Catholic Health Services

COMMUNITY HEALTH NEEDS ASSESSMENT

SEPTEMBER 2026

St. Anthony's Rehabilitation Hospital

St. Catherine's Rehabilitation Hospital

St. Catherine's West Rehabilitation Hospital

Message to Our Community

At Catholic Health Services, our mission is at the heart of every decision we make. Inspired by our role as the official healthcare ministry of the Archdiocese of Miami, we are dedicated to strengthening the communities we are privileged to serve.

Mission

- To provide healthcare and services to those in need
- To minimize human suffering
- To assist people to wholeness
- To nurture an awareness of their relationship with God

Vision

To improve the health, independence and spiritual life of the elderly, the poor, and the needy in the Archdiocese, through innovative and proactive approaches to:

- Managing care and providing services
- Facilitating transitions across levels of care
- Community partnerships and collaboration
- Advocacy efforts

Values

- DIGNITY: Every person is respected regardless of race, creed or religious affiliation and economic status.
- COMMITMENT: A firm decision to focus energy on the successful completion of goals in the spirit of our mission.
- EXCELLENCE: Dedication to establishing and meeting high personal, spiritual, professional, and organizational goals and standards.
- STEWARDSHIP: The beneficial use of organizational resources, human and material.

With more than 40 facilities in South Florida, including our four health campuses, we provide compassionate healthcare and supportive services to more than 7,500 people daily throughout Broward and Miami-Dade Counties. We are committed to addressing physical, emotional, social, and spiritual needs while helping those we serve improve their quality of life.

For four decades, Catholic Health Services has remained steadfast in its service to older adults, individuals and families experiencing financial and social hardships, and others in our community who are most vulnerable. We are deeply grateful for the trust placed in us and remain committed to honoring the dignity of every person and offering comfort, healing, and hope.

We welcome your feedback!

Catholic Health Services is committed to building healthier communities, and your perspective is important as we strive to understand the lived experiences of those we serve. CHS invites written comments regarding this Community Health Needs Assessment and the corresponding Implementation Strategy. Written comments may be submitted through our website at https://www.catholichealthservices.org/contact/ and will be considered as part of CHS's next Community Health Needs Assessment.

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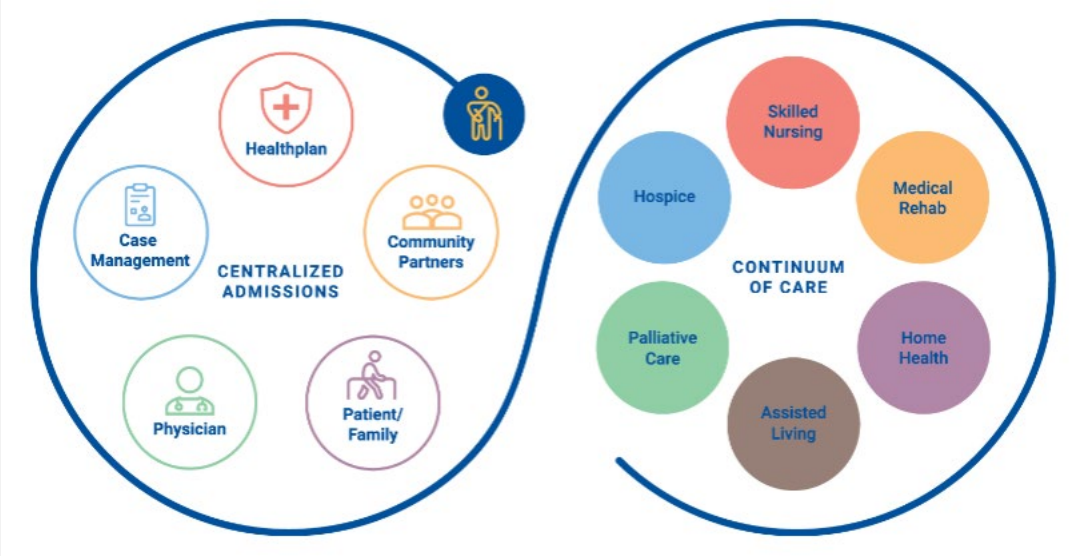
ABOUT CATHOLIC HEALTH SERVICES (“CHS”)

Catholic Health Services, Inc. (“CHS”) is a nonprofit healthcare system that has been serving the frail and vulnerable across our diverse communities in South Florida since 1986. Delivering a full continuum of specialized services, the CHS system includes inpatient rehabilitation hospitals, outpatient rehabilitation, skilled nursing, assisted living, home healthcare, and hospice & palliative care services.



This coordinated continuum of care reduces the stress and risks that come with seeing providers across various disconnected healthcare organizations. Through centralized admissions, CHS connects patients and families with physicians, case managers, and community partners, helping ensure that health information is shared appropriately and care transitions are managed smoothly.

Because CHS teams work closely together, patients benefit from an established relationship with professionals who understand their history and evolving needs. This integrated approach simplifies the process of seeking and obtaining care for patients and families, creating a more seamless healthcare experience and supporting better outcomes.

As specialized acute inpatient rehabilitation hospitals, the facilities serve individuals whose illnesses or injuries have resulted in functional impairments, activity limitations, and participation restrictions and who require an intensive level of rehabilitation and medical management. Patients commonly treated include individuals recovering from stroke, brain injury, spinal cord injury, hip fracture, amputation, major multiple trauma, and neurological conditions such as Parkinson’s disease and multiple sclerosis. Care is delivered through an interdisciplinary rehabilitation model that may include physical, occupational, and speech therapy; rehabilitation nursing; physician oversight; psychological and neuropsychological services; respiratory therapy; nutrition services; and case management. The hospitals’ rehabilitation programs are designed not only to address the immediate effects of illness or injury, but also to maximize functional recovery, promote independence, educate patients and caregivers, and support a safe transition to the least restrictive community setting. This specialized role provides important context for the rehabilitation-related needs identified throughout this CHNA, including access to appropriate rehabilitation services, prevention of functional decline and falls, reduction of avoidable hospitalizations and readmissions, and support for individuals living with disabling conditions.

EXECUTIVE SUMMARY

TWO FACILITY-SPECIFIC CHNAS IN ONE DOCUMENT

St. Anthony's is a separately licensed hospital facility in Broward County, Florida. St. Catherine's Rehabilitation Hospital and St. Catherine's West Rehabilitation Hospital (collectively, "St. Catherine's") are located in Miami-Dade County and are treated as one hospital facility for CHNA purposes under a single Florida hospital license. While each facility serves a distinct geographic community, certain data is applicable to both due to their geographic proximity and similar functional purpose. Facility-specific information is included where relevant.

Licensed Hospitals

Included in the CHS system are three locations that each operate a facility licensed as a hospital.

St. Anthony's Rehabilitation Hospital

LICENSE #4478

Acute medical rehabilitation facility located in **Broward County, Florida** in the city of Lauderdale Lakes

Referred to as "St. Anthony's" throughout the remainder of this report.

St. Catherine's Rehabilitation Hospital

LICENSE #4262

Medical rehabilitation facility located in **Miami-Dade County, Florida** in the city of Hialeah Gardens

St. Catherine's West Rehabilitation Hospital

LICENSE #4262

Medical rehabilitation facility located in **Miami-Dade County, Florida** in the city of North Miami

St. Catherine's Rehabilitation Hospital and St. Catherine's West Rehabilitation Hospital operate under one hospital license and are therefore collectively referred to as "St. Catherine's" and treated as one hospital facility for the remainder of this report (unless otherwise noted.)

DATA COLLECTION METHODS

CHS assessed the health needs of the communities served by its inpatient rehabilitation hospitals via the following methods:

412

Surveys completed by individuals residing in the communities served by St. Anthony's and St. Catherine's between April 2026 - May 2026.

23

Interviews conducted with key stakeholders in the communities served by St. Anthony's and St. Catherine's between February 2026 - July 2026.

SECONDARY DATA FOR THE COMMUNITIES SERVED BY EACH HOSPITAL

Secondary data points associated with each need identified through the CHNA process are included throughout this report. These data are based on the ZIP codes used to define the geographic community served by each hospital.
A complete list of secondary data sources is provided in Appendix A.

SIGNIFICANT HEALTH NEEDS IDENTIFIED

The significant health needs of the communities served by both St. Anthony's and St. Catherine's identified during this assessment were as follows:

Access to affordable health care, insurance, and providers	Chronic disease prevention and care, particularly as related to strokes	Cultural and language barriers
Falls, balance, safe mobility, and injury	Health education	Housing affordability, cost of living, and healthy food access
Mental / behavioral health and social isolation, especially among older adults	Physical rehabilitation care	Transportation barriers

PRIORITIZED HEALTH NEEDS

Based on the findings of the Community Health Needs Assessment, the organization identified the following health needs as priorities for the community. These prioritized needs will guide the organization's efforts to address the most significant health concerns identified through the assessment.

