**Dr. S. Mantravadi, PhD, MSHCM, MPH, CPH, CHES**

**PhD Management and Policy Sciences Division**, Health Economics, Biostatistics, Health Information Technology and Epidemiology; **SAS Certifications:** Programming: Essentials & Programming, and Data Manipulation Techniques; **Lean Six Sigma Green Belt Training**, **Lean Leadership Training, Python Training & Application. Salient Proficiencies:** **Health Economics**: Advanced Health Economics and Econometrics for Health Outcome Research, Econometrics; **and** Methods of Economic Evaluation of Health Programs, Claims Data in Health Care Research; **and** Behavioral Economics, Comparative Effectiveness Research, Pay For Performance, Implementation of Healthcare Reform, Production of Health, Demand for Healthcare Services; **and** Economic Development & Population Health In Low Income Countries, Economics of Vaccine Production & Distribution, Women’s Health & Labor Market Participation; **and** Strong foundation in Mathematical Models for Micro economics & Econometric, Mathematical Economics, Economic Evaluation, Cost Benefit, Cost-effectiveness & Cost Utility Analysis, Model Mispecification; Optimization, Maximization-Minimization, Lagrangian theory, Supply, Demand, productivity, markets, Cost Containment Efforts, Cost Behavior, Cost Curves, Graph Theory, Centrality, Prestige & Prominence, Structural Equivalence, Block Models, Dyadic & Triadic Analyses, p1 and Exponential Random Graph Models **Data Management**: Forte in Manipulating Data using Large Datasets from Multiple Data Sources Such as: Consumer Assessment of Healthcare Providers and Systems (CAHPS, HOS, Advanced Comprehension of Data Merging & Population Based Data, such as: SEER, MEPS, Medicare, Medicaid, Consumer Assessment of Healthcare Providers & Systems linked to Medicare claims, and National Survey of Giving, Volunteering & Participating, NHANES, NCHS Data, and Survey Data, HCUP, National Nursing Home Survey etc. **Statistical Software**: Experience Writing SQL Queries to Retrieve Data from Multiple Relational Databases such as SQL Server; **and** MySQL, SAS Macro, SEM, TreeAge Pro 2011/Decision Analysis, STATA software, *MPlus,* SPSS, R programming, Tableau/ Information Visualization, Advanced user of MS Office (Word, Excel/Workbook, PowerPoint, Access/Database, Publisher) software, EndNote, Refworks & Advanced Research Database skills; **and** Knowledge of telephony infrastructure (IVR, ICM, etc.) and call analytic tools (NICE, Nexidia, Clarabridge, etc; **and** Graph Theory, Centrality, Prestige & Prominence, Structural Equivalence, Blockmodels, Dyadic & Triadic Analyses, p1 and Exponential Random Graph Models; **and** Use of software packages for network analysis – R (igraph and statnet), VisuLyser, NodeXL, PHP, Toad Data Point, Python. **Bio-Statistics**: Latent Variables/Psychometrics Models & Factor, Statistical Modeling using Longitudinal Data, Selection Models, Regression, Survival & Time Series Analyses, Non-Parametric Statistical Methods, Sample Survey Methods and Probability Theory/Principles underlying Statistical Design of Experiments, Statistical Design of Experiments, t-tests, z –tests, Inferential Statistics; and Categorical Data Analysis, Kendall’s Tau-B, Cronbach’s Alpha, Hypothesis Testing, Chi Square Analysis, Inferential & Descriptive Statistics & Research Design, Duration Modeling (Survival Analysis) Cost-effectiveness Analysis, Sample Survey Methods, Demographic Techniques, Life Table Analysis, Probability Theory, Monte Carlo Simulation, Markov Modeling, Distribution-Free Statistical Methods; and Data Science Analytics Methods, Methods for Analysis of Change: Applied Longitudinal Analysis. **Healthcare - Management, Finance, Accounting & Informatics** : Experience with Project Management, Six Sigma, and Change Management Disciplines; **and** Knowledge of health insurance products, claims, and enrollment and billing; **and** Human Resource Management, Management & Organizational Behavior, Operations Research, Managing Managed Healthcare Organizations, Administration, and Management, Marketing; **and** Accounting, & Financial Management of Healthcare Organizations & Healthcare Systems, Financial Statement & Ratio Analysis, Cost Behavior, Time Value Analysis, Break-Even Analysis, Comparative Data & Forecasts; **and** Healthcare Information Systems - Visualization in Health Information Visualization & Visual Analytics, Fundamentals & Applications of Geographic Information System. **Health Services Research**, Healthcare Policy & Health Disparities: ICD-9, CPT, HCPCS & DRG codes, Prevention Strategies & Levels, Effectiveness & Outcomes Research, Measurement Error, Health Care Reform & Affordable Care Act implications, Payment systems, Health Services Delivery & Performance, Health Outcomes & Quality Research, Comparative Healthcare Systems: Policy Challenges & Economic Perspectives, Economic and Social Determinants of Health

