

# Funds Distribution Report

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**Seattle Center Foundation**

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## Organization's General Goals:

Creates partnerships with community organizations, including year-long series of free events that honors the cultural richness and diversity of the Pacific Northwest. The Seattle Center and Seattle Center Foundation partner with organizations from across the State of Washington to produce the Seattle/King County Clinic which provides free dental, vision and medical care, as well as resource information and social services to people in need from throughout the region. The foundation seeks public and private funds for capital improvements, supporting free public programs, and bringing together the organizations and individuals who value Seattle Center as a civic asset.

<b>Date of Award:</b>	<b>Level:</b>
2019 Q3	\$2,501 to \$5,000

For more information, please read the attached report from Seattle Center Foundation.

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**TulalipCares.org**

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# SEATTLE/KING COUNTY CLINIC

*A Community of Compassionate Care*

## 2020 FINAL REPORT





## INTRODUCTION

Seattle/King County Clinic took place over four days, February 13-16, 2020, at Seattle Center. Due to construction on the New Arena at Seattle Center, it was held at a different time of year and in different facilities than the previous five clinics. More than 115 organizations, along with thousands of individuals, contributed to the project. A wide range of clinical services were offered, free of cost, on a first-come, first-served basis. One month before the World Health Organization declared a global pandemic, 4,622 volunteers provided just over \$3 million in dental, vision and medical care to 3,393 individuals. The clinic achieved its goal of attracting a racially diverse and economically disadvantaged patient population. Organizers, volunteers and patients noted that even under the changed circumstances, 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

## Different Time of Year, Different Location

Work on the New Arena at Seattle Center began shortly after the 2018 clinic. At the time, organizers did not know if or when there would be another clinic. Potential locations on and off the Seattle Center campus were explored over a period of months. The primary deciding factors came down to an alignment of one-week of dates, facilities with sufficient proximity, space and technical capabilities, as well as availability of healthcare equipment. Coupled with other points of consideration, only one possibility emerged. Thanks to Cornish College of the Arts' and Seattle Opera's willingness to share spaces, five facilities at Seattle Center were utilized: Fisher Pavilion (patient ticket distribution), Marion Oliver McCaw Hall (volunteer check-in and break room, patient registration and intake, medical), Exhibition Hall (dental), Cornish Playhouse (vision), and Armory (volunteer lunch). Once that was determined, planning evolved within those parameters.

The change of facilities meant that revised layouts and processes were required. This presented both opportunities and challenges. Thankfully, only a minimal reduction (25%) in service capacity was needed. However, operating in multiple facilities meant that some aspects (entrance/exit points, record processing and retention, patient escorting, load-in/out) had to be multiplied or expanded. Estimating how many more volunteers and leadership members were needed to support these changes was based on prior clinic experience, while trying to account for unknown factors such as patient and volunteer turnout in February, right before a holiday, with the potential of bad weather.

The physical infrastructure of the buildings also impacted some decisions and outcomes. Radio and cell phone communication was glitchy, at times causing confusion and delays. Without suites available in the medical area, rented equipment was used to create temporary rooms, each with four walls and a door, for services requiring more privacy such as physical exams and x-ray. Deliberations about how to approach a limited footprint for patient intake contributed to a successful idea for adapting patient registration. It allowed patients who returned





for a second day to skip intake and go straight to the service areas. In dental, the triage and x-ray steps were combined, leading to a much more efficient and effective exam process. Limited space also meant there was not room to accommodate volunteer lunch service. Instead, meal vouchers were provided for use at Armory eateries. This change received highly mixed reviews.

In general, volunteers and patients were understanding of the circumstances and forgiving of difficulties. Many tried to find positive aspects of the arrangements. "Patients and their families had to explore Seattle Center to use the services provided. Many were seeing McCaw Hall, the Exhibition Center, and the Playhouse for the first time. Several people asked if this was where the ballet or opera happened and were impressed that they were 'allowed' in the building. I told them Seattle Center was for everyone. Families enjoyed watching their children play outside. Others just liked walking around. What a bonus!"

## On the Cusp of a Pandemic

With all that was considered as result of the changes, one aspect was not anticipated whatsoever. The first Novel Coronavirus (COVID-19) patient in the United States was hospitalized in Washington three weeks before the clinic opened. Organizers immediately began work with Public Health – Seattle & King County and clinic leadership on changes to the clinic based on Center for Disease Control (CDC) and Washington State Department of Health guidelines. Patients and their guests were screened before entering Fisher Pavilion (patient ticket distribution) and again upon entering McCaw Hall (patient registration and intake). Infection prevention measures were enhanced, and an isolation protocol for suspected COVID-19 cases was developed. Communications were also expanded to address public health hygiene, assessment of personal symptoms and contacts, use of personal protective equipment (PPE), as well as cultural sensitivity.

Given the conditions and information known at the time, the thorough procedures allowed the clinic to proceed. Plans continued on-track through the review and mailing of patient lab reports one week later. The greatest impacts were felt when March arrived and social distancing measures were put into effect, followed by stay-at-home orders being issued across the country. Eyeglass fabrication was delayed as many labs suspended operations and the dispensing event had to be canceled. Clinic staff and volunteer opticians adapted to the circumstances by taking batches of eyeglasses home to confirm they were correctly fabricated and then mailed to patients. The process was much more laborious and drawn out, but patients were extremely understanding and thankful.

As COVID-19 cases grew in the community, clinic leaders continued to assist Public Health and other agencies in response efforts. The extensive volunteer database served as a means for requesting professional or general support such as staffing call and recovery centers or the collection of PPE. Remaining clinic supplies that were in high demand throughout the region were donated. The knowledge developed by clinic staff around the type and quantity of medical supplies needed to operate a giant "field hospital" contributed to the efforts to quickly stand up alternate care facilities in the community.

In looking back, organizers, volunteers, patients and stakeholders alike have expressed how grateful they are that the clinic was able to happen. They also extended overwhelming appreciation for the sacrifices that so many people have made to serve the health and safety of the community, state and nation.





