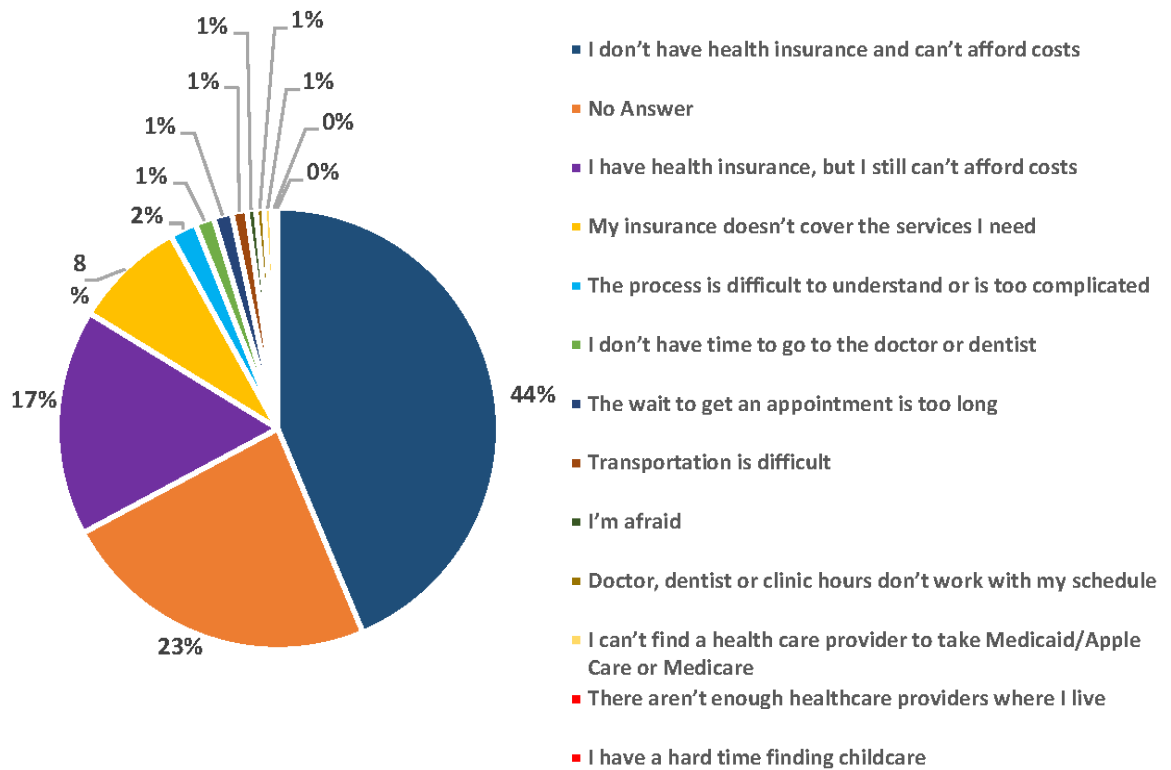


Figure 7 - What prevented patients from accessing care.

Over one-third (40.6%) of patients said they had been waiting 7 months or more to get care for the health conditions they were experiencing. However, 30.5% did not respond to the question. (Figure 8) Only 18% of patients indicated accessing healthcare had become easier in the past 5 years.



A. CAMBER 2018

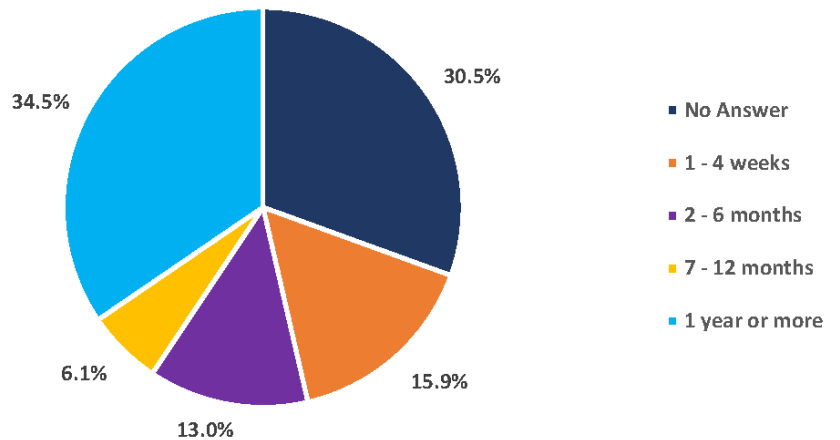


Figure 8 - How long patients had been waiting for care.



## Health Conditions

At intake, patients were asked about their health history and especially about conditions that might relate to their care at the clinic. Twenty-percent of patients self-reported having high blood pressure or hypertension; 18.2% indicated they used alcohol excessively; 16.7% suffered from anxiety; 13.8% used tobacco; 11.2% said they used marijuana; vapor products were used by 2% of patients; 11% had emotional concerns or a behavioral health diagnosis; 11.1% had diabetes; 10.3% presented with either Hepatitis A, B or C; 9% were asthmatics; 3.7% had a history of seizures or stroke; 2.7% reported having a heart attack or heart disease; 7.4% of patients were dealing with cataracts; 2.6% said they had glaucoma. Patients were also asked about illegal or excessive drug use. Two-percent admitted to using opioids; 0.7% had overdosed on drugs; 0.4% used intravenous drugs; 0.6% abused other drugs.

## Patient Outreach

Outreach to prospective patients is conducted by a team of volunteers and partner organization staff who have connections to the target underserved and vulnerable populations. The team extends their reach into the community by enlisting other sources that are trusted by and accessible to patient populations.

This year the team was acutely aware of the clinic's change of date and tried to anticipate its impact. Historically, patients begin responding to outreach two months before the clinic occurs. In past years, that came after Labor Day at the end of summer as fall schedules were being established. Moving the clinic to September meant that much of the outreach happened during the summer. Concerned it would receive less attention during this season, the team expanded the length of time for its promotional efforts. Methods included print, radio, television and social media advertising, especially in ethnic media sources, flyers and posters written in 16 different languages, and messaging through community-based organizations and agencies. Some speculated the time of year may also have proved difficult for farm workers because the harvest season had not yet concluded. Although communications attempted to address patient privacy and safety, for one segment of the patient population, an escalating climate surrounding immigration enforcement leads to fear about attending public events and seeking healthcare. All these factors likely contributed to the lower patient attendance, but it is difficult to quantify to what degree.



