The mission of Neighborcare Health is to provide comprehensive healthcare to families and individuals who have difficulty accessing care, respond with sensitivity to the needs of our culturally diverse patients, and advocate and work with others to improve the overall health status of the communities we serve.
Dear Friends,

We are honored to share with you this special annual report, commemorating the achievements of the last year and recognizing our milestone of 40 years of service to Seattle.

The first thing you may have noticed about this report is that we have changed our name from Puget Sound Neighborhood Health Centers to Neighborcare Health. What, you may wonder, prompted that?

In short, we consider it a natural result of our growth and change over the last years from a few small health clinics into a system of 16 medical, dental and school-based centers throughout Seattle. As we’ve grown to have a presence in so many neighborhoods, it has become increasingly important to better identify the link of our individual sites to our overall organization.

That goal is especially important in our efforts to integrate care throughout our sites, and to ensure that our patients know the same quality care they receive at one of our neighborhood clinics is available throughout the entire Neighborcare Health system.

What has not changed is our focus on meeting the healthcare needs of our most vulnerable neighbors. We will continue to stand for our core values of social justice, cultural sensitivity, community, and excellence.

When our first clinics were established in the late 1960s they were an integral part of the changes sweeping the greater society. The clinic founders showed remarkable vision, courage and boldness in creating something unprecedented.

Our first clinics were founded in makeshift locations, with threadbare budgets, and little mainstream support, but with great heart. In those early days, it was unimaginable that 40 years later we would be a critical part of healthcare delivery in the United States, with political and philanthropic support, held as a model of how to provide ongoing primary care right in the heart of the communities we serve.

In this 40th anniversary year, we recommit to continue the spirit of innovation held by our founders. Whether it’s the investment in electronic health records, establishing new programs to reach new populations of people in need, or committing to ways to serve yet more members of our community, we will continue to shape our system to meet patient and community needs.

Finally, in honoring our history we extend our thanks to our donors and supporters. The community health movement could never have prospered without the vision and commitment of individuals, foundations, businesses and health and political leaders. We are honored by your interest, your belief and your generosity. Thank you for making history with us.

Sincerely,

Mark Secord  Rose Feliciano  
Executive Director  President, Board of Directors
Making History 40 Years of Service

1960s – Birth of Community Health Centers

Seattle’s first community health clinics were founded in the late 1960s as part of a greater social justice movement. The dedicated volunteers had one goal: righting the inequities that stood in the way of people getting health care. Medical students, activists, and community members came together to provide an essential service in the heart of the neighborhoods where they were needed most. Operating on shoestring budgets in apartment units, converted taverns, and even fire stations, staff in the early days were incredibly innovative in their delivery of care to their community’s most vulnerable neighbors.

Seattle’s first such clinic, the Open Door Clinic, was established in October 1967 as a volunteer social service agency dedicated to help drug users and juvenile runaways in the University District. It was the first 24-hour multiservice center in the state, founded by a group of medical professionals, students, social workers, and community activists.

1968 saw the addition of two more clinics, one of which was Joe Whiting Dental Clinic in West Seattle. It was one of the first community clinics nationwide dedicated to dental access. In that same neighborhood, a group of medical students formed the High Point Medical Clinic in 1969 after their research revealed disturbing findings about health disparities and access issues in Seattle. Within weeks of High Point’s opening, residents in the Holly Park Housing Community began the planning process for their own clinic, which would open later that year.

The World

1967
- Thurgood Marshall sworn in as first black US Supreme Court justice
- Israeli - Arab six-day war ends
- Seattle Mental Health founded

1968
- Rev. Martin Luther King, Jr. is assassinated
- North Vietnamese launch the Tet Offensive, a turning point in the Vietnam War
- Robert Kennedy is assassinated
- Amniocentesis is developed

1969
- Apollo 11 astronauts Neil Armstrong and Edwin “Buzz” Aldrin take first walk on the Moon
- Stonewall Riot Marks Start of Gay Rights Movement
- Seattle Black Panthers open The Sidney Miller Free Clinic(20th & Spruce)
By the 1970s, community health clinics had been established in dozens of neighborhoods across the United States. Federal grants and city funding started to become available, and awareness for the need for services increased. Clinics began seeing more diverse, lower-income populations who had more complicated health issues, and extended their efforts to even more underserved neighborhoods in the Seattle area.

Several clinics formed in Seattle in the early part of that decade: Seattle Indian Health Board in 1970 and Country Doctor Community Clinic in 1971, followed by Rainier Vista Medical Clinic, Fremont Women’s Clinic, the North End Clinic, Sea Mar Community Health Centers and finally the Georgetown and Southeast Dental Clinics. To meet the growing needs of low-income Asian immigrants in the International District, the Asian Community Health Clinic was also formed, eventually becoming the International District Community Health Center.

Several of Seattle’s community clinics, including Joe Whiting, High Point Medical, Georgetown and Southeast Dental Clinics, decided to pool resources and become a consortium—first called Southwest Medical and Dental Services of Seattle, later renamed Neighborhood Health Centers of Seattle. These clinics, the precursor to Neighborcare Health, had a centralized administrative office but retained individual boards. Other consortia were formed at the same time, eventually incorporating nearly all area clinics into three main groups with similar structures, values, and goals.

In the wake of the historic campaign to save the Market, a group of students and activists alarmed by the lack of healthcare access faced by the elderly established Pike Market Medical Clinic in the old Mother Lode Tavern.

1970s – Formation of Seattle’s Health Center Consortia
Federal efforts to eliminate, or reduce, public health resources were met with enormous resistance from those same activists who brought attention to community health clinics back in the 60s. Despite this federal movement, local efforts to expand community health services, including expanding Medicaid access to pregnant women, were successful. Under the leadership of Mayor Charles Royer, the city of Seattle tackled issues such as teenage pregnancy, drug abuse and poverty, setting the stage for official city support of these clinics.

By this time, community health centers were truly an essential part of the Seattle healthcare system, forming enduring partnerships with area hospitals, Public Health and government. With this support, community health centers developed more sophisticated approaches to delivery of care, and were able to reach even more at-risk residents.

Community health centers provided leadership in the earliest days of the AIDS pandemic, providing the city’s first comprehensive HIV/AIDS programs, and a welcoming healthcare home to those who were often stigmatized.

It was also a time of movement, growth and coming together. At the beginning of the decade, the Open Door Clinic underwent a split, resulting in a counseling clinic and a medical clinic, which was named the North End Clinic. In 1985, the Fremont Women’s Clinic and the North End Clinic merged to form 45th St. Clinic. The consortium of clinics called Neighborhood Health Centers of Seattle became Puget Sound Neighborhood Health Centers (PSNHC) in 1986, and the city’s other two consortia began to slowly separate into individually managed organizations. In 1988, Country Doctor Community Clinic and Carolyn Downs Family Medical Center merged, becoming Country Doctor Community Health Centers.