**WORK EXPERIENCE**

**Blue Cross Blue Shield Florida (Florida Blue)** ***Full Time*** June 2017 to Present (2 Years 1 Month)

**OPERATION ANALYTIC CONSULTANT**: Decision Support Provider: Using Data Analysis and Process and Control Improvement Tools to Enhance Business Outcomes: Analysis and Data Exploration for Under 65 Health Insurance for ACA Marketplace products; **and** Project Plan Development; **and** Training and Mentoring Decision Support Specialist on Payment Disputes Data Sources, Analyses, and SQL Queries; **and** Journey Analytics - Maintain Eligibility Journey: Operational Cost Reduction/Elimination by Introduction of Additional Payment Channels (Credit/Debit Card): CX (Customer Service) analytics of Credit Card/Debit Card ; **and** Retention Benefits & Collection Benefits; **and** Returned Payments With Reason &Payment Types Listed; **and** Service Request Analytics – Payment Related Service Requests by Inquiry Mode; **and** Invoice Analytics – Premium VS Subsidized Rates ; **and** Call Center Operaitnal Costs; **and** KPI Analytics – CX Metrics Development; **and** strategic initiatives – CMS Reconciliation Processes for U65 Plans; Payment Dispute Analyses - Addressed Outstanding Receivables/Disputes (2017-19) U65 Plans*;* ***and*** PSP exceptions (400) Evaluation of Enrollment Exceptions & Impact on Service Request Touchpoints; **and** Metrics Development for Reconciliation Process Health and Aging Inventory; **and** Inventory Analyses Check; and Z flag analyses and Payment Disputes Measurement, and Impact of Mid Month of Financials (APTC, CSR, and Premium Changes): Process Improvement Iniatives in Researching Existing Payment Disputes & Z Flags on RCNO Linkage; **and** Removal of Z Flags from Payment Disputes Workable Inventory; **and** Lead Data quality Team Strategic Initiative: Identified Data Quality Errors on Reconciliation /Payment Disputes Process & Data Sources: **and**Enrollment Data, Reconciliation Files from Marketplace, Invoice and Billing Data, Exceptions Data, Transaction Data from PSP and Edifec;***and*** Coverage Span Evaluation – Multiple Coverage Span Overlaps, and Inventory Evaluation of Unnecessary Payment Disputes; **and** Unnecessary Payment Disputes Inventory: Exchange Identifiers, Members Without Enrollment Support, Overlapping Coverage Spans, Multiple Policies and Products, Member Identifiers – Multiple Forms, Upstream and Downstream Evaluation of Data Quality – Enrollment Record; **and**  Premium Rate analyses comparison of Enrollment Eliglibility vs Billing Invoice records, for CMS Submission via HealthScape as aVendo; **and** Rating Area Analyses for Payment Disputes Without Enrollment Records, in County Level Rating Area Mismatches Between Enrollment and CMS FFM records; **and** Metrics analyses of Reconcliation Process – Health of Inventory: Developed Metrics to Holistically View Reconciliation Process, on Cyclical Basis for Management; **and** Operationalization of Data Quality Problems and Business Impact, Creation of Short Term and Future State Plans, Lead Daily Meeting with Internal Customers, in Matrix Structure, Collaborating with External Customers, Work Force Managemet Teams to Allocate Inventory; **and** Marketplace Post Service Processor (PSP) and Edifecs Exceptions Analysis: Upstream Evaluation of Marketplace Enrollment Recrods for On-and Off Exchange ACA Plans, Transaction Event Analyses, **and** Exceptions Analysis; **and** Exploratory Analyses Lead for Siebel Detailed Databases; **and** Exploratory Analysis & Joins for Payment Disputes and CMS RCNO Processes for ACA Marketplace Exchange: Identification of CMS Updates in Reconcililation with Marketplace; **and**Data Quality evaluation of CMS Member Exchange Identifiers and Data Engineering Strategy; **and**Synthesize RCNO Data Process (CMS) from Florida Blue RCNI and PreAudit Files – Exploratory Analyses; **and** User Acceptance Testing of Cognosante Billing Files; and lorida Blue First: Staging Schema Analysis of Database and Connecting Request Data to Enrollment and Phone Data: Member Level Detail Per Phone Call and Service Request; **and** Per Member Per Month (PMPM) Evaluation of Phone Calls Per Line of Business; **and** Workflow Evaluation for Universal Agent processes: Transitioning Between Contact and Enrollment Process: nd to End to Process Evaluation of Service Request (Crade to Grave Analysis of Impact); **and** Process mapping of Call Center Simulations, Member Contact, Transition Between Enrollment &Biling Processes ;**and** Measure Workloads Involved in Process Mapping of CEMB (Consumer Enrollment/ Billing Operations); **and** Process mapping of internal maintenenace and generation of SR Touchpoints, ERR Process, Internal Exceptions (PSP and Edifecs Enrollment), & External maintenance; **and** all Center Analysis: Siebel data, Exploratory Analyses of Member Call Center (MCC) IVR Data; **and** Service Request Data Mining for Identification of Call Areas and Subareas; **and** Mentored Decision Support Analysts- for SQL Queries, use of TOAD DB2 Software, & SAS Analyses of Touchpoint Mode from Call Centers and Service Requests – Chat, Telephone, & Modes Of Contact; **and** Sieble Exceptions Analyses from Call Center Touchpoints; **and** Consulting with IT Developers, Member Contact, and Enrollment for Under 65 products; **and** Provides insights fro Continuous Improvement, Audit, and Customer Experience Departments, of Enterprise Shared Services Division; **and** Analyzed Data to Provide Actionable Insights & Recommendations that are Used as Decision Support; **and** Tools by Operational Leaders. the Analysis Enables Business Units to Achieve Their Full Value Through Improved Process Effectiveness; **and** Primary Analytical Support Resource for Large Scale Programs of Continuous Improvement Work Efforts to Achieve Stated Goals; **and** Developed Detailed Understanding of How Core Processes Across the Enterprise Function; **and** Wrote SQL: to Measure Process Inputs & Outputs; **and** to Collect, Parse, Cleanse, Manage, Analyze/ Visual Large, Complex Sets of Data from a Range of Relational Databases to Prepare them for Analysis; **and** Used Inferential Statistics, Discrete Event Simulations & Constrained Optimization In R, SAS, Python, or Similar to Perform Analyses; **and** Delivered Actionable Insights/Recommend Strategies to Leaders of Core Operational Areas Across the Enterprise; **and** Utilized Critical Thinking to Proactively Identify Improvement Opportunities that Drive Positive Change in Enterprise Kpis to be Included in Future Continuous Improvement Work Efforts; **and** Applied Project Management & Change Management Methodologies in Support of the Implementation of Process Changes in the Core Operational Areas. **and** Provided Analytical Support to Other Teams Within the Enterprise Optimization Organization to Drive Improvements in Their Operations; **and** Partnered With IT & Analytics Teams to Develop Enhanced Analytical Capabilities; **and** Assisted with the Training of Enterprise Optimization Team Members On Basic Technical Skills.