*"I am 76, with several disabilities. It was in some ways a difficult day for me, but it was well worth it, both for the quality and extent of care, but also for the compassion and sense of community."*

– Jean, Patient

### FELIPE



I'M FELIPE, I LIVE IN LYNWOOD. I'VE BEEN HERE SINCE 4 A.M. I'M HERE FOR CHIROPRACTIC & DENTAL.



I ALREADY GOT THE CHIRO. WHEN I GOT HERE, I COULDN'T EVEN WALK! NOW I CAN.



I WISH I COULD HAVE HAD A BETTER LIFE. BEING UNDOCUMENTED CLOSED MANY DOORS: SCHOOL, A BETTER JOB, BETTER PAY.

### BY TATIANA GILL



I DON'T HAVE INSURANCE - I WISH! I HAVE NO WAY TO GET INSURANCE OR HEALTHCARE.



I'M AN IMMIGRANT FROM MEXICO. I'VE BEEN IN THE U.S. SINCE I WAS 5 YEARS OLD, AND I'M 26 NOW. MY WHOLE LIFE.



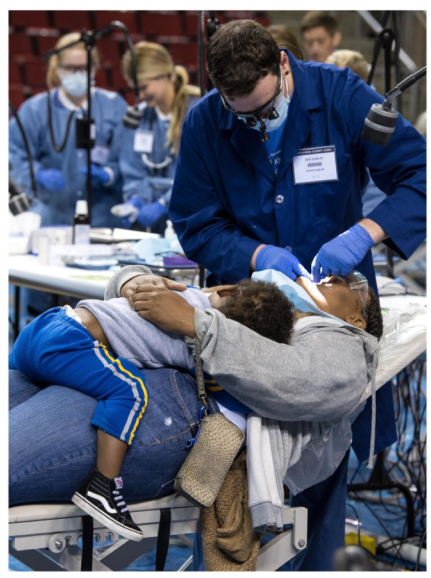
I HAVE 2 DAUGHTERS, 7 MONTHS AND 3 YEARS OLD. I'M GOING THROUGH A DIVORCE. THEIR MOM ABANDONED THE FAMILY.

I NEED TOO MUCH DENTAL! IT'S TOO EXPENSIVE TO GET A CHECKUP.

MOST CLINICS REJECT ME BECAUSE I'M NOT LEGAL. I WISH I WOULD BE GIVEN THE CHANCE TO PROVE THAT NOT ALL IMMIGRANTS ARE BAD PEOPLE.

## SERVICES PATIENTS RECEIVED

During the 48 hours of clinical operations, \$3.3 million in services were provided to people in need.



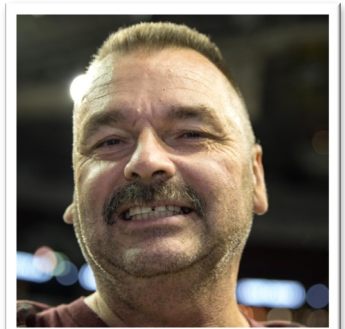
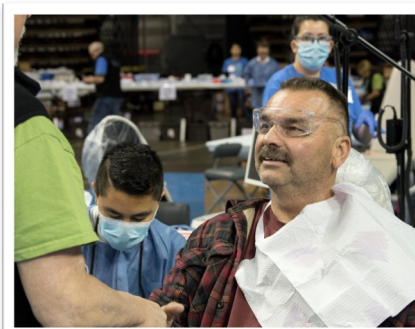
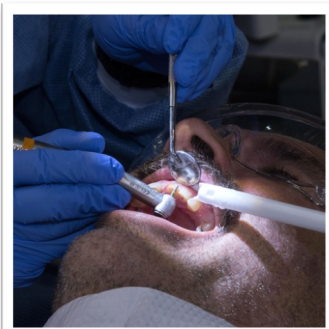
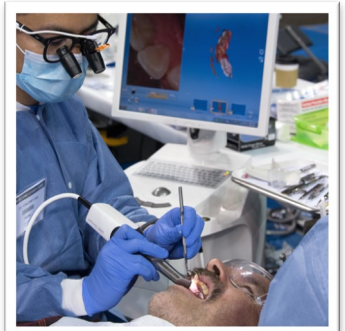
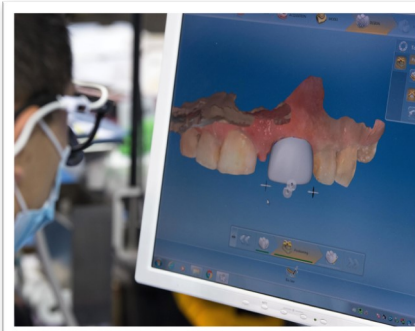
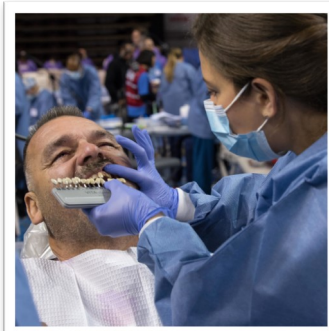
### Dental 2,158 patients received dental care.

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 \$1.6 million in dental services.

SERVICE	QTY
Amalgam 1 Surface	29
Amalgam 2 Surfaces	48
Amalgam 3 Surfaces	36
Amalgam 4 Surfaces	11
Composite 1 Surface	357
Composite 2 Surfaces	451
Composite 3 Surfaces	209
Composite 4 Surfaces	104
Crown - Porcelain	180
Debridement	115
Extractions	1145
Flippers	91
Fluoride Application	594
Imaging - Bite Wing	894
Imaging - Panorex	206
Imaging - PA-X	1286
Prophy (Cleaning)	673
Root Canals	98
Scaling	319
Silver Diamine Fluoride	27

Table 2 –Top dental services





## Medical 2,122 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.

Three new services were added this year: occupational therapy, dermatology and consultations with a hand, wrist and elbow specialist. All were in high demand.

The clinic provided \$1.1 million in medical services.

