

Pennsylvania Association of Genetic Counselors

Professional Status Survey: 2023 Report

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About the Survey

The Pennsylvania Association of Genetic Counselors (PAGC) administered this Professional Status Survey (PSS) to genetic counselors across the state of Pennsylvania. Similar to the National Society of Genetic Counselors (NSGC), we hope this PSS will serve many purposes, including establishing benchmarks in salaries and benefits for genetic counselors, identifying workforce issues, and gauging genetic counseling services across the Commonwealth. Data from this PSS originate from genetic counselors working in a variety of settings, including those who provide direct patient care as well as those who work in diagnostic laboratories, research, and public health.

This published report from the PSS provides a detailed profile of the current genetic counseling community in Pennsylvania.

The 2023 PAGC PSS

The PAGC PSS was administered from January 2nd, 2024 through February 8th, 2024. Genetic counselors were invited to participate via email. The genetic counselor's email addresses were provided by: (1) the Pennsylvania Association of Genetic Counselors (PAGC), which included email addresses for both member and non-member genetic counselors in Pennsylvania; and/or (2) a Pennsylvania-based genetic counseling program, which included email addresses for alumni of their program.

A total of 50 PAGC members out of 91 responded to the survey. An additional 24 non-PAGC members also completed the survey. The response rate from PAGC members was approximately 55%. In comparison, the response rate from the 2024 NSGC PSS was 38% (National Society of Genetic Counselors. 2024 Professional Status Survey. Retrieved from:

https://www.nsgc.org/Portals/0/Docs/Policy/PSS%202024%20Executive%20Summary_Final.pdf?ver=xMyKy1O8H749GCBpxy6NiA%3d%3d).

Of note, this response rate is only an approximation based on the unique email addresses provided; there may be some genetic counselors on the provided contact lists who are no longer practicing in Pennsylvania, and/or there may be genetic counselors practicing in Pennsylvania who were not included in the contact lists.

Scope of the PSS

This year's PSS addressed more than 50 questions in the following areas:

- Professional Status/Work Environment
- Genetic Counselor Billing and Reimbursement Status in Pennsylvania
- Service Delivery in Pennsylvania
- Compensation, Salary, and Benefits
- Board Certification, Licensure and Credentialing
- Professional Activities
- PAGC Membership, Benefits and Limitations
- Genetic Counseling Work Environment and Workforce Changes during the COVID-19 Pandemic

Survey Administration

The 2023 PAGC PSS was administered online via Microsoft Forms by the PAGC Genetic Services Subcommittee. Survey respondents were able to answer questions, skip questions, review previous

answers, correct and modify responses, and return to the survey multiple times to complete it at their convenience. Survey respondents were only able to complete the survey once.

Data Analysis and Methodology

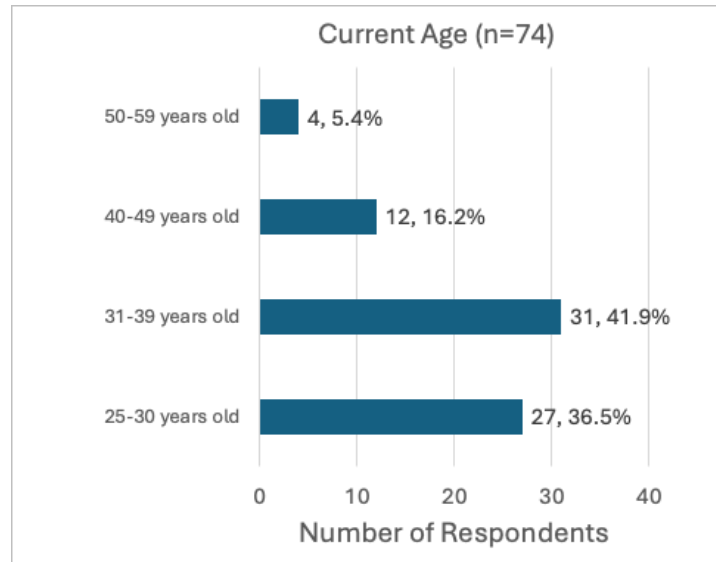
The online administration of the PSS was completed in February 2024. The survey data was analyzed by volunteer committee members of the PAGC Genetic Services Committee using Microsoft Forms data analysis. Similar to the NSGC, the PAGC adhered to a strict policy whereby no aggregate salary information will be shared when the N<5, or in cases where any individual or group of genetic counselors might be personally identified.

Respondents to the 2023 PAGC PSS

Demographics

Age

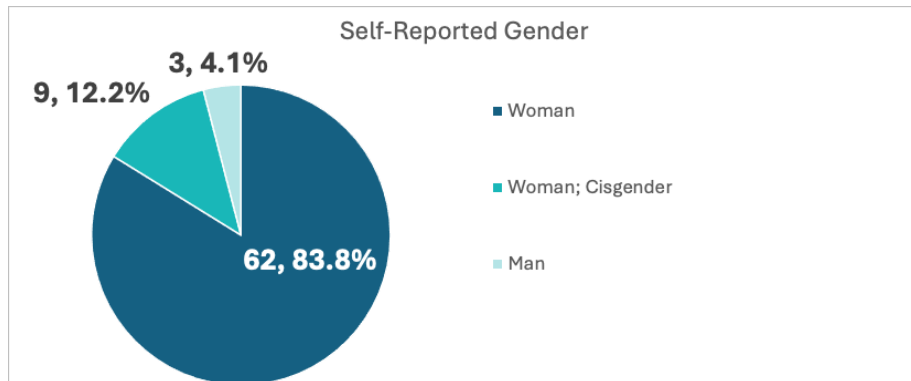
Figure 1. Age of Respondents



All survey respondents answered, “What is your current age?” by selecting from provided brackets/responses. The majority of respondents were in their twenties or thirties with 36.5% (27/74) reporting to be 25-30 years old and 41.9% (31/74) reporting to be 31-39 years old. A smaller proportion, 16.2% (12/74), reported being 40-49 years old and only 5.4% (4/74) respondents reported being 50-59 years old. No respondents selected “Under 25 years old”, “Over 60 years old”, or “Prefer not to answer”.

Gender identity

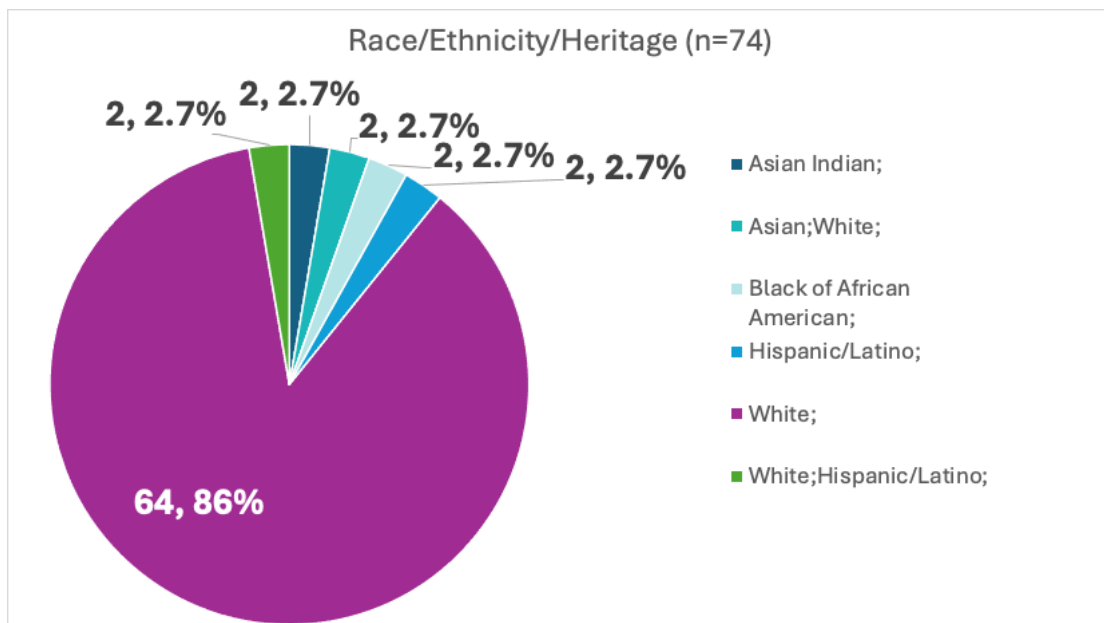
Figure 2. Self-Reported Gender Identity



One hundred percent of respondents self-reported gender identity. 95.9% (71/74) of respondents identified as women, with 12.2% (9/74) of all respondents also identifying as cisgendered. 4.1% (3/74) identified as men. No respondents selected “Non-binary”, “Transgender”, “Unsure”, “Prefer not to answer” or elected to describe themselves in the provided free-text box.