**SENIOR HEALTH BUSINESS ANALYST-STARS**: *GuideWell Revenue Program Management (RPM)/STARS Center of Excellence, Advanced Analytics and Modeling*

Comprehensive Analytic Work, Ranging from Medical Costs Analytics, GIS Analysis of Preventive Care Hotspots, Customer Service Survey Scores (CAHPS/HOS), Predictive Modeling, and Exploratory Analysis, Allowed Florida Blue to Capitalize on CMS STARS Rating Bonus of $30-50 Million Dollars: One of Pioneer Analysts Involved in Improving Medicare STARS Ratings from 3-3.5 Stars to 4-5 Stars for 2019 plans: One of 15 Medicare Advantage Plans Nationwide with a 5 star rating, and the Only Plan in Florida with a 5 Star Rating for Prescription Drug Plan (PDP); **and** Consumer Assessment of Healthcare Providers & Systems (CAHPS) **and** Health Outcomes Survey(HOS) Subject Matter Expert

**Predictive Modeling:** of CAHPS Measures -- Rating of Health Care Quality, Health Plan & Prescription Drug Plan, **and** Likelihood of Survey Reponse; **and Lead Analyst** for Model Development: Data Sources: - Imputation **and** During Data Cleaning and Modeling stages, Detect Error in Sampling Methodology for Off Cycle Medicare Advantage CAHPS Survey Implemented by Vendor: Time Frame, Features Selection, Data Generation: Model Development/Testing: Training/Test Sets: Effect Selection and Machine Learning, **and** Drivers of Outcomes; **and** Scoring of Member Enrollment

