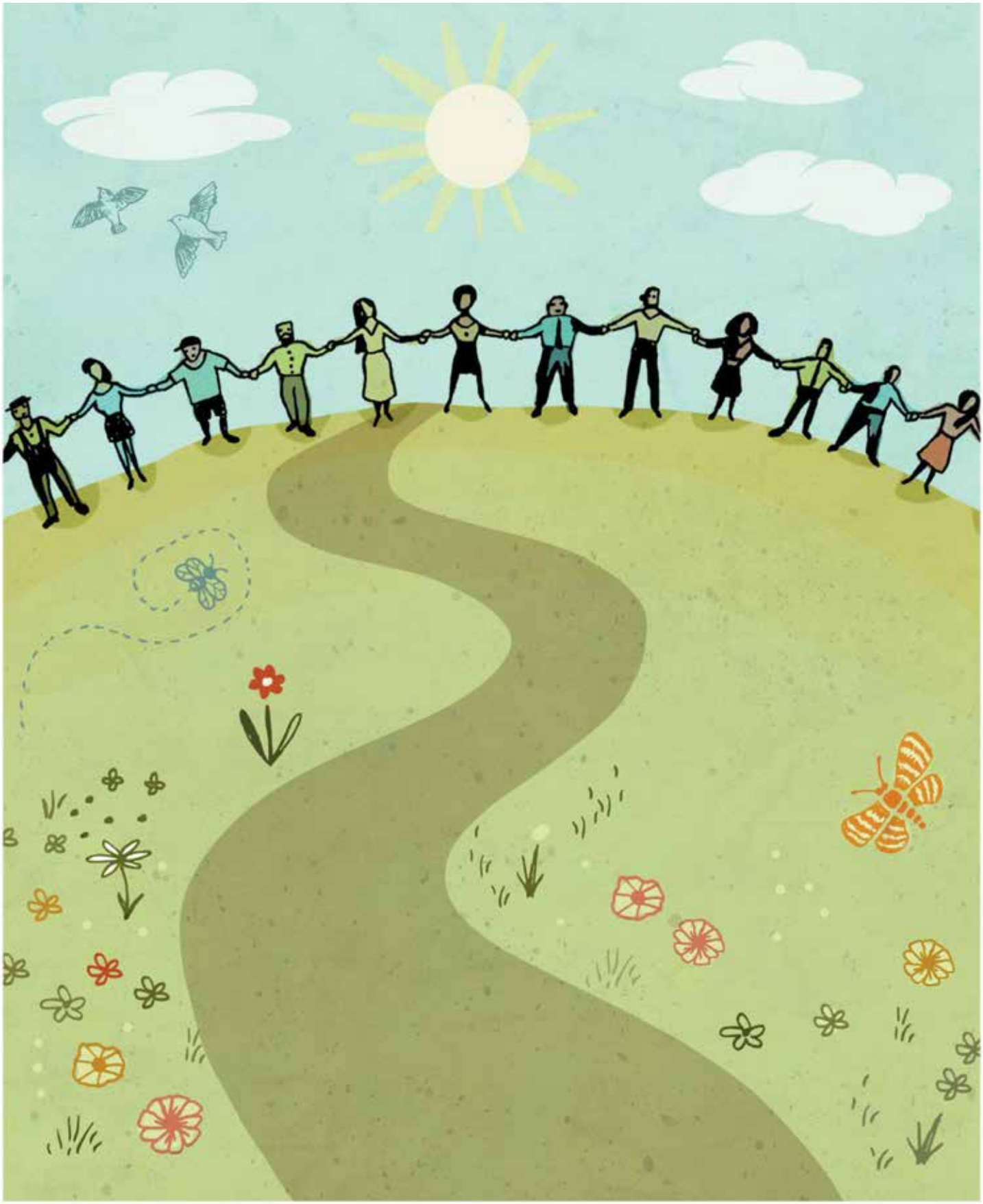

Place Human Dignity at the Center of Health Care Reforms

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Health care in America is in need of a transformation. Average costs of care are consistently double those of other developed countries,[1] while outcomes in the U.S. — like life expectancy, infant mortality and chronic disease management — fall short.[2] Access remains a consistent issue with almost 8% of Americans, or 26 million people, without health insurance.[3] Millions more are underinsured, causing them to delay or avoid care altogether.

