

2025 Community Health Survey

Let's build a healthier community together! We're partnering with NCH, the Florida Department of Health in Collier County, and the Healthcare Network to conduct a community survey on healthcare needs in Collier and Lee Counties. Your participation is crucial in identifying gaps in services, improving access to care, and ensuring a healthier future for all residents. Your input will directly influence the development of programs and resources that better meet our community's needs. We appreciate your time and valuable insights!

1. How would you rate the **general health** of your community?

- Excellent
 Good
 Neutral
 Fair
 Poor

2. How would you rate the **quality** of healthcare in your community?

- Excellent
 Good
 Neutral
 Fair
 Poor

3. Where do you think residents primarily go to get health information (select 2)?

- | | |
|--|--|
| <input type="checkbox"/> Facebook
<input type="checkbox"/> Family doctors or health providers
<input type="checkbox"/> Friends or relatives
<input type="checkbox"/> Google search
<input type="checkbox"/> Health department
<input type="checkbox"/> Health fairs
<input type="checkbox"/> Instagram | <input type="checkbox"/> Magazines
<input type="checkbox"/> Newspaper
<input type="checkbox"/> Official government website (CDC)
<input type="checkbox"/> Radio
<input type="checkbox"/> Television
<input type="checkbox"/> TikTok |
|--|--|
- Other _____

4. Where do you go to get healthcare (select all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Don't know
<input type="checkbox"/> Family doctor
<input type="checkbox"/> Health department
<input type="checkbox"/> Hospital/emergency room | <input type="checkbox"/> Medical Clinic
<input type="checkbox"/> Telehealth
<input type="checkbox"/> Urgent care |
|---|--|
- Other _____

5. Do you have a primary care provider (a doctor you visit for most of your problems)?

- Yes
 No
 I don't know

If so, which facility are you visiting? _____

Please mail or fax completed surveys to: Health Planning Council of Southwest Florida, Inc.
 ATTN: Julia Cooper
 8961 Daniels Center Drive, Suite 401, Fort Myers, FL 33912
 Email: Planning@hpcswf.com Fax: (239) 433-6705

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6. How do you choose your healthcare providers?

- | | |
|---|---|
| <input type="checkbox"/> Charity program | <input type="checkbox"/> Social media (Facebook, Instagram) |
| <input type="checkbox"/> Distance | <input type="checkbox"/> Soonest appointment |
| <input type="checkbox"/> Google search | <input type="checkbox"/> Speaks my language |
| <input type="checkbox"/> Recommendations (friends/family) | <input type="checkbox"/> Web ratings and reviews |
| <input type="checkbox"/> Referral from physician/emergency room | <input type="checkbox"/> Whatever is on my insurance |
| <input type="checkbox"/> Shop for cost/cash fee | |
| <input type="checkbox"/> Other _____ | |

7. What are the three most important **health concerns** affecting people like you, your friends, and your family in your community? (select 3)

- | | |
|---|---|
| <input type="checkbox"/> Access to primary care (family doctor) | <input type="checkbox"/> Lack of food/hunger |
| <input type="checkbox"/> Access to specialty care (doctors who provide care for one specific medical issue) | <input type="checkbox"/> Mental health conditions (diagnosed/undiagnosed) |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Mental well-being (stress, isolation, etc.) |
| <input type="checkbox"/> Aging problems (arthritis, hearing or vision loss, etc.) | <input type="checkbox"/> Not enough doctors |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Poor nutrition/quality food |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Pre and post-pregnancy care |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Respiratory diseases (Flu, RSV) |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Senior care |
| <input type="checkbox"/> Flu | <input type="checkbox"/> Sexually transmitted diseases (STDs) |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Unsafe living conditions |
| <input type="checkbox"/> Human trafficking | <input type="checkbox"/> Unsafe work environment |
| | <input type="checkbox"/> Women's health issues |
| <input type="checkbox"/> Other _____ | |

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8. Which of the following are the three most important **risky behaviors** in your community?
(select 3)

