

# 2023 Healthy Lee Community Health Survey

This community health survey is supported by Healthy Lee, a community driven cross-sector collaborative including businesses, education, government, healthcare, social services, faith communities and others throughout the Southwest Florida region. Our vision is that, every Southwest Florida resident and visitor will live a life of optimal health and well-being. Our goal is to understand the health needs of the community members we serve. Your feedback is important for us to implement programs that will benefit everyone in the community.

We encourage you to take 15 minutes to fill out the survey below. Survey results will be available and shared broadly in the community within the next year. The responses that you provide will remain anonymous and not be attributed to you personally in any way. Your participation in this survey is completely voluntary and greatly appreciated.

Thank you for your time and feedback. Together we can improve health outcomes for all.

If you have any questions or concerns regarding this survey, please contact [Cheryl.Schlichte@LeeHealth.org](mailto:Cheryl.Schlichte@LeeHealth.org).



# DEMOGRAPHICS

Please answer a few questions about yourself so that we can see how different types of people feel about local health issues.

1. **In which county do you live? (Please choose only one)**

- Lee       Collier       Charlotte       Hendry       Glades       Other

2. **In which ZIP code do you live? (Please write in)**

3. **What is your age? (Please choose only one)**

- 18 to 24     25 to 34     35 to 44     45 to 54     55 to 64     65 to 74     75 or older

4. **Are you of Hispanic or Latino origin or descent? (Please choose only one)**

- Yes, Hispanic or Latino       No, not Hispanic or Latino       Prefer not to answer

5. **Which race best describes you? (Please choose only one)**

- More than one race       African American or Black  
 American Indian or Alaska Native       Asian  
 Native Hawaiian or Pacific Islander       White  
 I identify in another way: \_\_\_\_\_  Prefer not to answer

6. **What is your current gender identity? (Please choose only one)**

- Man       Trans Woman/ Trans Feminine Spectrum  
 Woman       Non-Binary/ Genderqueer  
 Trans Man/Trans Masculine Spectrum       Prefer not to answer  
 I identify in another way (Please Specify): \_\_\_\_\_

7. **Do you identify as LGBTQ+?**

- Yes       No       Prefer not to answer

8. **What language do you MAINLY speak at home? (Please choose only one)**

- Arabic       Russian       French  
 Haitian Creole       English       Vietnamese  
 Chinese       Spanish       German  
 I speak another language (Please specify): \_\_\_\_\_

9. **How well do you speak English? (Please choose only one)**

- Very Well       Well       Not Well       Not at All

10. **What is the highest level of school that you have completed? (Please choose only one)**

- Less than high school       Some high school, but no diploma       High school diploma or GED  
 Some college, no degree       Vocational/Technical School       Associate degree  
 Bachelor's degree       Master's/Graduate or professional degree or higher

**11. How much total combined money did all people living in your home earn last year?**

**(Please choose only one)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> \$0 to \$9,999       | <input type="checkbox"/> \$10,000 to \$19,999   | <input type="checkbox"/> \$20,000 to \$29,999   |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$40,000 to \$49,999   | <input type="checkbox"/> \$50,000 to \$59,999   |
| <input type="checkbox"/> \$60,000 to \$69,999 | <input type="checkbox"/> \$70,000 to \$79,000   | <input type="checkbox"/> \$80,000 to \$89,999   |
| <input type="checkbox"/> \$90,000 to \$99,999 | <input type="checkbox"/> \$100,000 to \$124,999 | <input type="checkbox"/> \$125,000 to \$149,999 |
| <input type="checkbox"/> \$150,000 or more    | <input type="checkbox"/> Prefer not to answer   |   |

**12. Which of the following categories best describes your employment status?**

**(Please choose only one)**

- |   |  |
|---|--|
| <input type="checkbox"/> Employed, working full-time        | <input type="checkbox"/> Retired                             |
| <input type="checkbox"/> Employed, working part-time        | <input type="checkbox"/> Disabled, not able to work          |
| <input type="checkbox"/> Not employed, looking for work     | <input type="checkbox"/> Student (If so, what school: _____) |
| <input type="checkbox"/> Not employed, NOT looking for work |  |