How we, as health care providers, understand our patients and communities will become even more essential to serving in nuanced and personalized ways. In turning to the workforce itself, burnout, moral injury and administrative burdens cause distress, health concerns and professional disconnect, with many choosing to leave the profession altogether.

With so many cracks in the foundation, it can be hard to know where to turn for solutions. One source of strength comes from the very principle that gave birth to Catholic health care in the first place: human dignity. This commitment is drawn from Genesis 1:26-27 and the firmament of the *imago Dei*, which powers our ministries to know we are made in God's image and that we grow in God's likeness through each act of loving service we make. Wherever human suffering is occurring — including throughout health care in this country and our own ministries — we can detect an affront on human dignity.

The roots of our 2,000-year-old Catholic Christian tradition grow from the Judaic tradition that is more than 2,000 years its elder. And within that tradition lies the principle of *tikkun olam*, meaning "repairing the world." While it has evolved to take on different applications in different contexts, from a Judaic social justice perspective, *tikkun olam* compels persons to engage in works of social justice, in charitable endeavors, in activism, in acts of kindness to make the world a better, more equitable place. At its core is the understanding that each person has a personal moral responsibility to alleviate human suffering and contribute to the well-being of others.

Most people seeking health care do so not because they want to, but because they have to. In these realities, medicine and health systems across the country have designed sites of care, access models, scheduling tools and more from the perspective of the provider. These models communicate that the patient must be seen on the timeline and terms of the provider to maximize his or her efficiency and experience. They

also convey that associates must accomplish their work in standard patterns, sometimes at odds with their own basic needs.

If we focus on pulling the most fundamental commitment from our Catholic heritage to the forefront, we can flip this script. What is required here is a heart shift from "they are fortunate to see us" to "it is our privilege to encounter and serve them." And from "this is the way the work is" to "let's design new ways of working, together." This, in turn, generates a mindset shift in clinicians, associates and administrators alike that causes us to move mountains in service to the individuals and communities we care for and are a part of. It generates clarity. It focuses our attention. And it drives results in a human-centric way that differentiates the experience for all.

COMPASSION IN ACTION

Our tradition is replete with examples of reverent service. In fact, the very term we use for our primary sites of care, hospital, indicates as much. Drawing its roots from the Latin word *hospes*, meaning "guest" or "stranger," hospital is derived from the Old French word *ospital*, meaning hostel, lodging or shelter for the needy.

Going deeper into our tradition, however, the verb "to hospitalize" is based on the Aramaic-Hebrew word *ashpez*, meaning to host or invite a guest into your home and look after them hospitably. Phonetically and in its meaning, *ashpez* is similar to hospice/hospital, both in its historical use and in modern Hebrew. It is therefore possible that the word hospital is derived from Aramaic.[4] This was the language of Jesus, which offers insight into the threads of the vocabulary of our ministry identity even today.

The emphasis on "all" is incomplete without emphasizing the capacity within the *imago Dei* for "un-othering." When we see our own humanity reflected in those leading lives quite different from our own, the motivation toward justice in the form of true right relationship is activated in powerful ways. Knowing that the immigrant's humanity is our humanity — just as much as the humanity of our own child, spouse or an unhoused person is our humanity — ensures we are ever-challenging ourselves to see the real face of God in those we are so blessed to serve and serve beside.

When we see our humanity reflected in those leading lives quite different from our own, the motivation toward justice in the form of true right relationship is activated in powerful ways. Making this commitment to honor and make a guest of each person means taking practical action. Being dedicated to the concept takes us only so far. As Pope Francis was known to say through his actions and words, "realities are more important than ideas."[5]

HONORING THE VOICES OF THOSE SERVED

At Ascension, we have been taking this human-centric commitment to those we serve into new horizons, testing how we can decrease cost, improve access, and raise the bar on consumer, clinician and associate experience.

- **Innovation in access:** In our focus on caring for all people, understanding the distinct needs of the unique populations we serve by various demographic sets, and then investing in their specific needs, we see this approach reaping positive outcomes at Ascension. By working with our patients and understanding their access patterns, we have opened up primary care visits elsewhere in our ecosystem and have achieved a 5% drop in preventable emergency department visits.[6] This is reverence in action.
- **'Real-time listening':** Every health system has some way of collecting patient feedback, with those participating in Medicare using the Hospital Consumer Assessment of Healthcare Providers and Systems survey as a standard mechanism. Striving to truly listen to the heart of our patients' and their families' care journey — from scheduling through care delivery and bill payment — is the rigor that the Ascension Consumer Experience team has brought to those we serve. This is demonstrated through an enhanced behavioral science method married to our mission in a real-time listening strategy.

