

SEATTLE/KING COUNTY CLINIC

A Community of Compassionate Care

FINAL REPORT

2024

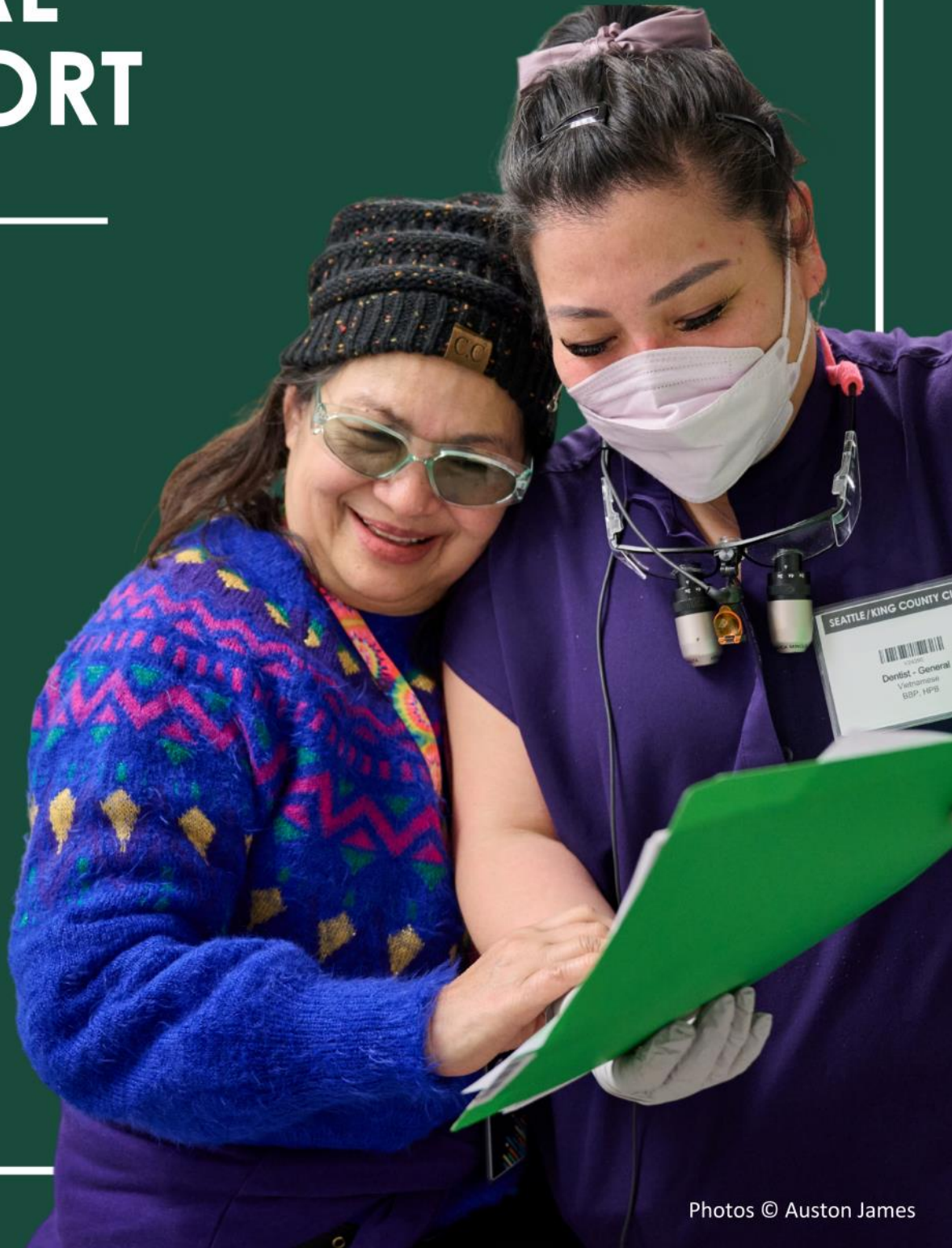


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INTRODUCTION

Seattle/King County Clinic took place over four days, February 15 - 18, 2024, at Seattle Center. More than 107 organizations along with 3,968 volunteers contributed to the project. A wide range of clinical services were offered, free of charge, on a first-come, first-served basis to 2,900 individuals. Due to clinical volunteer shortages, organizers were disappointed they could not admit as many patients as desired and had to turn people away. However, the clinic did achieve its goal of attracting a racially diverse and economically disadvantaged patient population who received more than \$2.8 million in dental, vision, and medical care. 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



Saved patients
\$2.8M+
in out-of-pocket costs



3,968
Volunteers



2,900
Patients served



107
Participating organizations



Healthcare Access – A Community Priority

In its nine years of operation, Seattle/King County Clinic has witnessed many healthcare, economic, and societal trends that have driven patients to its doors. Coincidentally, the clinic's inception aligned with the implementation of the Affordable Care Act. Many in the community, including clinic organizers, hoped that this would lead to systemic change and the need for free clinics would eventually be minimized. However, optimism was short-lived, and impacts related to employment, changes to insurance, migration, healthcare mergers, inflation, a pandemic, threats of public health clinic closures, and a healthcare staffing crisis have taken their toll. As each trend has played out, many people who never anticipated needing a pop-up clinic felt they had to consider it as an option.

Data and anecdotal evidence indicate that the current demand for clinic services is at its greatest in nine years, with the largest increase being from people who are referred to as the 'missing-middle.' These patients are largely housed and employed/retired but are increasingly left out of healthcare systems and safety nets because they are uninsured or underinsured and make too much to qualify for assistance but not enough to afford the care they need. Coupled with provider shortages, long waits to get an appointment, high cost of living, as well as care needed "above the neck" (dental, vision, mental health) often being treated by health systems and insurance as a secondary consideration, people want to take care of their health but are faced with difficult circumstances related to access and affordability.

These challenges are also highlighted in the King County Community Health Needs Assessment 2024/2025 (KCCHNA). The most recent report of its kind in the region, the assessment identifies healthcare access and delivery as a top priority based on input from both the community and King County Hospitals for a Healthier Community Collaborative. As also observed in the patient population at Seattle/King County Clinic, it further "emphasizes the impacts of poverty and economic insecurity, unemployment and underemployment, language barriers, systemic racism, and discrimination on community health."

The healthcare landscape is quite different than when Seattle/King County Clinic began. As barriers to care persist, the KCCHNA acknowledges, "Collaboration and partnerships between public health, health systems, behavioral health systems, and community organizations will continue to be an essential component of the development of effective community health improvement plans to address these areas." While no one anticipated being in this position when the clinic was conceived, organizers are committed to using its patient-centered principles and collaborative approach to help fill the gaps from public health clinics, community health centers, and other health systems as we work toward regional improvement in meeting the needs of the community.



"This is the way healthcare should be. People being treated with respect and dignity with little judgement on their circumstances and receiving the care they need regardless of politics and religious beliefs."

- Anonymous, Volunteer

“I think the clinic signals to our community that they matter, and that other people care about them. I think the clinic reminds us how connected we are, and how much one person's health/unhealth impacts us all.”

- Anonymous, Volunteer

PATIENT POPULATION

A core tenet of Seattle/King County Clinic is accessibility. To be as low-barrier as possible, the Clinic does not require any form of identification or information from patients other than a name and birthdate to initiate their record. However, many patients willingly provide additional information understanding that it may aid in their treatment or provide insight into the healthcare system. Optional demographic questions were also asked at registration, while health histories and vitals were documented at intake. Patients were ensured that any collected data used for community reporting purposes would be de-identified and discussed only in aggregate.



Historically, most patients chose to respond to all demographic inquiries. However, in recent years, up to 25% of patients have opted out of a given question. There are many reasons a patient may choose to skip one or more questions, some of which may be: they are eager to get through registration and into their desired service, they are afraid to answer due to their documentation status or other vulnerabilities, the wording of a question is too confusing or difficult to follow, or language barriers persist despite interpretation services being available. This trend will prompt further consideration into the phrasing and content of these demographic questions to ensure accessibility and encourage higher response rates.

Gender

Registration data showed a relatively even distribution among female and male patients; 52.0% of patients were female; 46.8% were male. Very few (0.6%) patients indicated they were transgender, non-binary, or other, while 0.6% preferred not to share.



Age

The average age of registered patients was 45 years old. Just over three-quarters (77.5%) of patients were between 18 and 59 years old. The distribution of patients by their age is shown in Figure 1.

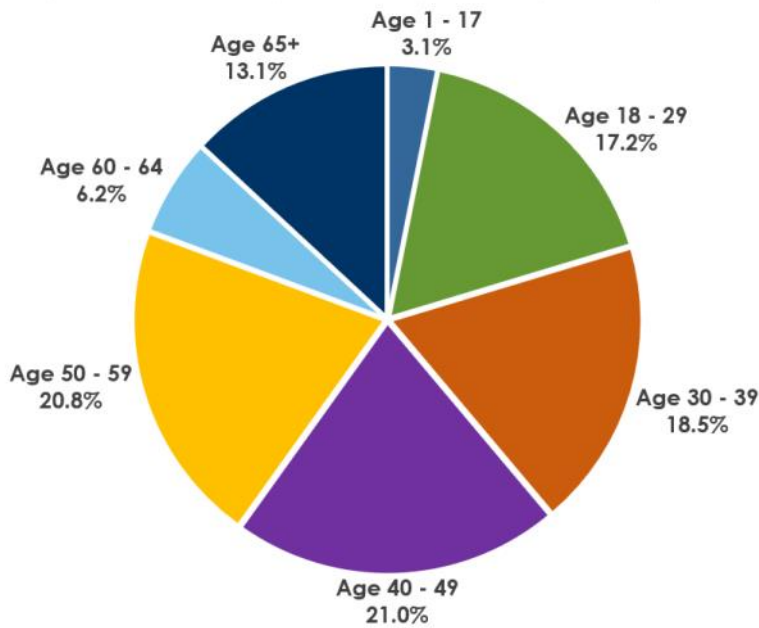


Figure 1. Patient distribution by age.

