**Maureen Y. Lichtveld, MD, MPH**

Professor and Chair
Freeport McMoRan Chair of Environmental Policy
Associate Director Population Sciences, Louisiana Cancer Research Consortium
Director, GROWH Research Consortium
Director, Center For Gulf Coast Environmental Health Research, Leadership and Strategic Initiatives

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Education**:**

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| **Master of Public Health** - Environmental Health SciencesJohns Hopkins University, Baltimore, MDSchool of Hygiene and Public Health | May 1986 |
| **Doctor of Medicine** - Faculty of Medicine Anton de Kom University of Suriname (formerly Dutch Guyana), Paramaribo, SurinameUniversity of Leyden, the Netherlands | August 1981 |
| **Undergraduate Degree** - Dr. J. C. De Miranda College, Suriname | August 1973 |

Citizenship**:** United States of America

Career Highlights:

Exemplary national environmental health and public health research roles

I am a member of the National Academy of Medicine (NAM) (currently the only one at Tulane),withover 35 years of experience in environmental public health and serve since 2005 as Professor and Chair, Department of GEHS, Tulane SPHTM. I hold an endowed chair in Environmental Policy and am the Associate Director of Population Sciences, and Louisiana Cancer Research Consortium. My research focuses on environmentally-induced disease, health disparities, environmental health policy, disaster preparedness, public health systems, and community resilience. My track record in community-based participatory research includes the impact of chemical and non-chemical stressors on communities facing environmental health threats, disasters and health disparities locally and globally. My transdisciplinary research scholarship is exemplified by three National Institutes of Health (NIH) large and complex center grants as Director of the Center for Gulf Coast Environmental Health Research, Leadership, and Strategic Initiatives: a) within one month after joining SPHTM as Department Chair I was selected as Principal Investigator (PI) of the “Head Off Environmental Asthma in Louisiana (HEAL) study examining the impact of post Hurricane Katrina mold exposure on children with moderate to severe asthma. Several publications resulted from that study including a unique triad published in Environmental Health Perspectives, the highest impact journal in environmental health research; b) the Gulf Resilience on Women’s Health (GROWH) is one of only four NIH research consortia funded in the aftermath of the Gulf of Mexico Oil spill. While data analysis is still ongoing, several manuscripts have already published in peer reviewed journals targeting environmental health, maternal and child health and psychosocial health; c) Since 2012, I serve as the PI of the Caribbean Consortium for Research in Environmental and Occupational Health (CCREOH), the first NIH grant in environmental health ever to be granted in Suriname, a lower middle income country in the Caribbean region, to examine the impact of dietary exposures to goldmining- and agriculturally- related contaminants on vulnerable pregnant women and infants. I served as one of the highest ranking Centers for Disease Control and Prevention (CDC) environmental health scientists engaged in national environmental health research, and policy, often accompanied by congressional testimonies. During my 18 year CDC/Agency for Toxic Substances and Disease Registry (ATSDR) tenure prior to joining Tulane, I designed research tools and protocols guiding national environmental health studies in communities living near hazardous waste sites nationwide and played leadership roles in the promulgation of key science-driven policies. The research tools and protocols were adopted by all states. My scholarly record is recognized by many organizations: since 1988 I have served as a consultant to the then Institute of Medicine to address complex research questions associated with environmental health, disasters, disparities and workforce development. In addition to lifetime membership in NAM, I was competitively selected to serve on the following National Academy of Sciences’ (NAS) board, roundtable and committee: the Board on Global Health, the Roundtable on Environmental Health Sciences, Research, and Medicine, the Committee on Measuring Community Resilience Consensus Study, and most recently the NAS-wide climate communications initiative, an advisory committee charged with developing an academies-wide strategy to communicate the science derived from all its climate-related studies. In addition, I am a member of the National Advisory Environmental Health Sciences Council of the NIH National Institute of Environmental Health Sciences, the U.S. EPA Scientific Advisory Board, and the Health Disparities Subcommittee of the Advisory Committee, Director CDC. I was also elected Chair, Editorial Board, American Journal of Public Health, the world-recognized journal in public health. After four years of serving two terms as President of the Hispanic Serving Health Professions Schools I will now remain on the executive board as immediate past president. I was inducted in the Johns Hopkins University Society of Scholars, honored as CDC’s Environmental Health Scientist of the Year, and twice named Woman of the Year by the City of New Orleans for my contributions to science.

Administrative experience in academia and /or the public sector.

Since the start of my career I have fulfilled both technical and administrative leadership functions commensurate to successfully lead SPHTM’s three-pronged mission of research, education and practice/service: as a 23-year-old physician I not only provided health care services but also was the regional health manager of the eastern Suriname district, managing care delivery to 26,000 inhabitants. In 1987 I joined CDC/ATSDR ascending in technical and administrative leadership roles from medical toxicologist to Division Director, Acting Deputy Director and Associate Director leading an agency with $100M annual budget and a staff of 400 scientists and grants involving schools of public health and medicine including historically black colleges and universities, Hispanic serving institutions and Native American colleges. At Tulane SPHTM I started my tenure as Department Chair merely three weeks before Hurricane Katrina. As a result of this disaster I was put in charge of teaching and supervising 65 new international students evacuated to Emory University Rollins SPH for the semester while managing a department in a devastated city. I assumed the Chair position of a department that was overburdened by too many degree programs, understaffed because of five longstanding faculty vacancies, and without clear research long-term direction. As a result of my technical and administrative leadership, GEHS is now a well-organized, growing entity with clear research foci. Within and outside of Tulane University’s structure I serve (have served) in numerous leadership positions that include administrative aspects: as Director of the Center for Gulf Coast Environmental Health Research, Leadership, and Strategic Initiatives I am the PI of multiple research and capacity building projects leading research conducted by ~100 scientists, staff, graduate research students and a cumulative budget of $ 29M. I also co-chaired a taskforce on Diversity and Inclusive Excellence culminating in university-wide strategic imperatives now serving as an important building block for the President’s Race and Tulane Value commission, within which I play an active role in faculty development. I also chair the school’s diversity committee and currently co-facilitate the student diversity committee. Within SPHTM I am a member of the SPHTM executive committee, the senior administrative body within the school, was one of the founding members of the BSPH program, designed and direct the disaster management graduate degree program, serve on the MD/MPH Public Health and Medical Advisory Committee, and the steering committee for the Building Interdisciplinary Research Careers in Women's Health grant. External examples of administrative and external leadership are listed in my CV and include serving as Chair, AJPH Editorial Board, leading the planning of several key NAS/NAM scientific workshops, and most recently the June 2017 workshop on measuring community resilience hosted by Tulane University under my leadership. As part of the American Public Health Association which represents over 20,000 members world-wide, I fulfilled and continue to fulfill several leadership roles with significant administrative and technical responsibilities including as Chair of the American Journal of Public Health Editorial Board.