**Drivers Analysis-Sole Analyst**: BCS/COLO (Breast Cancer Screening/Colorectal Cancer Screening) Workgroup Analysis of Drivers; Fishtail Diagrams for Cause and Effect: Drivers of Colorectal Cancer Care Gap Compliance by Compliance Event; Healthcare Effectiveness Data and Information Set (HEDIS) Engine Data Source; **and** BCS Compliance & Distance to Rendering Providers; Capture Access to Care with Contracted Providers: Noncompliant/Compliant Members (Volume) & Geospatial Location of in Network Contract Radiology Providers; **and** Presence/Absence of Compliant Event 2 Years Prior and 27 months prior HEDIS National Committee for Quality Assurance (NCQA) Definition Among Currently Noncompliant Members & Geospatial Location of Rendering Provider; Continuity of Care Among Patients: In/Out of Network providers impact: Program Targeting for Provider Outreach

**HOS Workgroup Analysis**: Year to Date HOS Proxy Measures – Currently Used for Member Engagement, and HOS Strategy – Members With Highest Probability of Having at Least a Decreased Physical Component Score (PCS) Score, to be Targeted in Similar Geographic Clusters, Near 10 Miles Radius of Retail Center **Health Level 7 (HL7) – Health Analytics Team Lead** HL7 Data & HEDIS Rates Data Source; Evaluating Value of Supplemental Data in Closing Care Gaps; **and** Availity Suplemental Data Sources; **and** 27 Commercial & Medicare Care Gaps: Continuing Report for Demonstrating Business Value, **and** Lead Business Analyst **Outcomes Analysis**: High Touch Provider Early Indicator Analyses, Increase Engagement with Providers & Groups With Low Member Attributed Count, Algorithim for Attributing Members to Providers Selected for Program: Algorithm Fine Tuning for Provider Engagement, Disengagement, Que’d for contact, or Non Contacted Metrics: Plan All Cause Readmissions, Presence of Attributed Member Visit to Provider Group, Closed Care Gaps Since Start of Program, Medication Adherence and Statin Use, **and** Impact on measures, pre-post Medication and Readmission Alert Systems; **and** Drivers & Outcomes Analysis of Member Engagement Program

**Analytics Work:** Drivers Analysis of Decreasing Flu Shot Rate (Proxy Measures), and Medicare Advantagae CAHPS Plan Impacts**:** Regional, Point of Service, and Year Over Year (YOY) Views; **and** Audit of Vendor Impacts on Health Care Quality ***and*** Care Gap closures, Based on Lab Event Data/Lab Results & Encounters: Lab Results Analysis, **and**Encounters Analysis; **and** Geographic Information System (GIS) Analysis for 2019 Planning of Quest Labs, ***and*** Quest Labs Colocated within Walmart, **and** Impact on HEDIS Measure Gap Closures & STARS Ratings; **and** Development & Production of HOS Proxy Measures to SQL Server Deployment; **and** Monthly Reporting Automation of Regional, Retail Center, & Mobile Outreach for Specific Care Gaps; **and** Impact of CAHPS Measure Categories on STARS Rating Thresholds; **and** Places of Delivery Monthly Refresh Report for Exeucitve Summary; **and** urrent Care Gaps & Compliance Likelihood Report for Medicare Members Rewards Outcome Analysis; **and** ember Centric Analysis of STARS/HEDIS data, with Provider Attribution; within 5 Miles of Retail Center & County Details **Consulting Work**: ***For*** CAHPS – STARS Department: Integrated Marketing Intelligence, Sr. Director of Medicare STARS; ***For*** HOS Survey Reports, Executive Team. ***For*** IT Team: HL7 Data – Discussion of Next Steps & Summary, **and** Improvement by Measure Due to Consoldated Clinical Document Architecture (CCDA) Supplemental Data Source (SDS) Data; Illustration of Improvement Analysis, Source Feed, And Medical Codes