Ethnic Identity

Patients' ethnic identities represented a wide-ranging population, however some shifts in demographics did occur in comparison to 2023. This year, 40.2% of registered patients identified their ethnic identity as Latino/Hispanic, up 15.0% from the prior year. 16.4% identified themselves as Asian and 11.4% as either Black or African. 12.6% were White. The remaining 12.2% of patients were spread across other ethnic identities as shown in Figure 2. 12.1% chose not to answer the question.

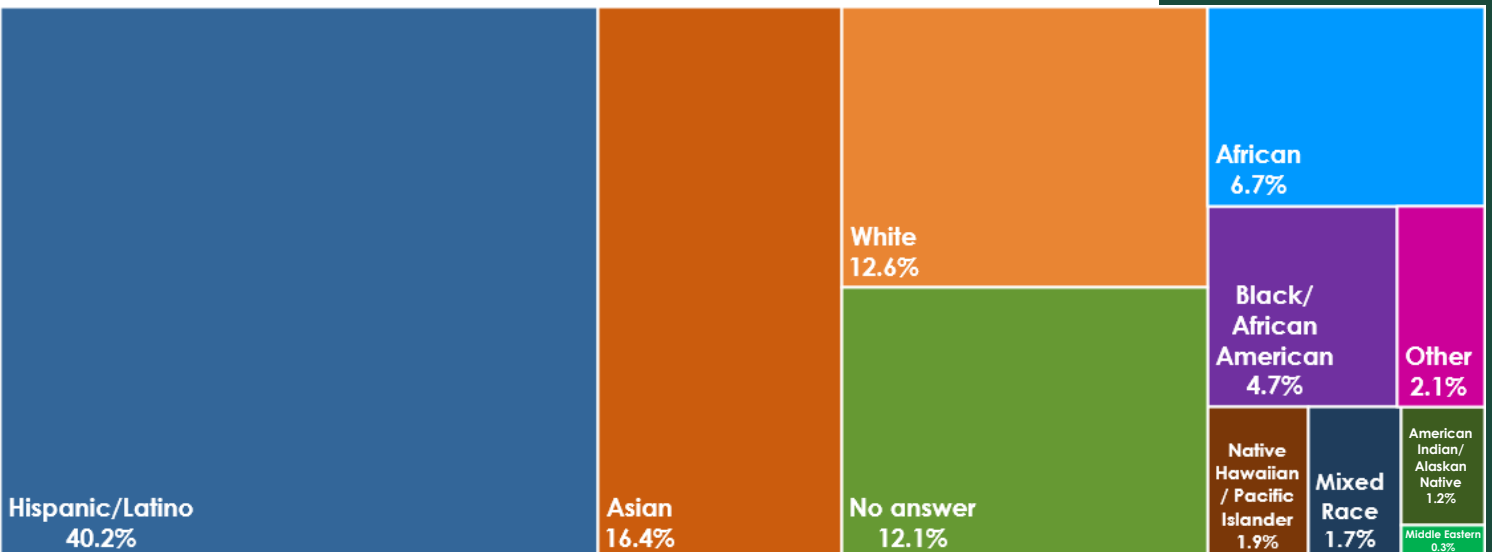
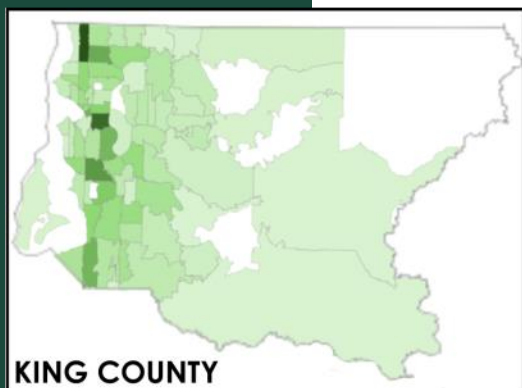


Figure 2. Patient distribution by ethnic identity.

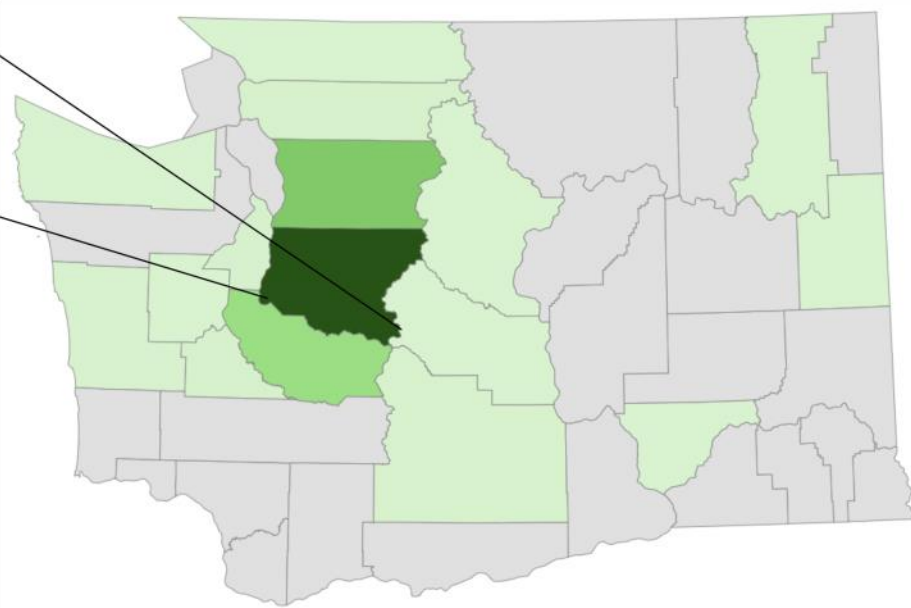


Where Patients Live

Registered patients came from 186 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 (46.7%) was based in the City of Seattle.



Based on zip code data, most patients reported residing in either King (73.6%), Snohomish (16.0%), or Pierce (7.1%) Counties. The remaining patients reported a range of zip codes from across Washington state, hailing from: Chelan, Clallam, Franklin, Grays Harbor, Kitsap, Kittitas, Mason, Skagit, Spokane, Stevens, Thurston, Whatcom, and Yakima Counties. A handful of patients traveled from seven other states to attend the clinic. For a visual representation of statewide patient zip code distribution, see Figure 3.



186
Unique patient zip codes

16
Washington counties

8
States

Figure 3. Map of Washington patient zip codes by density.

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 system from AMN Healthcare. Onsite information and registration materials were printed in English, Spanish, Chinese, Vietnamese, and newly this year, also Amharic and Russian.



At registration, patients reported using 38 different languages. 45 patients indicated a language other than what was listed in the clinic’s registration system. AMN Healthcare’s medically certified interpreters assisted in translating 12 of these other languages.

The number of languages patients used and total number of patients needing language assistance was similar to 2023. In total, 59.3% of patients used a primary language other than English. Apart from a pronounced increase in Spanish speakers, the percentage of patients who used other languages either dropped or stayed roughly the same as the prior year.

AMN Healthcare provided 17,693 minutes of interpretation overall. 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. This year, an extra effort was made to recruit onsite interpreters in languages that had increased in 2023, namely for Spanish, Amharic, Russian, and Tigrinya. A higher rate of bilingualism was also noted in providers and other roles with high patient interaction such as registration, all of which likely contributed to the decreased reliance on the virtual interpretation system.

Employment & Military Status

This year, 42.2% of patients reported having either full-time or part-time employment while just over one-third (36.8%) were unemployed. Of the remainder, 7.8% were retired; 4.7% were minors or students; 3.4% were on disability (Figure 4). 4.9% of patients declined to share their employment status.

A few (1.7%) patients identified themselves as United States military veterans, while none reported being active members of the military.

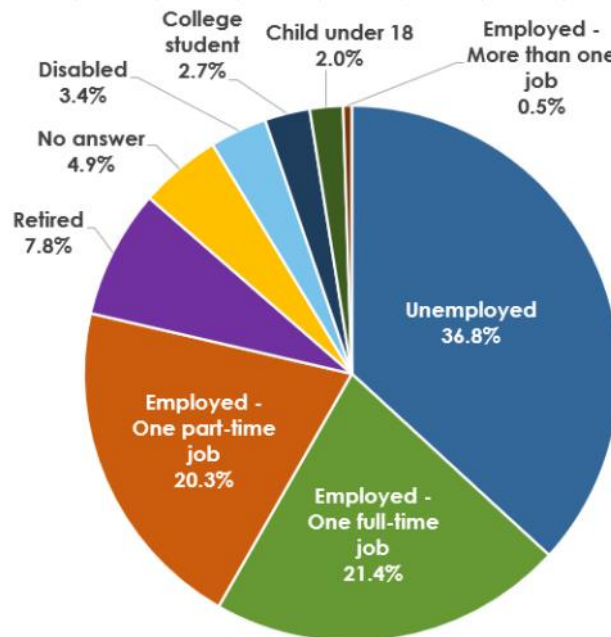


Figure 4. Patient employment status.

LANGUAGE	# OF PATIENTS
Spanish	1077
Mandarin	129
Amharic	68
Russian	47
Other	45
French	35
Mongolian	31
Portuguese (BRA)	31
Cantonese	27
Vietnamese	25
Arabic	20
Indonesian	19
Korean	19
Tagalog	17
Tigrinya	14
Ukrainian	13
Oromo	12
Thai	12
Somali	10
Japanese	9
Swahili	9
ASL	6
Farsi	5
Tongan	5
Turkish	5
Nepali	4
Bengali	3
Cambodian	3
Dari	3
Filipino	3
German	3
Khmer	3
Marshallese	3
Hindi	2
Burmese	1
Malay	1
Samoa	1
Wolof	1
OTHER LANGUAGES (Highest to Lowest Use)	
Polish	
Portuguese (EU)	
Persian	
Twi	
Achi	
CDI	
Romanian	
Karen	
Albanian	
Haitian Creole	
Bosnian	
Quechua	

Table 1. Primary languages other than English.