Commitment to diversity in research, education, and service

My commitment to diversity is evident in research, education and service. Examples of achievements in each area follow. Core to all my research is examining the role of disparities in exacerbating adverse health outcomes regardless the cause of the health risks. For example, locally all my key research funded by NIH and other foundations specifically targets the impact of disasters on those most vulnerable (HEAL, GROWH research consortia). In addition, during my tenure at CDC, I developed, provided oversight and represented ATSDR in the federal-wide design of a national research agenda addressing environmental justice. From an education and workforce development perspective, I continue to be intensely and deliberately involved in diversity strategies nationally, school- and university-wide: examples include senior scientific advisor for the national cultural competencies for students in public health and medicine and co-chair of the University wide task force on diversity and inclusive excellence.

<https://members.aamc.org/eweb/upload/Cultural%20Competence%20Education_revisedl.pdf>

<http://www2.tulane.edu/equity/upload/DIE_Report_2013-2023.pdf>.

I also serve as the lead of the school-wide diversity committee and co-facilitator of student diversity committee. In addition, I am the PI of an intramural grant to examine the impact of strengthening the knowledge and skills in diversity of faculty serving on search committees on improving the search committee process and ultimately faculty diversity. Also, the GRHOP/EHCLP emerging scholars program has proven successful in building a science pipeline of high school juniors and seniors, many of whom come from minority and disadvantaged families- [www.tulaneemergingscholars.com](http://www.tulaneemergingscholars.com).

I was recognized with CDC’s advancement of women award for creating a pipeline of women scientists in difficult to attract disciplines.

Work Experience**:**

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| **Professor and Chair, Freeport McMoRan Chair of Environmental Policy**Tulane University School of Public Health and Tropical Medicine, Department of Global Environmental Health Sciences | **August 2005 - present** |

As Professor and Chair I am responsible for all aspects of the academic mission in research, teaching and service in global environmental health sciences.

**Research:** Under my leadership, the Department focuses on the following research priority areas:

* Population-based environmental health disparities research: prevention and intervention research in high-risk populations, environmental epidemiology
* Global environmental health research: water- and air quality, toxicology, risk assessment
* Health effects research: pulmonary, endocrine, molecular toxicology and biomarkers
* Cancer research: carcinogenesis, mutagenesis, health disparities
* Environmental policy research: health and public policy, risk assessment
* Public health systems research: Disaster preparedness and management, community resilience

**Research and capacity building grants**:

Active grants**:**

* 1U01TW010087-01; 1U2RTW010104-01NIH/Fogarty International Center

9/28/2015- 9/27/2020. PI

Neurotoxicant exposures: impact on maternal and child health in Suriname: $ 3,000,000.

The overall goals of the joint research and research training projects are to assess the impact of exposures to neurotoxicants on maternal and child health in Suriname while preserving the unique assets, health and cultural traditions of indigenous and other health disparate populations.

* 1R24ES028479-01 NIEHS/ RTI

7/1/17-6/30/20. Co-I

Linking Complex Disease and Exposure Data to Established Data Standards. $ 167,980

Creating exposure indicator ontology using GROWH study data. The goal of this project is to use a ”big data to knowledge” (BD2K) design to develop an exposure ontology of several large environmental epidemiology studies.

* Suriname MSPH distance learning program

10/1/2017-9/30/2019. PI

Ministry of Health Suriname Development Fund $200,000

The goal is to deliver a cadre of physicians and other health providers as graduates from the joint Tulane/University of Suriname Public Health Program

* Gulf Region Health Outreach Program

05/10/2012 – 11/09/2018. PI

Environmental Health Capacity and Literacy Project: $15,000,000

Integrated, transdisciplinary approach to preventing, addressing, and solving social health problems targeting family wellness and individual/community resilience. Efforts specifically target establishing a cadre of trained community health workers, specialty community outreach ambassadors, and environmental health navigators linking vulnerable communities in the designated affected Gulf- Coast communities with frontline health services.

* U54MD008602-P03UAB NIMHD/NIH

7/2015- 6/2018. PI

Making environmental policy work for communities: A culturally competent CBPR approach to advancing the health of Gulf Coast Vietnamese-Americans. $95.000.

The purpose of this project is to assess the impact of critical environmental policy gaps on maternal and child health (MCH) in Vietnamese-American communities living in coastal LA and MS using a culturally competent CBPR approach. PI

* Baton Rouge Area Foundation

01/01/2012 – 12/31/2017. PI

Risk and Resilience in Environmental Health: $3,712,756

The overall goal of the project is to implement a rapidly deployable community-based research, outreach and education program addressing risk and resilience in the context of environmental disasters.

* Carol Lavin-Bernick Faculty Grants Program

Tulane University

12/1/16-12/31/17. PI

Embed diversity in the tenure track faculty search project. $15,000. The goal of this demonstration project is to enhance faculty diversity through a data-driven training and evaluation.

* Tulane University, Office of Research

12/1/16-12/31/17. PI

Validate a new national environmental health literacy scale. Bridge funding $11,040. The goal of this project is to create a first ever validated environmental health literacy scale. The project was undertaken to support the resubmission of an NIH grant.

Recently completed grants

* 2000005989 National Academies of Science Gulf Research Program

9/1-2015-3/1-17. PI

Linking Energy Production Technologies to Human Health Protection: A “To and Through” Approach to the Interdisciplinary Training of Middle-Skilled Workforce:$125.000. The goal of project is to develop a set of core competencies in environmental health and disaster management targeting the middle-skilled oil production, marine operations, and nursing workforces in SE Louisiana.

* 3U19ES020677-S1 NIEHS/SAMHSA Admin. Supplement

05/01/2013 – 04/30/2017. PI

Gulf Coast Cultural Influences on Maternal and Child Health: Influence of Prenatal Stress, Culture, and Attachment on Epigenetic Factors: $482,835

The overarching goal is to more precisely define the biological and psychosocial pathways linking maternal prenatal and postnatal health with child developmental trajectories across the lifespan. The investigative team proposes to deploy innovative strategies to more distinctly explore maternity experiences and practices associated with both alterations in epigenetic factors in the infant, critical infant outcomes, security of attachment, infant competence, and cultural consonance.

* NIH/NIEHS R5U19ES020677

06/27/2011 – 04/30/2017. PI

Transdisciplinary Research Consortium for Gulf Resilience on Women's Health: $6,526,810

The major goals of this project are to build on strong partnerships among communities with health disparities in the Gulf Coast Region, frontline health practitioners and scientists engaged in transdisciplinary community-based participatory research. The consortium deploys innovative strategies to fulfill its hallmark to strengthen the health security and resilience of vulnerable pregnant women and women of reproductive age potentially affected by the DWH disaster and at risk of future disasters.

Pending grants

* 1R13ES029016

NIEHS

4/18-4/19. PI

Addressing EOH Threats in the Caribbean: Caribbean Public Health Agency (CARPHA) Annual Health Research Conference. The goal of this project is to provide environmental health research training to environmental health scientists in all English, Dutch and Portuguese speaking Caribbean nations in conjunction with the CCREOH grant.

* NIH/NHLBI

Interdisciplinary Cardio-metabolic Exposome- P01. Submission date Jan 25, 2018

Co-I of a research project and Co-PI of the translation and dissemination core.