**13. What transportation do you use most often to go places? (Please choose only one)**

- |   |  |
|---|--|
| <input type="checkbox"/> I drive a car                  | <input type="checkbox"/> Someone drives me   |
| <input type="checkbox"/> I take the bus                 | <input type="checkbox"/> I walk              |
| <input type="checkbox"/> I ride a bicycle               | <input type="checkbox"/> I take a taxi/cab   |
| <input type="checkbox"/> I ride a motorcycle or scooter | <input type="checkbox"/> I take an Uber/Lyft |
| <input type="checkbox"/> Some other way                 |  |

**14. Are you**

- |   |   |
|---|---|
| <input type="checkbox"/> A Veteran      | <input type="checkbox"/> National Guard/Reserves                        |
| <input type="checkbox"/> In Active Duty | <input type="checkbox"/> None of the above <b>(Skip to question 16)</b> |

**15. If Veteran, Active Duty, National Guard, or Reserves, are you receiving care at the VA?**

- Yes       No       I have not needed care

**16. How do you pay for most of your health care? (Please choose only one)**

- |  |   |
|--|---|
| <input type="checkbox"/> I pay cash / I don't have insurance         | <input type="checkbox"/> TRICARE                  |
| <input type="checkbox"/> Medicare or Medicare HMO                    | <input type="checkbox"/> Indian Health Services   |
| <input type="checkbox"/> Medicaid or Medicaid HMO                    | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Marketplace insurance plan                  |   |
| <input type="checkbox"/> County health plan                          |   |
| <input type="checkbox"/> Commercial health insurance (from Employer) |   |
| <input type="checkbox"/> I pay another way: _____                    |   |

**17. Including yourself, how many people currently live in your home? (Please choose only one)**

- 1     2     3     4     5     6 or more

**18. Are you a caregiver to an adult family member who cannot care for themselves in your home?**

- Yes       No

**19. How many CHILDREN (under age 18) currently live in your home? (Please choose only one)**

- None **(Skip to question 28)**     1     2     3     4     5     6 or more

## CHILDRENS SECTION

**(Please only answer questions in this section if you have children under the age of 18 living in your home. If you do not, please skip to Question 28 in the next section.)**

The goal of the next question is to understand what you think are the most important HEALTH needs for children in your community. Please answer the next question about children who live in your community, not just your children.

**20. Was there a time in the PAST 12 MONTHS when children in your home needed medical care but did NOT get the care they needed?**

- Yes       No **(skip to question 22)**  
 My children did not need these services **(skip to question 22)**

**21. What are some reasons that kept them from getting the medical care they needed? (Choose all that apply)**

- Am not sure how to find a doctor  
 Cannot take time off work  
 Cannot take child out of class  
 Doctor's office does not have convenient hours  
 Unable to schedule an appointment when needed  
 Unable to find a doctor who knows or understands my culture, identity, or beliefs  
 Unable to afford to pay for care  
 Unable to find a doctor who takes my insurance  
 Do not have insurance to cover medical  
 Transportation challenges  
 Other (please specify): \_\_\_\_\_

**22. Was there a time in the PAST 12 MONTHS when children in your home needed dental care but did NOT get the care they needed?**

- Yes       No **(skip to question 24)**  
 My children did not need these services **(skip to question 24)**

**23. What are some reasons that kept them from getting the dental care they needed? (Choose all that apply)**

- Am not sure how to find a dentist  
 Cannot take time off work  
 Cannot take child out of class  
 Dentist's office does not have convenient hours  
 Unable to schedule an appointment when needed  
 Unable to find a dentist who knows or understands my culture, identity, or beliefs  
 Unable to afford to pay for care  
 Unable to find a dentist who takes my insurance  
 Do not have insurance to cover dental care  
 Transportation challenges  
 Other (please specify): \_\_\_\_\_

**24. Was there a time in the PAST 12 MONTHS when children in your home needed mental and/or behavioral health care but did NOT get the care they needed?**

- Yes       No **(skip to question 26)**  
 My children did not need these services **(skip to question 26)**

**25. What are some reasons that kept them from getting the mental and/or behavioral health care they needed? (Choose all that apply)**

- Am not sure how to find a doctor/counselor  
 Unable to afford to pay for care  
 Unable to find a doctor / counselor who takes my insurance  
 Cannot take time off work  
 Do not have insurance to cover mental health care  
 Cannot take child out of class  
 Doctor/counselor's office does not have convenient hours  
 Afraid of what people might think  
 Unable to schedule an appointment when needed  
 Transportation challenges  
 Unable to find a doctor/counselor who knows or understands my culture, identity, or beliefs  
 Other (please specify) \_\_\_\_\_

**--Children's Section Continues on Next Page --**

The goal of the next question (Question 26) is to understand what you think are the most important HEALTH needs for children in your community. Please answer the next question about children who live in your community, not just your children.