“Navigating the healthcare system can be difficult, but it's also scary when you can't understand your diagnosis and treatment. I can't count how many times I've seen the relief and sheer joy on a patient's face when they have an interpreter communicating on their behalf and bringing voice to their concerns. It makes you wonder how many times they've been ignored or unseen.”

- Vivian, Volunteer

Housing Status

Over half (63.3%) of patients stated that they resided in a rented room, apartment, or house; 11.7% said they were temporarily staying with family or friends; 9.9% lived in a house or condo they owned; 4.9% reported living in an emergency shelter, on the street or in a vehicle. 3.5% indicated an alternative form of housing while 6.9% did not respond to the question (Figure 5).

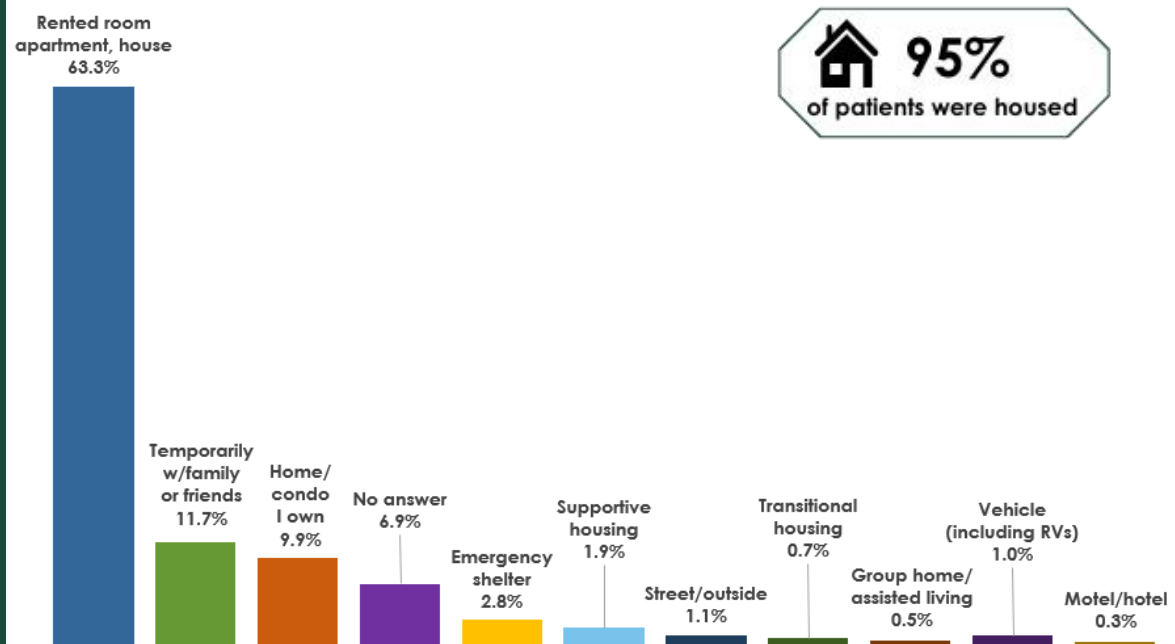


Figure 5. Patient housing status.

Food Security

In a new question this year, patients were asked if in the past 12 months they worried their food would run out before they got money to buy more. While 26.4% did not respond, one-third (29.6%) of patients replied yes; 44.0% said no.



Health Insurance Status

The clinic does not limit entry based on insurance status; clinic organizers hoped to attract people who needed services but had extremely limited means of accessing them. This year, the uninsured rate rose nearly 10.0% to 61.4%, the highest level recorded in the clinic's nine years of operation. 32.0% of patients indicated they had health insurance, the majority of whom had Medicare or Medicaid. The remaining 6.6% of patients did not report their insurance status (Figure 6).

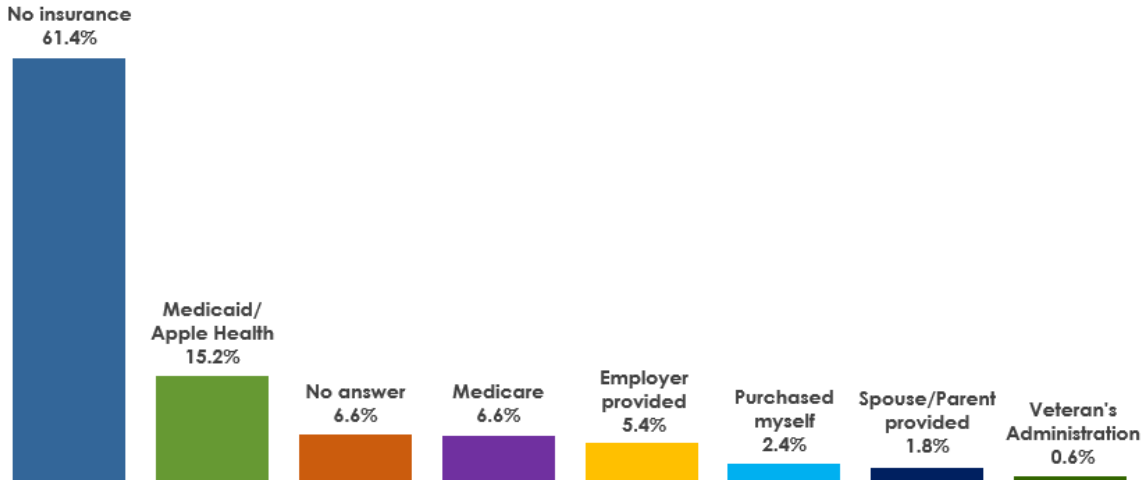


Figure 6. Patient health insurance.

Healthcare Access

Registration data showed 59.2% of registered patients reported receiving medical care within the last year; 44.9% received dental care, and 30.2% reported receiving vision care. Patients were not asked whether that care was at Seattle/King County Clinic or another healthcare facility. Conversely, 19.9% of patients indicated they could not remember when they last received professional eye care, or it had been more than 5 years; 18.9% indicated the same for dental; 12.8% for medical (Figure 7).

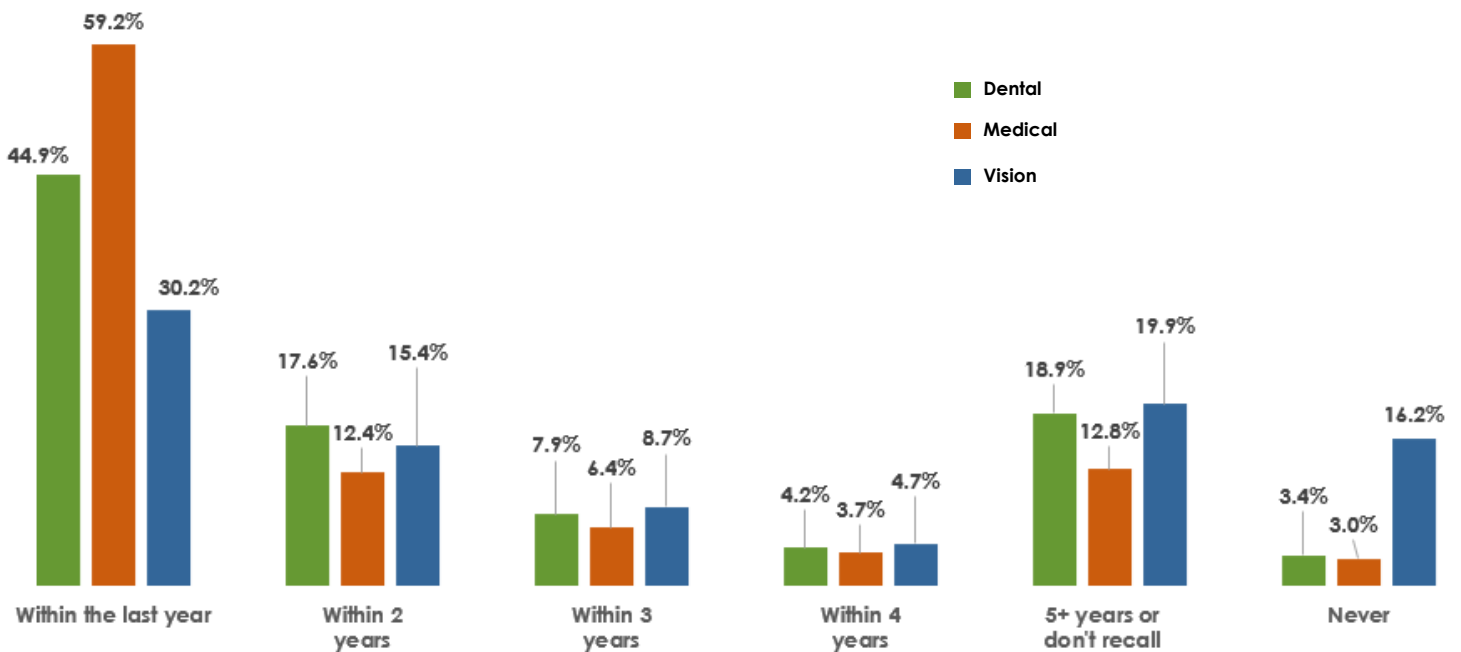


Figure 7. Time since last visit by care type.

When asked where they seek care when this clinic is not available, 34.7% of patients said they either do not seek care or go to the emergency room only, 25.4% reported going to a clinic or location where they do not have to pay; 21.2% stated they go to a location where they do have to pay and/or use insurance. 18.7% of patients did not answer the question (Figure 8).

When asked how they attended their last medical appointment, 78.0% of patients reported seeing a doctor in-person, 3.2% on the phone or via telehealth. 18.9% either did not remember or did not answer the question.