Race/Ethnicity/Heritage

Figure 3. Respondent Race/Ethnicity/Heritage



As the terms race, ethnicity, and heritage are often used interchangeably, the PAGC Genetics Services Committee elected to not define these terms nor ask survey respondents to self-identify to each term

independently. Respondents could select more than one identity when responding. All survey respondents answered the race/ethnicity/heritage question. The majority of respondents identified as White, with 91.9% (68/74) selecting “White” in some manner: 86.5% (64/74) identified solely as White, while 2.7% (2/72) identified as White AND Hispanic/Latino or White AND Asian/White. The remaining respondents identified as Asian Indian, Black or African American, or Hispanic/Latino with 2.7% (2/74) respondents selecting each of these. “Native Hawaiian or Other Pacific Islander”, “Unknown”, or “Prefer not to answer” were not selected by any respondents nor did any respondents elect to use the free-text box to provide additional details.

These percentages closely reflect the 2024 NSGC PSS demographics on race/ethnicity: 87% identified as White, 8% as Asian, 4% as Hispanic or Latino, and 2% as Black, African American, or of African American descent.

Language

Of 74 total respondents, only 8.1% indicated they fluently spoke a language other than English. Of those responses that disclosed speaking other languages, they included the following: French, Spanish, Telugu, Hindi, Tamil, and Polish.

Education, Training, and Professional Activities

Degrees, Certifications, Licensure Held

All survey respondents selected appropriate educational degrees, certifications, and licensure held from a list of provided options. Respondents were able to select more than one-degree (see Table 1): Of note, 67.6% (50/74) respondents selected at least ‘MS in Genetic Counseling’, ‘American Board of Genetic Counseling (ABGC) Certified’, AND ‘Licensed in the state of Pennsylvania’.

Table 1. Degrees Held of PA Genetic Counselors

Degree	% of total respondents (N=74)
MS in Genetic Counseling	87.8
American Board of Genetic Counseling (ABGC) Certified	85.1
Licensed in the state of Pennsylvania	81.1
Licensed in another state	29.7
MS in Genetics	17.6
MS in another specialty	4.1
MPH	4.1
MBA	2.7

[PAGC Membership: Perceived Benefits and Barriers](#)

Forty-seven respondents attended the 2023 PAGC Annual conference: 30 attended in-person and 17 attended virtually. Twenty-six respondents did not attend, and one survey respondent was unsure if they attended.

Fifty respondents indicated they are currently a member of PAGC, with 24 respondents indicating they are not currently a member of PAGC. Of those who provided additional details as to why they are not a member of PAGC, seven reported cost as a barrier (i.e. they receive no funding from their employer or employers only fund one professional membership and respondents chose another membership). Two respondents indicated they were new graduates who have not yet joined any professional organizations, and three respondents indicated they forgot to renew a PAGC membership. Perceived benefits of survey respondents who do have a current PAGC membership include networking with peers, access to the annual PAGC conference, updates and connection to Pennsylvania state specific issues regarding genetic counseling, and CEU opportunities.

Other Professional Organization Membership

All survey respondents provided additional information about other professional organization memberships they belong to. Respondents were able to select more than one organization from a list of predefined options, and 'Other' which they could elaborate on (see Table 2).

Table 2. Professional Organization Memberships of PA Genetic Counselors

Membership	% of total respondents (N=74)
NSGC	86.1
ABGC	37.5
ACMG	4.2
ASHG	4.2
Other	11.1
Not a member of other professional organizations	6.9

Other Activities

Table 3. Other Professional Activities of PA Genetic Counselors

Activity	% of Total Respondents (N=73)
Supervise genetic counseling students	67.1
Lecture in academic setting	57.5
Involvement with PA genetic counseling programs	52.1
Research	46.4
Active role in professional organization	31.5
Lecture in non-academic setting	30.1
Thesis advisor	28.8
Faculty position	21.9
Involvement with genetic counseling programs outside of Pennsylvania	19.2
Volunteer within your community	17.8
Organize conferences	16.4
Active role in patient advocacy organization	13.7
None	8.2
Principal investigator or co-principal investigator	6.8

Genetic Counselor Practice and Experience

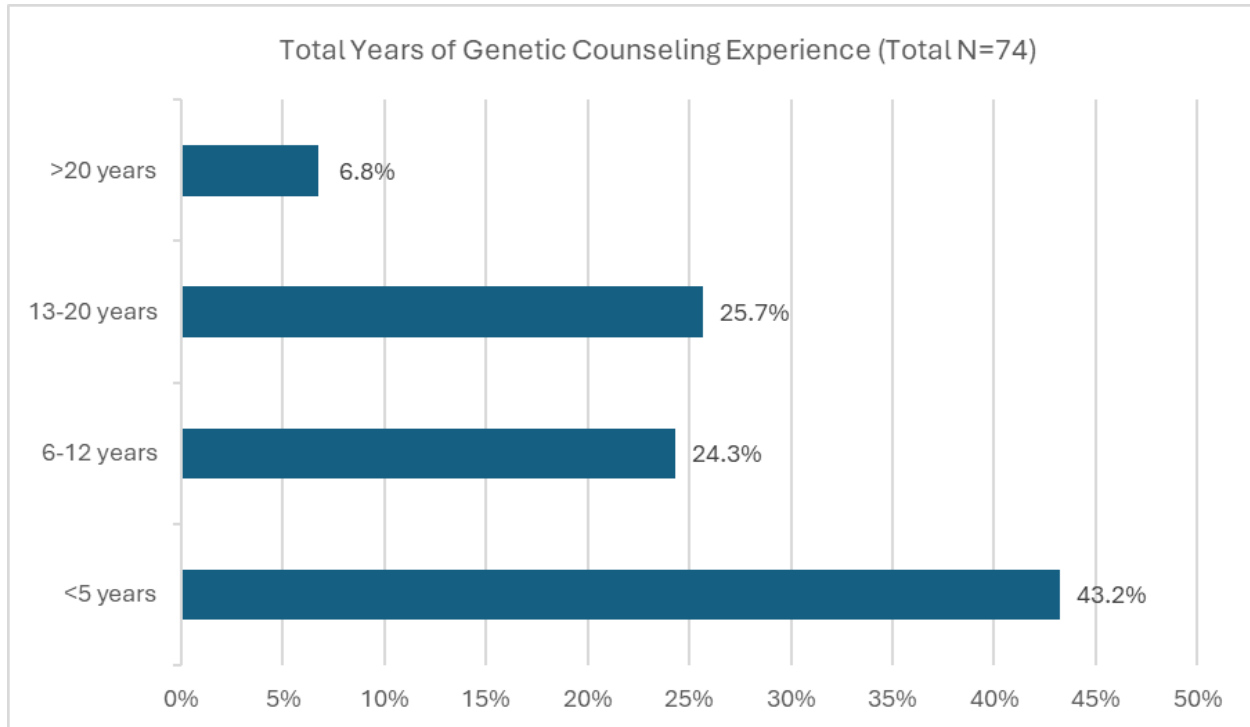
Years Experience

When asked how many years' experience respondents have with work in the field of genetic counseling, approximately 43.2% of respondents reported <5 years of experience. Approximately two thirds of the respondents (67.6%) reported 12 or fewer years' experience as a genetic counselor. This data is somewhat similar to the 2024 NSGC PSS, where 40% reported <5 years of experience, and 61% reported <10 years of experience. (National Society of Genetic Counselors. 2024 Professional Status Survey:

Demographics & Methodology. Retrieved from:

<https://www.nsgc.org/LinkClick.aspx?fileticket=pQK4pfS6Kv0%3d&portalid=0>).

