



Free Clinic of Southwest Washington

VOLUNTEER AND RETIRED PROVIDERS PROGRAM 2022 SURVEY REPORT

www.wahealthcareaccessalliance.org

vrp@wahealthcareaccessalliance.org



CarePoint Clinic

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Olympia Union Gospel Mission

ACKNOWLEDGEMENTS

As Washington's State's free clinic association, Washington Healthcare Access Alliance appreciates the opportunity to administer the Volunteer and Retired Providers Program, the backbone of healthcare volunteerism in Washington.

Thank you to the Washington State Department of Health for this contract and for program oversight and collaboration, to Physicians Insurance for partnership as the malpractice insurance provider, and to the Ellison Foundation, Roots and Wings Foundation, Moccasin Lake Foundation, MultiCare Health System, and the Charis Fund for grant awards supporting this work.

Thank you to the wide range of safety net entities that provide healthcare to Washington's most vulnerable patients, and to current and past trustees on the Washington Healthcare Access Alliance board.

All images included are of actual Volunteer and Retired Providers Program sites in Washington State, photographed by Auston James. This report was compiled by Kris Ives, Program and Data Manager.

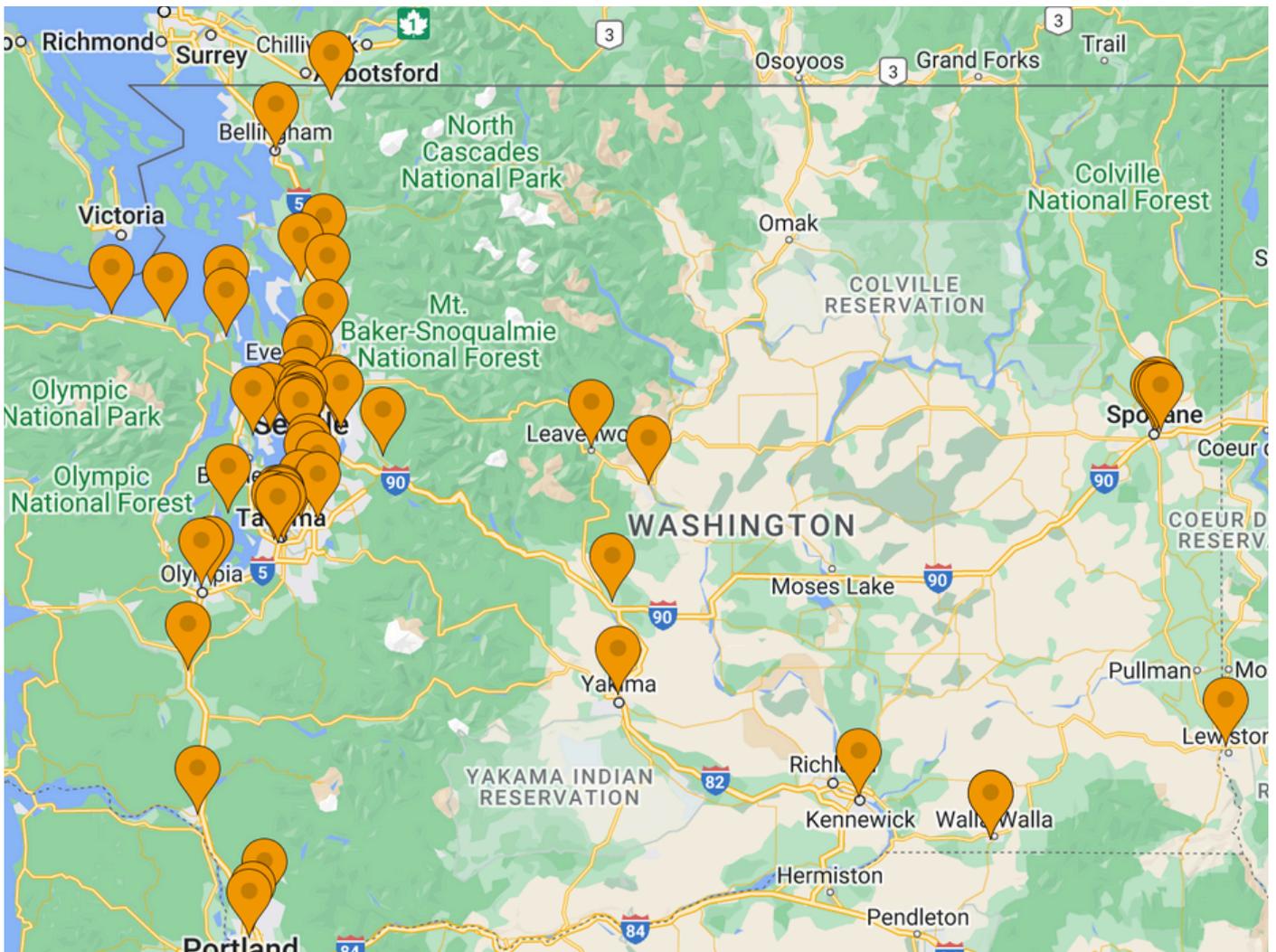


Battle Ground HealthCare

CURRENT PROGRAM OVERVIEW AND 2022 SURVEY PROCESS

CURRENT PROGRAM

The Volunteer and Retired Providers (VRP) Program supports Washington's healthcare safety net through malpractice insurance coverage and professional licensure for volunteers who only use their license for unpaid work. Organizations that participate in this program include free and charitable clinics, addiction recovery and support programs, camps, school-based health clinics, federally qualified community health centers, rural health clinics, homelessness services units, and other organizations that utilize healthcare volunteers to serve Washington's most vulnerable patients. There are currently over 3,000 enrolled volunteers and 135 VRP Program sites.



CURRENT PROGRAM

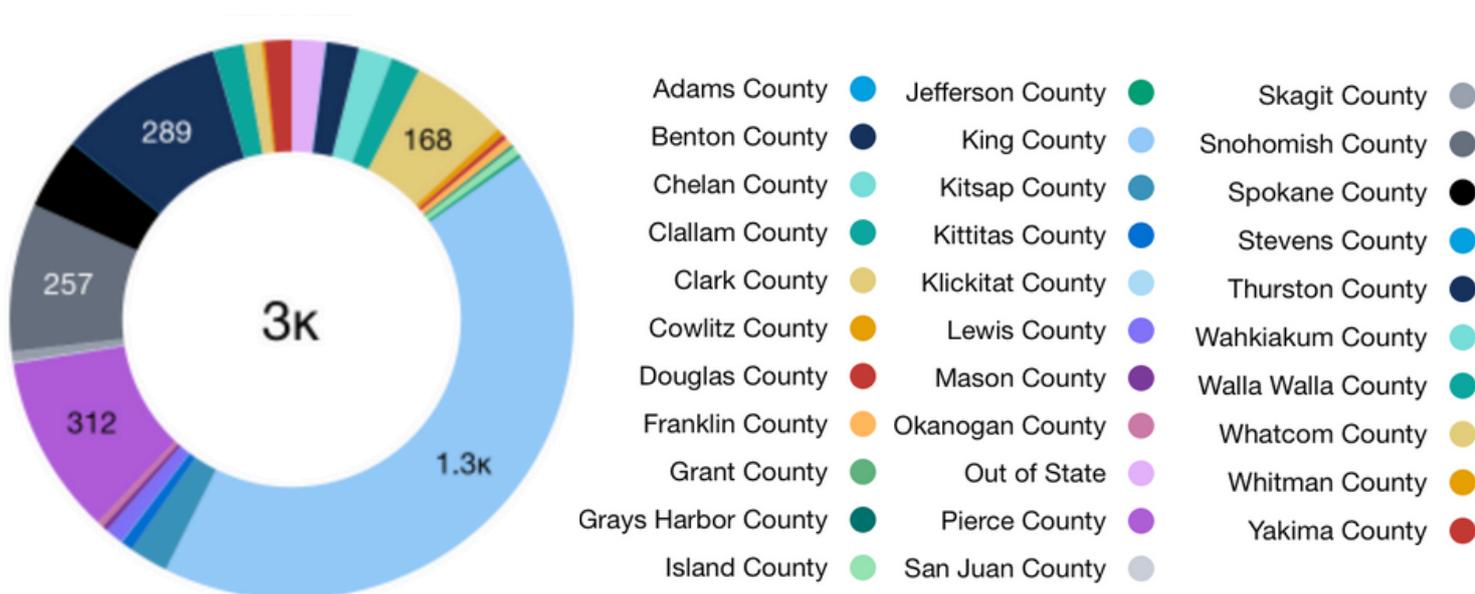
The majority of healthcare volunteers use the VRP Program for malpractice insurance. License renewals are also available for providers who are only using their license to volunteer.

VRP Providers by Provider Status



The VRP Program volunteers live and serve in 31 counties across the state. There are also a number of out of state volunteers who serve and are eligible for VRP Program malpractice coverage for up to 30 calendar days per year.

VRP Providers by County



2022 SURVEY PROCESS

Program data was collected via two digital surveys, one emailed to all active volunteers and one for all enrolled sites. Follow up with all non responsive entities was conducted at regular intervals and survey support was offered to volunteers and sites.

The VRP Program organizations, in a data collection partnership with the National Association of Free and Charitable Clinics (NAFC), enabled dually enrolled sites to complete a single survey for both entities. Survey questions were added or modified to match the NAFC's survey and to reflect the changing healthcare safety net landscape, including questions related to patient location, race, gender, and social determinants of health.



Lahai Health

2022 SURVEY SUMMARY

2022

SURVEY SUMMARY

Volunteer Survey Summary

- There were **2,796** volunteers enrolled in the VRP Program in 2022
- Data from **990** volunteers was collected
- **623** volunteers reported providing services in 2022
- Average volunteer hours per respondent was **88**

Site Survey Summary

- There were **155** sites* enrolled in the VRP Program in 2022
- Survey responses representing **84** sites were received
- **82,158** unduplicated patients were served and **283,706** patient visits were reported in 2022 by these sites

**The way in which organizations were categorized was modified in 2022 for clarity and accuracy. Organizations with multiple sites are now counted as single organizations with sub-accounts. Because of this, the number of total enrolled sites shows fewer than in past years.*

Return on Investment for Washington State

- The total value of volunteer time reported, based on the fair market value of professional hours by license type, was **\$4,415,243**.
(Professional rates used for this valuation were derived from [ESD.WA.GOV](https://www.esd.wa.gov) 2022 Labor Market Report.)
- If each reported patient visit had been treated in a 30 minute first time office visit at the [Healthcare Bluebook](#) "fair cost" of **\$188 per visit**, the cost of healthcare provided by VRP Program volunteers and sites in 2022 would have been **\$53,336,728**.
- The direct cost to the State of Washington to administer the VRP Program is \$130,000 per year. This represents **\$410** in donated healthcare services for every dollar spent.



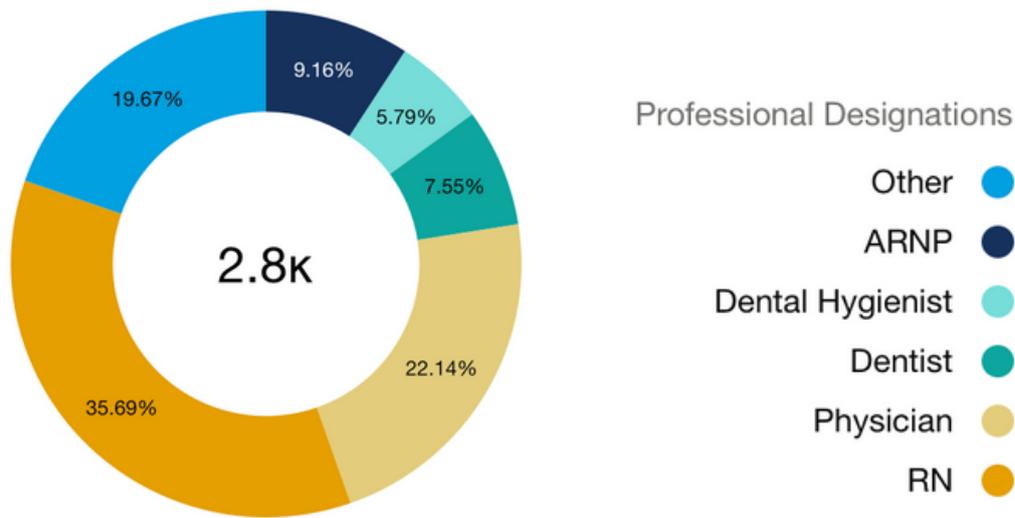
Community Health Partners

2022 VRP PROGRAM

2022 VRP PROGRAM

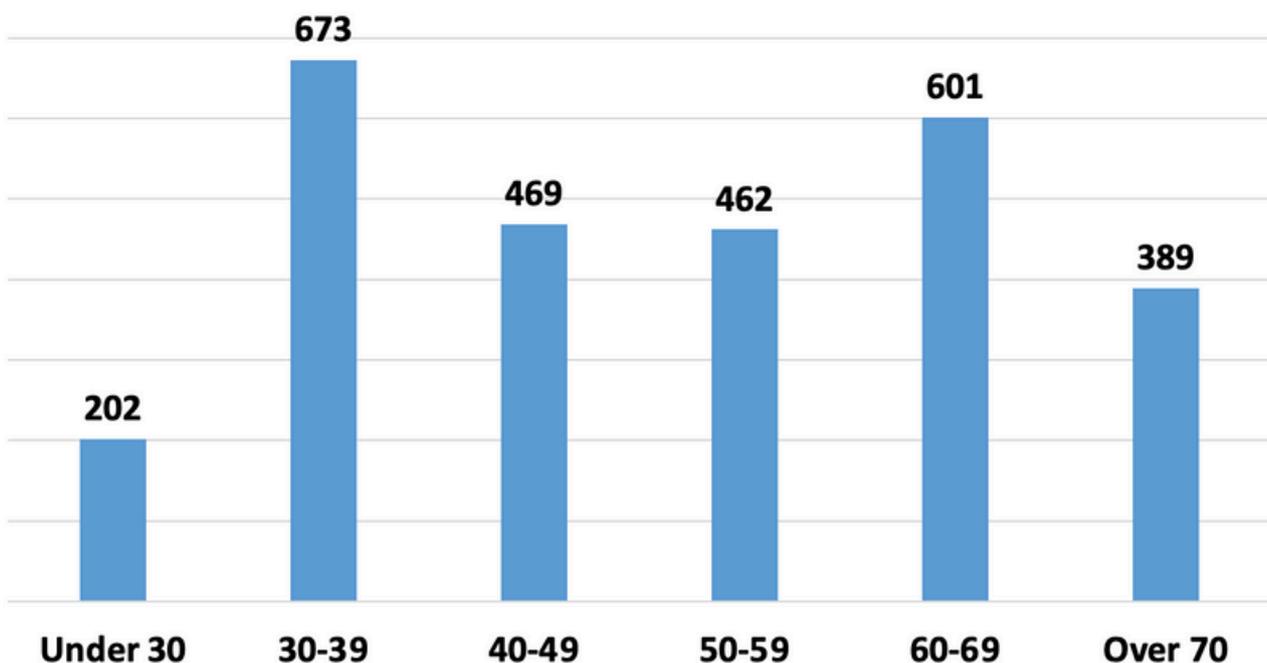
VOLUNTEERS BY LICENSE TYPE AND AGE

2022 Healthcare Volunteers by License Type



Nurses and physicians are the most common provider types enrolled in the VRP Program. Volunteers aged 30-39 years represented the largest group of volunteers in 2022.

