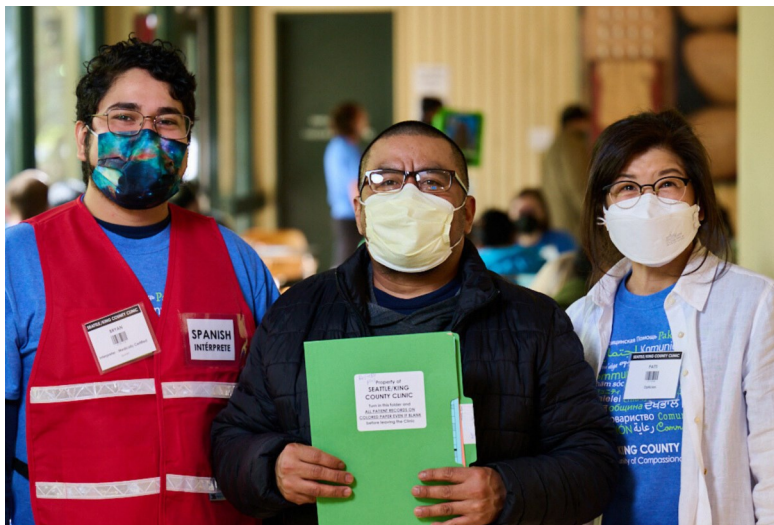




SEATTLE/KING COUNTY CLINIC

A Community of Compassionate Care



2023 FINAL REPORT

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INTRODUCTION

Seattle/King County Clinic took place over four days, April 27 – 30, 2023, at Seattle Center. Three years and two months after the last full clinic was held, the community rejoiced in its return. More than 105 organizations along with 3,952 volunteers contributed to the project. A wide range of clinical services were offered, free of cost, on a first-come, first-served basis to 3,066 individuals. The clinic achieved its goal of attracting a racially diverse and economically disadvantaged patient population who received over \$2.6 million in dental, vision and medical care. Even with the extensive rebuilding that had to occur, organizers, volunteers and patients noted that the clinic successfully upheld its values and commitment to providing a quality experience.

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





Rebuilding After the Pandemic

The last full Seattle/King County Clinic occurred in February 2020, one month before the World Health Organization declared a global pandemic. As the trajectory of COVID-19 unfolded, it was apparent that a clinic would not be held in 2021. Once pandemic restrictions started to lift and vaccines became available, discussions began between clinic organizers, leadership and partners about if, when and how to resume operations. When it reached a point where they felt health safety could be addressed, the discussion turned to logistics and resource development. It requires ample lead time to identify dates when facilities, equipment, service providers and volunteers can all be available, as well as to raise the funds and in-kind resources necessary to support operations. It was ultimately determined that the only option in 2022 was an October vision clinic but sights were set on April 2023 for the return of the full clinic.

Organizers assumed that there would be a need for services after years of delayed care as well as the job and health insurance losses that occurred. This was partially confirmed at the 2022 vision clinic. They also anticipated changes to the operating environment after COVID but could only speculate about the extent or impacts to the full clinic. What they discovered required a sizable amount of rebuilding in a relatively short timeframe.

The most apparent difference that organizers encountered was with people involved in the clinic. During the pandemic, many existing contacts retired, moved away, left their jobs and/or experienced burnout. This required new relationships to be established with partners, volunteers and community organizations. There was such a turnover in some organizations that the clinic needed to be completely reintroduced. In addition, one-half of the small clinic staff were recent hires and one-third (approximately 50 people) of the leadership team were new to their roles. While participation of new individuals and organizations is always desirable, the steep learning curve as well as the (re)engagement efforts that were required were the greatest organizers had experienced since the clinic's inception.

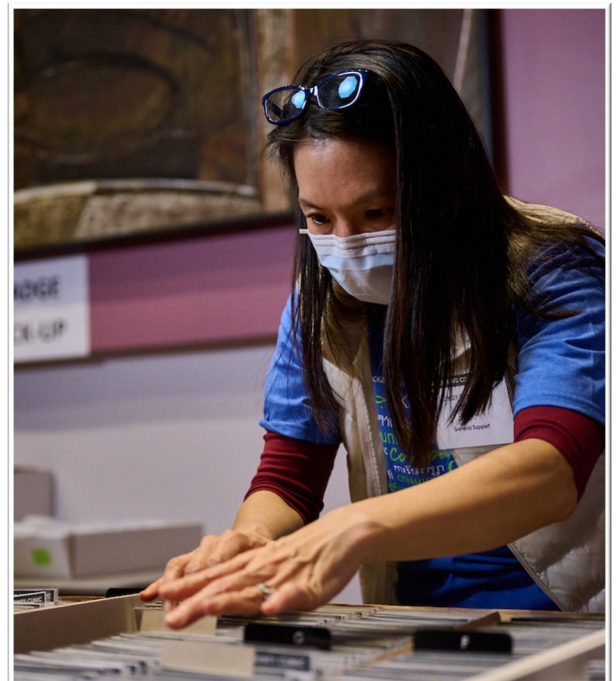
“This clinic may be born out of desperate need, but its success also represents hope for a more compassionate humanity.”

- Anonymous, Volunteer

Staffing shortages and budget changes also affected the participation of partners. Some organizations did not have sufficient staff or capacity to provide the onsite assistance they had before, resulting in creative, and sometimes last-minute, solutions needing to be determined. This was not limited to clinical operations, it occurred at Seattle Center as well where the lack of event and facility labor put strain on the existing workforce to meet the needs of the clinic. Budget reductions and restructuring altered financial support parameters from other entities. With the impact of inflation and the need to rebuild the clinic’s inventory of supplies, this meant additional time and energy had to go into resource development.

However, the most paramount adjustment organizers had to make involved clinical standards. The 2022 vision clinic presented the first post-pandemic opportunity to explore changes to health safety and infection control measures needed in a healthcare environment. Many of the protocols remained for the full clinic and were expanded to address the specific needs of the dental and medical areas. This included requiring all participants to wear masks, a daily health screening before entry, alterations to space configuration, as well as revised treatment, cleaning and disinfecting processes. Some volunteers decided not to participate when they learned about the mask requirements, but patients did not appear deterred by the expectation. Patients also followed the guidance provided in outreach materials to not attend if they were feeling sick. Only a couple of patients could not be admitted due to COVID-like symptoms.

The full return of Seattle/King County Clinic was a long time coming. While to many it may have seemed as if the clinic could just pick up where it left off, monumental changes to the operating climate meant a significant amount of rebuilding had to occur. Despite the challenges, the clinic’s patient-centered principles and collaborative community approach were the foundation organizers needed to be able to adapt to the new environment and reestablish its regional impact.



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 only required to provide their 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 de-identified and discussed only in aggregate.

Gender

Registration data showed a relatively even distribution among female and male patients; 51.2% of patients were female; 48.0% were male. Very few (0.4%) patients indicated they were transgender, non-binary or other, while 0.3% preferred not to share.

Age

The average age of registered patients was 50 years old. Almost three-quarters (73.0%) of patients were between 18 and 59 years old. The distribution of patients by their age is shown in Figure 1.

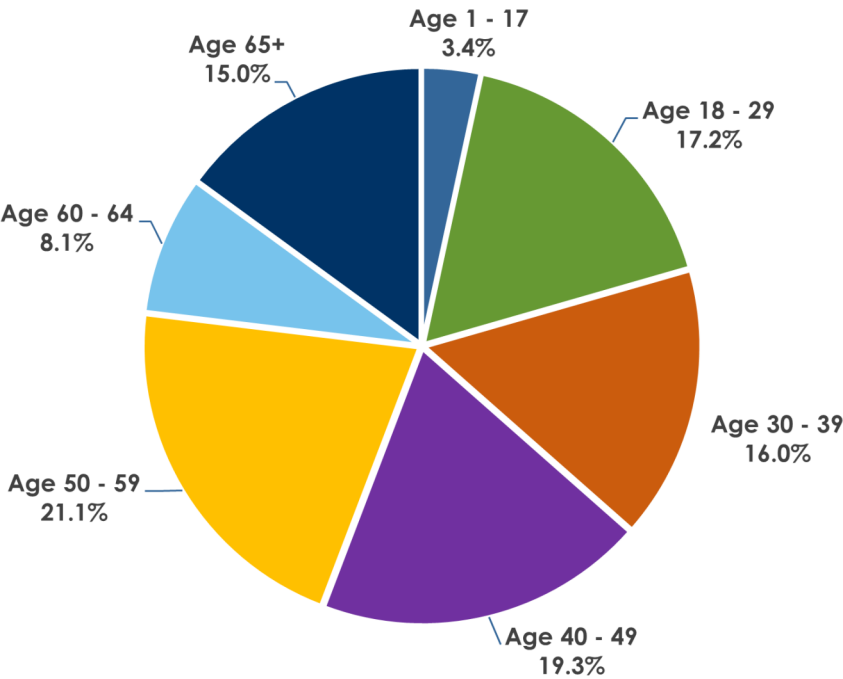


Figure 1. Patient distribution by age.