Through interdisciplinary efforts led by consumer experience, technology and mission integration teams, our human-centered design has made the process of surveying, from point to point, more relevant to the patient, the clinician and the leader. And, when something goes awry and a patient or family member communicates that through a survey, we can act quickly. This real-time recovery cultivates right relationship and trust.

We are also challenging ourselves to meet not just health care industry standards but those set by the broader consumer experience sector. By democratizing data, making it viewable and

accessible via easy-to-navigate digital platforms, the responsibility has grown, and our patient satisfaction scores have improved right along with it. Using data sets that span understandings of human behavior outside of just health care — such as the net promoter score to indicate patients' overall levels of satisfaction with their entire care journey — has amplified our care teams' ability to see the holistic views of the patient experience.

Further, there is much to be said on the term "consumer" in and across health care, including our own ministries. Conversations with colleagues across the field have led our teams at Ascension to consider how the health care ministry ought to ensure the term is anchored in the dignity of the human person. How we have done so previously with other terms, such as "the patient" and "the poor," has led to new understandings of the people we serve and serve beside. In this sense, considering what the person is "consuming" might be a right starting point to flip the script on where we focus our attention: Is all that they take in — the care, the communication — in "right relationship" with their humanity?

■ **'Always on listening':** Inspired by feedback from our front-line care providers, Ascension's Associate Experience team, in collaboration with mission integration, nursing leaders, physicians and partners in technology, launched a new strategy, focused on better listening to and solving problems with our associates, with initial focus on our hospital-based nursing teams. Through a quick, mobile-friendly survey designed to easily share feedback, nurses can describe unresolved challenges in the physical environment, for example, or moments deserving recognition, like a great moment of teamwork. Cases are routed to the appropriate response team, communicated and/or celebrated at huddles, and tracked by leadership to ensure prompt action.

Feedback on this tool has been positive, as it cuts through the complexities of prior processes and is designed in a user-friendly format. Ensuring that the application of our core values also includes those we serve beside is essential to living out our commitment to the dignity of all human persons.

CONTINUING CHANGE THROUGH EMPATHY, LOVE

Fixing health care in America will require a return to foundational principles, particularly a focus on the inherent dignity of every human person. Centering the people we serve in our processes in real and recognizable ways and designing solutions with them generates the path.

Through the daily recommitment and reconnection to our tradition, we make new that which is eternal: the love that God has for each of us and the capacity we hold to heal society through acts of moral service. By more transparently sharing our practices across ministries, we draw upon our combined strength to heal a broken health care system not by force or by will, but by love.

SARAH REDDIN serves as vice president of ministry formation–mission integration at Ascension. She was also a member of CHA's 2022 class of Tomorrow's Leaders. **DR. RICHARD FOGEL** retired from Ascension earlier this year from his role as executive vice president and chief clinical officer.

NOTES

1. "How Does the U.S. Healthcare System Compare to Other Countries?," Peter G. Peterson Foundation, August 16, 2024, https://www.pgpf.org/article/how-does-the-us-healthcare-system-compare-to-other-countries/.
2. David Blumenthal et al., "Mirror, Mirror 2024–A Portrait of the Failing U.S. Health System: Comparing Performance in 10 Nations," The Commonwealth Fund, September 2024, https://www.commonwealthfund.org/sites/default/files/2024-10/Blumenthal_mirror_mirror_2024_final_v4.pdf.
3. Sara R. Collins and Avni Gupta, "The State of Health Insurance Coverage in the U.S.," The Commonwealth Fund, November 21, 2024, https://www.commonwealthfund.org/publications/surveys/2024/nov/state-health-insurance-coverage-us-2024-biennial-survey.
4. Simon Wein, "The Origins of the Word 'Hospital,'" *Hektoen International*, 2023, https://hekint.org/2023/03/23/the-origins-of-the-word-hospital/.
5. Pope Francis, "*Evangelii Gaudium*," The Holy See, November 24, 2013, https://www.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20131124_evangelii-gaudium.html.
6. Erica Carbajal, "Ascension's Path to a 5% Drop in Preventable ED Visits," *Becker's Hospital Review*, May 16, 2025, https://www.beckershospitalreview.com/uncategorized/ascensions-path-to-a-5-drop-in-preventable-ed-visits/. Note that since the time of publication, the 5% threshold has been achieved.

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