Seeking Potential Candidates for a Diversity Supplement Post-Doc

We (Drs. Thomeer and Reczek) are looking to support a post-doctoral scholar through NIH's diversity supplement mechanism within the context of our R01 project, titled, "Motherhood Biographies and Midlife Women's Health" (abstract below). An ideal candidate will have experience with NLSY, AddHealth, or comparable longitudinal datasets and is proficient in statistical methods. Diversity supplements are reserved for scholars who are from underrepresented and disadvantaged backgrounds including race-ethnicity, ability, and socioeconomic. For specific info on who qualifies for a diversity supplement see: <a href="https://www.nimhd.nih.gov/programs/extramural/training-career-dev/researchsupplements/diversity-supplements.html">https://www.nimhd.nih.gov/programs/extramural/training-career-dev/researchsupplements/diversity-supplements.html</a>

Motherhood Biographies and Midlife Women's Health R01 Abstract Research shows widening health disparities among midlife women since the mid-1980s. However, the mechanisms through which this health gradient operates are not fully known. Although about 85 percent of midlife (ages 40-50) women today are mothers, the pathways to and contexts of motherhood—what we call motherhood biographies—have become increasingly diverse across many dimensions relevant to health, including age at first birth, parity, spacing of children, and relationship status. Despite evidence that each of these individual dimensions of the motherhood biography shape maternal health early in the life course, their longer-term consequences for maternal health at midlife have been largely ignored. Additionally, research to date has failed to examine whether midlife mother-child relationship characteristics (e.g., coresidence, relationship quality) either explain or condition the impact of motherhood biographies on midlife women's health. What is unknown in the scientific literature is how motherhood biographies and midlife motherhood contexts are related to health and health disparities among midlife women and how these effects vary by education and race-ethnicity. The proposed R01 study, Motherhood Biographies and Midlife Women's Health, will be the first to comprehensively determine how motherhood biographies and midlife motherhood contexts matter for midlife women's health by education and race-ethnicity. We use nationally-representative data from the 1979-2016 waves of the National Longitudinal Study of Youth (NLSY79; N=4,271 women). The data are unmatched in their ability to address our research aims as they include nationally representative longitudinal data—the gold standard in research on family and health—and allow us to follow women from adolescence to their 50s, tracking key moments in motherhood and health. We examine a comprehensive collection of health variables in order to capture the critical heath disparities found at midlife including a) health behaviors, b) physical health, and c) mental and cognitive health. This project is innovative in that it presents new solutions to a perplexing puzzle of the health gradient by theorizing and examining motherhood biographies and contexts as key pathways though which health is stratified at midlife. This proposal will have a significant impact in demonstrating risk factors and mechanisms for midlife health disparities. Additionally, given that education and race-ethnicity are also associated with health disparities and motherhood, this study is significant in testing how diversifying motherhood biographies by education and race-ethnicity play a role in the widening of midlife health disparities. Examining motherhood biographies at this life course juncture helps us to better understand health disparities as this generation move into later-life. Because health disparities widen with age, it is both possible and imperative to identify the social causes of what may be small health issues in midlife in order to ameliorate larger health issues in later life.

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