Ethnic Identity

About one quarter (25.7%) of registered patients identified their ethnic identity as Latino/Hispanic; 19.4% were Asian (9.0% East Asian, 7.1% Other Asian, 3.2% Asian Indian/South Asian); 15.2% were either Black/African American or African (5.5% East African, 2.4% Other African, 1.0% West African) and 13.9% identified themselves as White. The remaining patients were spread across other ethnic identities as shown in Figure 2. 16.4% chose not to answer, up from 10.4% in 2020.

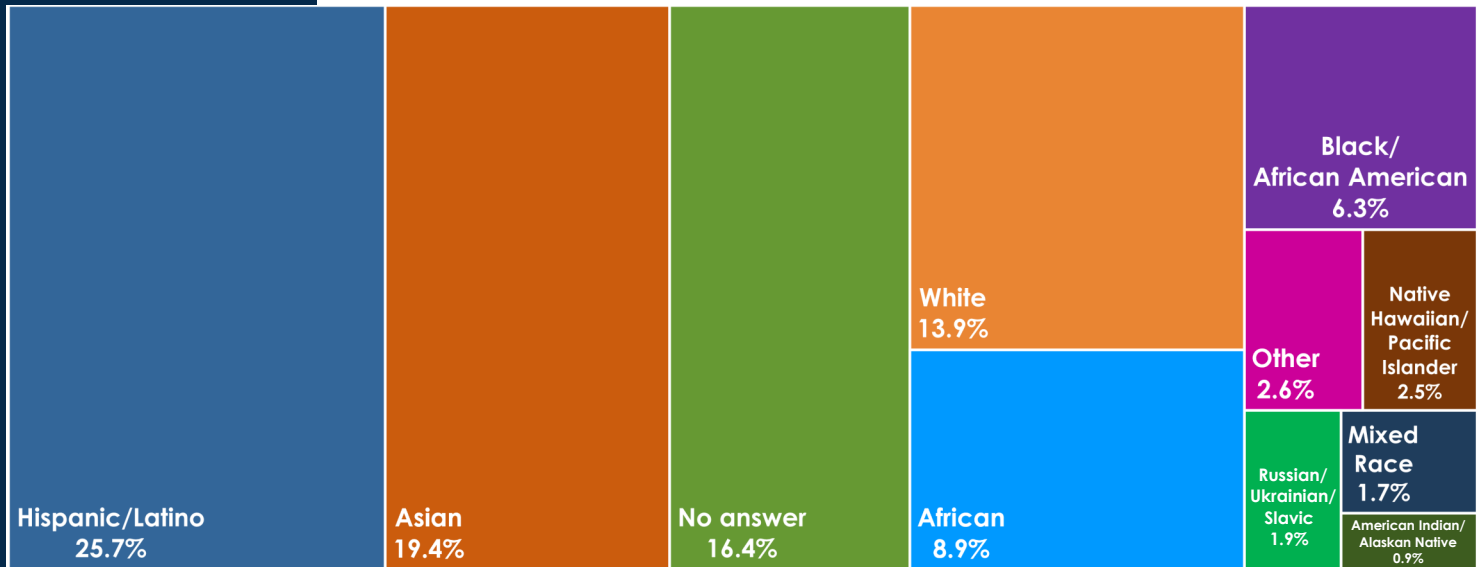


Figure 2. Patient distribution by ethnic identity.

Where Patients Live

Registered patients came from 191 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 (50.8%) was based in the City of Seattle.

Based on zip code data, 77.8% of clinic patients reported residing in King County; 12.3% reported coming from Snohomish County and 6.7% reported traveling from Pierce County. The remaining patients reported a range of zip codes from across Washington state, hailing from: Chelan, Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Thurston and Yakima counties. A handful of patients traveled from 11 other states to attend the clinic.

"I look forward every year to the next one. It's an extraordinary experience to be in the presence of others who value the lives of everyone and are doing what they can to contribute to our collective well-being!"

- Anonymous, Volunteer



Primary Language

Patients used more than 51 primary languages (Table 1). For those who did not converse in English, interpretation assistance was available either from onsite volunteers or through a remote system from AMN Healthcare. Onsite information and registration materials were also printed in English, Spanish, Chinese and Vietnamese.

At registration, patients reported using 37 different languages. More than 100 patients indicated a language other than what was listed in the clinic’s registration system. AMN Healthcare’s medically certified interpreters assisted in translating 15 of these other languages.

Compared to previous years, there was a notable increase in the number of languages patients used, as well as the total number of patients needing language assistance. In total, 57.3% of patients used a primary language other than English, up from 45.8% in 2020. In terms of languages used, the most pronounced rise was in Ukrainian, Marshallese, Oromo and Tigrinya speakers.

AMN Healthcare provided 25,109 minutes of interpretation overall, a significant increase from the 5,106 minutes provided in 2020. These minutes do not include onsite volunteer interpretation, patients who had friends or family translate for them, or providers who knew other languages and were able to converse with patients without assistance. AMN Healthcare reported that within their system this rise was impactful. They provided more minutes of interpretation at the clinic than they did at one of the major midsize healthcare systems in the Puget Sound during the same four-day period.

Employment & Military Status

This year, 42.3% of patients reported having either full-time or part-time employment while just over one-third (34.2%) were unemployed. Of the remainder, 9.0% were retired; 5.7% were minors or students; 3.9% were on disability (Figure 3). 4.9% of patients declined to share their employment status.

A few (2.5%) patients identified themselves as United States military veterans, while none reported being active members of the military.

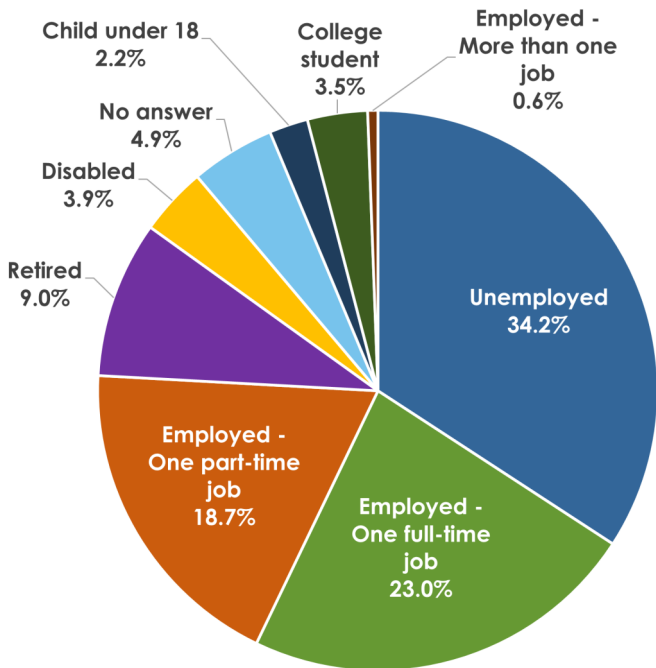


Figure 3. Patient employment status.

LANGUAGE	# OF PATIENTS
Spanish	762
Mandarin	208
Other	138
Amharic	119
Cantonese	65
Vietnamese	56
Russian	43
Ukrainian	38
Tigrinya	36
French	32
Korean	30
Oromo	28
Portuguese	25
Marshallese	23
Indonesian	21
Farsi	19
Tagalog	16
Arabic	13
Hindi	12
Nepali	11
Japanese	10
Somali	8
Romanian	7
Turkish	7
ASL	6
Italian	3
Punjabi	3
Thai	3
Burmese	2
Cambodian	2
Filipino	2
Malay	2
Mien	2
Polish	2
Urdu	2
German	1

OTHER LANGUAGES (Highest to Lowest Use)	
Mongolian	
Bengali	
Pashto	
Wolof	
Lao	
Swahili	
Dari	
Tongan	
Soninke	
Tigre	
Luganda	
Hmong	
Persian	
Armenian	
Croatian	

Table 1. Primary languages other than English.