Later that decade, the establishment of Seattle’s first School-Based Health Center in Rainier Beach High School set the stage for the formation of what would eventually become 14 such centers in middle and high schools all around Seattle.
Building on the success of the formation of Washington State's Basic Health Plan in 1987, the appetite for more comprehensive health reform grew, leading to the establishment of the WA State Health Care Commission. The Commission's work led to passage of the state's Health Services Act in 1993, which expanded health care coverage to residents who were unable to qualify for other plans.

Meanwhile, Seattle's community health centers continued to evolve, becoming ever more established as a key provider of healthcare services to tens of thousands of Seattle residents. Seattle residents passed the Family and Education levies of 1990 and 1997, supporting continued funding for the multiple School-Based Health Centers that were run by various community health centers and Public Health.

In that same decade, the Holly Park Medical Clinic and Rainier Vista Medical Clinic consolidated, becoming today's Neighborcare RainierPark Medical Clinic. Our Sealth Teen Health Center and Denny Wellness Center were founded, as was our Central Area Dental Clinic.

In 1996, the International District Community Health Center added a second clinic, the Holly Park Medical & Dental Clinic, and became what is now today's International Community Health Services (ICHS). To meet the needs of Seattle's growing homeless population, the 45th St. Clinic added a Homeless Youth Clinic in 1993, the first free integrated drop-in clinic of its kind in the country.
2000s – Community Health Centers Come of Age

The 2000s were a time of major growth and development for Neighborcare Health, as clinics consolidated to improve efficiencies and preserve more resources to provide direct patient care. Community health centers grew up; what were once ragtag clinics became sophisticated healthcare entities, embracing modern technology in the form of the electronic health record, and leading with innovative practice standards designed to address chronic health conditions that plagued our community.

In 2000, the Providence - Rainier Medical Clinic joined PSNHC, becoming Rainier Beach Medical Clinic. In 2001, PSNHC took over operations of the West Seattle Teen Health Center in West Seattle High School, and the Roosevelt Teen Health Center at Roosevelt High School. Also that year, the 45th St. Clinic joined PSNHC, and Greenwood Medical Clinic was founded, tying together our presence in north and south Seattle.

In 2003, we undertook our first major facilities project, building a new High Point Medical and Dental Clinic to house the former Joe Whiting Dental and High Point Medical Clinics in West Seattle. Pike Market Medical Clinic joined PSNHC in 2005, bringing its expertise in internal medicine and caring for Seattle’s vulnerable downtown population into our system.

The Puget Sound Health Alliance was formed in 2004 as a way to improve health care quality across the Puget Sound. With the vision of creating a healthcare system that achieves better care, healthier people, and affordable costs, the Alliance has brought together health care leaders from all over the region to promote quality and affordability of care.

In 2008 PSNHC celebrated 40 years of service to our community, and renamed itself Neighborcare Health. Nationwide, there are now more than 1100 community health centers that provide essential primary healthcare services to more than 15 million Americans.

Sources: The Seattle Times; The Seattle P-I; Associated Press; Reuters; msnbc.com; cnn.com; HistoryLink.org, Neighborcare Health archive; Seattle Public Library; and websites of Puget Sound Health Alliance, Country Doctor Community Clinic, International Community Health Services, Seattle Indian Health Board, and Sea Mar Community Health Centers.
“We started from scratch, with nothing,” says Dr. Meredith Mathews, one of the founders of High Point Medical Clinic in West Seattle.

Back in the late 60s, Dr. Mathews was a young medical student at the University of Washington. In his second year he did a summer project that looked at medical access for indigent people living in the City of Seattle.

“We found some pretty disturbing reasons for why there were disparities in care. One example is that a person living in the housing projects in West Seattle would need to take at least two buses and more than two hours to get to their nearest source of care. People would let their health languish because they weren’t able to both lead the difficult life that it takes to be poor and spend so much time getting to and waiting for care at the county hospital.”

Fortunately, the team of medical students who worked on the project weren’t satisfied with just reporting their findings, they wanted to do something about it. Dr. Mathews along with Dr. John Naiden (now a physician at Yakima Valley Farmworkers Clinic), decided to engage the High Point community in the clinic project. “At first the community was skeptical,” he says, “but after many meetings we all agreed to give it a shot.”

The group went on to open High Point Medical Clinic in a two-bedroom housing unit in July 1969. They saw 15 patients the first night. In a few months the clinic was open four nights a week seeing about 20 patients a night. Their first clinic manager, Betty Shofty, had deep roots in the community, but she had never used a checking account, Dr. Mathews recalls. “We coached her on how to use the checking account to take funds, put them in, get them out to buy supplies for the clinic. It was a wonderful example of how we could give so she could give. And all the patients who came thereafter benefited from her knowledge.” Within weeks of High Point’s opening, residents in the Holly Park Housing Community began asking for advice about opening their own clinic as well. The community clinic movement was well under way.

Dr. Mathews went on to do his medical residency in Cleveland, Ohio, then returned to Seattle and completed his training at the University of Washington as a nephrologist (kidney specialist). When he joined Pacific Medical Centers, he became instrumental in maintaining and serving the strong referral relationship for specialty care services between Pacific Medical Centers and the community health centers. He later served on the board for Puget Sound Neighborhood Health Centers.

Today Dr. Mathews is Chief Medical Officer for DaVita Village Health, looking for ways to improve health outcomes for kidney dialysis patients. He continues to visit community health centers around the country whenever he can. “To walk into the clinic and see people that are like you serving your neighbor makes a big difference. The community clinics do an excellent job of showing you the face that you are.”
It was a pretty extraordinary feat for people to take these old open door clinics and turn them into what is now a pretty sophisticated health system...

– Charles Royer, former Mayor, City of Seattle
At Neighborcare Health, compassion and a sound, evidence-based medical approach to health care go hand-in-hand.

Our emphasis on prevention, continuity of care, and access to care throughout our community is reflected in the healthcare plans we develop and implement each year, monitored by healthcare professionals on our Board of Directors’ Quality Committee. Our annual strategy map is based on multiple-year goals in five areas: Improving the overall health status of our community, Touching more lives, Providing exceptional customer service, Maintaining financial strength, and Maintaining a vital community within our organization.

2007 was a particularly accomplished year for Neighborcare Health. We provided care to a record 44,000 patients throughout our 16 clinics, saw a 123% increase in immunizations to Seattle public school students at our five School-Based Health Centers, and implemented an electronic medical record system to improve the quality of care we provide.

Our primary care is delivered by consistent professional teams, who work in partnership with each other and with their patients to address long-term wellness. Patients see the same provider team at every visit, building trusting relationships that lay the foundation for better health outcomes. We attribute much of our success in all areas to this key relationship.