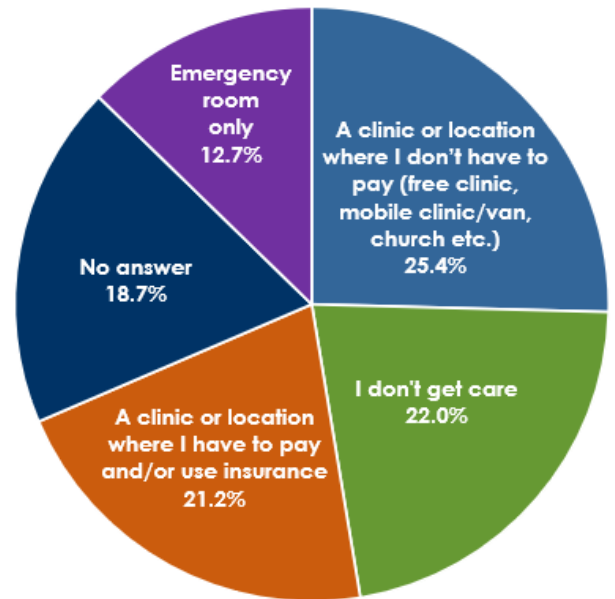
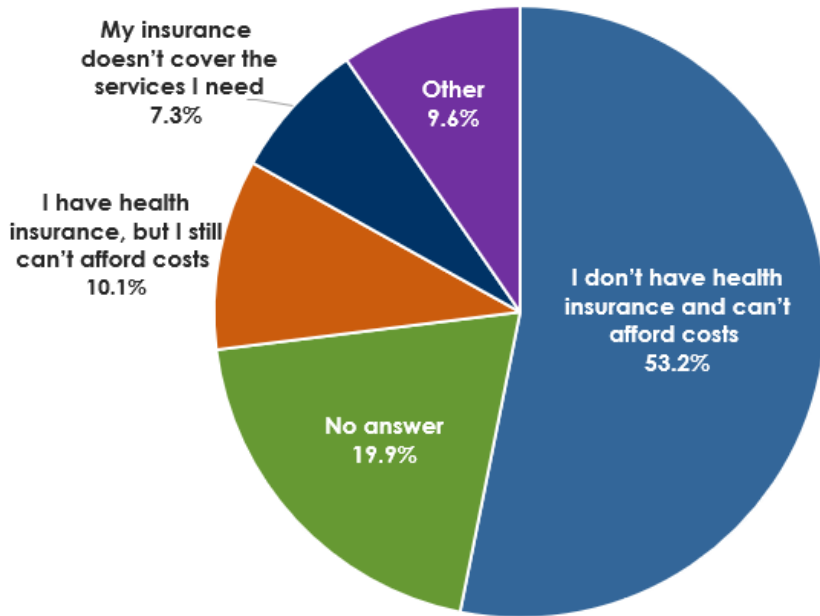


Figure 8. Where patients get care outside of the clinic.



Barriers to Care

While 19.9% of patients declined to share what prevents them from accessing healthcare, more than half indicated it was lack of insurance. 17.4% of patients said although they had insurance, they still could not afford healthcare costs, or their insurance did not cover needed services (Figure 9).



OTHER	%
The process is difficult to understand or is too complicated	2.1
The wait to get an appointment is too long	1.4
I can't find a health care provider to take Medicaid/Apple Care or Medicare	1.3
I'm undocumented	1.2
I don't have time to go to the doctor or dentist	1.1
Transportation is difficult	1.0
I'm afraid	0.5
There aren't enough healthcare providers where I live	0.5
I have a hard time finding childcare	0.2
Doctor, dentist or clinic hours don't work with my schedule	0.2

Figure 9. What prevented patients from accessing care.

Just under one-half (46.7%) of patients said they had been waiting more than seven months to get care for the health conditions they were experiencing, the vast majority of which (41.0%) had been waiting more than a year. However, 24.4% did not respond to the question (Figure 10).

When asked more generally if it was harder or easier to access healthcare in the last 5 years, nearly half (45.0%) of patients said it was harder, a 10% increase since 2023. Out of the remaining patients, 16.1% felt it remained the same, 11.5% indicated it was easier, and 27.3% did not respond to the question.

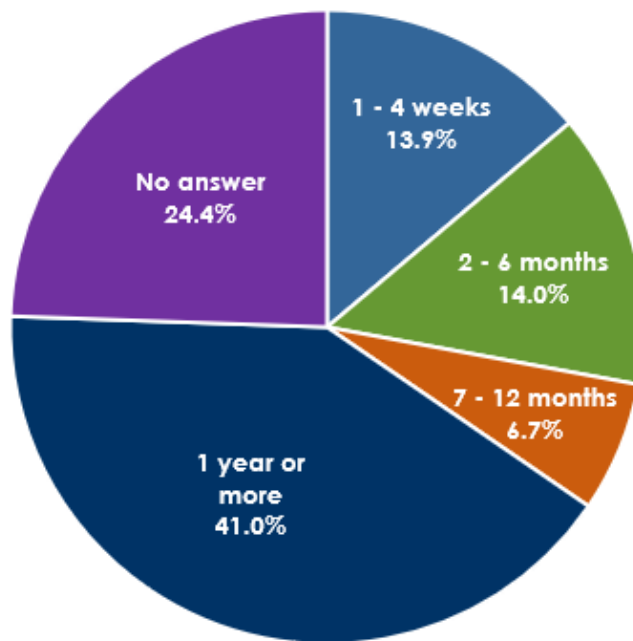


Figure 10. How long patients have waited for care.

“It’s heartwarming to witness the kindness and empathy displayed by our community during the Seattle/King County Clinic. I was struck by the care and compassion shown by both the recipients of services and the hundreds of volunteers who came together to provide care. Our ultimate goal should be to ensure that such clinics are no longer necessary. Until then, let’s continue to support and uplift our community in any way we can.”

- Vanetta, Partner

Health Conditions

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

Vaccination Status

70.5% of patients reported being vaccinated against COVID-19; 30.5% were vaccinated for Hepatitis B and 26.5% for Hepatitis A.

Substance Use

18.3% of patients indicated they used alcohol excessively; 7.3% indicated they used cannabis; 6.8% used tobacco; 2.5% smoked e-cigarettes/vapor. Patients were also asked about illegal or excessive drug use. 0.8% admitted to using opioids; 0.8% used other drugs; 0.5% had overdosed on drugs; 0.2% used intravenous drugs.

Behavioral & Mental Health

14.4% of patients suffered from anxiety; 12.7% had depression; 7.1% had a behavioral health diagnosis, and 1.9% had other emotional concerns or disorders.

Other Health Issues

12.4% of patients self-reported having hypertension; 8.3% knew they had diabetes; 6.4% were dealing with cataracts; 5.4% were asthmatics; 2.5% presented with either Hepatitis A, B or C; 1.9% had heart disease or had experienced a heart attack; 1.9% reported having glaucoma or macular degeneration; 1.4% had a history of seizures; 1.1% had a history of STIs; 1.3% had a history of strokes; 1.2% had liver disease; 1.1% reported having an autoimmune disease; 0.5% had COPD; 0.2% were HIV+.





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 18 different languages.

The most pronounced rise in patient populations this year was that of the Latinx community, which made up nearly half of all registered patients. Some of this increase may be attributed to robust outreach efforts and an abundance of ethnic media and social advertising options for the Spanish-speaking community. In developing the clinic's paid media presence, organizers noticed a lack of advertising options for some populations despite a large presence of these communities in the Puget Sound region. By contrast, the opportunities to promote the clinic in print, online, and on the radio in Spanish were plentiful, and the clinic was able to enlist the help of a Spanish speaking volunteer to conduct several in-language and culturally informed interviews for this community.

Due to social media advertising parameters, clinic organizers were limited in their ability to target audiences based on income but had ample opportunity to target immigrant communities through language or country of origin. This likely created a gap in who was aware of the clinic's services and contributed to the higher presence of immigrant communities when compared to those who speak English as their first language. Future investment in other forms of patient outreach will be needed to reach additional low-income populations.

The media landscape has also shifted in the last few years as many local news outlets have shut down or been bought by national conglomerates, complicating efforts at an earned (non-paid) media presence. For outlets that are still active, the tone and focus of coverage has changed as have their audiences, as more articles live behind inaccessible paywalls and national trends continue to dictate local news. As more people shift to social media for their information, efforts for organic coverage will need to be made through engagement with accounts that endeavor to share accurate local information and have a high following of the patients the clinic serves, among other methods.

"I thank you for providing this valuable service. I was afraid of going, I went because I had severe dental pain and no dental insurance. My fears were soon alleviated. I was welcomed by all the kind and caring people that guided me through the process. Feels so good to wake up without dental pain every day! Thank you from the bottom of my heart!"

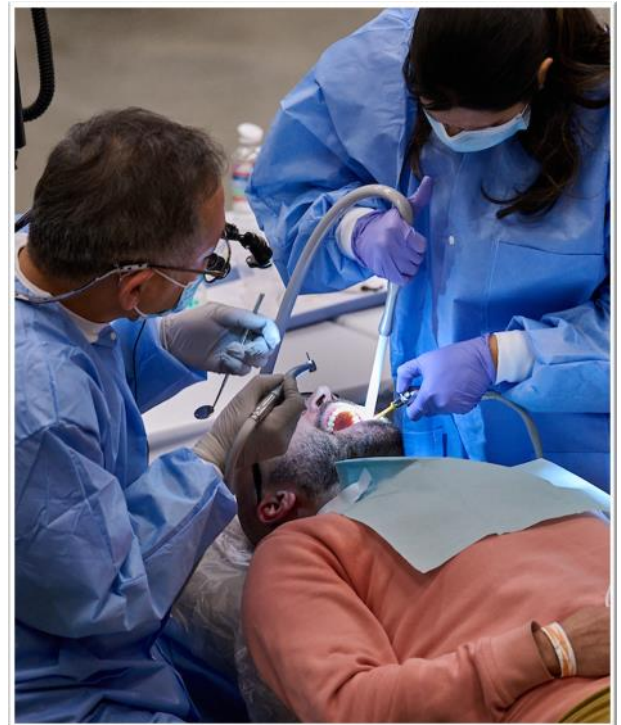
- Lorraine, Patient

SERVICE	QTY
Amalgam 1 Surface	13
Amalgam 2 Surfaces	11
Amalgam 3 Surfaces	7
Amalgam 4 Surfaces	7
Biopsy	6
Composite 1 Surface	225
Composite 2 Surfaces	298
Composite 3 Surfaces	116
Composite 4 Surfaces	71
Debridement	119
Extraction	703
Flipper	78
Fluoride Application	369
Prophy (Cleaning)	329
Root Canal	63
Scaling	136
Silver Diamine Fluoride	21
X-Ray - Bite Wing	742
X-Ray - PA	878
X-Ray - Panorex	204

Table 2. Top dental services.