Housing Status

Over half (61.8%) of patients stated that they resided in a rented room, apartment or house; 11.3% said they were temporarily staying with family or friends; 10.8% lived in a house or condo they owned. 8.6% reported living in an emergency shelter, on the street or in a vehicle, in transitional or supportive housing, a treatment facility, a motel/hotel, or a group home/assisted living. 7.9% did not respond to the question (Figure 4).

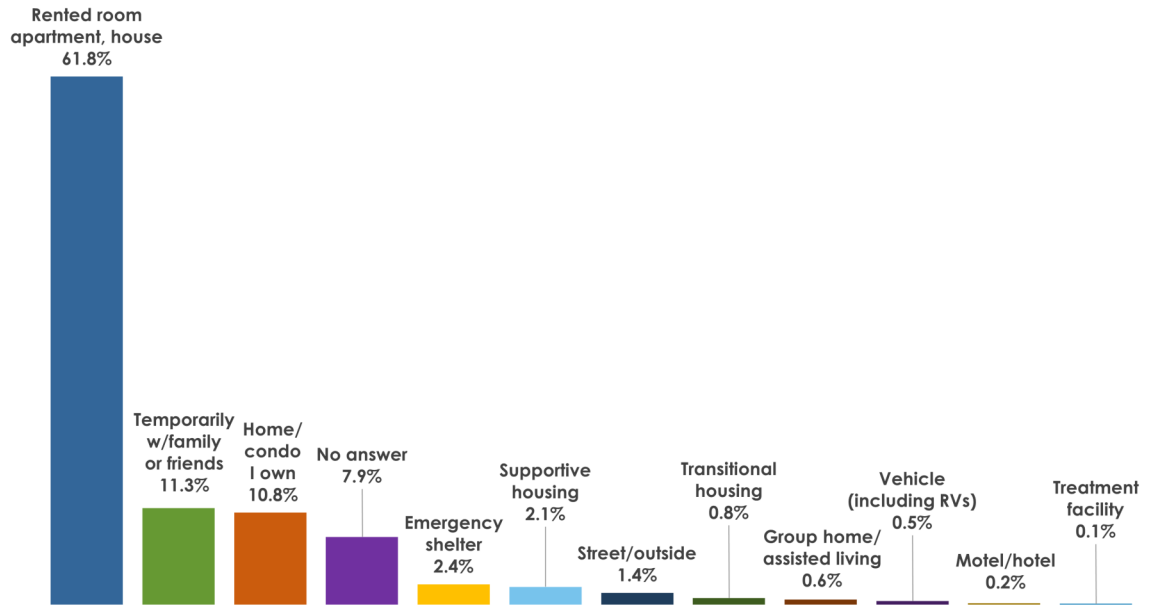


Figure 4. Patient housing status.

Health Insurance Status

The clinic does not have any limitations to entry regarding insurance status; clinic organizers hoped to attract people who needed services but had extremely limited means of accessing them. This year, the uninsured rate was similar to that in 2020 at 52.0%. 38.4% of patients indicated they had health insurance, the majority of whom had Medicare or Medicaid (25.8%). The remaining 8.5% of patients did not report their insurance status (Figure 5).

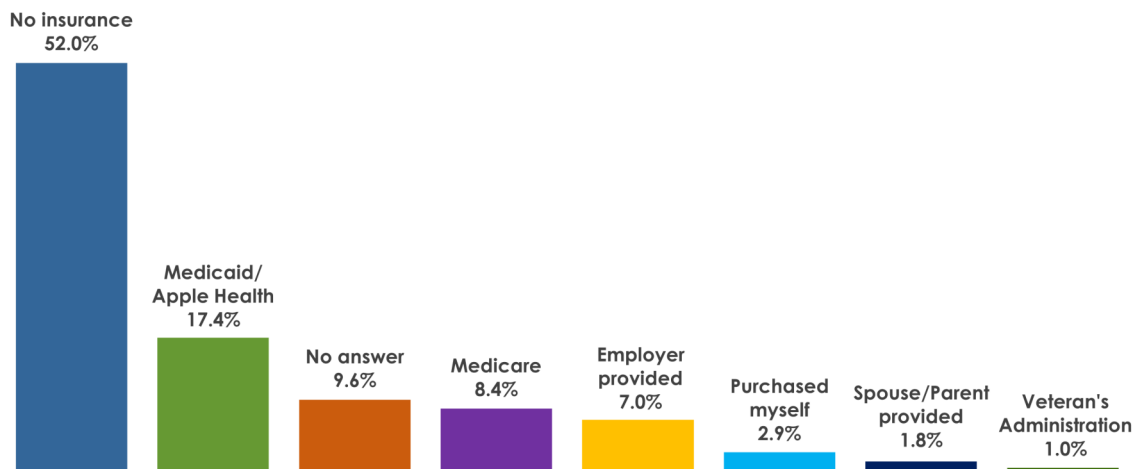


Figure 5. Patient health insurance.

Translated from Spanish:

"Hugely grateful to this organization. It fills my heart to see so many volunteers valuing and loving their neighbor. Today I am leaving happy since I can take care of myself thanks to you. Thanks for giving your best."

- Luisa, Patient

Healthcare Access

Registration data showed 55.1% of registered patients reported receiving medical care within the last year; 36.8% received dental care and 26.2% reported receiving vision care. Conversely, 33.1% of patients indicated they never sought professional eye care, could not remember when they last received care, or it had been more than 5 years; 20.1% indicated the same for dental; 14.6% for medical (Figure 6).

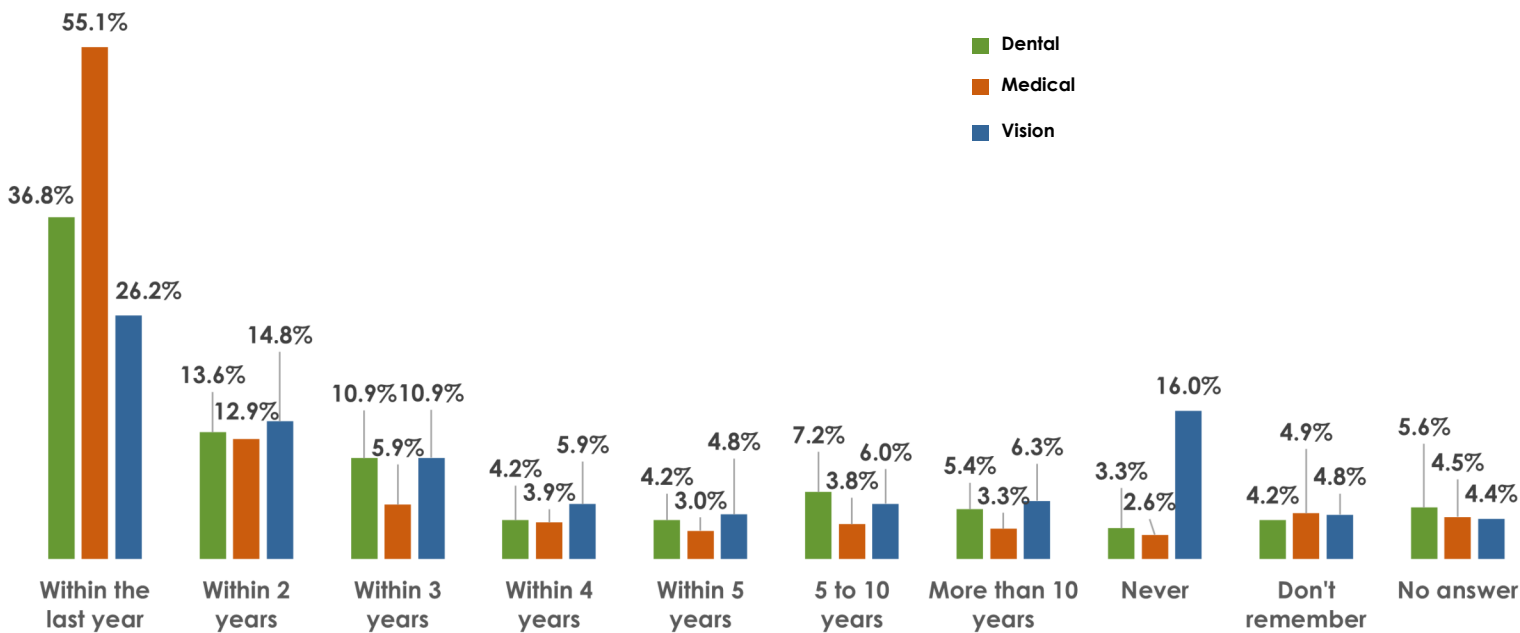


Figure 6. Time since last visit by care type.

