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## BIOGRAPHICAL SKETCH

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NAME: Debra Umberson

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eRA COMMONS USER NAME: debra\_umberson

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POSITION TITLE: Professor of Sociology; Director, Population Research Center; Centennial Professor in the Liberal Arts, The University of Texas at Austin

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### EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE	Completion Date MM/YYYY	FIELD OF STUDY
University of Arkansas, Little Rock, AR	BA	05/1980	Gerontology
University of Arkansas, Little Rock, AR	MSW	05/1981	Social Work
Vanderbilt University, Nashville, TN	MA	05/1983	Sociology
Vanderbilt University, Nashville, TN	PhD	12/1985	Sociology
University of Michigan, Ann Arbor, MI	Postdoctoral	06/1988	Social Epidemiology

### A. Personal Statement

I bring comprehensive expertise across several areas that make me well suited to serve as Director of the Population Research Center at The University of Texas at Austin. I am a leader in the field of population health research. I have authored **influential and highly cited scholarship in five main areas of population health**: (1) social ties and health; (2) the social control framework for understanding health behaviors; (3) intergenerational ties and health; (4) gender, marital status and health; and (5) same-sex marriage and health. I have extensive expertise in both quantitative and qualitative methods, as well as experience with original data collection. I have served as PI on five NIH-funded projects focusing on marital/family ties and health, with attention to life course processes. I am currently Co-I of a newly funded NIH R01 "Social Networks and Well-being in Late Life: A Study of Daily Mechanisms." This project relies on an innovative blend of biological, behavioral, and social assessments to identify daily processes through which social networks influence health and well-being in daily life.

My **long-time commitment to cross-disciplinary research** is evident across all stages of my academic career. In my early career, I pursued training in sociology, social work, gerontology, and psychology; I then pursued interdisciplinary post-doctoral training in social epidemiology at the University of Michigan; and I have long participated on interdisciplinary research teams. Throughout my 28 years at UT, and in my first year as Director of the PRC, I have worked closely with colleagues in departments and units across campus, including Liberal Arts departments (particularly Economics, Sociology, and Psychology), Nursing, Social Work, the School of Public Policy, Human Development and Family Sciences, and Kinesiology and Health Education. Over this past year, I fostered PRC ties and idea sharing with the newly established Dell Medical School and University of Texas School of Public Health.

I have a **long record of administrative and professional service**, including serving as Chair of the Department of Sociology at UT Austin from 2000 to 2006; as Chair of the Mental Health (2006-2007), Family (2014-2015), and Medical Sociology (2015-2016) sections of the American Sociological Association; and serving on mentoring and award committees as well as program committees for the Population Association of America, the Gerontological Society of America, and the American Sociological Association. While Chair of the Department of Sociology, I worked to build the population health area in the PRC by recruiting three prominent senior scholars in the area (Hayward, Mirowsky, Ross). I have strong ties with higher administration officials at UT, and thus am often involved in key decision making affecting university-wide research activities. For example, I served on the committee to select the new Vice President for Research in 2015, and I chaired the search for the new director of the Office of Sponsored Research in 2016. From 2011-14, I also served as Editor-in-Chief of *Journal of Health and Social Behavior*, the leading U.S. outlet for research on population health research in the social sciences. Throughout my career, I have devoted considerable attention to mentoring junior colleagues. I have a lengthy and productive record of mentoring and publishing with pre- and post-doctoral students, and have developed a number of programs designed to prepare them for interdisciplinary research careers. Since 2000, I have published over 50 articles that include one or more

graduate student or postdoctoral coauthors, and have supported pre- and post-doctoral trainees on funded projects throughout my time at UT. The interdisciplinary training in population health that I provide is reflected in the placement of my former students across academic disciplines including public health (Needham, U of Michigan), sociology and demography (Williams, Ohio State; Liu, Michigan State), social work (Lodge, University of Texas), and women's studies and demography (Reczek, Ohio State).

