**Location:** Chrysalis Center - Hartford, CT

**Date:** April 17, 2019 **Recorders:** Michael Nogelo

**Start Time:** 9:40a.m. **End Time:** 2:02 p.m.

**Presiding Chairs:** Gina D’Angelo, Blaise Gilchrist, Barry Walters

**Attendance:** See last page for roster of CHPC members and public participants

**Meeting at a Glance**

* CHPC members voted to approve the March 2019 meeting summary with one (1) change.
* CHPC committees met in the afternoon and reported on their progress to the full CHPC.
* Ms. Roberta Stewart, Mr. John Merz and Mr. Chris Cole served as panelists to share how their respective AIDS Service Organizations (ASOs) have adapted to fit the changing HIV/AIDS service delivery landscape.

 **Call to Order and Co-Chair Announcements**

CHPC co-chair Ms. Gina D’Angelo called to order the Connecticut HIV Planning Consortium (CHPC) at 9:40 a.m. The CHPC is a public health HIV/AIDS planning group with a goal to reduce the rate of new HIV infections and to connect people living with and affected by HIV/AIDS with appropriate services.

The Statewide Integrated HIV Prevention and Care Plan’s goals align with those of the National HIV/AIDS Strategy (NHAS) 2020: 1. Reduce new HIV infections; 2. Increase access to care and improve health outcomes for people living with HIV (PLWH); 3. Reduce HIV-related disparities and health inequities; and 4. Achieve a more coordinated response to the epidemic. The CHPC meets on the third Wednesday of the month, typically eight (8) times per year. Meetings are open to the public, including the media. Etiquette guidelines include being present, being prepared, being respectful, and being patient. Participants held a moment of silence to honor those loved and lost to HIV/AIDS and to recognize friends, family, and community members living with and affected by HIV/AIDS.

Ms. D’Angelo briefly reviewed co-chair announcements. CHPC members are expected to be present all day; leaving early counts as an absence. Members receive a warning after two (2) absences in a calendar year, and are administratively discharged after three (3) absences. Members vote on some items, such as meeting summaries. Committees make decisions by consensus. Participants should speak their truths in person or on feedback forms.

**Introductions**

CHPC participants introduced themselves by name and affiliation (town or organization), starting with CHPC members and continuing with all participants. See page eight (8) for a full list of participants.

**Vote – March 2019 Meeting Summary Approval**

CHPC co-chair Mr. Barry Walters explained that the CHPC keeps records of its monthly public planning meetings. He asked CHPC members to review the March 2019 meeting summary. Mr. Ron Lee motioned to approve the summary and Ms. Clara Langley seconded the motion.

Ms. Roberta Stewart stated that she did not recall making a comment recorded on page five (5) related to housing supports, and asked that it be struck from the record. CHPC co-chairs agreed. No other feedback was offered.

Mr. Walters closed discussion and asked CHPC members to vote by raise of hands. The CHPC voted to approve the summary with one (1) change:

* 21 CHPC members voted yes
* Zero (0) CHPC members voted no
* Three (3) CHPC members abstained from voting

The motion carried to approve the March 2019 CHPC meeting summary with one (1) change.

**Comments & Announcements**

The CHPC reserves time at each meeting to listen to its members, partners, and guests. Mr. Walters asked CHPC members to share any announcements related to the HIV/AIDS community.

CHPC Members

* Ms. D’Angelo stated that the State Department of Public Health (CT DPH) is exploring holding another phlebotomy training, as CT DPH currently has seven (7) disease intervention specialists (DIS) who need training. She asked that any participants representing agencies that receive outreach, testing and linkage (OTL) funding contact her to indicate interest. When asked whether the training would be offered to sexually transmitted disease (STD) clinics, Ms. D’Angelo stated that these details will depend on the number of available slots and days.
* Ms. Angelique Croasdale-Mills stated that CT DPH recently posted two (2) requests for proposals (RFPs) relevant to HIV, and she encouraged participants to view them on the CT DPH website. The RFPs fund proposals related to pre-exposure prophylaxis (PrEP) and peer navigation.
* Ms. Kat Auguste stated that March 10, 2019 was National Women and Girls HIV/AIDS Awareness Day. Southwest Community Health Center held an event at the University of Bridgeport in partnership with the Greater Bridgeport Area Prevention Program (GBAPP) offering HIV testing and a provider-led talk. Up to 40 students participated in the event. Ms. Auguste thanked GBAPP for sending their staff to test.
* Mr. Dante Gennaro stated that there will be a Positive Prevention meeting on Monday, May 13 at 10:00 a.m. at the Meriden Health Department. He stated that flyers were available at the front table.
* Mr. Walters stated that A Place to Nourish your Health (APNH) will hold its Dining Out for Life fundraiser on Thursday, April 25. They are seeking ambassadors to welcome guests at participating restaurants. He encouraged interested participants to see him for more information.
* Mr. Walters stated that he and Ms. Lauren Gau attended the Annual AIDSWatch advocacy event in Washington, D.C. at the beginning of April, and it was a great experience. The event allows participants to speak with elected officials about what is happening in their home states and to learn more about issues that people in other states face.
* Ms. Gau encouraged individuals to contact her if they are interested in learning about the event.