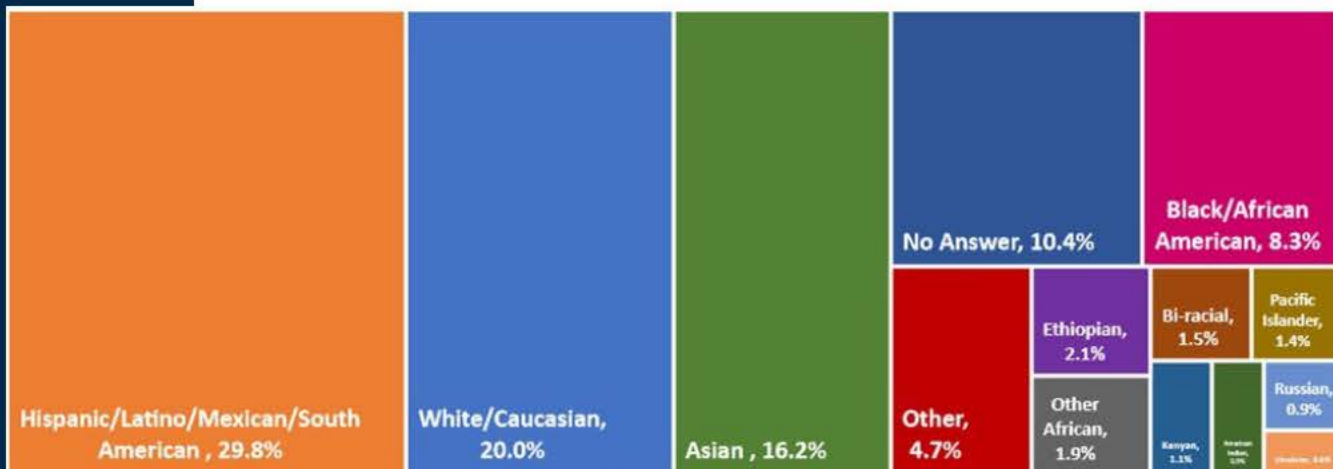


Figure 2 - Patient distribution by ethnic identity

## PATIENT POPULATION

Demographic information about patients who attended the clinic was collected at two primary locations -- registration and patient intake (where health history and vitals were taken for all patients). Patients were required to provide only first and last name and birthdate to initiate their patient record. However, many patients willingly provided additional information, understanding that it may aid in their treatment, and that any of it used for community reporting purposes would be discussed only in aggregate.

### Gender

Registration data shows a relatively even distribution among female and male patients; 50.7% of patients were female, 48.5% were male. About 0.8% of patients indicated they were transgender or other gender.

### Age

The average age of registered patients was 47 years old. Three-quarters (75.4%) of patients were between 18 and 64 years old. The distribution of patients by their age is shown in Figure 1.

### Ethnic Identity

Almost one-third (29.8%) of registered patients identified their ethnic identity as Hispanic/Latino/Mexican/South American; 20% identified themselves as White/Caucasian; 15.2% were Asian; 8.3% reported their race as Black/African American. The remaining patients were spread across other ethnic identities as shown in Figure 2. 10.4% of patients did not identify their ethnicity.

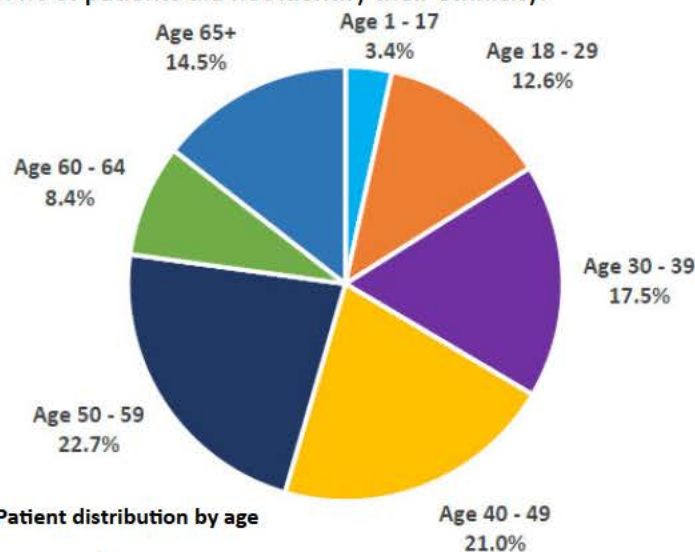


Figure 1 - Patient distribution by age





## Primary Language

Patients used 45 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 InDemand Interpreting. Onsite information and registration materials were also printed in English, Spanish, Chinese and Vietnamese.

At registration, patients reported using 36 different languages. More than 85 patients indicated a language other than what was listed in the clinic's registration system. InDemand Interpreting's medically certified interpreters assisted with 9 of these other languages and provided 5,614 minutes of interpretation overall. Based on prior years, there was a notable increase in patients using Amharic, Mongolian and Russian.

## Employment & Military Status

Over the years, the unemployment rate of clinic patients has steadily declined by 19%. This year, under one-third (30.1%) of patients reported being unemployed; 21.1% were employed with one full-time job; 19.7% were employed with one part-time job; and 1.1% were employed with more than one job. Of the remainder, 9.7% were retired; 6.2% were disabled; 5% were minors or students. (Figure 3) Exactly 4% of patients reported they were veterans or active members of the United States military.

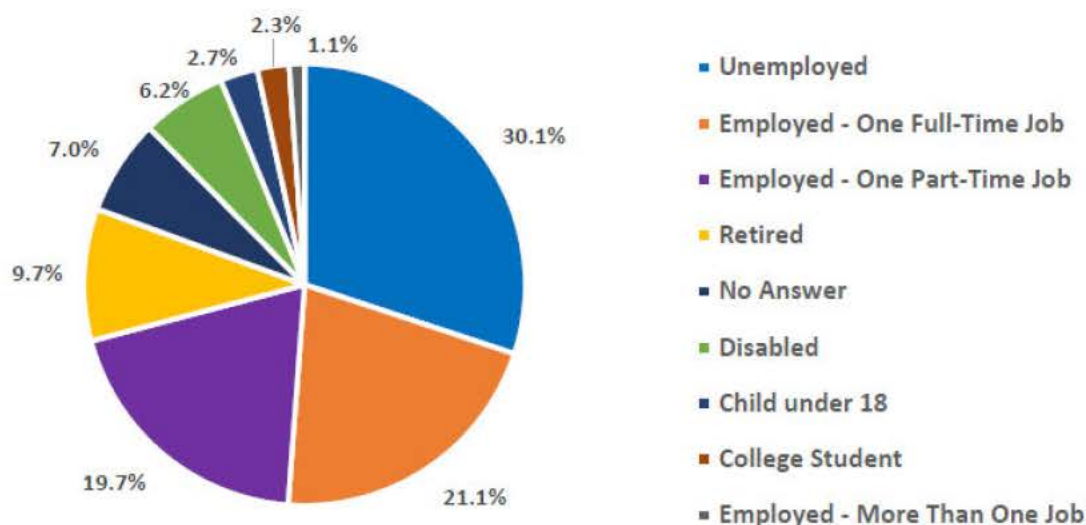


Figure 3 - Patient employment status

## Where Patients Live

Registered patients came from 216 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 (47.3%) reported coming from the Seattle Metro area, including: Beacon Hill, Central District, Downtown, North Seattle, Rainier Valley and White Center.

Based on zip code data, 73.9% of clinic patients reported residing in King County. 11.9% reported coming from Snohomish County and 8.4% reported traveling from Pierce County. The remaining patients reported a range of zip codes from across Washington, including: Chelan, Clallam, Cowlitz, Douglas, Grant, Grays Harbor, Island, Jefferson, Kitsap, Kittitas, Lewis, Mason, San Juan, Skagit, Thurston, Wahkiakum, Whatcom and Yakima counties. A handful of patients (16) came from out of state.

