



Connecticut HIV Planning Consortium
20 July 2022 Meeting Summary



Location: Zoom virtual meeting
Date: 20 July 2022 **Recorders:** Michael Nogelo
Start Time: 9:10 a.m. **End Time:** 10:44 a.m.
Presiding Chairs: Nilda Fernandez, Dante Gennaro, Barry Walters
Attendance: See end pages for roster of CHPC members and public participants

MEETING AT A GLANCE

- CHPC Co-Chairs announced that: a) CHPC members voted to approve the June meeting summary; b) CHPC members are encouraged to apply for the CHPC Community Co-Chair opening by July 31; c) All are invited to attend a presentation on Operationalizing Telehealth for HIV on July 27; d) The CT World AIDS Day Committee is looking for additional organizers; and e) The Northeast Alliance for LGBTQ+ Health is looking for new members.
- CHPC committee leaders provided reports on the work of each committee.
- CHPC co-chairs reviewed the four goals in the draft of Connecticut’s 2022–2026 Integrated HIV Prevention and Care Plan.
- Anthony Santella delivered a brief presentation on information from needs assessments of persons with HIV in Connecticut.
- Participants broke into small groups to discuss information from needs assessments.
- CHPC committees conducted virtual meetings starting at approximately 11:00 a.m.

OPENING POLL

At 9:09 a.m., CHPC Co-Chair Dante Gennaro invited participants to complete a poll related to an HIV prevention survey of HIV-negative individuals that is being considered. Tables 1-5 provide the poll results.

Table 1. Have you ever taken an HIV Prevention Survey?

Answer	Number	Percent
No	21	60%
Yes	14	40%

Table 2. What would be the best way to disseminate the HIV Prevention Survey to reach 3,000 HIV negative individuals?

Answer	Number	Percent
Through social media	17	49%
Through existing contractors	12	34%
Through advertisements	6	17%

Table 3. Should an incentive be provided to participants who complete the survey?

Answer	Number	Percent
No	32	91%
Yes	3	9%

Table 4. If an incentive is provided, what should the incentive be?

Answer	Number	Percent
A gift card to the first 100 participants	19	54%
A raffle for a tablet or headphones	12	34%
I don't think there should be an incentive	4	11%

Table 5. Could you disseminate the survey to clients or individuals in your network?

Answer	Number	Percent
No	28	80%
Yes	7	20%



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Several participants commented on the poll questions in the chat:

- Xavier Day said everyone should receive a gift card same as they did for the Needs Assessment Survey in the Ryan White Program.
- Nilda Fernandez, Angelique Croasdale-Mills, Reggie Knox, and Tawana Hart agreed that everyone should get a gift card.
- Peta-Gaye Nembhard suggested using existing contractors and social media to disseminate the survey.
- Mark Nickel encouraged the Connecticut Department of Public Health (CT DPH) to request help from the experts at the Yale Center for Interdisciplinary Research on AIDS (CIRA), and added that the Connecticut Department of Mental Health and Addiction Services (DMHAS) prevention did a youth (18-24) survey in 2021 and used social media and incentives. They learned many lessons - including how to boost the response with specific images.

CALL TO ORDER and MOMENT OF SILENCE

CHPC Co-Chair Ms. Fernandez called to order the Connecticut HIV Planning Consortium (CHPC) at 9:10 a.m., offered tips to help create a productive virtual meeting environment, and introduced her fellow CHPC Co-Chairs Mr. Gennaro and Barry Walters. Ms. Fernandez notified participants that CHPC meetings are open to the public and are recorded to assist with the accuracy of note taking.

Ms. Fernandez led participants in a moment of silence to remember those who have been lost to HIV and to support those who are living with and affected by HIV, as well as others throughout the world affected by social injustices or natural disasters.

Ms. Fernandez shared the CHPC's mission to "establish and maintain a coordinated statewide prevention and care system that reduces the rate of new HIV infections and connects those living with and affected by HIV/AIDS to appropriate services." The CHPC goals align with national goals and include: 1) Prevent new HIV infections; 2) Improve health outcomes of persons with HIV (PWH); 3) Reduce HIV-related disparities and inequities; and 4) Achieve a more coordinated statewide response to end the HIV epidemic. Everyone holds a responsibility and accountability to help end the HIV epidemic. Ms. Fernandez stated that the CHPC uses data to assess its progress toward ending the HIV epidemic goals.

