Spirituality and Well-Being: Community Perspectives from The Flint Women's Study

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ABSTRACT:

Background: Spirituality is important for the well-being of marginalized women, offering strength amid adversity. However, even when women from poverty-stricken communities draw resilience from spirituality, they often continue to exhibit poorer health outcomes compared to dominant groups.

Objectives: The Flint Women's Study was conducted to understand the needs, strengths, hopes, and solutions of women in Flint. This sub-study aims to (1) explore how spirituality influences women's well-being and (2) elicit participants' suggestions for how spirituality can be used to address gaps in women's mental and physical health needs.

Methods: Community-based participatory research (CBPR) principles with a qualitative research design were applied. Using a semi-structured interview, a sample of 100 women and/or providers serving women were interviewed to explore how spirituality influences women's well-being and suggestions for addressing their mental and physical health needs.

Results: Findings revealed three key themes: (1) spirituality promoting women's well-being (reflecting on how spirituality supports women's physical and mental health needs); (2) criticisms and limitations of access to spirituality (underlining structural hurdles that hinder access to meeting women's needs); and (3) recommendations for addressing women's physical and mental health priorities.

Conclusions: Spirituality can function as a social determinant of health in marginalized communities that face multiple adversities, given its potential to promote health outcomes. Intersecting with faith-based spaces, spirituality shapes women's well-being while also

continuing to present structural barriers to accessing support. Recommendations are provided for faith-based communities to work together to promote women's aspirations, prioritize reproductive needs, and create supportive spaces that amplify women's voices.

KEYWORDS: Spirituality, CBPR, Community-based participatory research, Resilience, Psychological, women, mental health, health promotion, social determinants of health, qualitative research

Introduction

Spirituality can promote psychological well-being, particularly in the lives of marginalized communities. Spirituality refers to a personal quest for ultimate meaning in life and represents the divine expression and belief of a transcendent realm[1]. Spirituality is multidimensional and conceptualized as a person's "inner resources especially [their] ultimate concern, the basic value around which all other values are focused, the central philosophy of life—whether religious, anti-religious, or nonreligious—which guides a person's conduct, the supernatural and nonmaterial dimensions of human nature" [2, p.3]. Influences from spirituality on physical and mental health related outcomes have been presented as benefits and tradeoffs with differences observed among special populations, such as women from marginalized communities[3]. Mixed findings make the role of spirituality unclear in the context of health interventions[4-7]. Despite that, spirituality is still considered important for one's well-being and community development, making it a core practice embedded in a subset of health research, promotion, and treatment focused on marginalized communities[1,8-10]. However, limited attention is given to how issues of spirituality and well-being matter in the context of marginalized communities, particularly those who face multiple adversity. The following section presents a brief overview on the role of spirituality and psychological well-being among marginalized populations and highlights unique differences found among subpopulations of women.

Spirituality and psychological well-being

Generally, many studies have associated spiritual health with improved mental health across multiple levels of well-being related to individual outcomes and sense of community[11-13]. At the individual level, spirituality has been associated with decreased anxiety and depressive symptoms, stress, levels of substance abuse, increased positive perceptions of health status and

life satisfaction, and a greater sense of meaning and purpose in life[5,12,14-23]. Spirituality has also been found to mitigate the effects of stress-related health outcomes and promote other positive health behaviors by increasing healthy coping strategies[12,24-28].

At the community level, spirituality provides a framework for making sense of the world and coping with circumstances of poverty or other oppressions, like discrimination[11-13,29-30]. Spirituality can play a powerful role in healing, empowerment, and resilience of community groups, functioning as a vehicle for building social capital, centralizing resources, relationships, and, thus, promoting social action[12,31-34]. Values from spirituality also serve as crucial sources of strength [24,35-36]. Among marginalized communities, spirituality may be one of the most important mechanisms to promote mental health, impacting youth, families' and older people's development of aspirations and positive self-identity[34, 37-38]. Religion, or religiosity, refers to the organized system of beliefs, practices, rituals, and symbols that are designed to facilitate closeness to a sacred entity with a set of moral and social guidelines for behavior[39]. While spirituality and religion are related in terms of how they both shape behavior and beliefs, they are considered distinct concepts with varying influences on health. Of note, some facets of religion affiliated with spirituality can also drive intergroup attitudes, beliefs or behaviors, such as prejudice, sexism, or acts of violence[40] and promote ideologies that perpetuate oppression of social groups[32,41-42]. For instance, sexism has deep roots in historical traditions of some religions, and empirical evidence has shown that religion can reinforce these views among men and women[42].