Chronic disease prevention and care, particularly as related to strokes

Prevention and care related to falls, balance, safe mobility, and injury

Health education

Physical rehabilitation care

PROCESS & METHODS USED TO CONDUCT CHNA

CHS contracted with Crowe to conduct its CHNA. Crowe's nationally recognized healthcare practice brings deep, specialized expertise in community benefit consulting, including CHNA planning and execution, stakeholder engagement, community input analysis, implementation strategy development, and support for related regulatory requirements. For more information about Crowe's healthcare expertise, visit www.crowe.com/industries/healthcare.

1. DEFINE THE COMMUNITY SERVED BY EACH HOSPITAL

St. Anthony's and St. Catherine's each serve a distinct geographic community. The community served by each hospital was defined based on multiple factors, including the geographic areas from which the hospitals routinely receive patients, the hospitals' principal function as inpatient rehabilitation hospitals, the target populations served (including older adults, individuals with disabilities, stroke and neurological patients, and caregivers), and the communities in which the hospitals conduct outreach and community benefit activities. Patient origin data were one factor considered in defining the community but were not the sole basis for the determination.

St. Anthony's Service Area

St. Anthony's primary geographic service area includes the following zip codes. Residents of these zip codes constitute 64% of the patients admitted to St. Anthony's from June 1, 2025 to May 31, 2026.

33068	33133	33304	33309	33311
33312	33313	33314	33317	33319
33320	33321	33322	33323	33324
33326	33334	33351	33355	

St. Catherine's Service Area

St. Catherine's primary geographic service area includes the following zip codes. Residents of these zip codes constitute 63.1% of the patients admitted to St. Catherine's from June 1, 2025 to May 31, 2026.

33012	33013	33014	33015	33016	33017
33018	33019	33020	33021	33023	33024
33025	33026	33027	33028	33029	33060
33061	33062	33063	33064	33065	33066
33067	33068	33069	33071	33072	33073
33074	33075	33076	33174		

Characteristics of the communities served by St. Anthony's and St. Catherine's include:

Indicator	St. Anthony's community	St. Catherine's community	Broward County	Miami-Dade County	Florida	United States
Population	760,667	1,344,184	1,977,129	2,738,356	22,416,077	334,922,499
Age 65+	16.88%	17.32%	17.93%	16.94%	21.33%	17.21%
Any disability	11.51%	11.12%	11.30%	10.32%	13.66%	13.29%
Language other than English at home, age 5+	41.58%	57.78%	43.79%	75.29%	30.63%	22.26%
Hispanic / Latino population	30.35%	50.21%	32.78%	69.32%	27.42%	19.34%
Median household income	$74,907	$79,192	$77,633	$71,753	$74,568	$80,734
Households with income below $25,000	15.85%	13.01%	15.35%	17.67%	15.00%	14.63%
Households with no vehicle	7.50%	6.40%	6.77%	9.83%	5.97%	8.35%
Uninsured population	13.48%	12.87%	12.46%	13.59%	11.54%	8.41%

Source: *US Census Bureau, American Community Survey. 2020-24.*

St. Anthony's and St. Catherine's share the principal function of providing rehabilitation services; therefore, the CHNA community for each facility places particular attention on older adults, people with disabilities or functional limitations, stroke and neurological patients, caregivers, and residents facing barriers to rehabilitation and safe return to the community. This focus does not exclude medically underserved, low-income, or minority populations residing in the geographic areas.

2. SOLICIT INPUT FROM PERSONS REPRESENTING BROAD INTERESTS OF COMMUNITY

The assessment intentionally incorporated input from community members, organizations, and county public health departments representing medically underserved populations, including older adults, individuals with disabilities, low-income residents, uninsured and underinsured individuals, and persons experiencing language, transportation, or other barriers to accessing health care. Community survey responses collected between April-May 2026, along with stakeholder interview feedback obtained between February-July 2026, were evaluated to identify health needs affecting these populations, and those perspectives were considered while identifying and prioritizing significant health needs.

COMMUNITY SURVEY

The community survey was completed by a total of 412 individuals between April-May 2026, with all respondents residing in one of the two counties within the primary service area of CHS. The geographic makeup of survey respondents is:

203
Respondents who live in Broward County

209
Respondents who live in Miami-Dade County

The survey contained questions regarding access to care (including primary care, treatment for chronic illness, and physical rehabilitation services), barriers to accessing such care, risk factors relating to chronic illnesses that may lead to the need for physical rehabilitation services, health education regarding physical rehabilitation services, and recent mobility challenges, along with demographic information.

KEY FINDINGS

Although the zip codes used to define the primary service area of St. Anthony's differ from those used to define the primary service area of St. Catherine's, all zip codes used to define the primary service areas of both hospitals fall within either Broward or Miami-Dade Counties. Given that both populations are located in the South Florida region, these communities generally encounter similar health needs and challenges. All community survey respondents live in one of these two counties; therefore, community survey responses presented throughout this report are in aggregate due to the proximity of the communities served and the geographic makeup of survey respondents.

Survey responses indicated that the community's most pressing health needs are intricately linked to social determinants of health, particularly economic conditions and access to healthcare services.

ECONOMIC CONDITIONS

43.0%

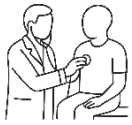
Respondents who identified **lack of affordable housing** as a top concern impacting community health

42.0%

Respondents who identified **lack of affordable healthcare / insurance** as a top concern impacting community health

36.2%

Respondents who identified **lack of a living wage** as a top concern impacting community health



ACCESS TO HEALTHCARE SERVICES

27.9%

Respondents who sought and **faced challenges obtaining primary care**

14.6%

Respondents who sought and **faced challenges obtaining treatment for chronic illness**

13.8%

Respondents who sought and **faced challenges obtaining physical rehabilitation services**

The need for improved access to essential resources is further highlighted in survey responses indicating difficulty accessing affordable housing, nutritious food, employment, and transportation. Chronic disease risk factors, limited knowledge of stroke symptoms, physical inactivity, mobility challenges, and gaps in fall prevention education emphasize a need for coordinated services that connect healthcare access with preventive education and social support. Respondents further noted a lack of providers, scheduling challenges, and long wait times as barriers to accessing primary care, treatment for chronic illness, and physical rehabilitation services.

KEY STAKEHOLDER INTERVIEWS

CHS identified 30 organizations across Broward and Miami-Dade Counties serving the same communities as St. Anthony's and St. Catherine's to provide input for this assessment. These organizations represent healthcare providers, social service agencies, governmental public health, and organizations serving medically underserved populations. Invitations to participate were extended to each organization, resulting in interviews with representatives from 23 organizations. Between February 2026 and July 2026, representatives from each of the following organizations were interviewed regarding their experiences and perspectives about the health and wellbeing of these communities:

- A Higher Vision Health Group LLC d/b/a Higher Vision Senior Placement
- Alliance for Aging (Miami)
- Alzheimer's Association
- Area Agency on Aging of Broward County
- Balanced Wellbeing LLC
- Broward County Housing Authority
- Catholic Charities of the Archdiocese of Miami
- CHS – Catholic Housing Management
- Citrus Health
- City of Lauderdale Lakes
- Feeding South Florida
- Florida Department of Health in Broward County
- Florida Department of Health in Miami-Dade County
- Hialeah City Council
- Hispanic Unity of Florida
- Larkin Hospital Neuroscience Center
- Miami-Dade Fire Rescue
- Nonprofit Executive Alliance
- Palmetto Hospital
- Palms Care Center
- Social Center Adult Day Care
- United Way Broward
- Veterans Affairs

These organizations were selected based on their experience serving the communities within the hospitals' service areas, particularly medically underserved populations and individuals affected by the hospitals' rehabilitation mission. Stakeholder feedback was reviewed alongside community survey results and secondary data and was considered in identifying and prioritizing the significant health needs presented in this report.

POPULATIONS REPRESENTED

Representatives from these organizations were selected for interviews because of the medically underserved, low-income, and minority populations across Broward and Miami-Dade Counties with whom they interact regularly. Collectively, these organizations represent the following populations:

Elderly (aged 65+)	Food-insecure
Hispanic / Latino	Low income
Non-Hispanic persons of color	Unhoused / housing-insecure
Uninsured / under-insured	Veterans

Included in those interviewed were representatives from county-level governmental public health departments with knowledge, information, and expertise relevant to the health needs of the communities residing in their respective counties.

Florida Department of Health in Broward County	**Florida Department of Health in Miami-Dade County**
Interviewed to capture perspective of public health department for St. Anthony's service area	Interviewed to capture perspective of public health department for St. Catherine's service area

KEY FINDINGS

COMMON THEME THROUGHOUT KEY STAKEHOLDER INTERVIEWS

Many individuals want to improve their health, but structural and practical barriers often prevent them from accessing information, preventive care, and sustained support before manageable conditions become crises.