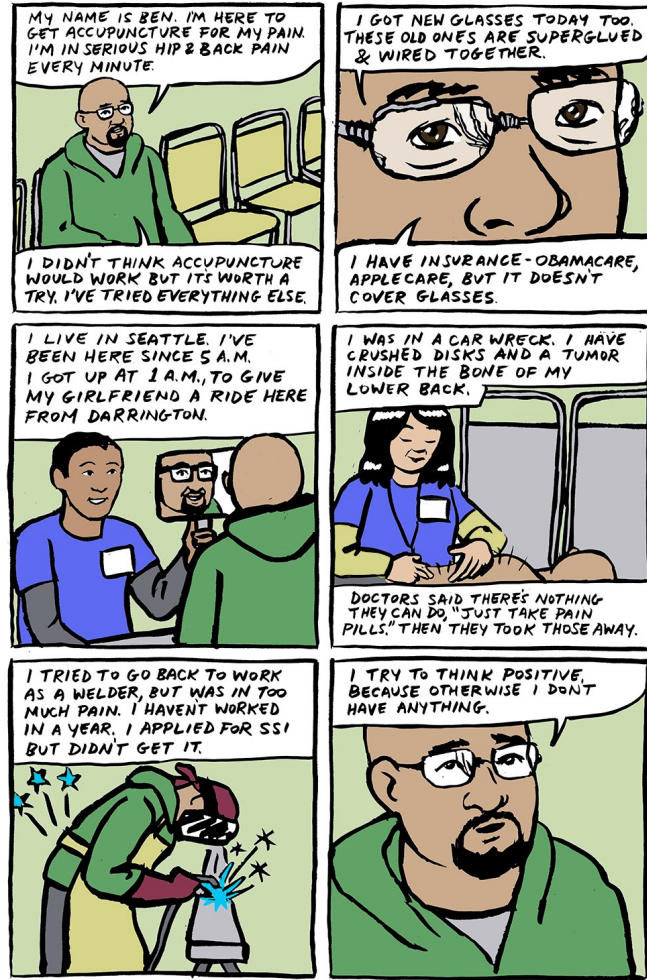
SERVICE	QTY
Acupuncture	280
Behavioral Health	108
Chiropractic	559
Dermatology: Exam	136
Dermatology: Cryotherapy	16
EKG	48
Foot Care	248
Foot Care: Podiatry	55
Hand, Wrist, Elbow Specialist	17
Hepatitis C (Rapid) Testing	231
HIV (Rapid) Testing	164
Immunization: Flu	1040
Immunization: Hepatitis A/B	89
Immunization: Tdap	363
Lab Tests	2340
Mammogram	234
Nutrition Consultation	112
Occupational Therapy	41
Occupational Therapy: Splint	38
Physical Exam: General	622
Physical Exam: Naturopathic	48
Physical Exam: Pediatric	6
Physical Exam: Women's	222
Physical Therapy	203
Ultrasound	132
Wound Care	7
X-Ray	201



Table 3—Top medical services

**BEN**

**BY TATIANA GILL**



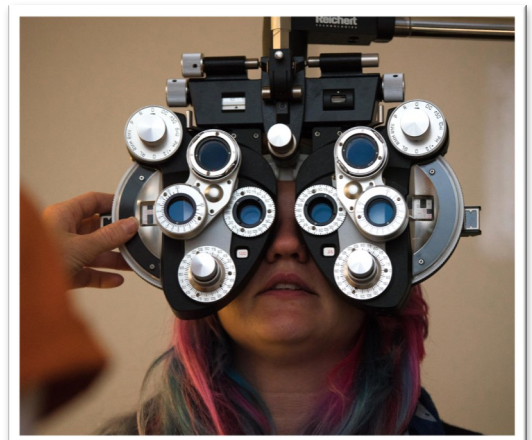
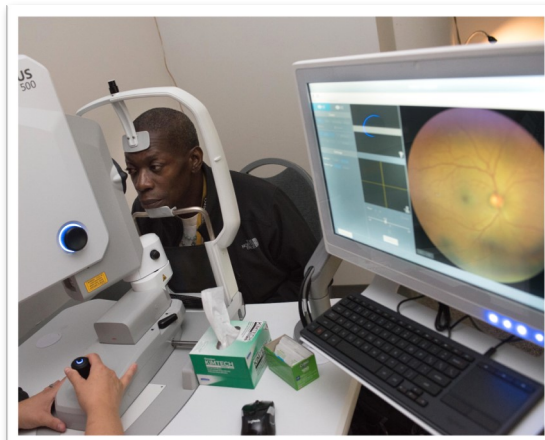
## Vision 1,221 patients received eye care.

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

The clinic provided \$633,000 in vision care.

SERVICE	QTY
Eye Exam	1174
Pre-Testing	1221
Readers	57
Rx Glasses - Bifocal	534
Rx Glasses - Single Vision	559

Table 4 – Vision services



## Resource Services

One goal of the clinic is to connect patients with community resources that can help to provide continued care and, hopefully, prevent them from having to rely on short-term clinics. Since healthcare records were not always available to document consultations, resource volunteers were asked to separately track how many patient interactions they had in the clinic. The documentation was inconsistent, but still provided an indication of patient interest and need. Although monetary amounts are not attributed to these interactions as they are with dental, medical or vision services, we know that resource services are an invaluable part of a patient’s care. (Table 5)

Social workers, health insurance navigators and behavioral health professionals have always been the backbone of the clinic’s resource services. Social workers helped to identify community services to meet a wide variety of needs, from food and housing to healthcare. Navigators assisted patients and their companions with health insurance questions and/or enrollment. Besides the services offered in the medical area, behavioral health professionals provided consultations and support services to people throughout the clinic. In addition, patient health educators met with individuals and groups to address behaviors that promote wellness.

Once again, clinic organizers invited local community health centers to be onsite to meet with patients who needed follow-up or continued care. Staff from Country Doctor Community Health Centers, Healthpoint, International Community Health Services, Navos, Neighborcare Health, Sea Mar Community Health Centers and Valley Cities Behavioral Health Care answered patient questions, explored care options and scheduled appointments. Representatives met with over 500 patients, the largest volume being for dental care. It was recognized that patients often were already aware of medical resources. Although there is a high interest and need, few options exist among free clinics or community health centers for eye exams and/or optical services.