Public Participants

* Mr. Cecil Tengatenga stated that there will be a series of Hepatitis C Virus (HCV) awareness events: an event in Putnam on Friday, May 3; an event in Willimantic on Friday, May 10; and an event in New Britain on Friday, May 17. There will be a blog to cover the awareness campaign. He added that the City of Hartford has also created a national HIV/HCV curriculum, and they are about to create another in partnership with the New York City Health Department. He encouraged participants to ask him any questions if they are interested in learning more.
* Mr. Tengatenga added that the City of Hartford will push for legislation, alongside the Connecticut Pharmacists Association, to promote laws that allow PrEP and post-exposure prophylaxis (PEP) to be initiated by community pharmacies. They have finished one white paper, and are working on a second, to advocate for this change.
* Mr. Jackie Robertson stated that there would be a PrEP Navigator and Transgender Testing event on Thursday, April 18 at 113 Benedict Street in Waterbury. He added that the Grace Baptist Church event for women of color will occur over Mother’s Day weekend. Gilead will cater the event. Also, the Statewide AIDS Awareness Rally will occur on Wednesday, May 22 at the state Capitol. Finally, Mr. Robertson stated that there will be an AIDS Walk in Waterbury on Saturday, June 15 at 10:00 a.m.
* Mr. Mitchell Namias stated that the AIDS Drug Assistance Program (ADAP) Advisory Council includes clinicians, CT DPH staff members, and community members. He encouraged those interested in participating to reach out to him to join the monthly 30-minute conference call. During these conversations, the council discusses and determines what medications are included on the formulary.
* Ms. Peta-Gaye Nembhard shared information about the September 2019 Quality Summit, which is being planned by CHPC participants who attend the Quality Performance Measures (QPM) Team meetings. She explained that the Quality Summit is a statewide event open to everyone who participates in the CHPC. The QPM workgroup will receive technical assistance (TA) planning the Summit from Mr. Clement Steinbach from the National Quality Center (NQC). Those organizing the Summit encourage anyone doing work in housing, HCV, PrEP, or peer navigation to participate and present. Event organizers want to hear about plan-do-study-act (PDSA) cycles and other quality initiatives, whether they were successful or unsuccessful.

**Morning Presentation: Getting to Zero Campaign**

Each month, the CHPC offers a presentation related to the HIV care continuum. This month, the CHPC co-chairs invited representatives from three (3) AIDS Service Organizations (ASOs) that have made changes to respond to the evolving epidemic. Co-chair Mr. Blaise Gilchrist welcomed Ms. Roberta Stewart, Mr. John Merz, and Mr. Chris Cole, of APEX Community Care, AIDS Connecticut (ACT), and A Place to Nourish your Health (APNH), respectively.

Mr. Gilchrist asked each panelist to provide background information about themselves and their organizations.