Stakeholders described substantial disparities in the ability to prioritize health and wellbeing based on income level, with many noting that age, familial support, employment status, and neighborhood are also factors impacting a person's ability to maintain a healthy lifestyle. Preventable chronic conditions – particularly hypertension, diabetes, heart disease, obesity, and stroke – were identified as leading concerns, and stakeholders voiced the observation that many individuals delay care until symptoms become severe or require emergency treatment. Behavioral health also emerged as a prominent need, with depression, anxiety, substance use, stigma, and social isolation described as recurring issues across the community.

BARRIERS FACED BY COMMUNITY

The most significant barriers noted by stakeholders were largely rooted in social and economic conditions.

High housing and food costs, inadequate insurance, medication expenses, transportation limitations, inflexible work schedules, and provider shortages often force individuals and families to prioritize immediate necessities over preventive care. Limited health literacy, fragmented services, language and cultural differences, difficulty navigating available resources, and mistrust or immigration-related fears further restrict access. Older adults, low-income and uninsured residents, immigrants, people with disabilities, and Hispanic, Haitian, Caribbean, and Black communities were most frequently identified as facing elevated challenges. For seniors in particular, limited family support, loneliness, caregiver strain, and insufficient assistance with medication management, transportation, housekeeping, nutrition, and activities of daily living can accelerate functional decline and jeopardize an older adult's ability to remain safely at home.

CALL TO ACTION

Stakeholders called for a more visible, coordinated, and community-based response.

The concept of integrating primary care, behavioral health, rehabilitation, nutrition, and social support while strengthening referral pathways among hospitals, public agencies, nonprofits, municipalities, and faith-based organizations was frequently cited by stakeholders to mitigate the barriers faced by residents throughout the community. A sustained presence in trusted community settings was viewed as essential to building trust, improving early intervention, reducing preventable hospitalizations, and ensuring that existing resources reach those who need them most.

3. ANALYZE SECONDARY DATA

Written comments received on most recent CHNA and implementation strategy

St. Anthony's and St. Catherine's received no written comments on the most recently conducted CHNA and most recently adopted implementation strategy.

Secondary data

Secondary data points were gathered for each of the two defined service areas. Demographic information, along with data points relevant to the functional purpose of St. Anthony's and St. Catherine's as rehabilitation hospitals, can be found throughout this report. A complete listing of secondary data sources can be found in Appendix A.

4. IDENTIFY SIGNIFICANT HEALTH NEEDS

After conducting key stakeholder interviews, surveying the community, and compiling secondary data, all information was reviewed and analyzed to identify the significant health needs of the communities served by St. Anthony's and St. Catherine's. The identified health needs include:

- Access to affordable health care, insurance, and providers
- Chronic disease prevention and care, particularly as related to strokes
- Cultural and language barriers
- Falls, balance, safe mobility, and injury
- Health education
- Housing affordability, cost of living, and healthy food access
- Mental/behavioral health and social isolation, especially among older adults
- Physical rehabilitation care
- Transportation barriers

The health needs identified through the CHNA process are based on information gathered from both primary and secondary data sources within the communities served by St. Anthony's and St. Catherine's. The primary and secondary data supporting the identification of each health need are presented later in this report.

Information Gaps

Data provided by community leaders and the local health departments is often focused on the community as a whole and does not always relate to rehabilitation issues. The narrow community served by St. Catherine's (those who have activity limitations and participation restrictions due to functional impairments) makes information more difficult to obtain and analyze.

5. PRIORITIZE NEEDS IDENTIFIED

CHS convened a multidisciplinary workgroup consisting of representatives from the system's executive, clinical, operational, and administrative functions to review the assessment findings. For each health need identified in the assessment, this workgroup evaluated the severity, the organization's ability to influence, the community input obtained, and alignment with the hospital's strategic goals and existing initiatives.

SEVERITY	ABILITY TO INFLUENCE
The seriousness of the health, social, or community consequences associated with the issue. This factor considers outcomes such as mortality, morbidity, disability, quality of life, safety, and long-term harm.	The extent to which the organization and its partners can meaningfully affect the issue through programs, policy, systems change, funding, partnerships, advocacy, or service delivery.
COMMUNITY CONCERN	**EXISTING MOMENTUM**
The degree to which the issue is identified as important in the primary data collection (interviews and community survey). This factor reflects lived experience, public input, and perceived urgency.	The presence of current resources, partnerships, initiatives, funding, data, leadership support, or community readiness that can be leveraged to address the issue.

Using a weighted prioritization matrix to guide the discussion, the workgroup evaluated the identified health needs and reached consensus on those that should be prioritized.

Prioritized Needs

The priority health needs are as follows:

Chronic disease prevention and care, particularly as related to strokes

Prevention and care related to falls, balance, safe mobility, and injury

Health education

Physical rehabilitation care

6. OBTAIN APPROVAL OF CHNA REPORT FROM EACH HOSPITAL BOARD OF DIRECTORS

St. Anthony's operates under the legal entity St. Johns Rehabilitation Hospital and Nursing Center Inc. (EIN 59-1945163.) The Board of Directors of St. Johns Rehabilitation Hospital and Nursing Center Inc., and therefore of St. Anthony's, approved this CHNA report on August 28, 2026.

St. Catherine's operates under the legal entity Villa Maria Nursing and Rehabilitation Center Inc. (EIN 59-1284678.) The Board of Directors of St Villa Maria Nursing and Rehabilitation Center Inc., and therefore of St. Catherine's, approved this CHNA report on August 28, 2026.

HEALTH NEEDS IDENTIFIED DURING CHNA PROCESS

CHRONIC DISEASE PREVENTION AND CARE, PARTICULARLY AS RELATED TO STROKES

This need is directly related to the principal function of St. Anthony's and St. Catherine's because stroke, orthopedic, neurologic and cardiopulmonary conditions are common drivers of rehabilitation needs. The communities served by these rehabilitation hospitals face significant chronic disease and stroke-related risks. Better prevention, screening, early intervention and self-management may reduce the need for acute or rehabilitative care.

Community survey results

Survey topic	Finding
Stroke recognition	Only 45.4% of respondents said they were familiar enough with stroke signs and symptoms to recognize when someone may be having a stroke. 32.3% indicated that they would not be able to recognize signs of a stroke, and 22.3% were unsure.
Self-reported stroke risk factors	Respondents reported multiple risk factors, including: -Generally not following a healthy diet (35.0%) -High blood pressure (31.8%) -Smoking (28.9%) -Family history of strokes (19.4%) -Obesity (18.0%) -Has been diagnosed with diabetes (12.9%) -Other cardiac condition (10.7%)
Access to chronic illness care	14.6% of total respondents said someone in their household had trouble getting chronic illness care in the past 12 months. Top reasons cited by these respondents: -Lack of insurance (41.7%) -Insurance would not pay for care (35.0%) -Long wait times (28.3%)
Physical activity	30.6% of respondents reported that they do not exercise. 14.8% cited a dislike of exercising, 7.8% indicated a lack of time, 9.7% cited an inability to afford a fitness facility, 6.6% did not know what exercises to do, and 4.1% indicated a fear of exercise because of health conditions.

Note: Percentages are based on 412 completed community surveys unless otherwise noted.

Key stakeholder interview input

82%

Percentage of key stakeholders interviewed who described prevention of chronic conditions as a need across Broward and Miami-Dade Counties

Key stakeholders noted frequent instances of chronic conditions that could have been prevented or mitigated with earlier care, including for the following issues:

Blood pressure	Hypertension
Cancer	Kidney disease
Cardiac conditions / heart disease	Obesity
Diabetes	Stroke & neurological conditions

Note: Percentage reflects 23 key stakeholder interviews.

Secondary data findings

Indicator	St. Anthony's community	St. Catherine's community	Data Source	Interpretation for CHNA
High blood pressure prevalence	36.9% of adults were estimated to have high blood pressure; 77.3% of adults with high blood pressure were taking medication.	34.1% of adults were estimated to have high blood pressure; 77.0% of adults with high blood pressure were taking medication.	*CDC Behavioral (2023)*	Hypertension is a major risk factor for stroke and other conditions that can lead to disability.
Obesity and physical inactivity	Obesity prevalence was 32.1%; 20.8% of adults aged 20+ reported no leisure-time physical activity.	Obesity prevalence was 30.1%; 21.0% of adults aged 20+ reported no leisure-time physical activity.	*CDC Behavioral (2023)*	Obesity and inactivity are associated with chronic disease, falls and functional decline.
Stroke prevalence and ischemic stroke hospitalizations	Adult stroke prevalence was 4.0%, above Florida (3.8%) and U.S. (3.4%) secondary data benchmarks. Ischemic stroke hospitalizations among Medicare beneficiaries age 65+ were 3.3 per 1,000.	Adult stroke prevalence was 3.5%. Ischemic stroke hospitalizations among Medicare beneficiaries age 65+ were 3.2 per 1,000.	*CDC Behavioral (2023)*	Stroke prevention and post-stroke rehabilitation are core to community needs and hospital function.
Preventable hospitalizations	Medicare preventable hospitalizations were 3,714 per 100,000 beneficiaries, above the benchmarks for Florida (3,204) and the U.S. (2,769.)	Medicare preventable hospitalizations were 3,820 per 100,000 beneficiaries, above the benchmarks for Florida (3,204) and the U.S. (2,769.)	*CDC Behavioral (2023)*	Preventable hospitalization rates above state and national benchmarks indicate chronic disease and ambulatory care management gaps.