Figure 4. Years of Genetic Counseling Experience

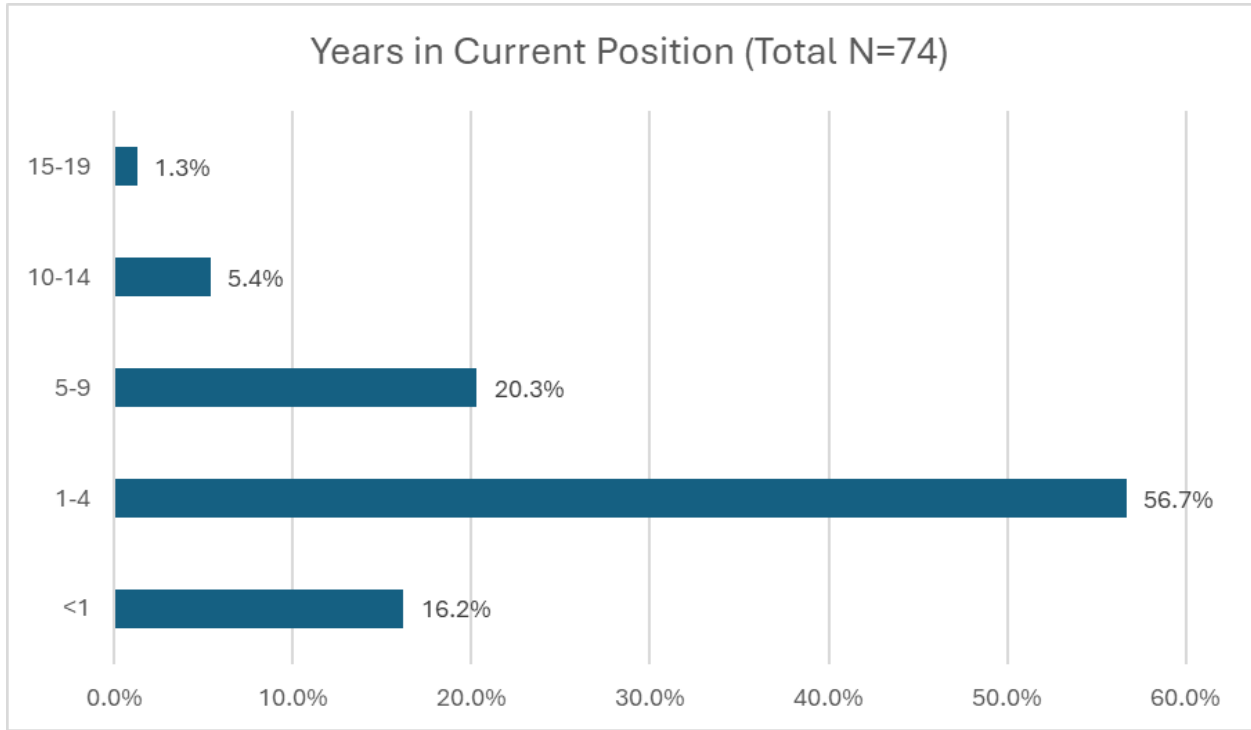


Years in Current Position

72.9% of respondents reported having fewer than five years of experience in their current position. This percentage is higher when compared to the NSGC 2024 PSS data, where 65% reported less than 5 years of experience in their current position (National Society of Genetic Counselors. 2024 Professional Status Survey: Demographics & Methodology).

<https://www.nsgc.org/LinkClick.aspx?fileticket=pQK4pfS6Kv0%3d&portalid=0>).

Figure 5. Years in Current Position

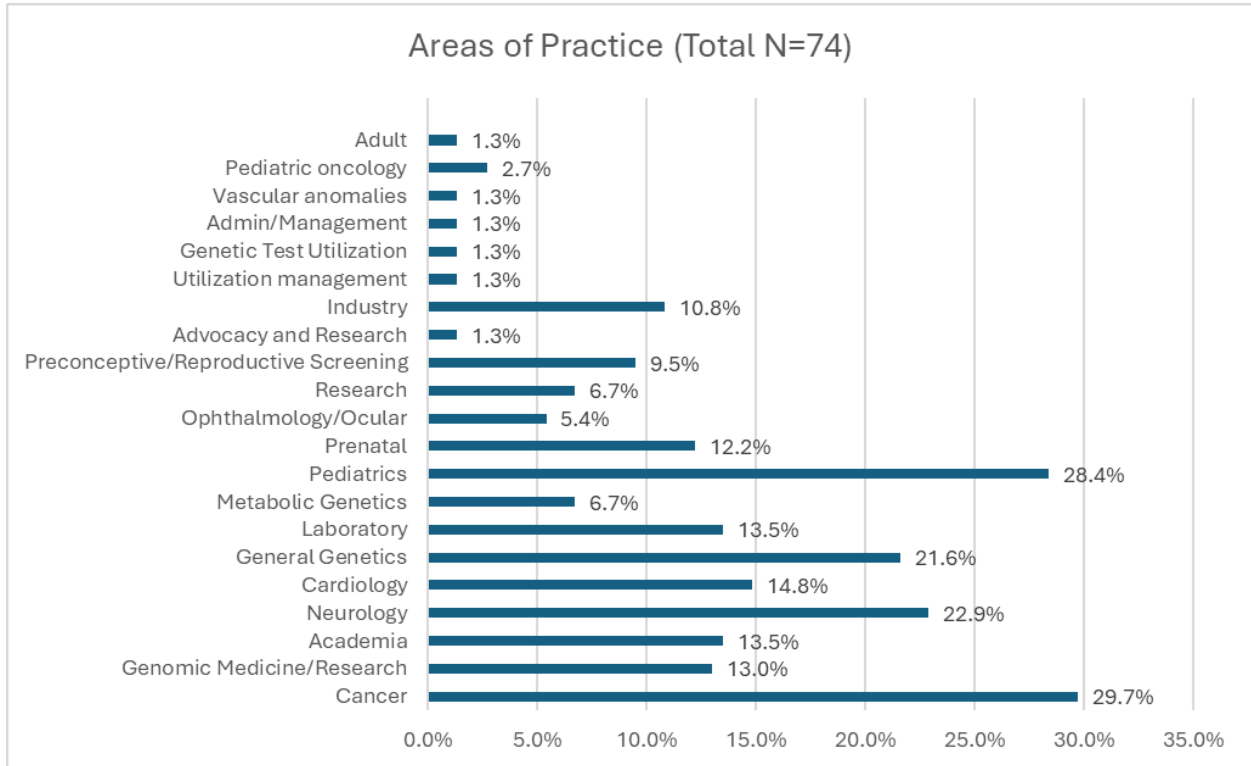


Areas of Practice

Respondents of the 2024 PAGC PSS were asked which area of practice they currently provide services (direct patient care, non-direct patient care, or mixed positions). Cancer genetics (29.7%), pediatrics (28.4%) and neurology (22.9%) were the top three practice areas cited by respondents.

Other areas of practice included, but not limited to academia, cardiology, general genetics, laboratory, prenatal, industry, preconception/reproductive screening.

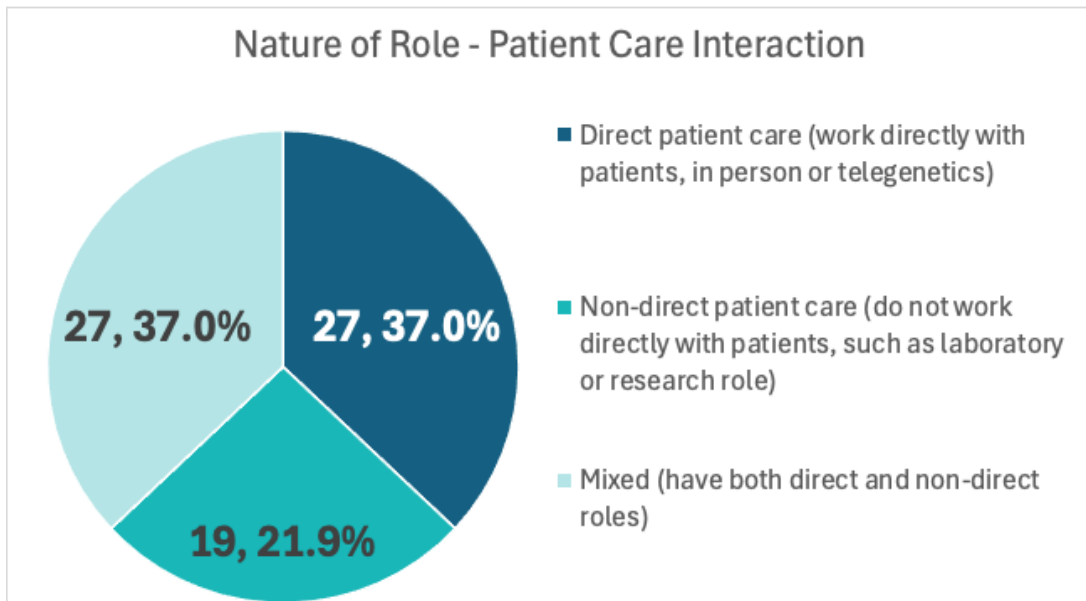
Figure 6. Area(s) of Practice



Nature of Role

Respondents were asked to categorize their roles as direct patient care (work directly with patients, in person or telegenetics), non-direct patient care (do not work directly with patients, such as laboratory or research role), mixed (have both direct and non-direct roles), or other. A majority of respondents (74%, n=54/73) reported having direct patient care as all or a portion of their role – 37.0% (n=27/73) respondents indicated they have a direct patient care role and 37.0% (n=27/73) indicated they have a mixed role. 21.9% (n=16/73) respondents categorized their role as non-direct patient care.