* Ms. Stewart explained that she has been with her organization, formerly known as AIDS Project Greater Danbury, since 1987. A few years ago, she and her staff decided to make changes to the agency name and its scope of services. They were responding to a pattern of less funding and a need to better address stigma (as some clients were hesitant to enter a building with “AIDS” on the door). Ms. Stewart explained that they wanted to continue offering their current services, while also expanding to other populations and providing new services outside of HIV/AIDS. They rebranded as APEX Community Care; while the term “apex” refers to the tallest summit and thus, symbolizes the organization’s great work, it may also be interpreted as “AIDS Project Expanded.” Their new services include substance use and other behavioral health services. They have moved into second and third buildings to accommodate their client base.
* Mr. Chris Cole stated that his organization, APNH, has been serving the community for 35 years. Their recent changes were similarly inspired by a close look at funding and a desire to overcome stigma. They assessed their organization’s core competencies and asked how to increase community impact. They can now honor requests from HIV-negative individuals for access to their food pantry and food program. They also started a transgender individuals’ support group. They decided to offer counseling services to HIV-negative individuals because they saw an unmet need. They changed their name because they found the word “AIDS” in the former name to be stigmatizing, but also because AIDS does not seem as relevant as HIV today. The name “AIDS Project New Haven” had always been controversial, but the new name – A Place to Nourish your Health—has received lots of positive feedback. APNH designs its services to help people who face stigma and need culturally competent care. For example, APNH staff see a need to provide counseling services to Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LBGTQ) individuals, and they are working on creating a support group for suburban parents whose children are addicted to opioids. The APNH vision is: a community where everyone has access to high quality, relationship based, holistic care to inspire health and well-being and to empower people at risk of, or impacted by, HIV, substance use, mental illness and related conditions. APNH will conduct a community needs assessment to inform service expansion.
* Mr. Merz stated that his organization has been known as AIDS Connecticut, but they are also trying to move away from the term “AIDS” and prefer to be called “ACT.” Originally, ACT represented a merger between AIDS Project Hartford and the Connecticut AIDS Resource Coalition (CARC). ACT was a hybrid service organization and advocacy organization. ACT also fell into the service of cutting checks, because they do it well and quickly. They did it for Ryan White Parts A and B as well as Housing Opportunities for Persons with AIDS (HOPWA), and they now do it for homeless services, as well. Because ACT does so much work in homelessness and disparities, the staff began to look through a lens of inequity and inequality when it came to improving their services.

Mr. Gilchrist asked about the major difference in each panelist’s organization now as compared to 10 years ago.

* Ms. Stewart emphasized the ability to accept all clients, as opposed to turning some away. In the past, clients could only be helped if they were HIV-positive. Now, everyone who walks through the door of APEX Community Care can be connected to services. APEX embraces harm reduction approaches and offers billable services to financially support its expansion.
* Mr. Cole stated that APNH now uses technology and data differently. They are on an electronic medical record (EMR) system to help patients manage their health. They have shifted their focus from helping people to empowering people to best help themselves. They make sure people feel welcome and see themselves when they walk into the building. Mr. Cole added that their connection to pharmacies has made a significant difference, because it allows them to have data about what medications clients are taking, as well as when they have fallen off. APNH has more programming for people who are not living with HIV. APNH is focusing on young gay men for testing, as they are a highly impacted population.
* Mr. Merz agreed with his co-panelists and added that ACT also looks more closely at data to support evidence-based approaches. It used to be about love, comfort, and support. Now, ACT still provides those things but has also become more sophisticated in approaching prevention and care.

Mr. Gilchrist asked about any factors that led to the organizations’ changes.

* Ms. Stewart explained that the need for more funding, as well as a desire to meet specific community needs, inspired APEX Community Care’s changes. She explained that they want to respond to all needs, including those related to the opioid epidemic and behavioral health. Staff wanted to offer services beyond those for PLWH. They also wanted to continue offering services when resources are dwindling, and recognized that becoming Medicaid certified and providing billable services help to ease the burden. Because of Ryan White Part A and Part B programs, they are able to set up as a pharmacy. Cost-sharing funds from the setup go back into programs for PLWH.
* Mr. Cole stated that the changes were largely driven by a desire to provide existing and new clients with needed billable services. They also asked their clients via survey for their opinions about a name change and a new website. From that survey, they learned that about 80% of their clients had never visited the APNH website. They have older clients who have been receiving services for a long time, as well as younger clients who are getting tested and entering care, but who are more electronically connected and do not need case management. Mr. Cole added that social media advertising has made a great difference. He explained that the needs dictate the services. If there are needs, APNH will find money to provide the services. APNH has a robust intern program that allows them to provide free services to transgender individuals. He emphasized the importance of advocating for more funding for transgender support.
* Mr. Merz explained that his organization’s changes have allowed ACT staff to better articulate what they have always done – treat the whole person, and the whole family. He noted that “two-gen” is a buzzword most closely associated with child care and education, but it refers to supporting both the child and their parents. He noted that ACT and other organizations have always approached services in this way.
* Mr. Cole said that changing APNH’s name created excitement among staff, board members, and clientele.

