

Aging Fast & Slow Podcast

Episode 2: No Longer Seeing Double

Dr. Sarah Szanton ([00:03](#)):

Welcome to episode two of Aging Fast & Slow. We are Dr. Sarah Szanton,

Dr. Deidra Crews ([00:10](#)):

and Dr. Deidra Crews, your hosts. For anyone new to our podcast, we speak to scientists, policy experts and innovators about social justice issues in aging.

Dr. Sarah Szanton ([00:25](#)):

What you're about to hear is a fascinating conversation with Dr. Keith Whitfield, who's an expert on aging among African Americans. He discussed with us stress, longevity within families, between families, within twins, the role of desegregation of schools,

Dr. Deidra Crews ([00:41](#)):

and we also talked about the fruitfulness of collaboration and how to recognize good ideas when they're in front of you.

Dr. Sarah Szanton ([00:47](#)):

We're excited to share this conversation with you.

Dr. Deidra Crews ([00:54](#)):

So Dr. Whitfield, welcome to Aging Fast & Slow!

Dr. Keith Whitfield ([00:58](#)):

Thank you. It's great to be here.

Dr. Deidra Crews ([00:59](#)):

Yeah. You've clearly had a distinguished career studying aging in African Americans and today we're really excited to hear a bit more about your work. When we looked through some of your studies that really stood out to us, one of them that we were hoping you could tell us a little bit more about was your work around African-American twins. So how did you get the idea to even study twins?

Dr. Keith Whitfield ([01:24](#)):

Boy, that's a long story. Let me see if I can cut it down a little bit. I had actually been a postdoc at the Institute of Behavior Genetics, University of Colorado. And my purpose in getting that training was that I was very curious about why we are who we are, why we can be so similar and so different and why even within families we can be so similar and so different. And that training actually leads you to be able to do this kind of deciphering of things that might be from genetic sources and things that might be from environmental sources. And one of the main methods for doing that is using twins. I was also inspired, I have to tell you by two cousins that I have who are named Keith and Kevin.

Dr. Deidra Crews ([02:09](#)):

Oh!.

Dr. Keith Whitfield ([02:10](#)):

I used to just think that they were just fascinating. I didn't know that I was already being a psychologist at 11, 12 or 13, watching my cousin twins and seeing how different they were. That was a lot of the beginning of it - was just really to try to understand sources of individual differences in aging for African Americans using an interesting method and approach.

Dr. Sarah Szanton ([02:34](#)):

Interesting. What were some of the main findings overall in your twin studies would you say?

Dr. Keith Whitfield ([02:41](#)):

It's finding things like, something related to stress that people might think of as common, which is that a lot of the variability that you find in people around stress really comes from environmental things, not from genetic things. So you're not born with it, but, there is a significant component that is genetic, so how we think about stress and how we perceive stress does have something that originates in a way from our genes but that has been modified, modulated and changed in lots of different ways by the different environments that we're in. So, you know, that may not jump out to anybody as being ground breaking, but it's very interesting to take a step back and really say, so what is the proportion that's coming from genes and coming from the environment?

Dr. Deidra Crews ([03:28](#)):

Interesting. As you were sharing your work, I was thinking about, I think many people, particularly many African Americans would point to stress as being a key driver of their health status. I was wondering how as you've disseminated this type of work, what sort of reactions have you gotten from people out in the lay community?

Dr. Keith Whitfield ([03:54](#)):

Well, you know what's interesting, so there's the lay community and then the scientific community. And one of the things that I have done essentially for most of my career is that I study within group issues related to African Americans and don't simply rely on looking at comparisons. It's a point that I try to make in, in every conversation that I have that when we do comparisons between let's say whites and blacks, that what we do is understand that there is a difference. But when I speak with lay folks, they look at me and say, "Oh, you found that there's a difference? Big deal. My mamma could have told you that." It doesn't seem like it comes out as this great epiphany. But the bigger question is, is that even as you look at African Americans and some are doing well and, some aren't doing as well, what are the causes of that so that we can ultimately be able to help folks be able to live the best lives that they can. My perspective from some of the work that we're doing now on longevity is that when you see that African Americans have some of the lowest life expectancy, those who are living really long are really living long, relative to other groups. So if you could understand maybe some of the things that might contribute to longevity in that group, those might be things that generalize to everybody so that they're an important group to study in and of themselves rather than simply saying they're different from another group.

Dr. Sarah Szanton ([05:34](#)):

Great. Thank you Keith. We also wanted to talk a little bit about the study that you and I worked on together because for me it was such an aha moment. I was looking down an Excel sheet and I'd lined up all of the twins and I had them compiled right next to their twin and saw that the people who were born much earlier in the 20th century had almost the exact same educational outcome (number of years). And even the same job, like two different people were truck drivers, two twins were hairdressers. And then as we moved farther down the century that there was much more difference between twins, where someone went to college and someone went to high school, or someone was a bricklayer and someone was a college professor of the two twins. You and I worked on that and wondered whether that was partly because as Jim Crow got loosened, people were able to achieve their own potential rather than having the ceiling effect of society pushing them down. I wondered if you wanted to talk about that study or comment on it or rephrase it differently than what I said.