Existing resources potentially available to address need

The following resources currently serving the St. Anthony's and St. Catherine's communities may be available to assist with addressing chronic disease prevention and care, particularly as related to strokes.

St. Anthony's	St. Catherine's
211 Broward	211 Miami
American Heart Association	Alliance for Aging
Area Agency on Aging of Broward County / ADRC Broward	American Heart Association
Broward Health	Banyan Community Health
Care Resource	Care Resource
Florida Department of Health in Broward County	Florida Department of Health in Miami-Dade County
Light of the World Clinic	Jackson Health System
Memorial Healthcare System	Miami-Dade Area Health Education Center
	University of Miami Health

FALLS, BALANCE, SAFE MOBILITY, AND INJURY

Care related to falls, balance issues, walking difficulty and functional decline is a need in the communities served by St. Anthony's and St. Catherine's and is closely aligned with the hospitals' rehabilitation purpose.

Community survey results

Survey topic	Finding
Falls and functional issues	46.8% of respondents indicated at least one fall or functional issue for themselves or someone in their household in the prior 12 months. Specific findings included increased difficulty with walking (18.4%), a fall (17.0%), a near fall or difficulty with balance (16.7%), a decline in the ability to care for oneself (11.7%), a fracture or broken bone (11.2%), and difficulty with speech, communication, or swallowing (7.3%).
Fall education and screening	30.3% of respondents reported never receiving or being offered educational opportunities or screenings focused on minimizing fall risk.
Falls/near falls	25.0% of respondents reported falling or nearly falling at least once in the past 12 months.
Exercise safety/training	8.0% of respondents said they had never received training on how to exercise safely.

Note: Percentages are based on 412 completed community surveys unless otherwise noted.

Key stakeholder interview input

64%

Percentage of key stakeholders interviewed who identified senior/geriatric care and caregiver support as a need across Broward and Miami-Dade Counties, including 36% who specifically cited maintaining or improving mobility and preventing falls.

Note: Percentage reflects 23 key stakeholder interviews.

Secondary data findings

Indicator	St. Anthony's community	St. Catherine's community	Data Source	Interpretation for CHNA
Older adult population	Residents aged 65+ represented 16.88% of the St. Anthony's report area.	Residents aged 65+ represented 17.32% of the St. Catherine's report area.	*ACS (2020-24)*	Older adult prevalence increases relevance of fall prevention and functional support.
Ambulatory difficulty	6.07% of residents reported ambulatory difficulty.	5.89% of residents reported ambulatory difficulty.	*ACS (2020-24)*	Ambulatory limitations are directly related to fall risk, safe mobility and rehabilitation need.

Indicator	St. Anthony's community	St. Catherine's community	Data Source	Interpretation for CHNA
Self-care and independent living difficulty	Self-care difficulty was 2.44%; independent living difficulty was 5.02%.	Self-care difficulty was 2.56%; independent living difficulty was 5.17%.	*ACS (2020-24)*	Functional limitations affect safe discharge and aging in place.
Physical inactivity	20.8% of adults aged 20+ reported no leisure-time physical activity.	21.0% of adults aged 20+ reported no leisure-time physical activity.	*CDC Chronic Disease (2023)*	Low activity can contribute to deconditioning and mobility problems.

Existing resources potentially available to address need

The following resources currently serving the St. Anthony's and St. Catherine's communities may be available to assist with addressing falls, balance, safe mobility, and injury.

St. Anthony's	St. Catherine's
211 Broward	Alliance for Aging
Area Agency on Aging of Broward County / ADRC Broward (including ADRC Broward Helpline)	Jewish Community Services of South Florida - JCS Older Adult Case Management
Broward County Elderly and Veterans Services Division	Little Havana Activities & Nutrition Centers
Broward County Transit TOPS! Paratransit	Miami-Dade County Home Care Program
Habitat for Humanity Broward – Critical Home Repair Program	Miami-Dade Fire Rescue – Fire and Fall Safety Program for Older Adults
Meals on Wheels South Florida	
Rebuilding Together	

PRIORITIZED NEED

HEALTH EDUCATION

Residents and stakeholders identified a need for accessible education, screenings, and resource awareness. Health education is included as a distinct need because data show knowledge gaps, and stakeholders repeatedly described lack of awareness, trust, and ability to navigate available resources as barriers.

Community survey results

Survey topic	Finding
Stroke education	54.6% of respondents were not familiar enough with, or were unsure whether they could recognize, stroke signs and symptoms.
Fall education/screening	30.3% of respondents have never received or been offered educational opportunities or screenings focused on minimizing fall risk.
Discharge education	Among the respondents who received inpatient rehabilitation care in the past 12 months, 39.2% did not feel discharged with appropriate tools, support, and education to manage health issues outside the inpatient setting.
Exercise education	8.0% of respondents said they had never received training on how to exercise safely, 6.6% said they did not know which exercises to do, and 5.1% did not know how to properly use exercise equipment.

Note: Percentages are based on 412 completed community surveys unless otherwise noted.

Key stakeholder interview input

68%

Percentage of key stakeholders interviewed stating additional efforts to educate community members regarding health issues, including preventive measures and availability of resources, are needed.

Note: Percentage reflects 23 key stakeholder interviews.

Secondary data findings

Indicator	St. Anthony's community	St. Catherine's community	Data Source	Interpretation for CHNA
Medicare primary care use	68.30% of Medicare enrollees had a recent primary care/routine checkup, below Florida (82.81%) and U.S. (80.64%).	67.97% of Medicare enrollees had a recent primary care/routine checkup, below Florida (82.81%) and U.S. (80.64%).	*Dartmouth Atlas of Health Care (2019)*	Primary care is a common gateway to preventive counseling, screenings and referrals.

Indicator	St. Anthony's community	St. Catherine's community	Data Source	Interpretation for CHNA
Routine adult checkup	79.1% of adults had a routine checkup in the past year.	77.9% of adults had a routine checkup in the past year.	*CDC Behavioral (2023)*	Adult routine checkup rates can mask lower use among Medicare enrollees and vulnerable subgroups.
Diabetes screening among Medicare FFS beneficiaries	3% of Medicare FFS beneficiaries had diabetes screening in the secondary report data.	3% of Medicare FFS beneficiaries had diabetes screening in the secondary report data.	*CDC Behavioral (2023)*	Screening and chronic disease education can support prevention and early intervention.
Risk-factor prevalence	High blood pressure 36.9%; obesity 32.1%; physical inactivity 20.8%; adult stroke 4.0%.	High blood pressure 34.1%; obesity 30.1%; physical inactivity 21.0%; adult stroke 3.5%.	*CDC Behavioral (2023) & CMS Geographic (2024).*	Risk-factor burden underscores need for prevention, self-management and outreach.

Existing resources potentially available to address need

The following resources currently serving the St. Anthony's and St. Catherine's communities may be available to assist with addressing health education.

St. Anthony's	St. Catherine's
211 Broward	211 Miami
Area Agency on Aging of Broward County / ADRC Broward (including ADRC Broward Helpline)	Alliance for Aging
Broward Health	Baptist Health South Florida
Care Resource	Care Resource
Community Care Plan	Community Care Plan
Florida Department of Health in Broward County	Florida Department of Health in Miami-Dade County
Higher Vision Senior Placement	Higher Vision Senior Placement
Light of the World Clinic	Jackson Health System
Memorial Healthcare System	Jewish Community Services of South Florida
United Way of Broward County	Little Havana Activities & Nutrition Centers
	Sant La Haitian Neighborhood Center
	United Way Miami
	University of Miami Health

PHYSICAL REHABILITATION CARE

This need includes access to physical rehabilitation services, discharge preparedness, coordinated transitions from inpatient or acute-care settings back into the community, avoidable readmissions, and insurance and cost barriers. This need is central to the communities served by St. Anthony's and St. Catherine's as rehabilitation hospitals.

Community survey results

Survey topic	Finding
Access to rehabilitation services	13.8% of total respondents said someone in their household had trouble obtaining inpatient or outpatient physical rehabilitation services in the past 12 months. Reasons cited by these respondents: -Lack of insurance (35.1%) -Inability to afford copayment (29.8%) -Long wait times (29.8%) -Providers not accepting insurance (26.3%) -Lack of providers/facilities near home (24.6%) -Insurance would not pay for care (24.6%)
Home health rehabilitation	12.6% of respondents reported receiving rehabilitation services from a home health provider.
Inpatient rehabilitation discharge	Of the respondents who received inpatient physical rehabilitation in the past 12 months, 39.2% did not feel discharged with appropriate tools, support, and education and 7.8% reported readmission to an acute care facility within 30 days of discharge.

Note: Percentages are based on 412 completed community surveys unless otherwise noted.