Figure 7. Nature of Role - Inclusion of Patient Care Role

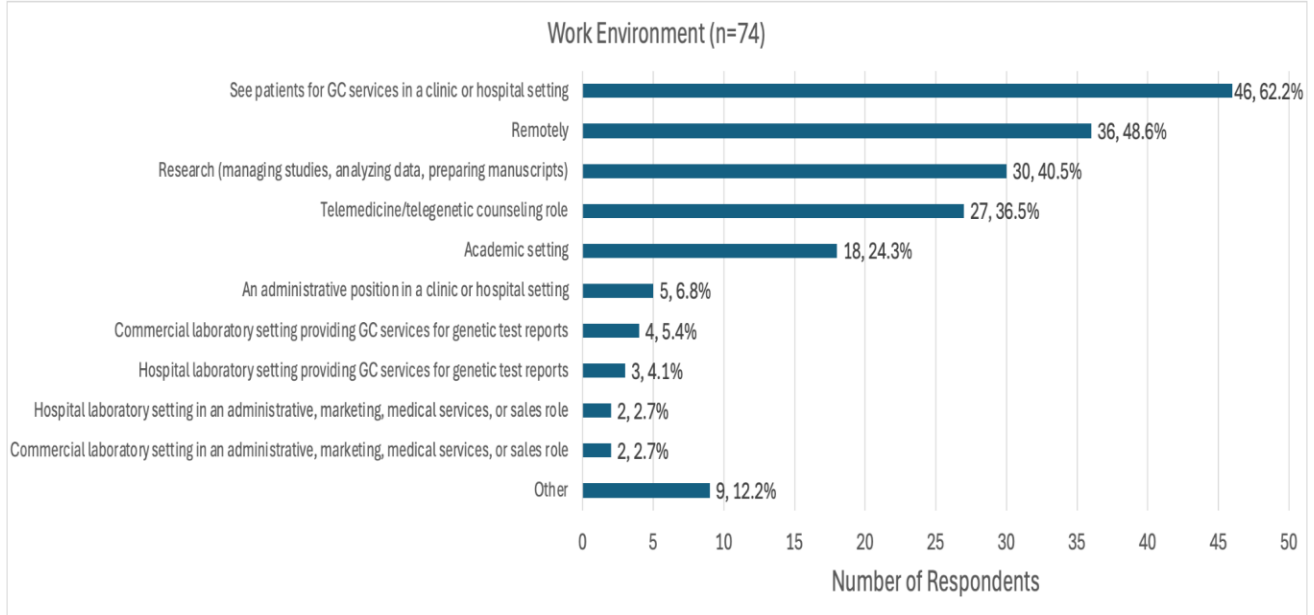


Respondents providing direct patient care were also asked about the language(s) in which they provide counseling. 68.5% of respondents (n=37/54) indicated they provide counseling in languages other than English through use of translation/interpretation services. 29.6% of respondents indicated they only provide services in English. One participant noted they personally counsel in language(s) other than English.

Work Environment

Respondents of the PAGC PSS were asked to describe their work environment. Respondents could choose multiple areas of practice. The majority of respondents stated they provide genetic counseling services in a clinic or hospital setting (62.2%; n=46/74). Notably, approximately 49% (n=36/74) of respondents reported working remotely, and approximately 36% (n=27/74) reported working in a telemedicine/telegenetics counseling role. 48.6% (n=30/74) of respondents indicated that they work in research. See Figure 8 below for additional data.

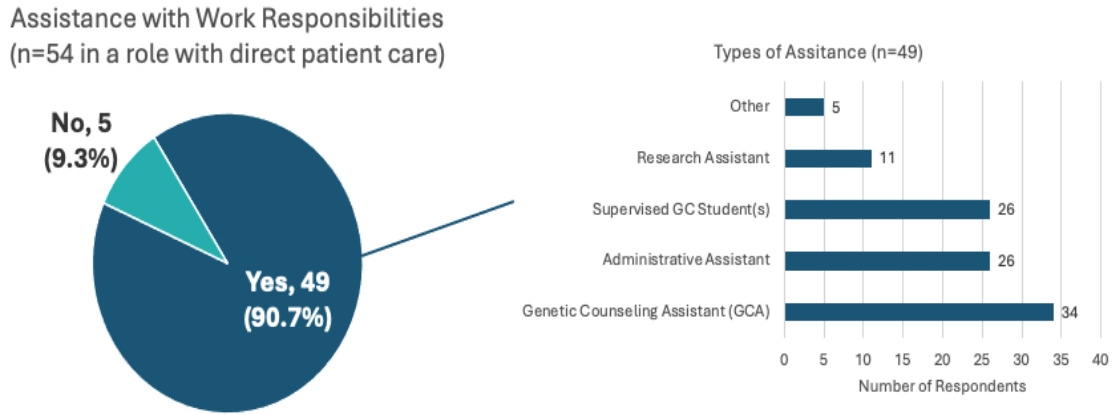
Figure 8. Work Environment



Assistance With Work Responsibilities

Participants reporting direct patient care as all, or part of their position were asked about assistance performing work responsibilities. When asked about assistance to perform work responsibilities, only 9.3% of respondents (n=5/54) reported that they do not have assistance in their current position. Most respondents (n=34/49, 71.4%) with support in their current role noted multiple forms of support. 70.8% (n=34/46) of respondents reported receiving help to perform their work responsibilities from a Genetic Counseling Assistant (GCA). 54.2% (n=25/49) of respondents with support reported working with an administrative assistant. 56.5% of those with assistance reported working with a supervised genetic counseling student (n=26/49). 22.9% of respondents with assistance (n=11/49) reported working with a research assistant. Five respondents (8.8%) selected other options including, medical assistant (1), undergrad student worker (1), intern (1), genetic counseling extender (1), and authorization specialist (1).

Figure 9. Assistance with Work Responsibilities



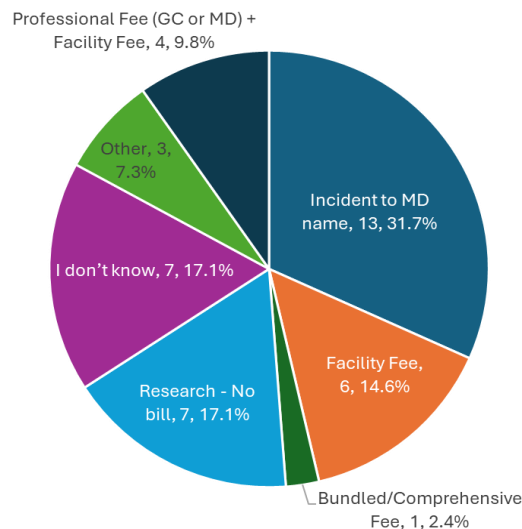
*17 respondents were not represented and did not answer this question. All 17 reported being in a non-direct patient care role.

Genetic Counselor Billing & Reimbursement

Billing for Services

Of respondents who indicated that they provide direct-patient care (n=58), 58.6% (n=34/58) indicated that they bill for their genetic counseling services in some way, with 41.4% (n=24/58) reporting that they do not bill for services. Figure 10 illustrates the approaches utilized to bill for patient encounters. Of note, respondents were able to select more than one billing method.

