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Dear Dr. Lazzari:

I have reviewed the curriculum vitae for Dr. Gillian L. Marshall, your school's policy guidelines for tenure and promotion, Dr. Marshall's narrative summary statement, along with seven scholarly works written by Dr. Marshall who is applying for tenure and promotion to the rank of assistant professor at the University of Washington Tacoma School of Social Work and Criminal Justice. I briefly comment on Dr. Marshall's background after which I discuss the manuscripts she included for this review.

Dr. Marshall received a Bachelor of Arts at Trinity Western University in 2000. She obtained her MSW in 2002 and Ph.D. in 2011 from the University of Washington School of Social Work. She received Post-Doctoral Training between 2011 and 2012 from the Group Health Research Institute. In addition, she was awarded her M.P.H. in 2020 from the School of Public Health at the University of Washington. Dr. Marshall worked as an Assistant Professor in the Mandel School of Applied Social Sciences at Case Western Reserve University between 2013-2015 after which became an Assistant Professor in the School of Social Work and Criminal Justice at the University of Washington Tacoma in 2015. Dr. Marshall has integrated her practice experience with her research by consistently studying stress and mental health in late life, specifically focusing how financial hardship adversely affects older person's well-being. Since receiving her NIH K01 Career Development award from the National Institute of Aging, Dr. Marshall has advanced scholarship on the intersection between aging, ethnicity, financial equity, and mental health, an area that is contemporary and much needed in gerontological research. Although I know many young scholars who have applied for K01 awards, Dr. Marshall, \* [redacted] [redacted] is the only one I am aware of who successfully obtained this prestigious award.

Dr. Marshall has published or has in press 20 publications. Four manuscripts are under review and two are in progress. She is the sole author of a paper published in *Social Work*,

the most widely-disseminated journal in social work that reaches thousands of practitioners and academicians. She also is the first author of 9 publications. Her scholarship has been broadly distributed in well-known journals that should target those who can benefit most from her research. They include *Aging and Mental Health*, *Health and Social Work*, *Journal of Gerontological Social Work* and *Research in Human Development* as well as more specialized journals such as *Social Psychiatry Psychiatric Epidemiology*, *American Journal of Men's Health*, and *Journal of Black Psychology*. Dr. Marshall also contributed an encyclopedia entry that was published by Sage Publications. Not surprisingly, Dr. Marshall is in demand to review manuscripts for prestigious journals, such as the *Journal of Gerontology*, *Journal of Gerontological Social Work*, *Journal of Aging and Mental Health*, *Research on Aging*, and *International Journal of Aging and Human Development*.

The number and breadth of Marshall's presentations at international, national, state, and regional conferences are commendable. She has presented at 12 national conferences all of which were high quality and peer-reviewed. They include presentations at the Society for Social Work Research, the Gerontological Society of America, Society of Behavioral Medicine, Aging in America Conference, and American Psychosocial Oncology Society. Her presentations at international conferences are especially impressive and include papers delivered at the Canadian Association of Gerontology, International Social Stress Research Conference, and IUHPE World Conference on Health Promotion and Health Education. In addition to her participation at national and international conferences, Dr. Marshall has presented or served as a guest lecturer at several universities. She has disseminated her work at multiple levels.

Dr. Marshall has secured over \$1 million in grant funding through the National Institute of Health. This is an unusual accomplishment for a junior faculty member at this stage. In addition, she was the principal investigator on four grants. Most impressive is Professor Marshall's successful K01 Career Development Award from the National Institute on Aging. After reading her scholarship I conclude that Dr. Marshall has benefited greatly from this award that has strengthened Dr. Marshall's publications to those of a senior researcher who has advanced our understanding of how ethnicity intersects with financial hardship, social stress, and mental health. Dr. Marshall's sustained efforts to ferret out the conceptual *and* operational definitions of hardship will help future gerontologists and social workers identify components underlying financial hardship that inevitably will result in interventions that will enhance older person's well-being and quality of life.

In the sections below I comment on the seven publications that I have reviewed. Given that I have

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I feel qualified to review these papers, which I discuss below in chronological order.

Dr. Marshall illuminates within group variability among older Black Americans in her article entitled, "Exploring Ethnic Variation between Stress, Social Networks, and Depressive Symptoms Among Older Americans," published in the *Journal of Black Psychology*. Far too many scholars have assumed homogeneity among older Black adults, but we know that heterogeneity within age groups increases with age and that the diversity

within groups varies depending upon numerous factors, such as, gender, social class, and geographic region. In this article, Dr. Marshall reveals the stress associated with material hardship and perceived discrimination, which also was linked to depression. The differences in depression between African Americans and Caribbean Blacks, which she reveals in this research, have important implications for practitioners and policy-makers. Several limitations, however, undermine the contributions of this study. For example, the background section includes outdated statistics and literature. The number of older adults, mentioned in the first section, has significantly increased since the citations used here were published. Most importantly, Dr. Marshall's discussion of stress omits contemporary studies on this topic, and, in particular, those that consider cultural influences. A conceptual framework that considers the intersection between ethnicity and stress would be helpful. For example, Knight and Sayegh's updated sociocultural stress and coping model is especially relevant (Knight, B.G. & Sayegh, P., 2010, Cultural values and caregiving: The updated sociocultural stress and coping model in the *Journal of Gerontology: Psychological Sciences*, 65B, 5-13). A theoretical and in-depth discussion of depression also are needed given that most gerontologists concur that depression manifests differently in late life. Dr. Marshall provides no rationale, for example, for how she operationalized depression or for why she included certain control variables.