“Analysis of Cardio-metabolic Disease Risk in the Southern Cohort Community Study using a Public Health Exposome Approach” is a program project grant (PPG). The theme of the PPG focuses on identification of chemical and non-chemical stressors and characterization of cumulative risk in the incidence of cardio-metabolic disease events in participants of a large longitudinal cohort.

* RWJF

Invited- Coordination hub to lead RWJF’s work in health and climate change.

4/2018- 4/2020. PI. Submission date December 20, 2017

The goal of this project is to support a new portfolio of research for RWJF in health and climate change.

**Education and Teaching:**

Throughout my career since 1987, I have fulfilled leadership roles in and provided national contributions to public health and medical education. Illustrative examples are presented below:

* The *CDC/ATSDR national environmental public health assessment* program-training physicians and other health professionals in all 50 states and territories to evaluate the implications associated with abandoned Superfund hazardous waste sites.
* *Member of the Association of American Medical Colleges (AAMC) Advisory Panel on Medical Education*. The panel meets to examine emerging strategies in medical education providing national advice and guidance to assure schools of medicine stay abreast contemporary developments in content as well as pedagogy. I served as either chair or senior advisor in the development of core competencies in disaster response and preparedness and most recently in cultural competence. Both sets of competencies promote inter-professional learning involving schools of public health and other health professional disciplines. I also designed and led the CDC/AAMC *regional medical education centers,* promoting practice-based research and learning among collaboratives of schools of medicine and high functioning local health department.
* *Association of Occupational and Environmental Clinics (AOEC)*. My involvement exists since the organization’s inception in the late 1980s. Both at CDC and at Tulane we jointly developed Case Studies in Environmental Medicine, providing CMEs and CEUs to physicians and other health professionals nationally and globally. Of note are three new case studies currently under development to boost the knowledge of primary care physicians on the Gulf Coast in the aftermath of the oil spill addressing reproductive health, seafood consumption, and air pollution- topics representing the three main community concerns.
* *Association of Schools and Programs of Public Health (ASPPH).* In addition to serving as Past Chair and currently *Member Environment and Occupational Health Council,* I have been involved in the development of competencies guiding public health education in a significant way. Examples include the core discipline-specific competencies; development of the study guide for the Certified Public health professional certification; several disaster preparedness and response competency sets targeting MPH students and practicing public health leaders respectively.
* *Discipline-specific competencies for practicing physicians and public health professionals*: In addition to the examples mentioned above, I played a senior expert role in the development of more than a dozen competency sets including epidemiology and laboratory science (in collaboration with the Council of State and Territorial Epidemiologists), maternal and child health, injury prevention and control (CDC); cancer core competencies for the non-oncology medical workforce (C-Change).
* *Public Health workforce development:* As CDC’s Associate Director for Workforce Development I provided leadership in the development of the national *Public Health workforce development* strategic plan. I was invited to present the plan and its framework to the IOM during the expert consultations leading up to the development of its report “Who will Keep the Public Healthy” which addresses the critical shortages in the public health workforce.

 **Tulane University responsibilities and contributions in education and teaching:**

The Department of Global Environmental Health Sciences offers both on-site and via distance learning masters, doctoral and joined graduate degrees (MPH, MSPH, PhD, MD/MPH, JD/MPH, MSW/MPH) in the following areas of specialization:

* Toxicology and risk assessment
* Air pollution
* Water quality
* Hazardous waste management
* Industrial hygiene
* Environmental policy
* Global environmental health
* Disaster management

In addition, the department is responsible for the environmental health course work and I teach the required senior health policy course in the undergraduate BSPH program.

Teaching responsibilities:

Lead responsibility: Disaster Preparedness and Management Program

Building on almost 20 years of experience in disaster management at the national level (see CDC tenure), I served as Tulane University’s leading scientist in environmental disaster management aftermath of Hurricane Katrina, subsequent natural disasters and the Gulf of Mexico Oil spill. Tulane University’s disaster management program integrates research, teaching, and expert guidance to achieve following:

* Bolster the environmental public health science, policy and practice of disaster preparedness and management
* Strengthen the disaster management workforce locally, in the Gulf States region, nationally and globally
* Minimize the impact of natural and intentional disasters by promoting the integration of public health and disaster management systems

*Specialty curriculum includes coursework in:* Emergency Management and Disaster Response Planning and implementation; Disaster and Crisis Communication; Population Issues in Disaster Management: Shelter, Acute Care, Immunizations, Forensics; Psychosocial Aspects of Environmental Health Disasters; Environmental Preparedness and Response; and Environmental Sampling, Monitoring and Data Analysis.

* Lead responsibility for the Environmental Policy specialty track within the department I developed and have lead teaching responsibility for the following courses:
* Environmental Policy - core requirement for toxicology, policy, and disaster management tracks
* Formulation of Public Health Policy - core requirement for all BSPH students
* Public Health Threats in Suriname – a summer study abroad course
* I recently co-authored a much-needed environmental policy textbook:” Environmental Policy and Public Health”. The book addresses contemporary issues in environmental policy and is well received by colleagues in environmental health world-wide (see publications).
* Tulane University/ University of Suriname MSPH program: Since 2012, I serve as the program Director for this special MSPH program delivered synchronously via distance learning to physicians and other health professionals practicing in developing countries such as Suriname. The program will be expanded throughout the Caribbean region.

**Advising academic year 2017**:

* PhD students: 6
* MPH students: 7

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| **Associate Director for Population Sciences, Tulane University Cancer Center (TCC); Louisiana Cancer Research Consortium (LCRC)** | **August 2005 - present** |

In addition to Dept. Chair, I also serve as the Associate Director, Cancer Population Sciences. In this role, I provide oversight and coordinate all cancer population research at Tulane University and serve as a member of the LCRC Scientific Executive Committee, charged with decision-making regarding all areas of cancer research under the auspices of the TCC and the LCRC.

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| **Director, GROWH Research Consortium**  | **2011 - present** |

The transdisciplinary Research Consortium for Gulf Resilience on Women's Health (GROWH) builds on strong partnerships among communities with health disparities in the Gulf Coast Region, frontline health practitioners and scientists engaged in transdisciplinary community-based participatory research. The NIH/NIEHS-funded consortium focuses on examining the impact on reproductive health and birth outcomes in women in the aftermath of the Gulf of Mexico oil spill.

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| **Director, Center for Gulf Coast Environmental Health Research, Leadership and Strategic Initiatives** | **2012 - present** |

The center’s mission is to serve Gulf Coast communities prone to disasters. Our research and training portfolio is enabled by strong community-academic partnerships to ensure that we address the health priorities and disparities most critical to our regional area and sustain involvement from key stakeholders through building community capital, outreach, research recruitment and retention, and the communication of research findings in a manner that can best inform public health policy and practice.

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| **Adjunct Associate ProfessorGeorgia State University****Senior Health Scientist Centers for Disease Control and Prevention, Office of the Director** | **April 2004 - July 2005** |

I joined GSU’s new MPH program in April 2004, when the program was just approved with limited structure in place. As one of the first core faculty, I provided leadership in all three core academic priorities: research, teaching, and service.