Mr. Walters encouraged everyone to take safety precautions and to check on their loved ones and neighbors during the heat wave. CHPC meetings include CHPC members and public participants. CHPC members hold certain responsibilities such as voting and leading CHPC committees. CHPC participants drive committee processes which use a consensus-based decision-making model. Mr. Walters encouraged anyone interested in becoming a CHPC member for 2023 to request an application in the chat box. The CHPC organizes five committees.

CHPC LEADERSHIP ANNOUNCEMENTS

Mr. Walters reviewed the meeting agenda and objectives.

Mr. Gennaro made the following leadership announcements:

- CHPC members voted virtually to approve the June CHPC meeting summary.
- All are invited to join the Primary Care Development Corporation (PCDC) and CT DPH for a virtual and interactive presentation entitled Operationalizing Telehealth for HIV. This presentation will



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help providers learn how to implement or strengthen their linkage, engagement, and retention to HIV prevention and care services, via telehealth. The presentation will occur on Wednesday, July 27 from noon to 1:30 pm. Visit <https://pcdc.zoom.us/meeting/register/tZYld-6sqj4vE9zo9JM60NkxRQ1LeRqhIVpZ> to register.

- The CT World AIDS Day Committee is looking for additional organizers to help plan this year's World AIDS Day. The group is especially looking for someone to help with meeting summaries.
- The Northeast Alliance for LGBTQ+ Health is looking for new members to help represent Connecticut and help plan an annual event. This group has recently expanded its focus from just gay and bisexual men, to include the rest of the LGBTQ+ community and this year will be the first year to include New York as well.
- An email announcement on Monkeypox will go out soon to the CHPC listserv. We must be aware of the outbreak and provide support, especially to gay and bisexual men who are being hit especially hard.
- Mr. Walters' term as a CHPC co-chair will end in December 2022. A new co-chair will begin on January 1, 2023. CHPC members will elect another co-chair in the upcoming months. Mr. Gennaro reviewed the responsibilities of a CHPC co-chair. Members who are interested in the position must submit an application by July 31. The new co-chair will shadow Mr. Walters from September to December.
- Mr. Walters invited members interested in applying for the co-chair position to contact him with any questions.

COMMITTEE REPORTS

Mr. Walters invited committee chairs to provide committee updates. Table 6 summarizes these updates.

Table 6. Summary of Committee Updates

Committee (Lead)	Charge	Focus for July Meeting	General Focus Areas/Other Updates
Membership & Awareness or MAC (Stephen Feathers)	<ul style="list-style-type: none"> • Recruit & retain CHPC members • Info sharing & public awareness • Amplify community voice 	<ul style="list-style-type: none"> • Plan September newsletter • PWH engagement outreach and discussion • Plan Voice of the People panel event • Member attendance, retention, and recruitment 	<ul style="list-style-type: none"> • Themes from Meriden Community Advisory Board visit: a) HIV-related stigma remains a barrier to services; b) Integrating HIV services into agencies that provide comprehensive services helps; c) Removing "HIV" and "AIDS" from agency names helps
Positive Prevention CT or PPCT (Marcelin Joseph)	<ul style="list-style-type: none"> • Create health communication campaigns & strategies for high-risk populations 	<ul style="list-style-type: none"> • Develop Routine HIV Testing two-part community awareness campaign • Tell Everyone to Start Testing (T.E.S.T.) CT is the campaign tagline 	<ul style="list-style-type: none"> • Ad hoc campaign development work group meeting Monday July 25 at 1:00 pm