Studies have demonstrated how influences from spirituality manifest in different forms across diverse groups and cultures, particularly when communities are exposed to multiple forms of adversity[, 22,44]. Some empirical findings have indicated correlations of negative mental health

outcomes with spiritual struggles that include higher levels of depression, stress, or mixed results on the role of spirituality on well-being among some groups exposed to multiple forms of adversity[4-7]. Thus, the relationship between spirituality and well-being may vary by context and population and can lead to adverse effects when these groups are exposed to adversity. Given the variations found across sociodemographic groups and contexts, there is need for more research that can provide clarity on how spirituality affects women from marginalized backgrounds[3,44-46].

Spirituality and women's well-being

Studies of women have found unique patterns related to spirituality. For instance, spirituality among women tends to be rooted in relationships with others and that their well-being is promoted with the nurturing nature of spiritual connections[12,48-49]. In this context, spirituality can shape women's positive social norms, civic engagement, and sense of purpose[12,31,34-35]. Women dealing with issues of poverty also leverage their spirituality as a significant source of strength to cope with manifestations of poverty and welfare reform[50]. While spirituality is linked to positive health outcomes, women living in poverty or from marginalized communities may continue to show worse health outcomes than the broader dominant group[5,51]. In other words, spirituality does not appear to fully overcome racial and ethnic health disparities. More empirical evidence on how spirituality plays a role among women experiencing multiple adversities and how practitioners can leverage spirituality to better serve communities' wellbeing may be useful. Moreover, the ways in which spirituality bridges women's needs in marginalized communities where structural systems (e.g., government, public health) have failed to address women's wellbeing is not well understood. To advance the field's understanding on how spirituality affects the well-being of women who face multiple adversities in such communities, the current qualitative study explores the role of spirituality on physical and mental health among

women in Flint, Michigan and their suggestions for meeting the spiritual needs of women in the community.

Current study context

The extant literature on spirituality and well-being is not directly pertinent to the study of spirituality and well-being in marginalized communities that face adversity. Understanding how spirituality helps communities navigate systems that perpetuate inequities may be useful in building evidence that can develop solutions to overcome these inequities. Examining spirituality in the historical context of Flint can help better understand how spirituality buffers the experiences of communities that currently and have historically navigated systemic barriers to achieve optimal well-being. The city of Flint, Michigan is a majority-minority (predominately Black) city. Flint was once a booming home of the auto industry, but over time, the city has faced declines in economic investments and population. The median household income in Flint is currently $28,834 and over 60% of families live in poverty. While most may recognize Flint by its history of economic and health injustices[52], the city also represents a renowned revitalization, comprised of strengths, dreams, assets, and resilient community members[53-55].

Women in Flint have many strengths and assets but also face multiple adversities. While women make up over 50% of the population, their mental and physical health needs are overlooked. For example, women in Flint experience elevated illness rates and increased domestic and childcare duties, exacerbated by the 2014 water crisis, and persisting to the present[56]. Recent evidence has shown how women in Flint have faced various barriers related to physical and behavioral health care access and culturally responsive health care services[53-55]. The Flint Women's Study has also amplified Flint women's assets, resources, and ideas for building social support and promoting their sense of self-worth for improved mental health[53-55]. The Flint

Women's Study was conducted to understand the needs, strengths, hopes, and solutions of women in Flint. This sub-study from the Flint Women's Study aims to (1) explore how spirituality influences women's well-being and (2) elicit participants' suggestions for how spirituality can be used to address gaps in women's mental and physical health needs. This study will build the empirical evidence on how spirituality influences the well-being of women who experience multiple adversities to expand on the prior literature and broaden understanding of issues related to spirituality and well-being in marginalized communities.

