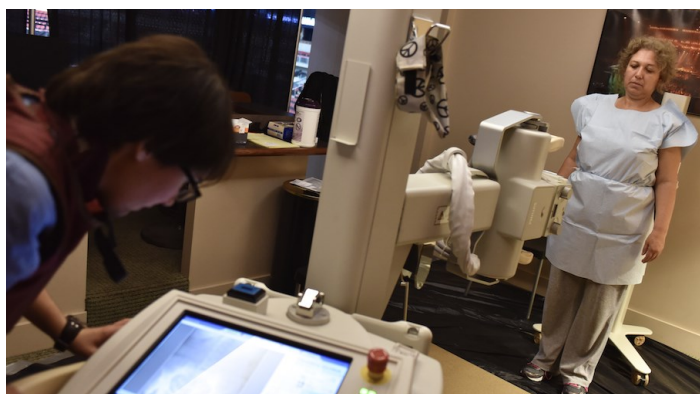
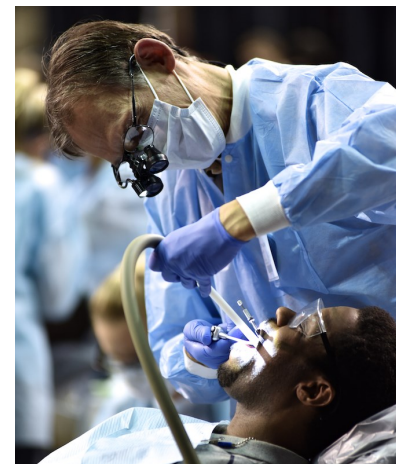




# SEATTLE/KING COUNTY CLINIC OCTOBER 23-26, 2014 **FINAL REPORT**



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# INTRODUCTION

Seattle/King County Clinic with Remote Area Medical® (RAM) took place over four days, October 23-26, 2014, in KeyArena at Seattle Center. More than 75 organizations from across Washington State, dubbed the clinic's "Host Community," along with RAM and hundreds of individual volunteers, contributed to the effort. A wide range of clinical services were offered, free of cost, to as many people as possible. Ultimately, about 1,500 volunteers provided almost \$2.4 million in free dental, vision and medical care to nearly 3,400 individuals. The clinic received exceptionally high satisfaction ratings from volunteers and patients alike and achieved its goal of attracting and serving a racially diverse and economically disadvantaged patient population. The event was deemed a success by stakeholders and the community.

The Center for Community Health and Evaluation (CCHE) at Group Health Research Institute is proud to be among the clinic's supporters and is conducting an evaluation of the Seattle/King County Clinic on behalf of the Host Community. The evaluation is being funded by Group Health Cooperative's Department of Community Engagement.

This report includes an initial summary of findings based on a preliminary analysis of multiple data sources from the CCHE evaluation, including:

- Patient clinic data provided by Remote Area Medical® (n=3386)
  - Survey of Volunteers (administered online 11/6-12/1) (n=938)
  - Exit survey of Patients (administered at clinic exit by CCHE volunteers) (n=454)
- The comprehensive evaluation will be released by CCHE in the first quarter of 2015.

## PATIENT POPULATION

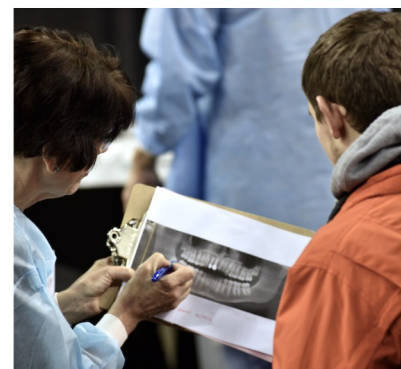
### Overview

The 3,386 patients at the clinic were diverse, as is the region. Most patients were between the ages of 26 and 59 years old, with an even distribution of female and male patients. The patient population was racially diverse; 31% White/Caucasian, 16.7% Hispanic, 15.7% Asian/Pacific Islander, 14.5% Black/African American, 1.5% American Indian/Alaska Native, and 4.3% of patients who registered identified as more than two races.

Many people came to the clinic from the central Puget Sound region, with large turnout from the Seattle neighborhoods of Shoreline, Downtown, Mt. Baker, and Rainier Valley. However, some patients travelled several hours from Eastern Washington and elsewhere to reach the clinic. Nearly all (99.8%) patients reported Washington residence.

Forty percent of all registered patients were unemployed. In addition, based on sample data from the patient survey, almost 75% of patients had incomes below 200% of the Federal Poverty Level.

More than half of all registered patients also reported that it had been over a year since their last medical care visit. For more than 70% of patients it had been over a year since their last dental care visit and for more than 80% of patient it had been over a year since their last vision care visit. In the survey sample, only 33% of patients reported having medical insurance and less than 10% reported having dental or vision insurance.



LANGUAGE	MIN.
Spanish	1806
Cantonese	1012
Mandarin	667
Vietnamese	565
Amharic	405
Somali	368
Turkish	181
Thai	88
Punjabi	77
Russian	77
Cambodian	66
Laotian	60
Korean	56
Nepali	55
Burmese	49
Sign Language	44
Tigrinya	37
Hindi	30
Polish	30
Oromo	27
Chinese	22
French	20
Taishanese	15
Gujarati	8
Swahili	7
Hungarian	5
Mien	5
Chuukese (Trukese)	3
Tongan	3
Arabic	2
German	2
<b>Total</b>	<b>4216</b>

Table 1 –InDemand Interpreting Usage

## Patient Demographics

**Age:** The average (mean) age of registered patients was 45 years. Over two-thirds (69%) of patients were between 26 and 59 years old. The distribution of patients by their age is below (Figure 1).

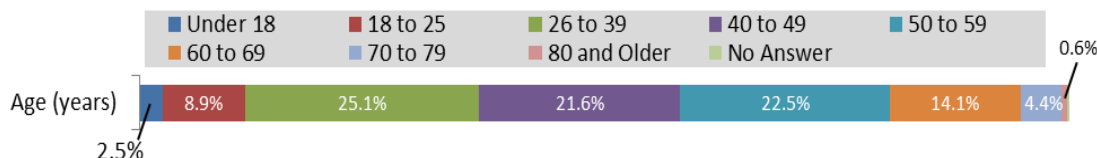


Figure 1 Patient distribution by age

**Gender:** Registration data shows a fairly even distribution among the two gender options provided; 51.3% of patients were female and 48.7% were male. However, the patient survey data included the additional gender options of “transgender” and “other,” which a small number of patients identified as.

**Race/Ethnicity:** Almost one-third (31.1%) of registered patients reported their race as White/Caucasian, 16.7% reported Hispanic, 14.7% reported Asian/Pacific Islander, 14.1% reported Black/African American, and 1.6% reported American Indian/Alaska Native (Figure 2). Just over 20% of patients did not report their race/ethnicity. Data indicates 4.2% of patients self-identified as Two or More Races.