2022 Healthcare Volunteers by Age Group

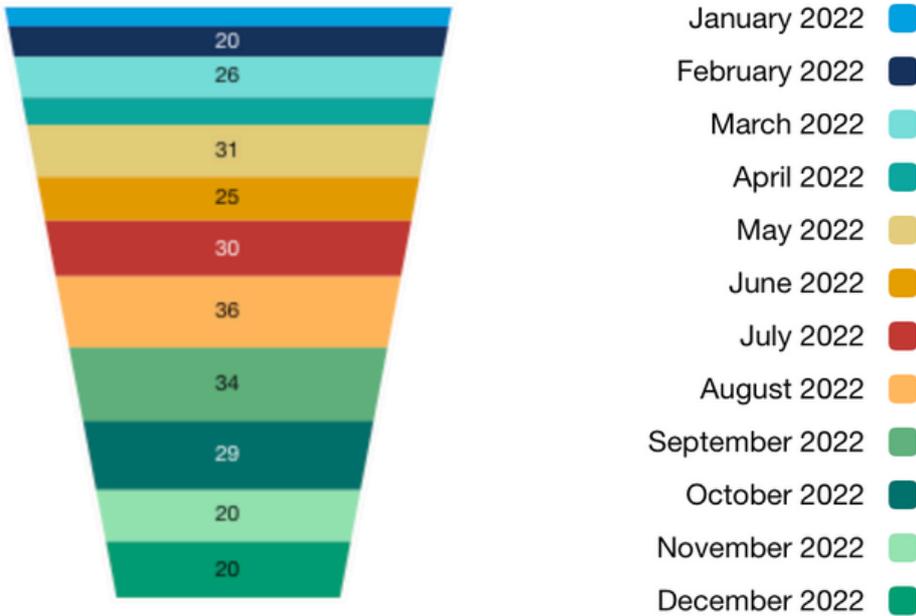


2022

VRP PROGRAM

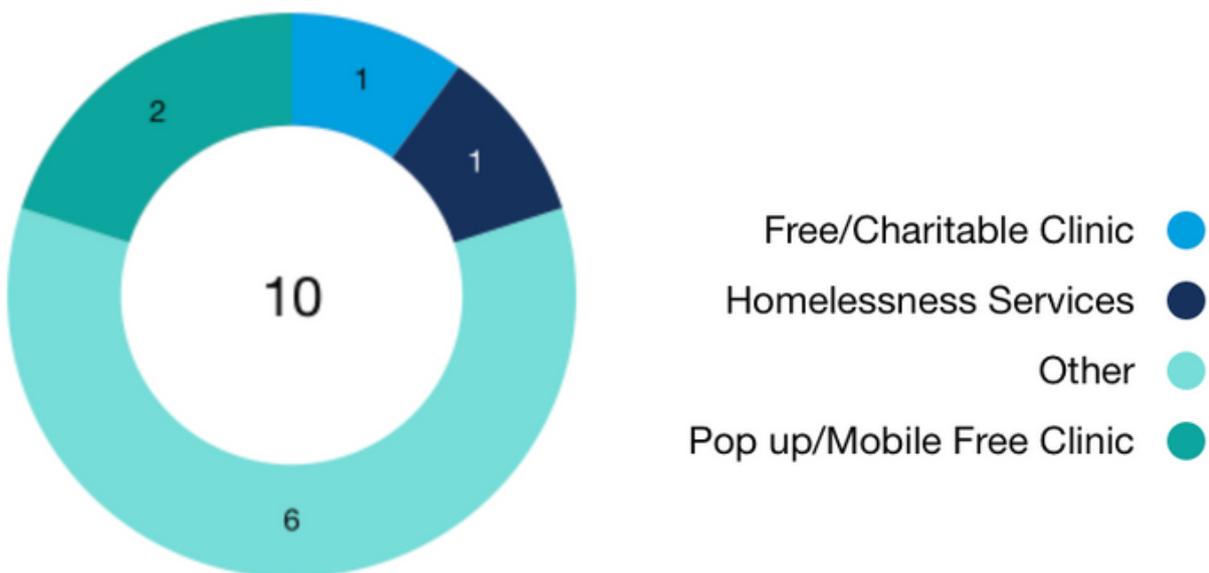
2022 VRP PROGRAM ENROLLMENT

2022 Volunteer Enrollment



The VRP Program enrolled **301 new volunteers** in 2022 and **10 new safety net sites**.

2022 Site Enrollment



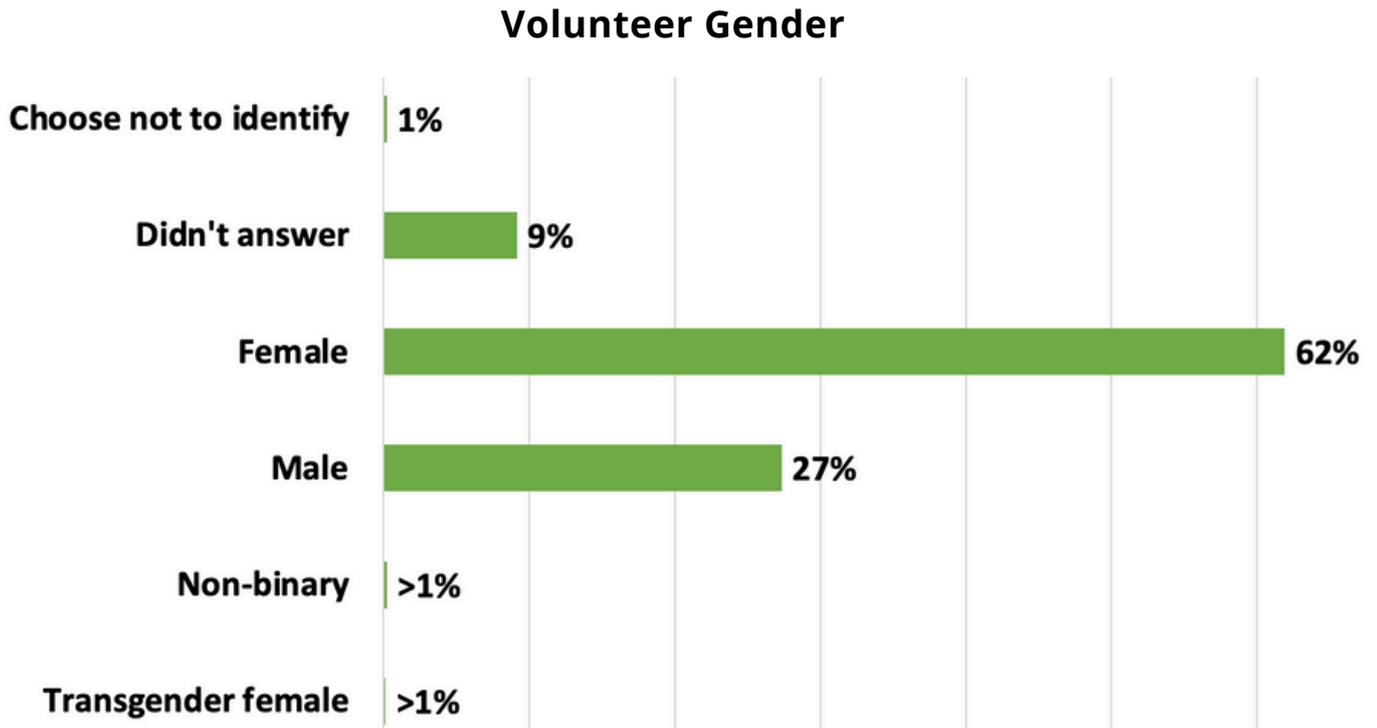


Sequim Free Clinic

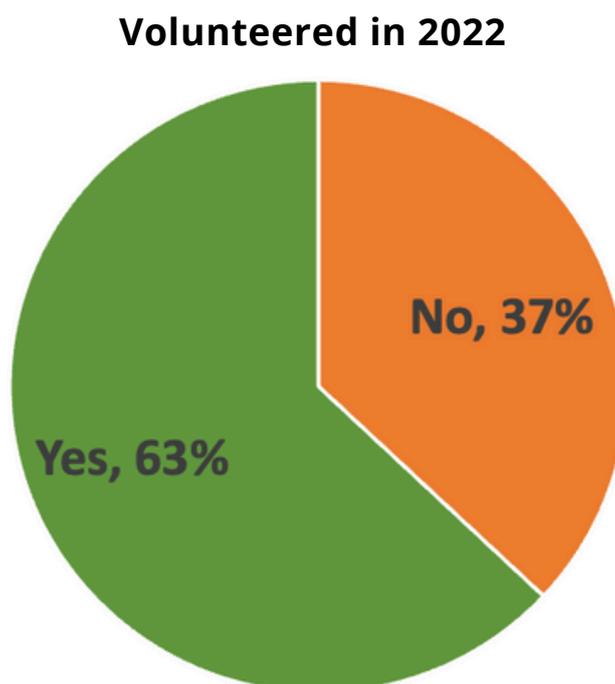
2022 VOLUNTEER SURVEY RESULTS

VOLUNTEER SURVEY RESULTS

Volunteers' gender was a new question for the 2022 Volunteer Survey.

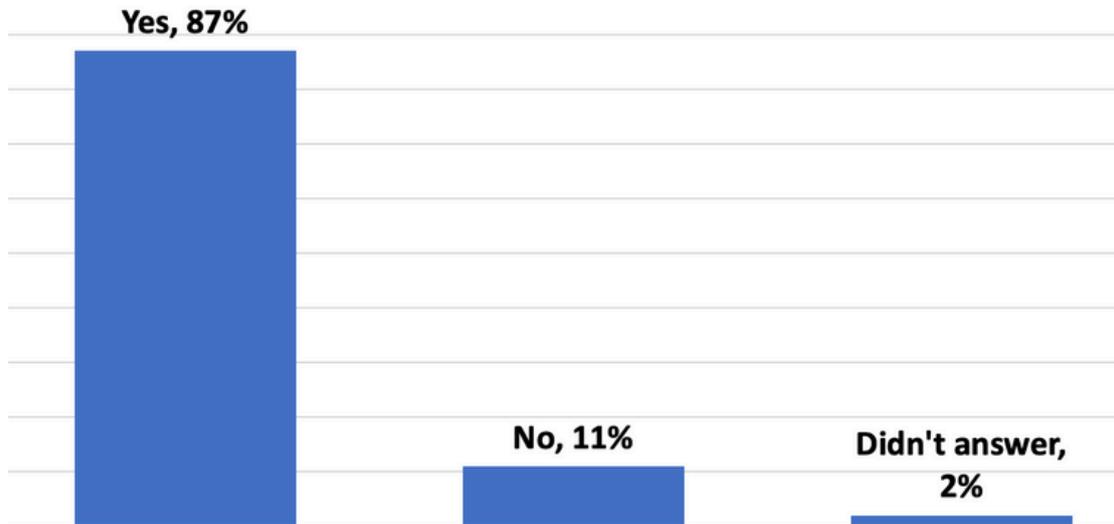


63% of the respondents report that they volunteered in 2022.



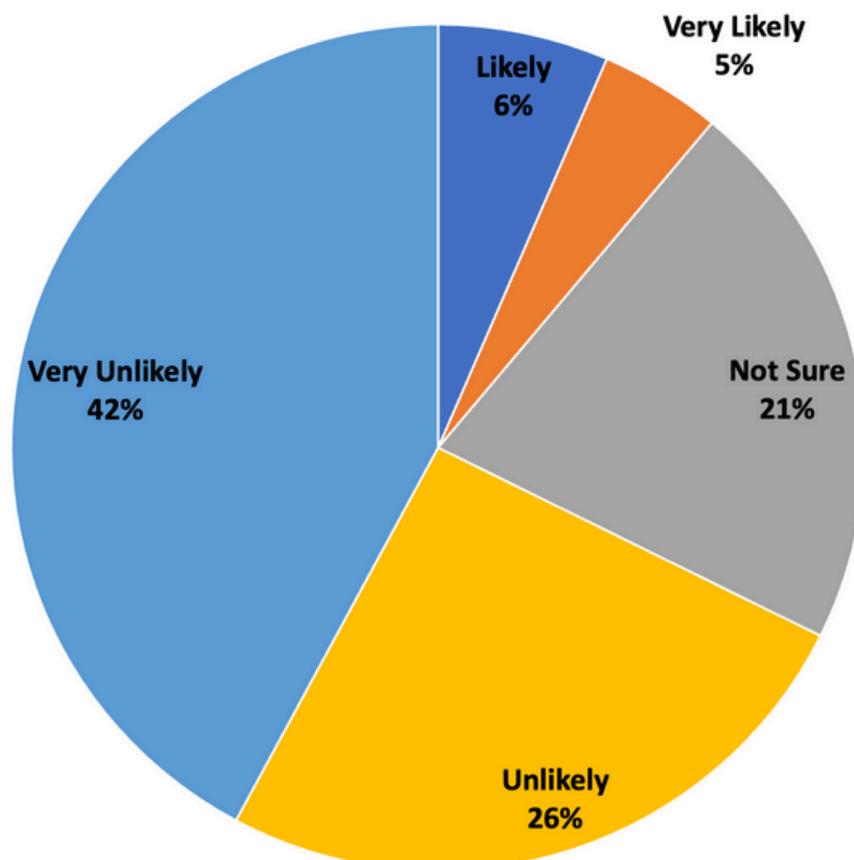
VOLUNTEER SURVEY RESULTS

Still Require Malpractice Insurance



87% of respondents plan to volunteer in 2023.