My accomplishments include:

* Co-authored the first of its kind urban health research proposal at GSU. The proposal was the only one approved and funded following a very competitive process to be funded. The multi-year, multimillion dollar research project will be led by the Institute of Public Health (IPH), and also augmented the public health academic workforce with 16 tenure track faculty positions and 30 graduate research assistance-ships. The interdisciplinary research project addresses four health problems in urban, underserved populations: 1) chronic disease and aging; 2) HIV/AIDS and other infectious diseases; 3) injury and violence; 4) substance abuse and mental health. In addition, science gaps in important crosscutting research capacity building public health areas were explored - including public health law, GIS, and evaluation methods.
* Developed a proposal to build the first state of the art environmental health teaching and research laboratory, not previously planned by GSU. While all other academic departments saw a decrease in their projected lab space, this multi-million dollar facility was approved by the Provost of the University as GSU’s and the MPH program’s only new laboratory space.
* At CDC, I also served as a member of the CDC Futures Initiative Public Health Research Working Group. In this role, I provided leadership in developing a “fast track” set of public health research priorities. This set formed the basis for three prominent RFPs, allocating approximately $30 M to public health research modeled after the NIH R01 program.
* Developed and implemented the required core MPH course in environmental health at GSU. The syllabus features basic environmental health sciences, methods; international, national, state and local case-based problems; toxicology, environmental. Medicine, epidemiology and law. This course has also been designated as a writing- intensive course university-wide, requiring a fully developed research paper. Student evaluations affirmed the quality of the course and my expertise as faculty.
* As Associate professor in environmental health, I have provided expert advice beyond the MPH program. In addition to securing the new environmental health laboratory, I collaborated in the design of the first GSU international study abroad program focused on environmental pollution, policy and law, in collaboration with the College of Law and Armstrong University conducted in Rio de Janeiro, Brazil. At the request of GSU’s Public Administration Program, I presented an on-line guest lecture on environmental policy to students in Germany and the US.

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| ***Associate Director for Workforce Development Director, Office of Workforce Planning and Policy Public Health Practice Program Office, CDC*** | **March 2000 – April 2004** |

As the Associate Director for Workforce Development and Director, Office of Workforce Planning and Policy, I provided leadership in implementing the *CDC/ATSDR National Public Health Workforce Development Strategic Plan.* I combined biomedical, social, epidemiological, behavioral, and policy data expertise to address issues of science, policy and public health practice.

I directed the following programs:

The National Implementation Plan for Public Health Workforce Development

The plan outlines an array of actions to be undertaken by CDC and numerous partners in Federal, State, and local health agencies, in academic institutions, and in communities. These actions are designed to support the following six strategies of the national academic framework: monitor workforce composition; identify competencies/design curriculum; design an integrated learning system; use incentives to assure competencies; conduct research and evaluation; and assure financial support.

Significant accomplishments:

* The CDC/ATSDR National Strategic Plan for Public Health Workforce Development in collaboration with 45 different partner organizations representing practice, academic, private industry and communities.
* The building of core competencies in the following areas: public health, development and national adoption of competency sets on Bioterrorism preparedness and response; emergency preparedness and response; informatics; public health law; and genomics.
* A three-tier system of credentialing in the public health system.
* An evaluation and research framework including workforce competency, organizational effectiveness, and health outcomes.
* The development and support of workforce development programs at the State and local level through the Association of State and Territorial Health Officials (ASTHO) and the National Association of City and County Health Officials (NACCHO) representing the first time public health workforce development was recognized as a national priority by the two largest practice professional organizations.
* A presenter and consultant to the Institute of Medicine’s (IOM) subcommittee charged with developing a special report devoted to the state of the nation’s public health workforce in the 21st century.

The National System of Centers for Public Health Preparedness (CPHP)

In Fiscal Year 2001, CDC established a national network of centers to strengthen Bioterrorism and emergency preparedness at the front lines by linking academic expertise and assets to State and local health agency needs. The centers are part of CDC’s strategy to close the nation's gap in public health capacity and frontline preparedness. Their goal is to assure a well-trained and prepared national public health workforce, well-informed health care providers, and an educated and alert citizenry to protect the public and to provide homeland security against terrorist threats. The centers enhance preparedness and response capacities for Bioterrorism and other current and emerging health threats through competency-based training, certifications, research and service. They are the key operational component of a national training plan for Bioterrorism and public health emergency preparedness and a larger national initiative for public health workforce development.

Three types of centers existed:

1. *Academic Centers* form an integral component of the national system to enhance Bioterrorism preparedness and strengthen the nation’s public health infrastructure.
2. *Specialty Centers* focus on a topic, professional discipline, core public health competency, practice setting or application of learning technology.
3. *Advance Practice Centers* were created to develop advanced applications at the community level in three areas of key importance to preparedness for Bioterrorism and other urgent health threats: integrated communications and information systems across multiple sectors; advanced operational readiness assessment; and comprehensive training and evaluation.

Significant accomplishments:

* The CPHPs trained more than 200,000 public health and health care professionals; prepared over 180 different educational products focused on Bioterrorism preparedness and response; have formed formal partnerships with State and local agencies to carry out terrorism and workforce development education and training.
* The expansion of national system of CPHPs from 13 to 32 centers representing an FY03 budget of approximately $35M.

The National Public Health Training Program for Bioterrorism (BT) Preparedness and Response

This program outlines activities related to national training strategies to enhance preparedness at the frontline of public health, and preparing health care professionals to respond to Bioterrorism and other current and emerging health threats. The program addresses preparation in core competencies of Bioterrorism and emergency preparedness, the response capacity of agencies, communities, and partnership among Federal, State and local agencies, educational institutions and professional organizations to assure a systematic approach to training which will achieve an effective and sustained public health response capacity.

Significant accomplishments:

* Developed a national Bioterrorism training plan that articulates technical content areas, target audiences and performance measures.
* Participated in Project Public Health Ready, the first national program aimed at voluntary certification of local health agencies that have in place trained staff and an “exercised and practice” emergency response plan.
* Developed and accomplished grant implementation of a new focus area in education and training in Bioterrorism Preparedness and response including program guidance, review at the CDC and at the DHHS levels of 62 grant applications and technical assistance.
* Participated in the *CDC Responds* satellite broadcast series that reached 1.4 million viewers; a series encompassing a broad range of topics including medical management of anthrax, smallpox, infection control and laboratory issues and health/risk communication. Over 44,000 videos were disseminated free through the Public Health Foundation to health care professionals.
* Promoted the collaboration between the Association of American Medical Colleges (AAMC) and CDC to implement the national program, *First Contact, First Response,* designed to address Bioterrorism preparedness needs for medical students, residents and practicing physicians, and to convene an expert panel to define key domains of a curriculum in Bioterrorism preparedness for first year medical students.
* Fostered the collaboration between the National Association of City and County Health Officials (NACCHO), ASTHO, and CDC to implement a *BT 101* training course for local public health workers.
* Disseminated critical smallpox related education materials to 3.5M clinicians nationwide.