Figure 10. Billing for Genetic Counseling Patient Encounters (total n=44)



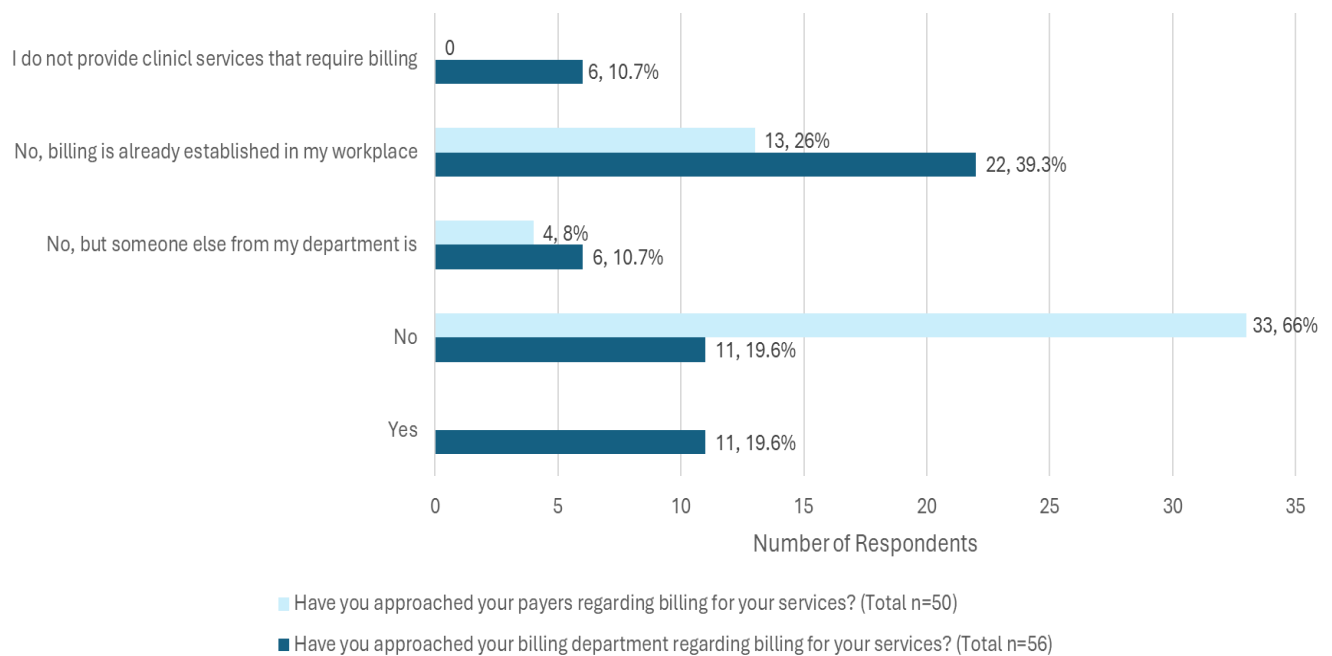
Of the 34 respondents who provide direct patient care, 97.1% (n=33/34) reported seeing patients via telegenetics/telemedicine services, with the majority (87.9%, n=29/33) reporting billing for telegenetics/telemedicine services. Reported approaches for billing for telegenetics/telemedicine visits specifically were nearly identical to those presented in Figure 10, with the most common approach to billing being an incident fee to MD name only (32.4%, n=11/34).

Billing & Reimbursement Efforts

The survey explored who respondents have approached (if anyone) regarding billing for their services. In particular respondents were asked if they ever approached their billing department OR payers regarding billing for services.

Of 56 respondents, 19.6% (n=11/56) have approached their billing department and no respondents reported approaching payers. Billing policies are already established for 39.2% (n=22/56) of respondents who have not approached their billing department and 26.0% (n=13/50) of respondents indicated working at an institution where billing policies are already established with payers. A minority of respondents (n=6/56, 10.7%) indicated that someone else at their institution is working on billing policies for genetic counseling services in their institution and 8.0% (n=4/50) indicated that someone else at their institution is working on establishing billing policies with payers. (Figure 11)

Figure 11. Efforts Made Towards Establishing Billing for GC services with Institutions and Payer



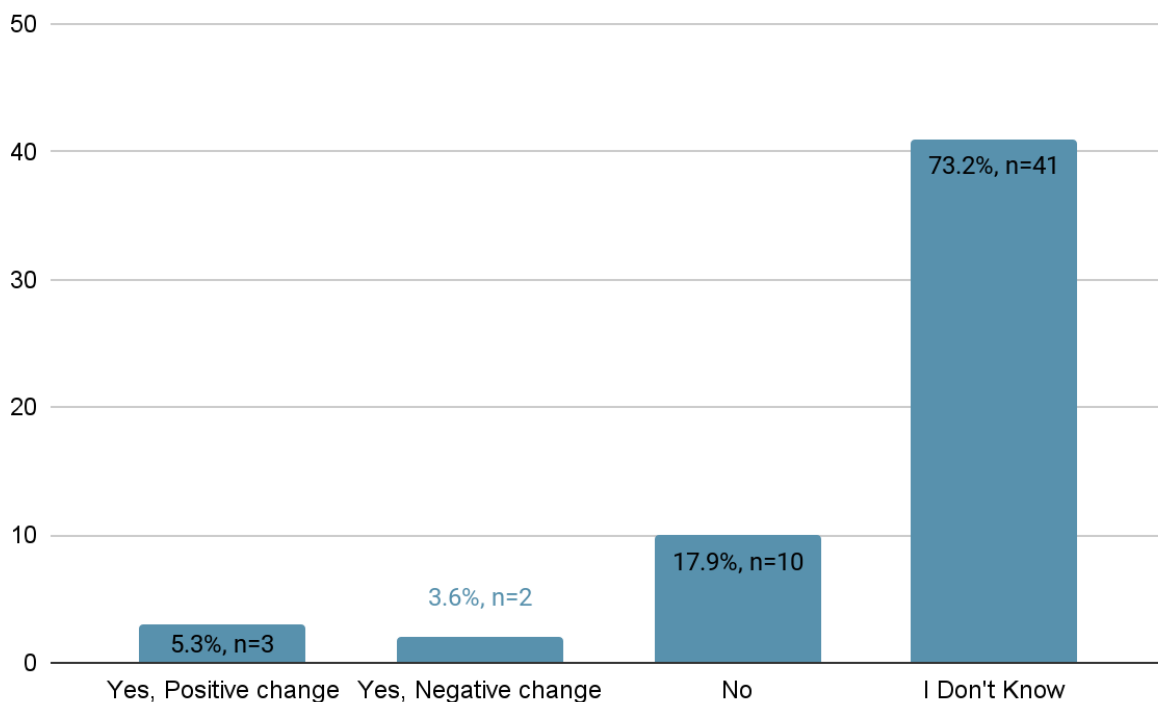
Respondents who have approached individuals at their institutions regarding billing were asked who they approached. Several respondents reported approaching multiple individuals/departments. Of 16 respondents who have approached someone, 93.8% (n=15/16) have approached a supervisor; 50.0% (n=8/16) have approached the billing and coding department at their institution; 25.0% (n=4/16) have approached the finance office at their institution; 18.8% (n=3/16) have approached their institution's compliance office; and 12.5% (n=2/16) have approached their credentialing department. Of note, one respondent reported approaching all the previously mentioned offices in their efforts.

Respondents who have not approached anyone were asked to describe any barriers to approaching their billing department or payers, and themes included: complexity of billing, lack of understanding of billing practices, restrictions such as need for credentialing or institution specific restrictions, and lack of support from non-genetic counselor colleagues.

Reimbursement for Services

When respondents were asked if they noticed a change in reimbursement for genetic counseling services in the past three years, 5.4% (n=3/56) reported “Yes, positively” and 3.6% (n=2/56) reported “Yes, negatively” (Figure 12).

Figure 12. Opinions on Change in GC Reimbursement (Total n=56)



When respondents were asked if they felt that licensure has had an impact on reimbursement for genetic counseling services, 75.0% (n=42/56) were uncertain, with only 14.3% (n=8/56) reporting “Yes, positively,” and 10.7% (n=6/56) reporting “No.”

Credentialing

Of survey respondents, 31.1% (n=23/74) reported that they are currently credentialed (Figure 13). Approximately 95.7% (n=22/23) reported being credentialed through their institution, with one respondent reporting concurrent credentialing at another institution. Of note, one respondent reported that they are credentialed (n=1/23) through ABGC.