LANGUAGE	# OF PATIENTS
Spanish	672
Other	88
Amharic	74
Mandarin	67
Cantonese	43
Russian	36
Vietnamese	32
Korean	30
Tagalog	17
Arabic	16
Portuguese	15
Farsi	12
French	11
Filipino	10
Sign Language	8
Thai	7
Tigrinya	6
Marshallese	5
Somali	5
Ukrainian	5
Cambodian	4
Nepali	4
Burmese	3
Japanese	3
Turkish	3
Urdu	3
Hindi	2
Oromo	2
Romanian	2
Samoan	2
German	1
Indonesian	1
Laotian	1
Malay	1
Polish	1
Punjabi	1
<b>OTHER LANGUAGES (HIGHEST TO LOWEST USE)</b>	
Mongolian	
Swahili	
Bulgarian	
Tamil	
Telugu	
Tongan	
Khmer	
Bengali	
Armenian	

Table 1 – Patients' primary spoken language other than English

*"I just want to give a big thank you to everyone that was volunteering and those who made this possible. Every single person I met could not have been nicer, more professional or polite. I appreciate all the extra effort. I really never expected to be in this situation at this time in my life, or ever for that matter. I appreciate all the extra effort people gave to me and they understood I'm not the person many think I am. Thanks again to all!"*

— John, Patient

### Housing Status

Over half (57.2 %) of patients stated that they resided in a rented room, apartment or house; 10.9% said they were temporarily staying with family or friends; 8.5% stated they lived in a shelter, on the street or in a vehicle, in transitional or supportive housing; 8.4% did not respond to the question. (Figure 4)

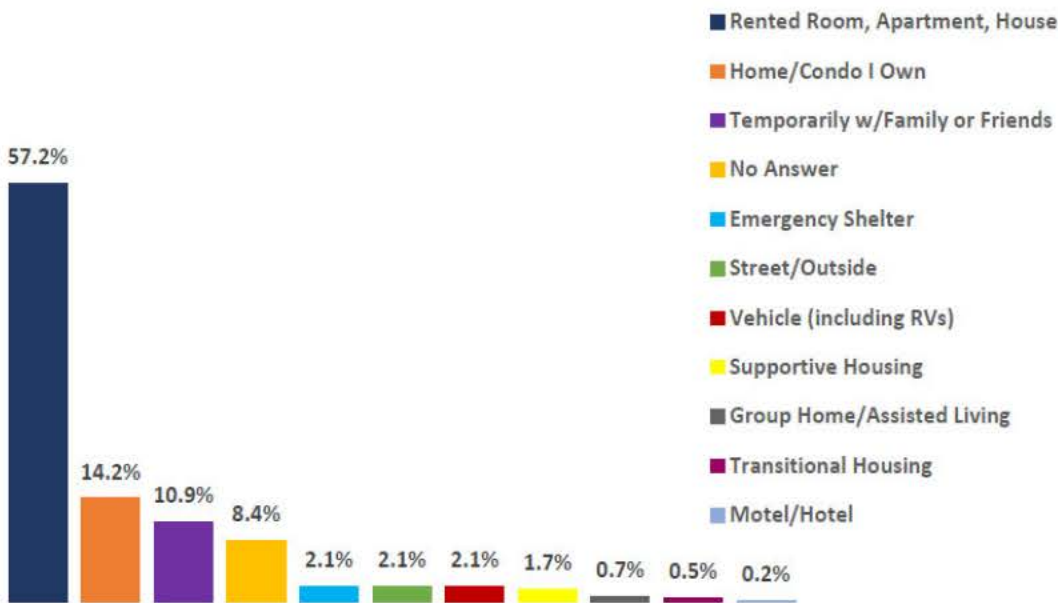


Figure 4 - Patient housing status

### Health Insurance Status

The clinic imposed no access restrictions related to whether patients had health insurance; clinic organizers hoped to attract people who needed services but had extremely limited means of accessing them. Over the years, the rate of uninsured patients has steadily increased. This year, the uninsured rate grew by 4% to 51.6%. 39.9% of patients indicated they had health insurance, including 15.8% on Medicaid and 12% on Medicare. The remaining 8.5% of patients did not report their insurance status. (Figure 5)

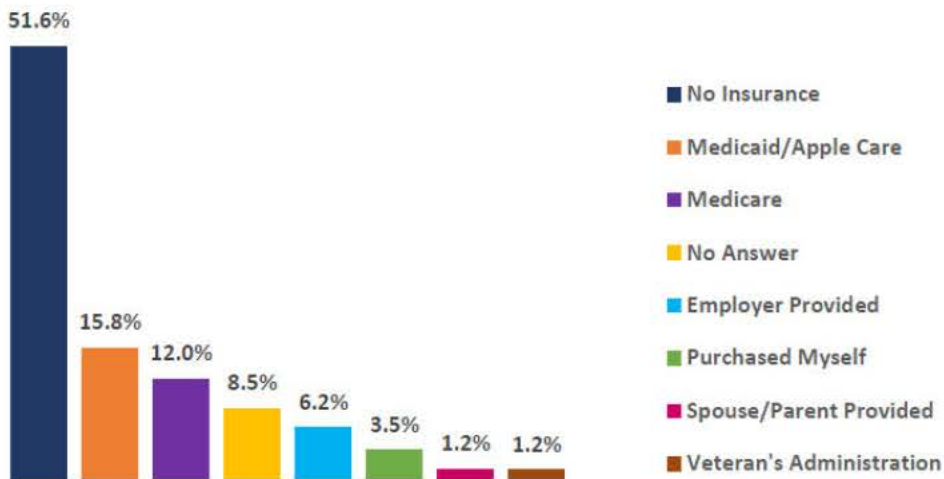


Figure 5 - Patient health insurance



## Time Since Last Healthcare Visit

Registration data shows 58.2% of registered patients reported seeing a doctor and receiving medical care within the last year; 38.4% reported having dental care; 24.9% reported receiving vision care within the last year. Conversely, 28.4% of patients indicated they had never sought professional eye care, could not remember when they last received care, or it had been more than 5 years; 16% indicated the same for dental; 12% for medical. (Figure 6)