When asked where they seek care when this clinic is not available, 23.3% of patients said they do not seek care; 22.7% reported going to a clinic or location where they do not have to pay (free clinic, mobile clinic/van, church etc.); 19.3% stated they go to a location where they do have to pay and/or use insurance; 10.4% said they go to the emergency room only. 24.4% of patients did not answer (Figure 7).

When asked how they attended their last medical appointment, 68.9% of patients reported seeing a doctor in-person, 1.8% via telehealth and 1.7% on the phone. 3.2% did not remember, while 24.4% did not answer the question.

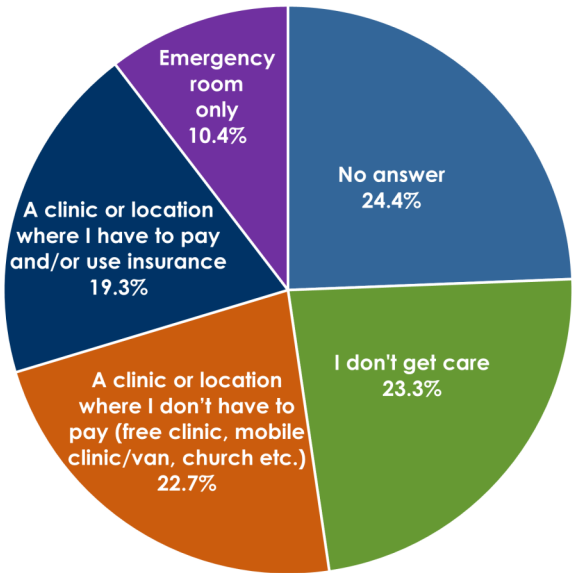


Figure 7. Where patients get care outside of the clinic.

Barriers to Care

While 22.9% of patients declined to share what prevents them from accessing healthcare, 46.2% indicated it was lack of insurance. Another 22.2% of patients said although they had insurance, they still could not afford healthcare costs or insurance did not cover needed services (Figure 8).

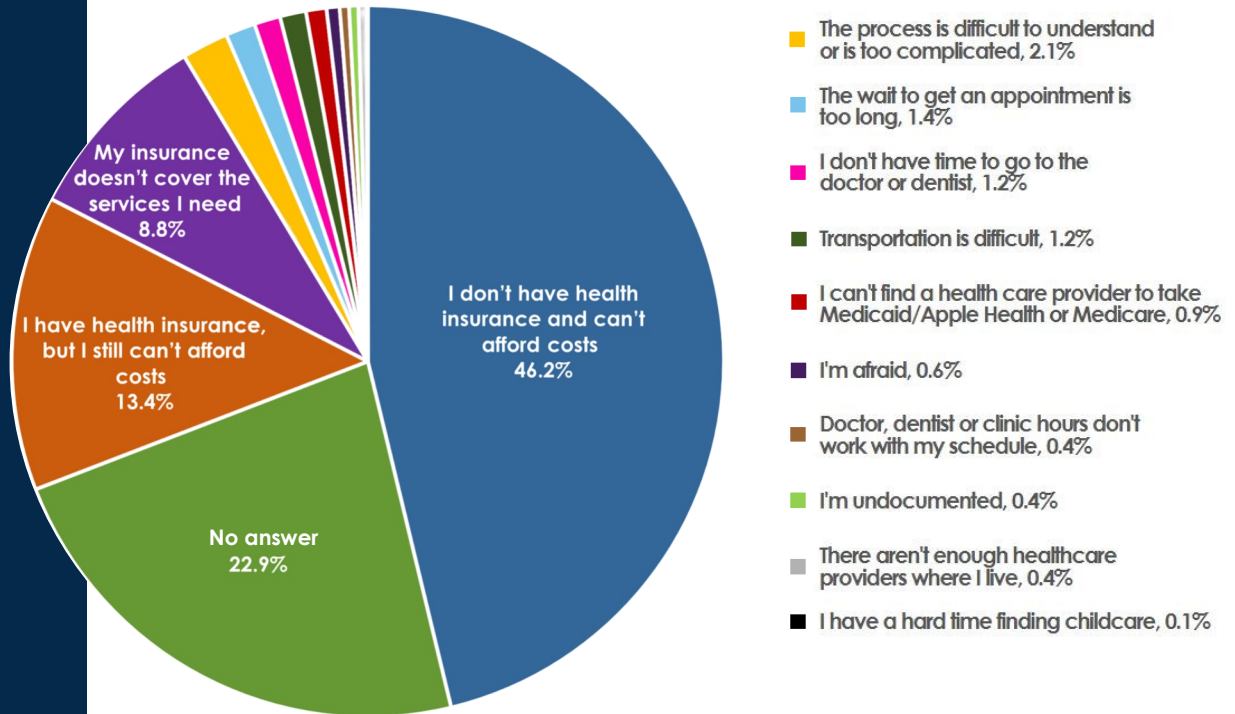


Figure 8. What prevented patients from accessing care.

"Each year, I find myself misty eyed as I drive to my first day of Clinic. I feel grateful to have this opportunity to serve my community and at the same time very uneasy [that] many people suffer due to barriers to healthcare. I enjoy working as a team with my colleagues. It's also a great opportunity learning and sharing new treatment strategies with each other."

- Anonymous, Volunteer

Just under one-half (44.7%) of patients said they had been waiting at least 7 months to get care for the health conditions they were experiencing. However, 27.1% did not respond to the question (Figure 9).

When asked more generally if it was harder or easier to access healthcare in the last 5 years, 36.5% said it was harder; 12.6% indicated it was easier; 15.2% felt it remained the same; 35.7% did not respond to the question.

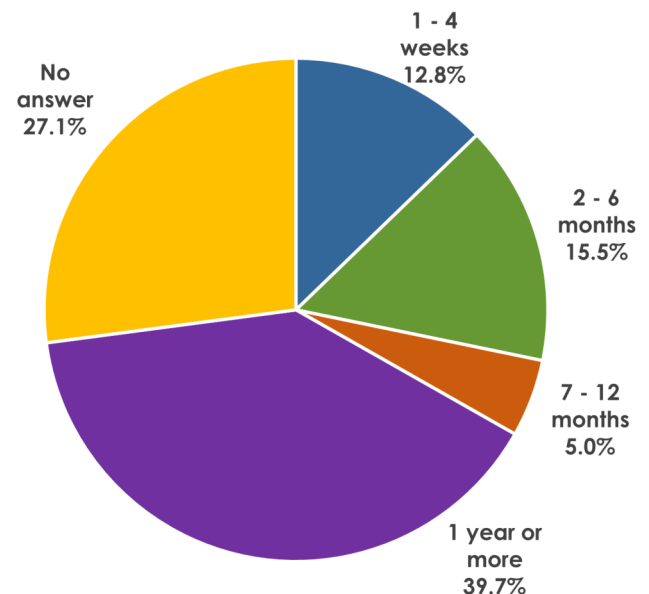


Figure 9. How long patients have waited for care.

Health Conditions

At intake, patients were asked about their health history and especially about conditions that might relate to their care at the clinic.

64.6% of patients reported being vaccinated against COVID-19; 16.6 % indicated they used alcohol; 14.5% of patients self-reported having hypertension; 14.3% suffered from anxiety; 11.4% had depression; 11.0% used tobacco or e-cigarettes/vapor; 8.7% said they had diabetes; 7.9% indicated they used cannabis; 6.3% of patients were dealing with cataracts; 6.0% were asthmatics; 3.6% presented with either Hepatitis A, B or C; 2.7% had a history of seizures or stroke; 2.4% had emotional concerns or a behavioral health diagnosis; 2.2% said they had glaucoma or macular degeneration; 2.2% reported having a heart attack or heart disease; 1.4% had liver disease; 1.3% reported having an autoimmune disease; 1.1% had a history of STIs; 0.5% were HIV+. Patients were also asked about illegal or excessive drug use. 0.8% admitted to using opioids; 0.6% used other drugs; 0.3% had overdosed on drugs; 0.3% used intravenous drugs.