The infrastructure support provided by the on-going NICHD R24 grant to the PRC has played a critical role in my own development as a scholar. I was recruited by the PRC almost three decades ago because of my early work on family ties and population health. The administrative and computing cores, along with ongoing intellectual exchange in an active population research environment, provided the ideal environment for my development as a grant-active population scientist. The PRC has changed over time in ways that continue to provide a richly supportive, productive, and interdisciplinary environment to launch new careers and to support the research of seasoned demographers. Active research groups are a key element of this environment. I now participate in a biweekly research group on population health (led by Hayward) and on family demography (led by Raley), as well as the social networks and health group (led by Fingerman). Each of these groups includes junior and senior faculty, postdocs, and graduate students. The Administrative Core provides invaluable pre- and post-award support for my funded projects. The Development Core provided me with a seed grant in 2012 to collect pilot data for a successful R21 application in 2013. The new Science & Technical Core has recently assisted me with data archiving, text analytics, dissemination of a research brief based on a new publication, assistance with data storage and secure data arrangements, and planning for the new RDC branch that is currently in the build-out phase.

## **B. Positions and Honors**

### **Positions and Employment**

1985-1986	Visiting Scholar in Adult Development and Adjunct Assistant Professor of Sociology, University of Michigan, Ann Arbor, MI
1986-1988	NIMH Research Fellow, Institute for Social Research, University of Michigan, Ann Arbor, MI
1988-Present	Assistant to Full Professor, Department of Sociology, University of Texas at Austin, TX
1988-Present	Faculty Research Associate, Population Research Center, University of Texas at Austin, TX
2000-2006	Chair, Department of Sociology, University of Texas at Austin, TX
2009-2015	Centennial Professorship in Liberal Arts, University of Texas at Austin, TX
Current	Centennial Commission Professorship in the Liberal Arts #1; Director, Population Research Center, Professor of Sociology, University of Texas at Austin

### **Honors, Other Experience, and Professional Memberships**

1987	Medical Sociology Dissertation Award, American Sociological Association
1987-1989	NIA National Research Service Award, <i>Social Integration and Health in Later Life</i> (5 F32 AG0005440)
1989	Noted Scholars Programme, University of British Columbia
1990-1995	NIA First Independent Research Support and Transition (FIRST) Award, <i>Death of a Parent: Impact on Adult Children and Families</i> (5 R29 AG008554)
1991-Present	Ad Hoc Reviewer, Division of Research Grants, NIH (including NIA Behavior and Social Science of Aging Review Committee, NICHD Health of the Population Review Committee; NICHD Health Behavior and Context Subcommittee; NIA Risk Prevention and Health Behavior; NICHD Population Sciences Subcommittee; NIA ZAG1 P01 Special Emphasis Panels; NICHD P2C Population Dynamics Centers Research Infrastructure Special Emphasis Panel); Statistics Canada; U.S.-Israel Bi-national Science Foundation
1993-1996	Deputy Editor, <i>Journal of Health and Social Behavior</i>
1993	Visiting Professor, Health and Social Behavior, School of Public Health, Harvard University
1999-2002	Secretary/Treasurer, Mental Health Section, American Sociological Association
2001-2003	Council Member, Medical Sociology Section, American Sociological Association,
2001-2005	Associate Editor, <i>Journal of Marriage and Family</i>
2005-2007	Elected Member, Committee on Committees, American Sociological Association
2006-2007	Elected Chair, Mental Health Section, American Sociological Association
2006-2008	Associate Editor, <i>Contexts</i>
2007	Institute for Scientific Information (ISI) Designation as Highly Cited Researcher
2008	Elected Member, Sociological Research Association
2009-2011	Council Member, Section on Aging and the Life Course, American Sociological Assoc.
2011-2013	Editor-in-Chief, <i>Journal of Health and Social Behavior</i>
2011	Elected Council Member, Behavioral and Social Sciences, Gerontological Society of America
2011	Elected Fellow, Gerontological Society of America