Other accomplishments of the past year include:

- Expanded services to chronically homeless adults transitioning to permanent housing, providing supportive nursing and linkage to primary care
- Reviewed our community partnerships to ensure the right connections are present and maximized
- Surveyed patients and community leaders to assess and improve understanding of our organization and services among our target population
- Established new initiatives to integrate medical and dental care for children
- Increased the presence of community health educators in the most vulnerable neighborhoods
- Increased mental health counseling services in School-Based Health Centers
- Completed the renovation of our Georgetown Dental Clinic to provide more efficient services for over 3,000 dental patients each year
- Began renovation of our Pike Market Medical Clinic, doubling the number of exam rooms from six to 12.

Through our past and future goals, we demonstrate our deep commitment to anticipate and respond to the healthcare needs of our community, making Seattle a more healthy and safe place for everyone.
I think that says something about our community. That it isn’t just today but it is over 40 years that we’ve been working together and filling this need.

– Greg Nickels, Mayor, City of Seattle
“Crystalline fructose is really just sugar, you know,” Sandi Andersen comments, pointing to a juice bottle filled with white sugar. Other drink bottles line the table, filled with their corresponding amounts of sugar—nearly full in soda bottles, and surprisingly high in seemingly-healthy juice drinks. “Surprised?” Sandi says, “I was. Now it takes me two hours to shop because I have to read all the labels!”

When Sandi was first diagnosed with Type II Diabetes in 2001, her blood sugar level was a whopping 365—far outside a healthy range. She was a fan of those sugary juices, as well as her favorite snack—cheesecake. Right around that time, she moved into low-income housing in Seattle’s Pike Place Market. Without a primary care provider, Sandi decided to try the neighborhood’s Pike Market Medical Clinic on the recommendation of a neighbor. She’s been a patient there ever since.

As Sandi analyzes the bottles of sugar, the staff nutritionist engages other patients, offering veggie wraps and a recipe so they can prepare it at home. Two patients are engaged in discussion on which Market vendor has the best tomatoes. One patient goes across the hall to get his eyes examined, and another is summoned into the “shoe room,” where he’ll be fitted for orthopedic shoes.

This is Diabetes Days at Pike Market Medical Clinic, Neighborcare Health’s “one stop shopping” program for diabetic patients. Each month, a dozen or so of the Clinic’s diabetic patients stop by to get their blood sugar measured, eyes examined, feet checked, and reconnect with other diabetic patients who are facing the same challenges.

A dedicated team of community health educators, nurses and a doctor track the patients’ progress and link them to the resources that they need to keep their diabetes under control.

Thanks to generous financial sponsorship from Premera Blue Cross, Diabetes Days at Pike is setting records across the Neighborcare Health system, as measured by lowered hemoglobin and cholesterol levels. This is especially impressive when you consider the fact that Pike’s patients are uniformly low-income, have some of the most complicated medical and mental health conditions in the Neighborcare Health system, and many are homeless. Despite these challenges, the diabetes team has helped patients to make amazing strides toward wellness.

Sandi is part of that success story. Her 30-day blood sugar average is now 125. “It’s now so low,” Sandi grins, “that my doctor recently said ‘what, are you tired of being a diabetic?’” She credits the community of patients who attend Diabetes Days with helping to keep her blood sugar under control. “We talk about what works and what doesn’t work,” she says. “[Fellow participant] Sylvia brings in her walking log and shows us her progress—it really gets me motivated.” And living in the Market provides an extension of that community. “All the vendors know me,” she says, and some point out tasty vegetables that she can enjoy with her healthy new diet. “Living here makes it really easy to shop.”
When you get in that door you will receive the same high quality of care, the same compassion, the same dedication regardless of where you happen to come from, what you happen to look like, what language you speak.

– Rick Rubin, Neighborcare Health board member
Affordable dental care is our state’s number one health care access problem. Low-income people have little to no access to appropriate care, and adults and racial minorities have the least access. Nearly one-third of seniors in Washington State have untreated dental cavities and over 75% lack dental insurance. Even those covered by Medicaid experience significant difficulty accessing services due to poor reimbursement rates.

The poor and racial minorities are least likely to make use of preventive dental care, owing to multiple barriers, including language, culture, poverty, little or no experience with preventive dental care, and lack of insurance. In King County alone, children of color are twice as likely to have untreated dental disease, and preschool children of color are at higher risk for Early Childhood Caries.

This lack of access often contributes to a vicious cycle of poverty, as poor oral health results in lost work time, and the stigma of visibly poor dental health is often a barrier to getting work. When faced with severe dental decay, people often resort to using the emergency room as treatment, generating costly bills for themselves and taxpayers as a whole.

Neighborcare Health works to provide services to those who would otherwise have little or no access to oral health care. In 2007 alone, we provided 46,000 emergency and preventive dental care visits to over 16,000 people, the majority of whom had no dental coverage. Our five dental clinics provide care through consistent dental provider teams to children and adults in two key ways that are at once compassionate and strategic:

**Emergency care:** Our five dental clinics provided urgent care visits all day, every day – about 30 each day – just to alleviate pain. The need for this care is so great that at our Georgetown Dental Clinic each morning the doors open to patients who have lined up in the early hours, often in the dark and cold, seeking emergency care.

**Ongoing care:** We develop treatment plans with our patients designed to bring them to the best oral health they can achieve, and we provide the follow-up care to achieve the plan goals. Through ongoing care we help our patients, from children to seniors, achieve and maintain the oral health to help them live healthy, independent lives.

We are proud to provide access to all who come to us in need, but also to have developed programs for three special patient populations:

- **Expecting mothers and children** have priority access, to ensure our ability to get every child off to the right start, by treating the oral health of the family and establishing treatment plans for children as young as 12 months.

- **Homeless youth** are served at a special dental clinic through our Homeless Youth Clinic to deliver care to a very vulnerable population in a safe, welcoming place. Dental students from the University of Washington School of Dentistry volunteer their time and resources, ensuring that homeless youth have access to the quality dental care they need.

- **People living with HIV/AIDS** have special access in our clinic through our Ryan White contract, making us one of only two safety net dental providers in Seattle for this patient population.

Today we are developing strategies to better integrate dental and medical care, to treat whole families and to broaden our access to yet more people. We’re looking forward to eventually integrating our dental records with our new electronic medical records system, improving systems to better connect our medical patients with the dental care they need through collocated clinics and integrated care, and developing new educational initiatives designed to improve oral health for patients of every culture, age, ethnicity and socio-economic level.
Because what I need is different than what a teenager needs, which is different than what an immigrant from Africa needs, which is different than what an elderly woman needs.

– Rose Feliciano, patient and Neighborcare Health Board President
It is estimated that by 2010 as many as 120,000 Seattle residents, or 20% of the city’s population, will be foreign-born. Because of this, understanding of and sensitivity to other cultures is increasingly necessary, especially in the health care arena. Unfamiliarity with various cultural expectations and traditions, along with an inability to communicate due to language barriers, can form incorrect diagnoses and treatment plans that could lead to critical outcomes.