A partnership with Project Access Northwest helped patients with eye diseases such as cataracts or glaucoma get the specialty care they needed affordably. Patients identified as requiring advanced care met with onsite representatives from Project Access Northwest to start the process of being placed with a provider. Project Access Northwest then continued to assist the 104 patients as they established care with Kaiser Permanente or University of Washington Eye Institute.

In response to the current opioid epidemic, the clinic worked with Public Health – Seattle & King County to introduce opioid education and dispense naloxone to any person at risk of overdose or who has someone close to them at risk. With high demand for mental health resources in the community, the University of Washington School of Medicine and the BRiTE Center participated in the clinic to expand access to a new mental health tool. Focus is a smartphone app that provides immediate strategies to people struggling with mental health symptoms such as auditory hallucinations (voices), mood problems, sleep, social-functioning problems, and medication use. In 2017, it came to the attention of organizers that the clinic was being visited by victims of human trafficking and their traffickers. Following research and discussion, the clinic implemented a new protocol for how to manage suspected instances of trafficking with an emphasis on getting resource information to victims without placing them in further jeopardy. This also provided an opportunity for volunteer education about the prevalence of human trafficking as well as how to identify and respond to suspected cases.

More resources were in the facility where patients waited to receive admission tickets. King County 2-1-1 helped approximately 130 people connect to human services they needed. Seattle Animal Shelter took care of pets while their owners were in the clinic. Seattle Public Library assisted 960 people by distributing reading materials to help occupy their time.

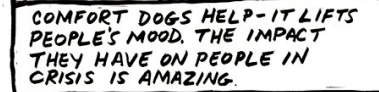


SERVICE	QTY
Community Health Ctr Appointments	183
Community Health Ctr Consult	318
FOCUS Mental Health Application	40
FOCUS Mental Health Consultation	200
Health Insurance Assistance	79
King County 2-1-1 Assistance	130
Naloxone Kits Dispensed	26
Patient Education Consultation	96+ grps
Project Access NW Referrals	104
Seattle Cancer Care Alliance Referrals	28
Social Work Assistance	471
UW Oral Medicine Referrals	8

Table 5– Resource services

## NANCY & BANER

BY TATIANA GILL



## Returning Patients

One indication whether the clinic is achieving its goal of connecting patients to continuing care options is the patient rate of return. Over its five-year history, the clinic has had approximately 17.5% of patients return for two or more years. The rate drops to 5.7% for three or more years.

However, returning to the clinic does not necessarily mean a patient revisits the same service areas. An analysis of each area indicated 9.9% of patients returned for two or more years to receive dental services, 10.8% for medical services and 5.6% for vision. Again, the rates dropped for three or more years of service in dental (3.1%), medical (5.6%) and vision (1.9%).

## 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, many patients expressed their gratitude for the kindness and professionalism of volunteers, as well as how the services would positively impact their lives. Few criticisms were offered, the most recurrent on feedback forms being disappointment when they could not receive all of the services they desired. In some instances, it was simply due to lack of time or a particular service not being offered. In other cases, like a gentleman who had not received dental care in 20 years, the extent of care required could not fully be accomplished in this setting. Many of those patients said they still received beneficial services, just not to the extent they originally anticipated. The most common statement expressed by patients during the clinic was one of appreciation.



# VOLUNTEERS

The clinic could not have happened without the commitment of 4,156 volunteers and comfort canines during the four-day clinic and more than 491 volunteers who assisted with preparation and wrap-up activities. Volunteers contributed to all aspects of the operation making them a resource not only for the clinic, but for evaluative information as well. Volunteers provided feedback about their experiences and observations in an online survey, through email, as well as in verbal discussion. This input is an invaluable means for learning and identifying areas for improvement.

Most of the volunteers came from Washington State, the Puget Sound region more specifically. Through the collective efforts of clinic partners, volunteers learned about the opportunity to participate from professional associations, volunteer organizations, employers, workplace communications, academic institutions, media, family and friends. They spoke over 40 languages (both interpreters and other professions alike) and represented 57 professions or volunteer classifications. (Table 6) The participation of 412 healthcare professionals was facilitated by the state-sponsored Volunteer and Retired Providers Program, which secures malpractice insurance for eligible volunteer and/or retired providers. An additional 178 volunteers received insurance as part of their membership in the Public Health Reserve Corps (PHRC). Partnering with PHRC has proved to be a mutually beneficial relationship. Its members provide a motivated workforce for the clinic and, in turn, gain valuable experience that can serve them during an emergency deployment. The clinic is also a valuable learning opportunity for healthcare students. While many participate in support capacities, this year the clinic served as a platform for dental, medical, nursing, pharmacy, public health and social work students participating in a learning project with the University of Washington Center for Health Sciences Interprofessional Education. Working in interdisciplinary teams, students spent time listening to patients discuss their circumstances and experiences with the greater healthcare system, gaining valuable insight as future health professionals.

The Corporation for National and Community Service values volunteer time in Washington State at \$30.04/hour. With upwards of 55,000 recorded hours, this results in a minimum of \$1,652,200 in donated time. However, given the professional rates of 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.

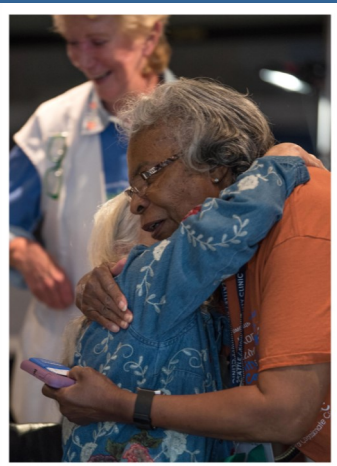


VOLUNTEERS	QTY
Acupuncturist	23
Certified Nurse Midwife/ARNP	6
Chiropractor	31
Dental Assistant	226
Dental Equipment Technician	21
Dental Hygienist	161
Dentist	278
Denturist	3
Dietician/Nutritionist	12
Emergency Medical Technician	17
General Support/Interpreter	1882
Health Insurance Navigator	16
Healthcare Resource Professional	72
LPN/LVN	12
Massage Therapist	6
Medical Assistant	45
Mental Health Professional	28
Nurse Practitioner	34
Nursing Assistant	22
Occupational Therapist	2
Ophthalmic Technician	53
Ophthalmologist	38
Optician	46
Optometric Technician	8
Optometrist	22
Paramedic	9
Pharmacist	18
Pharmacy Technician	1
Physical Therapist	24
Physical Therapy Assistant	3
Physician	113
Physician Assistant	5
Psychologist	14
Registered Nurse	394
Social Worker	25
Student - Dental	35
Student - Dental Assisting	42
Student - Dental Hygiene	88
Student - Health Sciences	26
Student - Medical	51
Student - Medical Assisting	8
Student - Nursing	55
Student - Nutrition	16
Student - Ophthalmology	6
Student - Opticianry	5
Student - Pharmacy	8
Student - Physical Therapy	6
Student - Psychology/Mental Health	14
Student - Public Health	45
Student - Social Work	17
Student - Sonography	3
Technologist - Mammography	7
Technologist - Dental Lab	18
Technologist - Medical Lab	11
Technologist - Radiology/X-Ray	9
Technologist - Ultrasound	14
Technician - Equipment	2