Methods

Study design

The Flint Women's Study (FWS) applied community-based participatory research (CBPR) principles with a qualitative research design to understand how women and human service providers serving women in Genesee County perceived their strengths, hopes, dreams, and needs, and to identify their suggestions for solutions[53-55]. Following components of CBPR, the FWS was developed as a partnership between academic researchers from Michigan State University and community members from Genesee County (the county in which Flint is located). A more detailed description of the study is published elsewhere[53]. This analysis describes women's perceptions on spirituality and its role in promoting women's well-being. The FWS received approval from the Flint Community Ethics Review Board (CERB; protocol #2018-01) and ethics approval from Michigan State University Biomedical IRB (#17-772) in 2018. All participants provided written consent and were given a copy of the study information sheet and consent form.

Participants

To be included in the study, participants needed to meet the following eligibility criteria: (1) aged 18 or older, (2) identify as woman living within the Genesee County area, and/or (3)

identify as human service providers serving women in Flint Genesee County. Recruitment procedures followed purposive sampling, starting with recommendations of community partners, snowball sampling, distributing recruitment information to community agencies serving women across the Flint area, and approaching people in public areas to ask if they would be willing to be interviewed. Recruitment cast as wide a net as possible. More details related to this process is published elsewhere[53].

Procedures

Interview protocol. A semi-structured interview protocol was used to explore needs, perspectives, and suggested solutions of women in Flint—what are their biggest assets, what would give women in Flint more hope, and what are the needs of subpopulations of women (e.g., differently abled, older, young, mothers, and pregnant women)? The interview protocol was co-created with academic and community partners working directly in Flint or Genesee County. A specific question regarding spiritual and religious needs ("what are the spiritual needs of Flint women") was added at the suggestion of community partners who were faith-based leaders serving women in the community[53]. See Appendix I.

Data collection. Data was collected from August 2017 to February 2018. All interviews were conducted face-to-face by two Ph.D researchers (second and senior author) with extensive qualitative training and who also identified as women living in Flint. Interviews were audio recorded and scheduled at a location convenient to the participants with assured privacy and confidentiality. Interviews ranged from 60-90 minutes. A sample size of 100 was chosen a priori to help ensure broad participation from individuals in many different circumstances and identity groups as possible. Most qualitative interviews were conducted individually, with a few conducted in groups if preferred by participants.

Data analysis

All audio recordings of qualitative interviews were professionally transcribed. Once transcribed, quality checks were conducted to ensure accuracy and de-identify personal information (e.g., names, address, phone numbers) disclosed during interviews to ensure confidentiality. Each transcription was assigned a unique code. All documentation linking participant IDs to demographic data was stored in a secured place only accessible to research personnel.

Following a CBPR model, we invited community partners to conduct the qualitative coding and analysis. The coding team was made up of five pairs of community and academic research partners who lived and worked in Flint at the time of the study, ensuring a sense of connection to the community. All community and academic research partners who were involved in the qualitative analyses completed the BLINDED University's online human subjects research protection certificate training. All coders were trained in qualitative coding techniques and NVivo 12 qualitative analysis software[57]. Training included a half-day didactic training with orientation to the coding framework and practice exercises for coders to apply qualitative coding techniques and consensus approaches. Once coders were trained, each pair was assigned a set of transcripts to code independently using an NVivo coding framework, and then met as a group to discuss discrepancies for consensus. All transcripts were double-coded.

De-identified transcripts were qualitatively coded using the belongingness framework, which includes three dimensions: (1) belonging to self; (2) belonging to others, and (3) belonging to something greater than self[58]. The belonginess framework was selected due to its close alignment with the salient issues that were raised by participants and helped create an initial coding framework for categorizing data that was tailored to the study context[53-54]. Focusing on initial

codes related to faith/religion and spirituality/religion that were organized in the third dimension, *belonging to something greater than self*, the first and senior author conducted a secondary coding process to further explore the role of spirituality on women's well-being.