Neighborcare Health is committed to creating a socially just community in which every individual can expect to receive high quality, culturally sensitive health care. In fact, “Cultural Sensitivity” is one of our four core values. Culturally sensitive care requires being appreciative and respectful of the values, beliefs, life-ways, practice and problem-solving strategies of our patients’ cultures, so that we can improve the health of our entire community.

Neighborcare Health’s staff members hail from the communities we serve and speak over 40 languages and dialects. Over half of our staff are men and women of color, serving a patient population that is the most ethnically, culturally and racially diverse of any community health center in the State of Washington.

Despite our internal and our external diversity, there is an “enormous amount of humility about how little we know about each other’s cultures,” says Executive Director Mark Secord. “But there is a curiosity, a respectful curiosity, to know more.”

In service of our core value to provide culturally sensitive care, Neighborcare Health recruited Marcella Benson-Quaziena, PhD to develop an in-depth internal workshop on cultural sensitivity. Piloted in 2008, this 12-hour, three-session series addresses participants’ own cultural differences and their effect on both patient care and working relationships. “We engage with patients from different cultures, but internally, we are also so different from each other,” says Senior Operations Manager and series organizer Clare Taylor.

In the pilot workshop, participants discussed their own culture and that of their colleagues, and examined how culture influences the health of individuals, families and communities. They defined cultural competence and proficiency in their personal working relationships and their respective roles, analyzed frameworks of cultural competency models, and explored strategies to provide culturally competent care.

Using techniques of self-reflection, guided intercultural group discussions and cross-cultural simulations over a three-month period, participants learned the effects of cross-cultural misconceptions and how to draw on the strengths of each other’s cultures. The program created a safe space to have meaningful and sometimes uncomfortable discussions, which led to bold learning in service of our patients.

At the conclusion of the series, participants identified specific changes they would make in their work systems with their colleagues, in order to increase internal cultural awareness and build our organization’s intercultural skills in service of our patients.

Cultural sensitivity is a continual learning process rather than a specific end product resulting from a seminar. But since our goal is always to create a respectful healthcare home for our increasingly diverse patient population, this workshop is another crucial step toward realizing that goal. “We must be leaders to create a socially just community,” says Taylor.
Many of the best practices are actually happening at the community health centers. We, from the policy perspective, should really go to school on what they’re teaching us.

– Cheryl Scott, Former Executive Director, Open Door Clinic

Photo: Dr. Sing Hsie, Provider, RainierPark Medical Clinic.
Diana’s medication was increased, but her asthma wasn’t improving. She shared that with Auky, a Physician’s Assistant at one of Neighborcare’s School-Based Health Centers, starting a sequence of events that couldn’t have taken place just a few years ago.

Knowing that the teen struggled with weight issues and anxiety on top of her asthma, Auky was concerned that those problems were complicating Diana’s breathing issues.

The teen was a patient at the Neighborcare High Point Medical and Dental Clinic, so Auky used the shared Electronic Health Record to send a “task” to the nurse at the clinic to schedule a breathing test, and set an electronic reminder in the patient’s chart to alert her when the test results were ready. Diana’s doctor, Auky, and a mental health counselor at the School-Based Health Center were then able to review the patient’s record electronically and immediately consult with each other. As a result of this efficient process, the patient’s medication was adjusted and efforts to manage her anxiety were increased.

The ability to coordinate care with providers across our clinic system is only one of the ways EHR allows us to continue to deliver quality health care to our patients. EHR makes for easier communication and documentation, helps to eliminate errors, and allows for ease in prescribing and tracking medications. We can now quickly generate lists of our chronically ill patients who need more intervention, children who have missed immunizations and elderly patients who haven’t received adequate screening.

EHR helps us to treat not only the individual patient, but also whole patient populations. We now have at our fingertips, reporting mechanisms to track the health status of high-risk populations, allowing us to deploy our resources where they are most needed and determine the health initiatives that will best improve the health of our community.

Neighborcare Health was one of a handful of early adopters of EHR in Washington State. Nationwide, we are well ahead of many of our counterparts, with only 15% of community health centers throughout the country having adopted an electronic health records system.

While the implementation and evolution of EHR have significantly improved our ability to deliver quality care to our patients, we are still realizing its full potential. Within the next couple of years, we plan to implement EHR in all of our dental clinics, which will enable stronger integration between our medical and dental programs and allow us to provide even more comprehensive health care to our patients.
## 2007 Patient Demographics

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total patients</td>
<td>69%</td>
</tr>
<tr>
<td>Patients at or below 100% of poverty level</td>
<td>17%</td>
</tr>
<tr>
<td>Over 200% of poverty level or unknown</td>
<td>14%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>42%</td>
</tr>
<tr>
<td>Homeless</td>
<td>10%</td>
</tr>
<tr>
<td>Under Age 18</td>
<td>29%</td>
</tr>
<tr>
<td>White / Caucasian</td>
<td>31%</td>
</tr>
<tr>
<td>Black / African / African-American</td>
<td>24%</td>
</tr>
<tr>
<td>Asian / Hawaiian / Pacific Islander</td>
<td>18%</td>
</tr>
<tr>
<td>Hispanic / Latino</td>
<td>17%</td>
</tr>
<tr>
<td>American Indian / Native Alaskan</td>
<td>1%</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>2%</td>
</tr>
<tr>
<td>Did Not Report</td>
<td>7%</td>
</tr>
<tr>
<td>Patients best served in a language other than English</td>
<td>18%</td>
</tr>
</tbody>
</table>
Since its inception in 1993, Neighborcare Health’s nationally recognized 45th St. Homeless Youth Clinic has provided basic health care and outreach services to one of the most vulnerable segments of our community: homeless teens.

During its twice-weekly evening drop-in clinic, volunteer providers and staff members see young patients from all segments of our society. These teens are homeless for a variety of reasons and are often reluctant or unable to access health care in a traditional setting, which leads to further social isolation and untreated health needs.

The Homeless Youth Clinic addresses these issues in a youth-focused manner. Staff members have particular experience working with homeless and at-risk youth, and tailor the care they provide to the unique needs of these young people. Offering acupuncture and naturopathic care, the Homeless Youth Clinic is the first free integrated drop-in clinic of its kind in the country. For patients like Dre, who has been homeless since age 16, that kind of holistic care is a powerful draw. “I smile the whole time; it feels so good,” he says of the acupuncture he receives to manage his illness.

Volunteers come from private practice, the University of Washington, Bastyr University, Swedish Medical Center, and Shoreline Community College. Our partnership with the University of Washington School of Dentistry is particularly strong. Not only is there a waiting list for dental students to volunteer at the Homeless Youth Clinic, but students support the program in other substantial ways: last year, the UW School of Dentistry Class of 2007 made an unprecedented $3,500 gift to support dental services at the Homeless Youth Clinic!