- | | |
|---|---|
| <input type="checkbox"/> Distracted driving | <input type="checkbox"/> Not using seat belts/child safety seats |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Not wearing a helmet (bike, sports, motorcycle) |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Lack of understanding of the healthcare system | <input type="checkbox"/> Smoking/tobacco/vaping use |
| <input type="checkbox"/> Not getting annual exams | <input type="checkbox"/> Substance abuse (drug, alcohol, prescription, other) |
| <input type="checkbox"/> Not getting shots to prevent diseases | <input type="checkbox"/> Unsafe infant sleep practices |
| <input type="checkbox"/> Not seeking pre and post-pregnancy care | <input type="checkbox"/> Unsafe sex (unprotected) |
| <input type="checkbox"/> Not using birth control | <input type="checkbox"/> Unsafe sleep practices (lack of sleep, etc.) |

Other _____

9. What do you think is the main reason that keeps people in your community from seeking medical treatment?

- | | |
|---|---|
| <input type="checkbox"/> Appointments not available at times needed | <input type="checkbox"/> No appointments are available at the doctor |
| <input type="checkbox"/> Cost (medical care) | <input type="checkbox"/> No doctors willing to take health insurance |
| <input type="checkbox"/> Cost (medication, supplies) | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Cultural/health beliefs | <input type="checkbox"/> Hard to make an appointment (process) |
| <input type="checkbox"/> Did not feel welcome or respected | <input type="checkbox"/> Have to wait too long at the doctor's office |
| <input type="checkbox"/> Fear (not ready to face health problems) | <input type="checkbox"/> Lack of quality services |
| <input type="checkbox"/> Health services too far away | <input type="checkbox"/> Stigma (fear of judgment) |
| <input type="checkbox"/> Lack of insurance | <input type="checkbox"/> Too busy/can't get off work |
| <input type="checkbox"/> Lack of knowledge/understanding of need | <input type="checkbox"/> Unable to pay for doctor's visit |
| <input type="checkbox"/> Language barrier | <input type="checkbox"/> None/no barriers |
| <input type="checkbox"/> Mental/behavioral health | |
| <input type="checkbox"/> Mistrust | |

Other _____

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10. Which environmental factors affect your health, your friends, and/or your family’s health?

- | | |
|---|--|
| <input type="checkbox"/> Air quality | <input type="checkbox"/> Lack of parks/recreational facilities |
| <input type="checkbox"/> Flooding | <input type="checkbox"/> Lack of sidewalks |
| <input type="checkbox"/> Lack of access to healthy food options | <input type="checkbox"/> Lack of streetlights |
| <input type="checkbox"/> Lack of affordable/adequate housing | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Lack of bike paths | <input type="checkbox"/> Mold or mildew in the home |
| <input type="checkbox"/> Lack of clean drinking water | <input type="checkbox"/> Road conditions/traffic |
| <input type="checkbox"/> Lack of grocery stores | <input type="checkbox"/> Water pollution (algae, red tide) |
| | <input type="checkbox"/> Workplace hazard |

11. What types of residents have more difficulty accessing healthcare than others in your community?

- | | |
|--|--|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Persons in dependency (foster care/non-relative care) |
| <input type="checkbox"/> Children | <input type="checkbox"/> Persons with disabilities |
| <input type="checkbox"/> Elderly/senior citizens | <input type="checkbox"/> Pregnant women |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Single parents |
| <input type="checkbox"/> Medicaid/Medicare recipients | <input type="checkbox"/> Teens/adolescents |
| <input type="checkbox"/> Migrants/farm workers | <input type="checkbox"/> Uninsured/low-income |
| <input type="checkbox"/> Non-English speaking | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> People with mental/behavioral health issues | <input type="checkbox"/> None |
| <input type="checkbox"/> Other _____ | |

12. If telemedicine (medical visits via phone or computer with video) were available, would you or your family/friends use those services?

- | | |
|--|---|
| <input type="checkbox"/> Yes, I’m already using this service | <input type="checkbox"/> Yes, I would use this service |
| <input type="checkbox"/> No, I don’t like using the phone or videos | <input type="checkbox"/> No, I prefer to meet in person |
| <input type="checkbox"/> No, I don’t have the equipment or internet access | <input type="checkbox"/> I’m not sure |

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13. Are there services that you, your friends, and your family in your community have difficulty accessing?