Table 6 – Volunteer participation during clinic

*“The high level of mutual regard among all people – and dogs – was a perfect salve for my soul in these divisive times! I am gob smacked over the extraordinary degree of thoughtfulness and wisdom that goes into planning and logistics. The shared value of being stewards of our community’s health and wisely stewarding resources was very impressive. Invaluable experience for me as I start a new career as a DNP.”*

– Anonymous Volunteer



## Clinic Communication & Organization

Effective communication with volunteers is paramount to the success of the clinic. Organizers were pleased that 98.9% of responses indicated that the registration website was easy to use. Almost 98% of volunteers also agreed that organizers communicated well with them in advance of the clinic, and 98.8% said the orientation materials they received helped them to be effective.

Volunteers were also asked questions about communication within the clinic. Most of the respondents (97.5%) agreed that volunteers communicated well with each other across the clinic; 98.2% said they received proper guidance and instructions to be successful in their role; 98.2% also reported area leadership was helpful in answering questions that came up. The most repeated frustration continues to be about volunteers knowing their orientation time. Organizers have tried two formats over the clinic’s five-year history, just indicating the orientation time or providing both the check in and orientation times. In the first instance, many volunteers did not account for the time needed to make it through check in, get breakfast and navigate the building and, therefore, missed orientation. In the second instance, some volunteers mistake the check in time for the orientation time causing those who are advanced planners to show up earlier than necessary.

Additionally, responses suggest that volunteers believed the clinic was well organized (98.6%) and had adequate supplies (96.4%). (Figure 9)



Figure 9 - 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 (98.6%) of volunteers who responded to the survey indicated their experience was worthwhile and said they were treated well by other volunteers and organizers (99.6%). Ninety-eight percent of volunteers said their participation made them feel more connected to the community and/or their profession and 96.3% said that they deepened their awareness about the state of healthcare in the community and the needs facing this patient population. Almost all (99%) respondents agreed that they would be interested in volunteering again and would recommend the experience to colleagues and friends. (Figure 10) While feedback from volunteers is beneficial for clinic improvement, another statistic that contributes to clinic operations is the volunteer attendance rate. This year the no shows and last-minute cancellations whose positions could not be filled jumped from 15% to 20%. The amount of early departures was also elevated. Although these levels are still in keeping with national averages as relates to volunteerism, it was more noticeable to leadership than in past years. The additional pressure on volunteers who were present was clearly felt and it lessened the overall service capacity. It will cause organizers to examine mitigation efforts for the future.

*"This was an amazing experience to witness as a volunteer. The breadth of services offered in one place for anyone who needed it, without question, was really impressive and it made me proud to live in Seattle. It made me proud of our community for taking care of one another. It is everyone's responsibility to make sure our community is well cared for, safe, and healthy."*  
 – Anonymous Volunteer

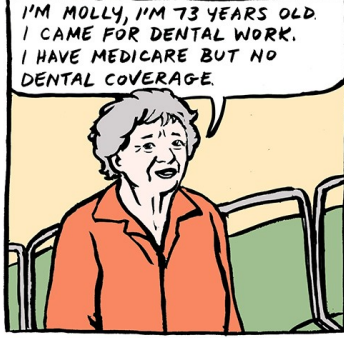


Figure 10 - Volunteer experience

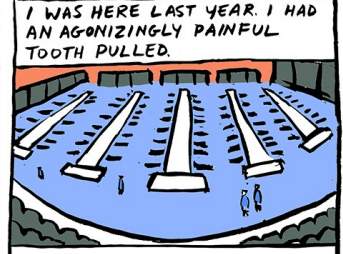


MOLLY

BY TATIANA GILL



I'M MOLLY, I'M 73 YEARS OLD. I CAME FOR DENTAL WORK. I HAVE MEDICARE BUT NO DENTAL COVERAGE.



I WAS HERE LAST YEAR. I HAD AN AGONIZINGLY PAINFUL TOOTH PULLED. WITHOUT THIS CLINIC, I WOULD HAVE WOUND UP IN THE E.R. I PAY ALL MY BILLS BUT HAVE NO RESIDUAL FOR EMERGENCIES.



I FOUND A CLINIC THAT DOES SLIDING SCALE, IT'S \$400 FOR X-RAYS AND A TEMPORARY FILLING. DENTAL IS GROSSLY EXPENSIVE BUT EVEN AT A DISCOUNT IT'S HARD TO ACCESS. I STILL OWE THEM \$60 WHICH I'LL PAY NEXT MONTH.



EVERYBODY FROM EVERY WALK OF LIFE COMES TO THIS CLINIC. I'VE HAD NO TRAGEDIES, NO DRUGS, I HAVE AN APARTMENT. I'M A RANK & FILE NORMAL HUMAN BEING TRYING TO LIVE ON SOCIAL SECURITY.



THERE'S A BOOM IN SEATTLE RIGHT NOW, BUT IT'S NOT GREAT FOR EVERYONE. I LIVED IN LIBYA AS A CHILD. THE KING'S CASTLE WAS GOLD BUT PEOPLE WERE STARVING IN THE STREETS. WE HAVE THAT HERE.



WE'RE IN THIS TOGETHER. IF THE FRINGE IS FALLING APART, THEN SO ARE WE. IT'S LIKE THE WEAKEST LINK IN A CHAIN. I CAN'T TELL YOU HOW GRATEFUL I AM FOR THIS PLACE.