Mr. Gilchrist asked how PLWH and prevention consumers were involved in decisions to change services and names, and asked what lessons were learned.

* Ms. Stewart stated that rebranding is very difficult, especially as it relates to contracts and other documentation. There was enthusiasm at APEX Community Care about buying new buildings and changing the name. The organization is broad, and the ongoing change will involve doing client surveys and holding discussions with APEX community members. Consumers are involved in quality management efforts, and are aware of PDSAs. The staff want clients to feel good, valued, and safe at the agency, so they made sure to furnish and decorate their new buildings with care while still being frugal.
* Mr. Cole stated that the idea of changing his organization’s name began about two (2) years before it actually happened. APNH staff, board members, and a group of clients completed a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis. Based on the results, they reassessed their vision and direction. They held conversations with an outside facilitator so that people felt safe and open expressing their ideas. The board drove activities assessing the mission and vision. Eventually, a logo was created and APNH officially rebranded. They have gotten positive feedback: people feel that there is less stigma and more community involvement. It is important to make these changes slowly and strategically.
* Mr. Merz stated that the ACT community discussed a merger in 2011, and it happened in 2013. They integrated two (2) disparate organizations – a small statewide advocacy organization and a large direct service organization. For the first few years, Mr. Merz served as a co-Executive Director. In 2015, ACT began a process to develop a strategic plan, which was written in January 2016. He learned that these processes take time. Mr. Merz noted that strategic planning is difficult, but very important. Now, ACT is actively looking for additional merger opportunities.

Mr. Gilchrist asked how PLWH have been engaged in the merger process.

* Mr. Merz explained that there is no “us” and “them.” PLWH are integrated into the community: they serve on the board and represent staff.

Mr. Gilchrist asked how the organizations have engaged in statewide initiatives such as Getting to Zero (G2Z), U=U, and Data-to-Care.

* Ms. Stewart stated that APEX serves a small community, which means they have fewer resources and a lower number of cases. It is harder for smaller communities to stake claim in the work and to get engaged. The G2Z initiative did not include Danbury as a priority city, but they are involved in the Ryan White Planning Council and the CHPC to stay connected to what is happening and implement new ideas in Danbury. They do engage in U=U and G2Z as overarching concepts. They have an active social work intern program, which they might leverage for data efforts.
* Mr. Cole stated that APNH tries to be a good partner in New Haven. APNH has staff members on the Mayor’s Task Force on AIDS (MTFA) and three (3) staff members on the G2Z Commission. They are doing a lot of social media messaging around U=U, and have worked with state DIS. Yale University has provided great help to support data-to-care efforts.
* Mr. Corey Gerena asked about the increase in patients as a result of organization name changes. He added that changing a name, or removing the word “AIDS,” does not eliminate stigma.
* Mr. Cole stated that APNH only changed its name in October, so seeing any results from that change will take time. They have a vision that includes a new building in 10 years, which could include a pride center and a café. Every staff member is trained to work with each client to work through their own issues. When “AIDS” was on the building, a lot of people had trouble walking through the doors. People now feel more empowered. The number of clients not living with HIV is still relatively small, but it takes time.

Mr. Gilchrist asked the panelists to describe what is on the horizon for their organizations.

