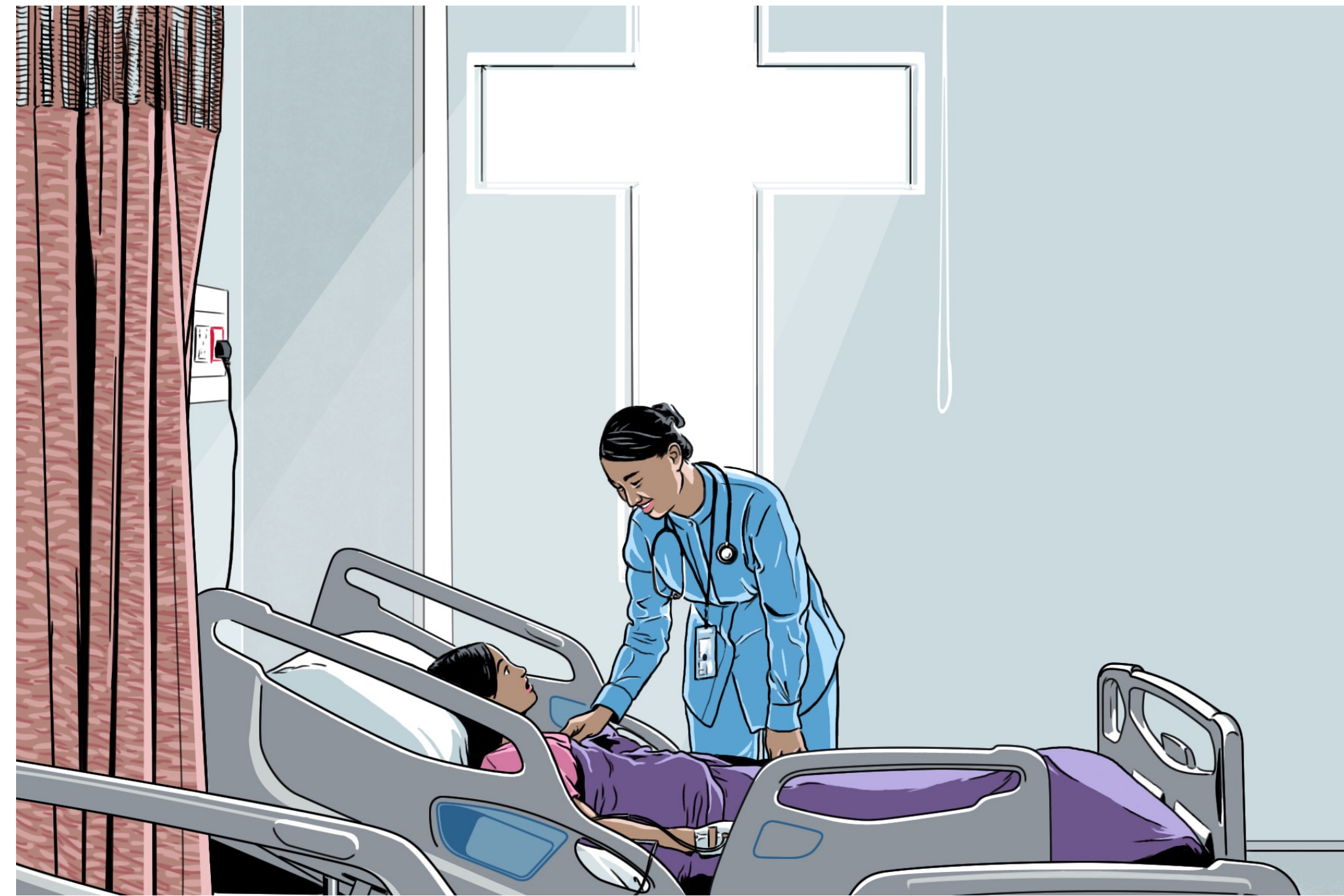




# Bridging faith and care: Navigating growing religious affiliation in the U.S. Healthcare System.

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## Abstract

In this poster, we share a growing concern about complex dynamics at the intersection of healthcare service delivery in the United States and religious principles, focusing on the growth of religiously-affiliated hospitals as the sole source of healthcare in certain areas. This has important implications for reproductive health and end-of-life care, especially regarding the Ethical and Religious Directives that guide these institutions. We aim to prompt conversation about balancing institutional moral convictions with patient autonomy and healthcare access across space.

## Visualization

We created our visualization using the Community Benefits Insights dataset from RTI International, a dataset of information about tax-exempt hospitals across the United States. The graphic includes only non-profit hospitals (tax-exempt) and exempts both public and for-profit hospitals from the visualization.

The visualization shows a high concentration of religiously affiliated hospitals in the Midwest and population centers (California, Texas, New York, and Florida). The hospitals are spatially distributed across the map, with some states having no religiously-affiliated hospitals.

## Call to Action

The high rate of hospital mergers, especially in rural areas, means that a previously unaffiliated hospital may come under the control of a religiously affiliated health system. In this process, patients may lose access to vital reproductive health care services and may encounter interference with the ability to make decisions about end-of-life care. We encourage further research on how hospital mergers affect access to care, especially for populations disproportionately disadvantaged in the U.S. Healthcare System.