2012-present	Research Scientist, The Fenway Institute, Center for Population Research in LGBT Health
2012-15	Investigator Award, Robert Wood Johnson Foundation, Program on Health Policy Research
2014	Thomson Reuters Highly Cited Scientist, <a href="http://sciencewatch.com/sites/sw/files/sw-article/media/worlds-most-influential-scientific-minds-2014.pdf">http://sciencewatch.com/sites/sw/files/sw-article/media/worlds-most-influential-scientific-minds-2014.pdf</a>
2014-15	Elected Chair, Family Section, American Sociological Association
2014-16	Member, 2014-2016 Population Association of America Early Achievement Award Committee.
2015-16	Elected Chair, Medical Sociology Section, American Sociological Association
2015	Matilda White Riley Distinguished Scholar Award, American Sociological Association Section on Aging and the Life Course
2016	Leonard I. Pearlin Award for Distinguished Contributions to the Sociological Study of Mental Health, American Sociological Association Section on Sociology of Mental Health
2016-17	Member, Program Committee, Population Association of America.

## C. Contributions to Science

**1. Social Ties and Health.** Although scientists have argued for over a century that there is a link between social involvement and health, this link was not well established empirically until the 1980s. My earliest work helped to establish the strong link between social ties and mortality, a link that has been documented cross nationally. This work has been used to ground hundreds of studies across a range of scientific disciplines, to help document population group variation in the link of social ties to health, and to establish social, behavioral, psychological, and physiological mechanisms that explain the impact of social ties on health. While all of my work falls under the broad umbrella of social ties and health, the following publications are some of the most significant publications in this area. In my latest work, I provide the first documentation of racial disparities in the death of family relationships from childhood through midlife, drawing attention to a largely overlooked layer of racial disadvantage that may contribute to health disparities in the U.S. (d, below).

- a) House, James S., Karl Landis and Debra Umberson (1988). "Social Relationships and Health." *Science* 241:540-545.
- b) Umberson, Debra, K. Williams, D.P. Powers, H. Liu, and B. Needham (2006). "You Make Me Sick: Marital Quality and Health Over the Life Course." *Journal of Health and Social Behavior* 47:1-16. PMC3149975
- c) Umberson, Debra and Jennifer Karas Montez (2010). "Social Relationships and Health: A Flashpoint for Public Policy." *Journal of Health and Social Behavior* 51:S54-S66. PMC3150158
- d) Umberson, Debra, J. Skalamera, R. Crosnoe, T. Pudrovska, H. Liu, and R. Donnelly (forthcoming). "Death of Family Members as an Overlooked Source of Racial Disadvantage in the U.S." *Proceedings of the National Academy of Sciences*.

**2. Health Behavior and the Social Control Framework.** Although research in the 1980s established the link of social ties to health, the mechanisms through which social ties affect health had not been empirically demonstrated. Health behaviors are one key mechanism. Health behaviors play a pivotal role in shaping health and mortality risk over the life course. In my early work, I developed a theoretical framework to help explain how social ties influence health behaviors that contribute to population health patterns. This framework, referred to as the social control of health behaviors, has been widely adopted across the disciplines of psychology, epidemiology, gerontology, public health, demography, and sociology. The key idea is that certain types of social ties (especially intimate partnerships and intergenerational ties, but also ties to social organizations) impose social control through direct (regulation, threats, demands) and indirect (facilitation, a sense of responsibility) pathways than then influence health habits. This model has been influential in advancing understanding of the mechanisms through which social involvement influences health outcomes. Studies using diverse research designs and samples have provided support for this model.

- a) Umberson, Debra (1987). "Family Status and Health Behaviors: Social Control as a Dimension of Social Integration." *Journal of Health and Social Behavior* 28(3):306-319.
- b) Umberson, Debra (1992). "Gender, Marital Status, and the Social Control of Health Behavior." *Social Science and Medicine* 34(8):907-917.
- c) Umberson, Debra, Hui Liu and Corinne Reczek (2008). "Stress and Health Behaviors." Pp. 19-44 in *Advances in Life Course Research: Stress Processes Across the Life Course* (Heather Turner and Scott Schieman, Editors), Volume 13.
- d) Umberson, Debra, Robert Crosnoe and Corinne Reczek (2010). "Social Relationships and Health Behavior across the Life Course." Karen S. Cook and Douglas S. Massey (Editors), *Annual Review of Sociology* 36:139-157. PMC3171805