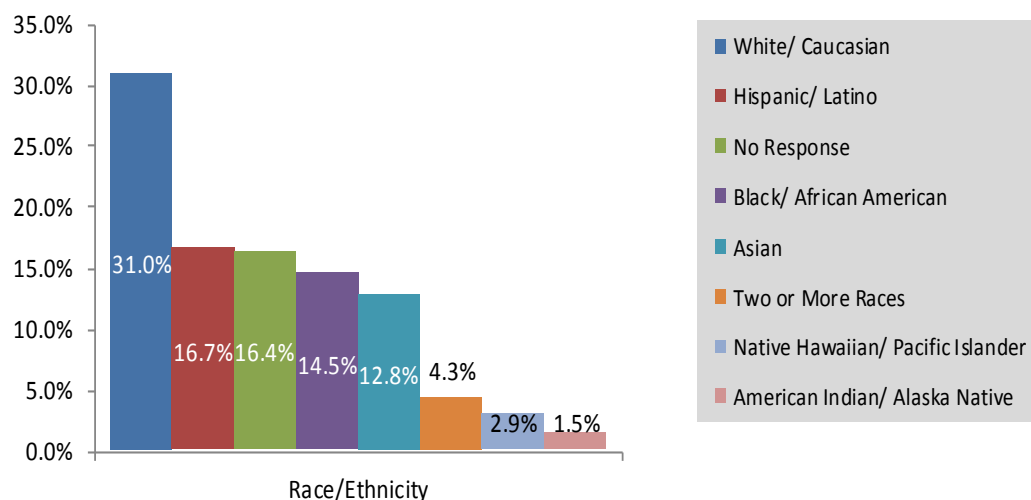


Figure 2 Patient distribution by race/ethnicity from registration data

**Language:** The statistics collected by InDemand Interpreting also contribute to our understanding of patients’ racial and ethnic backgrounds. During the four days of the clinic, medically certified interpreters answered 565 calls and provided 4,216 minutes of interpretation in 31 languages (Table 1).



## Where Patients Live

Registered patients came from 230 unique zip codes (Figure 3). The distribution indicates the clinic reached an audience throughout the central Puget Sound region where outreach was focused. The highest concentration of patients reported coming from four zip codes in the Seattle Metro area including: Shoreline (98133), Downtown Seattle (98104), Atlantic/Mt. Baker (98144) and the Rainier Valley (98118). The remaining patients reported a range of zip

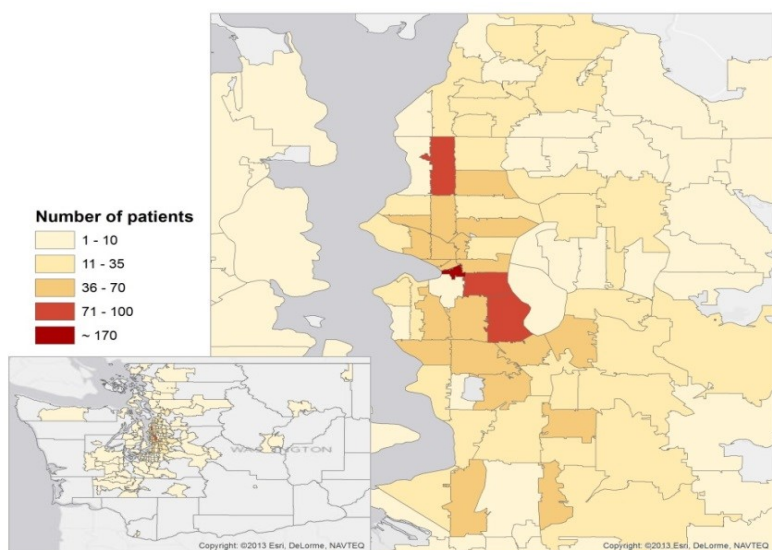


Figure 3 Map of patient distribution by zip code

codes from across Western Washington (north and south Puget Sound, Olympic Peninsula), with even a few from Eastern Washington. Based on zip code data, over half (54%) of clinic patients reported coming from King County. Nearly a third (29%) reported coming from Snohomish County and 4.3% reported traveling from Pierce County for the clinic.



## Patient Socioeconomic Status

The clinic sought to reach individuals who face challenges accessing health services; primarily those without adequate financial resources. Patients responding to the survey were asked about household income and household size to calculate patient income as a percent of the Federal Poverty Level (FPL), a measure of income level issued annually by the Department of Health and Human Services to determine eligibility for certain programs and benefits. The patients surveyed were primarily (73%) low-income, below 200% of FPL. Sixty percent reported incomes below 138% of the FPL, the eligibility threshold for the Medicaid program expansion under the Affordable Care Act. Forty-two percent reported household incomes below the FPL, currently \$11,670 for a single-person household (Figure 4).

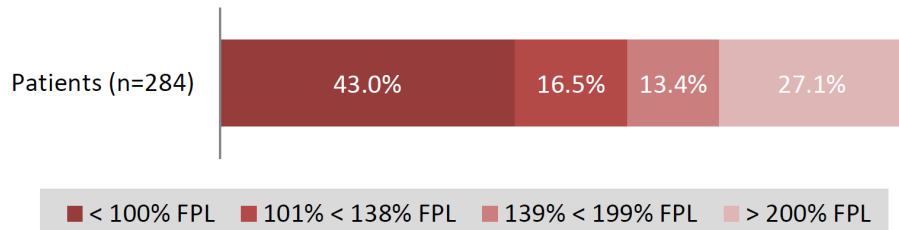


Figure 4 Patients' household income as a percentage of the Federal Poverty Level



*“Health issues keep people from doing a lot of things, but when a person can get those issues addressed it unblocks self-barriers that are put in place for reasons that are beyond understanding.”*

- Clinic Patient

### Patient Employment Status

Nearly half (49%) of patients answering the employment question at registration reported being unemployed, one-third of the patients (33%) reported being employed full (18%) or part-time (15%). Of the remainder, 8% were retired, 6% were disabled and 3% were minors or students (Figure 5). Seventeen percent of registering patients gave no response for employment status.

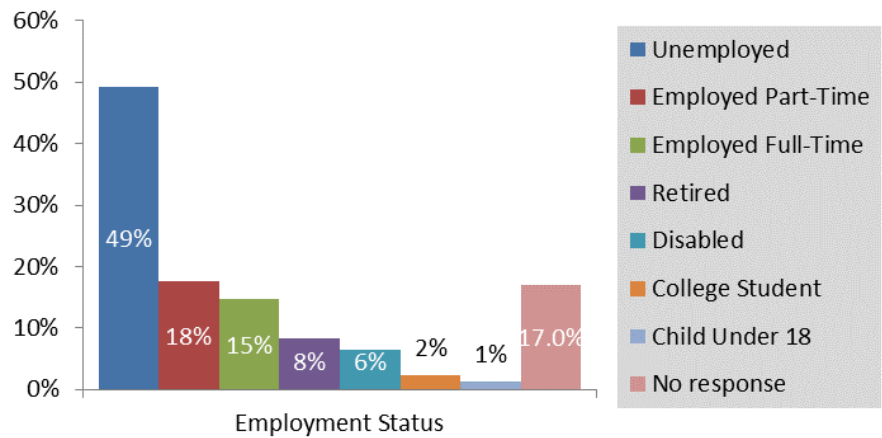


Figure 5 Patient distribution by employment status

### Patient Insurance Status

Although the clinic imposed no access restrictions related to existing insurance coverage, clinic organizers hoped to attract people who needed services but had extremely limited means of accessing them. While one-third of patients who responded in the patient survey indicated they have some medical insurance, far fewer patients acknowledged dental or vision insurance coverage, 8% and 5%, respectively (Figure 6). Most of the patients indicated that, while insurance covered some costs, out of pocket expenses for many health services, from prescription lenses and lab tests to dental procedures and x-rays, were still unaffordable.