In this survey “community” refers to the primary areas where your children live, play, learn and get services.

26. When you think about the most important HEALTH needs for children in your community, please select the top 3 most important health needs to address. If you think of a health concern that is not listed here, please write it in under “other”. (Please choose only 3)

<b><u>Please choose only 3</u></b>	
<input type="checkbox"/>	Accidents and Injuries
<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Respiratory Health Other than Asthma (RSV, cystic fibrosis)
<input type="checkbox"/>	Dental Care
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Drug or Alcohol Use
<input type="checkbox"/>	Eye Health (vision)
<input type="checkbox"/>	Healthy Pregnancies and Childbirth (not teen pregnancy)
<input type="checkbox"/>	Immunizations (common childhood vaccines, like mumps, measles, chicken pox, etc.)
<input type="checkbox"/>	Infectious Diseases (including COVID-19)
<input type="checkbox"/>	Special Needs (Physical / Chronic / Behavioral / Developmental / Emotional)
<input type="checkbox"/>	Medically Complex
<input type="checkbox"/>	Attention-Deficit/Hyperactivity Disorder (ADHD)
<input type="checkbox"/>	Mental or Behavioral Health
<input type="checkbox"/>	Healthy Food / Nutrition
<input type="checkbox"/>	Obesity
<input type="checkbox"/>	Physical activity
<input type="checkbox"/>	Safe Sex Practices and Teen Pregnancy
<input type="checkbox"/>	Sexual Identity of Child
<input type="checkbox"/>	Suicide Prevention
<input type="checkbox"/>	Vaping, Cigarette, Cigar, Cigarillo, Dipping/Chewing Tobacco, or E-cigarette Use
<input type="checkbox"/>	Other (please specify concern):

The goal of the next question (Question 27) is to understand what you think are OTHER important needs or concerns that affect child health in your community. Please answer the next question about children who live in your community, not just your children.

27. When you think about OTHER important needs or concerns that affect child health in your community, please rank the top 3 critical needs or concerns most important to address. If you think of a concern that is not listed here, please write it under “other”. (Please choose only 3)

<b><u>Please choose only 3</u></b>	
<input type="checkbox"/>	Access to benefits (Medicaid, WIC, SNAP/Food Stamps)
<input type="checkbox"/>	Access to or cost of childcare
<input type="checkbox"/>	Bullying and other stressors in school
<input type="checkbox"/>	Domestic violence, child abuse and/or child neglect
<input type="checkbox"/>	Crime and community violence
<input type="checkbox"/>	Educational needs
<input type="checkbox"/>	Family member alcohol or drug use
<input type="checkbox"/>	Housing
<input type="checkbox"/>	Human trafficking
<input type="checkbox"/>	Hunger or access to healthy food
<input type="checkbox"/>	Lack of employment opportunities
<input type="checkbox"/>	Legal problems
<input type="checkbox"/>	Language Barriers
<input type="checkbox"/>	Parenting education (parenting skills for child development)
<input type="checkbox"/>	Safe neighborhoods and places for children to play
<input type="checkbox"/>	Social media
<input type="checkbox"/>	Traffic safety
<input type="checkbox"/>	Transportation challenges
<input type="checkbox"/>	Other (please specify concern):

--End Children’s Section --

**These next questions are about your view or opinion of the community in which you live. In this survey “community” refers to the primary areas where you live, shop, play work, and get services**

**28. Overall, how would you rate the health of the community in which you live? (Please choose only one)**

- Very unhealthy    Unhealthy    Somewhat healthy    Healthy    Very healthy  
 Not sure

**29. Please read the list of risky behaviors listed below. Which 3 do you believe are the most harmful to the overall health of your community? (Please choose only 3)**