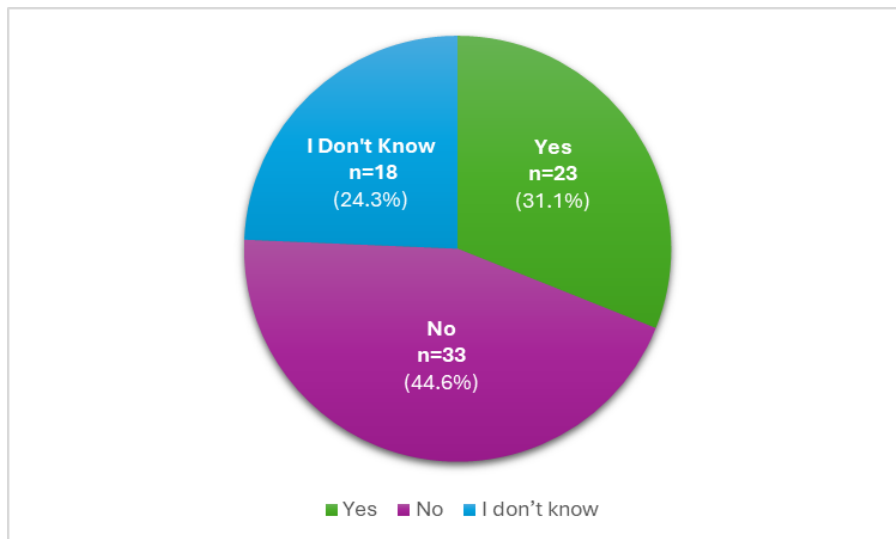
Approximately 44.6% (n=33/74) of survey respondents reported that they were not credentialed (Figure 13). Those who indicated that they are not credentialed were given the opportunity to explain if there were any specific reasons; responses from 22 respondents (66.7%, n=22/33) are summarized in Table 4.

Table 4. Reasons or Barriers for Not Being Credentialed (Total n=22)

Reason	Respondents
Non-clinical role	31.8% (n=7/22)
Institutional barriers (not available, not allowed, lack of support)	31.8% (n=7/22)
Non-billable services Reimbursement	22.7% (n=5/22)
I do not know	13.6% (n=3/22)

No respondents (n=0/23) indicated that they are credentialed through a third-party payor and 24.3% (n=18/74) of total respondents were unsure if they were credentialed (Figure 13). These responses suggest that additional resources may be useful for Pennsylvania genetic counselors regarding what credentialing is, benefits of credentialing, and how to approach potential credentialing at their institution, if not currently credentialed.

Figure 13: Credentialing of PAGC PSS Respondents (Total N =74)



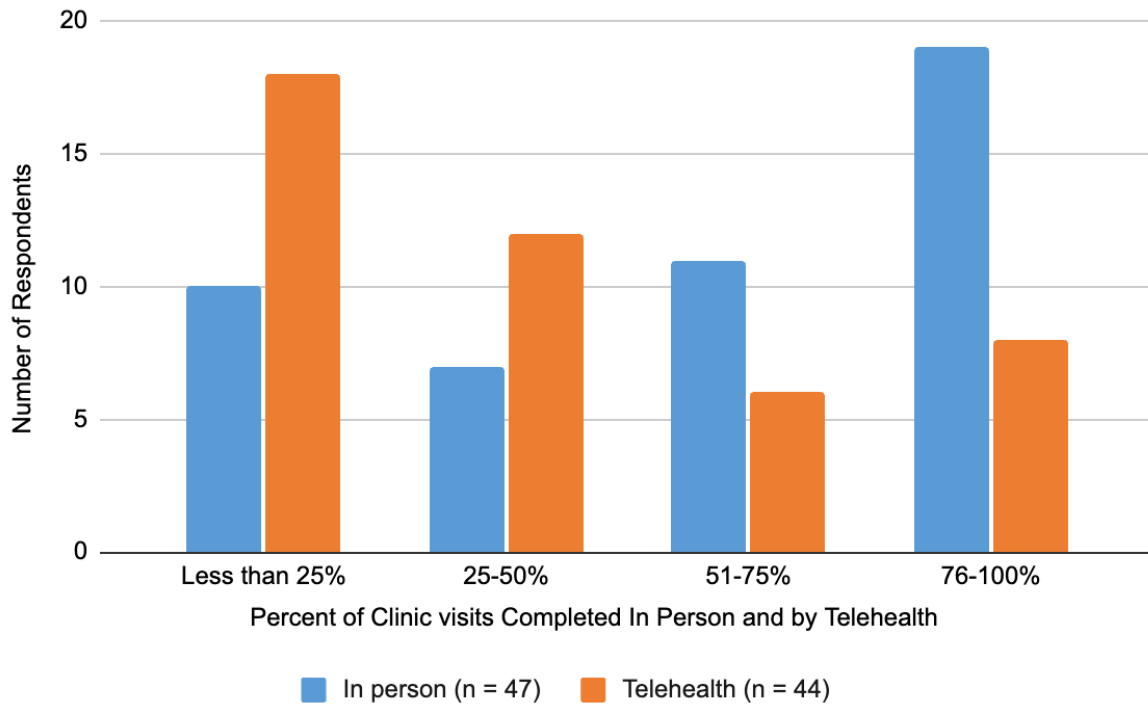
Service Delivery & Access

In-Person and Telehealth Genetic Counseling Services

PSS respondents were asked about providing genetic counseling services in person in Pennsylvania, and where in Pennsylvania they provide these in person services. The majority of respondents (19/47) provide between 76-100% of their genetic counseling services in person. 10 out of the 47 who answered this question, said that less than 25% of their genetic counseling services are provided in person.

Of the respondents who provide telehealth, 8/44 have 76-100% of their genetic counseling services via telehealth, with the majority of respondents providing less than 25% of their services through telehealth.

Figure 14: Genetic Counseling Services Provided in Person and via Telehealth



Geographic Location

Respondents were asked which geographic regions that they primarily see patients in, and in what modality (in person and/or telehealth). All six regions are serviced both in person and by telehealth genetic counseling. The majority of patients seen by genetic counselors in Pennsylvania reside in either Region 1, 2 or 3. All regions have higher service levels via telehealth, with regions 3, 4 and 6 having a much higher percentage of patients seen by telehealth. Geographically, this is expected due to the large hospital systems being focused in Region 1 (Philadelphia) and Region 5 (includes Pittsburgh).