Providing health services, especially alternative treatments for youth, helps prevent the spread of infection or illness. Educating our patients on safe sex and behavioral choices helps prevent teen pregnancy and the spread of sexually transmitted diseases. Preventive care and treatment of acute illness and injury at our clinic keeps youth from utilizing costly hospital emergency rooms, which offer little or no follow-up services.

The Homeless Youth Clinic is unique among homeless service providers to youth not only for our alternative medicine services, but also for our focus on Harm Reduction, which seeks to mitigate the potential risks and dangers associated with certain unhealthy behaviors while addressing the underlying issues associated with the behaviors themselves. The Homeless Youth Clinic builds trusting relationships with the most hard-to-reach homeless teens, and as a result of that trust is able to link even the most wary homeless teens with support services for which they are eligible. The longer a teen is homeless, the more at risk they are for all sorts of harm and more likely to become chronically homeless. By helping youth get out of this situation early, we are helping to avert possible lifetimes of homelessness.
[At] whatever point the public and America is ready to really make for change in healthcare, the community health center movement’s going to be the model for what that healthcare system’s going to look like.

– Nancy Long, community health advocate
Neighborcare Health envisions a community where everyone has access to the health care they need, when they need it, and where they need it. Over the past 40 years, we have kept our city’s most vulnerable residents healthy and whole through our network of 16 neighborhood medical, dental and school-based clinics. We have become an essential service for tens of thousands of men, women and children of all cultures and ethnicities.

Through a vision we call the “2015 Plan,” we are looking at how to continue to meet the needs of the communities we serve for the next 40 years and beyond.

We will maintain our commitment to deliver quality care, using evidence-based models of health care to improve the overall health status of our patients, and as a result our communities as a whole. We are focused on health issues that include diabetic outcomes, the reduction of early childhood dental caries, screening for and addressing depression, and increasing immunization rates.

To address Seattle’s existing and growing needs for healthcare access, the board and leadership of Neighborcare Health have committed to improving our facilities to allow us to serve yet more patients. We will upgrade and improve existing clinics where possible, and build new integrated medical/dental clinics where necessary. **We want the quality of our facilities to meet the quality of care provided within them.**

We will continue to extend our care beyond the “four walls” of our clinics, meeting patients where they are—in their homes, in houses of worship, on the streets, in shelters, and in schools. We will continue to provide a respectful health care home for our entire community, regardless of ethnicity, culture, age, gender, or ability to pay.

These commitments ultimately benefit our entire community. They:

- Help people stay in the workforce by maintaining and improving their health;
- Provide preventive care that reduces unnecessary emergency room visits;
- Reduce homelessness by helping the homeless and those who are at-risk for homelessness maintain their health and housing;
- Improve the health of Seattle’s medically underserved immigrant population by providing culturally competent access to health care;
- Ensure that Seattle is a more healthy and safe place for everyone by providing healthcare access to our most vulnerable neighbors.

One of the most frequent questions we’re asked about the future is: how will your mission be affected by healthcare reform? What we answer each time is that while we fervently hope for a plan to give healthcare access to every American, we know when that day comes **we will be a part of the solution.** As the health care provider to over 43,000 patients, we have developed competencies and skills in healthcare delivery that will continue to be essential under any reform scenario. Community health centers like Neighborcare Health will remain committed to advocating on behalf of our patients to ensure that they have the resources they need in order to remain healthy for years to come.

Seattle’s neighbors need access to quality, affordable health care. Our community needs a respectful health care home with expertise in providing care to the uninsured and underinsured, immigrants and the homeless. Neighborcare Health is, and will remain, that home.
Home is about a long term relationship, a safe place, a caring place where you’re really embraced, where you’re known. And that is what Neighborcare Health is really all about, providing access to a respectful health care home.

–Mark Secord, Executive Director, Neighborcare Health
Dale was living under a bridge, struggling with chronic health issues that drove him to seek care at Pike Market Medical Clinic. His first visit opened the door to a system of integrated care that not only addressed his chronic illness, but linked him with counseling, dental care and social work services to help turn his life around. At each visit Dale saw an expanding circle of providers, in a consistent team, building a relationship with people who understood him and his particular needs.

Bobby originally visited a Neighborcare Health clinic for a painful tooth when a dental assistant discovered that he had high blood pressure. Referred to Rainier Beach Medical Clinic, Bobby was also found to be diabetic, and for the first time, he spoke of the depression he had battled for years. With his care team, Bobby established a treatment plan to get his physical health under control and address his depression. Bobby knew that whether he was at his medical or dental clinic, his providers were part of the same Neighborcare Health team, working together to help him.

A simple phrase to capture what we provide at Neighborcare Health is “access to a respectful health care home.” A health care home isn’t simply about a service, or a one-time stop. A health care home is a long-term relationship between the patient and provider(s). It’s a place where you and your family are welcomed with open arms, regardless of culture, language or ability to pay. Most importantly, it’s a safe and caring place where you and your history are known and respected.

When patients like Bobby and Dale come to Neighborcare Health, they find a health care home where people genuinely care about them as individuals and as whole people—mind, body and spirit. Through our integrated care model and the use of electronic health records, patients know that whatever resources they need within their clinic or in other Neighborcare Health clinics, they will find someone committed to working as part of a team to help them be as healthy and independent as possible.

We are also deeply committed to providing our patients with an uncommon level of respect—no matter what their life circumstances, no matter what language they speak, what culture or community they come from. This is one of the areas—perhaps the most powerful area—where we seek to lay a claim. We meet patients where they are.

Meeting patients where they are means that we also work outside the four walls of our clinics. Health outreach teams are on the streets, talking to homeless youth. They’re in shelters, homes, schools and community organizations, providing integrated primary care services in a manner that best suits the patient’s needs and the needs of the community.

For Keila, a central element to her home is her church. So when Neighborcare Health’s Community Health Educator Nelson Lopez approached Keila with the idea of holding a diabetes health fair at her church in the summer of 2007, she jumped at the idea. “I wanted to learn about diabetes to help my family and my community [lead] healthier lives,” said Keila. It was Keila’s relationship with her care team that helped her bring those she cared about into her health care home.

Access to a respectful health care home benefits not only the patient, but the community as well. A recent study by the American Academy of Family Physicians estimated that if every American had a health care home, health care costs would likely decrease by 5.6 percent, resulting in national savings of $67 billion dollars per year, with an improvement in the quality of the health care provided. The health care home concept is part and parcel to putting renewed emphasis on primary care and prevention—the antidote for wasteful practices in America’s health care.