CDC’s National Academic Partners Program

As Director for the Office of Workforce Policy and Planning, I directed this twenty-year-old CDC-wide program armed at carrying out the agency’s national public health research agenda and furthering the education of the future public health and medical workforce through internships/fellowships. The partnership includes the Association of Schools of Public Health (ASPH), the Association of Teachers of Preventive Medicine (ATPM), the Minority Health Professions Foundation (MHPF), the Association of American Medical Colleges (AAMC), Hispanic Serving Health Professions Schools (HSHPS) and the American Indian Higher Education Consortium (AIHEC).

Significant accomplishments:

* A 300% increase in research projects and funding support; representing $82.8M in FY 2002 and 2003.
* An increase in the number of Letter of Intent (to nearly 700) from researchers in academic institutions represented by ASPH, ATPM and AAMC. Areas of funded research include environmental health, chronic disease, infectious disease and public health practice research.
* The Trans-Association Partnership, a new initiative that expanded the Academic Partners Program to:
	+ Produce high quality, prevention-oriented research through multi-institutional collaboration to reduce health disparities
	+ Build partnering relationships across institutions
	+ Build research infrastructure at member institutions
* A national tracking system for CDC-sponsored fellowships and internships at the masters and doctoral levels that supported nearly 3,000 graduates of schools of public health and preventive medicine through fellowship/internship programs
* A new medical student rotation program that provides an opportunity for selected medical students to:
	+ Participate actively in the work of CDC
	+ Acquire additional knowledge and skills in the areas of public health and prevention
	+ Interact with role models in public health at a formative stage in the career decision process
* Since 2000, served as Chair, Annual Academic Partnership Meetings. Approximately 350 scientists participated in the 2003 meeting, Preparedness for Prevention: Partners, Policy and Practice. Several cutting-edge science topics were presented as part of the 2003 meeting agenda, such as:
	+ Community-Based Participatory Research
	+ Research Opportunities for Preventing Illness and Injury in the Workplace
	+ Emerging Issues in Infectious Diseases
	+ Priorities for Occupational Research Agenda (NORA)
	+ Emerging Issues in Birth Defects

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| **Acting Deputy Assistant Administrator, Agency for Toxic Substances and Disease Registry (ATSDR)Budget $ 100M/yr; 400 scientists**  | **January - April 1999** |

During this 3.5-month timeframe, I participated fully with the Acting Assistant Administrator in the day-to-day leadership of the agency, focusing primarily on issues of science and public health policy.

Significant accomplishments:

* Developed and presented, in collaboration with the Assistant Administrator and ATSDR staff, ATSDR’s 1999 Program Briefing for the Administrator of ATSDR and other CDC executive management.
* Provided leadership, working with other ATSDR managers, in addressing key issues of science and policy facing ATSDR in 1999 in the absence of a permanent Assistant Administrator. Chaired a group of senior managers tasked to address the strategic issues necessary to ensure ATSDR authorities and resources in a climate of change facing the agency in the next five years.
* Addressed key issues of science and policy associated with the toxicological profiles for mercury and dioxin, the Hanford Medical Monitoring Program, and the WHO Persistent Organic Pollutant treaty regarding the use of DDT in malaria-endemic countries.
* Was responsible for, in collaboration with EPA, creating the opportunity to provide, for the first time since ATSDR was formed, public-health-related Technical Assistance Grants (TAGs) to communities affected by exposures to hazardous substances associated with hazardous waste sites.
* Conducted congressional briefings for lead staffers on committees critical to ATSDR.
* Provided briefing to the Acting Assistant Administrator, Office of Solid Waste and Emergency Response (OSWER), EPA, and other senior staff of the EPA OSWER on the state of environmental health science and ATSDR’s public health findings to date related to the Superfund program.
* Developed briefing packages for the Administrator, ATSDR, in preparation of congressional briefings.
* Played a key role in the development of public health action strategies in response to complex and high visibility environmental health issues including those of Grand Bois, Louisiana; Woonasquatucket, Rhode Island; and Calcasieu, Louisiana.

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| **DirectorDivision of Health Education and Promotion (DHEP)ATSDR** | **Nov. 1995 – Feb. 2000** |

Provided leadership for a Division of 50 multi-disciplinary, culturally, and ethnically diverse staff and a FY 1999 budget of $18M. Planned, directed, coordinated, evaluated, and managed the operation of the Division. DHEP’s hallmark is the use of community-driven approaches to promote education and training for health care providers and other health professionals, to facilitate access to environmental medical services, and to establish the connection between environment and public health practice. Developed programs that focus on supporting ATSDR’s goal of preventing or reducing the harmful effects of exposure to hazardous substances. DHEP’s health promotion program integrates health education, risk communication, environmental medicine, and health promotion to assist communities affected by exposure to hazardous substances in the environment.

The program supports three key goals:

* *Prevention* - proactive actions to prevent the adverse impact of hazardous substances
* *Intervention* - actions to diminish or eliminate adverse consequences of exposure to hazardous substances
* *Capacity Building* - actions to strengthen existing public health infrastructures to enhance environmental health services for affected communities

Key Program Areas:

1. Site-Specific Health Education, Health Promotion and Risk Communication Program

During my tenure as the Director, Division of Health Education and Promotion (DHEP), the research conducted in the areas of health education and risk communication significantly contributed to the science base of health promotion and disease prevention. The Site-Specific Health Education, Health Promotion and Risk Communication Program was designed to assist communities and health professionals nationwide in understanding, preventing, or reducing adverse health effects resulting from exposure to hazardous substances. These activities promoted awareness, increased knowledge, promoted behavioral change, provided clinical intervention services, and communicated potential health risks. Approximately 40,000 people living near federal facilities and other hazardous waste sites nationwide benefited from the services provided through these programs in FY 1999. In the context of environmental health, I led the development of national models to ascertain knowledge gain and behavioral change. The research conducted has led to intervention and prevention-based programs implemented nation-wide by partners in Federal, State, and local health agencies.

Specifically, leadership was provided in implementing comprehensive site-specific risk communication and health education programs at DOE and DOD facilities. The past and current exposures to a multitude of contaminants and the vast array of diverse constituents at these sites, posed unique risk communication challenges. Often, the successful risk communication efforts served as the foundation for numerous public health actions in communities living near these facilities. As a member of the CDC/ATSDR Energy Oversight Committee, I took a lead in providing overall policy and programmatic direction for public health programs at DOE facilities. In addition, ATSDR’s Risk Communication Program housed in DHEP was designated the lead for the U.S. Department of Health and Human Health Services on issues of science and policy in risk communication. The program’s work was published widely, nationally and internationally.