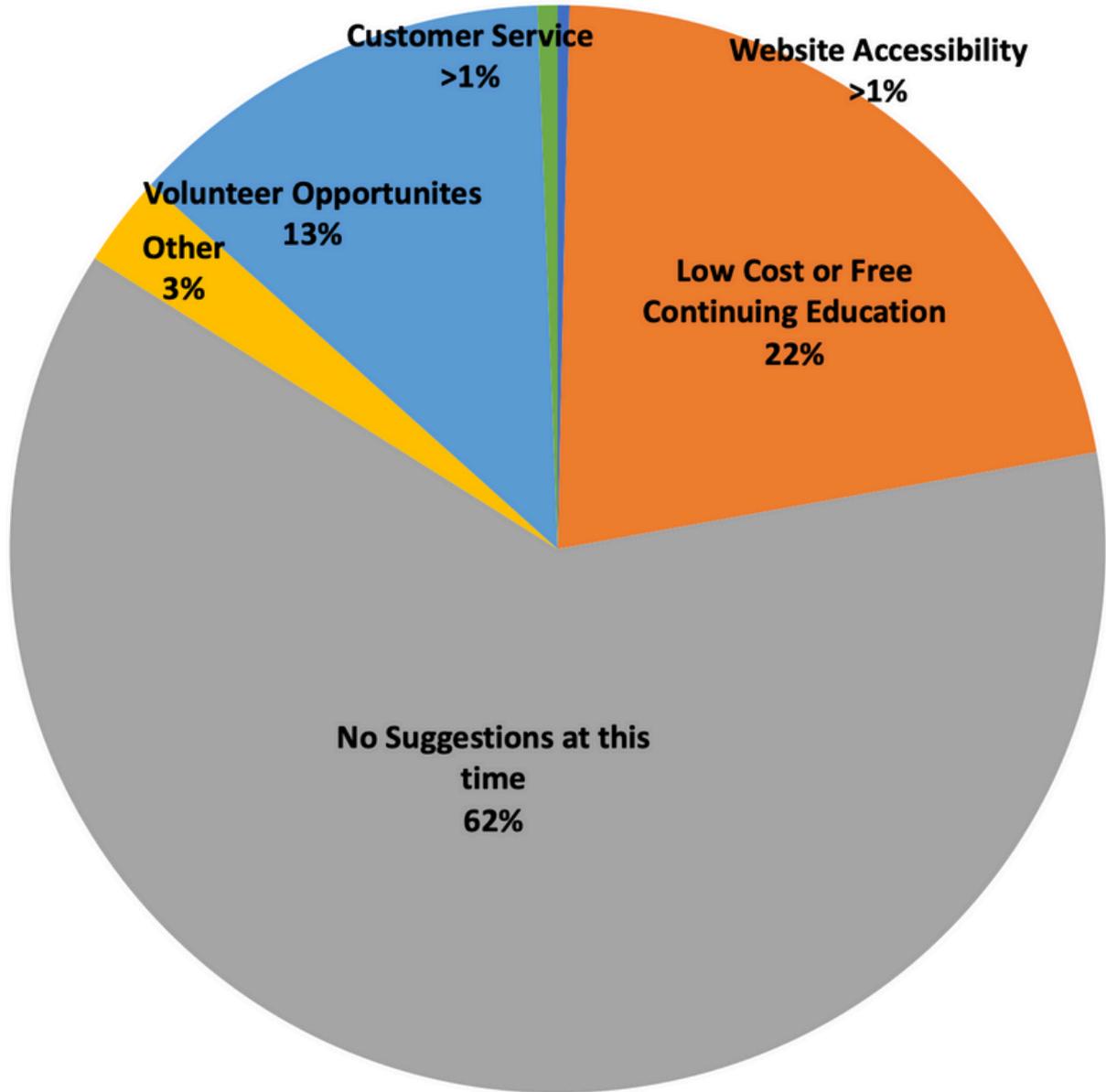
Likelihood of Volunteering Without VRP Program



68% of volunteers that responded indicated that volunteering without the VRP Program was **unlikely** or **very unlikely**.

VOLUNTEER SURVEY RESULTS

VRP Program Support Improvement Suggestions



22% of the volunteers who responded to the survey identified more opportunities for **low cost or free continuing education** as an improvement they'd like to see. 13% reported they are interested in **more volunteer opportunites**.

VOLUNTEER SURVEY RESULTS

HOURS REPORTED

- Total 2022 hours reported: **54,648.50**
- Average hours per volunteer that provided service: **88**
- Total value of volunteer time reported: **\$4,415,243**
(Professional rates used for this valuation were derived from [ESD.WA.GOV](https://www.esd.wa.gov) 2022 Labor Market Report.)

Year	2020	2021	2022
Total Volunteer Hours Reported	49,626	50,814	54,648.5
Average per Volunteer	47.44	110	88

More volunteer hours were reported in 2022, although the average per volunteer was less than in 2021.

Several volunteers noted that concerns related to COVID transmission impacted their volunteering in 2022, but that they hoped to volunteer more in the future.



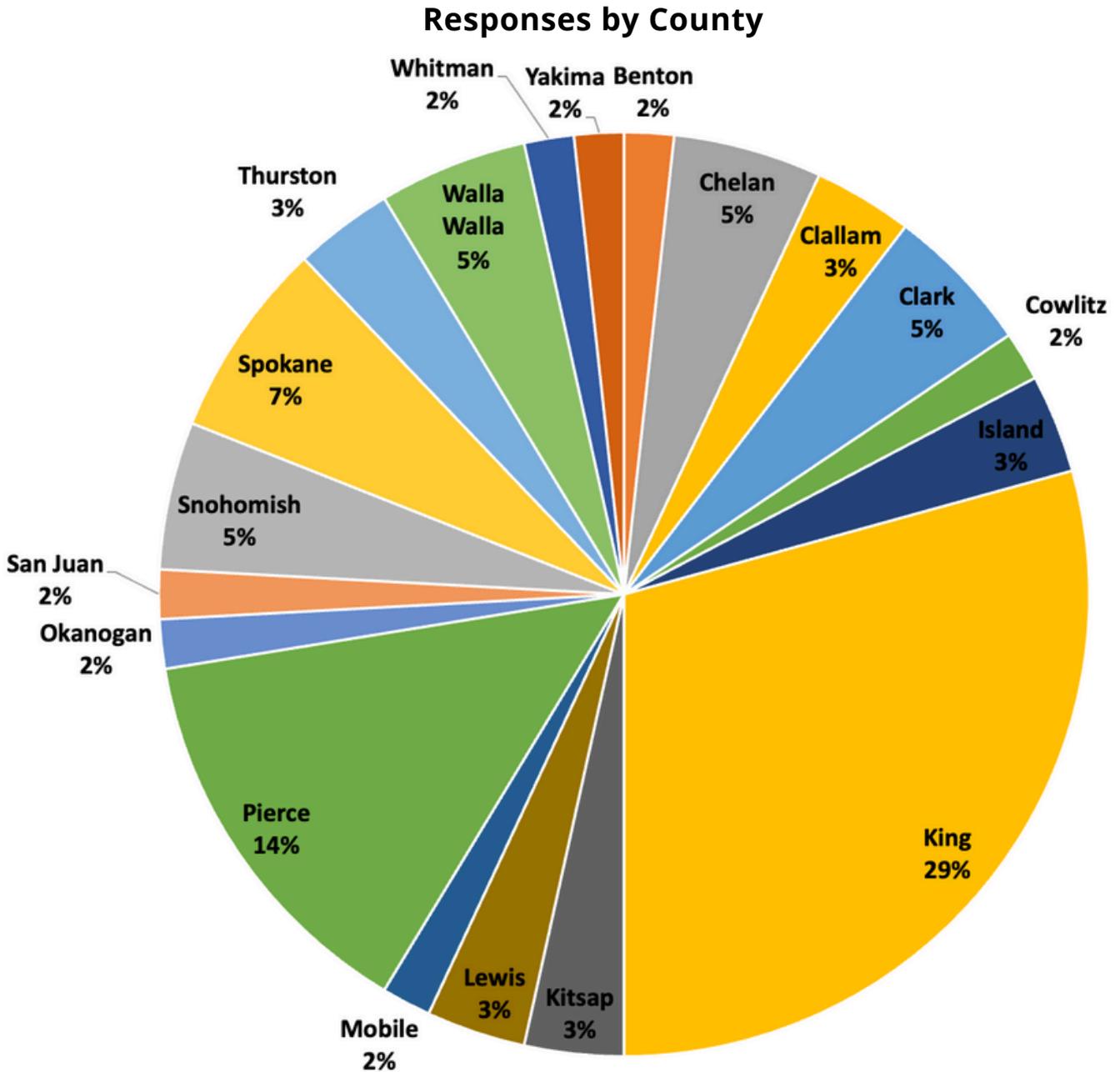
SOS Health Services

2022 SITE SURVEY RESULTS

SITE SURVEY RESULTS

SITE RESPONSES BY COUNTY

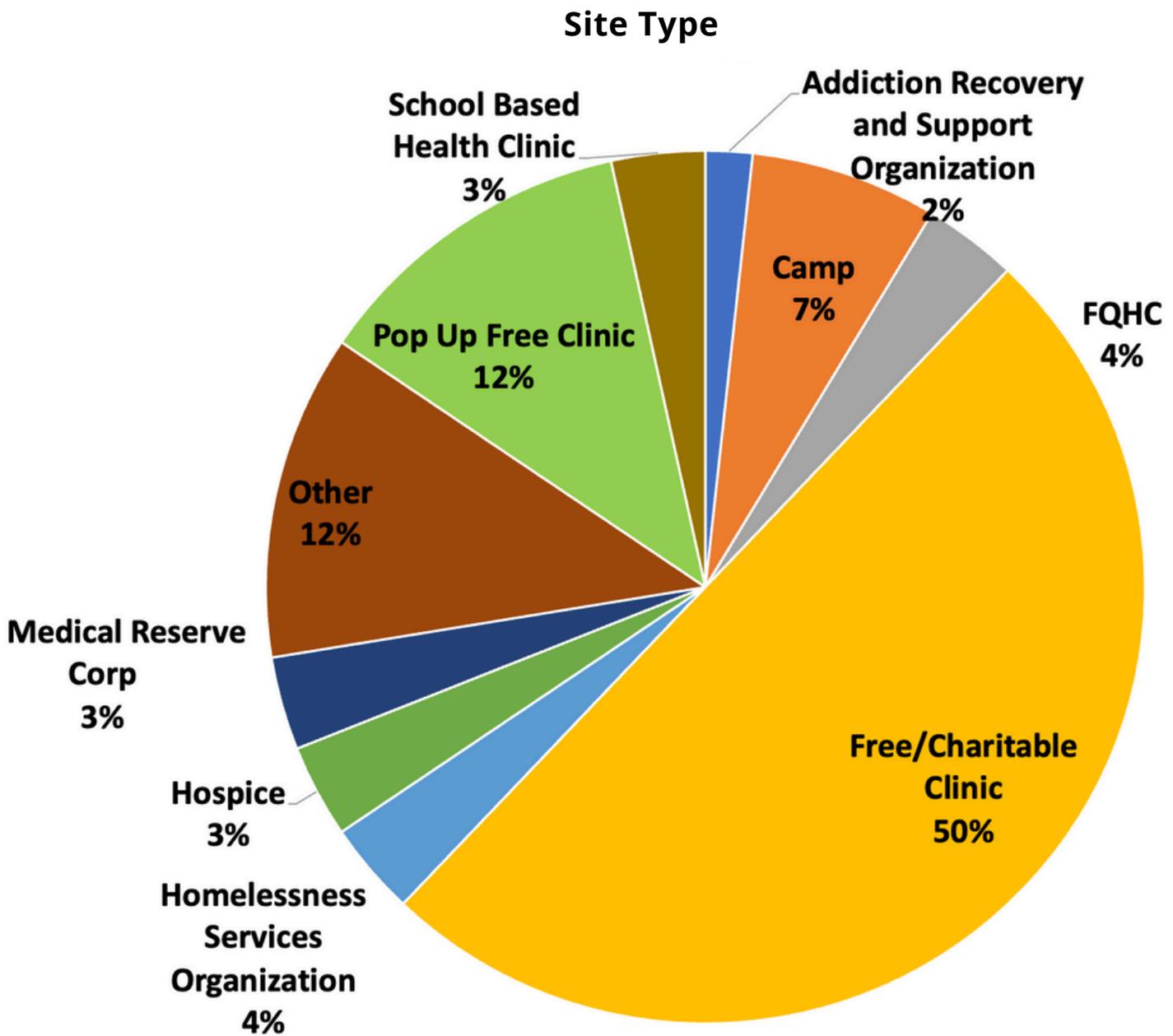
Survey responses representing 84 sites and 18 counties were received.



SITE SURVEY RESULTS

SITE RESPONSES BY SITE TYPE

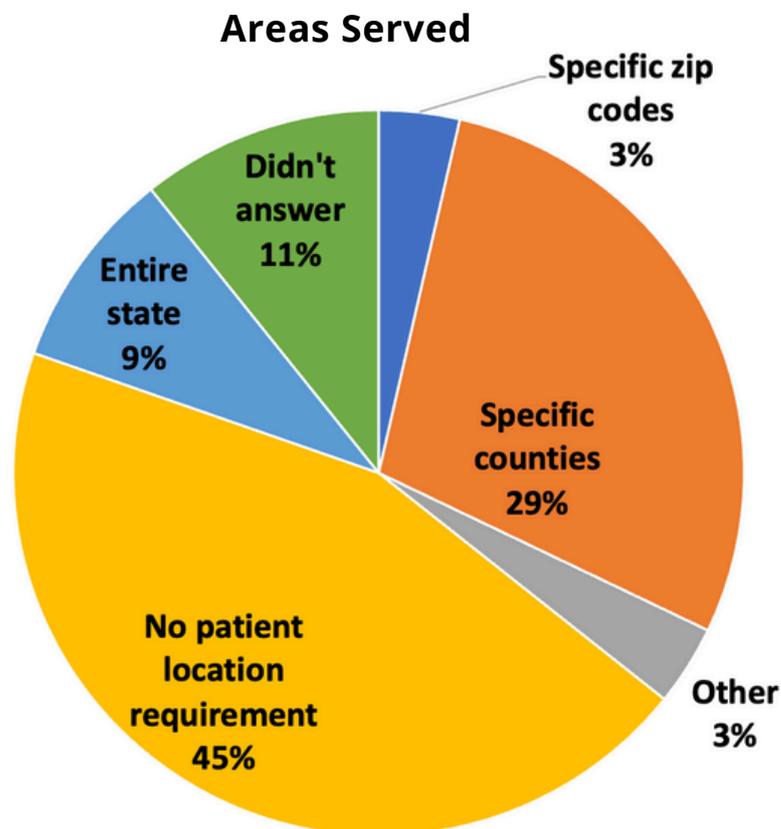
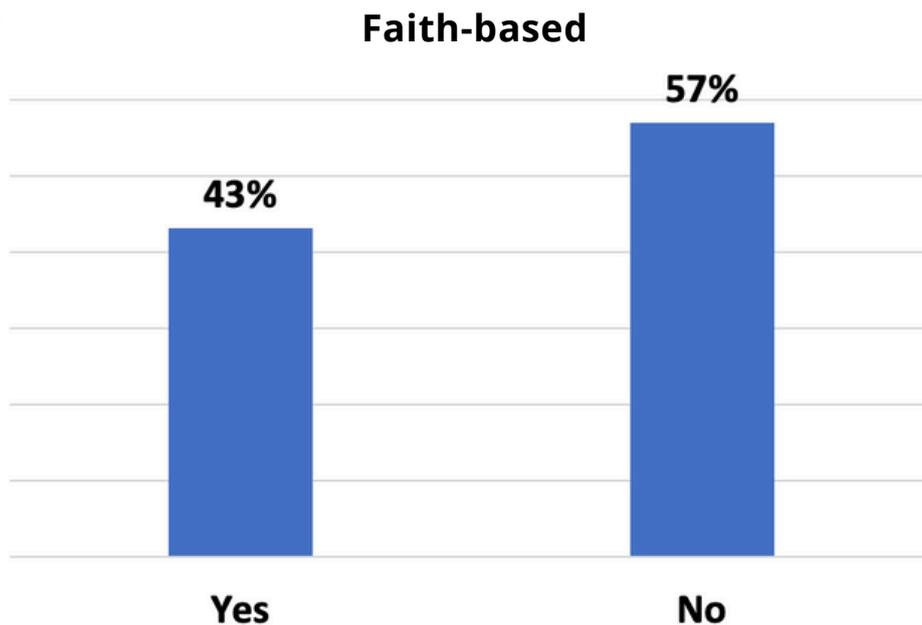
Although the VRP Program is primarily utilized by free and charitable clinics, other entities also utilize licensed healthcare volunteers supported through the program.