When patients like Bobby and Dale come to Neighborcare Health, they find a health care home where people genuinely care about them as individuals and as whole people—mind, body and spirit. Through our integrated care model and the use of electronic health records, patients know that whatever resources they need within their clinic or in other Neighborcare Health clinics, they will find someone committed to working as part of a team to help them be as healthy and independent as possible.

We are also deeply committed to providing our patients with an uncommon level of respect—no matter what their life circumstances, no matter what language they speak, what culture or community they come from. This is one of the areas—perhaps the most powerful area—where we seek to lay a claim. We meet patients where they are.

Meeting patients where they are means that we also work outside the four walls of our clinics. Health outreach teams are on the streets, talking to homeless youth. They’re in shelters, homes, schools and community organizations, providing integrated primary care services in a manner that best suits the patient’s needs and the needs of the community.

For Keila, a central element to her home is her church. So when Neighborcare Health’s Community Health Educator Nelson Lopez approached Keila with the idea of holding a diabetes health fair at her church in the summer of 2007, she jumped at the idea. “I wanted to learn about diabetes to help my family and my community [lead] healthier lives,” said Keila. It was Keila’s relationship with her care team that helped her bring those she cared about into her health care home.

Access to a respectful health care home benefits not only the patient, but the community as well. A recent study by the American Academy of Family Physicians estimated that if every American had a health care home, health care costs would likely decrease by 5.6 percent, resulting in national savings of $67 billion dollars per year, with an improvement in the quality of the health care provided. The health care home concept is part and parcel to putting renewed emphasis on primary care and prevention—the antidote for wasteful practices in America’s health care.
### Operating Income and Revenues

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Revenue</td>
<td>$22,589,537</td>
<td>63%</td>
</tr>
<tr>
<td>Government Grants</td>
<td>$10,095,807</td>
<td>28%</td>
</tr>
<tr>
<td>Private Contributions &amp; Events</td>
<td>$1,130,273</td>
<td>3%</td>
</tr>
<tr>
<td>Other*</td>
<td>$740,580</td>
<td>2%</td>
</tr>
<tr>
<td>In-kind</td>
<td>$1,604,023</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total Operating Income/Revenue</strong></td>
<td><strong>$36,160,220</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

* includes interest income, dividends, rebates, and other misc.

### Operating Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Services</td>
<td>$28,742,757</td>
<td>82%</td>
</tr>
<tr>
<td>Administrative Overhead</td>
<td>$6,214,479</td>
<td>17%</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$254,198</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td><strong>$35,211,434</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
If not for the willingness of our neighbors to give back to the community, it would be very difficult for Neighborcare Health to provide such a high level of services for our most vulnerable residents.

For Michael Teer of Pike & Western Wine Shop, the concept of giving back to one's community is taken literally. Located in Seattle's core tourist attraction, Pike and Western Wine has been a cornerstone of the Pike Place Market since 1975. Much like the Pike Market Medical Clinic, its founding sprang from the 1972 campaign to save the Market from developers, and both they have been inextricably linked to the Market ever since.

It's the blend of independent businesses, homes and social services that have made the Market much of what it is today. Without businesses like Michael's, or social services like the Clinic which help keep downtown a thriving neighborhood, it would be a very different place.

While serving on the board of Pike Market Medical Clinic in the early 1990s, Michael wanted to find a way to bring his unique skills and resources to bear to help the clinic, beyond his own direct support. He developed the Solstice Wine Tasting to bring major donors to the cause in a more creative, less formal way than a traditional fundraising dinner.

“Wine tasting was the obvious vehicle for me to give back to my community,” says Teer. “Contributing in this manner is what being a member of the community is about – everyone finding their own way to do their part. And access to health care is so important. One bad illness can wipe out even someone with insurance and a good job – most of the Clinic’s patients don’t even have that.”

The Solstice Wine Tasting features wines from Michael’s personal cellar, so every dollar contributed by guests at the event is used to provide direct services for Pike’s patients. The tasting is intimate but has an enormous impact, regularly raising thousands of dollars in a single evening. Over the past thirteen years, generous Solstice attendees have raised over a quarter of a million dollars to support Pike’s clinic services.

Dick Barbieri, a Solstice participant since its inception in 1995, is thankful that the clinic has so much support from its neighbors in the Market. “The Pike Market Medical clinic is an essential part of downtown Seattle, providing a first-class health care home for the Market community,” says Barbieri. “Michael is an amazing example of how people can support clinics in their community in a creative and very personal way.”
Neighborcare Health thanks the following for their generous operating and program support during FY 2007:

$100,000 - $250,000
The Market Foundation
United Way of King County

$25,000 - $99,000
Premera Blue Cross

$10,000 - $24,999
Anonymous (2)

$5,000 - $9,999
Anonymous (2)

$1,000 - $4,999
Peter Ackroyd and Joan Alworth
Anonymous (3)

$500 - $999
Aetna Foundation Matching Gifts Program
Amtrak

2007 Donor List

Philip and Eda Haas
Bill Haggerty and Julie Schott
Michael Hannahan
Angélique Haugérad
Helen Karl Charitable Lead Unitrust
Henry Schein Dental
Jeffris Wood Foundation
Neil Kaneshiro MD
Kawabe Memorial Fund
Kayt - Smith
King County Combined Federal Campaign
Joyce Lammert MD
Bruce and Andrea Lorig
Mark and Susan Minerich
Mutual of America
Jim and Patti J Myers
Miller Hayashi Architects, LLC
Pike and Western Wine Shop
Pike Place Market Creamery
Pike Place Market PDA
Pole Creek Ranch Fund of the Denver Foundation
Pregnate Puget Sound
Providence Health and Services
Puget Sound Grantwriters Association
Tim and Jill Randall
Regence Blue Shield
Mark and Linda Secord
Jerry Smith
Sound Community Bank
Karrrie Sullivan
The Tctomb Foundation
University Congregational United Church of Christ
University of Washington School of Dentistry, Class of 2007
Vulcan, Inc.
Watson Furniture Group
Windermere Foundation
Mark and Amy Worthington
Rebecca A. Zerngast DDS

$250 - $499
Mark Agoposwicz
Britt Anderson MD and Tim Chinowsky
Anonymous (6)

Robert and Clodagh Ash
Claire Barnett
Angela Bartels
Sam and LuAnn Baxter
Michael Becker
Anne-Marie Bollen
Robert and Marty Bradley
Emily Brandenfels
DeeAnn and David Burman
Clara Chan
David Chichocki
Sandra and Duane Clocksin
Caroline Crenshaw
Tara Denkinger
John F. Deturk and Heather C. Cook
Debbie Dexter
Guy DiRe
Mike Dussault
Elliott Bay Book Company, LLC
Tom and JoAnn Feher
Gary Feldbau MD
David and Irene Fisher
Cathy Funk and Richard Leidholm
Elaine Giusti
Joseph Givins
Joel Hustings
Joan Haynes and Rodney Flanders
Carole Hooven
Margaret and Richard Hudson
Thomas Hull
Sue and Neal Jensen
Randall Kile and Megan Cleary
Cecilia Lee
Stephan Lowell
Sherry Lynn and Matthew Smith
Pam M. Macnab
Scott W. McAdams
Kevin McGovern
Gemalée Morrison
Jerry Mylet
Ken and Andree Nelson
Ambrose and Monica Noonan
2007 Donor List