The secondary coding process applied a coding, consensus, and comparison methodology[59], following an iterative approach rooted in Grounded Theory[60-61]. Interview data comprised of responses to "What are Flint women's deepest unmet needs?" and subsequent questions related to spiritual needs was independently coded on MAXQDA and then collectively reviewed with the first and senior author until consensus was reached. The second author was also engaged to determine accuracies in the coded data based on their direct experience conducting the interviews in the broader study. Community partners, who are listed as co-authors, also reviewed and verified the data. Key themes related to spirituality were derived from the data and based on salience of patterns found across and within transcripts. The section below describes qualitative findings, emphasizing specific components related to how spirituality has impacted Flint women's well-being.

Results

Overview

A total of 94 women and 6 men ages 18-84 (M = 48.0, SD = 15.3) participated in the qualitative interviews. Slightly more than half of participants identified as African American (52%, n = 42), white (40.6%, n = 41) and other (7%, n = 7), reflective of the Flint population. About 94% of participants identified as women, and about 87% identified as women who both lived in Genesee County and served women in the county (n = 87). See Table 1. Women's roles and occupations were involved in health care, community volunteerism, non-profits, faith-based organizations, or other community-based activities (87%). Through community partner input, we recruited male

participants who were providers serving women in foster care, churches, residential facilities, as volunteers for workforce and life skills development, and specialty courts.

Insert Table 1 here

Qualitative findings were organized by three themes that derived from the data: (1) spirituality promoting women's well-being; (2) criticisms and limitations of access to spirituality; and 3) recommendations for meeting women's spiritual needs. *Spirituality promoting women's well-being* describes how spirituality is perceived among women in the Flint community and its role in supporting women's physical and mental health needs. *Criticisms and limitations of access to spirituality* presents a critical lens on how Flint women experience spiritual outlets and infrastructure of faith-based organizations, underlining how structural barriers perpetuate unmet needs of Flint women. *Recommendations for meeting women's needs* discusses respondents' suggestions for advocating for women's physical, emotional, and mental health priorities.

Spirituality promoting women's well-being

Many participants believed spirituality and religion played an important role in Flint women's lives. Participants in this study discussed spirituality as an essential component of Flint women's wellbeing that intersects with how women generate hope and access social support and services to promote physical and mental health. Spirituality, from a broad perspective, was viewed as an asset serving different needs across different stages of life.

... It's an outlet for them, for faith-based initiatives. It's an asset for them... ***Pastor, 46***

Some participants elaborated on how spirituality generates hope, dignity, motivation, and resilience among women in Flint to navigate through multiple barriers faced within their communities. An occupational therapist elaborated on the role of spirituality in navigating difficult circumstances related to poverty and other economic needs among Flint women.

*Having faith that grounds you through difficult circumstances...economic needs are very large in our city. Many women are raising families on their own, and living in poverty...**Occupational Therapist, 60***

Another community volunteer shared similar insights on how spirituality can drive others in the Flint community with a sense of a purpose, even when faced with adversity.

*...people like to feel useful and wanted or needed. I think a lot of people in this community would tell you that their faith drives them...**Volunteer, 28***

This resonated with other participants who described their personal connections to spirituality as a key element of their identity. For instance, many described how spirituality promoted their personal development, contributing to a greater sense of purpose and a better understanding of their self-identity.

*I feel like it gives me a greater purpose to my life...**Reading Interventionist, 60***

A social worker emphasizes this point and extends the connection to their professional roles:

*I think my spirituality is connected with who I am professionally and who I am personally... My spiritual self really drives who I am as a person... **Social Worker, 47***

Spiritual communities in Flint were also described as close-knit with the ability to bring diverse communities together. Through these connections, spirituality was viewed as a means for accessing social support and resources, as well as increasing sense of community through faith-based settings. A community leader described how women access social support through faith-based settings and provide support to others in return:

*I think a lot of women seek out social support in the church setting...and support one another like that... **Community leader, 67***

Criticisms and limitations of accessing spirituality

Many participants shared that women in Flint do not have spiritual outlets that are responsive to their needs or context, even though there are many churches in the community. Discussions about the infrastructure of faith-based organizations focused on how services and resources were not inclusive of women's unique physical or mental health needs, which played a key role in perpetuating gender disparities. A social worker highlighted how these barriers are contributing to women's unmet needs.