**3. Intergenerational Ties, Filial Bereavement, and Health.** Although empirical research has long supported the view that parents influence the well-being of young children, the effects of ongoing parental relationships on adult children was not addressed until the 1990s. My work on intergenerational relationships provided some

of the first evidence that the quality of intergenerational ties has significant effects on the physical and mental health of adult children as well as their parents. Given the importance of intergenerational ties to adults, I went on to conduct the first national study of how the death of a parent affects adults. This study provided clear evidence that the death of a parent has lasting adverse effects on physical and psychological well-being even for adult children. However, the adverse effects on health reverse within 3 to 7 years post bereavement such that the bereaved actually report better health than the non-bereaved. This unexpected finding was explained with additional qualitative data (this was mixed methods project) showing that, in the short run, adults often engage in adverse health habits and experience high levels of distress that contribute to poorer physical health. However, in the longer run, adults who have lost a parent are more likely to be concerned with their mortality and initiate steps to improve their health with the aim of reducing mortality risk.

- a) Umberson, Debra (1992). "Relationships Between Adult Children and their Parents: Psychological Consequences for Both Generations." *Journal of Marriage and the Family* 54(3):664-674.
- b) Umberson, Debra and Meichu D. Chen (1994). "Effects of a Parent's Death on Adult Children: Relationship Saliency and Reaction to Loss." *American Sociological Review* 59:152-168.
- c) Umberson, Debra (2003). *Death of a Parent: Transition to a New Adult Identity*. Cambridge University Press.
- d) Umberson, Debra, Tetyana Pudrovska and Corinne Reczek (2010). "Parenthood, Childlessness, and Well-being: A Life Course Perspective." *Journal of Marriage and Family* 72:612-629. PMC3159916.

**4. Gender, Marital Status, and Health.** In the 1970s it became a truism that marriage was more beneficial to the health of men than women. My work has focused on gendered marital and family experiences that influence health outcomes and has shown that gender differences in the impact of marriage on health have been overstated, and depend on who the married are compared with (e.g., divorced, never-married, widowed) as well as the health outcome considered. Moreover, the association of marital status with health has changed over historical time. These findings have stimulated research that seeks to clarify and explain gender differences in the link of marital status to health.

- a) Umberson, Debra, Camille B. Wortman, and Ronald C. Kessler (1992). "Widowhood and Depression: Explaining Gender Differences in Vulnerability." *Journal of Health and Social Behavior* 33:10-24.
- b) Umberson, Debra, Meichu D. Chen, James S. House, Kristine Hopkins and Ellen Slaten (1996). "Social Relationships and their Effects on Psychological Well-being: Are Men and Women Really So Different?" *American Sociological Review* 61:836-856.
- c) Williams, Kristi and Debra Umberson (2004). "Marital Status, Marital Transitions, and Health: A Gendered Life Course Perspective." *Journal of Health and Social Behavior* 45:81-98. PMC3149893.
- d) Liu, Hui and Debra Umberson (2008). "The Times They Are A Changin': Marital Status and Health Differentials from 1972 to 2003." *Journal of Health and Social Behavior* 49:239-253. PMC3150568

**5. Same-Sex Marriage and Health.** For many decades, high quality research has focused on the effects of heterosexual marriage on health. My latest work extends research on marriage and health to focus on same-sex married couples. My recent data collection provides the first quantitative evidence on marital dynamics that influence health for same-sex as well as heterosexual couples. A comparison of same-sex and different-sex couples transforms the way we think about marital dynamics that influence health by allowing us to consider whether the ways men and women influence their spouse's health unfold differently when one is interacting with a partner of the same versus different sex. These data also allow us to begin to address relationship dynamics that may contribute to or reduce well-documented sexual minority disparities in population health. These new data are based on a mixed methods data collection that includes in-depth interviews with both spouses in 45 couples as well as a baseline survey and daily diary data from both spouses in 400 couples (N = 800 individuals).