SERVICES PATIENTS RECEIVED

During the 48 hours of clinical operations, more than \$2.8 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. Sadly, the time of year resulted in lower volunteer enrollment, as well as a 16% no show rate, which reduced the capacity of some clinical areas and services. Still, organizers were pleased that the clinic served a combined total of 3,708 patients across the three care areas.



Dental

1,459 patients received dental care. The clinic saved them more than \$1.33 million in out-of-pocket costs.

The services indicated in Table 2 are the top dental treatments documented on patient records.

The dental area experienced the greatest impact of low provider turnout, especially on Thursday. Coupled with a nationwide shortage of hygienists, this reduced capacity by at least 12% compared to prior years. However, CAD/CAM crowns were offered again, to the delight of many, which also contributed to an uptick in root canals. Oral Medicine had an increased presence as well which was of significant benefit to patients.



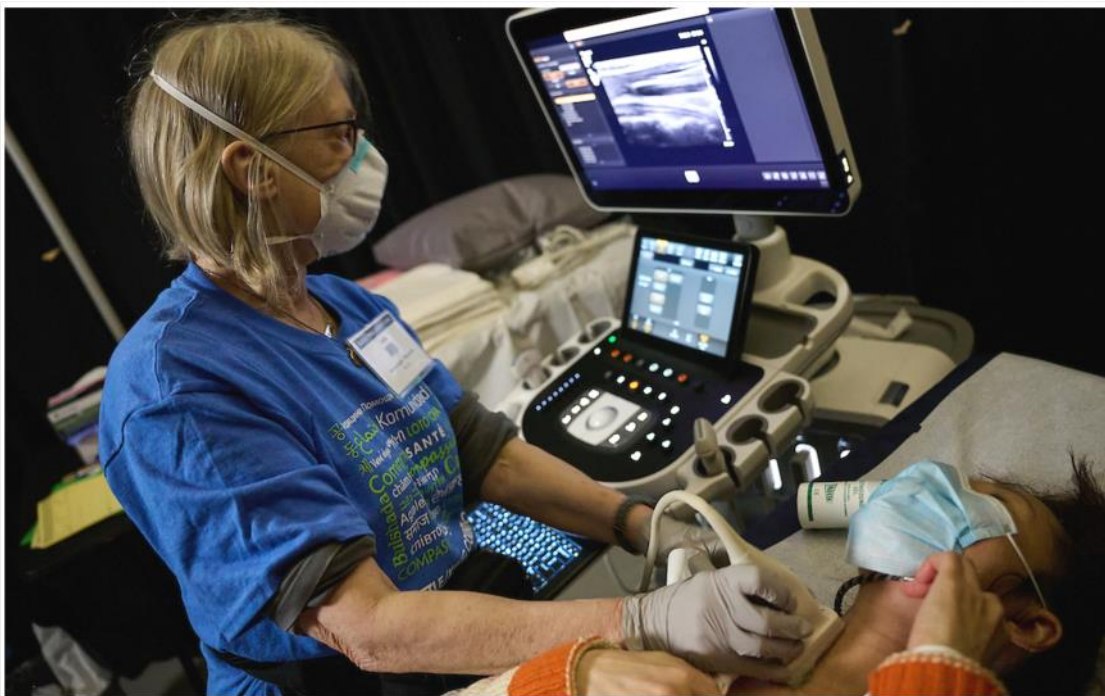


Medical

1,254 patients received medical care. The clinic saved them more than \$944,000 in out-of-pocket costs.

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

This year there was a notable increase in patients who only came for medical care. Often medical services are sought after dental and vision care. Organizers and patients were disappointed that chiropractic care had to be cut due to a low volunteer response. Low staffing resulted in podiatry only being offered on one day. Last-minute cancellations also caused naturopathic care to be closed for two days. However, organizers were excited to expand dermatology, add to vaccine offerings, and provide follow-up pro-bono counseling to patients who sought behavioral health services.



SERVICE	QTY
Acupuncture	212
Behavioral Health	84
Dermatology: Exam	212
Dermatology: Cryotherapy	33
EKG	76
Foot Care	117
Foot Care: Podiatry	57
Hepatitis C (Rapid) Testing	174
HIV (Rapid) Testing	159
Immunization: COVID-19 Booster	217
Immunization: Flu	212
Immunization: Hepatitis A/B	227
Immunization: MMR	116
Immunization: Shingles	39
Immunization: Tdap	140
Lab Tests	2263
Mammogram	191
Nutrition	110
Occupational Therapy	71
Occupational Therapy: Splint	63
Physical Exams	430
Women's+ Trans Nonbinary Health	232
Physical Therapy	187
Ultrasound	125
X-Ray	144

Table 3. Top medical services.

SERVICE	QTY
Eye Exam	880
Glasses - Readers	46
Glasses - Rx Bifocal	402
Glasses - Rx Single Vision	496
Pre-Testing	995

Table 4. Top vision services.



Vision

995 patients received eye care. The clinic saved them more than \$581,000 in out-of-pocket costs.

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

Research has shown that eyeglasses can dramatically improve a person's life by increasing earning potential, improving occupational and public safety, supporting educational experiences, and enhancing their ability to perform everyday tasks. Patients echo these reasons for seeking care at the clinic along with the fact that most free clinics and community health centers do not offer eyecare, insurance coverage for vision is spotty, and costs are out of reach, especially for prescription eyeglasses.



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, organizers know resource services are an invaluable part of a patient’s care (Table 5).

In-Clinic Resource Navigation

Social workers and health insurance navigators 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 364 patients with external resources. Navigators assisted over 312 patients and their companions with health insurance questions and/or enrollment. Pharmacists were also available onsite to provide medication counseling and help patients get connected to free or affordable prescription drug programs.

This year, the clinic continued its partnership with King County 211 and Unite Us to provide secure online referrals to various social services. They connected patients with a wide variety of resources and enrolled 48 patients into their care management program. In addition, representatives from HealthierHere’s Community Hub were onsite for two days. They too assisted patients with navigating the healthcare system and connecting patients to year-round case management services.

Emotional Support

Apart from the behavioral health service available inside the medical area, a roving behavioral health team was available to assist patients who needed support or a listening ear. A partnership with HOPE Animal-Assisted Crisis Response also provides trained dogs and handlers who roam throughout the clinic and can be called on to comfort a patient. HOPE dogs are especially popular in the dental area or wherever anxiety-inducing procedures are performed.



SERVICE	QTY
DentistLink	888
Health Insurance Navigators	312
HealthierHere	5
International Community Health Services	73
Link to Care WA	223
Nashi Immigrant Health Board	315
Neighborcare Health	63
Project Access NW: Counseling Referrals	49
Project Access NW: Ophthalmology Referrals	66
PHSKC - Community Navigators	223
PHSKC - Overdose Prevention & Response Program	206
PHSKC - TB Free King County	516
Sea Mar Community Health Centers	195
Seattle Indian Health Board	Not Tracked
Social Work	364
Unite Us / King County 211	35
WADoH Immigrant & Refugee Health Program	217

"I appreciated that accommodations were made for the individual and it was nice when greeted by name. I can't thank you enough for organizing this event...so well run! I appreciate the love and sincere effort of your team. Thank you from the bottom of my heart. You made my day!!"

- Anonymous, Patient

Community Health Centers

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, International Community Health Services, Neighborcare Health, and Seattle Indian Health Board 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. This year, patients also reported having more difficulty accessing and affording medical services, even when attending clinics that offer sliding scale fees.

Ophthalmology & Counseling Referrals

As in years past, a partnership with Project Access Northwest allowed patients with eye diseases such as cataracts or glaucoma to get the specialty care they needed affordably. Patients requiring advanced care met with onsite representatives to start the process of being placed with a provider. Project Access Northwest then continued to assist 66 patients as they established care with Kaiser Permanente or University of Washington Eye Institute.

In addition to ophthalmology referrals, a new partnership was built with Project Access Northwest to connect patients with ongoing, pro-bono counseling after being served by behavioral health providers in the medical area.

Community Tables

More resource organizations were in the facility where patients received tickets and waited for admission. Washington Department of Health's Immigrant & Refugee Health Program and Nashi Immigrants Health Board provided access to and information about healthcare and social service resources for immigrant communities. DentistLink provided free oral hygiene kits and dental health navigation resources. Link to Care WA helped connect patients to free or low-cost internet and technology to aid them in accessing virtual healthcare, while Friends of the Seattle Public Library made reading materials available to help occupy patients'

time. Public Health – Seattle/King County was represented by three of their community health programs: TB Free King County provided in-language information on tuberculosis as well as prevention, testing, and treatment options; the Overdose Prevention & Response Program handed out hundreds of over-the-counter Narcan kits and trained patients and their guests on how to use them to reverse a suspected overdose; and the Community Navigator team provided culturally relevant resources on how to access a variety of health and social services.



PATIENT IMPACT

In addition to patient demographic information, organizers were interested in learning about patient experiences at the clinic through written and verbal feedback.