SITE SURVEY RESULTS

SITE RESPONSES BY SITE TYPE

43% categorize their organization as faith-based. 45% have no patient location requirement.

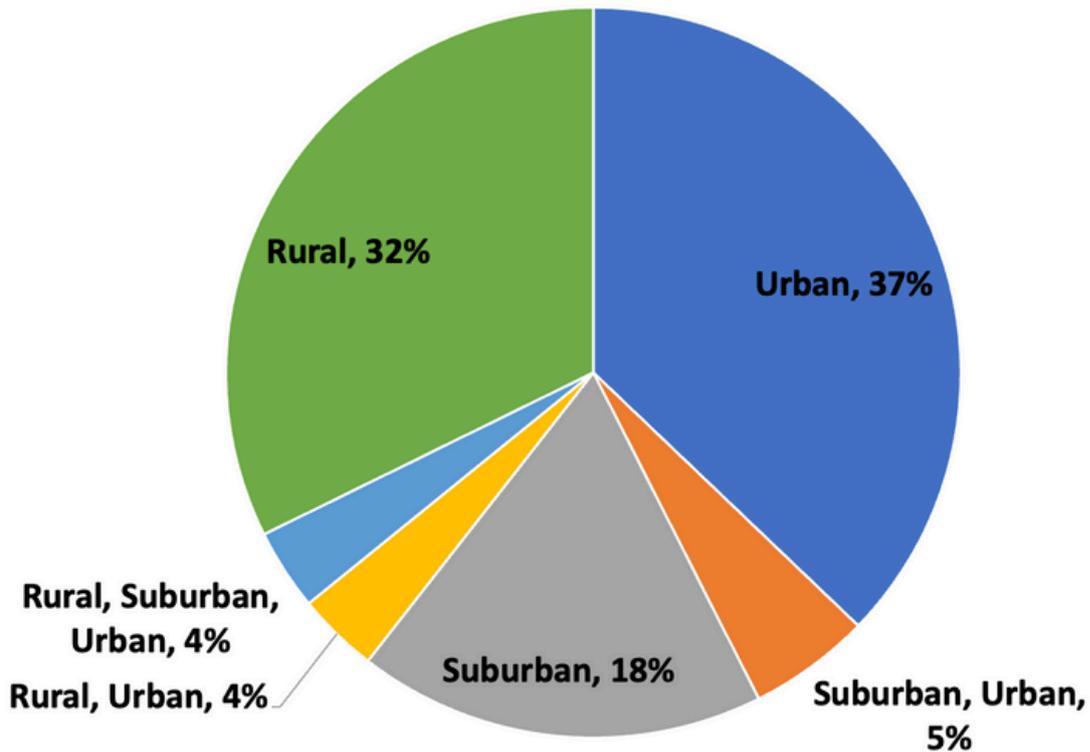


SITE SURVEY RESULTS

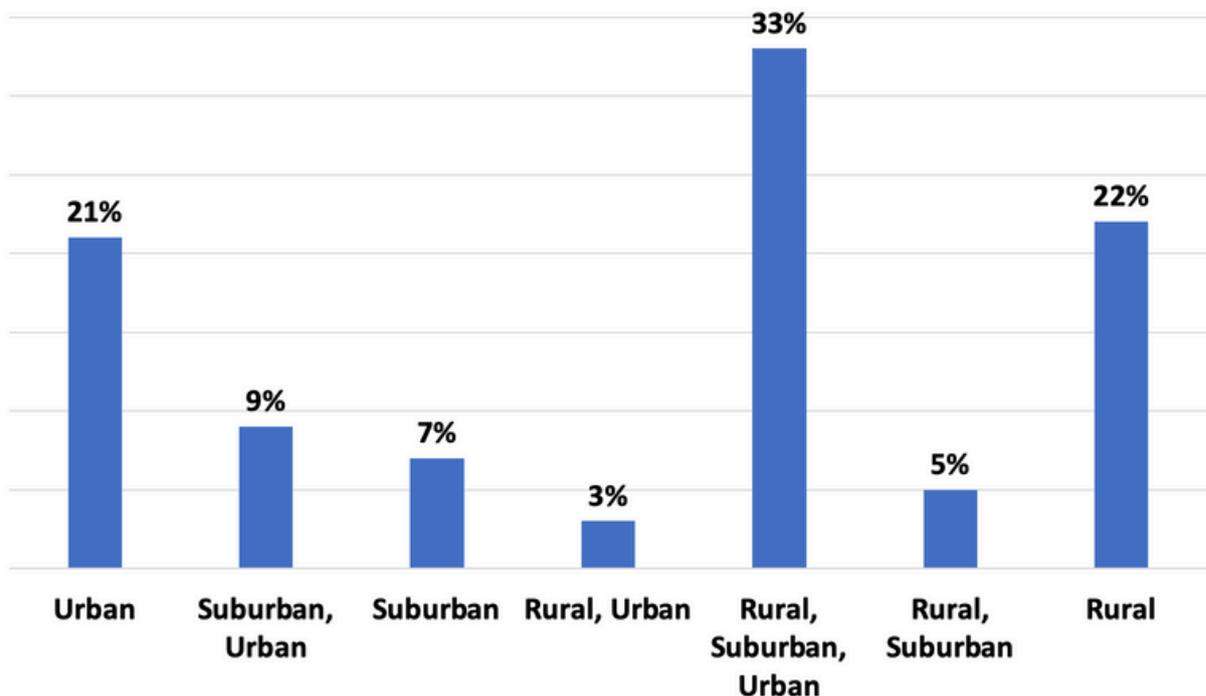
SITE RESPONSES BY SITE TYPE

Sites were asked to note their locations and where their patients reside.

Site Location



Where Patients Reside

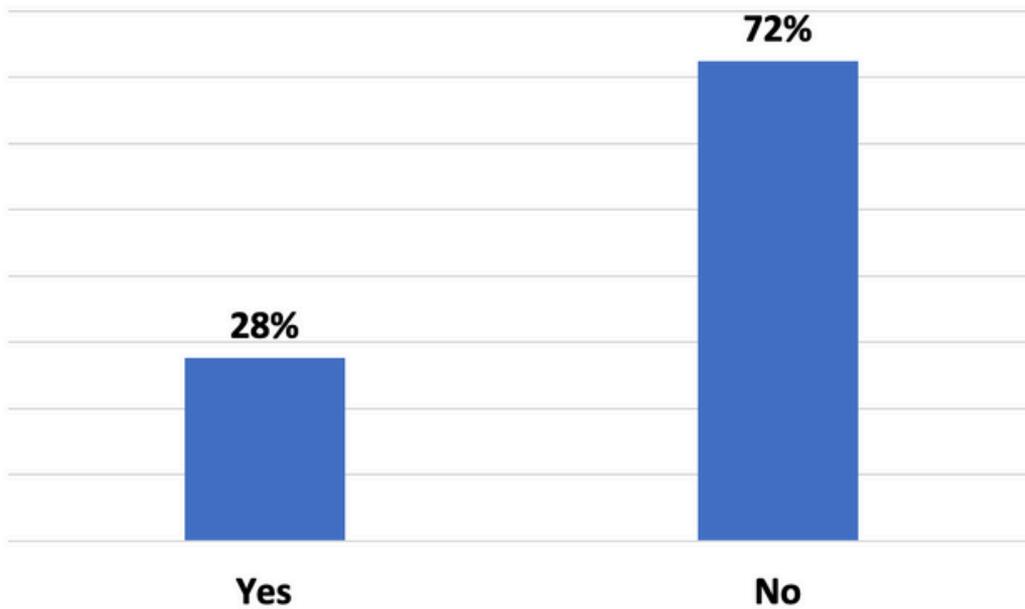


SITE SURVEY RESULTS

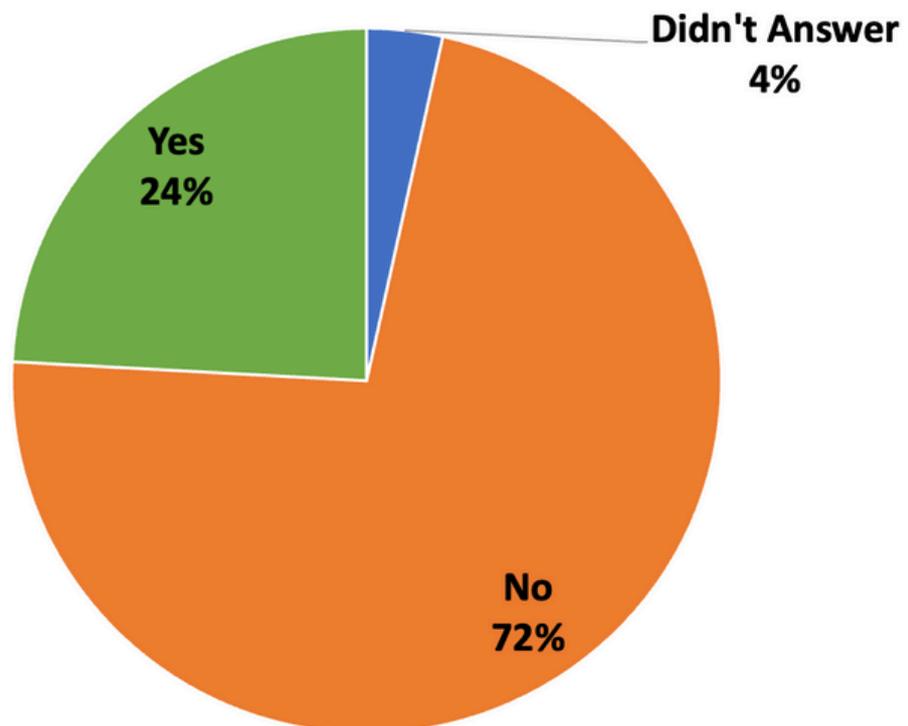
SITE OPERATIONS

Sites were asked if they have multiple sites and if they offer mobile services.

Multiple Sites



Mobile Services

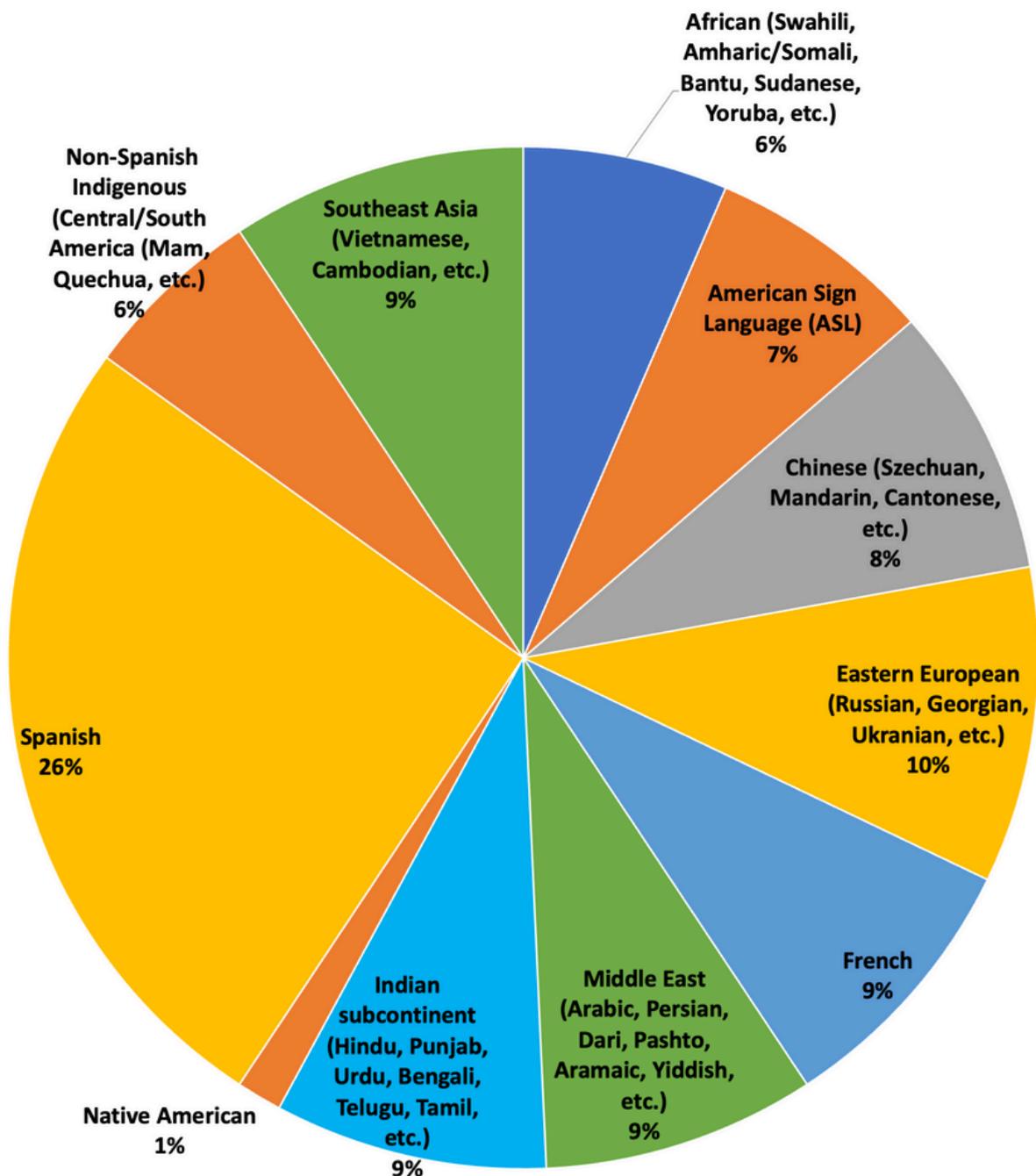


SITE SURVEY RESULTS

SITE OPERATIONS

67% of the sites reported that they provide service in multiple languages. The top barriers to this were stated to be cost and a lack of multilingual, paid staff or volunteers.