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Committee (Lead)	Charge	Focus for July Meeting	General Focus Areas/Other Updates
Quality & Performance Measures or QPM (Peta-Gaye Nembhard)	<ul style="list-style-type: none"> Develop & monitor CHPC indicators Facilitate continuous quality improvement 	<ul style="list-style-type: none"> Review disparities data Discuss options to monitor Plan implementation Identify performance measures and data sources for Plan strategies 	<ul style="list-style-type: none"> Shared Plan indicators with 2019 baseline data and 2026 goals for: a) viral load suppression; b) disparities; c) syringe services programs; d) sexually transmitted infections; e) Hep C; and f) Substance use
Needs Assessment Projects or NAP (Anthony Santella)	<ul style="list-style-type: none"> Conduct or support data efforts that support planning and/or other special projects 	<ul style="list-style-type: none"> Discuss themes across needs assessment surveys Identify future needs assessment projects Coordinate workforce development trainings 	<ul style="list-style-type: none"> Re-focus future committee work to address gap areas or studies not being done by other planning groups (e.g., prevention needs assessment) Plan quarterly trainings
Ending the Syndemic or ETS (Roberta Stewart)	<ul style="list-style-type: none"> Coordinate/support expansion of statewide ending the HIV epidemic strategies/activities 	<ul style="list-style-type: none"> Recommendations for priority activities, milestones and timelines that support Plan goals and activities Updates on ad hoc groups for Routine HIV Testing 	<ul style="list-style-type: none"> Formalize approach to help patients and providers access needed services and supports from trusted local providers and/or experts statewide ("Hub concept")

2022-2026 HIV PLAN DEVELOPMENT UPDATE

Mr. Gennaro reviewed a slide showing the four goals in the draft of Connecticut’s 2022–2026 Integrated HIV Prevention and Care Plan. This is a high-level framework that allows everyone to see how their efforts fit into ending the HIV epidemic, where we can work together better, and where we need to address gaps. The Plan reflects national goals and objectives. This is intentional and creates continuity with the current plan. The QPM has updated CHPC indicators. The committees will identify key activities, milestones, and timelines for those activities. The Executive Committee, with the support of project staff, will compile the information to assemble a draft plan. We will share a draft framework of the plan goals, objectives, and activities at the August CHPC meeting.

KNOWLEDGE BUILD: NEEDS ASSESSMENTS OF PERSONS WITH HIV (PWH)

Mr. Gennaro introduced Anthony Santella to share a summary of information from needs assessments of Connecticut people with HIV (PWH).

Dr. Santella presented highlights from three presentations summarizing the results of three recent Connecticut needs assessment surveys of PWH. The two Ryan White Part A Planning Councils (New Haven/Fairfield Counties and Hartford County) and CT DPH Ryan White Part B shared the results of their needs assessments with the Needs Assessment Projects (NAP) Team in April, May, and June, respectively. Click [here](#) for Dr. Santella’s slide show. Full versions of the three presentations are available on the [Meeting Documents page](#) of the CHPC website by scrolling down to the NAP Team meeting documents section.

Dr. Santella noted that NAP has discussed the limitations and biases inherent in data collection, and requested that, in the interest of time, participants not raise those issues during the presentation.



The New Haven/Fairfield Counties Eligible Metropolitan Area (EMA) slides: a) revealed a theme that outpatient/ambulatory health services and medical case management (MCM) are viewed by survey respondents as the most important services for keeping people healthy; b) showed the services that populations of focus were unable to get when needed; and c) showed the number of 2021 MCM clients who are uninsured by region and the reasons why these clients do not have health insurance.

The Hartford County Transitional Grant Area (TGA) slides: a) summarized the results of a survey of out-of-care PWH (those who have not had a medical visit within each of the 6 months period in the 2-year period); b) summarized the results of a non-viral load suppression survey, which found that medical services and case management are the two most important services needed to stay in care; c) showed respondents' knowledge of COVID-related topics and differences in service access prior to COVID and during COVID; and d) Demonstrated unmet needs (an estimated number of the need for HIV-related health services by PWH who are aware of their status but are not receiving regular primary HIV health care).

- Danielle Warren-Dias noted that the non-viral load suppression survey was extended indefinitely because the survey itself is an intervention to try to engage non-virally-suppressed individuals.

The slides showing the results of a CT DPH Ryan White Part B client survey of 457 clients in active MCM by Ryan White Part B: a) provided demographics of survey respondents, including gender, age, race/ethnicity, educational attainment, county of residence, job status, sexuality, and primary language; b) showed respondents' health insurance coverage and location of routine healthcare services; c) provided a list of the top 10 services to which respondents cannot get access, with childcare to attend healthcare appointments at the top of the list; d) listed the screens and tests respondents have received in the past 12 months; and e) showed respondents' responses to questions about HIV stigma.

- Ms. Fernandez said via the chat that anal Pap tests are also important to conduct.