I think Genesee County has over 600 churches, but I don't believe all of the churches are focusing on needs of women as they should, and that's causing those needs to go unmet. ***Social worker, 43***

A pastor in the community supports this view by sharing how faith communities can present barriers that make it difficult for women to get their needs met.

I think women have a need for spiritual enrichment...They need to have that spiritual inspiration that, wow, girl, you're awesome, and you can achieve. I think the role of the faith community and churches and pastors are supposed to feed that, not set up walls and make them feel like they have to jump through hoops to obtain that. I see that happening a lot if you're female and if you're a woman in this community... ***Pastor, 46***

Other participants elaborated on the structural barriers embedded within faith-based settings. A community board member emphasized how there was plenty of access to faith-based organizations in the community, but some of these organizations continued to perpetuate oppressive beliefs related to sexism rooted in traditional views of women's roles.

There is a large presence of many different religious organizations here which is nice because a lot of them do have services that they provide.... Some of them are sexist in their

ways that they go about it personally...there's a certain mindset that's attributed to that overall. ***Community board member, 27***

This notion is underscored by a youth director who emphasized how women in Flint, including herself, look to faith-based organizations as the first source for support, but these spaces do not provide services that help women better themselves and their well-being.

We look to the churches a lot, but oftentimes that type of ministry is not there. People tend to feel if they go to doctors or therapists, that's really a good place to go and be able to find out what's going on with you so that you can try to find some ways to turn things around. **Youth director, 63**

A pastor elaborates on how faith-based communities can also overlook women's unique needs, such as reproductive health, which perpetuates silencing their voices rather than openly discussing reproductive issues that greatly impact them. Flint women often look to faith communities for education and resources about reproductive health, but the support is not there.

Most faith communities don't talk about women's reproductive health or even sex, period. That lends a level of ignorance, and it also breeds women being acceptable and accepting of those behaviors so they don't talk about it... our faith communities can be the culprit of sponsoring these masks because of religion and tradition and doctrine. ***Pastor, 46***

A customer service employee in the community also expressed how women seek spiritual outlets but are left wanting without a space to turn to for help.

Religion isn't shaping itself around us, so then we kind of get stuck in a, like, "I could use a religion. I feel like I need a direction. I don't have anywhere to turn that I feel like I would be respected." ***Customer service employee, 22***

Some participants shared how the infrastructure of faith-based organizations can also work against women in Flint by diminishing their growth and aspirations to reach leadership positions due to lack of representation.

> *Religion is even against women. How many times do you think, say in a year, you're gonna hear a powerful message from the pulpit about a strong woman? What you're gonna hear is women are supposed to stay in their place, keep their mouth closed...When they were talking about...churches. [There's] less examples of powerful female leaders in the messages. In other words, we're using the church to put us down.* ***Community Member, 77***

Participants explained that oppressive systems and organizational infrastructure of some faith-based spaces can negatively influence women's lives. This may limit their opportunities to provide support when needed.

Recommendations for meeting Flint women's needs

Throughout discussions, participants had several recommendations that focused on creating new spaces and resources that can enrich individual spirituality for Flint women, and ways in which faith-based organizations can better serve women. Most importantly, participants recommended a prioritized need to break down structural barriers in faith-based organizations that keep women's voices subdued and ignored to better meet their needs and aspirations.

> *I think our faith communities add a level of barriers and walls that keep women from not obtaining roles in leadership or from their true voice not being heard. Those religious circles or religious structures is one of the barriers that I think our faith community needs to address...* ***Pastor, 46***

Given the central role of spirituality in women's lives, many participants also believed that faith-based communities had an obligation to support Flint women, to fight for their causes, their needs, and provide outlets for empowerment. Some participants suggested the use of faith groups as a starting point to promote outreach of basic health services:

> *I think that would be a good starting point for faith groups to help reach out to women. Because just that whole process of being invited to supper, to being invited to a church, I mean, that shows that you're part of us and you have value and you have worth.* ***Child Protection Services Employee, 33***

Other suggestions were made to have faith-based communities come together for collaboration to foster women's spiritual enrichment:

> *Churches working together, so that just because they belong to a different church or because they—whoever—they're just different doesn't mean that we're not all sisters. If we used those and come together...* ***Community member, 54***

Others also suggested recommendations for faith-based communities to be inclusive of other spiritual practices to minimize stereotypes and foster community across different spiritual beliefs.