In the article entitled, "Financial Hardship in Later Life: Social Work's Challenge or Opportunity, published as a commentary in *Social Work*, Dr. Marshall persuasively argues for a new field of study – financial gerontology – that would be multidisciplinary and consider the dire consequences and adverse outcomes of financial hardship in late life. Dr. Marshall's statements that financial struggles in late life too often have been overlooked in social work practice along with suggestions that social workers refer more clients to financial counselors and teach more about financial exigencies are especially applicable.

In the publication entitled, "Hardship Among Older Adults in the HRS: Exploring Measurement Differences across Socio-Demographic Characteristics," published in *Race and Social Problems*, Dr. Marshall advances her scholarship by including an in-depth discussion of the conceptualization and operationalization of hardship. She also clearly states her aims, purpose statement, and hypothesis in this article. Dr. Marshall demonstrates excellent methodological and statistical skills by using a complex and large dataset, specifically, the Health and Retirement Study. She excellently assesses predictive validity of the hardship measure by employing exploratory and confirmatory analyses that revealed important potential measurement biases among items underlying the construct. Too often scholars assume that respondents similarly interpret items in surveys; however, Dr. Marshall shows that such assumptions are often invalid. Dr. Marshall observed a single factor underlying hardship but also found that Black respondents were more likely to endorse financial dissatisfaction while Latino more often emphasized food insecurity.

Once again, Dr. Marshall demonstrates within group variability among older Black Americans with respect to associations between stress, material hardship and symptoms of depression in the publication entitled, "Material Hardship and Self-Rated Mental Health among Older Black Americans in the National Survey of American Life," published in *Health and Social Work*. Dr. Marshall advances her earlier scholarship by excellently

discussing race and ethnicity. She also demonstrates that material hardship differentially affects self-rated mental health (SRMH) depending on whether a respondent self identifies as Black Caribbean American or African American. However, a similar discussion of mental health as a construct would strengthen this work, and the use of a single item question used to measure mental health has questionable validity. Despite the limitations, Dr. Marshall reminds social workers and social scientists why they should cautiously generalize across and within ethnic groups.

Dr. Marshall and Dr. Tucker-Seely write a superbly articulated article entitled, “The Association between Hardship and Self-rated health: Does the Choice of Indicator Matter?” published in the *Annals of Epidemiology* in 2018. They persuasively present a rationale for why they differentiated items’ contributions to how hardship and self-related health (SRH) are associated. They identify two aims and, subsequently, ask two specific research questions. Dr. Marshall advances the conceptual discussion of financial hardship, first, by exposing the ambiguity over the definition of hardship and, second, by empirically examining items, specifically, difficulty paying bills, ongoing financial strain, food insecurity, and medication need, that should be considered when conceptualizing or operationalizing this construct. Based on the results from their logistic regression analysis, they find that taking less medication due to cost especially is associated to SRH. As Dr. Marshall discusses in the conclusion, the results from this work underscore the need for broader conceptualizations of socioeconomic status in late life that take into account more specific financial measures among older persons instead of traditional socioeconomic indices, such as income, education, and occupational status. Older adults on average use more medications on a daily basis than younger persons. Gerontologists, including financial gerontologists, educators, and practitioners, therefore, must focus on broader economic assessments than the ones that they typically use.

In contrast to the paper published in the *Annals of Epidemiology*, discussed above, Dr. Marshall inadequately conceptualizes the issues in the article entitled “Gender Differences in the Association between Modifiable Risk Factors and Financial Hardship Among middle-Aged and Older Adults,” which appeared in *Preventive Medicine Reports* in 2019. She hardly provides a rationale for examining the associations between financial hardship and gender, cigarette smoking, alcohol consumption, and obesity despite including up-to-date literature. Moreover, she offers almost no explanation for the findings. Overall, Dr. Marshall’s statistical capabilities tend to be stronger than her conceptual knowledge.

Dr. Marshall again excellently ferrets out the differential effects of financial hardship on depression and anxiety using a large and nationally representative sample in the article entitled, “The Price of Mental Well-Being in Later Life: The Role of Financial Hardship and Debt,” published in *Aging & Mental Health*. Unfortunately, she does not conceptually define depression or anxiety, which is a significant limitation of this work given that most gerontologists concur that these conditions manifest differently in late life. Many recommend using scales, such as the Geriatric Depression Scale, to assess late life depression. Although the CES-D often is used to measure depression among older persons, most scholars caution that this instrument focuses on symptoms in contrast to a diagnostic category and discuss these limitations. Although Dr. Marshall notes several other

limitations in the penultimate paragraph of this paper, she fails to mention the validity issues involved with using this instrument with older persons.

In sum, Dr. Marshall has significantly advanced her scholarship over time and contributed to the literature on financial gerontology and on adverse effects resulting from hardship. She also has advanced researchers' understanding of hardship and helped gerontologists better conceptualize and operationalize economic status in late life. The results from her work will help educators and practitioners better meet the needs of older persons struggling with financial problems. At the same time like most junior scholars Dr. Marshall could benefit from expanding her theoretical knowledge that would allow her to contribute more conceptual depth to her future work.

I appreciated the opportunity to read and comment on Dr. Marshall's scholarship. If I can assist in any other way or if you have questions I can be most easily reached by email at

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