BREAKOUT GROUPS: SMALL-GROUP DISCUSSIONS ABOUT NEEDS

Mr. Gennaro introduced the process for small-group breakout rooms to discuss the needs assessment presentation. Participants were randomly assigned to breakout rooms, where CHPC leaders, CT DPH resource liaisons, and CHPC staff facilitated and recorded discussions. The following bullets summarize the small-group responses by each question.¹

1. *What surprised you the most about the needs assessment presentation?*

Type of Need

- Similar results and themes from different surveys and regions
- Dental and housing continue to be top needs. EFA does not address housing needs.
- Ambulatory care
- Lack of mental health and vision services
- Different populations have different needs
 - o African American women identified that food was a service they couldn't access – Slide 11 (Needs Assessment Results)

¹ Time did not permit the themes from the small groups to be shared at the July CHPC meeting. The information is included in the notes for continuity and transparency. The CHPC will review the information at its August 2022 meeting.



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- o Black Men who have sex with men have difficulty accessing services.
- o Latino MSM reported challenges in accessing Housing and EFA services, which were different from their black MSM cohort.
- o Cluster that sticks out is the young black (African American) MSM – their needs are apparent and striking
- o Part B respondents identified very different needs but why? Because of how the question was asked or because MCM and OAC is already met? For example, they identified Childcare and other supportive services like help with tobacco cessation and reproductive health
- Number of people who needed oral health healthcare contradicts the number of people who are currently accessing care – disconnect between the need for services and the access for services
 - o There may be reasons why folks do not want to go to Hartford versus New Britain
 - o Accessibility or convenience to services may be an issue
 - o NHEMA Oral Health Services offered are underutilized (may be attributed to clients missing appointments, not showing up to appointments).

Patient / Respondent Knowledge

- Surprised that so many survey respondents did not understand “viral suppression” or did not know their viral load.
- Clients are comfortable saying, “I am undetectable.”
- People report they have information regarding HIV, COVID, etc.
- Access to ambulatory care was affected by COVID-19

Access to Services

- How can people not have access to services – including medical case management and ambulatory care with so many resources available?
- Stigma affects access to services. We need to offer a helping hand and friendly, trusted face.
- There’s a lack of service provider representation for same gender loving people specifically Black MSM.
- Federally Qualified Health Centers – Large number of providers cater services to Latinx.

Act on Information

- We need to act on the information, especially in gap areas that continue to appear year after year.
- Need better follow-through and accountability.
- Housing and Dental are always top two needs but: 1) What are we doing about it? 2) Why is it not being addressed? 3) Why is it not improving? 4) What do we need to do different? 5) Work outside RW world for solutions

Needs Assessment Process May Need to Change

- Change the survey questions. We keep getting the same answers.
- Ask questions about prevention services and other syndemic areas of focus.



- Some questions were difficult to answer.
- Language and how you ask questions and define things matter.

2. *What are the top three needs for persons with HIV?*

- Housing and housing related (8)
- Ambulatory services (3)
- Oral health (3)
- Medication and treatment adherence and new medications (2)
- Medical case management (2) to coordinate across all needs
- Mental health services (2)
- Addiction services (2) and management of other chronic conditions
- Food Bank
- Emergency Financial Assistance
- Co-occurring needs
- Medical insurance
- People who have resource needs happen to have HIV or be highly represented among the folks with HIV
- Access to other technological type ambulatory care services such as telehealth (Covid).
- Vision
- Childcare

3. *What other information or needs assessments should the CHPC and its partners consider doing in the upcoming years?*

Improve the Assessment Tools

- Most of these tools are home-grown surveys v. national or other proven tools.
- Do more pilot testing.
- Needs assessments related to syndemic approach or areas of focus
- Impact of COVID/telehealth on future needs assessments
- Offer surveys in multiple languages – Spanish, French-Creole (*this includes the upcoming prevention survey)
- Ask questions beyond Ryan White needs – which might place a focus on linkage to those services
- Ask where clients are receiving their services

Apply a More Specific Focus / Change the Approach

- Focus more deeply on issue areas such as:
 - PrEP uptake
 - Monkeypox
- Focus on subpopulations (by survey or focus groups)
 - Prevention / PrEP users (including those not using PrEP like Black women and Latinas)
 - Incarcerated



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- Reproductive health
 - Dental / oral health
 - HCV
 - Substance use services
 - Supportive services (Part B survey)
 - Youth
 - Out of care
 - Undocumented
 - Demographic subgroups that match the (incidence) data
 - Identify the disparities in current data sets (e.g., why are some folks still without insurance?)
- Ask case managers / front line worker in a simple way, what services do their client's most frequently need and the case managers cannot make these linkages
 - Need to understand "why" you cannot get these services despite these resources throughout the state. This would lead to more actionable items.