2. ATSDR’s Medical Monitoring Program

The purposes of this medical surveillance program were to screen target populations at significantly increased risk of a specific adverse health effect or outcome resulting from exposure to hazardous substances; identify individuals in need of further diagnosis and treatment; and arrange for appropriate clinical referrals. Medical monitoring, as implemented by ATSDR, were intended to achieve early detection of key adverse health outcomes; reduce new cases of disease in the community; and prevent progression or improve the outcome of identified health effects. The first project of this kind in the nation was being implemented to address the highest human exposure to lead documented in the United States experienced in the population affected by the Bunker Hill hazardous waste site in Kellogg, Idaho. Using econometric decision modeling, I led the research that evaluated intervention options in this innovative medical monitoring program associated with past, current and potential future exposure to lead.

3. The National Professional Organizations Program

These National Professional Organization partnerships augmented ATSDR’s environmental health scientist team with 80,000 health professionals who specialized in occupational and environmental medicine, medical toxicology, preventive medicine, pediatrics, and nursing. The program significantly enhanced ATSDR’s capacity and public health infrastructure to support environmental medicine, health education, and health promotion.

4. Pediatric Environmental Health Specialty Units (PEHSU) Program

This provided direction for ATSDR to establish PEHSUs across the country. This newly instituted national resource focused greater attention on the public health implications of childhood exposures to hazardous substances. The unit provided expertise in medical education and training, consultation, and clinical specialty referrals. Staff served as pediatric environmental medicine clinical consultants for health care providers nationwide. In FY 2000, the program expanded to include clinical fellowships and specialty focus areas such as asthma within individual centers. The significance of this program was realized not only by the commitment of communities and academic and national professional organizations, but also by the U.S. Environmental Protection Agency (EPA) who was co-funding several units. Activities at the PEHSUs had a positive health impact for more than 75,000 children, concerned parents, and health care providers. In addition to clinical and health education services, several units were engaged in disease-specific research such as pediatric asthma. I played a leadership role in the formulation, implementation, translation and dissemination of the research.

5. The Distance Learning Program

The Distance Learning Program enabled ATSDR to reach the widest possible audience with environmental health training. ATSDR’s educational outreach strategy included satellite broadcast adaptation, case studies in environmental medicine (CSEMs), and web-based training modules. In FY 1999, 30,000 physicians and other health care providers utilized the CSEMs to increase their knowledge in the diagnosis, treatment, and surveillance of persons exposed to hazardous substances. Full implementation of the satellite broadcast and web-based components of the CSEM program were intended to result in a 100% increase in reaching the intended target audiences.

6. The National Environmental Health Nursing Initiative

Provided leadership to implement this initiative by developing critical expertise in environmental health for nurse professionals, the largest single group of health care providers. A component of this initiative is a national strategic plan focused on the areas of practice, applied research, and education. ATSDR was selected by the national partners to serve as the programs lead federal agency.

7. The Environmental Health Prevention Effectiveness Program

Consistent with the practice of prevention effectiveness (PE) in public health, this program applied a variety of quantitative methodologies to assess the impact of ATSDR’s environmental health policies, programs, and practices on health outcomes. The program emphasized applied research to enhance the scientific basis for applying PE tools in environmental health practices, and strengthening PE expertise at the state and local levels. Applied research included collaborative efforts with centers within CDC (e.g., NCCDPHP and NCEH) and focused on the influence of individual and neighborhood socio-economic and demographic characteristics on the effectiveness of intervention strategies related to exposure to lead, as well as the factors affecting environmental health education strategies (e.g., outreach penetration, knowledge gained, and behavioral change).

8. Global Environmental Health Education and Training

Under this initiative, physicians practicing in several countries in Europe and in the North and Latin Americas participated in training programs focused on a variety of public health areas. These areas included environmental medicine, medical management of acute chemical exposures, toxicology, and epidemiology. The U.S. Environmental Protection Agency, the Health Resources and Services Administration’s Health Education Centers, and ATSDR are now collaborating in a joint effort to educate physicians practicing in medically underserved communities on both sides of the U.S./Mexico border.

9. Psychological Responses to Hazardous Waste

Provided leadership to DHEP in continuing to build the knowledge and science base to broaden the understanding of the biomedical and behavioral consequences in communities affected by hazardous substances. In addition to applied research, the program also included the development and implementation of national intervention strategies in communities affected by hazardous substances. Through a series of expert panels that I convened, significant research was conducted in the area of psychological sequelae associated with hazardous waste exposure.

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| **Chief Biomedical Officer for Public Health Practice Public Health Practice Coordination Group (PHPCG)Office of the Assistant Administrator, ATSDR**  | **March 1993 – Nov. 1995** |

As Chief Biomedical Officer, I managed a budget of approximately $8M (FY 1995) and providing oversight, management, and supervision of employees; including environmental health scientists, a medical officer, and a toxicologist.

Responsibilities included the following key agency program areas:

1. Health Activities Recommendation Panel (HARP)

This intra-agency, multi-disciplinary panel evaluated information and data developed in agency documents to make recommendations and ensure conduct of for follow-up health activities for communities.

2. ATSDR's Minority Health (MHP) and Environmental Justice Programs

The CDC/ATSDR’s MHP primary goal was to prevent adverse health effects and environmental injustice in disadvantaged communities and people of color exposed to hazardous substances. This commitment was prompted, in part, by Presidential Executive Order No. 12898. ATSDR’s Mississippi Delta health and environment project was chosen as a national model to address health disparities in one of the poorest regions of the county.

3. Public Health Actions

This responsibility included coordination of public health actions to provide public health leadership to intervene and where possible eliminate the adverse health effects of hazardous waste sites/releases.

4. Agency Community Involvement Program

This program involved the development of an agency-wide framework to ensure incorporation of community involvement across all agency program areas.

5. Special Projects

This responsibility included providing oversight and inter-/intra-agency coordination of agency special projects including the Bloomington PCB Project, the Medical Assistance Project and the Psychological Effects of Toxic Exposure Project.

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| **Assistant Director for Public Health Practice, Division of Health Assessment and Consultation (DHAC), ATSDR** | **March 1991 - March 1993** |

* Evaluated DHAC programs to ensure adherence to public health practice and science policy procedures. These programs included:
	+ The public health assessment (PHA) process
	+ The conduct of public health investigations
	+ The determination of appropriate public health actions, risk communication, and community involvement
* Provided leadership and guidance in enhancing the PHA program, which included development of the process to include health outcome data and information on community health concerns in the process.
* Provided oversight in the conduct of community health investigations.
* Developed the framework for a database project to develop a system to better assess the public health impact of human exposure to hazardous substances associated with sites or releases.
* Participated in the development of the federal facilities information management system (FFIMS) aimed at integrating public-health-related data of federal facilities nationwide.

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| **Senior Medical Officer, Division of Health Assessment and Consultation (DHAC), ATSDR**  | **August 1989 - March 1993** |

* Provided guidance on environmental health issues.
* Reviewed division documents for compliance to Agency requirements and adherence to appropriate scientific judgment.
* Provided oversight to DHAC health outcome initiatives.
* Developed the process to evaluate data for appropriate follow-up health activities.
* Served as Mentor for ASPH students and new physicians.