> *...Muslims and anybody of a different faith that you don't agree with, they need to be respected, and I think that's the biggest challenge to religion today.* ***Program director, 41***

A CEO shared a similar suggestion, stating that women in Flint need access to diverse options for spiritual spaces and practices that can lead to positive self-affirmations typically associated with spirituality.

> *...having options for people for spiritual outlets, whatever that looks like to somebody, whether it's going to church. If yoga is a place that they—meditation, positive self-*

*affirmations... I think that we need to have more open-mindedness and opportunities for women to participate in that...**CEO of a shelter, 40***

Discussion

The broader Flint Women's Study utilized a qualitative approach grounded in CBPR principles to examine the needs and strengths of Flint women. Findings of this qualitative analysis illustrated how women and providers serving women in the Flint community perceive the role of spirituality in supporting women's well-being and elicited recommendations to address gaps in needs and priorities. Overall, study findings highlight the various pathways spirituality can take to shape women's well-being, as well as ways in which they feel overlooked or oppressed by faith-based structures. Key themes related to the opportunities, barriers, and implications for practice are discussed below.

Spirituality promotes Flint women's well-being

Spirituality was viewed as an asset for many women across different stages of life and roles. Findings indicated that spirituality was a driver for maintaining hope, aspirations, and resilience to continue navigating difficult circumstances that women experience in the community. Spirituality was also viewed as a key component of women's personal and professional identity. These findings align with prior studies that show how spirituality can lead to positive impacts on individual well-being and be an important mechanism for positive identity and aspirations among marginalized communities and communities of color[20,37-38,62]. We found that Flint women also perceived spirituality as a source for community-building and support systems for women to utilize. Prior studies have found that spirituality can be a significant source of support, critical for the development of relational communities and the physical and mental health of women who face adversity[10,12].

Barriers to meeting Flint women's needs

Findings related to barriers warrant a distinction between spirituality and faith-based organizations, which may be aligned with maintaining religiosity. Although these can be related, they are not the same. Barriers to spirituality were attributed to a lack of access within existing faith-based organizations in the community. These barriers included lack of representation in spiritual leadership positions, not having places to turn to for physical and mental health needs that were responsive to women's issues, or continuously feeling like their needs were ignored or disrespected because of the cultural or gender norms embedded within faith-based communities. This was indicated in the study findings as participants described barriers in accessing faith-based spaces that acknowledge their voices and unique needs, such as reproductive health. Studies have shown that marginalized communities are less likely to seek conventional mental and physical health services and instead prefer to seek support through their spiritual communities[35]. Women in Flint seek faith-based organizations for support to meet their physical and mental health needs, but when they access these spaces, there is little to no attention paid to their unique priorities, including their reproductive health. This is compounded by other disproportionate burdens that women in Flint face, including financial hardships, emotional labor, and childcare responsibilities because of failed systems and policies to support them[56].

Implications for Practice

Faith-based spaces can serve as important sites for health care services[12]. Many participants found strength in spirituality, but many also suggested ways in which faith-based communities could better meet their spiritual, mental health, and physical health needs. Participants viewed faith-based communities as having an obligation to support women and should provide more culturally responsive services and access to diverse spiritual practices that

can embrace women's spirituality in different ways. Participants emphasized structural barriers that perpetuate oppressive ideals about the roles of women and how faith-based communities need to dismantle traditional paradigms to create different types of spiritual outlets that can meet women's unique needs. Participants also suggested that churches and other faith-based organizations should work together to promote women's aspirations, call attention to women's reproductive needs, and create spaces that amplify the voices of Flint women. Given the deep-rooted connections that faith-based spaces may have with community members, health systems, and faith communities should leverage these spaces to maximize reach to other women, particularly for interventions implemented within underserved settings. Some concrete steps for health care systems and faith communities to take to collaboratively address women's health include:

- Building relationships with faith leaders to understand the health and social services needs that they are seeing, to build awareness of existing services, and to explore ways to partner to address unmet needs.
- Investing in opportunities to build capacity among collaborative teams made up of faith community and health leaders through training and education to promote health information or perhaps even playing a more central role in screening for certain conditions.
- Hiring liaisons from faith-based spaces as part of health initiatives to build connections with women and available health care services.