Work Together and/or with Other Partners

- Seems like every group do their own thing. Now we are trying to make sense of it, planned and coordinated (Part As, Bs, prevention) it more and use the same tools or methodology.
- Understand that a needs assessment is an opportunity to engage people.
- Partner with CT Coalition to End Homelessness to understand the housing issues or the CT Oral Health Initiative for oral health
- Partner with other entities outside RW
- Cross Part collaboration on Surveys

Other Suggestions

- Folks not seeing themselves in the advertisements or public service announcements deters them from taking the messages seriously
- The message is that I am not being seen in these messages
- Share the results and share the follow-up of what actions were taken
- Partner with pharmaceuticals to increase awareness of new medications.
- Advocacy efforts
- Opportunities received during the public health emergencies – what worked well with providers or clients (that might go away after public health emergency)
- Describe how these findings compare to prior needs assessments

OTHER BUSINESS

Ms. Fernandez asked for ideas for August or future CHPC meetings in the chat.

ADJOURNMENT

Ms. Fernandez encouraged all participants to complete a 1-minute survey to share feedback on how to improve virtual CHPC meetings. The survey can be accessed by scanning a QR code on the slide or by clicking a link in an email sent to all participants after the meeting. Ms. Fernandez thanked everyone for a productive meeting, and adjourned the meeting at 10:44 a.m.



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CHPC ATTENDANCE RECORDS (1 = present; 0 = absent; arriving late is counted as an absence for official records)

First Name	Last Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Victor	Acevedo	1	1	1	1	1	0	1		
Melanie	Alvarez	1	1	1	1	1	1	1		
Laura	Aponte^^^	1	0	1	1	1	0	--		
Erma	Benedetto	1	1	1	1	1	1	1		
Thomas	Butcher	0	1	1	0	1	1	1		
Gigi	Chaux	0	0	1	1	1	1	1		
Wallace	Daniels^	0	1	0	0	--	--	--		
Brian	Datcher****	1	0	0	--	--	--	--		
Xavier	Day	1	1	0	1	1	0	1		
Martina	De La Cruz	1	1	0	1	1	1	1		
Natalie	DuMont	1	1	1	1	1	1	1		
Taylor	Edelmann***	1	1	-	--	--	--	--		
Stephen	Feathers	1	1	1	1	1	1	1		
Nilda	Fernandez	1	1	1	1	1	0	1		
Carl	Ferris	1	1	1	0	1	1	1		
Justin	Gabino^^	1	1	1	0	--	--	--		
Dante	Gennaro	1	1	1	1	0	1	1		
Cynthia	Hall	1	1	1	1	1	1	0		
Charles	Hardy	1	1	1	1	1	1	1		
Tawana	Hart	1	1	1	1	0	1	1		
Luis	Irizarry**	1	--	--	--	--	--	--		
Marcelin	Joseph	1	1	1	0	1	1	1		
Reggie	Knox	1	1	0	1	1	0	1		
Waleska	Mercado*	--	--	--	--	--	--	--		
Mitchell	Namias	1	1	1	1	1	1	0		
Peta-Gaye	Nembhard	1	1	1	1	1	1	1		
Anthony	Santella	1	1	0	1	1	1	1		
Bob	Sideleau	0	1	1	1	1	1	0		
Roberta	Stewart	1	1	1	1	1	1	1		
Barry	Walters	1	1	1	0	1	1	1		
Lisa	Weeks	0	0	0	--	--	--	--		
TOTAL		25	25	21	20	22	19	20		
PERCENTAGE		83%	86%	75%	77%	92%	79%	87%		

- * On leave while meetings occur virtually
- **Resigned prior to February meeting
- ***Resigned prior to March meeting
- ****Resigned after March meeting
- ^Dismissed after April meeting
- ^^Resigned prior to May meeting
- ^^^Retired on June 30



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PUBLIC PARTICIPANTS (1 = present)