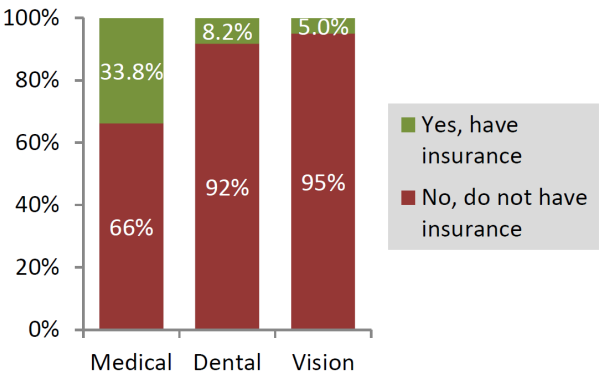


Figure 6 Patient insurance by area of coverage

The 35% of respondents who were insured were also asked about how they received their insurance. Safety net programs like Medicaid and Medicare were the most frequently reported insurance type (Figure 7).

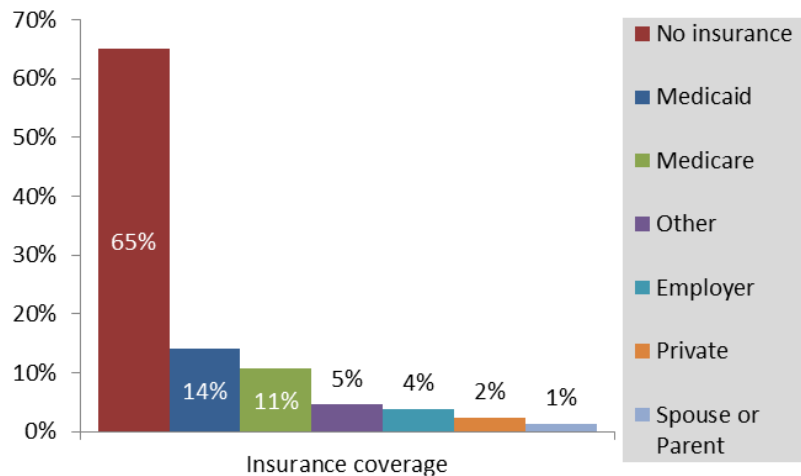


Figure 7 Types of health insurance coverage

*“That so many people would come to something like this having never seen or heard of it before: the personal risk and sacrifice that so many people would take for the prospect of getting free care was both heartbreaking and inspiring.”*

- Clinic Volunteer

## Time Since Last Healthcare Visit

Registration data shows nearly half the patients registered (48.7%) reported a medical care visit within the last year, however, only 25.5% reported having a dental care visit and only 18.1% reported having a vision care visit within the last year.

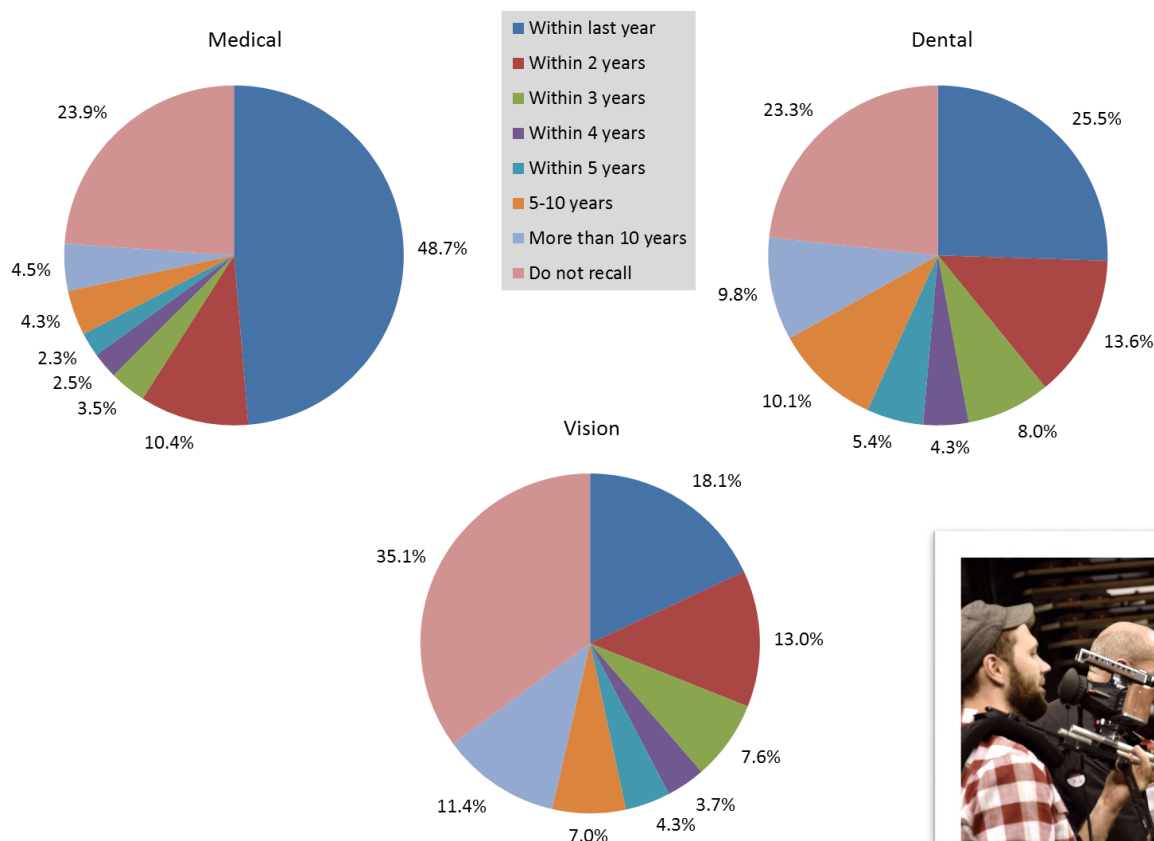


Figure 8 Time since last visit by care type

*"I was very open minded and learned a lot about our community in that people really need the help and are willing to make time to get it if they have the opportunity."*  
- Clinic Volunteer



## Where Patients Heard About the Clinic

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

Methods included, among others:

- Spanish language print media, radio and television.
- Ethiopian cable access television and radio.
- Advertising through the Chinese Post, Northwest Asian Weekly, International Examiner, Seattle Facts, Real Change, Seattle Gay News, Seattle Medium, KUOW, KIXI and KPLU.
- Flyers written in 13 different languages.
- Outreach through Department of Neighborhoods' District Coordinators, food banks, free clinics, Immigrant and Refugee Advisory Commission, mosques and churches, Public Health – Seattle & King County's Community Communication Network, Seattle Center's Festál coalition, Seattle Housing Authority, Seattle Police Department Community Advisory Councils, shelters, and Tri-County Refugee Planning Committee.