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| **Chairperson, National Medical Waste Group, Office of the Associate Administrator, ATSDR** | **Nov. 1988 - August 1989** |

Principal author: The Public Health Implications of Medical Waste: A Report to Congress that was the scientific basis of national legislation, The Medical Waste tracking Act of 1988. This act led to state-based promulgation of laws and policies in nearly all 50 states and many local ordinances. Issues of science addressed by the report included:

* Denaturation rates, characteristics of infectious agents, and probability of transmission of infectious agents in health care settings
* Probability of transmission of infectious agents in the healthcare setting
* Generation and disposal of a vast array of medical waste including gloves, IV bags, etc.

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| **Medical Officer/Toxicologist Office of Health AssessmentHealth Sciences Branch, ATSDR**  | **August 1987 – Nov. 1988** |

* Provided medical toxicology expertise to evaluate the adverse health effects of exposure to hazardous waste
* Developed PHAs to include the evaluation and analysis of environmental data and recommending public health actions
* Provided emergency consultation to interagency staff, U.S. Department of Health and Human Services (DHHS) and other federal, state, and local health, environmental, and natural resource agencies

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| **Manager, Regional Health Care Center, Moengo, Suriname**  | **1981 – 1985** |

* Responsible for management of a regional primary care center with five satellite clinics, providing health care and public health services to 26,000 persons
* Planned, managed, and evaluated all health care services provided
* Developed and implemented several public health programs on childhood immunization, adolescent health education, and prenatal care

**Job-Related Honors:**

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| 2016 | Member, National Academy of Medicine |
| 2016 | Member of the National Advisory Environmental Health Sciences Council (NAEHS) of the Institutes of Health’s National Institute of Environmental Health Sciences (NIH/NIEHS) |
| 2016 | Johns Hopkins University Society of Scholars |
| 2016 | Member, Executive Committee Health Disparities Education, Awareness, Research & Training (HDEART) Consortium |
| 2015 | Member, Governing Board Inter Cultural Cancer Council |
| 2015 | Member, Health Disparities Subcommittee, Advisory Committee to the CDC Director |
| 2015 | Chair, Editorial Board, American Journal of Public Health (November) |
| 2015 | National Academy of Sciences-Institute of Medicine Roundtable on Environmental Health Sciences, Research, and Medicine |
| 2015 | Session chair; human health research session, GOMRI scientific conference |
| 2014 | Member Region VI, Regional Health Equity Council |
| 2014 | President, Hispanic Serving Health Professions Schools |
| 2014 | Presenter NAS Gulf Research Program health and workforce expert workshops |
| 2013 | Woman of the Year, City Of New Orleans |
| 2013 | Member, US Environmental Protection Agency (EPA) Scientific Advisory Board |
| 2013 | Invited presenter NAS Gulf Research Program |
| 2013 | Invited Keynote speaker 2013 Gulf Of Mexico Research Initiative conference |
| 2013 | Member 2014 planning Committee APHA 2014 Annual Conference |
| 2012 | Member, Coordinating Committee, Gulf Region Health Outreach Program |
| 2012 | Member, C-Change Board of Directors |
| 2011 | Member, Advisory Panel on Medical Education, Association of Medical Colleges (AAMC) |
| 2011 | Member, Executive Board Hispanic Serving Higher Professional Schools |
| 2011 | Chair, Environmental and Occupational Health Council, Association of Schools of Public Health |
| 2011 | Member, Executive Committee, American Public Health Association |
| 2010 | Chair, Diversity and Inclusive Excellence Committee, Tulane University |
| 2010 | Chair, Special Advisory Committee to the Dean on Diversity, Tulane University, School of Public Health and Tropical Medicine |
| 2010 | Chair of the Board National Public Health Leadership Society |
| 2010 | IOM expert and presenter: workshop: *Review of the Proposal for the Gulf Long-Term Follow-Up Study* workshop |
| 2010 | IOM expert, Planning Committee member and presenter: workshop: *Assessing the Effects of the Gulf of Mexico Oil Spill on Human Health* |
| 2010 | Chair, Diversity Committee, Tulane University, School of Public Health and Tropical Medicine |
| 2010 | Reviewer, College of Scientific Review, National Institutes of Health (NIH) |
| 2010 | Chair, Science Board; American Public Health Association |
| 2009 | Chair, Environmental and Occupational Health Council, Association of Schools of Public Health |
| 2009 | Commencement address University of Suriname: *“Public Health in Suriname - Tracing the Past, Living the Present, painting the Future”* |
| 2009 | Association of American Medical Colleges/Association of Schools of Public Health senior expert on establishing national competencies on cultural competence |
| 2008 | Herbert Nickens Award: for promoting research in cancer prevention benefiting minorities and the medically underserved |
| 2007 | Woman of the Year, City of New Orleans |
| 2007 | Certificate of Appreciation, National Partnership for Comprehensive Cancer Control in recognition of valuable contributions as faculty for the Comprehensive Cancer Control Leadership Institutes |
| 2006 | Affiliate faculty, Emory University, Rollins School of Public Health |
| 2006 | Chair, C-Change expert panel for the development of national core competencies in cancer care |
| 2005 | Member, expert panel for the development of national competencies of the epidemiology workforce |
| 2005 | Visiting Professor, Emory University, Rollins School of Public Health |
| 2005 | CDC Special Act award for accomplishments related to the development of the new MPH program at Georgia State University |
| 2004 | Adjunct Associate Professor – Georgia State University, Institute of Public Health |
| 2004 | Honorary member, Delta Omicron Chapter of the National Delta Omega Society, in recognition of career efforts in Public Health and exemplary model in public health leadership |
| 2004 | Recognized by the Regional Administrator, Center for Medicare and Medicaid Services with a Certificate of Excellence for outstanding contributions to the CMS Second Annual 3E Summit |
| 2003 | Recognized by the Director of the Office of State and Local Preparedness, Office of the Assistant Secretary for Public Health Emergency Preparedness, Office of the Secretary, DHHS, for serving as a Department-Level Reviewer of the State Bioterrorism Preparedness Plans |
| 2001-2003 | Officially delegated as Acting Director of the Public Health Practice Program Office during periodic absences of the Director |
| 1986-2006 | Adjunct Assistant Professor - Tulane University School of Public Health and Tropical Medicine |
| 1987- 2004 | Consistent Outstanding Performance Ratings |
| 2003 | CDC Special Act/Service Award for providing national leadership in the cause of strengthening the public health workforce by creating a national network of academic Centers for Public Health Preparedness and improving the training and education of the public health workforce to increase their preparedness for terrorism |
| 2003 | Special recognition from the Vice Commander of Keesler Air Force Base, 81st Training Wing, Colonel Julia Murray, for introducing her keynote address as part of the 2003 Women’s History Month Program, and arranging her visit to key CDC managers and scientists |
| 2003 | Certificate of Appreciation for support and contribution to the “2003 Women’s History Month Program” at CDC presented by the Association of Professional Women and Chapter 322 of the Federal Managers Association. |
| 2002 | CDC Group Honor Award and PHPPO Group Award Certificate of Appreciation - Information Services - CDC Responds Series, “For continually providing the public health and medical communities with critical information about diagnosis, management, and infection control issues following the events of September 11th” |
| 2002 | CDC Group Honor Award – Service to the Public – Health Alert Network EOC Staff, “For immediate and dedicated response to the events of September 11th to ensure that vital public health information was accessible and available to key public health officials across the nation.” |
| 2002 | PHPPO Group Award Certificate of Appreciation – Service to the Public – “For responding quickly to the events of September 11th to ensure that vital public health information was accessible and available to key public health officials across the Nation and for exemplary commitment to sustain operations on a 24/7 basis during a time of crisis for our Nation.” |
| 2002 | Certificate of Recognition from the CDC Director, Dr. Jeffrey Koplan, “For your extraordinary efforts on behalf of the American people in response to the public health emergencies after September 11th. |
| 2002 | U.S. Public Health Service Eighth Annual Engineering Literary Award in recognition of co-authorship of the award winning paper, “Communities at the Center: in Response to Community Concerns at Hazardous Waste Sites.” |
| 2002 | Group Award Certificate of Appreciation presented to Partners in Public Health Workforce Development, “In recognition of leadership, commitment and support to CDC in achieving our vision of life-long learning in public health.” |
| 2001 | Certificate of Appreciation, In recognition of leadership, commitment and support to CDC in achieving our vision of life-long learning in public health |
| 2001 | Special Service Award for activities associated with the CDC Health Alert Network and the Emergency Operations Center in the aftermath of September 11th. |
| 2000 | Certificate of Appreciation for a “long and distinguished service to the growth of the Agency for Toxic Substances and Disease Registry, and tireless and enthusiastic development of the Division of Health Education and Promotion” |
| 1999 | Graduate CDC, University of California Public Health Leadership Institute (PHLI) Scholars Program (PHLI leadership story was selected for national publication)  |
| 1997 | CDC and ATSDR Honor Award - Service to the Public |
| 1996 | Outstanding ATSDR Science Award |
| 1994 | Letter of Appreciation from Congressman Donald Payne for testimony related to public health effects associated with incinerators |
| 1993 | Letter of Appreciation from Connecticut Department of Health - providing public health leadership in coordinating public health actions at Stratford site where there was a public health threat |
| 1993 | Letter of Appreciation from Congressman Newt Gingrich |
| 1993-94 | Letters of Appreciation from Tulane University for participating in the Tulane/Xavier Hazardous Materials in Aquatic Environments of the Mississippi River Basin Project |
| 1992 | ATSDR Health Assessment Group Honor Award |
| 1990 | ATSDR Environmental Health Scientist of the Year |
| 1990 | Public Health Service Special Recognition Award for Efforts on Medical Waste Report to Congress |
| 1989 | Honor Graduate of the U.S. Office of Personnel Management Executive Development Seminar |
| 1989 | ATSDR/CDC Advancement of Women Award - in honor of active recruitment of women and minorities for ATSDR |
| 1988 | ATSDR Health Assessment Group Honor Award |