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Nutrition |
| <input type="checkbox"/> Yes, Audiology/hearing | <input type="checkbox"/> Yes, OB/Gynecological care (maternity, prenatal care) |
| <input type="checkbox"/> Yes, Dental care (for adults) | <input type="checkbox"/> Yes, Occupational therapy (to improve ability to do daily activities) |
| <input type="checkbox"/> Yes, Dental care (for children) | <input type="checkbox"/> Yes, Optometry/vision |
| <input type="checkbox"/> Yes, Dialysis | <input type="checkbox"/> Yes, Palliative care |
| <input type="checkbox"/> Yes, Emergency care | <input type="checkbox"/> Yes, Pediatric care |
| <input type="checkbox"/> Yes, Hospital care | <input type="checkbox"/> Yes, Physical/speech therapy |
| <input type="checkbox"/> Yes, Laboratory services | <input type="checkbox"/> Yes, Primary care |
| <input type="checkbox"/> Yes, Medication/Pharmacy | <input type="checkbox"/> Yes, Specialty care |
| <input type="checkbox"/> Yes, Mental/behavioral health care (for adults) | <input type="checkbox"/> Yes, Substance abuse treatment |
| <input type="checkbox"/> Yes, Mental behavioral health care (for children) | |
| <input type="checkbox"/> Yes, Other _____ | |

14. What does your community need to improve the health of your family, friends, and neighbors?

- | | |
|--|--|
| <input type="checkbox"/> Additional health services | <input type="checkbox"/> Financial assistance for healthcare |
| <input type="checkbox"/> Affordable housing (mortgage or rent) | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> After-school/out-of-school programs | <input type="checkbox"/> Healthier food choices |
| <input type="checkbox"/> Assistance for applying for services (SNAP, Medicaid) | <input type="checkbox"/> Job opportunities |
| <input type="checkbox"/> Bicycle paths/walking paths | <input type="checkbox"/> Mental/behavioral health services |
| <input type="checkbox"/> Counseling & support groups | <input type="checkbox"/> More doctors |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Substance abuse treatment services |
| | <input type="checkbox"/> Transportation |
| | <input type="checkbox"/> Wellness programs |
| <input type="checkbox"/> Other _____ | |



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15. Please rank the following in order of importance for your community on a scale of 1 - 10. A rank of 1 means that the issue is most important, and a rank of 10 means the issue is of least importance.

___ Access to care

___ Alcohol and drug use

___ Chronic disease (heart disease, diabetes, cancer)

___ Communicable diseases

___ Dental health

___ Disabilities (physical, sensory, intellectual)

___ Health of older adults

___ Mental health

___ Obesity

___ Unintentional injuries

16. Please share any additional comments about your community's healthcare needs.

17. What county do you currently live in?

Collier County Lee County Other _____

18. What is your zip code? _____

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19. Are you a permanent, seasonal, or temporary resident?

- Permanent Seasonal Temporary

20. Age:

- 18-25 26-39 40-54 55-64 65-84 85 and over

21. Gender:

- Male Female

22. Race/Ethnicity:

- American Indian or Alaska Native Asian Black or African American
 Haitian Hispanic or Latino/a Middle Eastern/North African
 Mixed/more than one race Native Hawaiian or Other Pacific Islander White

Country of origin, if not US _____

23. What is your **primary** language?

- English Spanish Creole Other _____

24. What type of insurance do you have?

- Medicaid (Staywell, Prestige, etc.) Medicare Medicare Advantage Plan
 Private Insurance (self-pay, ACA) Private Insurance (through employer)
 None Veteran/TRICARE

Other _____

25. What is your annual household income?

- Less than \$25,000 \$25,001-\$49,999 \$50,000-\$99,999 \$100,000 and more

26. What is your highest level of education?

- Some high school or less High school diploma/GED Some college
 Associate's degree Bachelor's degree Advance degree (masters or doctorate)

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