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Agosto, Nitza	1	1		1			1		
Allen, Whitney		1		1					
Auretta, Megan			1						
Berrian, Camron		1	1	1	1	1	1		
Bogacki, Alessandra					1				
Bowens, Sam		1	1						
Brooks, Ralph					1				
Brown, Jean	1			1					
Buchelli, Marianne	1		1	1	1	1	1		
Cahill, Patrick				1					
Cole, Christopher	1	1	1	1					
Croasdale-Mills, Angelique	1	1	1	1	1	1	1		
Cruz, Veronica	1								
Cubano, Jenny			1	1	1		1		
Cumberbatch, Angela			1	1	1	1			
Cutaia, Sam	1	1							
D'Angelo, Gina	1	1	1	1	1	1	1		
Davidson, Daniel	1				1	1	1		
Defosse, Joseph				1					
Del Vecchio, Christina	1	1	1	1	1	1			
Diaz, Luis	1	1	1		1	1	1		
Dittmore, Alixe		1	1		1	1	1		
Dones-Mendez, Dulce	1					1			
Duarte, Andrea			1						
Edelmann, Taylor			1						
Ferraro, Linda	1	1		1					
Francis, Shannon	1								
Gaines, Tia		1		1	1	1			
Garcia, Ruth				1					
Gibson, René				1					
Gilchrist, Blaise						1	1		
Gjika, Jonida	1	1	1	1	1	1	1		
Gosselin, Deborah			1	1					
Gruber, Dierdre				1					
Heron, Venesha	1	1	1		1	1	1		
Hong, Grace				1					
Hulton, Daniel	1			1	1	1	1		
Hunt-Anderson, LaJuan			1	1	1	1	1		
Jacob, Neena			1	1			1		
Janssen, Doug	1	1							
Jean-Baptiste, Clunie	1	1	1	1	1	1	1		
Johnson, Sara						1			
Kinsey, Jennine		1		1					
Lane, Stuart					1	1			
Ligon, Barbara		1	1						
Linardos, Heather		1			1				
Lindsey, Sean	1			1		1	1		
Lorius, Jean		1							
Magaña, Luis	1			1		1	1		
Major, Susan	1	1	1	1	1	1			
Maresca, Angela				1					
Marquis, John		1							



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Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Martinez, Luis							1		
McGuire, André	1								
McKay, Sharen			1						
Medley, Krystal							1		
Mierzwa, Sharon	1		1	1	1	1	1		
Mohamed, Mukhtar	1	1	1	1	1	1	1		
Montgomery, Joanne		1	1			1			
Moore, Kelly	1	1	1	1	1	1	1		
Moore, Tayla	1	1	1						
Moskowitz, Katrin						1			
Mott, Erika	1	1	1	1	1	1	1		
Muñoz, Consuelo	1	1	1	1	1	1	1		
Nepaul, Ava	1	1	1		1				
Ngongi-Wumba, Sarah			1	1	1	1			
Nichols, Lisa					1				
Norton, Joe	1	1	1	1					
Novis, Steve							1		
O, Janiel	1								
Ostapoff, Michael	1								
Ostrej, S			1	1					
Pawlow, Dustin	1	1	1	1	1	1	1		
Pierre-Louis, Ludger	1	1	1	1	1	1			
Price, Carolina				1					
Radocchia, Rich	1	1	1		1	1			
Raynor, Marie			1		1		1		
Reyes, Beverly		1		1					
Reyes, Dawn			1						
Rios, Dawn			1						
Rivera, Mildred					1				
Rodriguez, Carlos	1	1		1	1		1		
Rodriguez-Santana, Ramon		1	1	1	1	1	1		
Roman, Virgen				1					
Romanik, Christine	1								
Ruiz, Angel	1	1	1	1	1		1		
Santana, Nathan				1	1				
Sapero, John	1		1			1			
Speers, Sue		1	1						
Tastensen, Meghan	1	1	1	1	1	1	1		
Thornton, Meg							1		
Tyson, LaToya		1							
Unoh, Mercy						1			
Vandis, Caroline						1			
Vargas, Jennifer	1	1	1	1	1	1			
Vassallo, Anna				1					
Vazquez-Yopp, Melinda	1	1	1	1	1	1	1		
Warren-Dias, Danielle	1	1	1	1	1	1	1		
Wegener, Maximilian					1				
Williams, Kimberly		1		1	1		1		
Wimbish, Roselyn			1	1	1		1		
Unidentified participants	1		2	1	1	2			
TOTAL COUNT	45	45	51	55	46	43	37		