SEATTLE/KING COUNTY CLINIC
OCTOBER 23-26, 2014
FINAL REPORT
# TABLE OF CONTENTS

**INTRODUCTION** 1

**PATIENT POPULATION** 1

- Overview 1
- Patient Demographics 2
- Where Patients Live 3
- Patient Socioeconomic Status 3
- Patient Employment Status 4
- Patient Insurance Status 4
- Time Since Last Healthcare Visit 5
- Where Patients Heard About the Clinic 5

**SERVICES PATIENTS RECEIVED** 6

- Dental 6
- Medical 7
- Vision 8
- Patient Referrals and Follow-up 9

**PATIENT IMPACT** 9

- Patient Satisfaction & Perceptions of Quality 9
- Patient Perceptions of Treatment 9
- Patient Descriptions of the Clinic 10
- Patient Interest in Repeat Clinic 10

**VOLUNTEERS** 11

- Volunteer Recruitment and Participation 11
- Volunteer Perspectives on Patient Population 12
- Point of Care and Follow-up Care 13
- Communication Among Volunteers & Organizers 14
- Clinic Organization 14
- Volunteer Experience 15

**CLINIC ADMINISTRATION** 15

**CONCLUSION** 16

**DONORS** 17
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 is 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.
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](image)

**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](image)

**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).

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

Table 1 – InDemand Interpreting Usage
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 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).

Patients (n=284)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>43.0%</th>
<th>16.5%</th>
<th>13.4%</th>
<th>27.1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 100% FPL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>101% &lt; 138% FPL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>139% &lt; 199% FPL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 200% FPL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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.

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).

“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

“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.

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.
- 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.

“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

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
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.

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

Table 2 - Top Dental Services

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.
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.

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

Table 3–Top Medical Services
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.

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).
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.

Beyond asking patients for descriptive words about the clinic staff, all of the respondents were asked what they liked best about the clinic overall. Evaluators anticipated the most common response would be that the event, the care and the services were all free. While approximately one-quarter of patients mentioned the cost of care, more frequent than cost were mentions of the volunteers and staff. Although some focused on how well they were treated by volunteers, others specifically called out how well volunteers treated other patients. One 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).
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.

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.
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.

“I’ve been suffering for several years. This event has fulfilled a critical, chronic need.”
- Clinic Patient
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.

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.
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.

![Volunteer communication within clinic](image)

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.

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%).

![Non-provider volunteers' opinions of clinic operations](image)
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).

<table>
<thead>
<tr>
<th>Response</th>
<th>Agree/ Strongly Agree</th>
<th>Disagree/ Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was satisfied with the role(s) I had in the clinic.</td>
<td>96%</td>
<td>4%</td>
</tr>
<tr>
<td>My skills were well-utilized in the role(s) I played.</td>
<td>92%</td>
<td>8%</td>
</tr>
<tr>
<td>My experiences in the clinic were worthwhile.</td>
<td>97%</td>
<td>3%</td>
</tr>
<tr>
<td>I would recommend volunteering at a clinic like this to a colleague or friend.</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>I would volunteer for a clinic like this again.</td>
<td>99%</td>
<td>1%</td>
</tr>
</tbody>
</table>

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).

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
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”
DONORS

$75,000+
Ballmer Family Giving
Brooks Sports Inc.
Group Health
Remote Area Medical
Seattle Center

$25,000 - $35,000
Bill & Melinda Gates Foundation
Coca-Cola
Public Health – Seattle & King County
The Norcliffe Foundation
WWAHEC Volunteer Retired Providers Program

$10,000 - $24,999
AllScan 3D
Bellevue Dentistry
Experience Dentistry
InDemand Interpreting
Max Technologies
McKibben Merner Family Foundation
Patterson Dental
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
Seattle Public Utilities
Swedish/Providence Health

$5,000 - $9,999
AARP
Auston James Photography
Hepatitis Education Project
Jorgensen Peninsula Optical Supply
Levy Restaurants
Medical Teams International
Ripe Catering
Seattle Animal Shelter
Seattle Fire Department
The Production Network
UW Medicine
Washington Dental Service Foundation

Up to $999
A & A Printing
Ada M. Healey & Regina Hall
Big Food BBQ
Blue Water Taco Grill
Brooke Dukes
Carl & Cathy Sander
Cash & Carry
Charlie’s Produce
Dave’s Killer Bread
Deena Hanke
Delivery Express
Dick’s Drive In
Frankie Manning
Fred Meyer
Horacio Amarilho
Ian Maki
Inger Brandal
Jan Levy
John Coulter
KABAB
Karina Macdonald
Lauren Neermin
Marjorie Restaurant
Mary Mahoney Professional Nurses Association
Metropolitan Market
Michelle Blackmon
MOD Pizza
Mt. Townsend Creamery
Northwest Folklife
PCC Natural Markets
QFC
Quincy’s
Racha Thai & Asian Kitchen
Sarah Rich
Skillet: Counter
Steven & Julia Colson
Suzy Kellet
T.S. McHughes
Ten Mercer
Teresa Banks
Thomas & Cynthia Israel
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”

Reflects those who contributed cash and in-kind resources. Is not inclusive of volunteer time.