Translated from Russian:

"I would like to sincerely thank your organization for this wonderful act of kindness. I admire the volunteers who dedicated their time with compassion and love. My heart is touched by those people who worked all day long with smiles and kindness helping us with all our challenges. Those amazing people represent the best of America. I am very grateful to the doctors, they are professionals of the highest level. God bless you all! "

- Irina, Patient

Patient Outreach

Outreach to prospective patients is conducted through a trusted messenger model by a team of volunteers, clinic staff and partner organizations who have connections to target populations. Methods included print, radio, television and social media advertising (especially in ethnic media sources) and other messaging through community-based organizations and agencies. Wallet-sized cards and flyers were also distributed in 13 different languages.

Returning to these efforts after a three-year hiatus, the patient outreach team found a different landscape than in 2020. High rates of staff turnover in community-based organizations meant communications with many contacts had to be rebuilt. Although some organizations had been eagerly awaiting the return of the clinic, it had to be reintroduced to others.

The patient population shifted as well. Pandemic-related movement brought new arrivals to the area as had recent waves of immigration from countries like Afghanistan and Ukraine. To reach these new residents, and because some target communities no longer accessed the same resources or organizations as before, new avenues of connecting with prospective patients had to be explored. The outreach team also discovered select communities had different healthcare needs following the three-year hiatus, whereas others had not been able to access care during the pandemic and needed even more services than in 2020.

SERVICES PATIENTS RECEIVED

During the 48 hours of clinical operations, over \$2.6 million in services were provided to people in need. This figure represents the amount patients would have had to pay if they sought services at fee or insurance-based locations. It does not include the value of volunteer time, the costs for supplies and equipment or other operational expenses.



Dental 1,609 patients received dental care.

The services indicated in Table 2 are the top dental treatments documented on patient records and reported by partners who managed specific services.

This year, based on new health safety protocols, the dental capacity was reduced by 15% compared to 2020. CEREC equipment being unavailable meant CAD/CAM crowns could not be offered which also reduced the number of root canals that were performed.

The clinic saved patients \$1.25 million in out-of-pocket costs for dental services.



SERVICE	QTY
Amalgam 1 Surface	15
Amalgam 2 Surfaces	16
Amalgam 3 Surfaces	17
Amalgam 4 Surfaces	5
Biopsy	5
Composite 1 Surface	283
Composite 2 Surfaces	316
Composite 3 Surfaces	169
Composite 4 Surfaces	122
Debridement	121
Extraction	950
Flipper	62
Fluoride Application	404
Prophy (Cleaning)	482
Root Canal	32
Scaling	275
Silver Diamine Fluoride	71
X-Ray - Bite Wing	665
X-Ray - PA	1136
X-Ray - Panorex	290

Table 2. Top dental services.

SERVICE	QTY
Acupuncture	160
Behavioral Health	68
Chiropractic	118
Dermatology: Exam	149
Dermatology: Cryotherapy	20
EKG	44
Foot Care	123
Foot Care: Podiatry	18
Hepatitis C (Rapid) Testing	109
HIV (Rapid) Testing	91
Immunization: COVID-19 Booster	159
Immunization: Flu	100
Immunization: Hepatitis A/B	135
Immunization: MMR	78
Immunization: Tdap	115
Lab Tests	1981
Mammogram	205
Nutrition Consultation	81
Occupational Therapy	41
Occupational Therapy: Splint	30
Physical Exam: General	427
Physical Exam: Naturopathic	9
Physical Exam: Pediatric	5
Physical Exam: Women's + TNB	177
Physical Therapy	187
Ultrasound	109
Wound Care	3
X-Ray	143

Table 3. Top medical services.



Medical 1,289 patients received medical care.

The services indicated in Table 3 were documented on patient records and reported by partners who managed specific services.

This year, due to space availability in McCaw Hall, some services were reduced to about two-thirds of their capacity in 2020. This was especially notable in physical exams, women's + transgender non-binary health and dermatology which also contributed to fewer orders for lab tests and diagnostic imaging. Additionally, volunteer staffing challenges limited the capacity for rapid HIV and rapid Hepatitis C testing. Low staffing resulted in podiatry only being offered on one day and chiropractic care on one and a half days.

The clinic saved patients more than \$771,000 in out-of-pocket costs for medical services.





Vision

1,032 patients received vision care.

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

Organizers were curious whether patient participation would be reduced given the close proximity to the October 2022 vision clinic, but attendance was comparable to both 2022 and 2020. This is likely attributed to the fact that most free clinics and community health centers do not provide vision care. Also, insurance coverage for vision is spotty and costs—especially for prescription eyeglasses—are frequently out of reach.

The clinic saved patients more than \$590,000 in out-of-pocket costs for vision services.

SERVICE	QTY
Eye Exam	917
Glasses - Readers	69
Pre-Testing	1032
Rx Glasses - Bifocal	513
Rx Glasses - Single Vision	491

Table 4. Top vision services.



“As an optician most of my interactions are transactional. Much of the conversations being had are cost based. Events like this allow me to connect deeper with patient needs.”

-Anonymous, Volunteer

Resource Services

One goal of the clinic is to connect patients with community resources that 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. This documentation indicated 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).

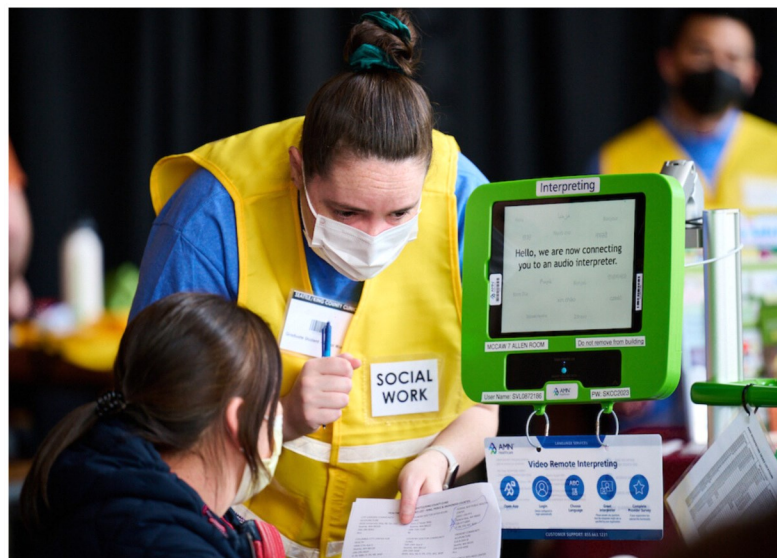
Social workers, health insurance navigators and behavioral health professionals have always been the backbone of the clinic's resource services. Social workers helped to identify community services to meet a wide variety of needs, from food and housing to healthcare, connecting 427 patients with external resources. However, a shortage of social work volunteers led to reduced capacity in this area, especially on the clinic's busiest weekend days. Navigators assisted over 475 patients and their companions with health insurance questions and/or enrollment. Behavioral health professionals and HOPE Animal-Assisted Crisis Response teams also helped support people through the clinic process and experience.

This year, as an addition to social workers, the clinic established a partnership with King County 211 and Unite Us to pilot a new opportunity to provide secure patient referrals that allow for closer coordination between the referring organization and the referred, as well as better follow-up and tracking to ensure patient needs have been met. The Unite Us platform supports a growing number of organizations and healthcare entities in Washington state, providing a broader referral network and stronger partnerships between social service agencies that are working to coordinate care.

SERVICE	QTY
City of Seattle Digital Equity Team	600
Health Insurance Navigators	475
International Community Health Services	54
Molina Healthcare	68
Nashi Immigrants Health Board	96
Neighborhood House	118
Peer Seattle	205
Project Access Northwest	104
Sea Mar Community Health Centers	107
Social Work	427
Somali Health Board	460
Unite Us	300
Uplift Northwest	700

Table 5. Resource services.





Unite Us staff members were stationed in the clinic's social work and community resource sections. They engaged with more than 300 patients over the course of the clinic and referred them to local social services. The highest areas of patient need were food assistance, individual and family support (i.e., social service case management, caregiving services, support groups) and housing. Clinic organizers hope to expand on this work in the future, utilizing partnerships like this to connect patients with wraparound services and establish care homes.

Once again, clinic organizers invited local community health centers to be onsite to meet with patients who needed follow-up or continued care. Representatives from Sea Mar Community Health Centers and International Community Health Services were onsite to answer patient questions, explore care options and schedule appointments. As in previous years, patients were often aware of where to seek medical care but needed help finding specialty care or dental 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 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.