**SENIOR HEALTH BUSINESS ANALYST-Health Economics: Lead Analyst**: Consumer Assessment of Healthcare Providers & Systems (CAHPS) & Health Outcomes Survey (HOS); and Analysis of Medicare Survey Measures Related to Star Quality Ratings; Includes CAHPS & HOS and Beneficiary Level Data Analysis of Drivers; **and** Replication of CMS CAHPS Case Mix Adjustment Methodology for Off Cycle Mock CAHPS Survey; **and** Wrote SAS and/SQL Programs and Modify Existing Programs for Data Extraction, such as for HOS Proxy Measures; **and** Pre-CAHPS and CAHPS Messaging Sample Analysis; **and** Evaluated Claims, Enrollment, and Demographic Data for HOS Member-Level Survey Data to Identify Top Predictors of Self-Reported Health Measures; **and** A Florida Blue first: Creation of First Enterprise wide Development of Proxy Measures and Forecasting Analysis that Provide Real Time, Early Views into CAHPS/HOS Performance; **and** CAHPS/HOS Support for Team Peer Review; **and** Assisted in Training Other Team Members on Basic Technical Skills, and CAHPS/HOS Methodology; **and** Impact of Projected CAHPS Off Cycle Survey Composite Scores on STARS Ratings, Trends in CAHPS On and Off Cycle Surveys, Demographic Dynamics Between CAHPS On and Off Cycle Surveys, and Impact of Case Mix Adjustment on STAR Ratings; **and** Flu Shot & Mock CAHPS Surveys; Comparisons Between Rates; and HL7 Data & HEDIS Rates Data Source; Evaluating Value of Supplemental Data in Closing Care Gaps Within 3 Scenarios: Athena Suplemental Data Sources, 3 Medicare Care Gaps, Worked with IT Team, & Presentation to VP of Finance-RPM, VP of Medicare STARS; and Development & Production of HOS Proxy Measures to SQL Server Deployment; and GIS/Heatmap Analysis of BC Screening Measure & Distance from Rendering Provider; Aggregated at County, Zipcode & Regional Level; and GIS/Heatmap Analysis of BC Screening measure, from Retail Centers, as well as Regional Analysis of All Medicare STARS Care Gaps – for Both Focused & Mobile Outreach; Developed Report Enhancement to Illustrate Monthly Changes In Care Gap Closures; and BCS Care Gaps – Heatmaps Statewide for Targeting of Vendor Outreach; and Geospatial Analyses of Costs, PCP Provider Attribution, Member Level Detail, and Enrollment Near Emergency Room Visits & Urgent Care Centers to Reduce Unnecessary Emergency Room (ER) Visits: Created Algorithm to Identify ER &Trauma Care Claims; **and** Heatmap of BC Screening Measure & Members with Multiple Care Gaps; Involved with Marketing Set Up; **and** Retail Centers & Multiple Care Gaps Analyses – Geospatial Analysis **STAR Analytics:** Identified & Quantified Key Drivers for Medicare STAR Rating Program, Investigate Areas of Opportunity, Evaluating Effectiveness & Make Recommendations; **and** Provided Analytic Expertise in Medicare STAR Analytics to Support Effective Outcome & Population Support for Business; **and** Pre/Post Analysis of All Campaigns Related to Florida Blue’sQuality/Stars Initiatives**,** Generate Insights to Optimize All Campaigns & Improve Customer Experience; **and** Medicare Advantage Member Statistics for BCS, Colorectal Cancer Screening (COLO) & Osteoporosis Management, Yearly Claims Analysis for Projections; **and** Analyzed Natural Disaster Impact (Hurricane Irma) on Member Health Care Utilization & Activity and Impact on STARS Ratings; **and** HOS Physical & Mental Health Models to Target Outreach for Medicare STARS Ratings; **and** HOS Measures Improvement & Member Engagement: Vendor Campaign: Study population selection, using eligibility criteria and definition of outcomes analysis: Eligiblity File with Novu Vendor for Member Engagement: Involved in Vendor program management, Creation of Eligiblity File from Compliance Rates of HOS Proxy Measures, Formatting, Updates of Undeliverable Addresses & Phone Numbers: Monthly Reports; Involved in Weekly Status Reports, Exposure and outcome measures definition, **and** Statistical methodology and Campaign Analysis; **and** Univeristy of Florida Shands Supplemental Data Analysis; Evaluated Member Care Gaps & Roster Files **HEDIS Measures Evaluations/HEDIS Impact on Medicare STARS Performance Metrics (**Ratings) Preventive Measure Evaluations: Mammogram Center Procedures for the State of Florida. Oct-Dec 2015, 2016, 2017; resulting in process improvement