Key stakeholder interview input

55%

Percentage of key stakeholders interviewed as a part of this assessment indicating a need for improved access to physical rehabilitation services, readiness for discharge, and post-discharge care in Broward and Miami-Dade Counties

Note: Percentage reflects 23 key stakeholder interviews.

Secondary data findings

Indicator	St. Anthony's community	St. Catherine's community	Data Source	Interpretation for CHNA
Older adult population	Residents aged 65+ represented 16.88% of the report-area population.	Residents aged 65+ represented 17.32% of the report-area population.	*ACS (2020-24)*	Older adults are more likely to need rehabilitation and discharge / home support.

Indicator	St. Anthony's community	St. Catherine's community	Data Source	Interpretation for CHNA
Disability and functional limitation	11.51% of the report-area population reported having a disability. Within the total report-area population, 6.07% are individuals with ambulatory difficulty, 5.02% are individuals aged 18+ with independent living difficulty, 4.98% are individuals with cognitive difficulty, and 2.44% are individuals with self-care difficulty.	11.12% of the report-area population reported having a disability. Within the total report-area population, 5.89% are individuals with ambulatory difficulty, 5.17% are individuals aged 18+ with independent living difficulty, 4.53% are individuals with cognitive difficulty, and 2.56% are individuals with self-care difficulty.	*ACS (2020-24)*	Functional limitations increase need for rehabilitation and in-home support.
Older adults living alone	Of the 92,200 households in the report-area population with at least one adult aged 65 or older, 35.39% are adults aged 65 or older who live alone.	Of the 168,926 households in the report-area population with at least one adult aged 65 or older, 32.42% are adults aged 65 or older who live alone.	*ACS (2020-24)*	Living alone can complicate discharge readiness and home recovery.
Preventable hospitalizations / readmission context	Medicare preventable hospitalizations were 3,714 per 100,000, above the benchmarks for Florida (3,204) and the U.S. (2,769.)	Medicare preventable hospitalizations were 3,820 per 100,000, above the benchmarks for Florida (3,204) and the U.S. (2,769.)	*CDC Behavioral (2023)*	Care coordination and follow-up can help reduce avoidable acute-care use.

Existing resources potentially available to address need

The following resources currently serving the St. Anthony's and St. Catherine's communities may be available to assist with addressing physical rehabilitation care.

St. Anthony's	St. Catherine's
211 Broward	211 Miami
Area Agency on Aging of Broward County / ADRC Broward (including ADRC Broward Helpline)	Alliance for Aging
Broward Health	Baptist Health South Florida
Center for Independent Living of Broward	Florida Division of Vocational Rehabilitation – Miami-Dade County
Coast to Coast Legal Aid / Senior Citizen Law Project	Jackson Health System
Florida Division of Vocational Rehabilitation – Broward County	Jewish Community Services of South Florida
Holy Cross Health	Little Havana Activities & Nutrition Centers
Memorial Healthcare System	Miami-Dade County Disability Services for People Living Independently
Rehab Without Walls – Broward County	Miami-Dade County Home Care Program
	Rehab Without Walls – Miami
	University of Miami

ACCESS TO AFFORDABLE HEALTH CARE, INSURANCE, AND PROVIDERS

Barriers to accessing healthcare were consistently identified across the community survey, stakeholder interviews, and secondary data. These barriers include cost of care, gaps in insurance coverage, underinsurance, medication affordability, appointment availability, and access to healthcare providers.

Community survey results

Survey topic	Finding
Community concern – affordable health care and insurance	42.0% of survey respondents selected **lack of affordable healthcare / insurance** as a top community concern.
Provider availability	13.8% of survey respondents selected lack of healthcare providers in general as a top community concern. 11.2% of survey respondents selected lack of appointment availability / long wait times as a top community concern. 7.3% of survey respondents selected lack of specialty providers as a top community concern.
Access to primary care	27.9% of total respondents said someone in their household had trouble obtaining primary care in the past 12 months. Top reasons cited by these respondents: -Provider did not accept insurance (34.8%) -Insurance would not pay for care (33.9%) -Lack of insurance (33.9%) -Inability to afford copayment (32.2%) -Long wait times (32.2%)
Access to chronic illness care	14.6% of total respondents said someone in their household had trouble getting chronic illness care in the past 12 months. Top reasons cited by these respondents: -Lack of insurance (41.7%) -Insurance would not pay for care (35.0%) -Long wait times (28.3%)

Note: Percentages are based on 412 completed community surveys unless otherwise noted.

Key stakeholder interview input

95%

Percentage of key stakeholders interviewed who described access to care as a need across Broward and Miami-Dade Counties. Key stakeholders noted that individuals often delay seeking care until emergencies occur.

Specifically, stakeholders identified access to affordable care as a community need in the following areas:

Home care	Preventive care / preventive screenings
Management of chronic conditions	Primary care
Medication	Resource navigation
Mental and behavioral health	Transportation to appointments

Note: Percentage reflects 23 key stakeholder interviews.

Secondary data findings

Indicator	St. Anthony's community	St. Catherine's community	Data Source	Interpretation for CHNA
Uninsured population	13.48% of the St. Anthony's report-area population were uninsured. This uninsured population exceeds that of Florida (estimated at 11.54%) and the U.S. (estimated at 8.41%.)	12.87% of the St. Catherine's report-area population were uninsured. This uninsured population exceeds that of Florida (estimated at 11.54%) and the U.S. (estimated at 8.41%.)	*ACS (2020-24)*	Insurance gaps are a direct barrier to accessing care; secondary data aligns with messaging from community survey results and key stakeholder interviews.
Recent primary care among Medicare enrollees	68.3% of Medicare enrollees in the St. Anthony's report-area population had a recent primary care or routine checkup, which is lower than the rate across Florida (82.81%) and across the U.S. (80.64%).	67.97% of Medicare enrollees in the St. Catherine's report-area population had a recent primary care or routine checkup, which is lower than the rate across Florida (82.81%) and across the U.S. (80.64%).	*Dartmouth Atlas of Health Care (2019)*	Lower Medicare primary care use can impact prevention and timely referrals and may ultimately drive-up cost of care.
Primary care provider supply / shortage	2.47% of the St. Anthony's report-area population reside in a primary care Health Professional Shortage Area (“HPSA.”).	21.25% of the St. Catherine's report-area population reside in a primary care HPSA.	*CMS NPPES (March 2026) & HHS HRSA-HPSA (2020-24)*	Provider shortage designations reinforce access barriers noted in primary data sources.
Preventable hospitalizations	Medicare preventable hospitalizations were 3,714 per 100,000 beneficiaries, above the benchmarks for Florida (3,204) and the U.S. (2,769.)	Medicare preventable hospitalizations were 3,820 per 100,000 beneficiaries, above the benchmarks for Florida (3,204) and the U.S. (2,769.)	*CMS Medicare Disparities Tool (2023)*	Preventable hospitalizations can signal gaps in timely ambulatory care and chronic disease management.

Existing resources potentially available to address need

The following resources currently serving the St. Anthony's and St. Catherine's communities may be available to assist with addressing access to affordable health care, insurance, and providers.

St. Anthony's	St. Catherine's
211 Broward	211 Miami
Area Agency on Aging of Broward County / ADRD Broward	Alliance for Aging
Broward Community & Family Health Centers	Baptist Health South Florida
Broward Health	Borinquen Medical Centers
Care Resource	Care Resource
Coast to Coast Legal Aid / Senior Citizen Law Project	Citrus Health Network
Community Care Plan	Community Care Plan
Covering Florida	Community Health of South Florida
Florida Department of Health in Broward County	Covering Florida
Florida KidCare	Florida Department of Health in Miami-Dade County
Hispanic Unity of Florida	Florida KidCare
Light of the World Clinic	Jackson Health System
Memorial Healthcare System	Jessie Trice Community Health System
United Way of Broward County	Jewish Community Services of South Florida
	Little Havana Activities & Nutrition Centers
	Sant La Haitian Neighborhood Center
	Thriving Mind South Florida
	United Way Miami
	University of Miami Health

CULTURAL AND LANGUAGE BARRIERS

With significant diversity in culture and language in the communities served by St. Anthony's and St. Catherine's, this need is reflected across all data sources, with an especially strong secondary-data signal in the St. Catherine's report area.

Community survey results

Survey topic	Finding
Primary language spoken at home by survey respondents	English: 84.2% of respondents Spanish: 14.3% of respondents Other: 1.5% of respondents
Community concerns – discrimination and language barriers	13.6% of respondents selected **discrimination** as a top concern impacting health in the community. 6.3% of respondents selected **lack of healthcare providers fluent in my language** as a top concern impacting health in the community.
Access to primary care – discrimination and language barriers	Among the respondents reporting trouble accessing primary care within the last 12 months: -13.9% cited discrimination as a reason -11.3% cited lack of providers fluent in their language as a reason
Access to chronic illness care – discrimination and language barriers	Among the respondents reporting trouble accessing chronic illness care within the last 12 months: -20.0% cited discrimination as a reason -13.3% cited lack of providers fluent in their language as a reason.
Access to rehabilitation services – discrimination and language barriers	Among the respondents reporting trouble accessing rehabilitation services within the last 12 months: -19.3% cited lack of providers fluent in their language as a reason -12.3% cited discrimination as a reason

Note: Percentages are based on 412 completed community surveys unless otherwise noted.