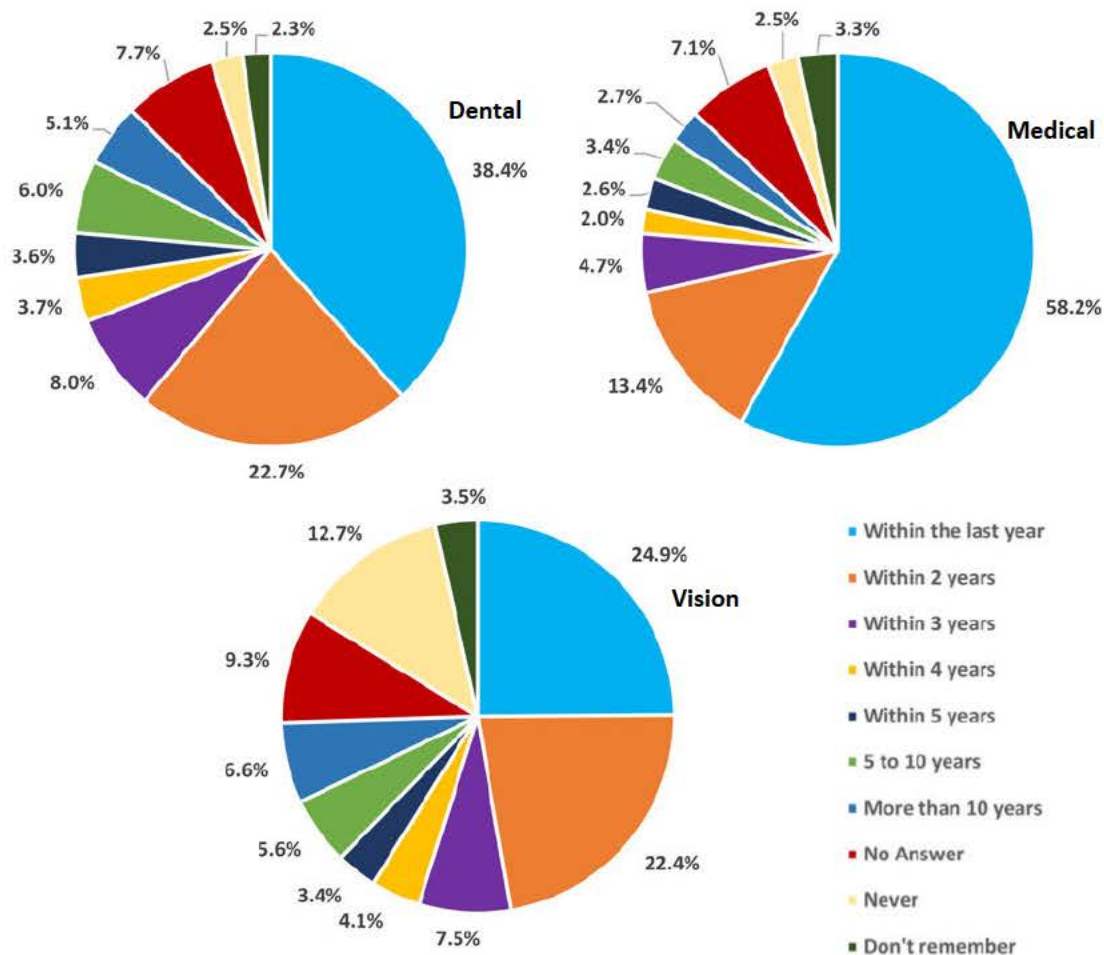


Figure 6 - Time since last visit by care type





## Barriers and Access to Care

While 18.8% of patients declined to share what prevents them from accessing healthcare, 49.8% indicated it was lack of insurance. Another 23% of patients said although they had insurance, they still could not afford healthcare costs or insurance did not cover needed services. (Figure 7)

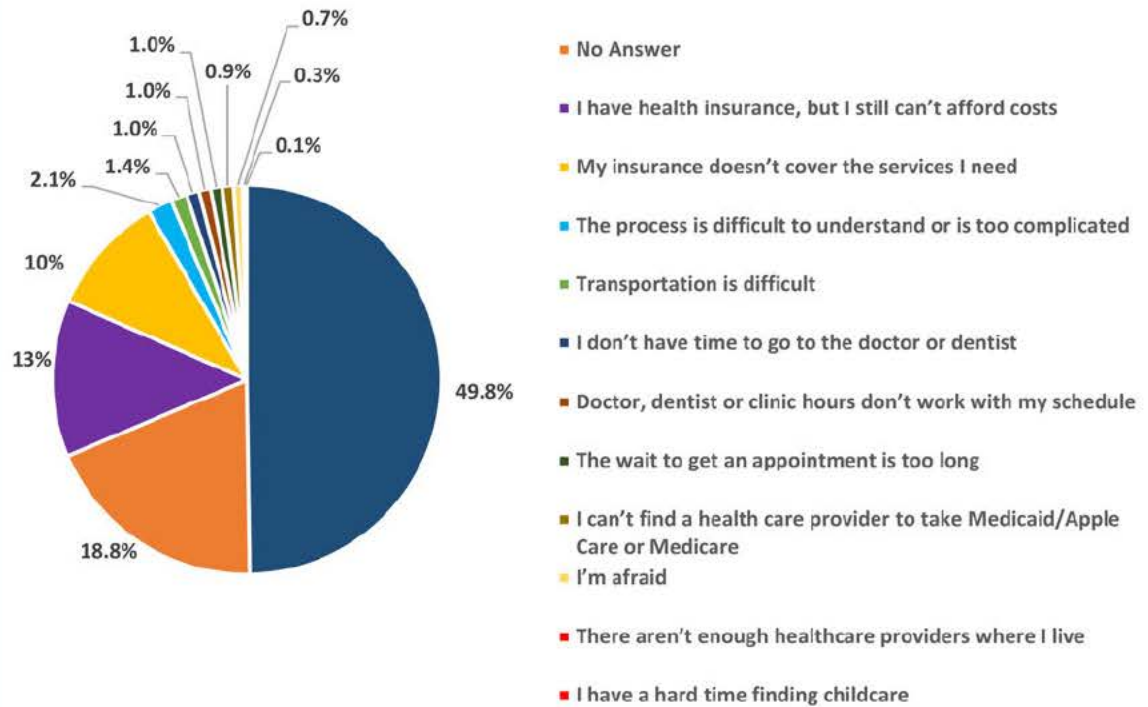


Figure 7 - What prevented patients from accessing care.

Just under one-half (44.7%) of patients said they had been waiting 7 months or more to get care for the health conditions they were experiencing. However, 22.4% did not respond to the question. (Figure 8)

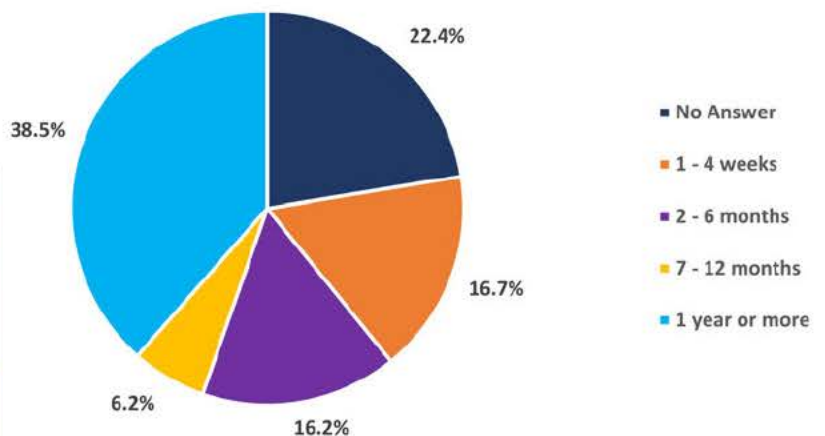


Figure 8 - How long patients had been waiting for care.





## Health Conditions

At intake, patients were asked about their health history and especially about conditions that might relate to their care at the clinic. 15.2% of patients self-reported having high blood pressure or hypertension; 12.6% indicated they used alcohol excessively; 11.3% used tobacco; 8.1% said they used marijuana; vapor products were used by 1.1% of patients; 5.6% were asthmatics; 10.7% suffered from anxiety; 8% had emotional concerns or a behavioral health diagnosis; 7.2% said they had diabetes; 5.2% presented with either Hepatitis A, B or C; 2.8% had a history of seizures or stroke; 3.5% reported having a heart attack or heart disease; 4.1% of patients were dealing with cataracts; 1.4% said they had glaucoma. Patients were also asked about illegal or excessive drug use. 1.4% admitted to using opioids; 0.3% had overdosed on drugs; 0.8% used intravenous drugs; 0.7% abused other drugs.