* Ms. Stewart explained that APEX wants to be responsive to its community. They are doing medication-assisted treatment and looking to gain a medical license because they see a large gap in psychiatric care.
* Mr. Merz stated that ACT is currently holding conversations with a poverty inequality organization to explore a merger. They hope to continue creating partnerships across the many smaller nonprofits, as he believes in alliances. ACT has a staff of 40, which is small compared to Yale or the University of Connecticut (UConn) staff.
* Mr. Carl Ferris stated that, as a New Haven community member, he hears the reactions that people have to the changes at APNH. A lot of people feel more comfortable going into APNH with its new name.
* Ms. Ann Galloway Johnson stated that over the past several years, she has watched people grow and learn to accept their status. She noted that the panelists emphasized welcoming and embracing their patients; she has found this to be true. She noted that some people never learn to accept their status and live without stigma. She thanked the panelists for their hard work and dedication, and acknowledged the good that they do for so many clients.
* Ms. Langley agreed with Mr. Ferris’s statement about the new APNH sign. She stated that it seems to make individuals feel more encouraged to walk through the door.
* Mr. Walters noted that stigma is abstract, and it can be internal or external. He observed that stigma does not change overnight; it takes years. The organizations represented on the panel have made great progress in destigmatizing the virus, and they continue to do the difficult work. Mr. Walters added that normalizing HIV testing as a part of routine care will also help reduce stigma.
* Mr. Gerena asked panelists how their organizations are addressing housing needs.
* Mr. Cole stated that APNH does not provide housing related services, but refers clients elsewhere.
* Ms. Stewart said that APEX has a group residence for PLWH, at which five (5) individuals can live. They have gone from offering five (5) subsidies that help people pay their rent to roughly 20 subsidies. They have begun to help people with housing opportunities in a lot of new ways.
* Mr. Merz stated that Ryan White Parts A and B, as well as HOPWA, all help PLWH with their housing. There is not enough money. He mentioned Ms. Shawn Lang, who is a strong national advocate for increasing HOPWA funds. Connecticut representatives at AIDSWatch spoke with legislators about HIV housing. They are working with the Community Action Network (CAN) and 2-1-1 to create a process to have access to homeless funds to support PLWH who need housing. They also have an active Positive Prevention Committee in Connecticut that designs messaging and helps attack stigma.
* Mr. Walters noted that three (3) nonprofits were being represented on the panel. They are not state or federal agencies who are responsible for allocating funds. They are constantly trying to raise money to help their clients, and are doing the most with the funds that they are given.
* Ms. Stewart stated that the creativity of grassroots organizations helps them manage to scrape by. When it comes to stigma, it is about meeting people where they are to reduce internal stigma.
* Ms. Auguste stated that she has lived in New Haven for 40 years, and has been in the HIV field for many years. Stigma is a preconceived notion about something. Normalizing HIV testing and care helps reduce stigma.
* Mr. Cole stated that stigma is about getting into the most impacted communities. Anchor Health Initiative has done a lot to change the landscape of healthcare for PLWH and transgender individuals in New Haven.

**Lunch**

Participants broke for lunch at 12:00 noon.

**Committee Meetings**

Ms. D’Angelo said the group would move into committee meetings until roughly 1:45 p.m. The Needs Assessment Projects (NAP) Team, the Membership Awareness Committee (MAC), and the QPM Team met separately.

**Committee Report-Backs**

Mr. Walters asked committee co-chairs to provide brief oral reports about the committee meetings. (Full meeting summaries exist in separate documents.)

MAC (co-chair Mr. Stephen Feathers):

* Discussed mentor-mentee check-ins, as well as strategies to polish the process next year.
* Discussed needs assessment focus group questions and possible revisions.
* Brainstormed topics for the June newsletter articles.

Data and Assessment Committee (DAC) NAP Team (co-chair Mr. Walters):

* Recapped the needs assessment survey data.
* Reviewed survey questions from a Black AIDS Institute survey tool and discussed potential improvements or other resources to create Connecticut’s workforce survey tool.

DAC QPM Team (attendee Ms. D’Angelo):

* Mr. Luis Diaz presented on PrEP navigation programs, state PrEP information, and the PrEP Drug Assistance Program (DAP) for uninsured or underinsured individuals.
* Set a PrEP indicator and decided to look at the PrEP-to-needs ratio.
* Discussed setting a Sexually Transmitted Diseases (STD) indicator.
* Discussed Quality Summit planned for September 2019.

**Other Business**

Andrea Lombard asked if committee presentations can be shared with the rest of the CHPC community. Co-chairs agreed that some slide presentations can be sent to members, as appropriate.

