



Kellogg Health Scholars

Connecting Academe, Community, and Policy

MEET THE KELLOGG HEALTH SCHOLARS

Mindi Spencer, Ph.D., M.A.

Currently an Assistant Professor at the University of South Carolina Arnold School of Public Health, Mindi Spencer received her doctoral degree in developmental psychology from West Virginia University, with certificates in gerontology and women's studies. "I became interested in improving the lives of older adults because of the influential elders in my own life," Spencer says. After completing her studies she heard about the Kellogg Health Scholars postgraduate fellowship and applied immediately. "I saw the program as an opportunity to learn how to use empirical knowledge to promote equity in aging."

A native West Virginian with American Indian heritage herself, Spencer's work has been devoted to understanding how differences in the sociocultural context lead to health disparities in older age. "We truly are the sum of our days, and a lifetime of inequality affects not only people's ability to receive services as they age, but also their overall independence and risk of losing that independence," she explains. During her fellowship, spent at the University of Pittsburgh, Spencer helped organize her fellow scholars into a working group with the National Institute on Aging and established her path as a leader in linking research with policy.

Research and Results

One major thrust of Spencer's research has been the influence of culture on health assessments and physical functioning among African American elders. In her recent study, soon to be published in the *Journals of Gerontology: Social Sciences*, African Americans consistently rated their health worse than did whites, even when objective tests showed that their physical functioning was comparable. This demonstration of the "health pessimism" phenomenon has served as a springboard for her continued work on racial disparities in health assessments and physical functioning.

"These results indicated that self-rated health is not always explained by the same factors. One possibility is that definitions of health are influenced by culture, or that the accumulated

affects of racism were driving down the health perceptions of the older African Americans in our study. Given the wide-spread use of the self-rated health item in national surveillance surveys, we need to consider that the question does not necessarily operate the same way for everyone," Spencer says. "More sociocultural factors should be added to existing surveys to better reflect population health."

Spencer has also focused on caregiving for all aging populations, but especially for American Indians. "There is a lingering notion that living in an extended family meets American Indian elders' need for services," she explains. "But the caregivers themselves face competing burdens of work and family, and American Indians are living longer, with more disproportionate morbidity. The number of those over age 75 and in need of long term care is expected to double in the next 25 years." She describes this situation as a

collision of factors – a “perfect storm” – that will challenge the Indian Health Service to meet the long-term care needs of Native people.

A third area takes Spencer back to an early emphasis on the role of geographic place on public health, grounded in her personal roots in the Appalachian region. In her new position at the University of South Carolina, she has developed a course called “Southern Discomfort: Public Health in the American South.” It features the unique disease profile and history of the South, including but not limited to the legacy of slavery, the Tuskegee experiment, the current HIV/AIDS crisis and the role Southern culture plays in the formation of the modern day obesity and smoking belt.

Policy Implications

Spencer’s work has clear implications for academic research methods, suggesting that inadequate survey questionnaires be revised, and that the sample of American Indians in the U.S. Census and related data efforts expanded to account for variation within this population.

But her passion for change extends to the world of social and health policy as well. In particular, she believes that the health of older adults must include a clear plan to strengthen and improve the vitality of the informal caregiving system, because informal caregivers can and will continue to provide the vast majority of personal services to dependent elders. Having studied depression among caregivers, Spencer knows the importance of adequate respite care under Medicare and Medicaid. For American Indian elders, this will mean that the IHS, although predicated on an acute care model, will need to make long-term care a top funding priority. She also urges development of innovative and culturally tailored interventions to reduce caregiver stress and burden.

“These issues are critically important to the national goal of increasing both longevity and quality of life set forth in *Healthy People 2010*,” she says. “There’s a demographic imperative, with the older population increasing across the board and the

proportion of minorities growing. My goal is to conduct research based on my strong belief that the older population is one of the country’s most valuable natural resources.” As Spencer explains, “we have a moral obligation to ensure that each individual, regardless of socioeconomic status or cultural background, can experience successful aging.”

To learn more about Mindi Spencer, Ph.D., and her work, contact her at mspencer@sc.edu and/or consult the following publications:

Spencer, S.M., Schulz, R., Rooks, R., Albert, S., Thorpe, Jr., R., Brenes, G., et al. (in press). Racial differences in self rated health at similar levels of physical functioning: An examination of health pessimism in the Health, Aging and Body Composition Study. *Journals of Gerontology: Social Sciences*.

Spencer, S.M., and Patrick, J.H. (in press). Revisiting traditional survey methodology to recruit and survey lesbian, gay and bisexual older adults. In D.L. Streiner and S. Sidani (Eds.), *When Research Goes Off the Rails*. New York: Guilford.

Fredman, L., Cauley, J.A., Satterfield, S., Simonsick, E., **Spencer, S.M.**, Ayonayon, H.A., et al. (in press). Caregiving, mortality and mobility decline: Findings from Health ABC. *Archives of Internal Medicine*.

Goins, R.T., **Spencer, S.M.**, and Byrd, J.C. (in press). Research on rural caregiving: A literature review. *Journal of Applied Gerontology*.

Spencer, S.M., Albert, S.M., Bear-Lehman, J., and Burkhardt, A., (2008). Relevance of culture for self-reported functional limitation. *Journal of the American Geriatrics Society* 56, 553-557.

McCallum, T. J., **Spencer, S.M.**, and Goins, R.T. (2008). Lost in summation: Depression among African American caregivers and noncaregivers. *Journal of Cross-cultural Gerontology*, 23, 77-84.

To learn more about the Kellogg Health Scholars Program, contact Barbara Krimgold of the Center for the Advancement of Health at bkrimgold@cfah.org or visit www.kellogghealthscholars.org.