% of Clinics Providing Translation Services

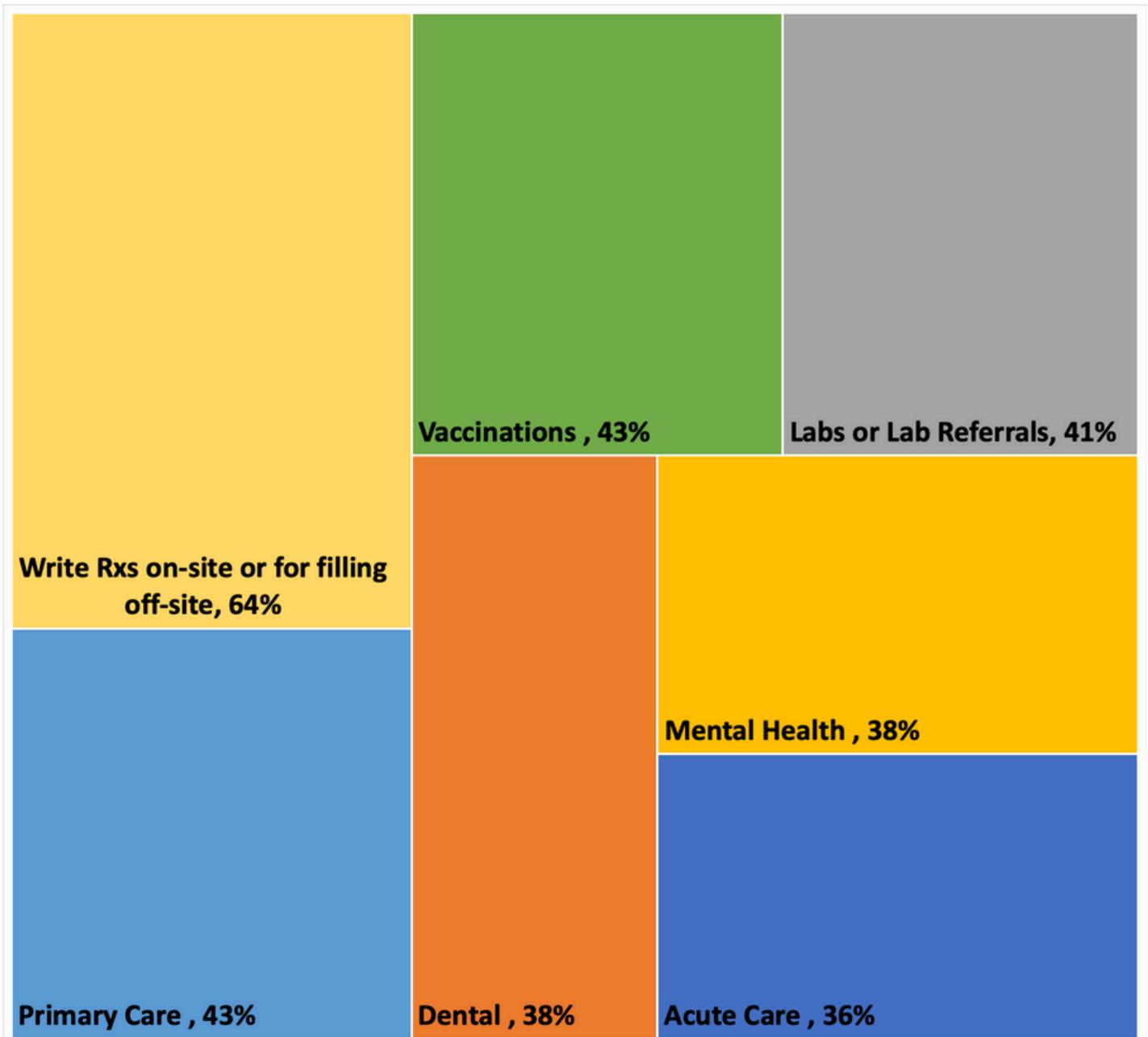


SITE SURVEY RESULTS

SITE OPERATIONS

Sites provide a wide array of services. Below are the most common services reported, by percentage.

Top Services (% of Clinics)

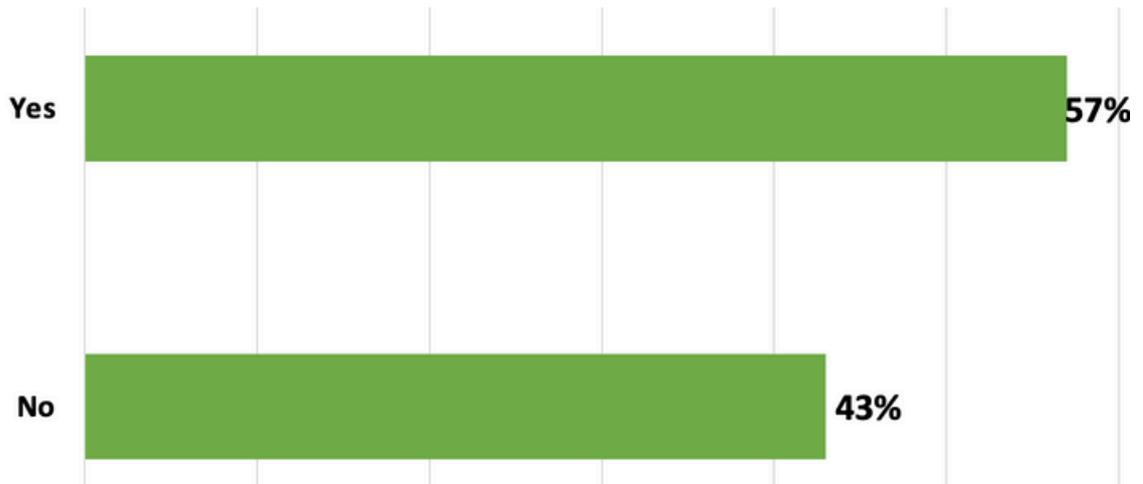


SITE SURVEY RESULTS

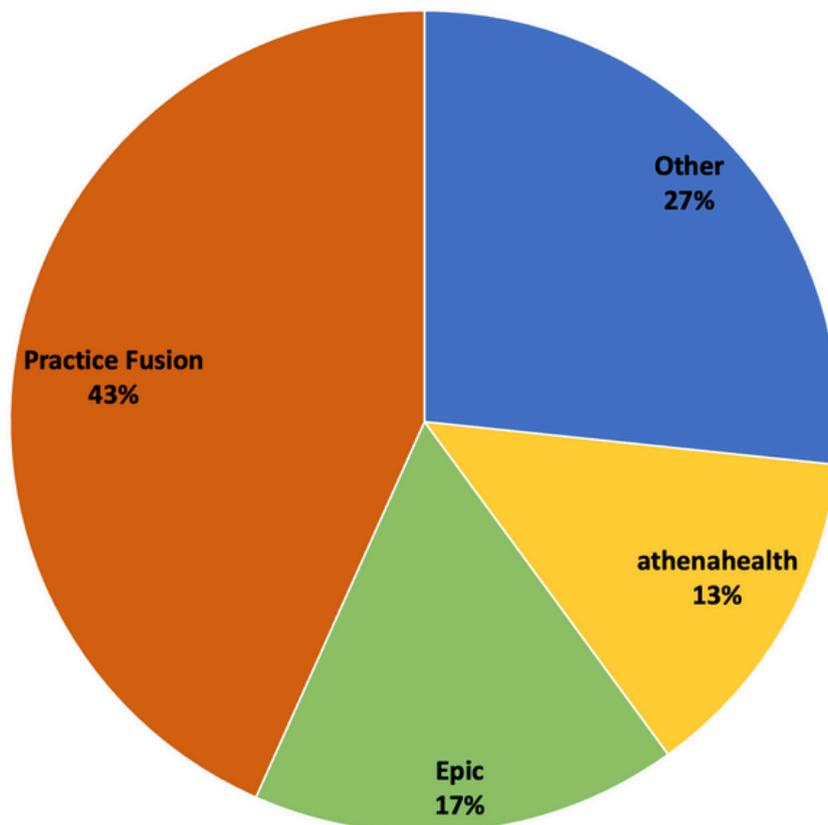
SITE OPERATIONS

The majority of sites report use of an electronic medical record (EMR) systems.

Sites Using Electronic Medical Record Systems



Electronic Medical Record Systems Used



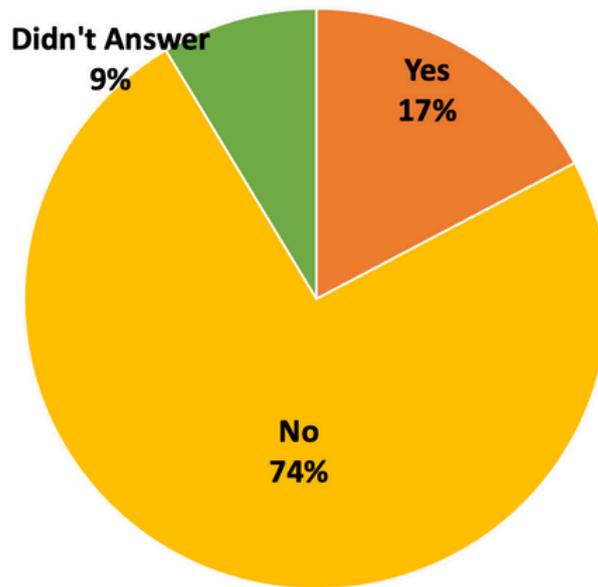
43% of sites reported that they use Practice Fusion. Other EMRs identified included DataNet Solutions, WebPT, Open MRS, Kareo, Azalea, Campdoc, Charm and Custom FileMaker.

SITE SURVEY RESULTS

SITE OPERATIONS

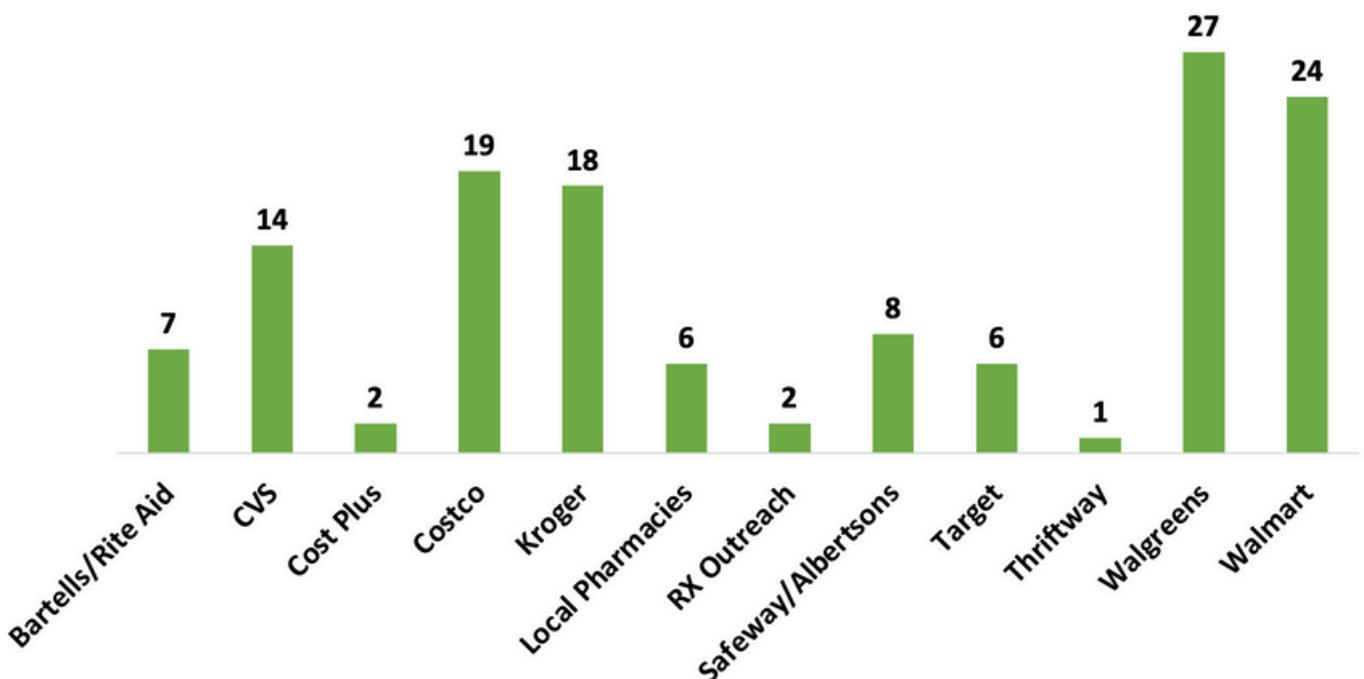
The majority of sites do not have on-site pharmacies and work with partners to provide access to medications.

On-site Pharmacy



The top pharmacy partners listed were Walgreens, Walmart, Costco, Kroger, and CVS.

Pharmacy Partners

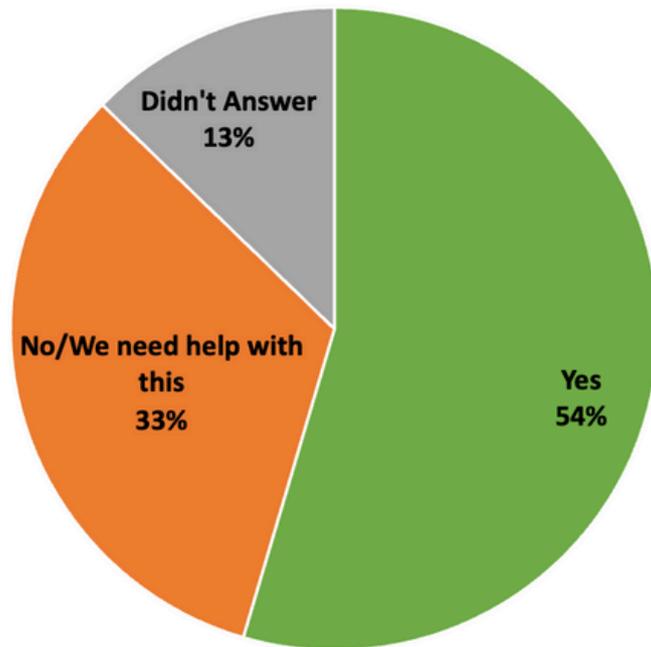


SITE SURVEY RESULTS

SITE OPERATIONS

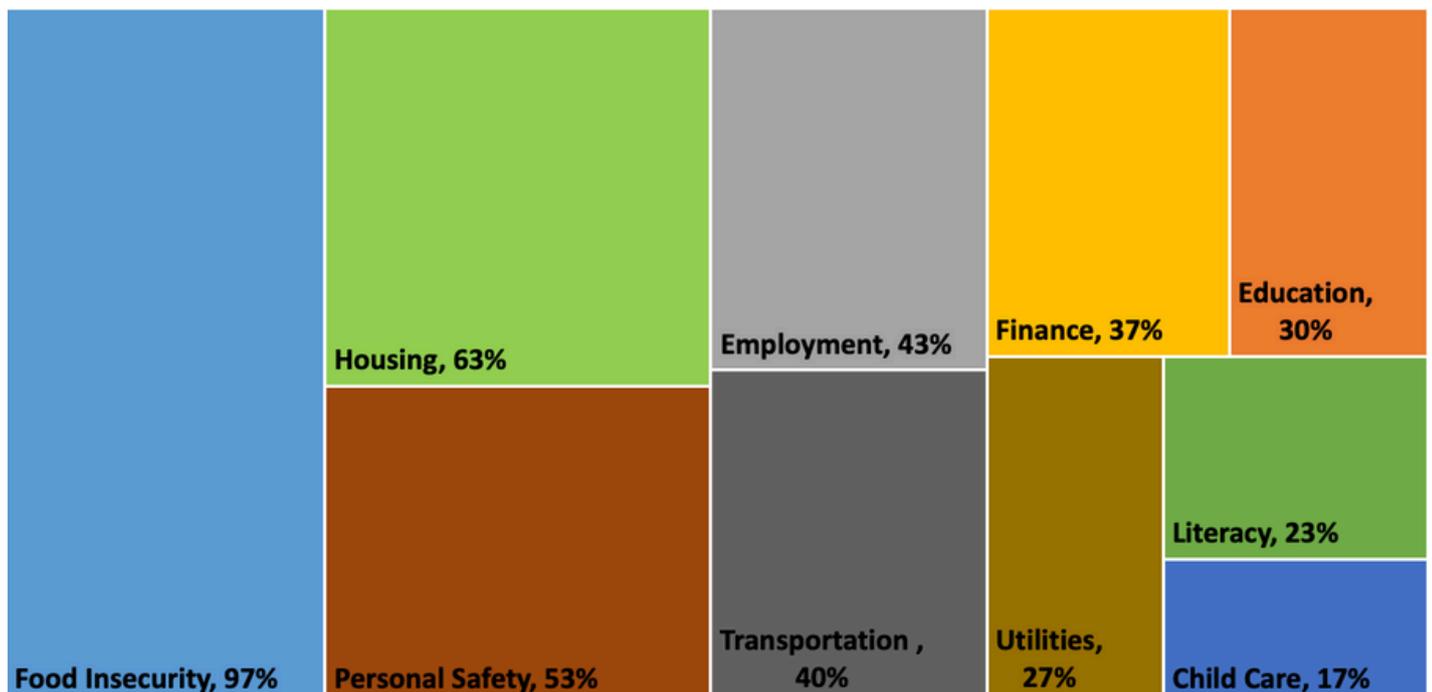
VRP Program sites were asked if they screen for social determinants of health.

