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Title of Initiative: Spirituality and Religiosity as Psychosocial Determinants of Health in Populations Experiencing Health Disparities

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Objective: This initiative will support multi-level, multi-domain intervention and observational research that addresses and/or investigates the role of spirituality or religiosity on health and well-being among populations experiencing health disparities. This research will aim to understand how spirituality and/or religiosity can best be integrated into comprehensive models of health and health care delivery among populations experiencing health disparities.

Background: Spirituality and religiosity are important psychosocial determinants of health among populations experiencing health disparities and can be leveraged to improve health, resilience, and well-being. The terms "spirituality" and "religiosity" are often used interchangeably in research. Still, they have distinct meanings and guide one's personal spiritual development. The following definitions are offered for this concept:

- Spirituality refers to perspectives and practices related to what is "sacred," or transcendent and addresses ultimate questions about the meaning of life and the source of meaning is self-defined. Spirituality is often meant to motivate one to perceive beyond self and to have concern and compassion for others.

- Religiosity involves affiliation or membership with a system of worship and doctrine shared within a group and has specific behavioral, social, doctrinal, and denominational characteristics with beliefs, rituals, and ceremonies related to what is sacred or transcendent.

Spirituality and religiosity overlap. Religions aim to foster and nourish the development of spirituality, an essential aspect of engaged religious participation. However, these concepts can be mutually exclusive, where it is possible to be highly religious without having or developing spirituality or vice versa. Spirituality and religiosity are present across cultures and populations, are considered part of the human experience, and represent a component of whole-person health that has yet to be thoroughly studied or adequately defined to encompass experiences and health-related outcomes among populations experiencing health disparities.

Prior research has shown that relationships exist between spirituality, religiosity, and health to promote health and well-being. Spirituality and religiosity are associated with better mental and physical health (i.e., immune, endocrine, and cardiovascular functioning, lower mortality). Religious attendance is associated with health-promoting behaviors (i.e., lower cigarette smoking, lower alcohol consumption, greater physical activity, better sleep) and lower cancer risk. Research also indicates that community-level spirituality and religiosity are also important to consider. Spiritual and/or religious, cultural, social, economic, and organizational contexts appear to influence associations among individual-level spirituality, religiosity, and health. However, research that better defines the mechanisms and how to apply these findings to influence health outcomes across populations and settings is lacking.

Although populations experiencing health disparities report being more spiritual and religious, research is limited in evaluating its potential to reduce health disparities among these populations. A majority of Black and African American (91%), Hispanic and Latino (84%) people, and people with lower socioeconomic status (earning less than $30k/year) (82%) reported religion as important. A majority of people living in rural communities (70-80%) are estimated to be religious.

Current literature among populations with health disparities is challenged by a lack of consensus in the field but includes common themes, such as: the role of spirituality and/or religiosity in mental health, among sexual and gender minority populations, in addressing illness-related stigma and mortality (i.e., HIV, cancer, palliative, end-of-life care), and in church- and/or faith-based interventions. Associations between spirituality and religiosity with health are also generally beneficial in populations experiencing health disparities, including inflammation, glucose control, and cardiovascular health. However, few studies define and evaluate unique roles of spirituality and/or religiosity in health outcomes specific to populations, settings, and life stages. Most studies focus on Black and African American and Hispanic and Latino populations and less on other populations. With regard to faith traditions, many studies focus on Christianity and less on other religious and spiritual traditions. Furthermore, most research utilizes places of worship as trusted settings and sustainable platforms for community-level health interventions among populations experiencing health disparities but does not define or measure the role of spirituality or religiosity in the intervention's efficacy.

Spirituality and religiosity may have significant health-related impacts among populations experiencing health disparities because they are easily accessible and capable of bolstering social capital, emotional coping, health-promoting behaviors, and provision of material resources. Research on the role and mechanisms by which spirituality and religiosity promote health and resilience, how to measure and achieve optimal integration of spirituality and/or religiosity into community interventions, the

development of best practices in incorporating spirituality and religiosity in healthcare settings, and a better understanding of the complex role of spirituality, religiosity, and marginalized identities among intersections of populations experiencing health disparities are needed to move this field forward.

Research gaps: NIH has supported research investigating spirituality and/or religiosity among populations experiencing health disparities. NIMHD has funded most of the research in this area at NIH, primarily through R01s. Funded projects in this area include community-based and intervention research; however, there are gaps in the funding of mechanistic grants and grants involving a healthcare setting. Likewise, when the literature is reviewed, there is limited research on the roles and integration of spirituality or religiosity in healthcare settings, how to optimally integrate spirituality and religiosity to support community health, and limited knowledge of the mechanisms by which spirituality or religiosity improve health outcomes and influence resilience, well-being in the literature and current research portfolio present opportunities for strategic promotion of this neglected aspect of whole-person health.

Description of Initiative: This initiative will support observational and interventional studies that assess and address the role of spirituality and/or religiosity on the health and well-being of populations experiencing health disparities through integrating spirituality and/or religiosity across different settings, practices, and cultures, using context-appropriate measures and informing best practices for reducing health disparities and improving multi-level resilience and well-being.

Potential Research Areas of Focus:

- Understanding the mechanisms by which spirituality and religiosity can influence resilience, well-being, and improve health outcomes (i.e., understanding how spirituality/religiosity helps in recovery after an acute illness)
- Examining the role of ethics related to spirituality and/or religiosity and their impact on healthcare decisions, healthcare seeking, and health-related behavior (i.e., end-of-life decisions, sexual and reproductive health)
- Understanding the impact of different spiritual practices and religious traditions on health promotion, well-being, and health outcomes (i.e., meditation, prayer, scriptural reading, chanting, singing)
- Evaluating faith-based interventions at the community level and how faith engenders trust and sustainability to promote health, well-being and enhance resilience.
- Examining the role of spirituality and/or religiosity in health care settings among populations experiencing health disparities and experiencing various health

conditions (i.e., end-of-life care, cancer diagnosis, miscarriage, a new diagnosis of diabetes, etc.)

- Assessing the impact of integrating spiritual perspectives and religious practices into medical knowledge and clinical treatment (i.e., integration of spirituality into mental health care)
- Assessing the influence of overlapping historical, social, cultural, and structural contexts on identity, spirituality and/or religiosity, and health among persons with multiple marginalized identities