Dr. Keith Whitfield ([06:45](#)):

Well, you did something which was to really highlight something that we had not taken a look at. A lot of times when work that I do - if we use education as a variable - this can actually control for it. But you took a look and said, hey, let's look at how similar or not they are. I think I just hadn't stopped to think about that.

Dr. Keith Whitfield ([07:07](#)):

As we looked at some of those interesting differences, it was amazing to see how over time, you and I had many conversations about what we were actually seeing, and I think you're exactly right. What you were seeing is opportunities that ended up coming out. I think it's even some changes within families. You know, it used to be that to be able to get a job, you definitely needed to have that connection. If somebody got into a position, they then made a way for someone else. Now I think it's the same, it's still true now, but because there are many more opportunities, you see differences in being able to pursue what one was able to pursue. Parents probably weren't communicating to their children, you know, hey your sister just got this job. That's a good job. You should think about that. And really encouraging and say, let me support you in doing the things that you want to do and that what we want to do as jobs or even how much education we want to pursue can be influenced by not just the genes that we share within a family, but also how that family actually constructs looking at possibilities, looking at opportunities, and encouraging us or sometimes discouraging us from pursuing different paths in terms of what we might do with our lives.

Dr. Sarah Szanton ([08:26](#)):

That's beautiful.

Dr. Deidra Crews ([08:30](#)):

Building on that theme of what sets people up for opportunity, I know you've done some work, Keith, looking at educational desegregation and how that relates to what we see in terms of cognitive function among African Americans specifically. Would you mind sharing with us some of the things that were key in terms of what you discovered and that work?

Dr. Keith Whitfield ([08:49](#)):

Yeah, it's very interesting. A lot of it actually spun off from looking at North Carolina and seeing that you saw desegregated schools even until the 70s. When you look at the history of desegregation, you see

that in Baltimore, Baltimore was one of the first three places that was on path to go under desegregation. Unlike Washington DC and New York, rather than black kids go to the white school, white kids went to one of the black schools so you had a very interesting dynamic there. We started taking a look at it and saying, let's take a look at the very basic premise that desegregation was this wonderful thing and that everybody benefited in every sort of way. What we found was very mixed results, both when we looked at it in terms of one time point but also longitudinally. Some things improved and other things didn't necessarily just because you went to a desegregated school.

Dr. Keith Whitfield ([09:51](#)):

What was really interesting about this is that it overlapped a little bit in my time in North Carolina. Jennifer Manley at the time was actually looking at influences of education on cognition. We talked and she asked, can you get school records or something like that? I thought it would be great to have, but if we went back and looked at the records, what you found is that for the black schools there weren't those records. Actually we couldn't even find any for the white schools to be able to provide her with that information. So this has been a bigger issue that lots of people have been starting to think about - that quality of education that we assume came with changes that went along with desegregation that didn't always necessarily evince themselves and things that we're now seeing in older adults. In some ways it did in some ways that didn't. I always think that, and I've not measured this yet, so this is just complete guessing on my part, but it is those educational activities. It's reading and puzzles and all of those kinds of cognitive skills that we're seeing being promoted now. I think those are the things that create just as much variability as those original sources of education that we saw from people either going to a desegregated school or always going to segregated schooling.

Dr. Sarah Szanton ([11:10](#)):

Jennifer Manley has pointed out through her studies that the amount of school district funding and the length of the school year impacted later cognitive change. So if someone didn't have schooling all throughout the harvest season for instance, then they have more cognitive changes as an older adult.

Dr. Deidra Crews ([11:28](#)):

Yeah, that's interesting. It's fascinating to me personally that you did this work in North Carolina. I'm from just north of North Carolina and certainly people in my parents' generation experienced going to school in segregated schools. Then in their later years, maybe at the high school level, going to desegregated school. Any thoughts on what difference that might make if you spend a portion of your educational time in a segregated versus a desegregated school?

Dr. Keith Whitfield ([11:56](#)):

It's interesting because we had those in our work in Baltimore. What we tied it to was what were the last schools that you were going to. They were tied to the highest level of education that you were able to obtain. For a lot of African American those were always desegregated schools unless they decided to pursue time at HBCUs

Dr. Sarah Szanton ([12:21](#)):

HBCUs are Historically Black Colleges and Universities.