## Patient Outreach

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

This year, communication efforts tried to anticipate the impact of the change of date and location. Historically, patients begin responding to outreach two months before the clinic. The team concluded the move to February meant that outreach needed to happen in two stages. The change of date was emphasized in the fall when the clinic previously occurred, then the most extensive efforts began at the top of the year. Methods included print, radio, television and social media advertising, especially in ethnic media sources, flyers and posters written in 16 different languages, and messaging through community-based organizations and agencies. Communications also attempted to address patient privacy and safety, especially for the segment of the population who are fearful of seeking free or subsidized care, given the new public charge policy that can affect a person's green card status if they receive public benefits.

*"There is a superpower that resides inside the heart of every nurse. Thank you for choosing a life of service in an often-thankless profession. Nurses rock! Thank you for the sacrifice of your time and energy to assist me and those like me who need service we cannot afford. You nurses are the backbone of the medical profession. I appreciate all that you do. Thank you is an inadequate expression of my gratitude but its all I have to give you in return. With love and sincerity."*  
— Kimberly, Patient





## SERVICES PATIENTS RECEIVED

During the 48 hours of clinical operations, \$3 million in services were provided to people in need.



### Dental 1,754 patients received dental care.

The services shown in Table 2 are a sampling of the top dental treatments provided as listed on the patient records and as reported by partners who managed specific services.

This year, in partnership with Seattle-King County Dental Foundation and University of Washington School of Dentistry, a handful of patients were able to receive dentures and oral biopsies were also performed.

The clinic provided \$1.3 million in dental services.

SERVICE	QTY
Amalgam 1 Surface	12
Amalgam 2 Surfaces	19
Amalgam 3 Surfaces	17
Amalgam 4 Surfaces	7
Biopsy	9
Composite 1 Surface	280
Composite 2 Surfaces	286
Composite 3 Surfaces	174
Composite 4 Surfaces	107
Crown - Porcelain	127
Debridement	138
Dentures	8
Denture Repair	16
Extractions	789
Flippers	62
Fluoride Application	462
Imaging - Bite Wing	582
Imaging - Panorex	209
Imaging - PA-X	1412
Prophy (Cleaning)	501
Root Canals	100
Scaling	344
Silver Diamine Fluoride	41

Table 2 –Top dental services







## Medical 1,713 patients received medical care.

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

This year, hand services were expanded to include minor surgical procedures including carpal tunnel release.

The clinic provided \$1.2 million in medical services.



SERVICE	QTY
Acupuncture	263
Behavioral Health	136
Chiropractic	439
Dermatology: Exam	195
Dermatology: Cryotherapy	22
EKG	63
Foot Care	275
Foot Care: Podiatry	16
Hand Exam/Procedure	22
Hand Surgery	1
Hepatitis C (Rapid) Testing	302
HIV (Rapid) Testing	184
Immunization: Flu	384
Immunization: Hepatitis A/B	55
Immunization: MMR	215
Immunization: Tdap	183
Lab Tests	2309
Mammogram	239
Nutrition Consultation	102
Occupational Therapy	65
Occupational Therapy: Splint	56
Physical Exam: General	572
Physical Exam: Naturopathic	51
Physical Exam: Pediatric	5
Physical Exam: Women's Health	254
Physical Therapy	193
Ultrasound	132
Wound Care	12
X-Ray	597

Table 3—Top medical services





*"Thank you for this program! I haven't been able to afford to buy new glasses for 3 years since I broke my last pair. This year was the first time I attended the event. I had a flawless experience at every step and have to say this was an incredibly well-planned and well-executed event. "*

– Anonymous Patient

## Vision 1,074 patients received eye care.

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

The clinic provided more than \$571,000 in vision care.



SERVICE	QTY
Eye Exam	1032
Pre-Testing	1074
Readers	48
Rx Glasses - Bifocal	544
Rx Glasses - Single Vision	457

Table 4 – Vision services



Resource Services

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

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

Once again, clinic organizers invited local community health centers to be onsite to meet with patients who needed follow-up or continued care. Unfortunately, a variety of circumstances prevented them from having a significant presence, so social workers and health insurance navigators stepped in to fill the gaps. As in previous years, patients were often aware of where to seek medical care but needed help finding dental resources. Although there is a high interest and need, few options exist among free clinics or community health centers for eye exams and/or optical services.

A partnership with Project Access Northwest helped patients with eye diseases such as cataracts or glaucoma get the specialty care they needed affordably. Patients identified as requiring advanced care met with onsite representatives from Project Access Northwest to start the process of being placed with a provider. Project Access Northwest then continued to assist the 92 patients as they established care with Kaiser Permanente or University of Washington Eye Institute.

In response to the current opioid epidemic, and with a new standing order for naloxone now available throughout Washington, the clinic worked to provide opioid education and dispense naloxone to any person at risk of overdose or who has someone close to them at risk. Volunteers dispensed 248 kits. One person reported receiving a kit from the clinic in 2018 and using it to save someone’s life.

More resources were in the facility where patients waited to receive admission tickets. King County 2-1-1 and Healthcare for the Homeless helped people connect to human services they needed. Seattle Animal Shelter took care of pets while their owners were in the clinic. Seattle Public Library made reading materials available to help occupy patients’ time. Representatives from the U.S. Census were onsite to ensure residents were counted. As part of the Health Care Authority’s effort to eliminate Hepatitis C in Washington by 2030, AbbVie helped to educate patients about testing and treatment options.



*“It was really profound to see the number of people affected by the lack of healthcare resources. The clinic helped a lot of people who do not feel represented or spoken for in the community know that they matter.”*  
– Anonymous Volunteer

SERVICE	QTY
Behavioral Health - Roving Consultations	69
Health Insurance Assistance	308
Healthcare for the Homeless	160
Naloxone Kits Dispensed	248
Project Access NW Referrals	92
Seattle Cancer Care Alliance Referrals	37
Social Work Assistance	511
UW Oral Medicine Referrals	2

Table 5– Resource services



*"Participating in the clinic was a remarkable experience. I felt a genuine and direct connection with my community. The expression of gratitude from patients was heartwarming, the personal stories were heartbreaking. The need is tremendous in our community. I appreciated the respect, fairness, and care provided by health professionals, volunteers, and organizers."*

– Anonymous Volunteer

## Returning Patients

One indication whether the clinic is achieving its goal of connecting patients to continuing care options is the patient rate of return. Over its six-year history, the clinic has had approximately 18.6% of patients return for two or more years. The rate drops to 6.7% for three or more years and to 2.5% for four or more years.

However, returning to the clinic does not necessarily mean a patient revisits the same service areas. An analysis of each area indicated 10.2% of patients returned for two or more years to receive dental services, 18.3% for medical services and 5.8% for vision. The rates dropped for three or more years of service in dental (3.6%), medical (6.6%) and vision (2.1%), and again for four or more years in dental (1.5%), medical (2.5%) and vision (0.8%).