More resource organizations were in the facility where patients waited to receive admission tickets. Somali Health Board and Nashi Immigrants Health Board provided East African, Ukrainian, Russian and other immigrant communities with healthcare and social service resources. Uplift Northwest offered patients free job training and eye care programs, while Peer Seattle provided information and access to their LGBTQ+ health, harm reduction and human services initiatives. Friends of the Seattle Public Library made reading materials available to help occupy patients' time. Neighborhood House connected patients and their families to their preschool, housing and healthcare programs. The City of Seattle's Digital Equity Team discussed low-cost internet services, while Molina Healthcare helped educate patients about Medicaid, Medicare and other insurance programs.

"This is absolutely AWESOME!! I am so grateful that you all have given of your time, your help, and your loving hearts. EVERY PERSON has been amazingly helpful with such compassionate hearts, and with enormous amounts of love and awesome attitudes. You ALL are GREAT! Thank you so much from a very grateful recipient who is a widow, super low income, and was in great need of many services. Thank you a million times."

- Rosemary, Patient

"I am so grateful for all the volunteers who shared their expertise, knowledge, and valuable time to help us get the best treatment possible. In time of scarcity and still in COVID times, it's a great relief to receive care which I would otherwise not be able to afford. Again, thanks so much to all of you."

- Josephine, 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 throughout the clinic. 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. Some of their reactions were conveyed by volunteers.

"For part of my volunteer stint, I had the incredible honor of interpreting. I was blown away by how much the care, concern, and connection meant to the clinic's patients. One patient wrapped up her visit in dermatology with tears of gratitude. Her birthday was the previous day and her family had given her the transportation and support to attend the clinic for her birthday. She said it was the most meaningful gift ever. Her sentiments were echoed across all of the patients who I had the privilege of serving."

"As a volunteer, I overheard one patient talking to another. 'I have a primary care doctor, and I see specialists, but I can feel it when I walk in that the people here actually want to be here, they are not here because they have to be, and to me that's worth the wait. I get more information and more smiles in the four days I come here than I do at the doctors' offices.'"

Few criticisms were offered, though some patients expressed frustration with the long wait times or disappointment due to not being able to seek more services before the end of the day. Still, the most frequent statement expressed by patients during the clinic was one of gratitude.



VOLUNTEERS

The clinic could not have happened without the commitment of 3,952 volunteers during the four-day clinic and more than 565 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 development.

Most of the volunteers came from Washington, 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. Of those who responded to the survey, 44.5% were first-time volunteers while 8.2% had participated in the clinic since its inception in 2014. They spoke more than 37 languages (both interpreters and other professions alike) and represented 53 professions or volunteer classifications (Table 6). The participation of 342 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 clinic is also a valuable learning opportunity for healthcare students. While many participated in support capacities, the clinic also served as a platform for dental, dietetics, medical, nursing, nutrition, occupational therapy, physical therapy, public health and social work students to engage 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 and providing useful information to the clinic as well.

Independent Sector, along with the University of Maryland’s Do Good Institute, values volunteer time in Washington at \$34.87/hour. With over 44,020 recorded hours during the week of the clinic, this results in at least \$1,534,977 in donated time. However, given the professional rates of healthcare volunteers, as well as the untallied hours that went into planning the clinic, a higher figure can easily be assumed.



PROFESSION/CLASSIFICATION	QTY
Acupuncturist	20
Certified Nurse Midwife/ARNP	10
Chiropractor	7
Dental Assistant	189
Dental Equipment Technician	12
Dental Hygienist	114
Dental Lab Technician	38
Dentist	239
Dermatologist	16
Dietician/Nutritionist	15
Emergency Medical Technician	6
General Support/Interpreter	1849
Health Insurance Navigator	28
Healthcare Resource Professional	139
LPN/LVN	3
Medical Assistant	75
Medical Professional - Other	98
Mental Health Counselor	15
Nurse Practitioner	19
Nursing Assistant	24
Occupational Therapist	12
Ophthalmic Asst/Tech	56
Ophthalmologist	47
Optician	49
Optometric Asst/Tech	21
Optometrist	44
Paramedic	1
Pharmacist	17
Pharmacy Technician	5
Physical Therapist	26
Physical Therapy Assistant	3
Physician	64
Physician Assistant	2
Podiatrist	1
Psychiatrist	3
Psychologist	4
Radiologist	10
Registered Nurse	413
Social Worker	20
Student - Dental	21
Student - Dental Assisting	14
Student - Dental Hygiene	24
Student - Dietician/Nutrition	7
Student - Medical	65
Student - Nursing	32
Student - Optometry	3
Student - Pharmacy Intern	3
Student - Physical Therapy	7
Student - Psychology/Mental Health	3
Student - Social Work	10
Technologist - Medical/Lab	16
Technologist - Radiology/X-Ray	16
Technologist - Ultrasound	17

Table 6. Volunteer participation during clinic.

"The clinic has renewed joy in my profession (which has been hard to come by). Personally, it has been among the most meaningful experiences in my medical life."

- Anonymous, Volunteer

Clinic Communication & Organization

Effective communication with volunteers is paramount to the success of the clinic. Organizers were pleased that 97.0% of responses indicated that the registration website was easy to use. Almost 98.0% of volunteers also agreed that organizers communicated well with them in advance of the clinic and 95.1% said the orientation materials they received helped them to be effective.

Volunteers were also asked questions about communication within the clinic. Many of the respondents (97.0%) agreed that volunteers communicated well with each other across the clinic; 95.4% said they received proper guidance and instructions to be successful in their role; 97.2% also reported leadership helped to answer questions that came up.

Volunteers expressed some frustrations including periods of idleness when patient demand was not as anticipated, challenges with escorts handling patient flow, the need for more interpreters leading to delays, as well as noise level in certain areas making it difficult to hear discussions. This feedback will help organizers to examine mitigation efforts for the future.

Volunteers also appreciated the effective organization of the clinic as well as the collaborative environment. 96.6 % of volunteers indicated the clinic was well organized and had adequate supplies (97.0%) (Figure 10). "This is the most organized clinic I have ever volunteered for. I was amazed how everyone helps each other and when things maybe run into a glitch everyone works together to get things done."



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 the volunteer experience. The majority (97.8%) of volunteers who responded to the survey indicated their experience was worthwhile and said they were treated well by other volunteers and organizers (98.4%). Furthermore, 95.7% of volunteers said their participation made them feel more connected to the community and/or their profession and 96.1% said that they deepened their awareness about the state of healthcare in the community and the needs facing this patient population. Almost all (98.2%) respondents agreed that they would be interested in volunteering again and would recommend the experience to colleagues and friends (Figure 11).

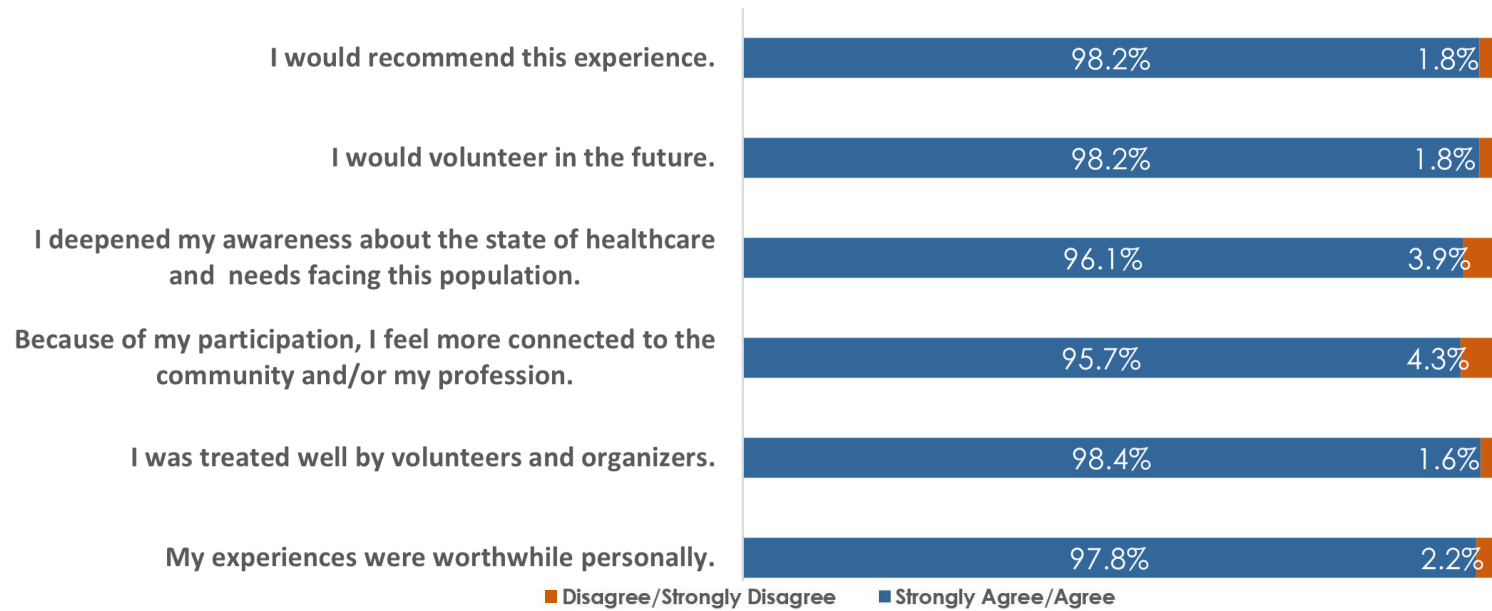


Figure 11. Volunteer experience.