*What were the top ways patients learned about the clinic?*

1. Newspaper/ Television News
2. Friend/Family/ Healthcare Provider
3. Flyers
4. Word of Mouth
5. Radio
6. Facebook
7. Group Affiliation (e.g. AARP, Senior Center, Housing Authority)
8. Internet

SERVICE	QTY
Amalgams 1 surface	74
Amalgams 2 surfaces	137
Amalgams 3 surfaces	65
Amalgams 4 surfaces	24
Composites 1 surface	294
Composites 2 surfaces	265
Composites 3 surfaces	191
Composites 4 surfaces	157
Core Buildup	48
Crown	125
Dental Triage Exam	1714
Denture Repair	25
Direct/Indirect Pulp Cap	44
Endo 1 Canals	112
Endo 2 Canals	1
Endo 3 Canals	6
Extraction - Simple	895
Extraction - Surgical	524
Flippers	95
Fluoride	238
Gross Debridement	128
Imaging- 3D Cone Beam	41
Imaging- Bite Wing	330
Imaging - Panorex	558
Imaging - PA-X	894
Prophy (Cleaning)	252
Root Planing	87
Scaling	189

Table 2 –Top Dental Services

## SERVICES PATIENTS RECEIVED

During the 45 hours of clinical operations, almost \$2.4 million in services were provided to people in need.

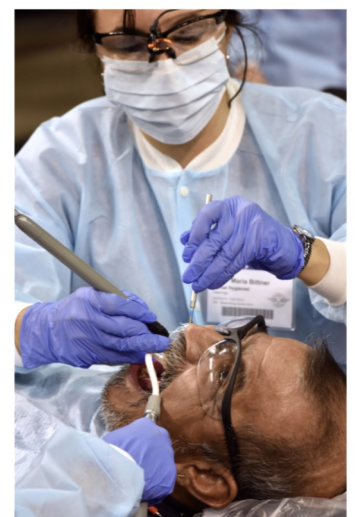
### Dental

**1,714 patients received dental care.**



The services indicated at the left (Table 2) are a sampling of the top dental treatments provided as listed on the patient records and as reported by partners who managed specific services.

The clinic provided \$1.24 million in dental services.





# Medical



## 1,365 patients received medical care.

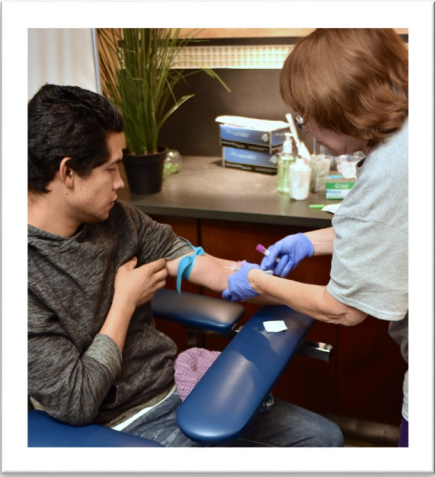
The services indicated at the right (Table 3) are a sampling of the top medical treatments provided as listed on the patient records and as reported by partners who managed specific services.

Diagnostic services, including 1,446 lab tests processed by Group Health, yielded discoveries such as: anemia, breast cancer, chlamydia, cholelithiasis, degenerative disease in multiple joints, diabetes, fatty liver, gout, hepatitis A and B concerns, hepatitis C, high cholesterol, high PSA, highly concentrated blood count, inguinal hernias, kidney problems, low blood count, moderate to severe depression, multinodular goiter, ovarian cyst, possible pulmonary TB, spine metastasis, substance abuse, stomach bacteria abnormalities, thyroid problems, and urinary tract infection.

The clinic provided just over \$730,000 in medical services. This includes the value of shoes that were distributed to patients as they were a direct result of offering foot care services.

SERVICE	QTY
Acupuncture	154
Chiropractic Care	215
EKG	54
Flu Shot	1034
Foot Care	130
Lab- Basic Metabolic Panel	178
Lab- Complete Blood Count	162
Lab- Direct LDL Cholesterol	149
Lab- GC/ Chlamydia Probe	65
Lab- Hemoglobin A1c	125
Lab- Hepatic Panel	82
Lab- Lipoprotein Panel (Lipid)	159
Lab- PAP Smear	152
Lab- Thyroid Stimulating Panel	127
Mammogram	177
Mental Health Consultation	129
Physical Exam	424
Rapid Hepatic Panel	285
Rapid HIV 1/2 Antibody	268
Ultrasound	80
Women’s Health Exam	152
Wound Care	35
X-Ray	142

Table 3–Top Medical Services



SERVICE	QTY
Eye Exams	1012
Eyeglasses - bifocals	239
Eyeglasses - single vision	733
Readers or frames only	197

Table 4 – Vision Services

# Vision



1,050 patients received vision care.



Eye exams diagnosed more than 80 patients with cataracts, 10 with diabetic retinopathy and 40 patients with glaucoma.

The services indicated at the left (Table 4) were documented on patient records and amount to \$400,000 in vision care.





## Patient Referrals and Follow-up

Of the patients responding to the survey, 20% were referred to a specific healthcare provider, clinic, or specialist for additional care. There was a relatively even split between the types of referrals given, including dental (44%), vision (27%), and medical (37%).

When asked how likely they were to follow-up, 58% of patients said it was likely they would/could follow-up with their referral instructions versus 19% who thought they would not (Figure 10). The most common reason for not seeking follow up was the perceived cost.