## 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.

One-hundred percent of respondents who interacted with patients said that volunteers treated patients with respect and 99.6% also 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 11)

Forty-five percent of volunteers, mostly first-time participants, said they were surprised by who sought services at the clinic. When asked to explain why, they indicated they expected people who were uninsured, unemployed and/or living homeless. Many were surprised when patients were employed and/or had health insurance but learned that healthcare costs were still prohibitive, or services were not covered. Volunteers reported hearing from patients about the value of the clinic being a "one-stop shop" as a more wholistic approach to care and because it reduced the amount of time patients had to take off work and/or arrange for child care to go to appointments. Volunteers commented on the wide variety of patient circumstances they learned about and were especially taken with the overall ethnic diversity of this region. One volunteer recognized, "Healthcare need is not defined by clothing or presentation."

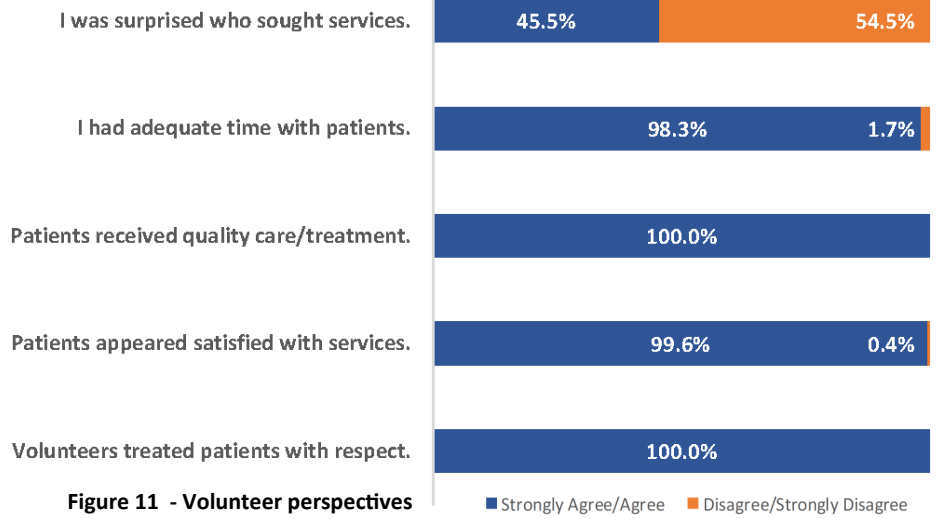


Figure 11 - Volunteer perspectives

## Volunteer Perspectives about Clinic Impact

Volunteer feedback included reflection on broader implications of the clinic. Frequently they expressed disappointment that there is a need for the clinic and frustration that more progress has not been made to improve the greater healthcare system. “The impact of this event cannot be understated. It is unconscionable that a world leading nation needs volunteers to provide such basic services as healthcare to its most fragile citizens.”

Beyond the service the clinic provides to patients and how that benefits their lives and well-being, volunteers commented on how it heightens awareness about existing healthcare gaps and who exactly is in need. They realized how close most people are, themselves included, to having a health problem cause significant financial hardship. “The clinic is a very positive and educational part of our community. Respect and knowledge of public health is crucial to the success of a community. The dignity that people get from proper healthcare elevates us all.”

Importance to the community permeated many comments. “SKCC touches the lives of many individuals and truly helps create a community which does not discriminate and values the person.” “In this often divisive and dysfunctional time, the clinic brings people and companies together around a common humanity.” “This experience strengthens the social fabric and gives participants hope for the future.” “The clinic has become a reflection of compassion in the community – no one gets left behind.”

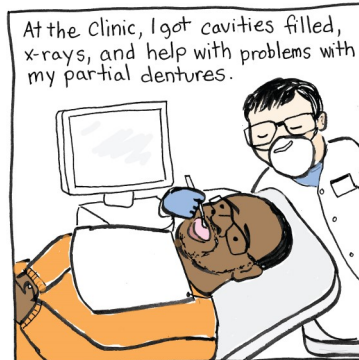
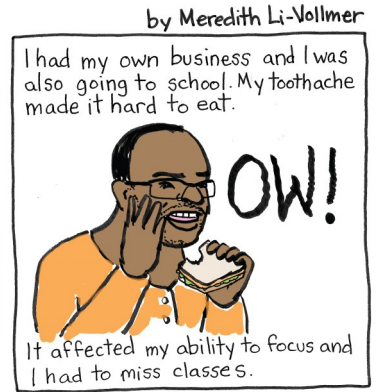
These sentiments seemed to drive one of the largest overarching themes, the desire for the clinic to continue in the near term. “I hope it leads to a movement for more healthcare equity in our society.”

*“Perhaps the greatest impact is the lived experience of how healthcare ought to be delivered in our country. One stop shopping, a range of dental/mental/physical services available, connections to access resources in the community after the annual clinic, emphasis on prevention.”*

– Anonymous Volunteer



A. CAMBER 2018



*"I think the biggest impact beyond the healthcare provided, is that it demonstrates that the community and individual members within it, are committed enough to the well-being of the people of King County that they are willing to give their time, energy, and talent to this effort. The vital effect of that message cannot be overstated."*

— Anonymous Volunteer

## CLINIC ADMINISTRATION

Seattle Center Foundation served as the non-profit fiscal agent for Seattle/King County Clinic, raising funds and resources required to operate. In 2018, 46% of the needs were met through cash expense, while 54% were covered by in-kind contributions (not inclusive of volunteer time). In-kind donors often did not declare a value for their contributions, so estimates were utilized when compiling the final analysis. As represented in Figure 12, these resources addressed a wide array of needs.