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 efforts were made to encourage feedback, few patients communicated their thoughts directly in writing, including any criticism. However, many patients expressed to volunteers their gratitude for the kindness they were shown and how the services would positively impact their lives. Some of their reactions were shared by volunteers.

“Many patients thanked me and other volunteers, and some thanked us *profusely.* One said what a gift the clinic was, and how good it felt that we'd all taken our time and effort to set it up and make it run smoothly. In other words, he appreciated the medical services; but he also appreciated all the care that went into running an event like this in the first place, including interpreters, escorts, etc. My observation is that SKCC meets both a medical need, but also an emotional need, since many of the people who attend are people our society tends not to show a lot of care for.”

“One sweet young man told me he had lost his job a few months ago and this clinic gave him the basic healthcare he needed in the interim. He said he had never been treated nicer by healthcare professionals and wanted to know how he could be a volunteer next year.”

“I met with a woman and her two children, she has had diabetes for the last 20 years and is unsure how long it has been since she had seen a doctor. She often avoids healthcare due to cost, not being insured, and the stigma attached to living with diabetes. Her kids expressed a lot of gratitude to sit down and spend an unlimited amount of time with a Diabetes Educator to have all of their questions and concerns answered and validated as well as a plan in place of how to receive care in the future.”

“In dental, there was a man who said that he will be able to go back to working now because his teeth will be fixed, and he'll be able to get a job in the hotel/hospitality industry again. He hasn't even tried since he had a missing tooth, and he was so excited to get his 'flipper'. He also was just so grateful for all the care he got over 2 days, like it was going to improve his health and his life.”

“This was everything I hoped for and more. You should run the country or at least (not to ask too much) reform/return the health business to health care. This was heaven on earth with a bunch of angels everywhere.”

- Marietta, Patient



VOLUNTEERS

The clinic could not have happened without the commitment of 3,968 volunteers during the four-day clinic and more than 382 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, 45.9% were first-time volunteers while 5.1% participated in the clinic since its inception in 2014. They spoke more than 41 languages (both interpreters and other classifications alike) and represented more than 50 professions or volunteer classifications (Table 6). The participation of 328 healthcare professionals was facilitated by the state-sponsored Volunteer and Retired Providers Program, which secures malpractice insurance for eligible volunteer and/or retired providers.

Student Participation

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 medical, nursing, pharmacy, 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.

Donated Time

Independent Sector, along with the University of Maryland’s Do Good Institute, values volunteer time in Washington at \$40.28/hour. With over 43,500 recorded hours during the week of the clinic, this results in at least \$1,752,180 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
Dental Assistant	199
Dental Equipment Tech	9
Dental Hygienist	102
Dental Lab Tech	29
Dentist	243
Denturist & Prosthodontist	7
Dermatologist	23
Dietician & Nutritionist	18
Emergency Medical Tech	10
General Support & Interpreter	1812
Health Insurance Navigator	24
Healthcare Resource Prof.	120
LPN/LVN	2
Medical Assistant	64
Medical Professional - Other	96
Mental Health Counselor	17
Nurse Practitioner	46
Nursing Assistant	33
Occupational Therapist	9
Ophthalmic Asst/Tech	44
Ophthalmologist	45
Optician	55
Optometric Asst/Tech	12
Optometrist	35
Pharmacist	31
Pharmacy Tech	9
Physical Therapist	28
Physician	72
Physician Assistant	4
Podiatrist	3
Psychologist	5
Radiologist	14
Registered Nurse	405
Social Worker	30
Student - Dental	29
Student - Dental Assisting	26
Student - Dental Hygiene	25
Student - Dietician/Nutrition	8
Student - Medical	90
Student - Nursing	41
Student - Optometry	1
Student - Physical Therapy	9
Student - Psych/Mental Health	15
Student - Social Work	4
Tech - Medical Lab	11
Tech - X-Ray	19
Tech - Ultrasound	15

Table 6. Volunteer participation during clinic.

Clinic Communication & Organization

Effective communication with volunteers is paramount to the success of the clinic. Organizers were pleased that 97.5% of responses indicated that the registration website was easy to use. Many volunteers (97.7%) also agreed that organizers communicated well with them in advance of the clinic and 96.4% 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 (98.0%) agreed that volunteers communicated well with each other across the clinic; 97.0% said they received proper guidance and instructions to be successful in their role; 97.8% also reported leadership helped to answer questions that came up.

Some volunteers expressed frustration around the orientation process, identifying information that was either excessive or missed. Others provided thoughts on how members of the leadership team could improve their interaction with volunteers. 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. 98.1% of volunteers indicated the clinic was well organized and had adequate supplies (99.1%) (Figure 10).

“The organization of this event was phenomenal! From signing up to figuring out how to navigate Seattle, from check-in to orientation, from connecting to my Lead to performing all the tasks I was needed for...I couldn't imagine a more organized, well run, comfortable, effective event. I know folks like to volunteer to feel good, but in all my years of volunteering at different things through my life, I have NEVER seen everyone be so consistently cheerful/grateful/happy while volunteering the ENTIRE time.”

“This is the most well organized thing I’ve ever seen. Every person so kind and accurate. I prefer this system over normal doctors visits.”

- Marc, Patient

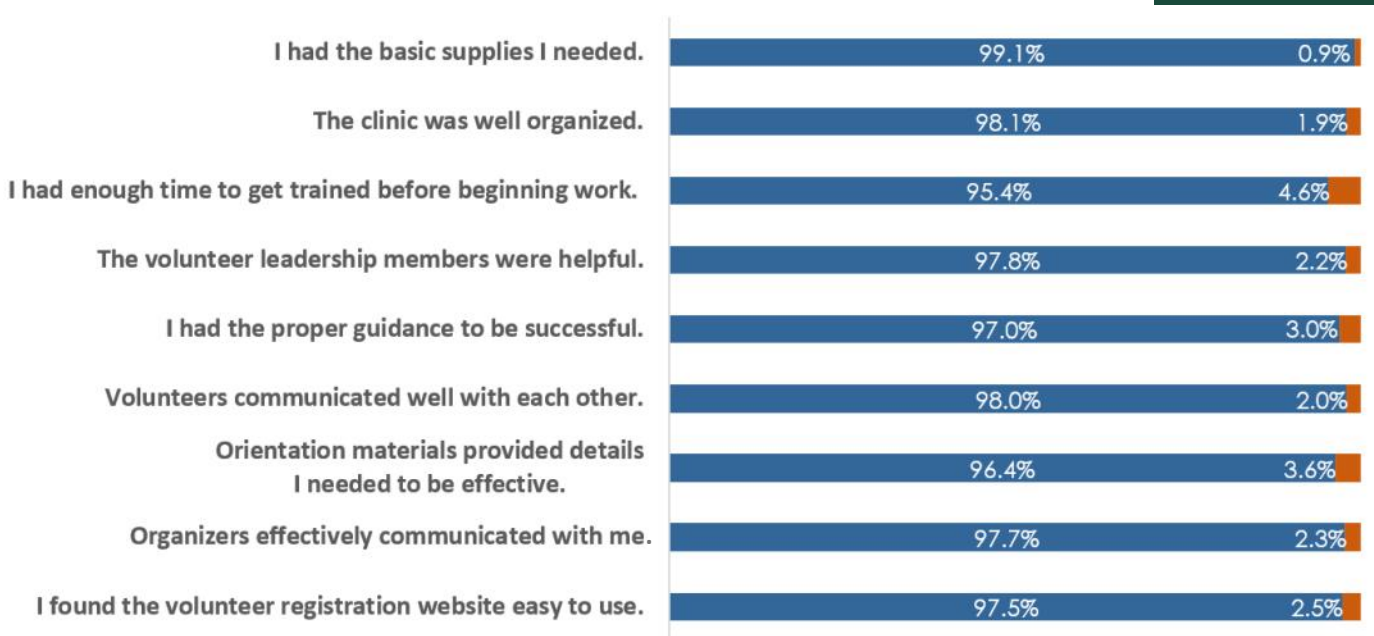


Figure 10. Clinic communication and organization. ■ Disagree/Strongly Disagree ■ Strongly Agree/Agree

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 (98.7%) of volunteers who responded to the survey indicated their experience was worthwhile and said they were treated well by other volunteers and organizers (97.4%). Furthermore, 97.6% of volunteers said their participation made them feel more connected to the community and/or their profession and 93.8% said that they deepened their awareness about the state of healthcare in the community and the needs facing this patient population. Some had complaints about the food offerings or how their skills were utilized. Still, almost all (98.9%) respondents agreed that they would be interested in volunteering again and 99.3% would recommend the experience to colleagues and friends (Figure 11).