iniatives of $5 million savings: Rootcause analysis resulting in GIS Hotspot mapping of access to care, and coordinating screening work with HEDIS nurses, Mobile mammography teams, STARS quality teams, medical record review workgroups; **and** Mobile mammography events, In home assessments, and care coordination of PopHealthcare as a vendor for screening and health quality initiatives, for STARS and risk adjustment programs; **and** Analyzed & Worked with VP of Medicare Stars, for Action Implemented to Follow-ups on Mammogram Claims & Increase Star Rating; **and** Analyzed Resubmission & Rejected Claims for Mammogram Services, 2015-2017: Member Level Data of Provider Information, Measure Eligibility, Noncompliance & Rejection/Resubmissions of Claims; **and** Supported HEDIS DRE Gap Chase; Identified Lead Claims for Gap Chase of Noncompliant Members; **and** Snapshot of Medicare Caregaps for Welltok Member Rewards Initiatives; **and** Diabetic Diagnosis Within 10-20 Miles of Retail Centers (Geospatial Analysis), Using Claims & HEDIS Definitions **HEDIS Chart Chase**: Diabetic Retinal Exam (DRE) Noncompliant Members – Drivers/Reasons Behind Non- compliance;Evaluated Provider Taxonomy on Member Claims & CPT II Codes; **and** DRE Chart Chase for Noncompliant Members – 2013-2017; **and** HBA1C Testing; Algorithm to Test for Diabetic Panel & A1C testing; **and** Medication Reconciliation Post-Discharge (MRP) Claims Analysis; **and** Cardiology Visits: Evaluated Cardiology Visits for Members with High Blood Pressure – Based on 2 Algorithms, Presence of Non Acute Visit or Diabetic Diagnosis, **and** Out of State Members **Outcomes Analysis/Marketing Analysis**: Evaluated & ROI Analysis of New to Measure Members with Single & Multiple in BC & COL Screening Care Gaps, Over 90-day Period; Marketing Campaign Analysis; **and** Evaluation of New to Measure Members with Diabetic Measures (Diabetic Eye Exam, HBA1C, Nephropathy) Care Gaps, Over 90-day Period; Marketing Campaign Analysis; **and** Collaborated with Multiple Teams to Assess Ongoing Data Requirements &Translated those Needs into Actionable Initiatives; **and** Manipulated Data Using Large Datasets & Multiple Data Sources; **and** Tableau-based, GIS Analysis of All (as well as Screening) Care Gaps, Statewide; **and** Analyzed Processes & Programs Analysis to Achieve Stated Goals. Provided Analyses & Recommended when Corrections were Needed.  Investigated & Discovered Areas of Opportunity; **and** Monitored & Evaluated Patterns, Costs & Trends; **and** Developed Excel-Based Models & Spreadsheets with Advanced Functions to Evaluate Historical Trends/ Forecasts & Identified Best Practices. **Customer Service-related Projects**: Worked with Internal Customers to Help Guide Florida Blue’s Decision Makers (Executives to Front-Line Leaders) to Understand Current Performance Around These Measures; **and** Provided Analytical Recommendations to Improve Customer Ratings with Consulting, Analytics & Problem-Solving Skills; and Developed Insightful & Actionable Summaries and Recommend Actions; **and** Consulting for CAHPS, STAR Ratings, Historical CAHPS Ratings, Crosswalk Comparisons; andAssisted with Execution of Ad Hoc Analysis of Customer Behavior or Marketing Activity Effectiveness

**Adjunct Faculty, Jacksonville University, FL**, *Part time*, March 2018 -May 2019 *(****1 Year 3 Months****)*

**Faculty/Researcher, University of West Florida, *Full time***, Aug. 2016- Aug 2017 (**1 Year 1 Month)**

**Researcher** Univ.of Texas Health Science Center, ***Full time*** Aug 2014-Aug 2016 **( 2 Yrs 1 Month)**

**Researcher:**, National Council of La Raza, ***Full time*,**May – July 2011 (**3 Months**)

**Researcher**, with Past Chair, Advisory Council- Hunger Project**,** *Part Time* May 2011 - May 2012 (***1 year)***

**Scholar - National Science Foundation (NSF), *Full time***, June to August, 2009 **(3 Months)**

**Mentor/Leader,**  Math/Learning Center WLAC *Part time*, Aug. 2008- Aug. 2009 (***1 Year 1 Month)***

**Subject Matter -Related-Assistant,**  Physician Offices**:** *Part Time,* Mar. 2009 -Aug 2013 ***(4 Yr 6 Mon)***

**33 Research Publications In Peer Reviwed Scientific Journals, Reviwer for Journals**

# 50 Presentations At Professional Conferences, Conducted 6 Workshops, Breakeout Session Speaker,