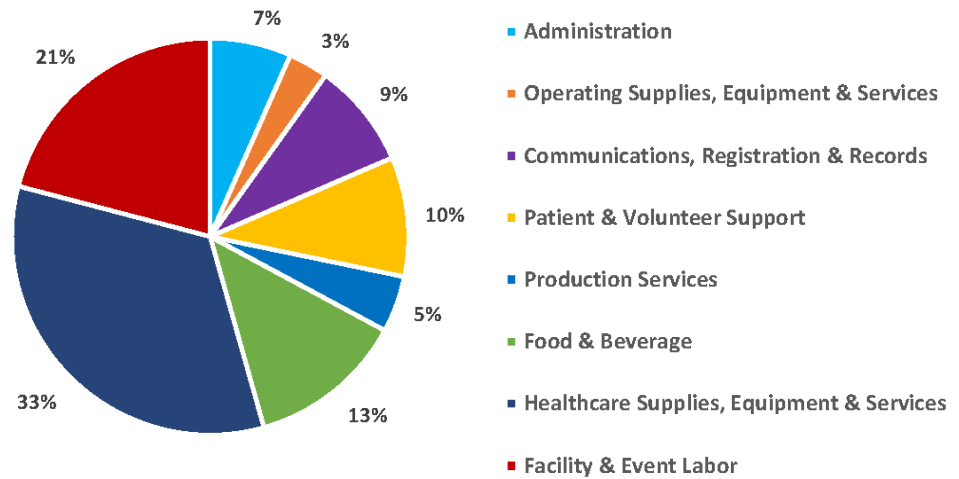


Figure 12 - Resource allocation (does not represent value of services to patients or volunteer time.)

## CONCLUSION

The final words about the clinic are from those who experienced it.

*"I really appreciate all your generous time, efforts, kindness, and care that you gave to all of us who are in need. It gives hope to know that while going through tough financial times, I could find a place to go, take care of myself and stay healthy. Thank you on behalf of all people who came to this beautiful event and were benefited by it."*

— Marsiala, Patient

*"The clinic has impacted the community by removing the barriers between those who provide healthcare and those who cannot afford it. It's brought the human element of healthcare to the forefront and helped change a lot of perspectives."*

— Anonymous Volunteer

Time for Myself



by Rachel Scheer



Not Optimistic




by Rachel Scheer



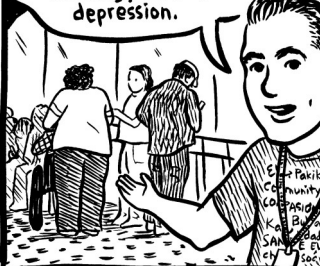
This is my first year here. In my regular practice, I mostly work with young adults with moderate to severe issues.

I did my psych internship in the prison in Monroe.

My husband is a teacher & singer.



The issues here are pretty much the same as any population— anxiety, stress, depression.



Besides some crisis intervention, we don't do therapy here — especially with so many issues of trauma.



We meet people where they are, & connect them with the community resources they need.



IF YOU COULD CHANGE 3 THINGS ABOUT MENTAL HEALTH CARE... <sup>what would they be?</sup>

**1, PARITY.** Everyone should have access to health care.

**2, mental health should be PRIMARY CARE.** We all need to know how to take care of ourselves.

**3, Behavioral health should be INTEGRATED into EDUCATION.** We need to reduce stigma in schools, We have such a high rate of stress in kids.



allen forney

Too Good

by Meredith Li-Nolmer

Volunteering here is amazing!

Everyone is so focused on getting patients what they need. It's neat to see how much is donated!



My own family needs this.



They're too embarrassed or shy to get health care because they can't speak English well.

WELCOME ???

Do you have an appointment?



But I can't get them to come. They don't believe that everything at the clinic is free.

Some people think there's a catch. It seems too good to be true.



DRAKE

BY TATIANA GILL

MY NAME IS DRAKE. I'M 47 YEARS OLD. I'M AN ARTIST-SCULPTING & GLASS BLOWING.

I'M HERE FOR GLASSES AND DENTAL.



MY FILLING CAME OUT. I'VE HAD A CAVITY FOR YEARS AND IT'S GIVING ME HEADACHES.

I FOCUS ON STAYING HEALTHY SINCE I CAN'T AFFORD HEALTHCARE. BUT I'VE ALWAYS HAD TOOTH PROBLEMS.



I WAS ON DISABILITY FOR BIPOLAR, BUT NOT CURRENTLY. YOU HAVE TO JUMP THROUGH A LOT OF HOOPS AND I MISSED A HOOP.

ON DISABILITY I HAVE... MEDICAID? OR MEDICARE? I'M CONFUSED ABOUT THE DIFFERENCE. IT'S HARD TO PARSE WHAT'S GOING ON.



I WISH WE COULD BUILD UP A SOCIAL SAFETY NET, INSTEAD OF DISMANTLING IT.

THERE'S A STIGMA AGAINST HELPING PEOPLE, AGAINST THE GOVERNMENT PROVIDING INFRASTRUCTURE.



IT'S STRESSFUL NOT TO BE SURE IF OBAMACARE IS GOING TO EXIST IN A YEAR!

IT'S EASY FOR RICH PEOPLE TO MAKE DECISIONS FOR PEOPLE WHO AREN'T RICH, WITHOUT UNDERSTANDING THEIR LIVES.



THIS CLINIC IS REALLY COOL. I ONLY WISH IT WAS TWICE A YEAR.



Aging Out

Kelly Proh

Teresa was forced out of her job at the credit union after 32 years.

They refused to pay me out all the sick time I had accrued.



They paid 3 months of healthcare, then she was dropped. She doesn't qualify for Medicaid, but can't afford private insurance.

So now I have nothing.



This whole experience has taken a toll on her mental health.

So what's next for you? I'd like a job with no emotional investment...



I think I'll go work at Starbucks!



“Like many others, I continue to be saddened by the need for this clinic. Like many others, I continue to be thankful that this clinic exists.”