Key stakeholder interview input

68%

Percentage of key stakeholders interviewed who described culturally competent and language-accessible care as a need across Broward and Miami-Dade Counties.

Note: Percentage reflects 23 key stakeholder interviews.

Secondary data findings

Indicator	St. Anthony's community	St. Catherine's community	Data Source	Interpretation for CHNA
Language other than English at home	41.58% of residents age 5 and older speak a language other than English at home.	57.78% of residents age 5 and older speak a language other than English at home.	*ACS (2020-24)*	Language access is a core equity and access-to-care issue.
Spanish language	26.61% of residents age 5 and older speak Spanish at home.	45.95% of residents age 5 and older speak Spanish at home.	*ACS (2020-24)*	Spanish-language outreach and navigation are important in both communities, especially St. Catherine's.
French, Haitian or Cajun language	8.85% of residents age 5 and older speak French, Haitian, or Cajun at home.	5.39% of residents age 5 and older speak French, Haitian, or Cajun at home.	*ACS (2020-24)*	Haitian Creole and related language/cultural access is a recurring community issue.
Medically underserved definition relevance	The IRS describes medically underserved populations as including people at risk of inadequate care due to language, financial, transportation or other barriers.	The IRS describes medically underserved populations as including people at risk of inadequate care due to language, financial, transportation or other barriers.		Language access must be considered when defining and assessing the community served.

Existing resources potentially available to address need

The following resources currently serving the St. Anthony's and St. Catherine's communities may be available to assist with addressing cultural and language barriers.

St. Anthony's	St. Catherine's
211 Broward	211 Miami
311 Broward	Borinquen Medical Centers
Broward Community & Family Health Centers	Care Resource
Broward County Human Services Department	Community Health of South Florida
Care Resource	Florida Department of Health in Miami-Dade County
Florida Department of Health in Broward County	Jackson Health System
Hispanic Unity of Florida	Jessie Trice Community Health System
Light of the World Clinic	Jewish Community Services of South Florida
Legal Aid Service of Broward County	Miami-Dade County 311 Contact Center
United Way of Broward County	Miami-Dade County Community Action and Human Services Department
	Miami-Dade County Office of New Americans
	Sant La Haitian Neighborhood Center
	United Way Miami

HOUSING AFFORDABILITY, COST OF LIVING, AND HEALTHY FOOD ACCESS

Community residents reported housing, a living wage, and healthy food affordability as leading concerns. These social and economic conditions affect the ability to maintain health, access care, obtain medications, eat well, and recover safely after illness or rehabilitation. This need is included because it had the strongest community-survey signal and was repeatedly raised by stakeholders serving older adults, low-income residents, immigrants, and people with disabilities.

Community survey results

Survey topic	Finding
Community concern – affordable living costs	**Lack of affordable housing** was the most frequently selected concern, identified by 43.0% of respondents. **Lack of a living wage** was identified by 36.2% of respondents, while 30.6% identified **a lack of affordable and healthy food options**.
Employment pressures	Lack of employment opportunities was identified as an issue in the community by 23.8% of respondents.

Note: Percentages are based on 412 completed community surveys unless otherwise noted.

Key stakeholder interview input

68%

Percentage of key stakeholders interviewed who described the cost of housing, healthy food, and other basic living expenses as a barrier preventing community members from seeking and receiving healthcare services.

Note: Percentage reflects 23 key stakeholder interviews.

Secondary data findings

Indicator	St. Anthony's community	St. Catherine's community	Data Source	Interpretation for CHNA
Poverty/cost burden context	Among households in the St. Anthony's report area, 27.55% were between 51% and 200% of the federal poverty level in the secondary data table.	Among households in the St. Catherine's report area, 24.58% were between 51% and 200% of the federal poverty level in the secondary data table.	*ACS (2020-24)*	Households near or below 200% FPL are more likely to face tradeoffs among rent, food, transportation, care and medications.
Rent level	Average gross rent was $1,924 among 110,087 renter-occupied units.	Average gross rent was $1,899 among 184,666 renter-occupied units.	*ACS (2020-24)*	High rents reinforce community concern about housing affordability.

Indicator	St. Anthony's community	St. Catherine's community	Data Source	Interpretation for CHNA
Affordable rental stock at lower AMI thresholds	Only 4.88% of renter-occupied units were affordable at 50% area median household income ("AMI") and 9.05% at 60% AMI.	Only 6.92% of renter-occupied units were affordable at 50% AMI and 10.75% at 60% AMI.	*ACS (2020-24)*	Limited affordable rental stock can affect safe discharge, aging in place and rehabilitation recovery.
Older adults living alone	Of the 92,200 households in the report-area population with at least one adult age 65 or older, 35.39% are adults aged 65 or older who live alone.	Of the 168,926 households in the report-area population with at least one adult age 65 or older, 32.42% are adults aged 65 or older who live alone.	*ACS (2020-24)*	Living alone can make food access, transportation and post-discharge recovery more difficult.

Existing resources potentially available to address need

The following resources currently serving the St. Anthony's and St. Catherine's communities may be available to assist with addressing housing affordability, cost of living, and healthy food access.

St. Anthony's	St. Catherine's
211 Broward	211 Miami
Area Agency on Aging of Broward County / ADRC Broward	Alliance for Aging
Broward County Family Success Centers	Camillus House
Broward County Housing Authority	Farm Share
Broward County Housing Finance and Community Development Division	Feeding South Florida
Coast to Coast Legal Aid / Senior Citizen Law Project	Higher Vision Senior Placement
Farm Share	Jewish Community Services of South Florida
Feeding South Florida	Legal Services of Greater Miami
Henderson Behavioral Health	Little Havana Activities & Nutrition Centers
Higher Vision Senior Placement	Miami-Dade County Community Services
Hispanic Unity of Florida	Miami-Dade County Housing and Community Development
Legal Aid Service of Broward County	Miami-Dade County Housing Choice Voucher Program
Meals on Wheels South Florida	Miami-Dade County Meals for the Elderly
United Way of Broward County	United Way Miami

MENTAL / BEHAVIORAL HEALTH AND SOCIAL ISOLATION, ESPECIALLY AMONG OLDER ADULTS

Mental and behavioral health needs, including social isolation and loneliness among older adults, were identified through stakeholder input and reinforced by secondary data on frequent mental distress and seniors living alone. This need encompasses depression, anxiety, substance use concerns, social isolation, loneliness, and limited access to behavioral health resources and social support.

Community survey results

Survey topic	Finding
Social isolation	36.2% of respondents reported living alone. 19.7% reported being aged 65 or older. 48.1% of respondents aged 65 or older reported living alone.

Note: Percentages are based on 412 completed community surveys unless otherwise noted.

Key stakeholder interview input

59%

Percentage of key stakeholders interviewed who referenced mental/behavioral health and social isolation among older adults as an issue across Broward and Miami-Dade Counties.

Note: Percentage reflects 23 key stakeholder interviews.

Secondary data findings

Indicator	St. Anthony's community	St. Catherine's community	Data Source	Interpretation for CHNA
Frequent mental distress / poor mental health	17.1% of adults reported frequent mental distress or poor mental health, above the Florida estimate of 15.9% and U.S. estimate of 15.6% in the secondary data report.	15.6% of adults reported frequent mental distress or poor mental health.	*CDC Behavioral (2023)*	Poor mental health affects recovery, chronic disease management, safety and quality of life.
Older adults living alone	Of the 92,200 households in the report-area population with at least one adult age 65 or older, 35.39% are adults aged 65 or older who live alone.	Of the 168,926 households in the report-area population with at least one adult age 65 or older, 32.42% are adults aged 65 or older who live alone.	*ACS (2020-24)*	Living alone is a practical indicator for potential isolation and need for connection/check-ins.
Older adult population	Residents aged 65+ represented 16.88% of the report-area population.	Residents aged 65+ represented 17.32% of the report-area population.	*ACS (2020-24)*	Older adults are a central population for the rehabilitation hospitals and community resources.

Indicator	St. Anthony's community	St. Catherine's community	Data Source	Interpretation for CHNA
HPSA context	Secondary data indicated 2.47% of the St. Anthony's report-area population was in a primary care HPSA area.	Secondary data indicated 21.25% of the St. Catherine's report-area population was in a primary care HPSA area.	*HHS HRSA-HPSA (2020-24)*	Shortage and underserved-area context can affect access to behavioral health and integrated care.

Existing resources potentially available to address need

The following resources currently serving the St. Anthony's and St. Catherine's communities may be available to assist with addressing mental/behavioral health and social isolation, especially among older adults.