<b><u>Please choose only 3</u></b>	
<input type="checkbox"/>	Alcohol abuse/drinking too much alcohol (beer, wine, spirits, mixed drinks)
<input type="checkbox"/>	Dropping out of school
<input type="checkbox"/>	Illegal drug use/abuse or misuse of prescription medications
<input type="checkbox"/>	Lack of exercise
<input type="checkbox"/>	Poor eating habits
<input type="checkbox"/>	Not getting “shots” to prevent disease
<input type="checkbox"/>	Not wearing helmets
<input type="checkbox"/>	Not using seat belts/not using child safety seats
<input type="checkbox"/>	Vaping, Cigarette, Cigar, Cigarillo, Dipping/Chewing Tobacco, or E-cigarette Use
<input type="checkbox"/>	Unsafe sex including not using birth control
<input type="checkbox"/>	Distracted driving (texting, eating, talking on the phone)
<input type="checkbox"/>	Not locking up guns
<input type="checkbox"/>	Not seeing a doctor while you are pregnant



30. Read the list of health problems and think about your community. Which of these do you believe are most important to address to improve the health of your community?  
(Please choose only 3)

<u>Please choose only 3</u>	
<input type="checkbox"/>	Aging Problems (for example: difficulty getting around, dementia, arthritis)
<input type="checkbox"/>	Cancers
<input type="checkbox"/>	Child Abuse / Neglect
<input type="checkbox"/>	Clean Environment / Air and Water Quality
<input type="checkbox"/>	Climate Change
<input type="checkbox"/>	Dental Problems
<input type="checkbox"/>	Diabetes / High Blood Sugar
<input type="checkbox"/>	Domestic Violence / Rape / Sexual Assault / Human Trafficking
<input type="checkbox"/>	Gun-Related Injuries
<input type="checkbox"/>	Being Overweight
<input type="checkbox"/>	Mental Health Problems Including Suicide
<input type="checkbox"/>	Illegal Drug Use/Abuse of Prescription Medications and Alcohol Abuse/Drinking Too Much
<input type="checkbox"/>	Heart Disease / Stroke / High Blood Pressure
<input type="checkbox"/>	HIV/AIDS / Sexually Transmitted Diseases (STDs)
<input type="checkbox"/>	Homicide
<input type="checkbox"/>	Infectious Diseases Like Hepatitis, TB, and COVID-19
<input type="checkbox"/>	Motor Vehicle Crash Injuries
<input type="checkbox"/>	Infant Death
<input type="checkbox"/>	Respiratory / Lung Disease
<input type="checkbox"/>	Teenage Pregnancy

31. Please read the list below. Which do you believe are the 3 most important factors to improve the quality of life in a community? (Please choose only 3)

<b><u>Please choose only 3</u></b>	
<input type="checkbox"/>	Good Place to Raise Children
<input type="checkbox"/>	Low Crime / Safe Neighborhoods
<input type="checkbox"/>	Good Schools
<input type="checkbox"/>	Access to Health Care
<input type="checkbox"/>	Parks and Recreation
<input type="checkbox"/>	Clean Environment / Air and Water Quality
<input type="checkbox"/>	Low-Cost Housing
<input type="checkbox"/>	Arts and Cultural Events
<input type="checkbox"/>	Low-Cost Health Insurance
<input type="checkbox"/>	Tolerance / Embracing Diversity
<input type="checkbox"/>	Good Jobs and Healthy Economy
<input type="checkbox"/>	Strong Family Life
<input type="checkbox"/>	Access to Low-Cost, Healthy Food
<input type="checkbox"/>	Healthy Behaviors and Lifestyles
<input type="checkbox"/>	Sidewalks / Walking Safety
<input type="checkbox"/>	Public Transportation
<input type="checkbox"/>	Religious or Spiritual Values
<input type="checkbox"/>	Disaster Preparedness
<input type="checkbox"/>	Emergency Medical Services
<input type="checkbox"/>	Access to Good Health Information
<input type="checkbox"/>	Strong Community/Community Knows and Supports Each Other

**32. Below are some statements about your local community. Please tell us if you agree or disagree with each statement.**