EDITORIAL BOARDS AND REVIEWER:

American Journal of Public Health, Chair, Editorial Board

International Journal of Human and Ecological Risk Assessment, Associate Editor

Journal of Public Health Management and Practice, Editorial Board

Louisiana Medical Society Journal, Editorial Board

Academic Journal of Suriname, Editorial Board

Environmental Health Perspectives

Disaster Medicine and Public Health

Emerging Infectious Diseases

Annals of Epidemiology

Health Affairs

Health Education and Behavior

Global Health Promotion

Public Health Reports

Health Promotion Practice

International Journal of Environmental Epidemiology and Toxicology

Journal of Environmental Health

International Journal of Environmental Research and Public Health

Professional Association memberships:

American Public Health Association

Society of Toxicology

Sigma XI

Tulane SPHTM and University committee membership:

Executive Committee

MD/MPH advisory committee

Building Interdisciplinary Research Careers in Women's Health

Delta Omega Society

Race and Tulane Value Commission

NCBI link for all Publications**:**

<https://www.ncbi.nlm.nih.gov/sites/myncbi/maureen.lichtveld.1/bibliography/47683685/public/>

**KEY PUBLICATIONS:**

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Sherman M, Covert H, Fox L, **Lichtveld M.** Successes and Lessons Learned From Implementing Community Health Worker Programs in Community-Based and Clinical Settings: Insights From the Gulf Coast. Journal of public health management and practice: JPHMP. 2017; 23 Suppl 6 Supplement, Gulf Region Health Outreach Program: S85-S93. PubMed [journal] PMID: 28961658

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**Lichtveld M**, Covert H, Sherman M. The Gulf Region Health Outreach Program as a Model for Strengthening the Fragile Public Health Infrastructure. Journal of public health management and practice : JPHMP. 2017; 23 Suppl 6 Supplement, Gulf Region Health Outreach Program:S8-S10. PubMed [journal] PMID: 28961646

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Mundorf C, Shankar A, Peng T, Hassan A, **Lichtveld MY**. Therapeutic Relationship and Study Adherence in a Community Health Worker-Led Intervention. Journal of community health. 2017; 42(1):21-29. NIHMSID: NIHMS845610 PubMed [journal] PMID: 27449122, PMCID: PMC5290595

**Lichtveld M**, Sherchan S, Gam KB, Kwok RK, Mundorf C, Shankar A, Soares L. The Deepwater Horizon Oil Spill Through the Lens of Human Health and the Ecosystem.Current environmental health reports. 2016; 3(4):370-378. NIHMSID: NIHMS822061PubMed [journal] PMID: 27722880, PMCID: PMC5112119

**Lichtveld MY**, Shankar A, Mundorf C, Hassan A, Drury S. Measuring the Developing Therapeutic Relationship Between Pregnant Women and Community Health Workers Over the Course of the Pregnancy in a Study Intervention. Journal of community health. 2016; 41(6):1167-1176. NIHMSID: NIHMS792609 PubMed [journal] PMID: 27116361, PMCID: PMC5115161

**Lichtveld, M. Y.** A Timely Reflection on the Public Health Workforce. *Journal of Public Health Management and Practice.* (2016): 509-511

**Lichtveld, M**., Goldstein, B., Grattan, L., Mundorf, C. Then and Now: lessons learned from community- academic partnerships in environmental health research. *Environ Health* 2016. 15: 117 **DOI:** 10.1186/s12940-016-0201-5

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**Lichtveld, M.,** Kennedy, S., Krouse, R. Z., Grimsley, F., El-Dahr, J., Bordelon, K., Cohn, R. D. (2016). From Design to Dissemination: Implementing Community-Based Participatory Research in Postdisaster Communities. American journal of public health, 106(7), 1235-1242. doi: 10.2105/ajph.2016.303169

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Hamer, D, Jessurun, AER, Hindori, M, Codrington, J, Roosblad, J, and **Lichtveld, M.** (2015). A Retrospective Analysis of Dengue Cases in Suriname: Implications for Treatment and Prevention in a Lower Middle Income Country (LMIC). *International Journal of Tropical Disease and Health, 7* (4):132-143. DOI: 10.9734/IJTDH/2015/17487

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