Race, Religion, and Inclusive Healthcare: Exploring Racial Dynamics and Spiritual Identities among Older Adults in an Evolving Landscape of Science and Medical Mistrust

Introduction

Attitudes and beliefs about science are often deeply influenced by religious and spiritual perspectives, and for many racial and ethnic minority populations, religion also serves as a crucial resource for coping and resilience (Nguyen, 2020). This is often especially true for older adults who may rely on their faith to navigate the challenges of aging, influencing how they interpret health, illness, and their interactions with science and medicine (Zimmer et al., 2016). As the demographic composition of Canada and the United States continues to shift with the proportion of visible racial and ethnic minorities increasing significantly (Statistics Canada, 2021; United States Census Bureau, 2023), it is important to understand the religious dynamics that influence the health experiences of these communities. Moreover, this analysis is especially crucial now in light of current global trends toward secularization and population aging (Idler, 2021; World Health Organization, 2024). This research project therefore explored religious and spiritual beliefs, perceptions of and trust in science, and healthcare decision-making among older adults from diverse racial and ethnic backgrounds in Canada and the United States. Building on previous theory and research regarding the importance of intersecting identities (Crenshaw, 1989), this study aimed to answer the question: "How do older adults understand their own (non)religious and/or spiritual identities and beliefs in science within an increasingly secular society, and (how) do race and ethnicity influence these perspectives?"

Methods

This qualitative study took a phenomenological approach to capture participants' lived experiences. Participants represented various (non)religious and spiritual communities and purposive sampling ensured diversity across faiths, races, ethnicities, and cultural backgrounds. Semi-structured, online interviews were conducted with participants aged 50 and older. A total of eight interviews were conducted with participants who identified as belonging to racial and ethnic minority groups. Questions explored their spiritual journeys, aging, death and dying, relationships among spirituality, science and healthcare, as well as potential intersections with participants' cultural and ethnic identities. The interviews, each lasting 35 to 75 minutes, were audio-recorded and transcribed.

Initial Findings

When asked the question, *"How has your cultural or ethnic identity influenced how you see yourself spiritually, religiously, or as a person of faith?"* the responses were varied. Some participants initially indicated that their cultural or ethnic identity did not play a significant role in shaping their religious beliefs. However, a closer examination of their responses to other questions revealed insights that suggested otherwise. For instance, one participant initially stated that their African American heritage had no influence on their religious or spiritual beliefs. However, later in the interview, they shared an anecdote suggesting that their racial heritage appeared to have a profound impact on their spiritual journey, leading them away from their

Christian Baptist background to identifying as “spiritual but non-religious”. In contrast, other participants were more explicit in acknowledging the impact of their racial and ethnic identity on their spiritual and religious beliefs. One participant, who identified as Indigenous, shared how their connection to the Anglican Church was deeply influenced by their community’s historical experience with residential schools, noting the juxtaposition of the “experience of the Divine” with the atrocities committed there.

Participants also discussed the relevance of spirituality in healthcare decision-making, particularly end-of-life care, highlighting how their spiritual beliefs influenced their overall approach to health. And yet, despite these affirmations of spirituality's significance in overall health and well-being, participants expressed concerns regarding the lack of access to culturally relevant spiritual care within the healthcare system. For example, one participant highlighted the circumstances of many Inuit older adults, mentioning an Anglican church that serves a large Inuit congregation and conducts services in Inuktitut every Sunday. The presence of the Inuit priest is essential for many community members who travel from Nunavut to access healthcare that is unavailable in their home regions. Nevertheless, the participant felt that the priest was significantly overworked and under-resourced. These challenges were further compounded by the community's relocation to a predominantly white city, which can exacerbate feelings of isolation and disconnection.

Overall, while some participants downplayed the role of race and ethnicity in their spiritual identity, their stories often revealed a more complex relationship. For others, the influence of their racial and ethnic background on their spiritual identity was deeply personal and clearly articulated, and also pointed to gaps in culturally sensitive and inclusive healthcare.

Implications & Future Directions

Findings from this study provide important insights into potential intersections among race, ethnicity, aging, and religiosity, highlighting an underexplored area in previous research. While numerous surveys in the United States and Europe have tracked the decline in religiosity and religious participation across generations (Idler, 2021), much less attention has been given to the specific experiences of older adults, particularly those having racial and ethnic minority backgrounds. This project helps to fill that gap by addressing the broader dynamics of race within the context of aging, spirituality, and healthcare.

As Jacobs et al. (2024) argue, race and ethnicity are crucial factors in shaping individuals' experiences, beliefs, and access to resources. This study extends that analysis by examining how historical and contemporary experiences of discrimination, marginalization, and resilience influence older adults' perceptions of religion and spirituality. Moreover, the study’s findings highlighted the importance of incorporating culturally relevant spiritual care into health systems. Participants articulated a strong connection between their spiritual beliefs and health, particularly in contexts such as end-of-life care. Participants also emphasized that a more spiritually informed approach to healthcare could enhance the overall quality of life for older adults. This aligns with existing research that highlights the positive impact of spiritual care on patient outcomes (Sankhe et al., 2017). However, many expressed significant concerns about the lack of access to spiritual care that resonated with their cultural identities. There is thus a pressing need for healthcare

providers to recognize and integrate patients' cultural and spiritual needs into their care models, especially for marginalized populations.

Future work will involve conducting more in-depth analyses of the interviews, which will form the basis of a formal paper for publication as well as community-engaged knowledge mobilization outputs. Further to this, it is my aim that this research will help to inform the development of more inclusive social programs and support services that are sensitive to the spiritual and cultural needs of diverse older populations, providing a valuable framework for future research to adopt a more intersectional approach when examining aging, religion, and race.

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