

Health Survey Summary

Dobbins/Oregon House Improvement Foundation

The Dobbins/Oregon House Improvement Foundation (DOHIF) received a planning grant in July 2004 from The California Endowment to assess whether health services should be offered in its soon-to-be-completed Community Center facility. DOHIF, working with the evaluation and applied research firm of Gary Bess Associates, conducted a community mail survey to profile the healthcare needs of residents.

One thousand forty-nine (1049) surveys were mailed to residents living within the Dobbins/Oregon House Fire Protection District, and some areas of Camptonville. A total 247 surveys were completed and returned for a response rate of 23.5%. Although the assessment revealed a wealth of demographic, economic, and social information on respondents, this brief report summarizes their medical needs.

Of those who responded, greater than one-half reported that they left the foothill area to receive routine healthcare (the travel time by automobile to the nearest emergency healthcare for area foothill residents is approximately 45 minutes). The majority of respondents reported traveling to the Marysville/Yuba City area for routine healthcare (35.2%); the average number of minutes traveled for routine health care was 41 minutes. A profile of the range of travel times by automobile for routine healthcare is presented in the table below.

Range of Minutes	Percentage
1-30 Minutes	46.2%
31-60 Minutes	42.4%
61-90 Minutes	6.5%
Greater than 90 Minutes	4.8%

Respondents were queried as to whether they had experienced any of the following barriers to accessing healthcare: *cost of healthcare*, *excessive time spent in waiting rooms*, *inconvenient hours of operations*, *transportation*, *unfriendly healthcare providers*, and *unqualified healthcare providers*. They were also asked whether any of these barriers would be reduced if a rural health clinic were located in Dobbins. Nearly one-half (46.7%) reported the barrier of *cost* would be reduced, and 59.9% reported that the barrier of *excessive time spent in waiting rooms* would be reduced. Furthermore, 53.3% reported that the barrier of *inconvenient hours of operation* would be reduced, 72.7% reported the barrier of *transportation* would be reduced, 40.9% reported that the barrier of *unfriendly healthcare providers* would be reduced, and 35.4% reported that the barrier of *unqualified healthcare providers* would be reduced.

Respondents were asked to report on the likelihood that they would use the following mid-level practitioners for routine healthcare: *nurse practitioner*, *physician assistant* and *certified nurse-midwife*. Of those who responded, 57.7% reported that it was “likely to certain” that they would use a nurse practitioner for their medical needs, and 59.9% reported that it was “likely to certain” that they would use a physician’s assistant for their medical needs. Greater than one-third (38.9%) of the women of child bearing age (15-44 years) reported that it was “likely to certain” that they would use a certified nurse mid-wife for their medical needs.

Given the geographic distance currently travel by for healthcare, the reported reduction of perceived barriers to healthcare if a rural health clinic existed, and the willingness of respondents to be seen by a mid-level practitioner, it is not surprising that the majority of respondents (61%) reported that they would use a local clinic in Dobbins, if it were available.