## PATIENT IMPACT

In addition to patient demographic information, organizers were interested in learning about patient experiences at the clinic. Patients were given the option of providing written feedback throughout the clinic, and a number sent emails or notes in subsequent days. Others provided verbal feedback to volunteers or staff, which was then documented and given to organizers.

## Patient Satisfaction & Descriptions of the Clinic

It was important to organizers that patients not only received high-quality care, but that they were treated with respect. While no formal effort was made to survey patient satisfaction, many patients expressed their gratitude for the kindness and professionalism of volunteers, as well as how the services would positively impact their lives. Few criticisms were offered, a recurrent one being difficulty navigating the new layout. Since at times volunteers were also confused, it resulted in patients being handed off to multiple people before their questions or needs were addressed. Still, the most frequent statement expressed by patients during the clinic was one of gratitude.





## VOLUNTEERS

The clinic could not have happened without the commitment of 4,622 volunteers and comfort canines during the four-day clinic and more than 476 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.

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. They spoke over 38 languages (both interpreters and other professions alike) and represented 52 professions or volunteer classifications. (Table 6) The participation of 435 healthcare professionals was facilitated by the state-sponsored Volunteer and Retired Providers Program, which secures malpractice insurance for eligible volunteer and/or retired providers. The clinic is also a valuable learning opportunity for healthcare students. While many participated in support capacities, the clinic also served as a platform for dental, medical, nursing, pharmacy, public health and social work students engaged in a learning project with the University of Washington Center for Health Sciences Interprofessional Education. Working in interdisciplinary teams, students spent time listening to patients discuss their circumstances and experiences with the greater healthcare system, gaining valuable insight as future health professionals.

The Corporation for National and Community Service values volunteer time in Washington at \$31.72/hour. With upwards of 61,000 recorded hours, this results in a minimum of \$1,935,000 in donated time. However, given the professional rates of healthcare volunteers, as well as the untallied hours that went into planning the clinic, a figure of more than \$3 million can easily be assumed.



VOLUNTEERS	QTY
Acupuncturist	15
Certified Nurse Midwife/ARNP	6
Chiropractor	22
Dental Assistant	182
Dental Equipment Technician	16
Dental Hygienist	148
Dentist	225
Denturist	1
Dietician/Nutritionist	10
Emergency Medical Technician	13
General Support/Interpreter	1804
Health Insurance Navigator	23
Healthcare Resource Professional	53
LPN/LVN	18
Medical Assistant	61
Mental Health Counselor	20
Nurse Practitioner	39
Nursing Assistant	20
Occupational Therapist	4
Ophthalmic Asst/Tech	53
Ophthalmologist	34
Optician	39
Optometric Asst/Tech	5
Optometrist	25
Paramedic	1
Pharmacist	24
Pharmacy Technician	1
Physical Therapist	28
Physical Therapy Assistant	1
Physician	92
Physician Assistant	2
Psychologist	4
Registered Nurse	369
Social Worker	23
Student - Dental	42
Student - Dental Assisting	20
Student - Dental Hygiene	109
Student - Dietician/Nutrition	10
Student - Medical	51
Student - Nursing	67
Student - Opticianry	2
Student - Optometry	4
Student - Pharmacy	6
Student - Physical Therapy	6
Student - Psychology/Mental Health	17
Student - Social Work	6
Technologist - Dental Lab	8
Technologist - Mammography	7
Technologist - Medical Lab	18
Technologist - Radiology/X-Ray	24
Technologist - Ultrasound	9
Vision Equipment Technician	3

**Table 6 – Volunteer participation during clinic**



*"I felt a stronger sense of community after this event. Even though it is not a long-term solution, it shows that Seattle cares about its community and giving everyone access to healthcare."*

– Anonymous Volunteer

## Clinic Communication & Organization

Effective communication with volunteers is paramount to the success of the clinic. Organizers were pleased that 98.3% of responses indicated that the registration website was easy to use. Over 96% of volunteers also agreed that organizers communicated well with them in advance of the clinic, and 97.1% said the orientation materials they received helped them to be effective.

Volunteers were also asked questions about communication within the clinic. Many of the respondents (96.2%) agreed that volunteers communicated well with each other across the clinic; 94.5% said they received proper guidance and instructions to be successful in their role; 96.3% also reported area leadership was helpful in answering questions that came up.

Still, volunteers expressed some frustrations including receiving differing instructions from members of leadership as well as having too many volunteers in certain areas contributing to idleness. The latter is likely a result of the estimates organizers made about how many volunteers were needed to support the new layout and processes as well as a dramatic drop in the volunteer no-show rate (from 20% in 2018 to 9% in 2020). This feedback will help organizers to examine mitigation efforts for the future.

Overall, the most prevalent feedback was regarding the effective organization of the clinic. "The level of preparation, even down to providing snacks, shows great respect for the patients and empathy for how draining the healthcare process can be for people." 97.7% of volunteers indicated the clinic was well organized and had adequate supplies (97.6%). (Figure 9)



Figure 9 - Clinic communication and organization



Volunteer Experience

Organizers understand the important correlation between volunteer and patient experience. As such, equal emphasis was placed on cultivating the volunteer experience. The majority (98.6%) of volunteers who responded to the survey indicated their experience was worthwhile and said they were treated well by other volunteers and organizers (98%). “Wow! My experience was beyond expectations. I was treated with respect from the beginning. The collaboration and level of professionalism was great to see. I wish I could work in that environment every day.” Furthermore, 95% of volunteers said their participation made them feel more connected to the community and/or their profession and 95.6% said that they deepened their awareness about the state of healthcare in the community and the needs facing this patient population. Almost all (98.6%) respondents agreed that they would be interested in volunteering again and would recommend the experience to colleagues and friends. (Figure 10)

“This event is evidence of the values we share as health care professionals to place the patient and their needs at the front of what we do and why we do it. Having a free clinic is especially rewarding because it bypasses any monetary incentive and gets right to the heart of our commitment to providing equally high standards of care to all people in our community.”  
– Anonymous Volunteer