Social Determinants of Health



54% of sites reported that they address social determinants of health.

% of Sites that Address Social Determinants of Health

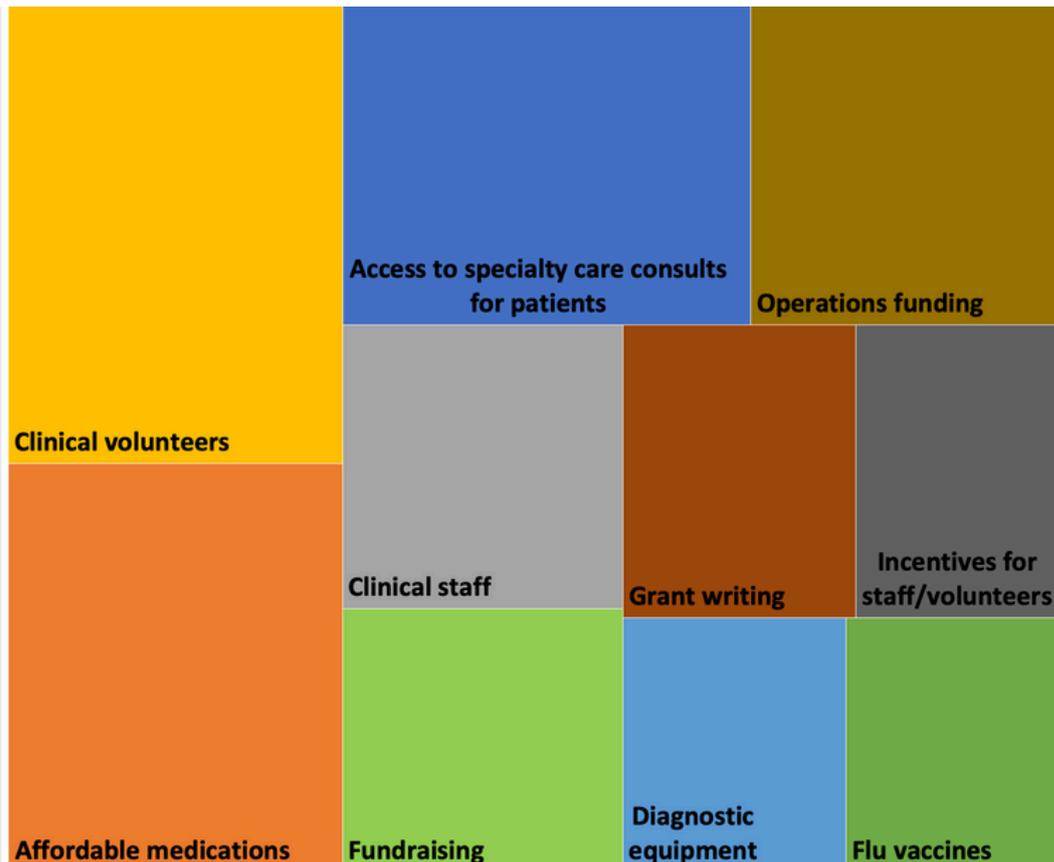


SITE SURVEY RESULTS

SITE OPERATIONS

VRP Program sites were asked to identify their top ten needs as an organization.

Sites Top Needs



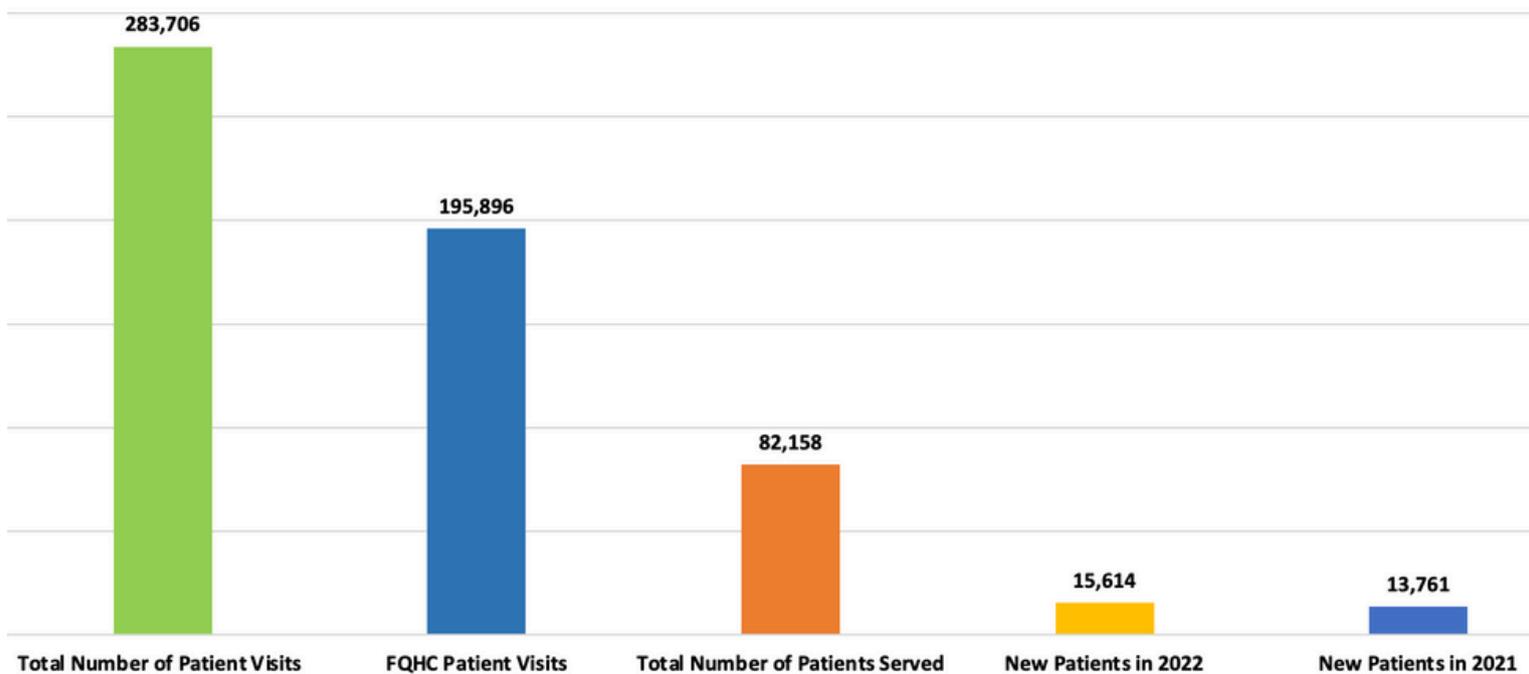
1. **Clinical volunteers**
2. **Affordable medications**
3. **Access to specialty care consults for patients**
4. **Operations funding**
5. **Clinical staff**
6. **Fundraising**
7. **Grant writing**
8. **Incentives for staff/volunteers**
9. **Flu vaccines**
10. **Diagnostic equipment**

SITE SURVEY RESULTS

PATIENT INFORMATION

In 2022, most of the VRP Program sites that were closed during the pandemic reopened, and camps and other pop-up health events reinstated in-person events.

Patient Volumes

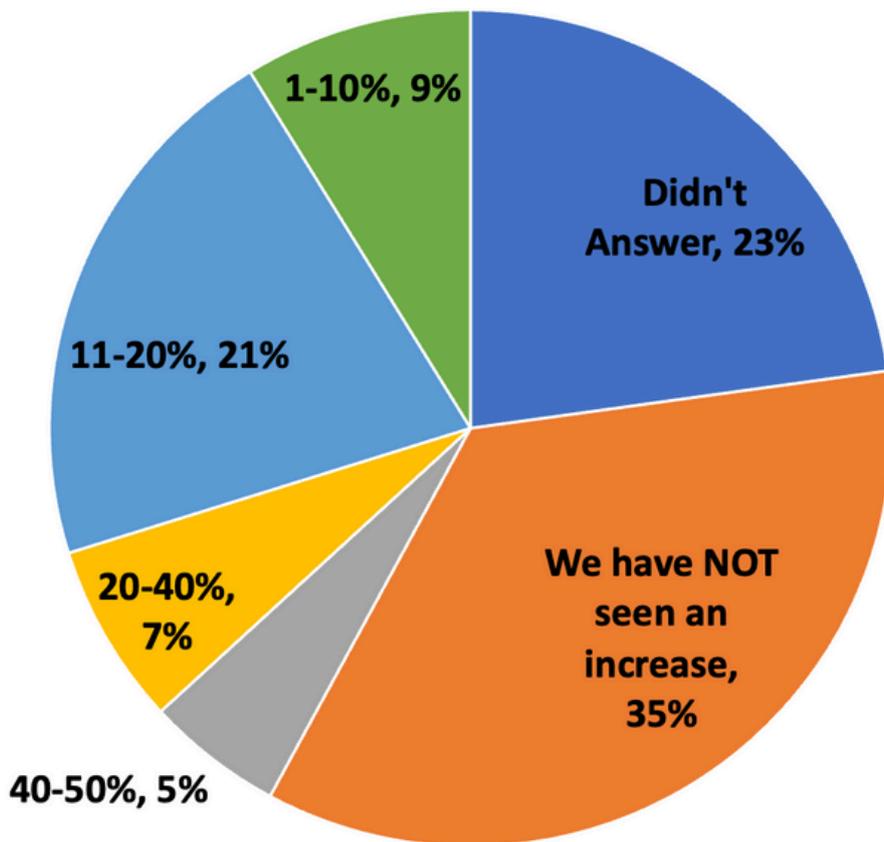


Please note that not all VRP Program sites track "total number of patients" or "new patient" data separately.

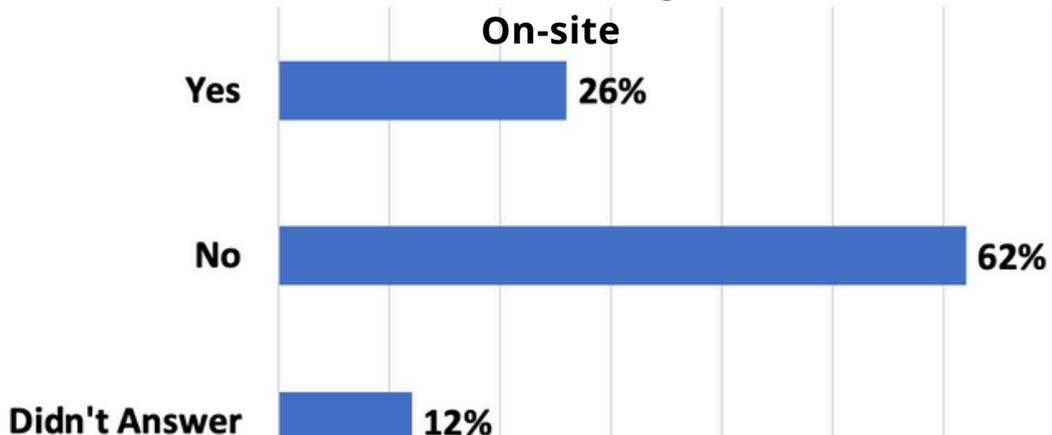
SITE SURVEY RESULTS PATIENT INFORMATION

42% of sites that responded stated an increase in patients inquiring about care.