– Anonymous Volunteer

## CASH DONATIONS

### 100,000 +

The Ballmer Group Philanthropy  
Kaiser Permanente

### \$25,000 - \$75,000

Costco Wholesale  
Group Health Foundation  
The Norcliffe Foundation  
Oak View Group  
Virginia Mason  
Vitalogy Foundation

### \$10,000 - \$20,000

Bill & Melinda Gates Foundation  
Conrad Family Compassion Fund  
DentaQuest  
Moccasin Lake Foundation  
Providence St. Joseph Health  
Puyallup Tribe of Indians  
Swedish Medical Center  
Wells Fargo

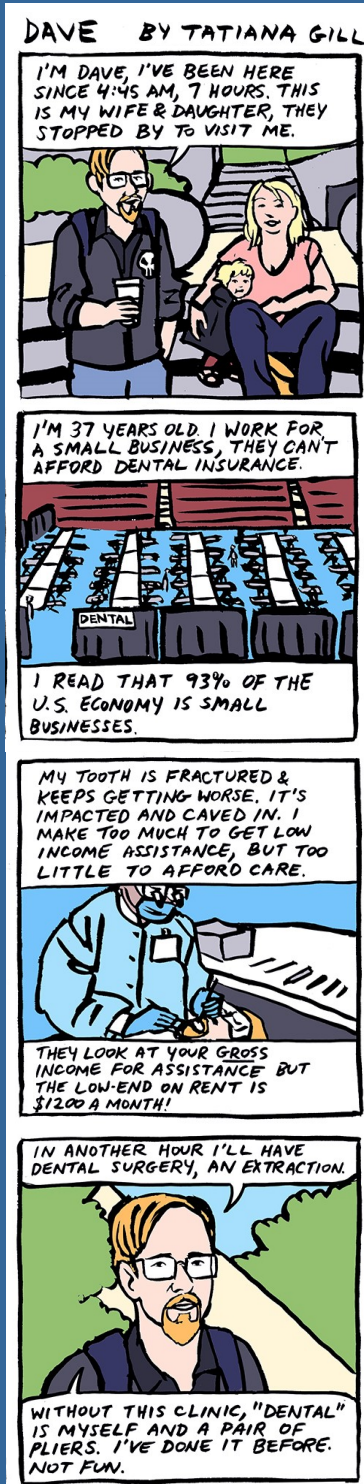
### \$1,000 - \$6,000

Coca-Cola Northwest  
King County Nurses Association  
Kusener Nelsen Family Fund  
Mary Mahoney Professional Nurses Organization  
MultiCare  
Patterson Foundation  
Tulalip Tribes Charitable Contributions  
Tyler Rigsby

### \$10 - \$750

Aaron Stadler  
Adam & Sarah Sherman  
Alex Chou  
*Tribute to Happy & Lucky*  
Anonymous  
Anonymous  
*Tribute to Kriston Reinsour*  
Barbara Bryant & Darryl Johnson  
Becky Barnett & Roger Tucker  
Bill & Kathy Wheeler  
Brian Ho  
Davis Morgan  
Elaine Huber  
Gary Ehret  
Jeremy & Sarah Rich  
Jeannie Chang  
Jenell Burd  
*Tribute to Orlene & Jeff Burd*  
Jennifer Micheau  
John Bradshaw  
*Tribute to John Merner & Julia Colson*  
Lenihan Family  
Luther F. Black  
Melissa Moonves  
Mindi Katzman  
Nintendo of America  
Pamela Cardone  
PINN  
Renato Palominos  
Samuel Clark  
Somaia H.  
Steven & Julia Colson  
Timothy Robinson  
Virginia Anderson  
Yung Chen Fang  
Zahra H.

*Donations are not inclusive of employer matching gifts.*



# IN-KIND DONATIONS

141 Eyewear  
3M ESPE  
AEG Facilities  
Anonymous  
Arcora Foundation  
Auburn Dairy  
Auston James Photography  
Bellevue Dentistry  
Benco Dental  
Bumble Bar  
Burkhart Dental Supply  
Cardinal Health  
Ceres Roasting Company  
Cisco Systems  
Dave's Killer Bread  
DCG One  
Delivery Express  
Dentsply Sirona  
Dunn Lumber  
Einstein Bros. Bagels  
Essilor Vision Foundation  
European Vine Selections  
Franz Bakery  
Georgetown Brewery  
Gigantic Planet  
Henry Schein  
Hepatitis Education Project  
Hollywood Lights  
Hologic  
InDemand Interpreting  
Ivoclar Vivodent Inc.  
Jorgenson Peninsula Optical Supply  
Kaiser Permanente  
KaVo Kerr  
KIND  
KLS Martin LP  
Lagunitas Brewing Co.  
Laney Dental  
Le Panier  
Levy Restaurants  
Macrina Bakery  
Marcolin Eyewear  
Medical Teams International  
Mediterranean Inn  
Microsoft  
Nassim Pietsch

Oculus Eyecare  
Pacific Office Automation  
Pagliacci Pizza  
Patterson Dental  
PCC Markets  
Philips Healthcare  
Propio Language Services  
Public Health - Seattle & King County  
Q3 Assets | Lite Tite  
Ripe Catering  
Seattle Animal Shelter  
Seattle Cancer Care Alliance  
Seattle Center  
Seattle Fire Department  
Seattle Information Technology  
Seattle Office of Immigrant & Refugee Affairs  
Seattle Police Department  
Seattle Public Library  
Septodont Inc.  
Shofu Dental Corporation  
Single Vision Express  
Space Needle  
SPARK  
Sysco  
TheraTek USA  
Uline  
Ultradent Products, Inc  
UW Medicine  
Vision of Hope  
Walman Optical  
Washington Healthcare Access Alliance  
Washington State Department of Health  
Welch Allyn  
ZEISS

*“My heart aches to see how many people seek out the free care, how many are in need in our wealthy community and it highlights the incredible disparities that persist. The vibe of both the clients and the volunteers is so amazingly upbeat and collaborative. Oh, but if the whole world could be this way!! It starts with the vision and believing in the possibility.”*  
– Anonymous Volunteer



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

# SEATTLE/KING COUNTY CLINIC

## PLATINUM



## GOLD



## SILVER



## BRONZE

AEG Facilities  
 All Home King County  
 America's Dentists Care Foundation  
 Auston James Photography  
 Benco Dental  
 Cisco Systems  
 Gigantic Planet  
 Henry Schein, Inc.  
 HOPE Animal-Assisted Crisis Response  
 Jorgenson-Peninsula Optical Supply

Laney Dental  
 Mary Mahoney Professional Nurses Organization  
 Mediterranean Inn  
 Microsoft  
 Mid-Gulf Instruments  
 MultiCare  
 Pacific Office Automation  
 Patterson Foundation  
 Physical Therapy Association of WA  
 Project Access Northwest

Ripe Catering  
 Seattle Animal Shelter  
 Shofu Dental Corporation  
 Tulalip Tribes Charitable Contributions  
 UW School of Public Health  
 Valley Cities  
 WA Association of Naturopathic Physicians  
 WA State Dental Laboratory Association  
 Western WA National Association of Hispanic Nurses  
 Zeiss