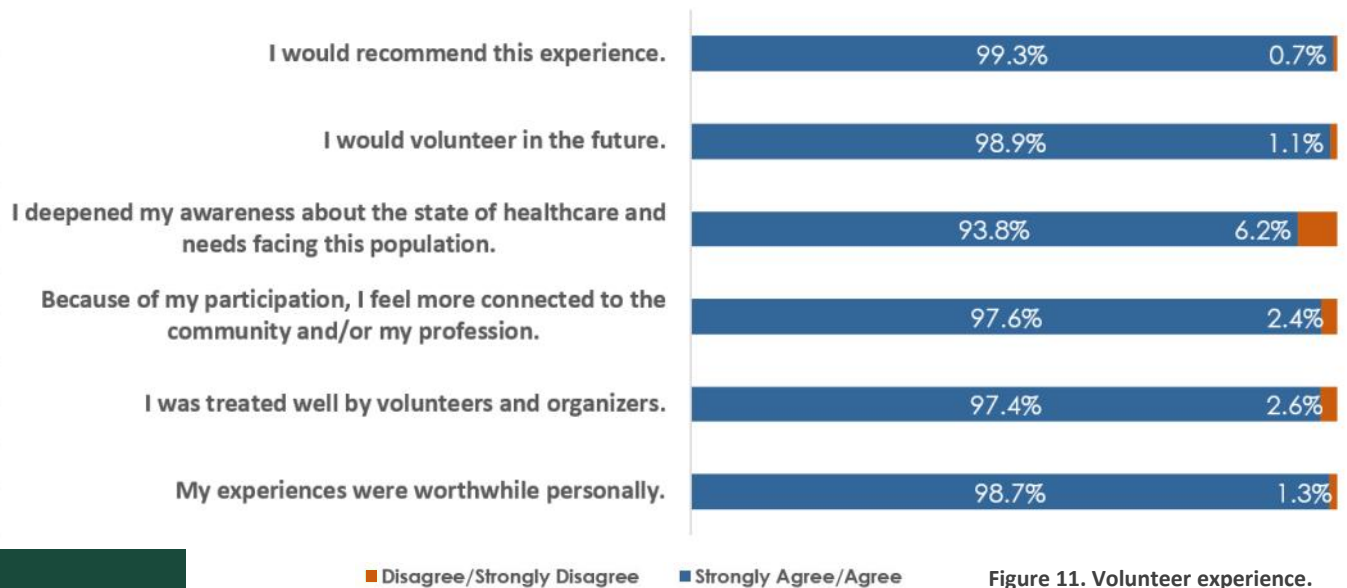


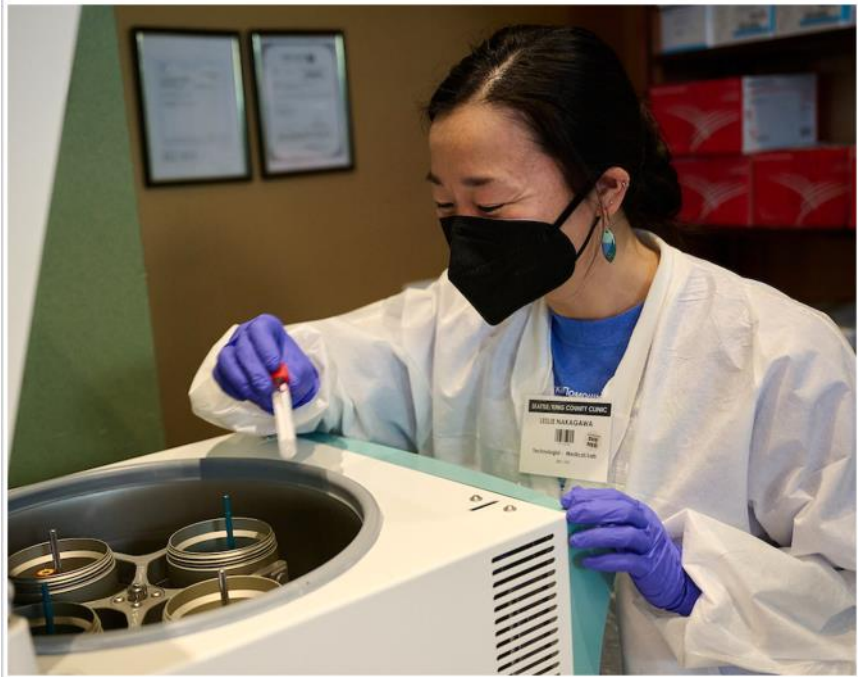
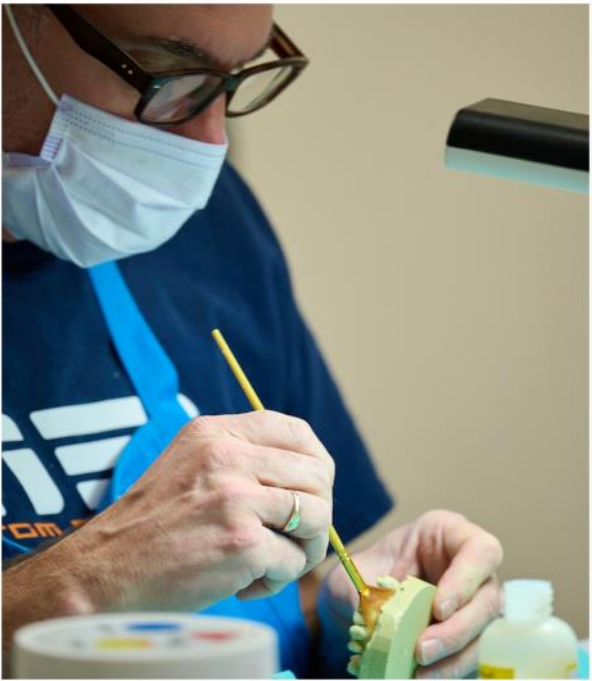
Figure 11. Volunteer experience.

“I look forward to this annual volunteer opportunity with my team every year. It’s become a part of being a responsible healthcare provider in Seattle. Each doing our bit. Seeing so many like-minded professionals coming together is inspiring.”



Volunteers were also asked about the clinic’s impact on them personally and professionally. Many healthcare workers indicated their experience reaffirmed why they were in this field. “I was reminded of why I got into this profession. I am a relatively recent graduate, so I have been focusing on building my career in private practice and it was a wonderful reminder of why I wanted to do this at all - to help people.” Students also found the experience to be motivational. “This clinic propels my desire to continue servicing community healthcare and as an MHA student, I feel inspired to share this opportunity with my peers. I was also able to meet other volunteers who are as eager to help me as I was to help patients!”

Others felt a sense of community and humanity through their experiences saying it gave them gratitude and joy. “I appreciate working with other volunteers, people I don’t know, to fill a role or solve a problem. I think the clinic builds community as well as serves community.”



Volunteer Perspectives on Clinic Impact

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

99.3% of respondents who interacted with patients said that volunteers treated patients with respect and 98.4% also said that patients appeared satisfied with the services provided. “At the surface, it provides healthcare to individuals who can't afford it. But on a deeper level, it reminds the volunteers about the lives of other people and to have gratitude and to work for a more equitable society. And to those receiving services, many of them were clearly touched by how many folks were willing to help them.” Healthcare professionals who responded to the survey (99.5%) said patients received quality treatment. 97.8% indicated they had adequate time to spend with patients (Figure 12).

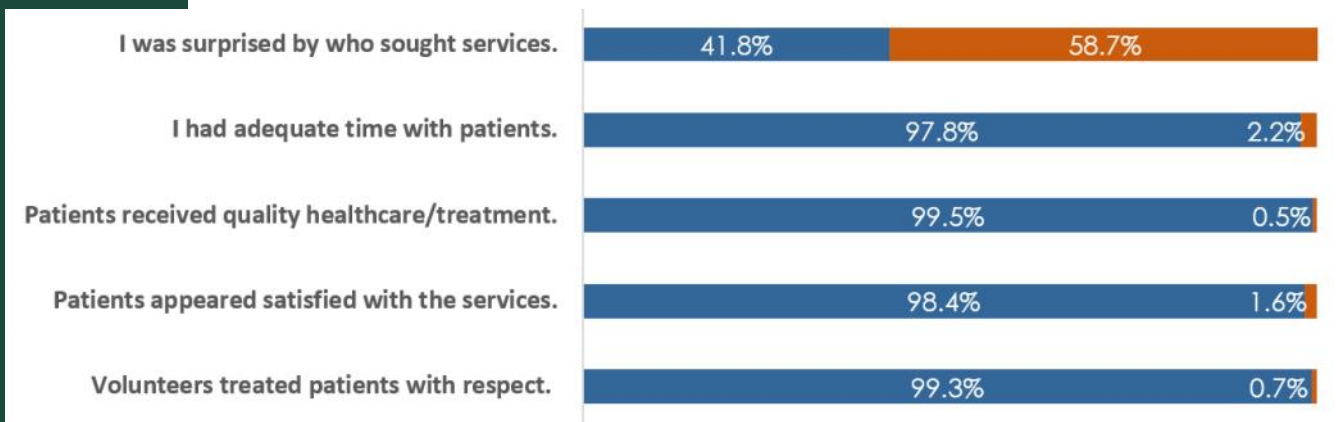


Figure 12. Volunteer perspectives.

■ Disagree/Strongly Disagree ■ Strongly Agree/Agree

“As an observer of patient interactions with providers and even escorts and interpreters, I was impressed by how intently the providers listened to the patient, and how the providers checked back to confirm what they thought they heard, to be correct on the record. I thought patients were very respected. It may be that in this particular setting where there was no ‘rush’ to move patients through, that the patients and providers both could relax and take their time to ‘hear’ the patient's concerns.”





“Thank you very much for the great opportunity to have all the services and for the excellent treatment. I was also able to volunteer for a full day to return a little of love and help that I received from you. I am very happy for the opportunity to volunteer. I loved the experience. “

*- Claudia,
Patient & Volunteer*

41.8% of volunteers, mostly first-time participants, said they were surprised by those who sought services at the clinic. “When I first started volunteering, I expected to see mainly our unhoused population. But over the years it is increasingly workers who don’t have health insurance, younger people caring for elderly family members, and individuals who are lacking access to quality care in their everyday lives.” Volunteers were also surprised by the diversity of patients, assuming it would be largely one demographic, but instead discovering a variety of ages, backgrounds, and ethnicities. The experience heightened awareness about existing healthcare gaps, who struggles to access care and why.

“There is clearly a demand for affordable/free healthcare in the community. I overheard other volunteers expressing surprise when there were "regular" patients - not just homeless patients. There are so many without healthcare.”

“I am very inspired to see that the clinic helps so many people - the fact that there are so many people who need services means that there is a need for the clinic. There are so few opportunities for this type of care that I see. And without insurance, paying out of pocket can be so expensive. It shows that even when all the other systems and processes have failed us, there is still one way that people can access services regardless of their citizenship or ability to pay.”