Strengths and Limitations

Strengths of this study include a large sample (n = 100), a CBPR approach (including community members as study designers, qualitative coders, and authors), and asking broad questions, many of which were suggested by community members. Limitations include social

desirability biases, generalizability of findings, and the limitations inherent to the CBPR approach. Utilizing senior researchers with doctoral degrees may have led participants to present themselves in a favorable light throughout the interview process. Additionally, the limited scope of gender diversity represented in the study may have influenced outcomes by overlooking expanded perspectives on Flint women's issues. We have prioritized women's values and perspectives by representing more women participants to prevent further marginalization and highlight their needs meaningfully with input from community partners. Overall, these findings still reached a wide and diverse group of men and women of all ages, phases of life, and careers, amplifying voices of a collective marginalized population that goes unheard otherwise. Future studies may consider other ways to engage diverse participants or organizational partners to expand insights and recommendations.

Conclusion

Spirituality can be vital in supporting women in reaching their optimal well-being. Yet, a "deep, unmet need" among Flint women remains. Our findings from a collection of 100 women or people serving women in Flint broadens our understanding of how spirituality influences the needs, strengths and hopes of women in Flint, MI. This work addresses gaps in prior research on spirituality and well-being that gives limited attention to issues in marginalized communities. The current study findings present perspectives of spirituality that align with social determinants of health, where access to and experiences with spirituality may affect one's quality of life. We advocate for framing spirituality as a social determinant of health in marginalized communities that face multiple adversities, given its potential to inform culturally responsive services that reflect the values and context of communities that may lead to better health outcomes.

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Abbreviations

CBPR: Community Based Participatory Research

CERB: Community Ethics Review Board

Data and materials

Data and materials used in this study can be accessed from the corresponding author.

Disclosure statement

The authors report there are no competing interests to declare

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Table 1: Participant Demographics

Gender	
Female	94 (93.1%)
Male	6 (5.9%)
Age	
M = 47.95 (*SD* = 15.25)	
Race	
White	41 (40.6%)
African American	52 (52%)
Other	7 (7%)
Relation to women in Genesee County	
Woman living in Genesee County	1 (1%)
Provider serving women living in Genesee County	12 (12%)
Both	87 (87%)

Appendix I.

Semi-Structured Interview Guide

Sociodemographic questions

Sex

Female

Male

Other

Race/ethnicity

Age:

I am a:

- Woman living in Genesee County
- Someone serving women living in Genesee County
- Both

How do you serve women living in the area?

Overview of needs

What do you think are the greatest needs of women in Flint?

Deepest unmet needs?

What do they suffer over?

What do they lose sleep over?

What are their challenges?

What do they want?

What are their biggest assets?

Special populations

What do women in this area need most when they are pregnant?

When they first have their babies (including first-time moms)?

When their children are young?

Needs of the moms?

When women are young (i.e., needs of girls and young women)?

When women are older?

How about needs of differently abled women (deaf, blind, disabled, cognitively impaired)?

LGBTQIA women?

Areas of women's lives

Spiritual and religious challenges? Physical? Mental? Relationships? Families?

What are the greatest unmet mental health needs in Flint?

Wishes, hopes, dreams

What would give women in the county more hope and dignity?

If you had one wish for all women in the county, what would it be?

Exit questions

Is there a question that isn't here? Something I should have asked but didn't?
Why did you agree to be interviewed?
Who else should I talk to?
Who should be involved in making changes based on results?
Are you interested in being part of efforts that come out of this?