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Despite the decrease in staffing and resources in 2010, ICHS staff continued to provide excellent health care to many people regardless of their insurance status. ICHS served a total of 18,656 patients, an increase of 8% from 2009. Patient visits for medical, dental, and behavioral health services and Chinese Traditional Medicine added up to 83,742 visits, 3.3% more than in 2009. Asian Pacific Islanders (APIs) made up the majority (83.6%) of ICHS patients. Of these, the largest API groups were Chinese (39.9%) and Vietnamese (26.2%), followed by Filipinos (5.7%) and Koreans (4.8%). Nearly two-thirds (64.4%) of all ICHS patients needed language interpretation during their appointments.

Income by Federal Poverty Guidelines* No. of Percent Income patients **Below 100%** 8377 44.9 100 - 150 % 3199 17.1 151 - 200 % 1950 10.5 Above 200% 1137 6.1 21.4 Unknown 3993

*2010 Federal Poverty Guideline income was \$10,830 for a single person and was \$22,050 for a family of four.

Language Barrier	No. of patients	Percent
Yes	12015	64.4
No	6641	35.6

Health Care Coverage	No. of patients	Percent
Basic Health	2371	12.7
Medicaid	6480	34.7
Medicaid/Medicare Crossover	1837	9.8
Medicare	374	2
Private Insurance	2573	13.8
Other Public Ins/S-CHIP	182	1
None/Uninsured	4839	26

Patients by age	No. of patients	Percent
0-14	3919	21
15 – 19	1088	5.8
20 – 29	1894	10.2
30 – 44	3449	18.5
45 - 64	5116	27.4
65 – 79	2529	13.6
80 and older	661	3.5

Preferred Language	No. of patients	Percent
Cantonese	5556	29.8
Vietnamese	4599	24.7
English	4029	21.6
Mandarin	1128	6
Korean	812	4.4
Tagalog	442	2.4
Other Languages	794	4.3
Somali	312	1.7
Toisanese	290	1.6
Cambodian/Khmer	200	1.1
Laotian	143	0.8
Mien	131	0.7
llokano	119	0.6
Spanish	101	0.5

Additional information about ICHS patients:

Medical

During 2010, our Medical Program provided 55,754 medical visits to 15,016 patients, which represents a 4.7% increase in the number of patients served in 2009. Overall patient satisfaction was measured at close to 94%. Care for chronic conditions such as diabetes continued to be among the most frequent reasons for seeking care and our medical program outcomes for diabetes ranked in the 90th percentile in several areas when benchmarked with national data during this time period.

In 2010, our Pharmacy Program expanded its clinical services to include medication consultation for patients with multiple chronic conditions. The prescription volume increased 24% from 2009 to 2010 that yielded a 12% margin during this period of time.

Dental - Orthodontic Services

During 2010, our Dental Program provided 23,119 dental visits to 7,186 patients, which represents a 16.4% increase in patient volume and a 12% increase in number of visits provided since 2009. Our Dental Program not only expanded to serve more patients during this time period, but it also expanded the types of services available to these patients.

In 2010, ICHS began providing orthodontic services to dental patients. Before 2010, patients in need of orthodontic care were referred to outside specialists, but due to language and financial barriers many of them did not follow up with care. In 2010, we provided orthodontic services to 42 patients who otherwise would not have had access to these services.

Diabetes

ICHS has successfully trained and supported two community champions to lead diabetes education and support groups. The focus of this project is to spread the success that ICHS has had internally to greater numbers of people in order to support diabetes management and prevention on a broader level. The two champions continue to be pillars of support in the Filipino community, leading walking groups, healthful cooking demonstrations and diabetes support sessions.

Number of community diabetes interventions: 1,599

Women's Preventive Health Services

ICHS currently runs support groups for women in Cantonese, Mien and Vietnamese. More than 50 women attend these groups each month - many were formerly feeling socially isolated and this has provided an opportunity to interact with peers as well as gain valuable health information and support.

Number of women reached through community interventions: 3,416

Community Engagement

Community Advocacy participated in fairs and community events during most weekends throughout the summer. Staff provided ICHS information to 2,653 fair and event attendees at more than 25 events.

Community Advocacy, Health Education and AmeriCorps staff completed digital story training in 2010 and collected stories from staff, patients and community members about diabetes, tobacco use, patient navigation, WIC, access to healthy foods and affordable physical activity, breast cancer and many other topics. Stories from a specific grant-funded project called Mapping Our Voices for Equaity (MOVE) can be found here: www.mappingvoices.org. Stories from ICHS staff, patients and the community can be found here: www.vimeo.com/channels/ichs.

Women, Infants and Children (WIC)

WIC made 10,000 referrals to medical, dental, immunization and other health services - of which, 75% were made to ICHS providers. Moreover, the ICHS WIC program alone contributed about \$1 million to the local economy through the food vouchers that were provided to the families living in poverty.

2010 ICHS Consolidated Fiscal Highlights

ICHS' funding comes primarily from public health care funds, insurance reimbursements, and self-pay patients. ICHS also receives grants to provide affordable "safety net" primary medical and dental health services from local, state, and federal government entities, including the City of Seattle, Public Health-Seattle King County, the Washington State Health Care Authority, and the federal Bureau of Primary Health Care. Washington State's budget woes have resulted in a significant reduction in the number of Basic Health enrollees.

ICHS continued to weather the economic recession through a combination of measures that increased productivity while cutting costs. ICHS was able to expand our service area through a City of Seattle grant and federal stimulus funds, which resulted in an increase of patient visits despite decreased staffing. The tumultuous economic environment did not weaken ICHS' commitment to continue to provide high quality, affordable health care services to its patients. In 2010, ICHS provided \$2,110,998 in sliding fee scale discounts to the 18,656 patients we served. The increased number of visits demonstrates the need for affordable, high quality, culturally and linguistically appropriate health services. ICHS will continue to employ cost cutting measures that will minimally impact staff productivity in anticipation of additional layers of budget cuts that are projected in 2011-2013 as a result of the state's continued reduction in health care spending.

January 1, 2010 - December 31, 2010

Management & General Administration Fundraising	4,084,995 257,894
-	4,084.995
	\$10,160,1615
Mental Health Total Program Services	283,355 \$15,631,613
Acupuncture Montal Health	151,465
Women, Infants & Children	280,975
Health Education & Case Management	963,152
Access [†]	1,455,534
Pharmacy	1,656,315
Other Health and Enabling Services	
Primary Dental Care	3,468,876
Primary Medical Care	7,371,941
Program Services	
EXPENSES*	
TOTAL REVENUES (includes unrealized gains and capital assets)	\$23,795,730
Unrealized gains	240,037
Pool savings	5,280,767
Loss on disposal of equipment & improvements	(\$1,534)
Total Operating Support, Revenue, and Gains	\$18,276,460
Other	54,629
Interest and investment income	293,226
In-kind donations	506,793
Contributions and private grants	857,270
Fees and grants from government agencies	2,374,173
Patient fees and private insurance	3,005,983
	9,465,577
Public-sponsored insurance and entitlements	

ICHS and the ICHS Foundation would like to thank the following for their generous contributions. We have made every effort to be thorough and represent each name accurately. If an error of omission has occurred, please accept our apologies and contact us at 206.788.3694 or foundation@ichs.com so we can correct our records.

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ICHS provides culturally and linguistically appropriate health services to improve the health of the Asian Pacific Islander community and others.

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