“I’m rarely lost for words, but experiencing the full clinic for the first time has made me speechless. The attention to detail is impeccable! At first glance the campus looks like bees buzzing around a hive, not really clear on what is happening. And as the details of the work are revealed you realize that this is one of the biggest comprehensive healthcare clinics in our city, state and possibly the country. The clinic is the best example of people coming together to support one another. Everyone from the greeters, interpreters, snack distributors, records keepers, logistical managers, lab techs, security monitors, social workers, nurses, surgeons, donors, service animals, vendors, and the thousands of volunteers that I may never have a chance to meet, all come ready to help.”



"I deeply appreciate the opportunity to support such an awesome service organization with so many who care about our city. It makes me proud of what can be done when we all work together."

- Anonymous, Volunteer

Volunteers were also asked about the clinic's impact on them personally and professionally. Many healthcare workers expressed that their time at the clinic had been a powerful antidote to burnout and appreciated the freedom of being able to treat patients without the institutional barriers of a healthcare system. "Meeting and learning from other nurses creates a broader nursing community feel - I think we are often siloed into the hospital we work at, and SKCC allows us to come out of those comfort zones a bit. I also enjoy the nice change of pace from burnout and compassion fatigue in the hospital system. SKCC seems to have a tremendous impact on community members - many of whom do not have insurance, have difficulty navigating the overly complex healthcare system, speak a language other than English, or have experienced other barriers while trying to advocate for their medical and psychosocial wellbeing."

Others felt a renewed sense of community and humanity through their experiences with patients and volunteers alike. "SKCC fosters a sense of ownership for our community; we have skills and a duty to use them to improve people's wellbeing, and the clinic provides a forum for us to do that. Rather than just staying frustrated about what government is or is not doing for our community, we have the chance to affect change. Many of us believe the strength of the community is dependent on the health of its members, and this was an opportunity to live out that value and impact fellow community members for good."





Volunteer Perspectives on Clinic Impact

Volunteer feedback also contributed information about the treatment patients received as well as who attended the clinic.

99.1% of respondents who interacted with patients said that volunteers treated patients with respect and 98.5% also said that patients appeared satisfied with the services provided. “When I see patients expressing their gratitude for being served, I remember how SKCC has supported patients with thoughtfulness and compassion throughout the entire process. I’m grateful they are served as people instead of as just another number.” Healthcare professionals who responded to the survey (99.5%) said patients received quality treatment. 97.0% indicated they had adequate time to spend with patients (Figure 12).

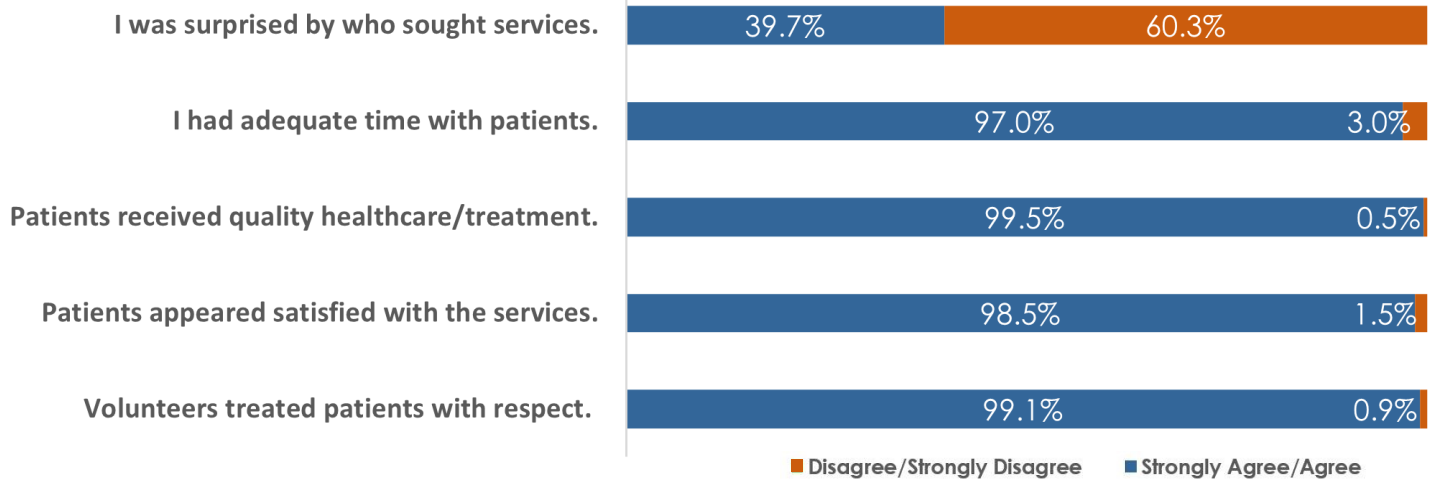


Figure 12. Volunteer perspectives.

“SKCC addresses immediate healthcare needs of our region’s most vulnerable residents. Sadly, without SKCC many of these needs would go completely unmet or would be unmet for an extended period of time. This is an incredibly vital, positive impact that saves and improves the lives of patients. SKCC is also a demonstration of caring to people who may often feel invisible. Finally, SKCC provides an opportunity for community volunteers to contribute meaningfully and directly. Becoming reacquainted with our humanity is a great gift.”

"Being part of this group and giving the gift of myself to benefit people in our community is one of the most heart filling things I have ever done. Being part of patients being able to smile with teeth is something I will remember forever."

- Sherill, Volunteer

39.7% of volunteers, mostly first-time participants, said they were surprised by who sought services at the clinic. Many indicated they expected people who were experiencing homelessness but instead discovered, "it's really people in all situations - people who work part-time jobs and do not have health insurance through their employers, people who do have insurance but still struggle to afford healthcare, people whose health insurance does not cover vision or dental, etc. There are lots of reasons the current system does not allow everyone to get care." Volunteers were also surprised by the high immigrant and refugee population. The experience heightened awareness about existing healthcare gaps, who struggles to access care and why.

"Being present to see the scale of individuals who need services because they cannot receive them otherwise was a powerful and important experience."

Thoughts on the Healthcare System

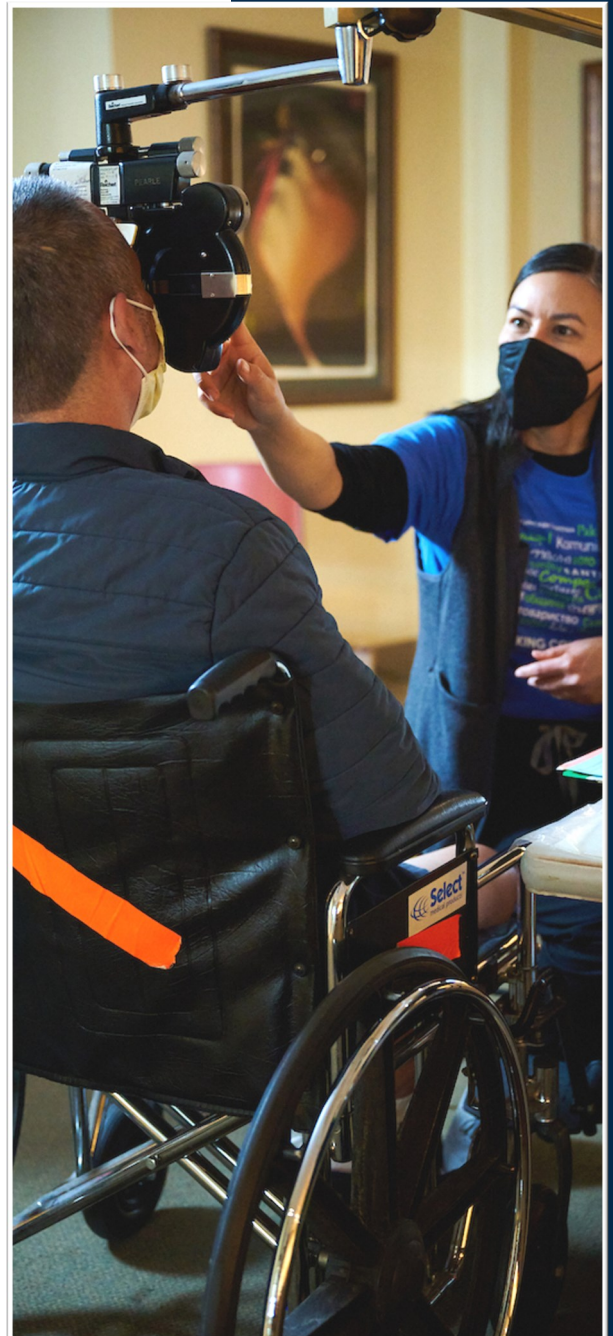
Volunteers also expressed disappointment in the state of the healthcare system and the barriers to care patients face, feeling frustrated that there is such a need for the clinic, but valuing the role it plays in the community. "I think one important factor [of Seattle/King County Clinic] is that care is provided to anyone who walks in the door, with no conditions as to citizenship, housing status, etc. The community clinic system is inadequate for capturing everyone who needs help because of the requirements that may seem small to many but are large to populations who do not meet the minimum requirements."