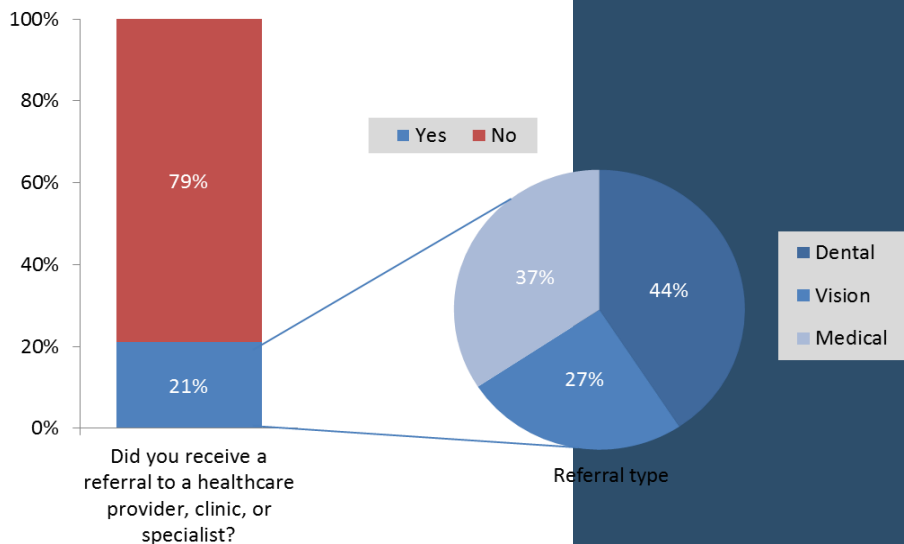


Figure 9 Patient referral rate and types

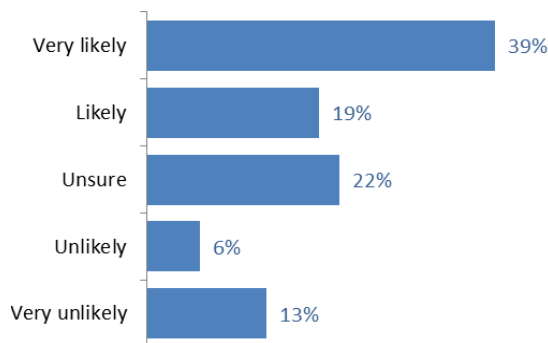
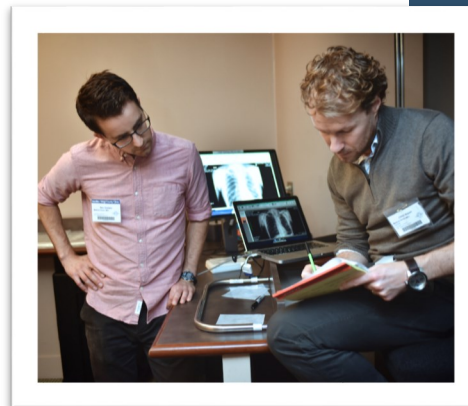


Figure 10: Patient likelihood to follow up



## PATIENT IMPACT

### Patient Satisfaction & Perceptions of Quality

Across all clinic sections, a very high percentage of patients in the survey sample were satisfied with the services they received and felt the care they received was high quality (Figure 11). The slightly lower satisfaction, and slightly lower perceived quality of care, in vision services may be due to several factors: some days there were long waits for the dispensing of glasses, patients were not allowed to leave KeyArena while waiting for their glasses.

### Patient Perceptions of Treatment

When planning the evaluation, stakeholders wanted to know whether patients at the clinic felt they were treated with respect. It was important for the Seattle stakeholders that patients at this clinic not only receive high quality care at no cost, but that their dignity also be preserved. Therefore, all groups that were surveyed – patients, providers and support volunteers – were asked if they either felt respected, or felt others treated patients with respect. Across all clinic sections, almost all patients (>98%) in the survey sample felt they were treated with respect by clinic staff and volunteers.

- Dental: 98.6% said they were treated with respect by dental staff (n=219).
- Vision: 98.1% said they were treated with respect by vision staff (n=211).
- Medical: 99.4% said they were treated with respect by medical staff (n=172).

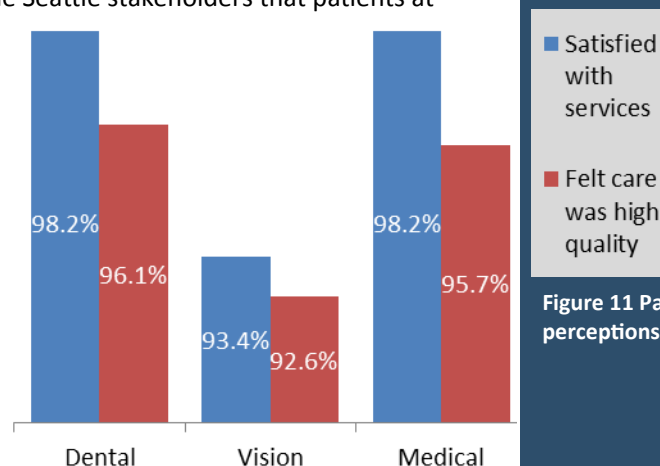


Figure 11 Patient satisfaction & perceptions of care quality

## Patient Descriptions of the Clinic

Patients were asked to list a few words that described the people from whom they received care in each of the clinic sections they visited. Figure 12 shows a “word cloud” of the most common words used by patients to describe the clinic volunteers and staff they interacted with. Although we asked patients about each clinic area, responses were similar throughout.



Figure 12 Key words patients used to describe clinic volunteers from patient survey

patient liked most, “Seeing people so grateful they had tears in their eyes...people getting things done they couldn’t afford...people leaving feeling relieved and healthier.”

Others liked the clinic’s organization and that this clinic was intended for the uninsured and the poor. Location and accessibility of the clinic emerged as themes too, with one patient mentioning how easy it was to get to the clinic on the bus. Many commented on the low-barriers to care. Others mentioned small clinic elements they liked, including providing water and snacks, the Brooks shoe donation, the “state-of-the-art” equipment, and the facility.

In addition, patients were also asked for suggestions that might improve the clinic. The most common response, “nothing,” confirms many patients were truly satisfied. The most common suggestion to improve the clinic related to patients wanting to eat and not being able to leave and come back. These comments were often made by people who had not encountered volunteers distributing snacks.

Some patients saw room for improvement in the organization of clinic, especially the waiting process, the time people needed to arrive and admission lottery. Others suggested providing “more of everything,” including volunteers, chairs, services, advertising, and food.

The single most common comment for the organizers and the community that supported the clinic, though, was a simple “Thank you!”

## Patient Interest in Repeat Clinic

One of the strongest measures of patient satisfaction might be an expressed willingness to return to the clinic and to recommend the clinic to a friend or family member. Almost all (95.7%) patients responding to the survey agreed or strongly agreed that they would attend the clinic if it were held again; even more (98%) would recommend this clinic to friends and family (Figure 13).

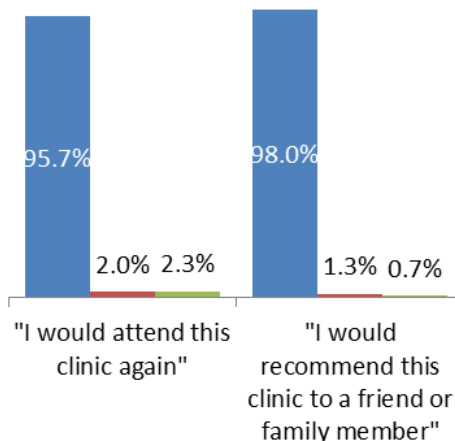
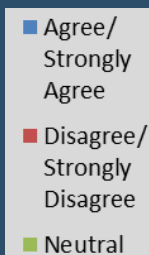


Figure 13 Patient interest in & recommendation of repeat clinic



## VOLUNTEERS

The clinic could not have happened without the commitment of nearly 1500 volunteers. Front line volunteers observed all aspects of the clinic making them an extremely valuable resource not only for the clinic, but for the evaluation as well.

Volunteers were asked to provide feedback about their experience through an online survey. Almost 940 volunteers responded between November 6 and December 3, 2014. The response rate and completion rate for the survey was surprisingly high.

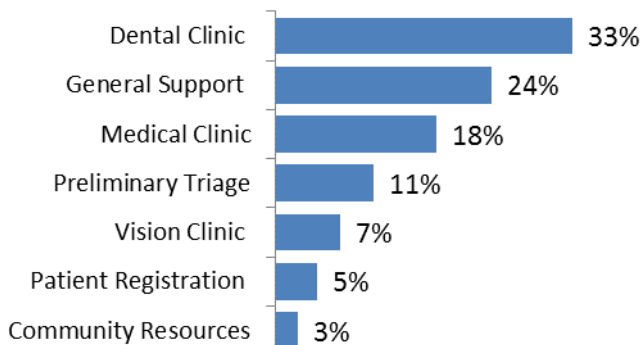


Figure 14 Survey participation by clinic area

## Volunteer Recruitment and Participation

During the week of the clinic, 1,479 human volunteers and 15 K-9 volunteers contributed time and expertise to produce the largest clinic of its kind in Washington State.

