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**BIOGRAPHICAL SKETCH**

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NAME: Tetyana Pudrovska

eRA COMMONS USER NAME: pudrovska

POSITION TITLE: Assistant Professor, Department of Sociology

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**EDUCATION/TRAINING**

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| INSTITUTION AND LOCATION                      | DEGREE                   | Completion Date<br>MM/YYYY | FIELD OF STUDY |
|---|--------------------------|----------------------------|----------------|
| Kharkiv National University, Kharkiv, Ukraine | Candidate of<br>Sciences | 05/2001                    | Linguistics    |
| Univeristy of Maryland, College Park, MD      | MA                       | 05/2004                    | Sociology      |
| Univerity of Wisconsin, Madison, WI           | PhD                      | 08/2008                    | Sociology      |

**A. Personal Statement**

The overarching theme of my research on social disparities in the chronic diseases of aging. I explore how exposure to social stressors (such as poverty, unemployment, discrimination, widowhood, or marital conflict) increases the risk of chronic diseases and mortality years and even decades later. I am particularly interested in the mechanisms that make it possible for the stressful social environment to become “embodied” and affect bodily systems over the long term, gradually increasing the risk of chronic diseases and accelerating aging. These mechanisms of embodiment span multiple systems and multiple levels and, thus, require a comprehensive approach integrating several disparate areas of research. I apply an interdisciplinary biopsychosocial perspective to connect specific social stressors to specific health outcomes via complex mechanisms, including large-scale demographic and social processes, individual and familial socioeconomic resources, psychosocial characteristics (depression, self-esteem, social support), health behaviors (exercise, smoking, alcohol), and biological risks (adiposity, inflammation, glucose, lipids, blood pressure). Therefore, my research fits within several of the PRC’s Primary Research Areas, including Population Health, Demography: Family Demography and Intergenerational Relationships, and Demography: Education, Work and Inequality.

Over the next five years my research projects will address questions that are particularly relevant to the PDB priorities of Demography and Population Health.

One strand of my research will address a link between early-life stress and chronic diseases of aging and explore why people exposed to a similar stressful environment in childhood manifest very different health outcomes in midlife and late life. This project will contribute to research in multiple areas within Demography and Population Health by providing new insights about the ways in which the effects of early-life stress are exacerbated or attenuated by favorable or unfavorable socioeconomic resources, health behaviors, psychological functioning, and social relationships in adulthood.

My other line of research focuses on the dyadic management of chronic illness in older couples. The “Texas Dyadic Diabetes Study” (with Debra Umberson) will explore day-to-day management of diet and exercise in white and Mexican American couples in which one partner has diagnosed diabetes. In a related project, will apply a biopsychosocial dyadic stress and coping approach to the management of Alzheimer’s disease (AD) in white and Hispanic patient-partner dyads. Both projects will involve a collection of longitudinal couple-level data, including daily diaries and biomarkers, to understand how daily routines, daily stressors, and coping strategies affect the patient’s and the partner’s physical, mental, and cognitive health outcomes. The findings from these projects will provide the urgently needed knowledge about chronic illness adjustment among older minority adults. Given the unprecedented aging of the U.S. population and the increasing race/ethnic diversity of the older population, this project is well positioned to make important and timely contributions to demography, population health, and family research.

I actively participate in the PRC demography and population health areas. I am a member of the population health group that includes students and faculty who meet on regular basis to discuss multiple issues related to population health and present our ongoing projects. I am also coordinating a biodemography group for the PRC graduate trainees that combines general training in the theory and methods of biodemography as well as promotes students’ original research involving biomarkers.

The PRC infrastructure has been critical in providing support for my research, including the administrative support for the grant submission, the start-up research funds, seed grants to fund research assistants for an ongoing data collection, and addressing my computing and software needs. The PRC cores will play an important role in my research in the next five years. I will rely on their invaluable support and assistance with respect to grants submission, original data collection, RA appointments, and computing and software resources for the RAs and myself.