	<b>Agree</b>	<b>Disagree</b>	<b>Not Sure</b>
Illegal drug use/prescription medicine abuse is a problem in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have no problem getting the health care services I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have great parks and recreational facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation is easy to get to if I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are plenty of jobs available for those who want them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime is a problem in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air pollution is a problem in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are affordable places to live in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of health care is good in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good sidewalks for walking safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to get healthy food easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**33. Below are some statements about your connections with the people in your life. Please tell us if you agree or disagree with each statement.**

	<b>Agree</b>	<b>Disagree</b>	<b>Not Sure</b>
I am happy with my friendships and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough people I can ask for help at any time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My relationships and friendships are as satisfying as I would want them to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**34. Over the past 12 months, how often have you had thoughts that you would be better off dead or of hurting yourself in some way? (Please choose only one)**

- Not at all       Several days       More than half the days       Nearly every day

**If you would like help with or would like to talk about these issues, please call the National Suicide Prevention Hotline at 1-800-273-8255.**

35. **In the past 12 months, I worried about whether our food would run out before we got money to buy more. (Please choose only one)**  
 Often true     Sometimes true     Never true
36. **In the past 12 months, the food that we bought just did not last, and we did not have money to get more. (Please choose only one)**  
 Often true     Sometimes true     Never true
37. **In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?**  
 Yes     No
38. **Do you eat at least 5 cups of fruits or vegetables every day?**  
 Yes     No
39. **How many times a week do you usually do 30 minutes or more of moderate-intensity physical activity or walking that increases your heart rate or makes you breathe harder than normal? (Please choose only one)**  
 5 or more times a week     3-4 times a week     1-2 times a week     none
40. **Has there been any time in the past 2 years when you were living on the street, in a car, or in a temporary shelter?**  
 Yes     No
41. **Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay?**  
 Yes     No
42. **In the past 12 months, has your utility company shut off your service for not paying your bills?**  
 Yes     No

--Survey continues on next page --

## PERSONAL HEALTH

These next questions are about your personal health and your opinions about getting health care in your community. In this survey “community” refers to the primary areas where you live, shop, work, and get services.

**43. Overall, how would you rate YOUR OWN PERSONAL health? (Please choose only one)**

- Very unhealthy    Unhealthy    Somewhat healthy    Healthy    Very healthy  
 Not sure

**44. Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed?**

- Yes    No **(Skip to question 46)**  
 I did not need these services **(Skip to question 46)**

**45. What are some reasons that kept you from getting medical care? (Choose all that apply)**

- Unable to schedule an appointment when needed    Am not sure how to find a doctor  
 Unable to find a doctor who takes my insurance    Unable to afford to pay for care  
 Doctor’s office does not have convenient hours    Transportation challenges  
 Do not have insurance to cover medical care    Cannot take time off work  
 Unable to find a doctor who knows or understands  
specify) \_\_\_\_\_  
my culture, identity, or beliefs

**46. Thinking about your MENTAL health, which includes stress, depression, and problems with emotions, how would you rate your overall mental health? (Please choose only one)**

- Excellent    Very good    Good    Fair    Poor    Not Sure

**47. Was there a time in the PAST 12 MONTHS when you needed mental health care but did NOT get the care you needed?**

- Yes    No **(Skip to question 49)**  
 I did not need these services **(Skip to question 49)**

**48. What are some reasons that kept you from getting mental health care? (Choose all that apply)**

- Am not sure how to find a doctor / counselor  
 Unable to schedule an appointment when needed  
 Do not have insurance to cover mental health care  
 Unable to find a doctor / counselor who takes my insurance  
 Doctor / counselor office does not have convenient hours  
 Unable to find a doctor / counselor who knows or understands my culture, identity, or beliefs  
 Unable to afford to pay for care  
 Transportation challenges  
 Fear of family or community  
 Cannot take time off work  
 Other (please specify): \_\_\_\_\_

49. Was there a time in the PAST 12 MONTHS when you needed DENTAL care but did NOT get the care you needed?

- Yes       No **(Skip to question 51)**  
 I did not need these services **(Skip to question 51)**