While the majority of the volunteers were from Washington, the Puget Sound region most specifically, approximately 50 healthcare professionals and general support volunteers came from out-of-state including Arizona, California, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Iowa, Maryland, Montana, New Mexico, Oregon, Tennessee, Virginia and Canada.

Volunteers who responded to the survey described that they learned about the opportunity from professional associations, volunteer organizations, county and state medical reserve corps, employers, workplace communications, academic institutions, family and friends. While methods of connecting with volunteers seemed to be effective, many volunteers reported challenges with the registration system once they decided to participate, 23.7% said they had significant issues, while another 31.1% said they had some difficulty.

This may have contributed to one of the more surprising circumstances of the clinic, the late cancellation and no show rate of general support volunteers. Roughly 50% of general support volunteers, or approximately 100 people per day, did not participate as anticipated which greatly impacted operations.

The participation of 123 healthcare professionals was facilitated by the Western Washington Area Health Education Center's Volunteer Retired Providers Program which secures malpractice insurance for eligible providers.

The Corporation for National and Community Service values volunteer time in Washington State at \$26.72/hour. With upwards of 25,000 hours recorded during the week of the clinic, this results in a minimum of \$668,000 in donated time. However, given the professional rates of over 800 healthcare volunteers, as well as the untallied hours that went into planning the clinic, a figure of more than \$2 million can be easily assumed.



UNIQUE VOLUNTEERS	QTY
Acupuncturist	11
Certified Nurse Midwife	4
Chiropractor	10
Compassion K-9	15
Dental Assistant	111
Dental Hygiene Student	36
Dental Hygienist	76
Dentist	171
Dentist - Oral Surgeon	19
Doctor of Osteopathy	1
EMT/Paramedic	9
General Support/Interpreter	611
LPN/LVN	5
Medical Doctor	56
Naturopathic Physician	8
Nurse Practitioner	11
Nutritionist	3
Ophthalmic Tech	5
Ophthalmologist	20
Optical Tech	2
Optician	16
Opticianry Student	11
Optometric Tech	2
Optometrist	33
Paramedic Trainee	24
Pharmacist	9
Pharmacy Tech	2
Phlebotomist/ Lab Tech	23
Physician Assistant	4
Psychologist	3
Radiology Tech/ Sonographer/ EKG Tech	23
Registered Nurse	133
RN Student	6
Social Worker	21

Table 5 – Volunteer Participation

*"I've been suffering for several years. This event has fulfilled a critical, chronic need."*

- Clinic Patient

## Volunteer Perspectives on Patient Population

Providers and other volunteers who cared for and assisted patients contributed information about the population of patients seen in the clinic and the care they gave or witnessed.



**Unmet Need:** We asked volunteers if they perceived a high need for the clinic. Overall, **97% of the volunteers agreed or strongly agreed that there was high need for this type of service.** Among volunteers working in patient registration, preliminary triage, general support and community resources (i.e. those not directly providing health care), 100% agreed/strongly agreed. Among providers, need was perceived highest among medical staff (97%) and nearly as highly among dental (94.4%) and vision (93.8%).

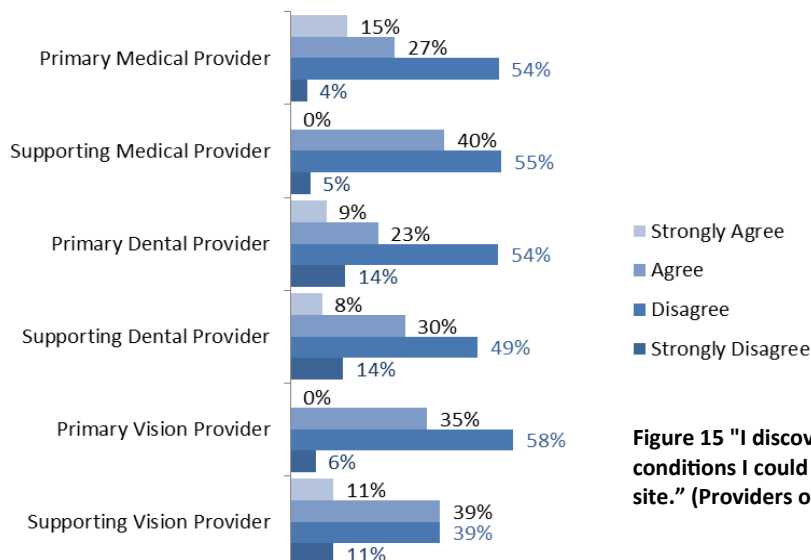
**Patient Diversity:** One goal for the clinic was to reach a diverse patient group. Although demographic data (age, race, employment status) was captured at registration, most volunteers would not have this information. In some cases perception is reality, so we asked volunteers if they thought the patients reflected this diversity goal; perceptions matched the data. Among every role and in every clinic area, **98-99% of respondents believed the patients they encountered came from diverse backgrounds.**





## Point of Care and Follow-up Care

Providing care in this setting required that primary complaints be identified and treated on site, as the opportunities for follow up with these specific providers was limited. We wanted to know if most of the health issues the providers confronted could be effectively treated on site.

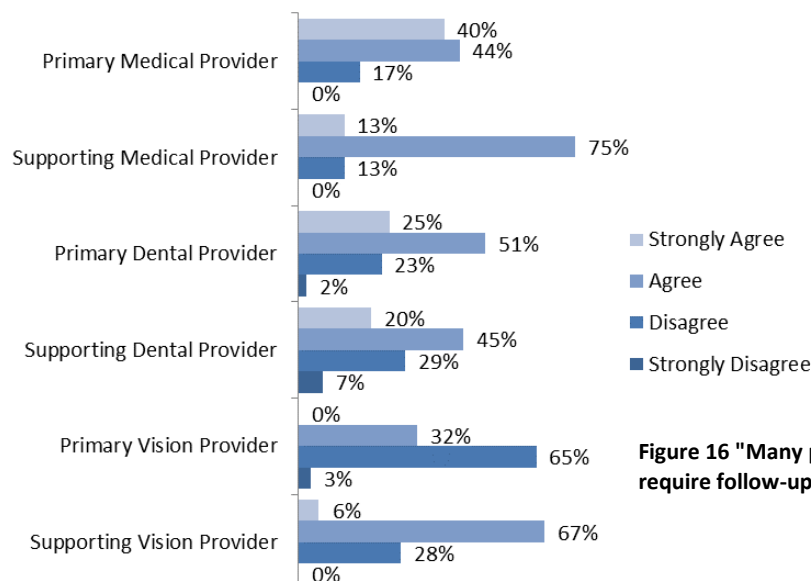


**Figure 15 "I discovered many conditions I could NOT treat on site." (Providers only)**

A majority of providers disagreed/strongly disagreed with the statement "I discovered many conditions I could not treat on site"; meaning most of their patients could be treated on site. Some conditions, while they can be treated on site, require follow-up. This can be a challenge for patients, as their lack of access to these resources is often one reason they come to a free clinic.