St. Anthony's	St. Catherine's
211 Broward	211 Miami
Area Agency on Aging of Broward County / ADRC Broward	Alliance for Aging
Broward Behavioral Health Coalition	Baptist Health South Florida
Broward County Elderly and Veterans Services Division	Care Resource
Broward Health	Community Care Plan
Care Resource	Feeding South Florida
Community Care Plan	Jackson Health System
Feeding South Florida	Jewish Community Services of South Florida
Henderson Behavioral Health	Little Havana Activities & Nutrition Centers
Meals on Wheels South Florida	Miami-Dade County Active Older Adults Program
Memorial Healthcare System	Miami-Dade County Community Services
NAMI Broward County	NAMI Miami-Dade County
United Way of Broward County	Thriving Mind South Florida
	United Way Miami
	University of Miami Health

TRANSPORTATION BARRIERS

Transportation was consistently identified as a barrier to accessing healthcare services, particularly among older adults and individuals with disabilities.

Community survey results

Survey topic	Finding
Community concern – transportation	9.5% of respondents selected **lack of transportation** as a top community concern.
Access to primary care – transportation	Among the respondents reporting trouble obtaining primary care, 14.8% cited lack of transportation.
Access to chronic illness care – transportation	Among the respondents reporting trouble obtaining chronic illness treatment, 18.3% cited lack of transportation.
Access to rehabilitation services – transportation	Among the respondents reporting trouble obtaining inpatient or outpatient physical rehabilitation, 19.3% cited lack of transportation.
Access to exercise facilities – transportation	3.6% of respondents said transportation problems prevented them from going to a fitness facility.

Note: Percentages are based on 412 completed community surveys unless otherwise noted.

Key stakeholder interview input

55%

Percentage of key stakeholders interviewed as a part of this assessment stating lack of transportation to health care facilities and appointments as a barrier preventing community members from seeking and receiving services

Note: Percentage reflects 23 key stakeholder interviews.

Secondary data findings

Indicator	St. Anthony's community	St. Catherine's community	Data Source	Interpretation for CHNA
Households without a vehicle	7.50% of households in the St. Anthony's report area had no motor vehicle, exceeding the Florida estimate of 5.97%.	6.40% of households in the St. Catherine's report area, had no motor vehicle had no motor vehicle, exceeding the Florida estimate of 5.97%.	*ACS (2020-24)*	No-vehicle households face added difficulty accessing appointments, therapy and food.
Older adults living alone	Of the 92,200 households in the report-area population with at least one adult age 65 or older, 35.39% are adults aged 65 or older who live alone.	Of the 168,926 households in the report-area population with at least one adult age 65 or older, 32.42% are adults aged 65 or older who live alone.	*ACS (2020-24)*	Living alone can compound transportation challenges after discharge or during chronic-care management.

Indicator	St. Anthony's community	St. Catherine's community	Data Source	Interpretation for CHNA
Disability	11.51% of the report-area population reported having a disability. Within the total report-area population, 6.07% are individuals with ambulatory difficulty, 5.02% are individuals aged 18+ with independent living difficulty, 4.98% are individuals with cognitive difficulty, and 2.44% are individuals with self-care difficulty.	11.12% of the report-area population reported having a disability. Within the total report-area population, 5.89% are individuals with ambulatory difficulty, 5.17% are individuals aged 18+ with independent living difficulty, 4.53% are individuals with cognitive difficulty, and 2.56% are individuals with self-care difficulty.	*ACS (2020-24)*	Disability can limit use of fixed-route transportation and increase need for paratransit/in-home services.

Existing resources potentially available to address need

The following resources currently serving the St. Anthony's and St. Catherine's communities may be available to assist with addressing transportation barriers.

St. Anthony's	St. Catherine's
211 Broward	211 Miami
Area Agency on Aging of Broward County / ADRC Broward	Alliance for Aging
BCOM Health	Jewish Community Services of South Florida
Broward County Transit TOPS! Paratransit	Little Havana Activities & Nutrition Centers
Broward County Transit Transportation Disadvantaged Bus Pas Program	Miami-Dade County Golden Passport
	Miami-Dade County Special Transportation Service
	Miami-Dade County Transportation Disadvantaged Program
	United Way Miami

ACTIONS TAKEN SINCE PRIOR CHNA

The immediately preceding CHNAs identified four significant health needs to be prioritized. Given the close geographic proximity and the identical functional profile of the communities served by St. Anthony's and St. Catherine's, the needs identified for the two facilities were the same.

Reduce readmissions	**ACTIONS TAKEN:** ➢ Implementation of the VIOS remote cardiac and vital-sign monitoring system ➢ Monthly Acute Care Transfer Committee meetings ➢ Weekly team conference review to discuss current medical state and any changes to avoid hospital readmission ➢ Physician oversight – 24/7 medical doctors; daily face to face visits **IMPACT OF ACTIONS TAKEN:** These efforts strengthened the hospital's ability to identify changes in patient condition earlier, review and address factors contributing to avoidable transfers and readmissions, and improve coordination among physician and nursing leadership. Ongoing case review and committee oversight also supported identification of recurring trends, opportunities for process improvement, and implementation of interventions intended to reduce preventable readmissions and improve continuity of care.
Reduce falls	**ACTIONS TAKEN:** ➢ Implementation of hourly rounding, pad and chair alarms, fall star program (based off a risk assessment for falls) ➢ Huddle initiative questions of, "Who, Why, What" to prevent falls ➢ Intentional toileting program for high-risk patients ➢ Rehabilitation-led mobility assessments within 24 hours of admission ➢ Utilization of 1:1 sitters, clinical alarms, and medication reconciliation between medical doctors and pharmacist **IMPACT OF ACTIONS TAKEN:** These initiatives strengthened fall-prevention practices by improving early identification of patients at risk for falls, increasing staff awareness and communication, and promoting more consistent monitoring of high-risk patients. Intentional toileting and early mobility assessments also helped address common contributors to falls, support safe mobility, and guide individualized interventions aimed at reducing fall risk and fall-related injuries.

Expand educational services	**ACTIONS TAKEN:** ➢ Community education through health fairs – blood pressure, glucose monitoring, medication management, outpatient services, and other CHS lines of services ➢ Community CPR and first-aid training sessions ➢ Community education through monthly Stroke Support group sessions **IMPACT OF ACTIONS TAKEN:** These efforts expanded access to practical health education and preventive information in the community, increased awareness of available health and support services, and strengthened community members' ability to recognize and respond to common health concerns and emergencies. Ongoing stroke support sessions also provided continued education and peer support for stroke survivors and caregivers, helping reinforce recovery, self-management, and connection to appropriate resources.
Expand follow-up and prevention services	**ACTIONS TAKEN:** ➢ Implementation of post discharge calls to patients and families that include a survey on their care ➢ Coordination of home health services and primary care follow ups by social services at discharge ➢ Implementation of Stroke Patient Satisfaction Survey ➢ Home safety assessments for patients at risk for falls ➢ Outpatient therapy services for continuity of care **IMPACT OF ACTIONS TAKEN:** These efforts strengthened continuity of care after discharge by improving follow-up with patients and families, facilitating connections to home health and primary care services, and identifying opportunities to address concerns following hospitalization. Patient feedback mechanisms supported ongoing quality improvement, while home safety assessments helped identify and mitigate fall risks in the home environment. Collectively, these actions supported safer transitions of care, improved access to follow-up services, and reinforced prevention efforts after discharge.

ACKNOWLEDGEMENTS

The community health needs assessment for CHS supports the organization's vision of improving the health, independence, and spiritual well-being of the elderly, the poor, and those in need. The assessment reflects CHS's ongoing commitment to identifying and addressing health needs within the communities served by St. Anthony's and St. Catherine's.

CHS convened a multidisciplinary workgroup of executive, clinical, operational, and administrative leaders to provide guidance and oversight throughout the assessment, prioritization, and reporting processes. The individuals listed below contributed their time, expertise, and resources to support the successful completion of this assessment.

NAME	POSITION
Rosemarie Bailey, BHSA, MBA, NHA	Executive Director/Administrator, St. John's Rehabilitation Hospital and Nursing Center
Raiza Figueredo, APRN, PNP, FNP, BC	Associate Director of Business Development for Miami-Dade County, CHS
Mary Jo Frick	President & Chief Executive Officer, CHS
Dr. Brian Kiedrowski	Chief Medical Officer, CHS
Rose Lugo, Ed.D.	Senior Director of Marketing & Communications, CHS
Christina Sierra	Administrator, St. Catherine's West Rehabilitation Hospital
Josee Stephen	Director of Nursing, St. Anthony's Rehabilitation Hospital
Laura Wilson	Chief Financial Officer, CHS

APPENDIX A: Secondary data sources

The following chart provides a complete listing of secondary data source materials utilized for this assessment, along with the abbreviation used in this report to refer to each respective source:

Source	Data source abbreviation used throughout report
US Census Bureau, American Community Survey. 2020-24.	ACS (2020-24)
Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.	Dartmouth Atlas of Health Care (2019)
Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). March 2026.	CMS NPPES (March 2026)
US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database. 2020-24.	HHS HRSA-HPSA (2020-24)
Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.	CMS Medicare Disparities Tool (2023)
Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2023.	CDC Behavioral (2023)
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, CDC - Diabetes Atlas. 2023.	CDC Chronic Disease (2023)
Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File. 2024.	CMS Geographic (2024)

APPENDIX B: Existing resources potentially available to address needs identified in CHNA

CHS has identified the following resources currently serving the St. Anthony's and St. Catherine's communities that may be available to assist with the needs identified in the CHNA.