- a) Umberson, Debra, Mieke B. Thomeer, Rhiannon Kroeger, Amy Lodge, and Minle Xu (2015). "Challenges and Opportunities for Research on Same-Sex Relationships." *Journal of Marriage and Family*, 77:96-111. PMC4294225
- b) Umberson, Debra and Rhiannon Kroeger (2015). "Gender, Marriage, and Health for Same-Sex and Different-Sex Couples: The Future Keeps Arriving." Pp. 189-213 in *Gender and Couple Relationships*, edited by A. Booth, V. King, Susan McHale, and J. Van Hook. NY: Springer Publishing.
- c) Umberson, Debra, Mieke B. Thomeer, and Amy C. Lodge (2015). "Intimacy and Emotion Work in Lesbian, Gay, and Heterosexual Relationships." *Journal of Marriage and Family* 77:542-556. PMC4370347
- d) Umberson, Debra, Mieke Thomeer, Corinne Reczek, and Rachel Donnelly (2016). "Physical Illness in Gay, Lesbian, and Heterosexual Marriages: Gendered Dyadic Experiences." *Journal of Health and Social Behavior* 57(4):517-531. PMC5123905

**[Link to Published Work in MyBibliography:](#)**

## **D. Research Support**

### **Ongoing Research Support**

R24HD042849 (D. Umberson, PI)

08/09/02-06/30/17

National Institute of Child Health and Human Development  
Population Research Center

The purpose of this infrastructure grant is to support the core service of the Population Research Center, including the administrative, computing/information, and faculty development cores.

Role: Principal Investigator

Responsibilities: Overall management of the UT PRC and the R24 center grant; set programmatic and service priorities; identify emerging scientific initiatives; develop strategies to foster collaborative and interdisciplinary population research; serve as the institutional conduit through which the value of population sciences is communicated and expanded throughout the UT academic community; provide administrative oversight over all PRC scientific activities; facilitate promotion of and support for research projects.

R21AG044585 (D. Umberson, PI)

09/30/13-07/31/17

Relationships and Health: Comparing Union Types  
National Institute on Aging

This project involves data collection from same-sex and heterosexual married couples, for a baseline survey and a daily diary survey, with a primary focus on dyadic analysis of how spouses influence each other's health behaviors, mental health, and physical health, and how they care for each during illness events.

Role: Principal Investigator

Responsibilities: Oversee all aspects of the sampling, recruitment, data collection and analysis, writing of results and supervision of all members of the research team.

R01AG046460 (K. Fingerman, PI)

09/15/15-05/31/20

National Institute on Aging

Social Networks and Well-being in Late Life: A Study of Daily Mechanisms

The goal of this project is to examine how social networks influence health using an intensive daily diary data collection that includes electronic activated voice recordings, actigraphs to assess physical activity and random within day collections of self report ratings of social interactions, daily mood and physical health.

Role: Co-Investigator

Responsibilities: Provide expertise regarding the selection, administration, and interpretation of social network variables, social structures (e.g., socioeconomic status), and health outcomes; provide a social epidemiology perspective; collaborate on analyses and publications.

### **Completed Research Support**

Project ID 69767 (D. Umberson, PI)

06/01/12-09/30/16

Robert Wood Johnson Foundation

Marriage, Gender and Health in Lesbian, Gay and Heterosexual Couples

This project supports qualitative research on the policy implications of same-sex marriage for health, as well as development of a book manuscript based on this research.

Role: Principal Investigator

Responsibilities: Oversee all aspects of the data collection, analysis of data, report writing, and supervision of research staff.

F32HD072616 (R. Kroeger)

09/01/12-08/31/15

National Institute of Child Health and Human Development

Socioeconomic Status, Intimate Unions, and Health Disparities

This project is aimed at identifying relationship trajectories and characteristics that are most strongly implicated in contributing to socioeconomic health disparities from adolescence to young adulthood.

Role: Faculty Sponsor

Responsibilities: To provide mentorship, research training, professional development, and publication opportunities for this post-doctoral mentee.