Figure 15: Patients Seen In Person and Telehealth by Region in Pennsylvania

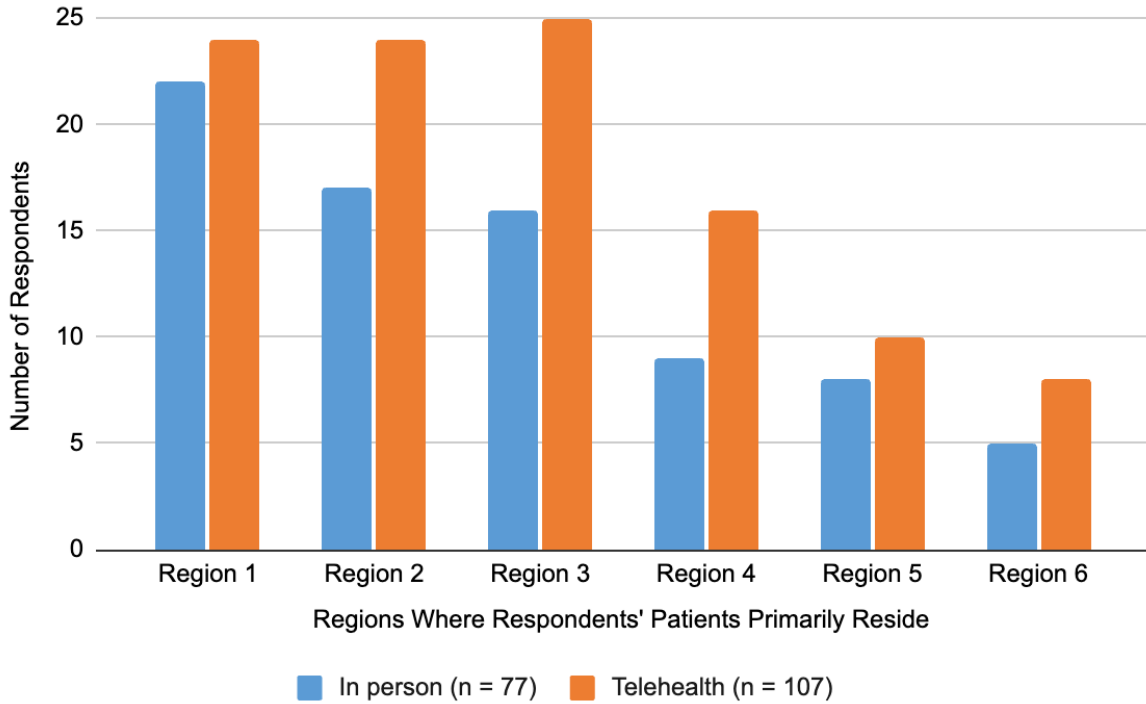
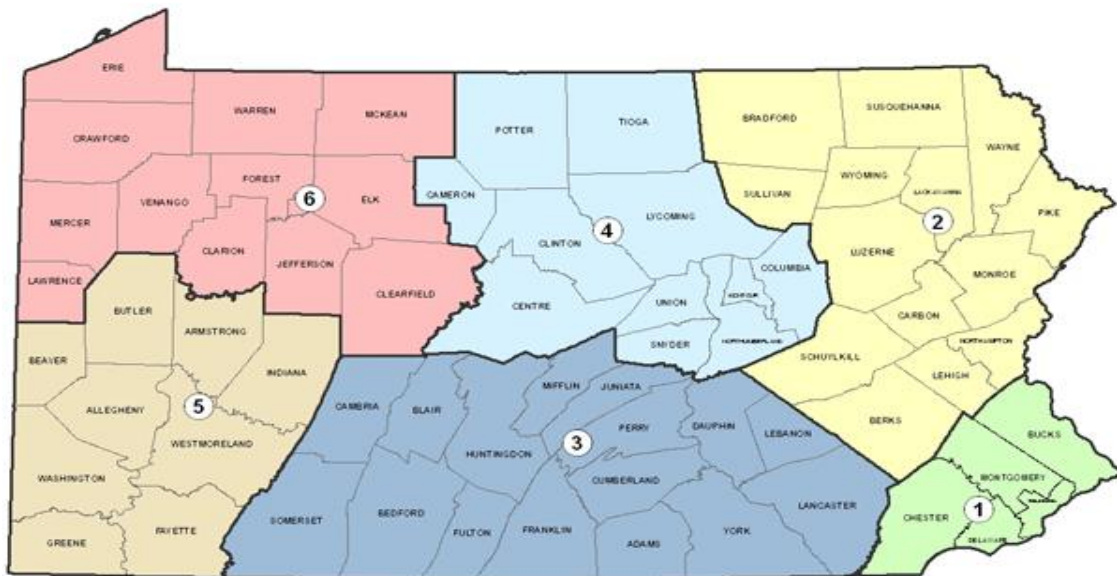


Figure 16. Geographic Regions

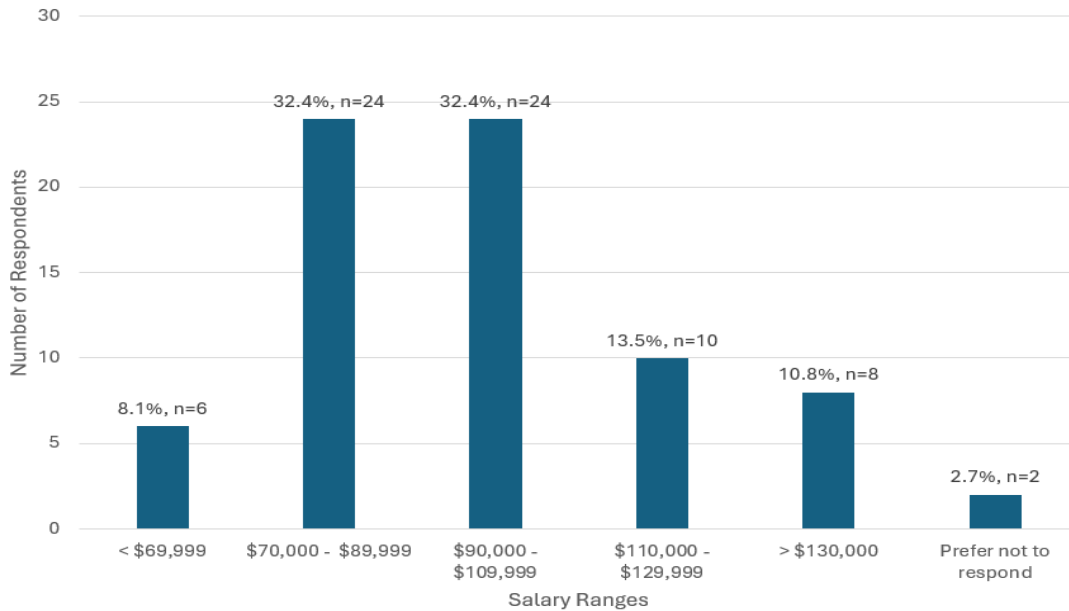


Compensation

Salary & Payment Classification

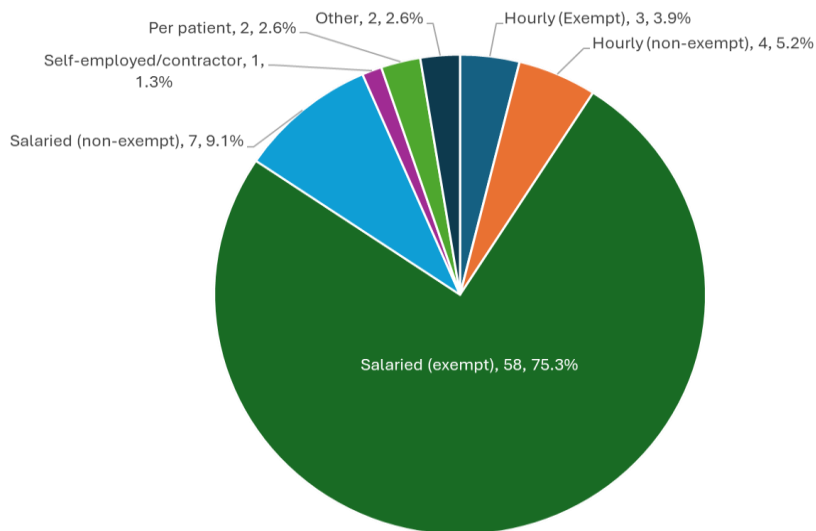
The majority of respondents (90.1%, n=67/74) reported being employed full time, with 75.3% (n=58/77) of respondents reporting their position’s payment classification as “Salaried (exempt).” Full breakdown

of reported payment classifications is shown in Figure 17, with respondents able to select multiple



options.

Figure 17. Payment Classifications (total n=77)



Yearly salary ranges were reported by 72 respondents (97.3% of total respondents) and are summarized in Figure 18.

Figure 18. PAGC PSS Respondent Self-Reported Salary (total n=72)

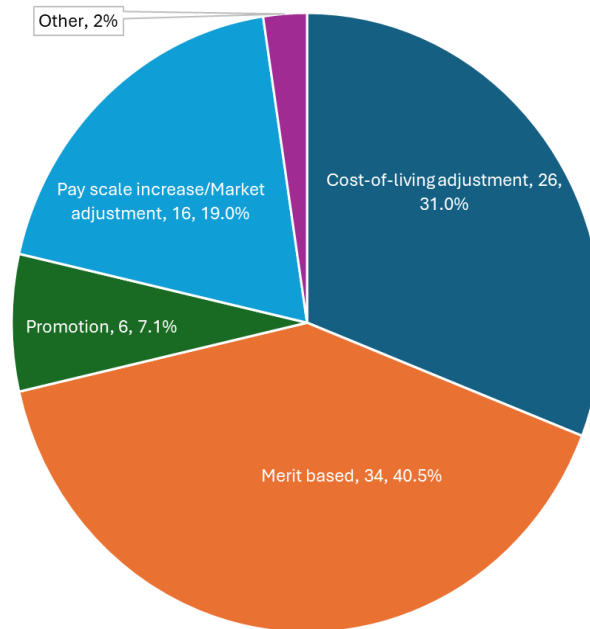
Bonus Eligibility & Raises

Among respondents, 31.1% (n=23/74) reported that they are eligible for bonuses in their current position, with 4.1% (n=3/74) indicating they were uncertain about bonus eligibility and policies at their institution.

For the majority of respondents (71.6%, n=53/74), their most recent raise occurred in 2023, and 10.8% of respondents (n=8/74) received their most recent raise in 2022. Thirteen respondents (17.6%, n=13/74) reported they have not received a raise in their current position.