50. What are some reason(s) that kept you from getting dental care? (Choose all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Unable to schedule an appointment when needed                                      | <input type="checkbox"/> Am not sure how to find a dentist |
| <input type="checkbox"/> Do not have insurance to cover dental care   | <input type="checkbox"/> Unable to afford to pay for care  |
| <input type="checkbox"/> Dentist office does not have convenient hours                                      | <input type="checkbox"/> Transportation challenges         |
| <input type="checkbox"/> Unable to find a dentist who takes my insurance                                    | <input type="checkbox"/> Cannot take time off work         |
| <input type="checkbox"/> Unable to find a dentist who knows or understands my culture, identity, or beliefs | <input type="checkbox"/> Other _____                       |

51. In the past 12 months, how many times have you gone to a hospital emergency room (ER) about your own health? (Please choose only one)

- 1 time       2 times       3-4 times       5-9 times       10 or more times  
 I have not gone to a hospital ER in the past 12 months **(Skip to question 53)**

52. What are the MAIN reason(s) you used the emergency room INSTEAD of going to a doctor's office or clinic? (Choose all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> After hours / Weekend                               | <input type="checkbox"/> I don't have a doctor / clinic |
| <input type="checkbox"/> Long wait for an appointment with my regular doctor | <input type="checkbox"/> Cost                           |
| <input type="checkbox"/> Emergency / Life-threatening situation              | <input type="checkbox"/> I don't have insurance         |
| <input type="checkbox"/> Other   |   |

53. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? (Choose all that apply)

Cancer	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>
Depression or Anxiety	<input type="checkbox"/>	High blood pressure / Hypertension	<input type="checkbox"/>
Diabetes / High Blood Sugar	<input type="checkbox"/>	Obesity	<input type="checkbox"/>
HIV / AIDS	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
COPD	<input type="checkbox"/>	None of These	<input type="checkbox"/>

54. How often do you use any of the following products: chewing tobacco, snuff, snus, dip, cigarettes, cigars or little cigars? (Please choose only one)

- I do not use these products       On some days  
 Once a day       More than once a day

55. How often do you use any of the following electronic vapor products: e-cigarettes, e-cigars, e-hookahs, e-pipes, hookah pens, vape pipes, and vape pens? (Please choose only one)

- I do not use these products       On some days  
 Once a day       More than once a day

**56. Have you experienced any losses related to the COVID-19 pandemic? (Choose all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> None                        | <input type="checkbox"/> Job (layoff, furlough, hours reduction) |
| <input type="checkbox"/> Income                      | <input type="checkbox"/> Housing                                 |
| <input type="checkbox"/> Health Insurance            | <input type="checkbox"/> Transportation                          |
| <input type="checkbox"/> Childcare                   | <input type="checkbox"/> Regular school routine                  |
| <input type="checkbox"/> Social support/connection   | <input type="checkbox"/> Sense of well-being, security, or hope  |
| <input type="checkbox"/> Recreation or entertainment | <input type="checkbox"/> Food Resources                          |
| <input type="checkbox"/> Exercise opportunities      | <input type="checkbox"/> Death of family member or friend        |
| <input type="checkbox"/> Utilities turned off        | <input type="checkbox"/> Other (please specify): _____           |

**57. Have you experienced any losses related to the impact of Hurricane Ian? (Choose all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> None                        | <input type="checkbox"/> Job (layoff, furlough, hours reduction) |
| <input type="checkbox"/> Income                      | <input type="checkbox"/> Housing                                 |
| <input type="checkbox"/> Health Insurance            | <input type="checkbox"/> Transportation                          |
| <input type="checkbox"/> Childcare                   | <input type="checkbox"/> Regular school routine                  |
| <input type="checkbox"/> Social support/connection   | <input type="checkbox"/> Sense of well-being, security, or hope  |
| <input type="checkbox"/> Recreation or entertainment | <input type="checkbox"/> Food Resources                          |
| <input type="checkbox"/> Exercise opportunities      | <input type="checkbox"/> Death of family member or friend        |
| <input type="checkbox"/> Utilities turned off        | <input type="checkbox"/> Other (please specify): _____           |

