Catholic Hospitals and Community Care: Increased Likelihood to Provide Services for Poor and Marginalized Populations

Background: Catholic hospitals, originally founded to care for poor and socially marginalized populations, provide an outsized portion of care in the U.S. compared to other developed countries. The Catholic mission of these hospitals could support greater integration of social care with healthcare, but there is limited evidence on how this occurs in practice.

Objective: We used panel data on nonprofit hospitals from 2009-2022 American Hospital Association annual surveys to measure hospital provision of 6 types of community care services related to the social determinants of health (SDOH): charity care, community outreach/education, social work, linguistic/translation services, mobile health clinic, and meal delivery services.

Methods: Logistic regressions models with robust standard errors analyzed the relationship between Catholic-operated status and provision of the 6 community care services, controlling for hospital size, system membership, rurality, teaching status, Medicaid payor mix, FTE/bed, and state and year fixed effects. Sampling weights were applied to address potential nonresponse bias.

Results: The analytic sample included 32,678 hospital-years (2,334 hospitals on average over 14 years). About one-fifth of the sample (19.9%) was Catholic-operated; 20.8% of the sample had a charity care clinic, 94.2% had community outreach/education, 91.7% had social worker services, 66.4% had linguistic/translation services, 14.9% had mobile health, and 10.4% had meal delivery services. Compared to nonprofit secular hospitals, Catholic nonprofit hospitals were more likely to have charity care clinics (aOR 2.36, 95% CI 2.18-2.55), provide community outreach/education (aOR 1.90, 95% CI 1.62-2.22), linguistic/translation services (aOR 1.10, 95% CI 1.03-1.18), and a mobile health clinic (aOR 1.37, 95% CI 1.26-1.49). There were no significant differences in the odds of providing social work or meal delivery services between Catholic and secular nonprofit hospitals.

Conclusion: Catholic-operated hospitals were more likely to provide 4 of 6 community care services examined, indicating that religious mission may be a salient factor influencing hospital strategy related to addressing SDOH.

Word count: 300/300 words