Increase in Patients Inquiring About Care



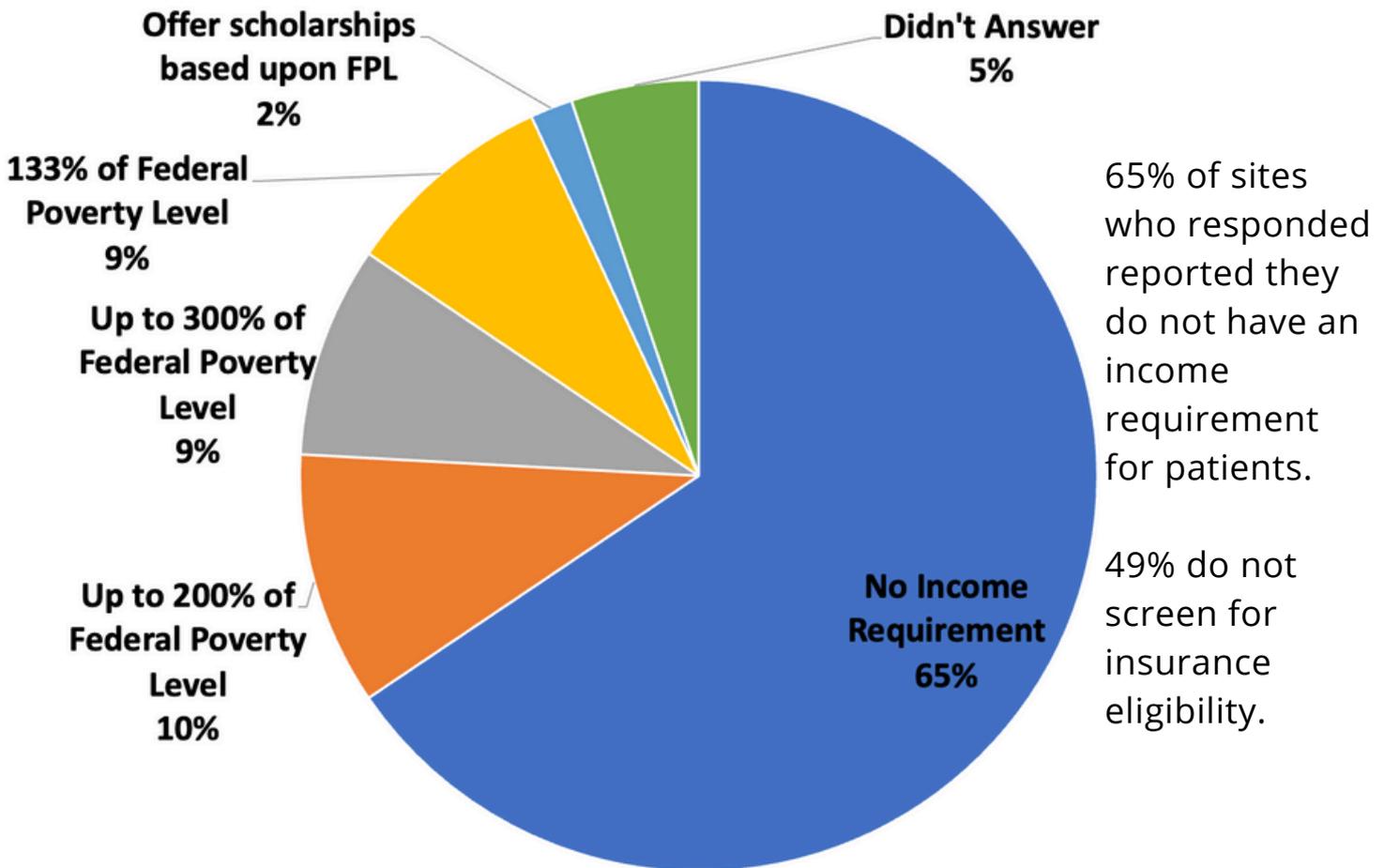
Process Patient Assistant Program (PAP) Forms



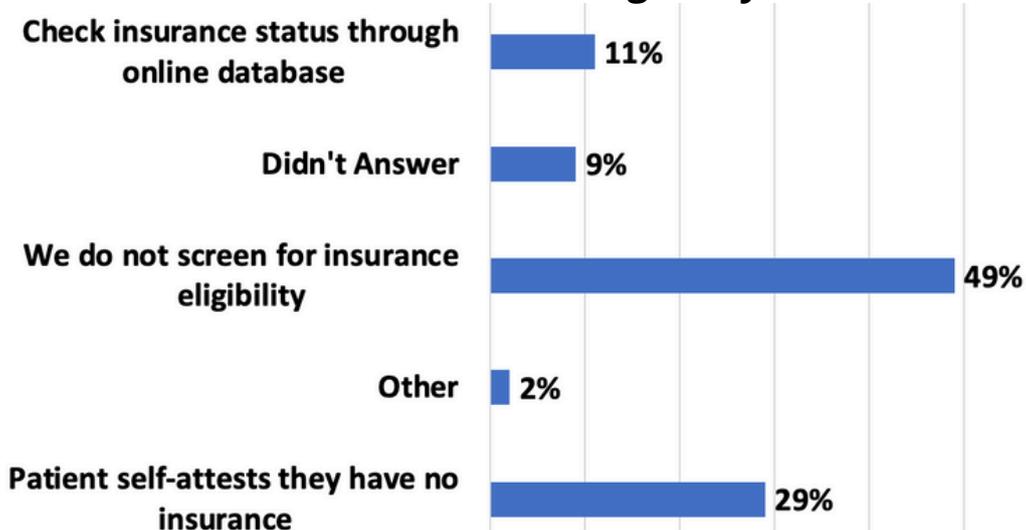
SITE SURVEY RESULTS

PATIENT INFORMATION

Patient Income Requirement

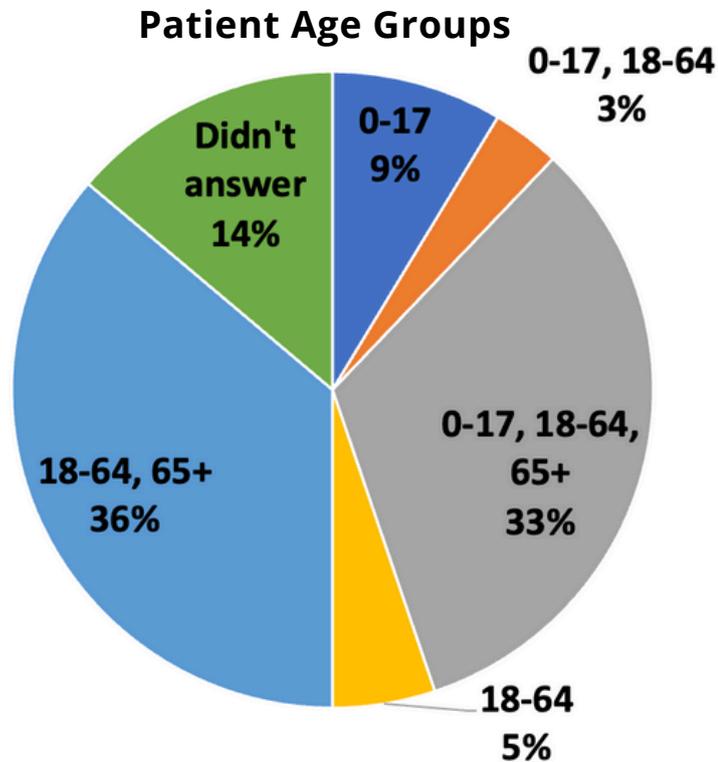


Insurance Eligibility

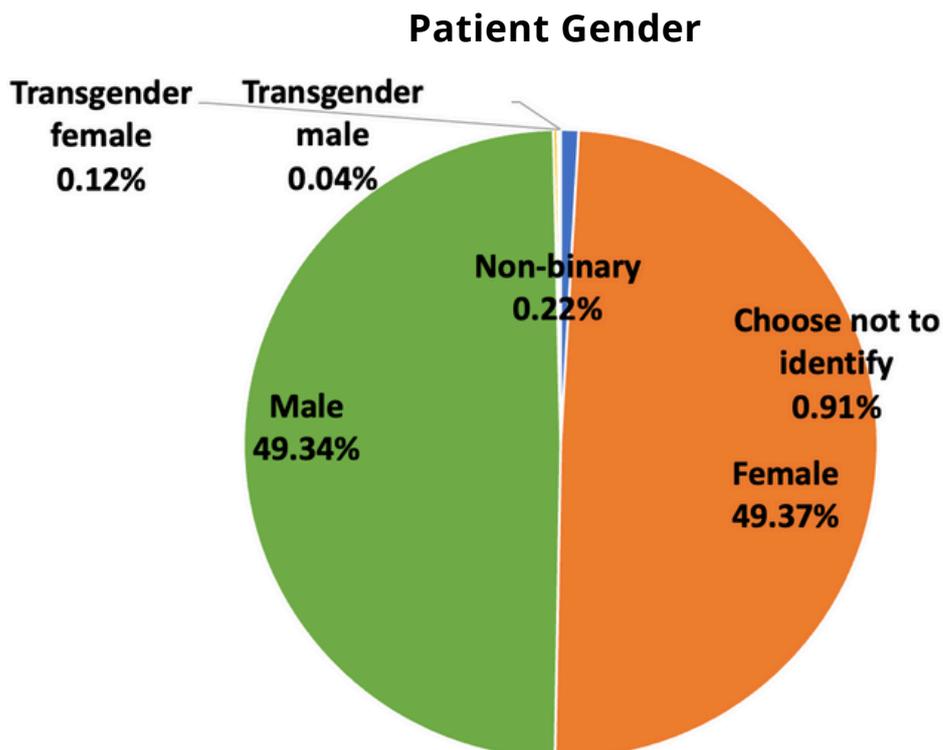


SITE SURVEY RESULTS

PATIENT INFORMATION



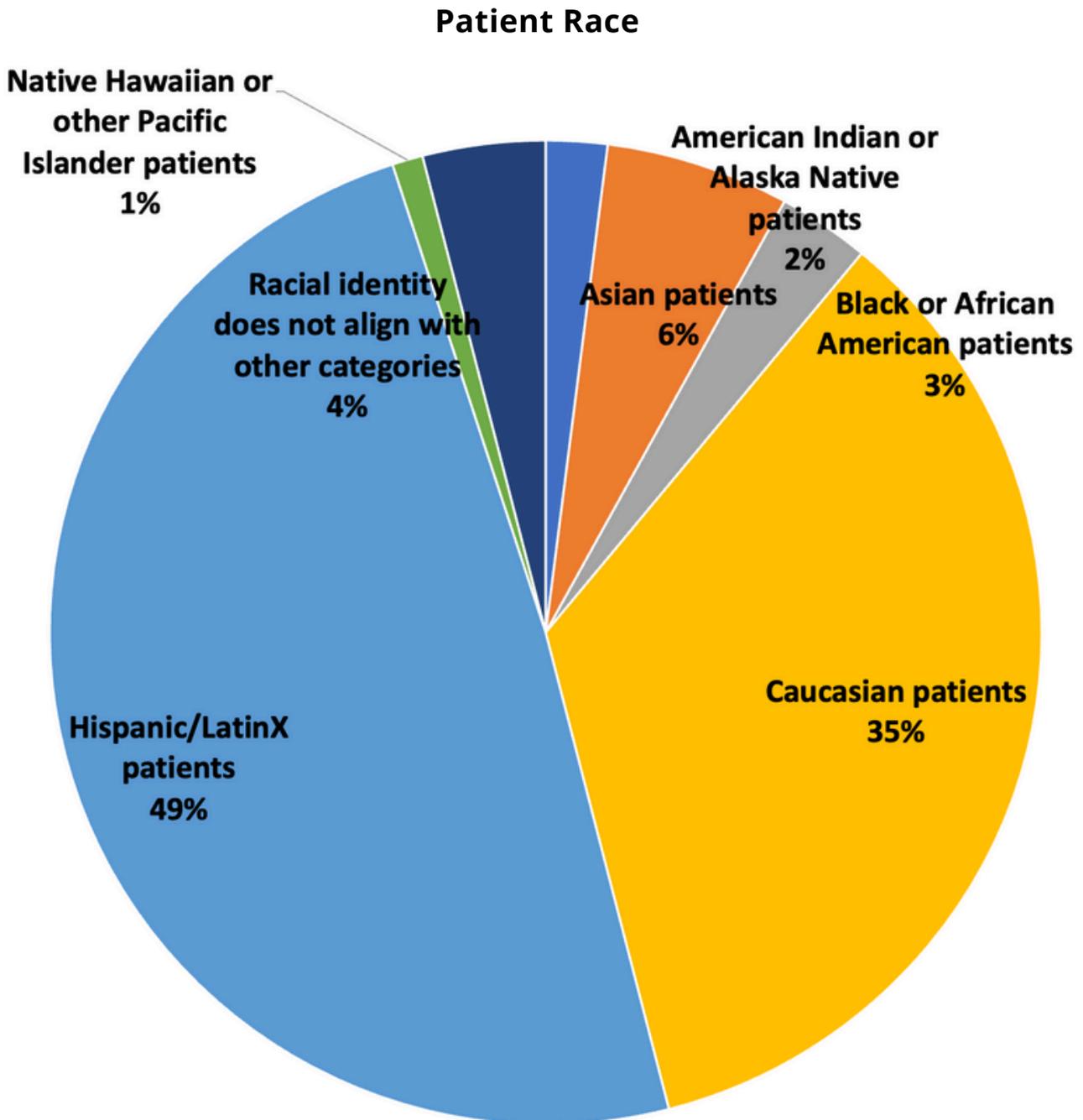
Patient age groups served and gender data was reported from those sites that track this information. 38% of sites stated that they do not track patient gender.



SITE SURVEY RESULTS

PATIENT INFORMATION

Over 30% of the site survey respondents noted that they do not track patient race. The majority of the sites that track patient race do not track race and ethnicity separately.



APPENDIX 1

HEALTHCARE VOLUNTEER SUGGESTIONS/COMMENTS

- I appreciate the support of this program to help us to take care of an underserved population in Yakima County -- mostly uninsured farm workers who keep food on our tables.
- The VRP program has made it possible for me to volunteer because I cannot afford individual malpractice insurance. This is a vital program!
- Thank you for this program! As someone entering a volunteer role in a professional capacity for the first time in many years, I feel this program certainly serves to reduce barriers to me serving my community.
- I have been slow to volunteer due to COVID concerns.
- It's reassuring to know I can volunteer in public health and though unlikely to need liability insurance, it's there behind me if needed.
- COVID made it hard for me to volunteer. I hope to volunteer more this year. I still keep my Oregon and Washington dental licenses current.
- I appreciate this provision immensely. I came from a state which did not have a VRP program. This programs helps me to feel more secure in volunteering in the areas commensurate with the full breadth of my skill set, which I absolutely feel compelled to do to utilize my gifts for those with inequity in access to healthcare.
- Providing a professional name tag would be helpful since some of us aren't affiliated with a healthcare institution anymore. I think it helps make us appear more legitimate to the patients. Thanks!
- I really enjoyed my volunteer time, but at 75 years of age, it was finally time to really retire. Thanks, everyone, for support of this program. It really does fill an urgent need.

APPENDIX 2

SITE SUGGESTIONS/COMMENTS

- It's difficult for us to pull some of the data requested above, even though we do collect some of this information on paper, the aggregation of the information is severely limited by our database systems and report request pathways at this time.
- This is a little difficult to complete. We offer a one week day camp for children living with Type 1 diabetes. We are NOT a clinic. We have medical and non medical professionals volunteer their time and services to help make Panther Day Camp possible. Our agency, Diabetes Association of Pierce County provides 5 services to the community - free of charge. We offer diabetes prevention and education programs. This questionnaire is for clinics, so some items just do not fit. Maybe, there could be a separate questionnaire for groups like us. Thanks
- Greatly appreciate the organization in Washington and wish Oregon had the same opportunity.
- We have been closed since March 2020.
- Funding for database systems, data migrations support, and staffing would be a need that would be helpful for our agency, as well as the items toggled above.
- We would love to add you to our discipline-specific outreach lists to connect retired volunteers to event opportunities. Let us know the best route to do so!
- We do a lot of health fairs - that's why our numbers are so high. Students also count all client interactions as we do not have official "appointments".

APPENDIX 3

2022 VOLUNTEER SURVEY



2022 Healthcare Volunteer Survey

Thank you for participating in the Volunteer and Retired Providers Program (VRP). The State of Washington thanks you for your service!

Name *

First

Last

Email

You identify as

- Female
- Male
- Non-binary
- Transgender female
- Transgender male
- Choose not to identify

Did you volunteer as a healthcare professional in Washington State in 2022?

- Yes
- No

Approximately how many total hours did you volunteer as a healthcare professional in Washington State in 2022? *

Do you still need VRP Malpractice Insurance?

- Yes
- No

Where did you volunteer as a healthcare professional in 2022?