Relevant hospital community	Organization / resource	Population focus	Relevant need(s) identified in CHNA
St. Anthony's	211 Broward	Residents of Broward County	-Cultural and language barriers -Health education
St. Anthony's	211 Broward Touchline	Broward County residents over age 55 who live alone	-Falls, balance, safe mobility, and injury -Mental/behavioral health and social isolation, especially among older adults
St. Catherine's	211 Miami	Residents of Miami-Dade County	-Cultural and language barriers -Health education
St. Catherine's	Alliance for Aging	Older adults and caregivers in Miami-Dade and Monroe Counties	-Access to affordable health care, insurance, and providers -Falls, balance, safe mobility, and injury -Health education -Housing affordability, cost of living, and healthy food access -Mental/behavioral health and social isolation, especially among older adults -Physical rehabilitation care -Transportation barriers
St. Catherine's	Alliance for Aging SHINE Program	Older adults, people with disabilities, and caregivers	-Access to affordable health care, insurance, and providers -Health education
St. Anthony's	Area Agency on Aging of Broward County / ADRC Broward (including ADRC Broward Helpline)	Adults aged 60+ and adults with disabilities aged 18+	-Access to affordable health care, insurance, and providers -Chronic disease prevention and care -Falls, balance, safe mobility, and injury -Health education -Housing affordability, cost of living, and healthy food access -Mental/behavioral health and social isolation, especially among older adults -Physical rehabilitation care -Transportation barriers
St. Anthony's	Broward Community & Family Health Centers, Inc. (BCOM Health)	Broward County residents, with a focus on low-income individuals	-Access to affordable health care, insurance, and providers -Chronic disease prevention and care -Healthy food access -Mental/behavioral health and social isolation -Transportation barriers
St. Anthony's	Broward County Family Success Centers	Broward County residents experiencing unexpected income loss	-Housing affordability, cost of living, and healthy food access

Relevant hospital community	Organization / resource	Population focus	Relevant need(s) identified in CHNA
St. Anthony's	Broward County Housing Authority	Low-income families, older adults, and persons with disabilities	-Housing affordability
St. Anthony's	Broward County Transit TOPS! Paratransit	Persons with disabilities, low-income individuals, and older adults with mobility limitations	-Falls, balance, safe mobility, and injury -Transportation barriers
St. Anthony's	Broward County Transit Transportation Disadvantaged Bus Pass Program	Low-income residents of Broward County	-Transportation barriers
St. Anthony's & St. Catherine's	Care Resource	Residents of Broward and Miami-Dade Counties	-Access to affordable health care, insurance, and providers -Chronic disease prevention and care -Health education -Mental/behavioral health and social isolation, especially among older adults
St. Anthony's	Coast to Coast Legal Aid / Senior Citizen Law Project	Broward County residents aged 60+	-Access to affordable health care, insurance, and providers -Housing affordability, cost of living, and healthy food access -Physical rehabilitation care
St. Anthony's & St. Catherine's	Community Care Plan	Residents of Broward and Miami-Dade Counties, with a focus on low-income individuals, older adults, children aged 5-18 from low-income families, and persons with disabilities enrolled in Medicaid	-Access to affordable health care, insurance, and providers -Health education -Mental/behavioral health and social isolation, especially among older adults
St. Catherine's	Community Health of South Florida, Inc. (CHI)	South Florida residents, with a focus on low-income families	-Access to affordable health care, insurance, and providers
St. Anthony's & St. Catherine's	Feeding South Florida	Adults aged 60+ and food-insecure residents in Broward and Miami-Dade Counties	-Healthy food access -Mental/behavioral health and social isolation, especially among older adults
St. Anthony's	Henderson Behavioral Health	People of all ages with behavioral health conditions	-Housing affordability, cost of living, and healthy food access -Mental/behavioral health and social isolation
St. Anthony's & St. Catherine's	Higher Vision Senior Placement	Residents of Broward and Miami-Dade Counties including older adults and their families seeking senior housing, assisted living, memory care, long-term care placement, or support during healthcare and housing transitions	-Health education -Housing affordability
St. Anthony's	Hispanic Unity of Florida	Immigrants across South Florida; based in Broward County	-Access to affordable health care, insurance, and providers -Cultural and language barriers -Housing affordability, cost of living, and healthy food access

Relevant hospital community	Organization / resource	Population focus	Relevant need(s) identified in CHNA
St. Catherine's	Jessie Trice Community Health System	Low-income individuals in Miami-Dade County	-Access to affordable health care, insurance, and providers
St. Catherine's	Jewish Community Services of South Florida - JCS Delivers	Low-income homebound adults aged 60+ in Miami-Dade County	-Healthy food access -Mental/behavioral health and social isolation, especially among older adults
St. Catherine's	Jewish Community Services of South Florida - JCS Older Adult Case Management	Adults aged 55+ in Miami-Dade County and caregivers	-Access to affordable health care, insurance, and providers -Falls, balance, safe mobility, and injury -Health education -Housing affordability, cost of living, and healthy food access -Mental/behavioral health and social isolation, especially among older adults -Physical rehabilitation care -Transportation barriers
St. Catherine's	Jewish Community Services of South Florida - Senior Ride	Adults aged 60+ in Miami-Dade County - currently limited only to clients of Diener Center Congregate Meals	-Healthy food access -Mental/behavioral health and social isolation, especially among older adults -Transportation barriers
St. Anthony's	Legal Aid Service of Broward County	Low-income and otherwise eligible Broward County residents	-Housing affordability
St. Catherine's	Legal Services of Greater Miami	Low-income communities in Miami-Dade and Monroe Counties	-Housing affordability, cost of living
St. Anthony's	Light of the World Clinic	Uninsured low-income residents of Broward County, including older adults with chronic illness	-Access to affordable health care, insurance, and providers -Chronic disease prevention and care -Cultural and language barriers -Health education
St. Catherine's	Little Havana Activities & Nutrition Centers	Older adults across Miami-Dade County	-Access to affordable health care, insurance, and providers -Falls, balance, safe mobility, and injury -Health education -Healthy food access -Mental/behavioral health and social isolation, especially among older adults -Physical rehabilitation care -Transportation barriers
St. Anthony's	Meals on Wheels South Florida	Broward County residents aged 60+	-Falls, balance, safe mobility, and injury -Healthy food access -Mental/behavioral health and social isolation, especially among older adults
St. Catherine's	Miami-Dade County Home Care Program	Residents of Miami-Dade County aged 60+ with disabilities	-Falls, balance, safe mobility, and injury -Physical rehabilitation care

Relevant hospital community	Organization / resource	Population focus	Relevant need(s) identified in CHNA
St. Catherine's	Miami-Dade County Meals for the Elderly	Adults 60+ - homebound and at meal sites	-Healthy food Access
St. Catherine's	Miami-Dade Golden Passport	Miami-Dade County residents aged 65+ and Social Security beneficiaries	-Transportation barriers
St. Catherine's	Miami-Dade Housing and Community Development	Low-income families, older adults, and persons with disabilities	-Housing affordability, cost of living, and healthy food access
St. Catherine's	Miami-Dade Housing Choice Voucher Program	Very low-income families, older adults, and persons with disabilities	-Housing affordability
St. Catherine's	Miami-Dade Special Transportation Service (STS)	Persons with disabilities who are unable to use public transit	-Transportation barriers
St. Anthony's	NAMI Broward County	Individuals and families affected by mental illness	-Mental/behavioral health and social isolation
St. Catherine's	NAMI Miami-Dade County	Individuals and families affected by mental illness	-Mental/behavioral health and social isolation
St. Catherine's	Sant La Haitian Neighborhood Center	Haitian and Haitian-American community in South Florida	-Access to affordable health care, insurance, and providers -Cultural and language barriers -Health education
St. Catherine's	Thriving Mind South Florida	Uninsured individuals in Miami-Dade and Monroe Counties	-Access to affordable health care, insurance, and providers -Mental/behavioral health and social isolation
St. Catherine's	United Way Miami	Older adults, caregivers, low-income individuals, and families throughout Miami-Dade County	-Access to affordable health care, insurance, and providers -Health education -Housing affordability, cost of living, and healthy food access -Mental/behavioral health and social isolation, especially among older adults -Transportation barriers
St. Anthony's	United Way of Broward County	Older adults, caregivers, veterans, low-income households, and vulnerable populations	-Access to affordable health care, insurance, and providers -Health education -Housing affordability, cost of living, and healthy food access -Mental/behavioral health and social isolation, especially among older adults