**Adjournment**

Mr. Walters thanked participants for attending the CHPC meeting and reminded them to complete feedback forms before leaving. The next CHPC meeting will occur on May 15, 2019. The meeting adjourned at 2:02 p.m.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Member Attendance\*** | **1/16** | **2/20** | **3/20** | **4/17** | **5/15** | **6/19** | **7/17** | **8/21** |
| 1. Laura Aponte
 | **P** | **P** | **P** | **P** |  |  |  |  |
| 1. Kat Auguste
 | **P** | **P** | **P** | **P** |  |  |  |  |
| 1. Clifford Batson
 | **P** | **P** | **P** | **P** |  |  |  |  |
| 1. Susan Bouffard
 | **A** | **P** | **P** | **P** |  |  |  |  |
| 1. Thomas Butcher
 | **P** | **P** | **A** | **P** |  |  |  |  |
| 1. Angelique Croasdale-Mills
 | **P** | **P** | **A** | **P** |  |  |  |  |
| 1. Carmen Cruz
 | **P** | **P** | **P** | **P** |  |  |  |  |
| 1. Gina D’Angelo
 | **P** | **P** | **P** | **P** |  |  |  |  |
| 1. Stephen Feathers
 | **P** | **P** | **P** | **P** |  |  |  |  |
| 1. Nilda Fernandez
 | **A** | **P** | **P** | **P** |  |  |  |  |
| 1. Carl Ferris
 | **P** | **P** | **P** | **P** |  |  |  |  |
| 1. Jose Figueroa
 | **P** | **P** | **P** | **A** |  |  |  |  |
| 1. Ann Galloway Johnson
 | **A** | **A** | **P** | **P** |  |  |  |  |
| 1. Lauren Gau
 | **P** | **P** | **A** | **P** |  |  |  |  |
| 1. Dante Gennaro
 | **P** | **P** | **P** | **P** |  |  |  |  |
| 1. Blaise Gilchrist
 | **P** | **P** | **A** | **P** |  |  |  |  |
| 1. Ana Gonzalez
 | **P** | **P** | **A** | **A** |  |  |  |  |
| 1. Juan Gonzalez
 | **P** | **P** | **A** | **A** |  |  |  |  |
| 1. Dan Huang
 | **P** | **P** | **A** | **A** |  |  |  |  |
| 1. Clara Langley
 | **P** | **P** | **P** | **P** |  |  |  |  |
| 1. Ron Lee
 | **P** | **P** | **P** | **P** |  |  |  |  |
| 1. Andrea Lombard
 | **A** | **P** | **P** | **P** |  |  |  |  |
| 1. Luis Magana
 | **P** | **P** | **P** | **P** |  |  |  |  |
| 1. Angel Medina
 | **A** | **P** | **P** | **P** |  |  |  |  |
| 1. Waleska Mercado
 | **P** | **P** | **P** | **P** |  |  |  |  |
| 1. Nadine Ruff
 | **A** | **P** | **P** | **A** |  |  |  |  |
| 1. Glenn Scott
 | **P** | **P** | **P** | **P** |  |  |  |  |
| 1. Jeffrey Snell
 | **P** | **P** | **P** | **A** |  |  |  |  |
| 1. Roberta Stewart
 | **P** | **P** | **P** | **P** |  |  |  |  |
| 1. Barry Walters
 | **P** | **P** | **P** | **P** |  |  |  |  |
| Total Present | **26** | **29** | **23** | **24** |  |  |  |  |
| \*Members who arrive after the first vote or leave before the end of the meeting are listed as absent. |

 **Public participants (49)**

Melanie Alvarez; Beasha Bartlette; Joyce Boone; Samuel Bowens; Erick B. Carrion; Jim Cataquet; Allison Champlin; Belinda Clarke; David Colbert; Christopher Cole; Reina Cordero; Daniel Davidson; Martina De La Cruz; Harriet Dennis; Luis Diaz; Mildred Diaz; Dulce Dones; Wanda Dunbar; Taylor Edelmann; Shawne Estes; Corey Gerena; Debi Gosselin; Cynthia Hall; Shanay Hall; Luna Hernandez; Venesha Heron; Dan Hulton; Carmen Llanos; Barbara Ligon; Debra Lombardo; Maria Lorenzo; Sarah Macone; Sue Major; Erin Malgioglio; John Merz; Mukhtar Mohamed; Consuelo Munoz; Mitchell Namias; Peta-Gaye Nembhard; Hilary Norcia; Kathyleen Pitner; Rosie Rodriguez; Ramon Rodriguez-Santana; Jackie Robertson; Pamela Studley; Cecil Tengatenga; Abigail Torres; Idiana Velez; Danielle Warren-Dias