Did you volunteer at a second site in 2022?

How likely is it that you would volunteer without free malpractice insurance for all volunteer professionals and/or free license renewal for professionals who only use licenses to volunteer?

- Very Unlikely
- Unlikely
- Not Sure
- Likely
- Very Likely

APPENDIX 3

2022 VOLUNTEER SURVEY

How could the VRP Program support you better in your role?

- No Suggestions at this time
- Customer Service
- Volunteer Opportunities
- Low Cost and Free Continuing Education Opportunities
- Website Accessibility
- Other (Note Below)

Other:

Has your email or address changed in the last year?

- Yes
- No

If yes, new email address

If yes, new address

Street Address

Address Line 2

City

Postal / Zip Code

State / Province / Region

United States 

Country / Region

Please add any additional comments you have about the VRP Program here - thank you!

[Save & Resume Later](#)

SUBMIT

APPENDIX 4

2022 SITE SURVEY



Volunteer & Retired Providers 2022 Site Survey

Thank you for your participation in the Volunteer and Retired Providers (VRP) Program. We survey all participating organizations annually to track the value of this publicly-funded program and to maintain accurate program records.

Please complete by May 31st.

Please contact Kris Ives at vrp@wahealthcareaccessalliance.org or 267-713-9422 with any questions.

CONTACT INFORMATION

Organization name *

If your name, address or contacts have changed, please fill out the section below.

New name

Organization main physical address

Street Address

City

State / Province / Region

Postal / Zip Code

County for main physical address

Website address (type N/A if you don't have one)

Organization phone (for patient and volunteer inquiries)

 - -

##

Direct contact phone (for WHAA staff to reach you)

 - -

##

APPENDIX 4

2022 SITE SURVEY

SUMMARY PATIENT CARE INFORMATION

Number of total patient visits in 2022 *

Number of total patients in 2022

Number of new patients in 2022

ORGANIZATION

Your organization is considered a/an

If you have any questions on these categories, please contact Kris at vrp@wahealthcareaccessalliance.org.

- Addiction Recovery and Support Program
- Camp
- FQHC
- Free/Charitable Clinic
- Homelessness Services Organization
- Hospice
- Medical Reserve Corp
- Other
- Parish Health
- Pop Up Free Clinic
- Rural Health Clinic (HRSA)
- School Based Health Clinic
- Tribal Health Clinic

If you selected other, please define below.

Does your organization have multiple sites?

- Yes
- No

Does your organization have (a) mobile unit(s)?

- Yes
- No

Is your organization faith-based?

- Yes
- No

APPENDIX 4

2022 SITE SURVEY

Do you use an electronic health record/electronic medical record system? If so, which one?

- No
- Yes - athenahealth
- Yes - DataNet Solutions
- Yes - eClinical Works
- Yes - Epic
- Yes - MD Rhythm
- Yes - Practice Fusion
- Yes Other

Does your organization have an on-site pharmacy or dispensary?

- Yes
- No

Does your organization use pharmacy management software?

- Yes
- No
- No but we would like to

Where do your patients fill their prescriptions if not on-site? Mark all that apply.

- Costco
- CVS
- Kroger
- RX Outreach
- Target
- Walgreens
- Walmart
- Other

Additional locations

Does your organization help process Patient Assistant Program (PAP) forms for your patients on-site?

- Yes
- No

In what kind of area is your organization located?

- Rural
- Suburban
- Urban

APPENDIX 4

2022 SITE SURVEY

- Rural
- Suburban
- Urban

Does your organization exclusively serve any of the following areas?

- Entire state
- No patient location requirement
- Specific zip codes, please list
- Specific counties, please list
- Other

If you serve specific zip codes, counties, or selected other, please note below.

Does your organization have an income requirement for patients?

- No income requirement
- Up to 100% of Federal Poverty Level (FPL)
- Up to 200% of FPL
- Up to 300% of FPL
- Up to 400% of FPL
- Other

If other, please note below.

How does your organization screen for Medicaid or other insurance eligibility?

- Check insurance status by contacting Medicaid office
- Check insurance status through online database
- Patient must show Medicaid denial letter
- Patient self-attests they have no insurance
- We do not screen for insurance eligibility
- Other

APPENDIX 4

2022 SITE SURVEY

If other, please note below.

Recognizing that fees/reimbursement may vary depending on that patient, which types of fees or reimbursements does your organization use?

	Free/No cost to patient	Suggested donation	Accepts donations	Flat fee	Sliding scale fee	Medicaid/Medicare or state CHIP	Other payer
Dental	<input type="checkbox"/>	<input type="checkbox"/>					
Laboratory	<input type="checkbox"/>	<input type="checkbox"/>					
Mental health	<input type="checkbox"/>	<input type="checkbox"/>					
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>					
Primary care	<input type="checkbox"/>	<input type="checkbox"/>					

If you selected suggested donation, flat fees or sliding scale, please provide the amount below.

	Flat fee	None (type 0)	Sliding scale fee	Suggested donation
Dental	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Laboratory	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prescription medication	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please check all services your organization provides at this time (on-site and off-site).

- AADE Diabetes education program
- Access to food
- Acupuncture
- Acute care
- ADA diabetes self-management education
- Case management
- Child care
- Chiropractic
- Cooking classes
- Dental

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- Dermatology
- Dietitian/nutrition
- Discounted pharmacy cards
- Domestic violence counseling/assistance
- Employment assistance
- Family planning
- Fill Rxs on-site
- Financial assistance
- Health education
- HIV treatment
- Labs
- Legal assistance
- Mammogram referrals
- Maternal health
- Medication therapy management (MTM)
- Mental health
- National diabetes prevention program
- Neurology
- OBGYN
- On-site mammography
- Orthopedic
- Other diabetes education
- Pediatric
- Physical therapy
- Podiatry
- Prenatal care
- Primary care
- Referrals
- Screening - Breast cancer
- Screening - Cervical cancer
- Screening - Colorectal cancer
- Screening - Lung cancer
- Screening - Oral cancer
- Screening - Other cancers
- Screening - Skin cancer
- Social services
- Specialty care
- STI/STD testing
- Substance abuse treatment
- Surgery

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- Telehealth
- Tobacco cessation counseling
- Tobacco cessation referral
- Tobacco cessation treatment
- Translation services
- Transportation assistance
- Vaccinations - adult
- Vaccinations - child
- Vaccinations - COVID 19
- Vaccinations - Flu
- Vision
- Women's health
- Write Rxs for filling off-site

Do you provide healthcare services and/or outreach in multiple languages?

- Yes
- No

Please note the languages with which you provide services and/or outreach (e.g. through multilingual staff or interpreters).

	Yes
African languages (Swahili, Amharic/Somali, Bantu, Sudanese, Yoruba, etc.)	<input type="checkbox"/>
American Sign Language (ASL)	<input type="checkbox"/>
Chinese (Szechuan, Mandarin, Cantonese, etc.)	<input type="checkbox"/>
Eastern European languages (Russian, Georgian, Ukranian, etc.)	<input type="checkbox"/>
French	<input type="checkbox"/>
Indian languages (Hindu, Punjab, Urdu, Bengali, Telugu, Tamil, etc.)	<input type="checkbox"/>
Middle Eastern languages (Arabic, Persian, Dari, Pashto, Aramaic, Yiddish, etc.)	<input type="checkbox"/>
Native American languages	<input type="checkbox"/>
Non-Spanish, Indigenous languages spoken in Central/South America (Mam, Quechua, etc.)	<input type="checkbox"/>
None, only English	<input type="checkbox"/>
Southeast Asia languages (Vietnamese, Cambodian, etc.)	<input type="checkbox"/>

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Spanish	<input type="checkbox"/>
Other(s)	<input type="checkbox"/>

If you selected other(s), please note below.

Please note the languages that are needed but you do not have the ability to provide.

	Yes
African languages (Swahili, Amharic/Somali, Bantu, Sudanese, Yoruba, etc.)	<input type="checkbox"/>
American Sign Language (ASL)	<input type="checkbox"/>
Chinese (Szechuan, Mandarin, Cantonese, etc.)	<input type="checkbox"/>
Eastern European languages (Russian, Georgian, Ukrainian, etc.)	<input type="checkbox"/>
French	<input type="checkbox"/>
Indian languages (Hindu, Punjab, Urdu, Bengali, Telugu, Tamil, etc.)	<input type="checkbox"/>
Middle Eastern languages (Arabic, Persian, Dari, Pashto, Aramaic, Yiddish, etc.)	<input type="checkbox"/>
Native American languages	<input type="checkbox"/>
Non-Spanish, Indigenous languages spoken in Central/South America (Mam, Quechua, etc.)	<input type="checkbox"/>
None, only English	<input type="checkbox"/>
Southeast Asia languages (Vietnamese, Cambodian, etc.)	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Other(s)	<input type="checkbox"/>

If you selected other(s), please note below.

Please select the top two barriers in providing services in needed language.

- Broadband/internet access
- Cost
- Other

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- Staffing
- Technology
- Volunteers

If other, please note below.

SOCIAL DETERMINANTS OF HEALTH

Does your organization have a system in place to screen patients for non-clinical needs (social determinants of health)?

- Yes, and we have examples to share
- Yes, we are working on this
- We need help with this
- No

If yes, which of these social determinants do you address? Please select all that apply.

- Ability to afford prescribed medications
- Child care
- Education
- Employment
- Finance
- Food insecurity
- Housing
- Literacy
- Personal safety
- Transportation
- Utilities

Does your organization have a system in place to refer patients for non-clinical needs (social determinants of health)?

- Yes, and we have examples to share
- Yes, we are working on this
- We need help with this
- No

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Please select the top ten needs for your organization.

	Please choose ten
Access to imaging/radiology services	<input type="checkbox"/>
Access to laboratory services	<input type="checkbox"/>
Access to specialty care consults for providers	<input type="checkbox"/>
Access to specialty care for patients	<input type="checkbox"/>
Affordable medication	<input type="checkbox"/>
Board development training	<input type="checkbox"/>
Capital funding	<input type="checkbox"/>
CEU opportunities	<input type="checkbox"/>
Clinical staff	<input type="checkbox"/>
Clinical volunteers	<input type="checkbox"/>
Community health workers	<input type="checkbox"/>
Contraceptives	<input type="checkbox"/>
Cryptocurrency donation training	<input type="checkbox"/>
Dehumidifiers	<input type="checkbox"/>
Diagnostic instruments/equipment	<input type="checkbox"/>
Disease management funding	<input type="checkbox"/>
Diversity and inclusion training	<input type="checkbox"/>
Ductless heat pumps	<input type="checkbox"/>
Energy efficient doors	<input type="checkbox"/>
Energy efficient light bulbs	<input type="checkbox"/>
Energy efficient refrigerators/freezers	<input type="checkbox"/>
Energy efficient windows	<input type="checkbox"/>
Flu vaccines	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>
Generators	<input type="checkbox"/>

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Gift cards for patients	<input type="checkbox"/>
Grantwriting	<input type="checkbox"/>
Heat pump water heaters	<input type="checkbox"/>
Incentive/reward funding for staff/volunteers	<input type="checkbox"/>
Infectious disease training	<input type="checkbox"/>
Inventory management system	<input type="checkbox"/>
Laptops/computers/tablets	<input type="checkbox"/>
Learning collaboratives for special health topics or services (e.g. dental, mental health)	<input type="checkbox"/>
Learning collaboratives with faith-based clinics	<input type="checkbox"/>
Learning collaboratives with similar budget clinics	<input type="checkbox"/>
Learning collaboratives with similar patient size clinics	<input type="checkbox"/>
Marketing and public relations resources	<input type="checkbox"/>
Mental health professional development for clinicians	<input type="checkbox"/>
Mental health self-care for staff/volunteers	<input type="checkbox"/>
Mentorship to expand hours/capacity	<input type="checkbox"/>
Mobile unit funding	<input type="checkbox"/>
Non-clinical staff	<input type="checkbox"/>
Non-clinical volunteers	<input type="checkbox"/>
Operations funding	<input type="checkbox"/>
Personal protective equipment	<input type="checkbox"/>
Pharmacy software	<input type="checkbox"/>
Programmatic funding	<input type="checkbox"/>
Room air purifiers	<input type="checkbox"/>
Self-care funding	<input type="checkbox"/>
Solar panels	<input type="checkbox"/>
Solar water heaters	<input type="checkbox"/>

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Storm windows	<input type="checkbox"/>
Technical assistance	<input type="checkbox"/>
Technology funding	<input type="checkbox"/>
Telehealth diagnostic equipment	<input type="checkbox"/>
Telehealth/telemedicine products	<input type="checkbox"/>
Translation/interpretation services	<input type="checkbox"/>
Transportation vouchers	<input type="checkbox"/>
Vaccine refrigerators	<input type="checkbox"/>
Value of service methods	<input type="checkbox"/>
Virtual learning opportunities	<input type="checkbox"/>
Website development	<input type="checkbox"/>

BREAKDOWN OF PAID STAFF

Number of paid dental providers (DDS, RDH, dental assistants)

Number of paid clinical providers (MD, NP, PA, DO)

Number of paid mental health providers (counselors, therapists, LCSW)

Number of paid nurses (RN, LPN, medical assistants)

Number of paid pharmacy providers (RPh, pharmacy technicians)

Number of paid community health workers

No paid staff - all volunteer

Yes

.....

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PATIENT QUESTIONS

If your organization has seen an increase in patients inquiring about care in 2022, what is the estimated percentage of increase?

- 1-10%
- 11-20%
- 20-40%
- 40-50%
- Over 50%
- We have NOT seen an increase in patients inquiring about care.

What age ranges does your organization serve for patients? Select all that apply.

- 0-17
- 18-64
- 65+

Number of patients who are

Employed	<input type="text"/>
Unemployed	<input type="text"/>

- We do not collect employment information.

Number of patients who are

Insured	<input type="text"/>
Insured but unable to afford care (underinsured)	<input type="text"/>
Uninsured	<input type="text"/>

- We do not collect insurance information.

Approximate percentage of patients who have been diagnosed or report having been previously diagnosed with

Asthma	<input type="text"/>
Current smoker (tobacco/vaping)	<input type="text"/>
Depression/anxiety	<input type="text"/>
Diabetes	<input type="text"/>

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High cholesterol

Hypertension

Percentages Unknown

Patient gender

We do not collect gender information.

Number of male patients

Number of female patients

Number of non-binary patients (identifying as any gender other than female or male)

Number of patients that choose not to identify

Number of transgender females

Number of transgender males

Patient race and ethnicity

We do not collect race and ethnicity information

Number of American Indian or Alaska Native patients

Number of Asian patients

Number of Black or African American patients

Number of Caucasian patients

Number of Hispanic/LatinX patients

Number of Native Hawaiian or other Pacific Islander patients

Number of patients whose racial identity does not align with above categories

APPENDIX 4

2022 SITE SURVEY

Please provide any suggestions as to how we can better support you - thank you for all you do for the people of Washington state!

By checking this box, I attest that, to the best of my knowledge and belief, the statements provided on this form are true and correct. *

I accept

[Save & Resume Later](#)

SUBMIT