## **B. Positions and Honors**

### **Positions and Employment**

|              |   |
|--------------|---|
| 2003-2004    | Research Assistant, Aging, Stress and Health Study (PI: L. Pearlin), Department of Sociology, University of College Park, MD                      |
| 2004-2008    | Research Assistant, Wisconsin Longitudinal Study (PI: R. Hauser), Center for Demography of Health and Aging, University of Wisconsin, Madison, WI |
| 2006-2008    | Research Assistant, Mortality in Central Asia (PI: M. Guillot), Center for Demography and Ecology, University of Wisconsin, Madison, WI           |
| 2008-2011    | Assistant Professor, Department of Sociology, The University of Texas at Austin, Austin, TX   |
| 2008-2011    | Faculty Research Associate, Population Research Center, The University of Texas at Austin, TX   |
| 2011-2014    | Assistant Professor, Department of Sociology & Criminology, The Pennsylvania State University   |
| 2011-2014    | Research Associate, Population Research Institute, The Pennsylvania State University  |
| 2014-2016    | Assistant Professor, Department of Sociology, The University of Texas at Austin, Austin, TX   |
| 2016-present | Associate Professor, Department of Sociology, The University of Texas at Austin, Austin, TX   |
| 2014-present | Faculty Research Associate, Population Research Center, The University of Texas at Austin, TX   |

### **Other Experience and Professional Memberships**

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|--------------|---|
| 2009-2010    | Member, Faculty Panel for the Bridging Disciplines Program (BDP) in Social Inequality, Health, and Policy, University of Texas-Austin |
| 2012-2014    | Editorial Board, Society and Mental Health  |
| 2013-present | Member, Nominations Committee, Population Section, American Sociological Association  |
| 2014-2016    | Member, Task Force on Women, Gerontological Society of America  |
| 2014-present | Editorial Board, Journal of Aging and Health  |
| 2014-present | Faculty Affiliate, Center for Women's and Gender Studies, University of Texas-Austin  |
| 2014-present | Faculty Affiliate, Center for Health Communication, University of Texas-Austin  |

#### Professional membership

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|--------------|-----------------------------------|
| 2002-present | American Sociological Association |
| 2004-present | Population Association of America |
| 2004-present | Gerontological Society of America |

### **Honors**

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|-----------|--|
| 2004-2005 | Graduate School Fellowship, University of Wisconsin-Madison  |
| 2006      | New Investigator Award for Excellence in Aging Research, Institute on Aging, University of Wisconsin-Madison                   |
| 2009-2010 | Faculty Development Program Fellowship, Center for Women's and Gender Studies, University of Texas-Austin                      |
| 2014      | Best Mental Health Publication Award with Mieke McBride and Debra Umberson, and Tetyana Pudrovskaya, ASA Mental Health Section |

## **C. Contributions to Science**

### **Early-Life Social Origins of Chronic Diseases and Mortality**

Health and mortality in later life cannot be understood without considering exposures at different stages of the life course. Because early-life stressful conditions exert their influence over a long time span, they are more amenable than contemporaneous conditions in adulthood to preventive interventions between childhood and the manifestation of the disease. I explore how the interplay of socioeconomic status, gender, and race/ethnicity shapes physical health, mental health, and mortality from early life to old age. My findings

document how early-life exposures, especially socioeconomic disadvantage, affect health and mortality in later life as well as life-course processes that convey the effect of early-life exposures on health, including socioeconomic status over the life course, family statuses, health behaviors, and biomarkers. The exploration of causal mechanisms linking early-life socioeconomic environment to chronic diseases and mortality in later life will improve our understanding of life stages that may be potentially the most important for prevention efforts. Selected publications on this topic include:

- Pudrovska, Tetyana, Eric Reither, Ellis Logan, and Kyler Sherman-Wilkins. 2014. "Gender and Reinforcing Associations between Socioeconomic Disadvantage and Body Mass over the Life Course." *Journal of Health and Social Behavior* 55(3):283-301.
- Pudrovska, Tetyana. 2014. "Early-Life Socioeconomic Status and Mortality at Three Life Stages: A Growing Within-Cohort Inequality." *Journal of Health and Social Behavior* 55(2):181-195.
- Pudrovska, Tetyana, Ellis Logan, and Aliza Richman. 2014. "Early-Life Social Origins of Later-Life Body Weight: The Role of Socioeconomic Status and Health Behaviors over the Life Course." *Social Science Research* 46(July):59-71.
- Pudrovska, Tetyana, and Benedicta Anikputa. 2014. "Socioeconomic Status over the Life Course and Later-Life Mortality: An Integration of Four Conceptual Mechanisms." *Journals of Gerontology: Social Sciences* 69(3):451-460.