Those who reported receiving a raise in 2022 or 2023 were asked to categorize the reason for or type of raise, with the option to select multiple reasons. Responses are summarized in Figure 19, with the majority of raises being due to merit increases (40.5%, n=34/84), cost-of-living adjustments (31.0%, n=26/84), and pay scale or market adjustments (19.0%, n=16/84).

Figure 19. Types of Raises Received by PAGC PSS Respondents in 2022 and/or 2023 (total n=84*)
*respondents were able to select multiple options



Respondents who reported receiving a recent raise, salary increases ranged from 2.0% to 25.0%, with an average increase of 5.0%. Of note, the respondent who reported a raise of 25% was an outlier, if this individual's data is excluded, the percentage salary increase reported by respondents ranged from 2.0% to 12.5%, with an average raise of 4.5%.

When asked if they had attempted to increase their salary in the past year, 71.6% (n=53/74) reported "No." Of the 21 respondents who reported "Yes," 76.2% (n=16/21) reported their attempt resulted in a successful salary raise.

Benefits

Of the survey respondents, 26 (35.6%) reported that they took the ABGC certification exam between 2020-2023. These individuals were then asked about employer-funded exam expenses. The most common benefits were time off with taking the exam (73.1%) and/or full coverage of exam application fees (53.8%). In two of these cases with full coverage reported, this coverage was contingent on passing the exam. One individual reported only partial exam fee coverage, and one reported unpaid time off/ requested PTO. Only one individual had employer funding for a board review course. Two individuals had no expenses covered, and two others were not employed at the time of the exam.

Conference/Meeting Funding

Survey participants were asked to list conferences/meetings attended that were employer-funded vs self-funded. The majority of survey respondents did attend at least one conference/ meeting within the prior year (nearly 90%). Most of these reported that their conference attendance was employer-funded (only 5.5% did not have employer funding).

It is noteworthy that the annual PAGC conference was still the second-most attended conference reported by respondents after the annual NSGC Conference. This trend was consistent with the 2020 survey responses.

Figure 20. Personal Funding versus Employer Funding for Educational Conferences

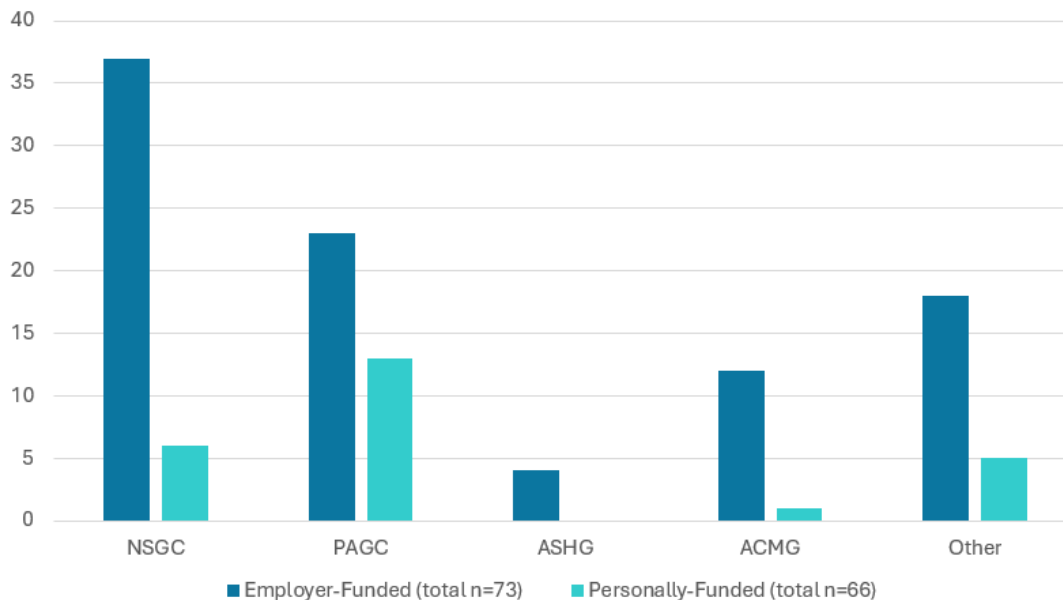
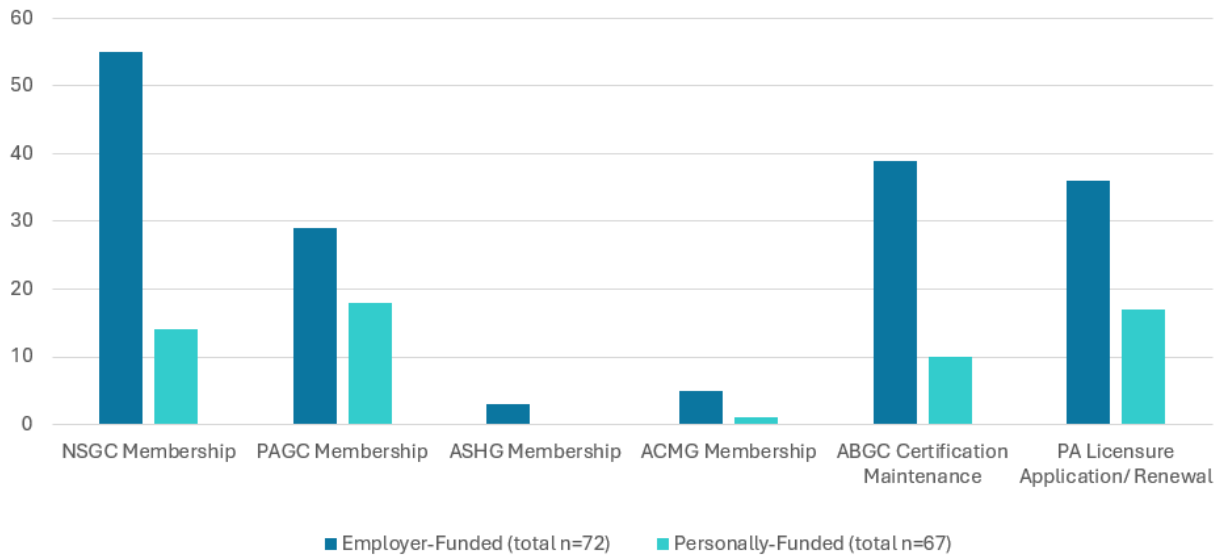


Figure 21. Personal Funding vs Employer Funding for Professional Membership/Fees



Survey participants were asked if they would be interested in applying for funding outside of their employer (if this was available), for conference and/or travel-related expenses. The majority (62.5%) would be interested if this option was available.

COVID-19 Pandemic

Changes to Work Environment

Of 70 survey respondents, 42.8% (n=30/70) reported their work environment changing since the 2020 PSS was administered (2/4/2020-3/13/2020). One third (33.3%; n=10/30) stated that change was related to the COVID-19 pandemic. When asked the reasoning for the change, different responses came to light. Out of 23 responses, over half mentioned changing jobs/job roles (56.5%; n=13/23), and four cited moving locations (17.4%, n=4/23).

Since the 2020 PSS was administered (2/4/2020-3/13/2020), the majority of respondents (94.1%; n=64/68) noted no differences in funding for conferences/meetings. The four respondents who noted such a difference, three cited difficulties in obtaining funding for in-person conferences (75.0%; n=3/4) and one reported starting their own practice.

Other than noted above, participants were asked an open-ended question in correlation to the impact the COVID-19 pandemic had on workflows, practice, or job role(s). Of those who responded, 41.9% (n=13/31) mentioned the introduction of telehealth and hybrid work models as the biggest reason for job changes overall.

Changes to Service Delivery and Billing/Reimbursement

Changes to genetic counseling service delivery models were implemented during the COVID-19 pandemic. Among 67 respondents, 16.4% (n=11/67) provided telemedicine/telegenetics services at the time the 2020 PSS was administered (2/4/2020-3/13/2020).

The COVID-19 pandemic brought changes to billing practices for genetic counseling services. Of the 68 respondents, 17.6% (n=12/68) noted that the COVID-19 pandemic setting changed the way in which genetic counselors billed for their services. Of the 12 respondents who explained their reasoning, 66.7% (n=8/12) mentioned being able to bill for telemedicine/telegenetics services. In some clinics, 16.7% (n=2/12) noted implementation of modifier codes to allow billing for telephonic visits, instead of only televideo visits.

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Below includes members who authored and edited the reports that detail the results of the survey.

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