Responses to the question about the need for follow-up care varied significantly between clinic areas (Figure 16), and also between support and primary providers in some cases. From the primary providers' perspective, 88% (medical) and 76% (dental) will require follow-up, but only 32% of primary vision providers agreed. Among supporting providers, these figures were 88%, 65% and 73%, respectively.

Nonetheless, the rate of follow-up care indicated by the medical and dental providers is quite high. Further analysis and discussion will be provided in the comprehensive evaluation.



**Figure 16 "Many patients I saw will require follow-up" (Providers only)**



*"The energy in the building was the cleanest, purest feeling I have felt for years. I forgot what it was like to have a lot of people all together not because everyone is trying to earn money, but just to help for the pure joy of it."*  
- Clinic Volunteer



*"My heartfelt thanks to the Seattle community for a life changing experience. I walked away feeling a greater sense of community. Simple words of thanks seem like an understatement compared to walking away knowing that I have to pay this forward."*  
 - Clinic Patient, "Dee"

## Communication Among Volunteers and Clinic Organizers

Based on their individual role(s) in the clinic, volunteers responding to the survey were asked one of three questions about effective communication within the clinic. A vast majority – over 90% - of all volunteers agreed that volunteers communicated well with each other across the clinic.

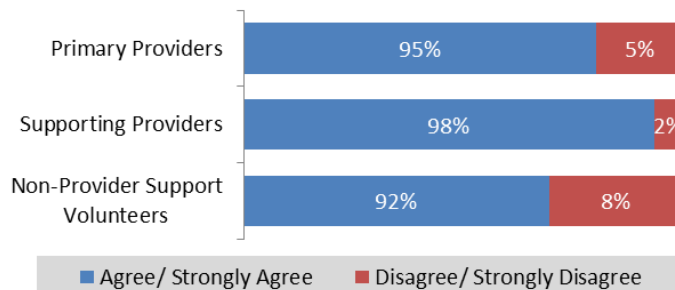


Figure 17 Volunteer communication within clinic

## Clinic Organization

Responses, overall, suggested that volunteers felt the clinic was well organized, had adequate supplies, and was managed well by organizers who oversaw clinic operations.

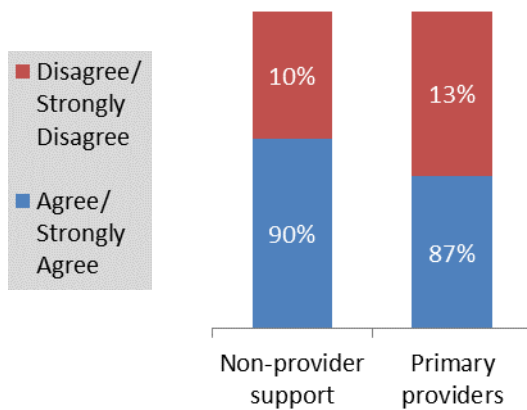


Figure 18 "I had the supplies needed to do my job."

Most primary provider and non-provider volunteers also agreed that they had the supplies needed to do their jobs.

Ninety-five percent of all volunteers agreed that Seattle organizers communicated well with volunteers. Furthermore, most non-provider volunteers agreed that their area of the clinic was well organized (90%), they were treated well by other volunteers (98%), and they were treated well by clinic staff (98%).

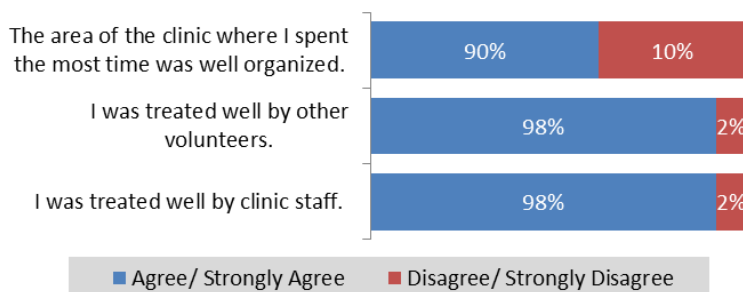


Figure 19 Non-provider volunteers' opinions of clinic operations



## Volunteer Experience

A vast majority (96%) of volunteers who responded to the survey were satisfied with their role(s) in the clinic and felt their experiences were worthwhile (97%). Although slightly less (92%), almost all volunteer respondents also felt their skills were well-utilized in their clinic role(s). Almost all (99%) volunteer respondents also agreed that they would be interested in volunteering again and would recommend volunteering at a clinic like this to colleagues and friends (Figure 20).

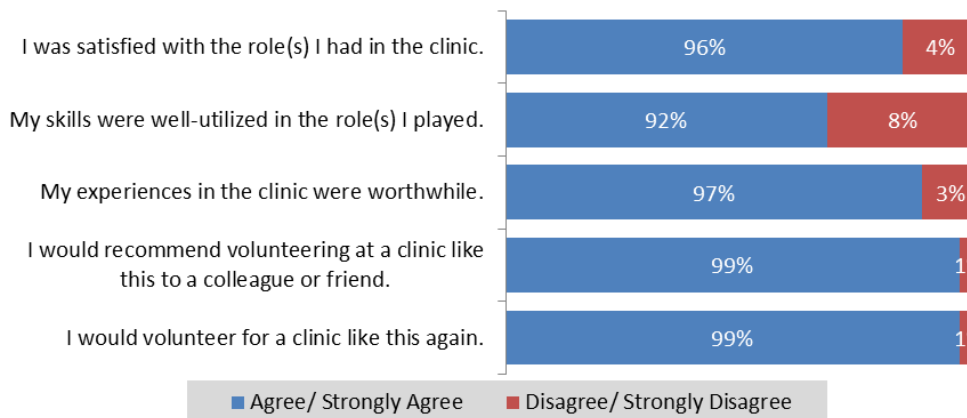


Figure 20 Volunteer experience and opinions

## CLINIC ADMINISTRATION

Seattle Center Foundation served as the non-profit fiscal agent for the Seattle/King County Clinic, raising funds and paying for operations. In resource development, 25.1% of contributions came in the form of cash, while 74.9% were in-kind donations (physical resources, not inclusive volunteer time) (Figure 21).