### **Marital Status, Parenthood, and Mental Health in Midlife and Old Age**

Dramatic demographic changes in the US families since 1970s are altering the patterns of family life of current and future generations of older adults. Given delayed marriage and childbearing, increased divorce and stepfamilies, and a growing number of adult children living with their parents, it is important to understand how this increasing heterogeneity in the marital and parental experiences affects health of older men and women. I use longitudinal family-level approaches, in particular, sibling and couple-level data and models I document gender differences in psychological implications of marriage, singlehood, and parenthood in midlife and old age. and the specific ways that men and women cope with widowhood and divorce, the effectiveness of these coping strategies. The central findings are heterogeneity of marital and parental experiences based on the configurations of roles, quality of relationships, and individual coping strategies. These findings have important implications for understanding mental health of older adults and improving quality of marital and intergenerational relationships in later life. Selected publications on this topic include:

- Pudrovska, Tetyana, and Deborah Carr. 2008. "Psychological Well-Being of Divorced and Widowed Young-Old Adults: Why Does Marital Dissolution Matter?" *Advances in Life Course Research* 13: 283-320.
- Pudrovska, Tetyana. 2008. "Psychological Implications of Motherhood and Fatherhood in Midlife: Evidence from Sibling Models." *Journal of Marriage and Family* 70 (February): 168-181.
- McBride, Mieke Thomeer, Debra Umberson, and Tetyana Pudrovska. 2013. "Marital Processes around Psychological Distress: A Gendered Perspective." *Society and Mental Health* 3(3):151-169.
- Reczek C, Pudrovska T, Carr D, Thomeer MB, Umberson D. Marital Histories and Heavy Alcohol Use among Older Adults. *J Health Soc Behav.* 2016 Mar;57(1):77-96.

### **Higher Status, Gender, and Health**

I explore health of women and men in higher-status occupations and leadership positions. My findings show that the assertion of job authority by women involves stressful interpersonal experiences, such as social isolation and negative social interactions that may increase women's health risks in some contexts. This project has several important implications for women in authority positions. Given women's disadvantage in access to power, it may seem that policies promoting gender equality in access to authority in the workplace can reduce gender differences in health. My research emphasizes that catching up with men in terms of structural aspects of workplace authority is not sufficient because the cultural meaning of exercising job authority is different for men and women. The main point is that we need to address gender discrimination and prejudice against women leaders to reduce stress and minimize psychological costs of higher-status jobs. Selected publications on this topic include:

- Pudrovska, Tetyana, and Amelia Karraker. 2014. "Gender, Job Authority, and Depression." *Journal of Health and Social Behavior* 55(4):424-441.
- Pudrovska, Tetyana. 2013. "Job Authority and Breast Cancer." *Social Forces* 92(1):1-24.
- Pudrovska, Tetyana, Deborah Carr, Michael McFarland, and Caitlyn Collins. 2013. "Higher-Status Occupations and Breast Cancer: A Life-Course Stress Approach." *Social Science and Medicine* 89:53-61.

## Complete List of Published Work in MyBibliography:

<http://www.ncbi.nlm.nih.gov/sites/myncbi/1-96rwwJkXfAM/bibliographahy/47385662/public/?sort=date&direction=ascending>

### D. Research Support

#### Ongoing Research Support

Research Award (S. Schieman, PI) 1/1/2014-1/1/2017

Canadian Institute of Health Research

Demands and Resources in Work and Family Life and their Implications for Stress and Health among Canadians: Waves 3-5"

The Canadian Work, Stress and Health Study (CAN-WSH) is a longitudinal study where the demands placed on Canadians by their work and family roles, and the implication of these demands on health, are investigated.

Role: Co-Applicant (Scott Schieman, Principal Applicant)

Responsibilities: Collaborating with the PI on data analysis and interpretation, presenting findings at professional conferences, and co-authoring articles in peer-review journals.

#### Completed Research Support

R03AG040037 (T. Pudrovska, PI) 09/01/11-08/31/13

National Institute on Aging

Childhood Socioeconomic Status and Late-Life Mortality: Sex and Race Differences

This project examined the effect of early-life SES on morality in later life, gender differences in this effect, and mediators of the associations between early-life SES and late-life mortality.

Role: PI

Responsibilities: Managed and analyzed two longitudinal data sets (Wisconsin Longitudinal Study and Health and Retirement Study, presented findings at professional conferences, and published the results from the study in major peer-review journals.

K12HD055882 (C. Weisman, PI) 01/01/13-07/01/13

National Institutes of Health

Career Development Program in Women's Health Research at Penn State

Project: Biosocial Mechanisms Linking Women's Socioeconomic Disadvantage to Obesity and Mortality

The goals of the project were (a) to receive mentoring and expand knowledge of biopsychosocial antecedents and physiological consequences of obesity, and (b) to explore the role of obesity as a biosocial mechanism mediating the effect of socioeconomic status (SES) on mortality among women.

Role: Mentored Scientist

Responsibilities: Worked with academic and clinical mentors to acquire knowledge of biopsychosocial influences on women's obesity, analyzed NHANES data, and presented findings at workshops.