Dr. Keith Whitfield ([12:27](#)):

which that was something that in Baltimore was fascinating because you have a corridor. We have a lot of HBCUs that provided segregated, in a way, education at those upper levels of education. For a lot of the ones that we saw in Baltimore, there was a big mix of whether they went to an HBCU or whether they went to a predominantly white institution. That's a whole other area of study that we should really take a look at and see whether the stress and strains and things that for some of those folks who were breaking the color barrier. What does it mean to learn and to get an education under those circumstances versus one where it might be more welcoming - you see people who have achieved what you've achieved that look like you. Those are some of the benefits that HBCUs actually offered kids then and still do now. We've not teased all of that out. It would be a very interesting question to look at.

Dr. Sarah Szanton ([13:21](#)):

There's still a lot of papers to write!

Dr. Deidra Crews ([13:23](#)):

You've obviously had a lot of great ideas throughout your career. What would you say is your next big thing that you want to tackle?

Dr. Keith Whitfield ([13:31](#)):

The answer to that question is real easy. I don't have no other ideas. I really feel like I've had three really good ideas and what I've had is hundreds of great collaborators that have taken me to be able to study lots of different things.

Dr. Sarah Szanton ([13:48](#)):

You've got a lot of longevity Keith. For anyone who's listening, Keith is a fabulous collaborator and I'm sure he would love to work with you on your ideas about what he could do with his data.

Dr. Sarah Szanton ([13:59](#)):

Before we wrap up, is there a piece of advice that you've been given by a mentor or someone else you've worked with that sticks with you, that helps guide you?

Dr. Keith Whitfield ([14:09](#)):

There's been a lot. One of the ones that sticks with me is - I love collaborating. I think collaborations are the way that great science happens and it's fun at the same time if you have the right collaborators. But, I had one collaboration where the person took my ideas and ran with them. I was very disturbed. This was a person I trusted; I couldn't believe it happened. I talked to one of my mentors about it and he said, you should think about good ideas like a bus. There's one coming by every few minutes. If you only had one good idea, you might as well just pack up shop and go home. You want to have more good ideas. Don't worry about keeping them so close to your chest - share them and think about them and take them out for a walk and collaborate with people. If you have a collaboration doesn't work out, you learned your lesson and you go onto the next one. But it hopefully isn't the end of good ideas.

Dr. Keith Whitfield ([15:07](#)):

That's one of the reasons why some of the approaches that I've tried to take in my career try to challenge the status quo about what's accepted and what's not accepted. Like people told me I

shouldn't be studying genetics and blacks because of some of the history that's around looking at genes and making assumptions - incorrect ones about inferiority of African Americans. I just took that on and said it's not true so why should I let that guide our science? African Americans have genes. Even in terms of looking at within group versus between groups - I was told that I'd never get a grant funded if I just looked at within group, that I had to do between group measures, that that's how everybody else did it. Whenever you tell me that's what everybody else does, I just try to go the opposite way.

Dr. Deidra Crews ([15:54](#)):

That's a lot of wisdom. As we wrap up here, are there any books or websites that you'd like for our audience to take a look at?

Dr. Keith Whitfield ([16:07](#)):

There is this fantastic book that Tamara Baker and I did back in 2014 which is The Handbook on Minority Aging. There were lots of people who contributed as editors and then people who contributed chapters. I think that it's a wonderful resource to be able to have. But then again, I was one of the editors for the book so of course I think that. I think that it's a good way when people have questions for sometimes how to start, sometimes basic information, sometimes ideas about methodology. A lot of that is contained in that book. It's fantastic.

Dr. Sarah Szanton ([16:43](#)):

Great. We'll link to that on the website for this episode.

Dr. Deidra Crews ([16:47](#)):

All right. Thank you so much. This was terrific.

Dr. Keith Whitfield ([16:53](#)):

Thank you and take care.

Dr. Deidra Crews ([16:58](#)):

Thank you to Dr. Whitfield for joining us. Check out our website, nursing.jhu.edu/agingfastandslow for the articles and resources referenced in the episode. We also invite you to add to the conversation by tweeting @agingcenter.

Dr. Sarah Szanton ([17:18](#)):

At the Center for Innovative Care in Aging, we develop behavioral interventions and implement and scale them. To all the researchers out there, if you're developing a behavioral intervention and trying to figure out how to advance it through the research pipeline, we have a great Summer Research Institute for you. It's on June 8th. A day of learning best practices, workshopping your ideas on how to fund, test, and develop behavioral interventions. For more information, contact agingcenter@jhu.edu.

Dr. Deidra Crews ([17:48](#)):

In the next episode, we are talking to Dr. Gilbert Gee about time disparities in aging.

Dr. Deidra Crews ([17:56](#)):

If you enjoyed this podcast, please share it with a friend, rate it, or write us a review. Special thanks to Jennifer McCord for editing and sound design. Erika Hornstein for production assistance, Raphe Reggie for technical expertise, Tim Carl for managing our host website, and Sydney Logan for marketing.

Dr. Deidra Crews ([18:18](#)):

See you next time on Aging Fast & Slow.