"[This clinic] deepened my awareness of the limits of the healthcare system in the US, especially failing to give basic treatment to everyone. Every individual should be able to go to a dental or medical office when they are in pain. They shouldn't have to wait a long period of time for a free clinic to receive treatment."



Beyond volunteer reflections on gaps in the healthcare system, feedback from patients also highlighted actionable changes that could be implemented now. As part of a listening project, students from the University of Washington Center for Health Sciences Interprofessional Education conducted interviews with patients as they waited for services, hoping to gather insights on what they most wanted from their healthcare providers.

Patients reported feeling rushed during appointments, being unheard or discredited by their providers, and an overall lack of curiosity or investigation into their symptoms. Overwhelmingly, patients expressed the desire to be actively listened to, to be trusted and believed regarding their own bodies, and to receive care that is both culturally competent and thorough. One patient said, "I'm someone who served my country. I would have died for my country. I just want to be listened to, to be treated like a person."



CLINIC ADMINISTRATION

Seattle Center Foundation serves as the non-profit fiscal agent for Seattle/King County Clinic, raising funds and resources required to operate beyond what Seattle Center provides with project management, facilities and event labor. As anticipated, the clinic was impacted by inflation. Depending on the category, expenses increased by 20% to 50% especially related to supplies, food and service costs. The budget was also impacted by the need to rebuild the clinic's inventory of healthcare supplies that expired or were donated to other charitable efforts during the three-year hiatus. Overall, cash expenses increased by 30.6% compared to 2020.



This year, most in-kind donors did not declare a value for their contributions making it difficult to evaluate how much cost was offset. Cash expenses were largely defrayed through the donation or loan of healthcare supplies, equipment and services, interpretation and translation services, operating equipment and volunteer labor. The remaining array of needs were covered with cash resource (Figure 13).

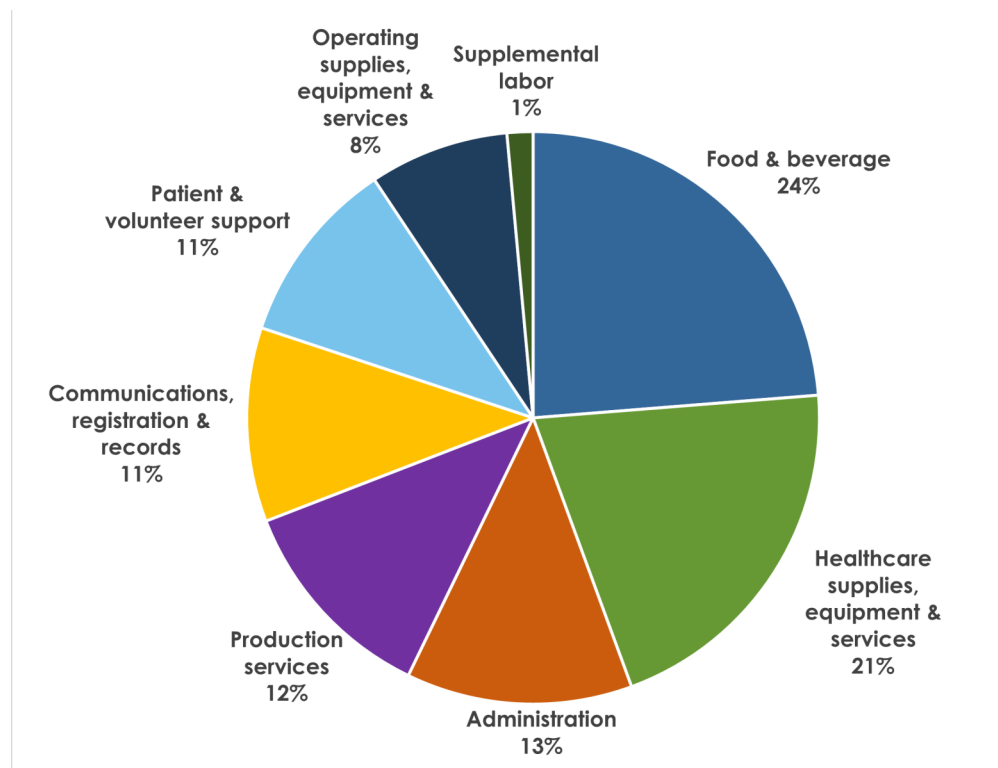


Figure 13. Cash resource allocation (does not represent value of services to patients or volunteer time).

I wanted to personally thank you on behalf of my siblings and my father for the time, energy, attention and care you spent to ensure my dad received the care he needed. We don't have the words to express how much we appreciate what everyone did behind the scenes to juggle his care. You always demonstrate respect, kindness and compassion in all you do. You are an example and a model for the highest level of humanity we can reach."

*- Danielle,
Daughter of Patient*

CONCLUSION

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

“I cannot express how much your kindness and support have meant to me during a difficult time in my life. The doctors, nurses, and staff at the event have been like angels to us, offering not only medical care but also emotional support, a listening ear, and a shoulder to lean on when needed most. Your unwavering commitment to helping those in need is truly inspiring and has had a profound impact on our lives. Thank you for everything you do, from the bottom of my heart. Your dedication to serving the community and making a positive difference in people’s lives is a gift that cannot be measured. Please know that every staff [person] is appreciated more than words can express.”

- Anonymous Patient

“Working in mental health and academia you see daily how both systems are broken, overwhelmed, and not meeting the needs of those who have been marginalized. Working at the clinic restores your sense of hope, purpose, and passion for what you do. For the 4 days I was at the clinic, you see once again the humanity in the eyes of others - the providers, volunteers, and patients. Everyone is pulling in the same direction with the foundation of altruism and hope.”

- Anonymous Volunteer





"Just a note to express my deepest appreciation for all you did for the Seattle community by bringing back the health clinic! I am impressed with the professionals, volunteers, and all the other support systems (and snacks) involved. I realize and understand that this event is NO easy task and I want you to know that I am grateful and thankful for this gift of service to the citizens!"

Peace & Love, Carmell, Patient

CASH DONATIONS

\$250,000 +

Amazon

Kaiser Permanente

\$25,000 - \$75,000

Bill & Melinda Gates Foundation

Costco Wholesale

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Climate Pledge Arena	Q3 Assets Lite Tite
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John and Susan Schwarz	Vision Plus Bellevue
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Kaiser Permanente	Washington State Department of Health
Kerr Dental	Willamette Dental Group
KLS Martin LP	
Lacrosse Balls Direct	
Mediterranean Inn	
Microsoft	
Neighborhood House	
Northeast Seattle Tool Library	

Not inclusive of volunteer/staff time.

“Everybody here has been more than happy to help, jumping at the chance. Services provided are far more than I expected, and life changing for those who need it. I’m also amazed with how quickly people are given help, especially with how many people need that help. Whatever you are doing, you are doing it right, so please keep on doing it! Thanks!”

- Anonymous, Patient

2023 SEATTLE/KING COUNTY CLINIC PARTNERS

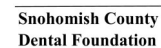
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