Sandra Noreen
Theresa Norris and Guenter Mannhalt
Sonja Olson Feuerborn
Kathleen and Patrick Owens
Cynthia Phelps
Edward Prescott
John Riess
Roosevelt High School
Peter Roy-Byrne MD Janice Roy-Byrne
Shirley Runkel
Patty Ryan
James and Jane Sanders
Frank Schumann MD
Laura J. Secord
Service Linen Supply / Medicleanse
G. Janeen Smith
Anne and Langdon Simons
Cheryl Smalley
Tom Sparks
Mary Lee and Josef Stanzl
David Stubblefield
Valerie Tarico
Susan Taylor
Herbert and Bertha Tsuchiya
Madeline Winfield
Drs. Jerry and Nancy Worsham

$100 - $249
Bill Affolter and Suzie Tedesko
Arthur Allen
Cathy Aller
Amgen Foundation
Daniel and Helen Anderson
Anonymous (12)
Ash Grove Cement Company
Perry and Christine Atkins
John Attebery
Elizabeth Aylward
Tim and Winnie Bachwitz
Debra Baldwin
Terry Baldwin
Ann Ballard
Richard and Sandra Ballinger
Erek Barhoum
Jacki and Kevin Baxter
Patricia Beaumont
William Beaver
Sasha and Kip Beelman
Amy Bell

Katie Bell
Charissa Bensen
Hazel Bhang Barnett
Craig Blackmon
Jane Blackwell
Terrence Bone
Rick and Karen Bonk
Patricia Borman and Nathan Smith
Dennis Bradock
Bruce and Lynn Bradley
Anita Braker
Theresa M. Branca
Judy Brandon and H. Randall Webb
Mary, Matt and Roxanne Brown
Fran Buchanan
Mona and Michael Buckley MD
Phyllis Burnison
Janet Cady
Alma Cardenas
Thursday Carreon
Anne Cary
Martin Chakoian and Patricia McClure
Kit Shan Chan
Anna Chen
Kay Chisholm
Diana Clark
Diane Clausen
Patricia Clayton
Geraldine Cole
The Connells
Roy and Mabelan Correa
Sarah Craig
DeAnn Croomp
Robert Cross
Gerg Cunningham
Lloyd David and Michelle Marshall
James Davis
Joseph Decosmo
Michael Del Vaglio
Peter and Diane Demopoulos
Beth Devereaux and Darrell Kirk
Marjory Devers
Ray DiCasparro
Howard and Dianna Dickerman
Barbara Dingfield
David Doyle
Douglas Dresch
Sandrine Ducos and Carl Morris
D.L. and Linda Dussault

Capital Campaign

The following gifts were made in support of our Georgetown Family Dental Clinic renovation in 2007 and Pike Market Medical Clinic expansion in 2008.

over $500,000
The Market Foundation, with contributions from:
AH&T Insurance
Joshua Green Foundation
Janet Ketcham
Nesholm Family Foundation
Otto Haas Charitable Trust
The Paul G. Allen Family Foundation
The Seattle Foundation
West Wind Fund of the Seattle Foundation

$250,000 - $499,999
M.J. Murdock Charitable Trust
U.S. Department of Health and Human Services

$25,000 - $89,999
Employees Community Fund of Boeing
Puget Sound

The Norcliffe Foundation
Pike Place Market PDA
The Seattle Foundation

up to $24,999
Kells Irish Restaurant
Norman Archibald Charitable Foundation
Seattle-King County Dental Foundation
Tom’s of Maine Dental Health for All
West Wind Fund of the Seattle Foundation

$100,000 - $249,999
City of Seattle Community Facilities Loan Program
The Foster Foundation
Premera Blue Cross
Washington Dental Service Foundation
2007 Donor List