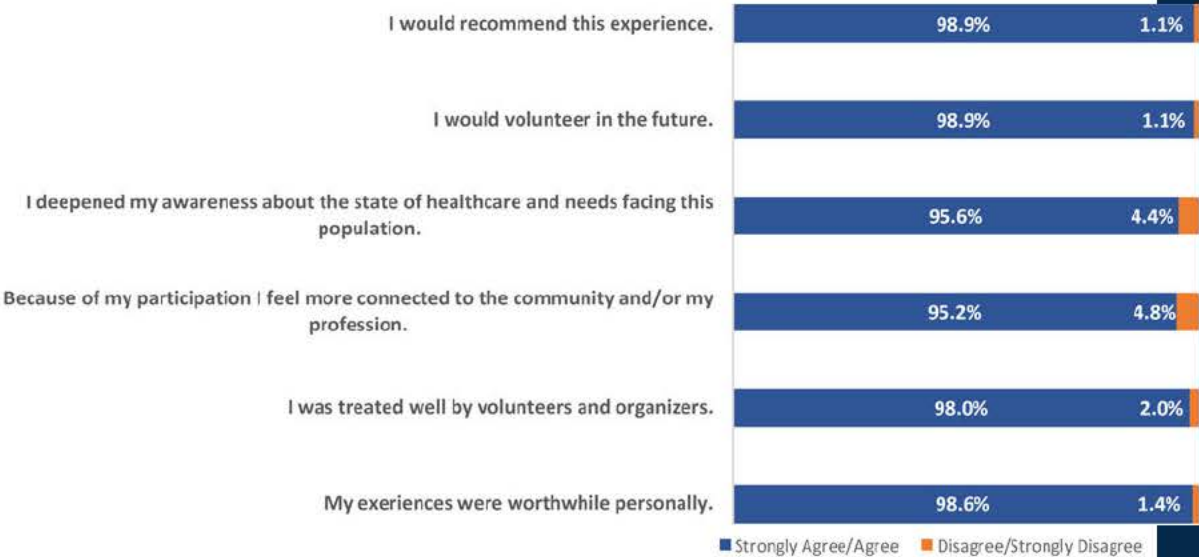


Figure 10 - Volunteer experience





*"The clinic demonstrated an inspiring level of effort, careful planning and respectful welcoming of patients. My strongest impression is that we should have clinical care like this available to all people every single day."*  
— Anonymous Volunteer



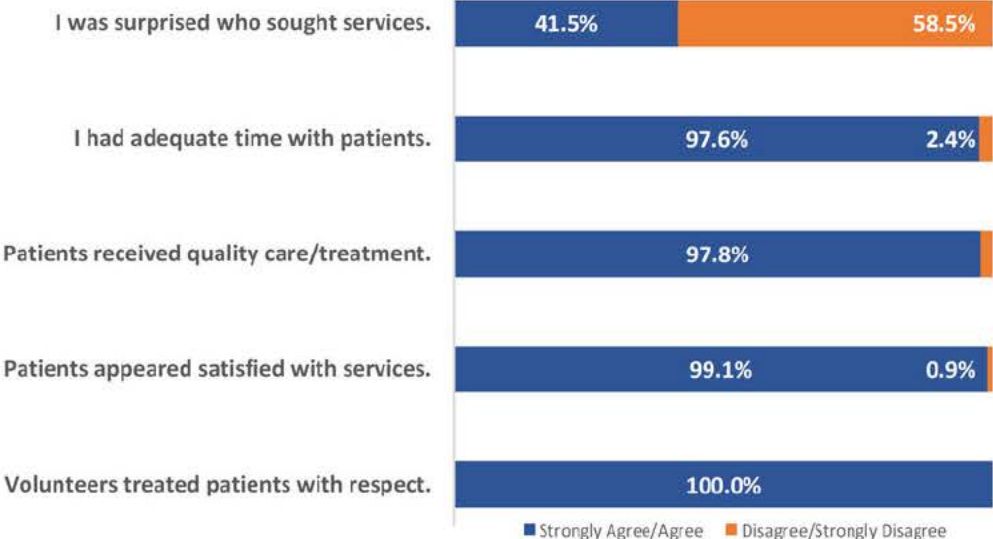
Volunteer Perspectives on Clinic Impact

Volunteer feedback also contributed information about the treatment patients received as well as the broader implications of the clinic.

100% of respondents who interacted with patients said that volunteers treated patients with respect and 99.1% also said that patients appeared satisfied with the services provided. "The patients I talked to were so grateful for the care they received. One person talked about how long it would have taken her to access all of the services if she was trying to do it without the clinic." Healthcare professionals who responded to the survey (97.8%) said patients received quality treatment. 97% indicated they had adequate time to spend with patients. (Figure 11) "Time after time the patients expressed gratitude. I often heard 'thank you for actually listening to me.'"

41% of volunteers, mostly first-time participants, said they were surprised by who sought services at the clinic. They indicated they expected people who were uninsured, unemployed and/or living homeless. Many found patients were employed and/or had health insurance but learned, "deductibles were so high and benefits so modest that it made care hard to afford." A few volunteers were surprised to see people they knew attending the clinic. The experience heightened awareness about existing healthcare gaps and who exactly is in need. "I met many patients who could be my coworker or neighbor, which shows that you truly don't know what others are going through."

Frequently, volunteers expressed disappointment in the state of the healthcare system and that there is a need for the clinic, but valued the role it plays in the community. "This project impacts the community by elevating the health of populations who otherwise may not have care. The impact is not just to the patients but the community at large for the powerful statement it makes about social responsibility, the financial realities of health care, and our willingness to be a companionate community." "This is an important and visible creation of community between the volunteers and patients. It is a joy to be part of an effort to help fill the huge gap in our health care system. The volunteers love what they are doing and the patients, might I say, friends, truly appreciate the care they receive. In these trying times we send a message that every person is important."



Strongly Agree/Agree Disagree/Strongly Disagree  
Figure 11 - Volunteer perspectives



## CLINIC ADMINISTRATION

Seattle Center Foundation served as the non-profit fiscal agent for Seattle/King County Clinic, raising funds and resources required to operate. For 2020, 47% of the needs were met through cash expense, while 53% were covered by in-kind contributions (not inclusive of volunteer time). In-kind donors often did not declare a value for their contributions, so estimates were utilized when compiling the final analysis.

As represented in Figure 12, these resources addressed a wide array of needs.

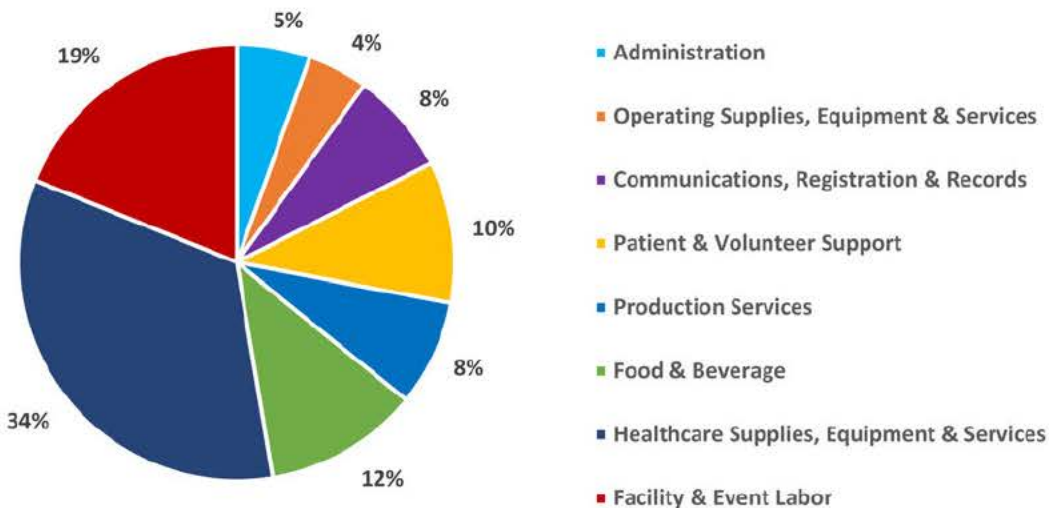


Figure 12 - Resource allocation (does not represent value of services to patients or volunteer time.)