**58. In your day-to-day life how often have any of the following things happened to you?**

	<b>At least once a week</b>	<b>A few times a month</b>	<b>A few times a year</b>	<b>Never</b>
You are treated with less courtesy or respect than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You receive poorer service than other people at restaurants or stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are not smart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they are afraid of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are threatened or harassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People criticized your accent or the way you speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**59. What do you think is the main reason(s) for these experiences? (Choose all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Your Ancestry or National Origins             | <input type="checkbox"/> Your Gender                      |
| <input type="checkbox"/> Your Race                                     | <input type="checkbox"/> Your Age                         |
| <input type="checkbox"/> Your Religion                                 | <input type="checkbox"/> Your Height                      |
| <input type="checkbox"/> Your Weight                                   | <input type="checkbox"/> Your Sexual Orientation          |
| <input type="checkbox"/> Some other Aspect of Your Physical Appearance | <input type="checkbox"/> A physical disability            |
| <input type="checkbox"/> Your Education or Income Level                | <input type="checkbox"/> I have not had these experiences |

## **ADVERSE CHILDHOOD EXPERIENCES**

The final question is about ACEs, adverse childhood experiences, that happened during your childhood. This information will allow us to better understand how problems that may occur early in life can have a health impact later in life. This is a sensitive topic, and some people may feel uncomfortable with these questions. If you prefer not to answer these questions, you may skip them.

**For this question, please think back to the time BEFORE you were 18 years of age.**

**60. From the list of events below, please check the box next to events you experienced BEFORE the age of 18. (Choose all that apply)**

- Lived with anyone who was depressed, mentally ill, or suicidal
- Lived with anyone who was a problem drinker or alcoholic
- Lived with anyone who used illegal street drugs or who abused prescription medications
- Lived with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility
- Parents were separated or divorced
- Parents or adults experienced physical harm (slap, hit, kick, etc.)
- Parent or adult physically harmed you (slap, hit, kick, etc.)
- Parent or adult verbally harmed you (swear, insult, or put down)
- Adult or anyone at least 5 years older touched you sexually
- Adult or anyone at least 5 years older made you touch them sexually
- Adult or anyone at least 5 years older forced you to have sex

Thank you for taking the time to participate in this community survey. Your feedback and insight are vital as we work to improve and address issues impacting our community's health.

**--Helpful community resource information is provided on the next page --**



## RESOURCE LIST

Please find the list of community resources used for this Community Health Needs Assessment Survey.

### [leehealth.findhelp.com](http://leehealth.findhelp.com)

Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost help starts here.

### [United Way 211](#)

Simply call 211 to speak to someone now, or search by location for online resources and more contact information.

### [National Suicide Prevention Lifeline](#)

The Lifeline provides 24/7, free and confidential support for people in distress and prevention and crisis resources for you or your loved ones.

1-800-273-8255

### [Crisis Text Line](#)

Crisis Text Line provides free, 24/7 support via text message. We're here for everything: anxiety, depression, suicide, school.

Text HOME to 741741

### [Lee County](#)

Resources to Help You with Mental Health

### [NAMI](#)

*National Alliance on Mental Illness, Lee, Hendry & Charlotte County*

NAMI Lee, Hendry & Charlotte, an affiliate of the National Alliance on Mental Illness is a 501(c)3 not-for-profit organization that provides free support, advocacy, outreach, and education to those with mental health conditions and their loved ones.

### [Mobile Crisis Unit, Lee, Collier, Charlotte, Hendry, Glades County](#)

*Centers for Progress and Excellence Mobile Crisis Unit*

CPE has a mobile crisis intervention team to serve Circuit 20 (Lee, Hendry, Glades, Collier & Charlotte counties). The Mobile Crisis Hotline is answered 24 hours a day, 7 days a week - (844) 395-4432.

### [Information on Adverse Childhood Experiences](#)

*PACEs Connection*

PACEs Connection is a social network that recognizes the impact of a wide variety of adverse childhood experiences (ACEs) in shaping adult behavior and health, and that promotes trauma-informed and resilience-building practices and policies in all families, organizations, systems and communities.

### [Recognizing and Treating Child Traumatic Stress](#)

Learn about the signs of traumatic stress, its impact on children, treatment options, and how families and caregivers can help.

### [TedTalk: How Childhood Trauma Affects Health Across a Lifetime](#)

Nadine Burke Harris reveals a little-understood, yet universal factor in childhood that can profoundly impact adult-onset disease