$100 - $249 (cont.)
Emily D. Eason
Diana Echeverria
Linda and Bruce Eckholm
Robert and Chestine Edgar
Marlene Elderedge
Mr. and Mrs. Dale Erickson
Marlys Erickson and Christine Hurley
Jane Fein
Anne Fennesy and David Moseley
L. F. Fenster MD
John Fiscus
Mark Fisher
Anneleise H. Floyd
Robert Cole Foster
Rachel Freed
Judy Fremouw
Anthony Fulgham
Nancy Gallup
Mr. and Mrs. Robert Gallup
Father Michel Ganong ofm
John and Carla Garrison
Scott Gaulke
Cassie Gavin
GE Foundation
Lynn Gerard
Rich Getto
William Ghode
Erik Giesa
Santhok and Kristine Gill
John and Carla Garrison
Scott Gaulke
Amy Gillispie
Derek Goldengay
Kimberly Goldfarb
Michael Goodheim
Martin Gouterman
Anne Graham
Jaime Griesmer
Daniel Grieser
Nancy Griffin
Mark J. Gunther
George and Lynn Guttmann
Sonja Haas
Brian Hamilton
Mary Hanken
Heatherlyn Harnisch
Geoffrey Harris
Jon Hartrup
Hans Hasche-Kluender
Jessica Haselby and J. Wilton
William and Janet Hayes
Teresita Heiser
Frederick and Margaret Herb
Susan W. Herring
Bonnie Higman
Holly Hill
Craig Hobbs
Patricia Hogan and Jude Jackson
Carol Houlihan
Erik D. Huber
Randall Hummer
Annie Huntley
Kenneth T. Iwatsu
Joyce and Craig Jackson
Anna James
Josh Jankowski
Dr. Gregory and La Fon Jantz
Jack Jenson and Sharon Cole
Brenda Johnson
Holly Johnson
Linda S. Johnson
Mark A. Johnson
Mary Ellen Johnson
Chris Johnston and Debra Korth Johnston
Denise Jones
Tami Brockway Joyce
Anna Kaminski MD and Teresa Murphy MD
Timothy Kasen
Jennifer Kauffmann
David Kiefer
Niall King
King County Employees Charitable Campaign
Elizabeth Landry
Lora Lee
Martin Lieberman DDS and Peter Cohen
Jerrol Lieberman
Parker Linder
Robert Loomis
Donald Logan
David Longo
Diana Lowry
Kathleen, Todd, and Nicholas Lumiere
Christopher MacArthur
Mary L. MacFarlane
Michele Manber and Hugh Shipman
Jill Marsden and Ros Bond
Stephan Martinez
John Mason
Jolyn Mason and Craig Gibson
Shaula Massena
Tamar and Stirling McBride
Scott McClave
Molly McNees
Gail and John Mensher
Eleanor Menzies
Karen and Kevin Merritt
David and Julie Metzger
Sheila and Jim Molnar
Doug Morgenson and William Bendiner
Debra Morrison
Jean L. Muir
Roger Myers
Terri Nakamura
Neighborhood Farmers Market Alliance
Khue-Nhi Nguyen and Shane Reed
Harvey Niebulsik
Rett Nicolai
Dennis Nielsen and Penny Simon-Nielsen
Margaret and Weldon Nisky
Robert Noble
Russel and Heather Normann
Robert and Kay O’Connell
Theresa Ogle
Irene Olson
Vlad Ostovinovitch and Kathryn Armstrong
Alan Panitch
Diana H. Park
George Parker and Emily Phillips
Laurson and James Ballard
Christopher Payne
Glenda Perkins
Kathy Peterson
Jennifer Peyree
Thomas Phillips and Carol Kelley
John Pitts
Josh Pollock
Polyclinic
Jill Potter
Providence Vincent House
Geralynn Rackowski
Jeff and Kerry Randall
Julie Ratner
Redhook Ale Brewery, Inc.
Meredith and David Regal
Jane Reich
Mardie Rhodes
Rebecca Rickabaugh
Barbara Ricker and William DePaso MD
June Robinson
Anita Rodgers
Lois Romer
Kevin Rosenfield
Austin and Annette Ross
Paul Ruhrmann
Michael Ann Sagin
Meg Sassaman
Marlin Schoonmaker
John and Katherine James Schuitemaker
Putter Scott MD
Kevin Shaffstall
Earl Sholley
Saroj and Bala Sivaramakrishnan
Garett Sletgebak
Joy Smith
Julie Snyder
Matt Sosnow and Sara Trilling
Aja Stanman
Kevin and Megan Stephens
Sean Stham MD and Jean Nahan
Liz and Nick Strathy
Mary and Thomas Sullivan
Susan and William Sullivan
Stephen and Liann Sundquist
David Surphlis
David and Dorothy Teeter
Lois Thetford
Jack and Gayle Thompson
Agnes Tiao
William Tomlinson
Theresa Trinidad
Leonard Tritsch
Kelly Tucker
James and Rita Vincent
Danielle and Henry Walters
Jay Wardle
Joshua Weisberg
Guy and Barbara Weisman
April Werner
Liz Whitman and Mike Laurel
Karen Wickwire
Susan and Christopher Willis
Marcia Witter
World Class Travel
Tom and Barbara Yarington
Virginia Young
Edwin Zimmermann
Due to space limitations, we are unable to list individually the nearly 900 donors who gave to PSNHC through contributions & event participation at this level. We are, however, very grateful for their support.

**In-Kind Contributors**

- 94 Stewart Restaurant
- Café Campagne
- Can Can
- Chez Shea
- Cutters Bayhouse
- Emmett Watson's Oyster Bar
- Etta's
- Glenn Buchanan DDS
- Greenwood Market
- Greenwood Safeway
- Il Bistro
- Japanese Gourmet
- Kells Irish Restaurant & Pub
- Mariana by the Market
- Matt's in the Market
- PCC Greenlake
- Pike Place Bar & Grill
- Place Pigalle Restaurant & Bar
- Stephen Porter DMD
- Rite Aid Foundation
- Starbucks Coffee Company
- Steelhead Diner
- Stretch Island Fruit, Inc.
- Talking Rain Beverage Co.
- The Islander
- The Pike Brewing Company & Pub
- The Pink Door
- The Tasting Room - Wines of Washington
- The Virginia Inn
- Typhoon!
- Christine Yokan

**Gifts in Honor/Memorium**

- In honor of Greg Beckett
- In memory of Joan Benoit
- In honor of Joan Cecchi
- In honor of Linda Johnson DDS
- In honor of Bala Sivaramakrishnan

**Public Funders**

- Breast and Cervical Health Program
- City of Seattle
- Department of Health and Human Services - Health Resources and Services Administration
  - Community Health Centers
  - Public Housing Primary Care
- City of Seattle Families and Education Levy
- Health Care for the Homeless
- King County Current Expense Fund
- PRO Youth
- Ryan White Care Act
  - Title A
  - Title C
- Washington State Health Care Authority
- WIC Nutrition Program

**Neighborcare Health BOARD OF DIRECTORS**

- Dick Barbieri
- Andrea Dahl – Secretary
- Octavia Edwards
- Rose Feliciano – President
- David Friedman – Treasurer
- Santokh Gill
- Bob Greenlee
- Joyce Lammert MD – Vice President
- John Mason
- Nancy Nipples
- George Parker
- Tim Randall
- Rick Rubin
- Ayako Sato
- Tom Sparks

**Neighborcare Health VOLUNTEER BOARD COMMITTEE MEMBERS**

- Mark Busto – Development Committee
- Raleigh Bowden MD – Development Committee
- Suzanne Daly – Development Committee
- Daniel Petzoldt – Development Committee
- Jonathan Sugarman MD, MPH – Quality Improvement Committee
- Melet Whinston, MD – Quality Improvement Committee

**OUR LEADERSHIP**

- Mark Secord MPH, Executive Director
- Martin Lieberman DDS, Dental Director
- Grace Wang MD, MPH, Medical Director
- Katie Bell MBA, MHA, Chief Operating Officer
- Karen Young, Chief Financial Officer
- Joseph Sparacio, Development Director
- Theresa Norris, Human Resources Director

This annual report was prepared by the Neighborcare Health Development Office. We sincerely apologize for any name we may have misspelled or inadvertently omitted from the donor list. Please advise us of any error by calling (206) 548-3062 or emailing lisas@psnhc.org.

Editors: Lisa Sholley & Colleen Discenza
Photography: Therese Frare / Frare Davis Photography (unless otherwise noted)
Design: Darcie Helsten Design • www.darcie.net
Printing: McCallum Print Group
Neighborcare Health Clinics

1. 45th St. Clinic - Medical and Dental
2. Homeless Youth Clinic
3. Greenwood Medical Clinic
4. High Point Medical and Dental Clinic
5. Pike Market Medical Clinic
6. Rainier Beach Medical Clinic
7. RainierPark Medical Clinic
8. Central Area Dental Clinic
9. Georgetown Family Dental Clinic
10. Southeast Family Dental Clinic
11. Denny Wellness Center
12. Madison Wellness Center
13. Roosevelt Teen Health Center
14. Sealth Teen Health Center
15. West Seattle Teen Health Center

905 Spruce Street, Suite 300
Seattle WA 98104

Cover Photo: Rainier Beach Medical Clinic, Jeremiah Madrid (background: Martha Moreno, RN and brother Benjamin Madrid).