## CONCLUSION

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

*"My dad is a senior resident of King Co, living in public housing. He struggles with his mental and physical health, lives in pain and struggles to care for himself. He often calls me for advice or to double-check the soundness of decisions he has made. He called me last week to tell me about this event. I encouraged him to go and he decided it was a good idea. He sent me updates throughout his day by text and I couldn't believe the services he was getting. He was so excited, he said he feels like a new human. He has expressed a lot of sadness for not taking better care of himself throughout his life, but the truth is that healthcare is a difficult system to navigate for someone in his position. The work you are doing is incredible and so important. I am at a loss for how to express my gratitude for the difference you're making in the lives of all these people who so need it. When I told my dad he needed to be sure to thank everyone he said 'they practically had to drag me out of the chair because I wouldn't stop thanking them!' Which I believe is probably true but if the message was lost anywhere along the way, please know that he is so very grateful too."*

— Crystal M., Daughter of 2020 Patient

*"This experience was life-changing for me at a time when I needed a new perspective. It was a privilege and an honor to gather with other volunteers and serve individuals who needed and deserved high quality health care; it was renewing and life-affirming in a world where we do not serve, support and celebrate each other enough. I feel reassured that a sense of community and our better natures as humanitarians will eventually win out. I am hopeful once again!"*

— 2020 Volunteer

*"I can't think of many more positive contributions to this community than this clinic. Everyone I encountered embraced the warm, safe, positive environment of the event. In these times of polarization and constant negativity, this is a big plus."*

— Anonymous Volunteer





# CASH DONATIONS

The Ballmer Group  
Kaiser Permanente

Amazon  
Bill & Melinda Gates Foundation  
Costco Wholesale  
Group Health Foundation  
Swedish  
Virginia Mason

Christian Claiborn  
DentaQuest  
Expedia Group  
Grousemont Foundation  
Moccasin Lake Foundation  
The Norcliffe Foundation  
Vitalogy Foundation  
Wells Fargo

Anonymous  
Arcora Foundation  
Crane Fund for Widows and Children  
Delta Dental of WA  
MultiCare  
Patterson Foundation  
Tulalip Tribes Charitable Contributions

Andrea Izykowski-Paz  
Anonymous  
Barbara Bryant & Darryl Johnson  
Barry Rettkowski  
Tribute to Lynn Coffman  
Catherine Fedorenko  
Cedar Chapter #173,  
Order of the Eastern Star  
Tribute to Lynn Coffman  
Chris Coffman  
Tribute to Lynn Coffman  
Chris Tachibana  
Christine Lindquist & Nick Moody  
Tribute to Seattle Center &  
Seattle Center Foundation staff  
Dana Math  
David Quigg  
Davis Morgan  
Edmonds Ritual Riders WSMRA  
Tribute to Lynn Coffman  
Grand Lodge of California  
Tribute to Lynn Coffman  
Helen Mak  
Hilton Almond  
Jennifer Romo  
Jenny Richards  
Jiahui Lu  
John L. Kastien  
Tribute to Nancy Ishii  
John Monk  
Julia & Steven Colson  
Tribute to Lynn Coffman  
& Linda Nelson

Kahlie Dufresne & Andy Ferrera  
Kayla Higgins  
Laura Lasser  
Manfred Tappe  
Tribute to Lynn Coffman  
Margaret Lanphere  
Marjorie MacDonald  
Mary Beth Campbell  
Peter Eglick  
Tribute to Mark & Joan Freeman  
Peter Hansen  
Tribute to Lavinya Yap  
Redmond Signature Dentistry  
Richard Visick  
Sarah & Jeremy Rich  
Shannon Underwood  
Susan P. Picard  
Tami Sargent  
Tribute to Anh Nguyen  
Vic Vogler  
Washington State Patient Safety  
Coalition  
Wendy Lagozzino  
William H. Upton Naval &  
Military Lodge #206  
Tribute to Lynn Coffman  
William Hart & Phoenix Lodge 154  
Tribute to Lynn Coffman  
William Wainwright  
Yung-Chen Fang

*Not inclusive of employer matching gifts*





## IN-KIND DONATIONS

141 Eyewear  
 3M ESPE  
 AbbVie  
 Arcora Foundation  
 Auburn Dairy  
 Auston James Photography  
 Bargreen Ellingson  
 Benco Dental  
 Bombas  
 Burkhardt Dental Supply  
 Cisco Systems  
 Coca-Cola  
 Columbia Distributing  
 Cornish College of the Arts  
 Day Wireless  
 DCG ONE  
 Delivery Express  
 Dentsply Sirona  
 Dunn Lumber  
 Elevate Oral Care  
 Essilor Vision Foundation  
 Fremont Brewing  
 Georgetown Brewing  
 Henry Schein  
 Hepatitis Education Project  
 Hollywood Lights  
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 Kaiser Permanente  
 KaVo Kerr  
 King County Metro  
 KLS Martin LP  
 Laney Dental  
 Le Panier  
 Matthew Currier  
 Medical Teams International  
 Mediterranean Inn  
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 Mighty-O Donuts  
 Ophthalmic Training Solutions  
 Pacific Office Automation  
 Pagliacci Pizza  
 Patterson Dental  
 PCC Markets  
 Philips Healthcare  
 Public Health - Seattle & King County

Seattle - King County Dental Foundation  
 Seattle Animal Shelter  
 Seattle Cancer Care Alliance  
 Seattle Center  
 Seattle Center Foundation  
 Seattle Fire Department  
 Seattle Information Technology  
 Seattle Office of Immigrant & Refugee Affairs  
 Seattle Opera  
 Seattle Police Department  
 Seattle Public Library  
 Septodont Inc.  
 Shofu Dental Corporation  
 Space Needle  
 SPARK  
 Spectra  
 Talking Rain  
 TheraTek USA  
 UW Medicine  
 UW School of Dentistry  
 Walman Optical  
 Washington Healthcare Access Alliance  
 Washington State Department of Health  
 Zeiss

*Not inclusive of volunteer/staff time.*

*"Whenever compassion and respect are shared, there is a positive impact on all those involved. The positive feeling can spread through the health care community as well as to the community of the people who received care."*

– Anonymous Volunteer





# SEATTLE/KING COUNTY CLINIC

## PLATINUM



## GOLD



## SILVER



## BRONZE

America's Dentists Care Foundation	International Community Health Services	Patterson Foundation
Auston James Photography	Jorgenson-Peninsula Optical Supply	Physical Therapy Association of WA
Benco Dental	King County Metro	Project Access Northwest
Cisco Systems	Laney Dental	Seattle Animal Shelter
Cornish College of the Arts	Mary Mahoney Professional Nurses Organization	Seattle Opera
Crane Fund for Widows and Children	Mediterranean Inn	Shofu Dental Corporation
Delta Dental of WA	Microsoft	Tulalip Tribes Charitable Contributions
HealthPoint	Mid-Gulf Instruments	UW School of Public Health
Henry Schein, Inc.	MultiCare	Zeiss
HOPE Animal-Assisted Crisis Response	Pacific Office Automation	

c/o Seattle Center Foundation  
305 Harrison Street, Seattle, WA 98109