Thoughts on the Healthcare System

Volunteers frequently expressed disappointment in the state of the healthcare system and the barriers to care patients face. They echoed organizers' sentiments that the clinic is not an ideal form of healthcare, wishing there was not a need for it, but still valuing the role it plays in the community. "It's fortunate that we have SKCC, but it is also unfortunate that we need SKCC. I believe medical care is a right, not a privilege. Society needs to determine what is important, healthcare should be on top of that list."

"The clinic is crucial to multitudes that otherwise would not be receiving any sort of health, vision, or dental care. We as a country should be ashamed of ourselves that only through such a clinic do other Americans get what they need to physically and emotionally survive. I was both heart-filled and heartbroken by the multitudes of people seeking services and seeing the numbers of volunteer providers. And I am reminded of the countless others who remain un-serviced and in need."



Beyond volunteer sentiments on the healthcare system, feedback from patients 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 the healthcare system and its providers.

Patient comments indicate that the healthcare system at large has become impersonal. They expressed a desire for “the experience to be humanized from beginning to end,” meaning “treat people as you want to be treated,” and “take time to get to know patients and their needs.” One person wished for the return of old-fashioned” principles of simply being patient and kind. A few also shared how this has contributed to their frustration trying to navigate large and surprising bills that they receive. One patient reflected, “It’s true that health has no price, but the bill is still high.” Overwhelmingly, patients want providers to listen with the intent to understand, to not dismiss what they are saying and feeling, and to show more empathy.

“What makes a community? People we serve? Relationships we forge? How many lives did we positively affect this week? The direct number is probably between 1,500 and 1,600. But the ripple effect across their families, friends, and colleagues are immeasurable. I am literally ready to tip on my nose right now, but it is the best type of tired that one can ever feel.

- Randy, Volunteer



“The Seattle/King County Clinic is a shining example of community solidarity. Witnessing the expanse of its impact during my visit was truly inspiring. The clinic demonstrates how collective compassion transforms into impactful action, providing vital care to those in need.”

- Linda, Partner

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. Thankfully, the clinic did not experience a 30% increase in costs as it did in 2023. Cash expenses remained relatively consistent compared to the prior year with the most notable increase coming in labor costs.

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).

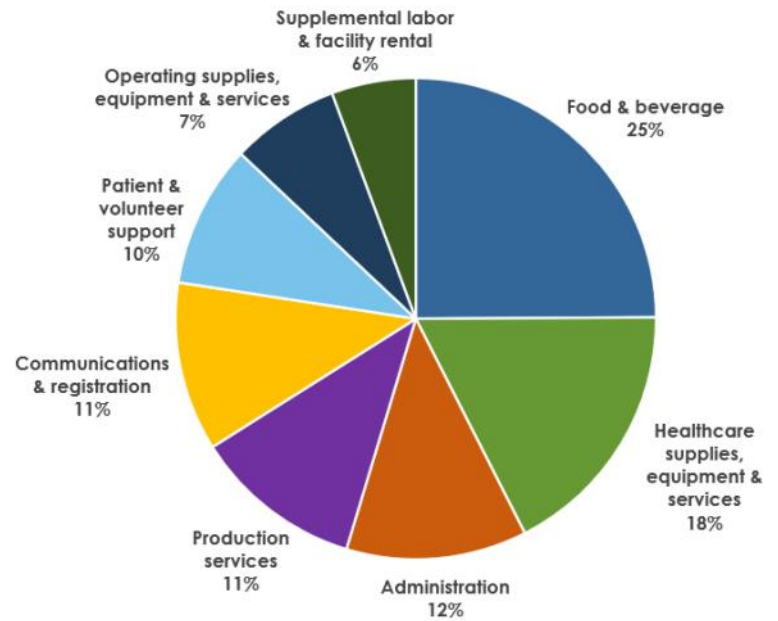


Figure 13. Cash resource allocation.

CONCLUSION

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

“The impact of SKCC on the community is direct and meaningful, not just in meeting patients' healthcare needs, but in demonstrating the care of their community to collectively provide it. On the 4th day of every Clinic, I'm always approached by patients who have attended multiple days and are aware that some of us serve the whole time. They're always effusively grateful, and I'm so thankful for that. Not as recognition of our volunteer work, but that they see that we're there because we really care about them. I want people who are struggling to know that they aren't invisible. I have deep hope for systemic change, which I believe could be catalyzed by SKCC involvement. With this the 9th clinic, there are likely tens of thousands of volunteers who have observed first-hand the desperation of patients for healthcare, and the lengths to which they'll go for services that should be readily accessible in our country. The profound dysfunction of our current healthcare system is a choice we collectively endorse until a tipping point, like SKCC volunteerism, motivates enough people to actively advocate for a better system.”

- Anonymous Volunteer

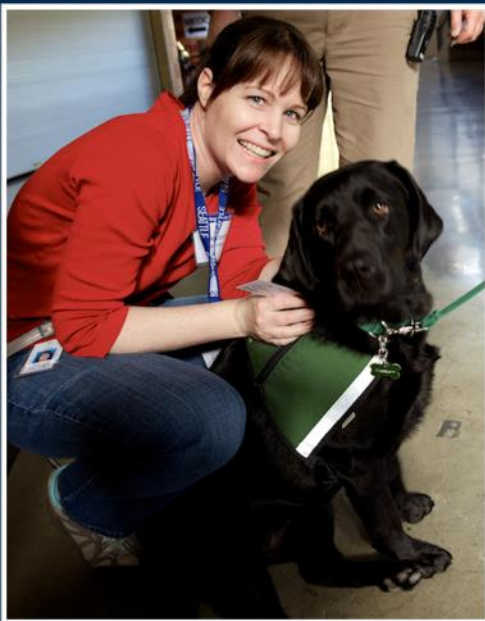
“Back in November I lost my appetite. Eating anything at all was incredibly unappealing. I basically had to force-feed myself, and my weight was plummeting. It was nightmarish, and I didn't know what was wrong. I did know I had a broken tooth. I'd gotten a root canal about 30 years ago so when 1/3 of it fell out it didn't hurt. It looked awful, of course, and that's almost definitely part of the reason I've had such a difficult time passing a job interview lately. But with no job comes no dental insurance. So, there I was, rotting and dwindling away when somebody told me about this clinic. I'm not going to pretend the wait was fun. And dental work is of course never actually fun. But you know what was fun? A couple of days after I got my crown, and a few extra fillings in the bargain because one of the milling machines was down and Dr. Caballero and his assistant are deeply wonderful human beings and decided to put the time to use, I could eat again. In fact, I WANTED to eat again. I ENJOY FOOD AGAIN. Now, I might not have tried without this. Life is so much less miserable now that I'd call it close enough to lifesaving. Thank you SO MUCH for doing this. Poor people are real people too, and this matters SO MUCH. Also got glasses and can see again. Been years!”

- Vivian, Patient



IN MEMORIAM

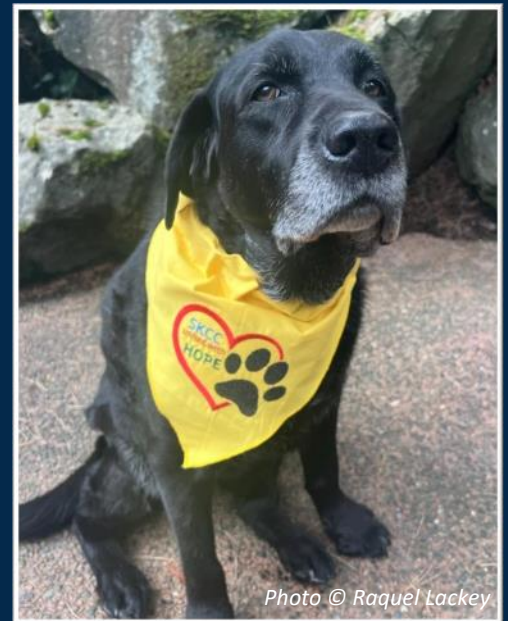
The 2024 Seattle/King County Clinic is dedicated to Pickles, a beloved HOPE Animal-Assisted Crisis Response dog who was with us from the beginning and passed away during this year's clinic. She brought comfort and joy to the entire clinic community. Our hearts and gratitude are with Pickles in her rest.



First meeting Oct. 2014



Ever present Feb. 2020



First SKCC/HOPE bandana Feb. 2024

Photo © Raquel Lackey

"I'm a person that has worn glasses since I was 15 months old. It has gotten harder to find someone that will make the type of lens I need. I didn't even know anything about the clinic, but one of my friends told me I needed to go. I met some amazing people from beginning to end, especially in the optical area. I will always remember when they told they were going to make my glasses, not only one pair, but two! Now I tell people wherever I go about the clinic and how important this work is. You will never know how much I appreciate you."

- Vickie, Patient

CASH DONATIONS

\$180,000 +

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Climate Pledge Arena
Kaiser Permanente

\$25,000 - \$75,000

Bill & Melinda Gates Foundation
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Virginia Mason Franciscan Health
Vitalogy Foundation

\$10,000 - \$15,000

Meta
Optum Washington
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WA Academy of Eye Physicians and Surgeons

\$3,000 - \$7,500

Anonymous
Seattle-King County Dental Foundation
Snohomish County Dental Foundation

\$10 - \$1,000

Aaron Keating
- Tribute to Janet D. Hesslein
Agata Ianturina
Anonymous (7)
Barbara Matthes
Claire McShane
Gary & Patty Taylor
- Tribute to Julia Colson
Geoff Wellington
International College of Dentists
Kathryn Jackson
Lesley Jacobs
Lisa McClarron
Nakanishi Dental Laboratory
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Tribute to Rebecca Gasman & Doug Chieffe
- Alaina Powell
- Gina Cocchiaro
- Jean Gasman
- Jean Pollock
- Julia Burington
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- Patricia Broom
- Patty & Gene Elliott
- Vaughn Pollock
WA Acupuncture and Eastern Medicine Association

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2024 SEATTLE/KING COUNTY CLINIC PARTNERS

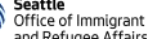
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