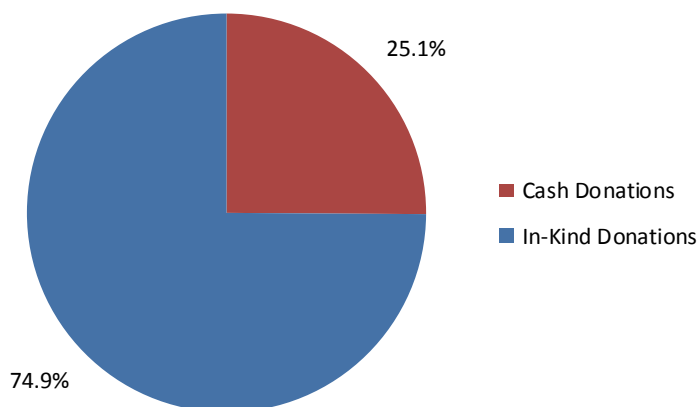
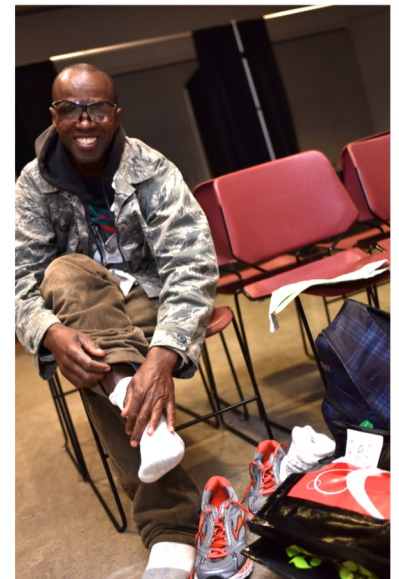


Figure 21 Host Community Cash vs. In-Kind Donation Distribution

*"At the risk of sounding bombastic and dramatic: I am forever changed as a result of participating in this event. It is hard to even put it into words, but it is a very positive change."*

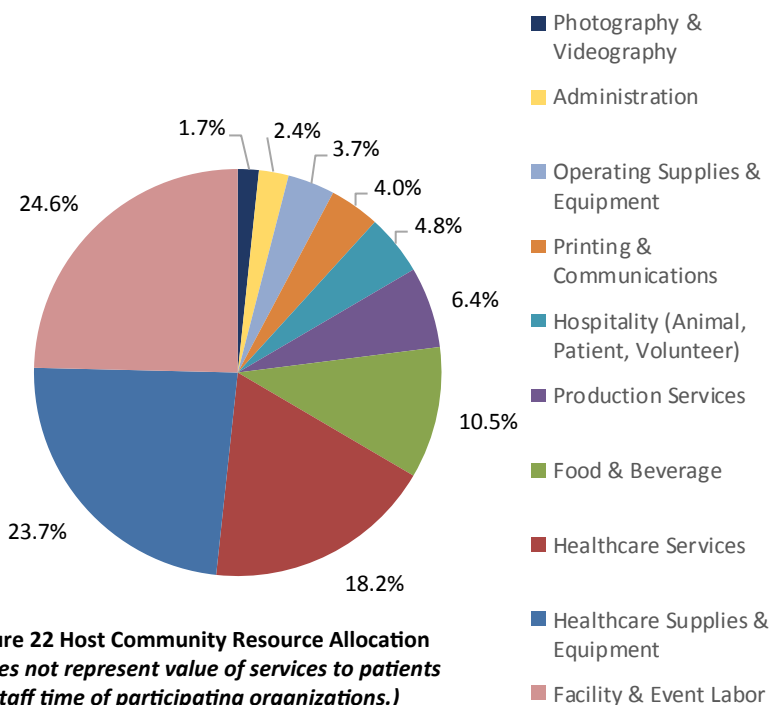
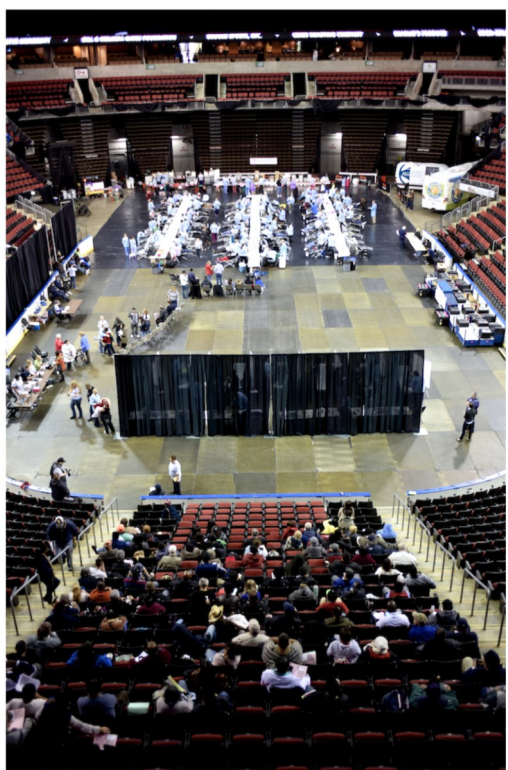
- Clinic Volunteer



*I'm quite sure that I speak for so many others in thanking those that participated in this great Medical Festival of kindness and great deeds ... ordinary people doing extraordinary things!!!*

- Clinic Patient

As represented in Figure 22, these resources addressed a wide array of needs. Clinic partner Remote Area Medical contributed dental and vision equipment and supplies, patient and volunteer registration equipment, select medical supplies, and covered the cost of transportation for their equipment and key staff. The Host Community supplemented RAM's dental infrastructure in order to provide x-rays, root canals, crowns and flippers, and was responsible for covering all other operating costs for the clinic including those of the medical clinic, facility, parking, food and beverage, volunteer and patient outreach, among others.



**Figure 22 Host Community Resource Allocation**  
(Does not represent value of services to patients or staff time of participating organizations.)

## CONCLUSION

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

*"What was amazing was the coming together of a community from all walks of life. It didn't matter what organization you were from, in that moment, that day, we were all there to serve one purpose, help those who were in need. What a singular, powerful opportunity."*

- Clinic Volunteer

*"These four days in KeyArena were a haven of humanity and compassion at its best. The message to me was very clear. Hope in a hurting world. Thank you for that hope and easing my suffering and the suffering of so many people in need."*

- Clinic Patient, "Erik"

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## \$75,000+

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Group Health  
Remote Area Medical  
Seattle Center

## \$25,000 - \$35,000

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Coca-Cola  
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## \$10,000 - \$24,999

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Experience Dentistry  
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Max Technologies  
McKibben Merner Family Foundation  
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Philips Healthcare  
Pineapple Hospitality  
Seattle Cancer Care Alliance  
Seattle Center Foundation  
Seattle Department of Neighborhoods  
Seattle Monorail Services  
Seattle Parks and Recreation  
Seattle Police Department  
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Swedish/Providence Health

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UW Medicine  
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Nakanishi Dental Laboratory, Inc.  
Pacific Office Automation  
Rebec Environmental  
Space Needle  
Vulcan Inc.

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Brendan McAleer  
King County Nurses Association  
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Wishpets

## Up to \$999

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Teresa Banks  
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Todd & Christina Leber  
Toulouse Petit  
Toysmith  
Tracy Robinson  
Triumph Expo & Events  
World Vision

*"This is like being part of an enlightened society. You have accomplished something transcendental, beautiful.*

*- Clinic Patient, "Bruce"*





# SEATTLE/KING COUNTY CLINIC

## PARTNERS



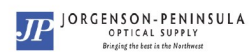
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## MAJOR DONORS

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AEG  
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HOPE Animal Assisted Crisis Response  
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Space Needle  
Vulcan Inc.  
WA Association of Naturopathic Physicians

American Red Cross of Western Washington  
Ceres Roasting Company  
Delivery Express  
Hispanic Dental Association  
International Community Health Services  
Rebec Environmental  
United Way of King County  
WA Academy of Eye Physicians and Surgeons  
WA Global Health Alliance

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