



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Larry Meredith, Ph.D., Director

DIVISION OF PUBLIC HEALTH

## COMMUNITY HEALTH & PREVENTION SERVICES

899 NORTHGATE DRIVE, SUITE 415

SAN RAFAEL, CA 94903

PHONE: (415) 473-4276

FAX: (415) 473-6266

### Marin HIV/AIDS CARE Council Meeting

**Draft MINUTES**

**January 3, 2007**

**4:30 - 6:30 PM**

**899 Northgate, 4<sup>th</sup> Floor Conference Room**

**Members Present:** Will Boemer, Elyse Graham, Jennifer Malone, David Witt, Lisa Becher, Roy Bateman, Wade Flores

**Members Absent:** Diva Berry

**Staff Present:** Chris Santini, Cicily Emerson, Sparkie Spaeth, Karen Kindig

**Others Present:** Cathy Johnson, Dorothy Kleffner

#### I. Call to Order

Meeting called to order at 4:40 PM by CM Graham.

#### II. Roll Call

CM Berry was absent. CM Malone arrived late at 4:50 PM and CM Witt at 4:55 PM.

#### III. Review and Approval of Agenda

CM Malone and CM Flores requested that the order of the Agenda be changed so that Items XI, XII, and XIII come before Item VIII. CM Malone motioned to approve the amended Agenda and CM Boemer seconded. Vote was done by show of hands. The Agenda was approved.

**AYES: CM Boemer, CM Graham, CM Malone, CM Witt, CM Becher, CM Bateman, CM Flores**

#### IV. Review and Approval of December 6, 2006 Minutes

CM Malone motioned to approve the 12/06/06 Minutes and CM Becher seconded. Vote was done by show of hands. The Minutes were approved.

**AYES: CM Boemer, CM Graham, CM Malone, CM Witt, CM Becher, CM Bateman**

**NOES: CM Flores**

#### V. General Announcements

a. CM Flores: 1) The latest edition of *Consumers' CARE Report* is out. 2) Project Inform will present "On the Cusp: New Treatments, New Strategies" at SF LGBT Center, 1800 Market Street, San Francisco, on 1/30/07 at 6:30 PM. Call (415) 558-8669 for more information.

b. CM Graham: Cam Keep submitted his resignation from the CARE Council, effective immediately and, therefore, won't be at today's meeting.

#### VI. Public Comment

Dorothy Kleffner: Former CARE Council member, Will Carter, died one year ago today.

Cathy Johnson: 1) The Specialty Clinic will reduce its hours of operation, beginning 1/15/07. It will be closed Wednesdays for all clinical appointments and closed Mondays for non-urgent physician appointments. Dr. Craig Lindquist will be taking on a new administrative role and will no longer be a primary HIV physician at the Clinic. [See Attachment 1] 2) Regarding the CARE Council Minutes of 12/6/06, an inaccurate statement about the Specialty Clinic was made. It was stated that the Clinic does not diagnose nor treat opportunistic infections and this is not true. Between 2005 and 2006, eight different opportunistic infection diagnoses were made at the Clinic, of which seven were treated by Clinic physicians. Those that can't be treated are referred out, in the best interest of the patient (e.g. cancer is referred to an oncologist). It needs to be restated that the Specialty Clinic does diagnose and treat opportunistic infections.

## VII. Co-Chairs Report

*CM Graham reported:*

1) The Co-Chairs are being mindful of how they are chairing the meetings. She apologized for “dropping the ball” at the last meeting by letting things be done out of order and getting off topic. 2) She reminded all Co-Chairs (Full Council and Subcommittees) that all agenda items need to be “cc’d” to Cicily Emerson for full Council and COA Committee and to Chris Santini for Membership Committee (not to Karen Kindig). Cicily and/or Chris, not Co-Chairs, are to send Karen the completed agendas when they are ready to be sent out. Any questions/comments about the agendas are to be directed to Cicily, Chris, and/or Co-Chairs (not to Karen). 3) The Council members, from now on, will be asked fill out a “Meeting Process Evaluation Form” after each meeting, as is done in San Francisco. [See Attachment 2] 4) She handed out “Rules of Respectful Engagement” as a reminder to members on how to interact at meetings.

*CM Bateman stated that he is appreciative and respectful of the Co-Chairs’ role. CM Flores stated that he is concerned that Council Support staff stay within the parameters of their roles and responsibilities with regard to Council-related matters.*

Public Comment: None

## VIII. Discussion of Infrastructure Work Group

- a. Update on Cultural Competency Consultant: Cicily Emerson reported that Maria Chertok-Ramos, Cultural Competency Consultant, is moving along well with her Cultural Competency activities. She is doing Key Informant interviews instead of Focus Groups. She has come up with a template for her first training, which will be “Cultural Competency 101” to be held on 1/10/07, from 10:45 AM – 2:30 PM at the Novato Human Needs Center. The training is specifically for individuals from agencies that provide services within Marin’s system of HIV care. Council members are invited and encouraged to attend. Cicily will send out an email and RSVP to Cicily should be done by Friday, 1/5/07. Other trainings will be on substance abuse, transgender issues, and African-American and Latino cultural competence issues. The trainings are mandatory for Title I Service Providers. Ms. Chertok-Ramos will write her plan sometime in March.
- b. Discussion about Development of Infrastructure Work Group: A brief discussion about the proposed work group ensued: The work group would be an advisory group, a “body of access,” but would not monitor nor participate in any of the work and would include Council members, County staff, consultants (Cultural Competency and Quality Assurance), service providers, and consumers.

CM Witt motioned to create an Infrastructure Work Group. CM Malone seconded.

Public Comment: None

A roll call vote was taken. The motion passed.

**AYES: CM Boemer, CM Graham, CM Malone, CM Witt, CM Becher, CM Bateman, CM Flores**

## IX. Comprehensive Plan Recommendations

*A letter, including a project proposal on system assessment, from Susan Strong, potential consultant for Comprehensive Planning, was handed out. [See Attachment 3]*

CM Flores stated that he supports the proposal. CM Witt commented that Ms. Strong’s letter captured the discussion (at the last meeting) and the needs of the Council. CM Boemer commented that Phase I of the proposal could be do-able immediately. Sparkie Spaeth suggested to the Council that Phase I, Items 1, 2, 3, and 5 be implemented.

CM Graham motioned to approve implementing Phase I, Items 1, 2, 3, and 5 of the proposal. CM Bateman seconded.

Public Comment: None

A roll call vote was taken. The motion passed.

**AYES: CM Boemer, CM Graham, CM Malone, CM Witt, CM Becher, CM Bateman, CM Flores**

## **X. Update Regarding FY 07/08 Allocations**

*Sparkie Spaeth reported:*

She spoke with Dan Goodwin at the San Francisco Office of AIDS and was told that it is unclear at this time whether or not the San Francisco EMA will be implementing "75-25" allocation (75% to core medical services and 25% to other services). Chris Santini has prepared (and handed out) a spreadsheet showing current allocations and amounts over/under "75-25" ratio. [See Attachment 4]

Public Comment: 1) *Dorothy Kleffner:* The best way to get around cost caps is to bring the clients back. 2) *Cathy Johnson:* People are not leaving the Specialty Clinic. Counts are down because patients are healthier. There was a 3-patient net gain last year.

## **XI. Membership Committee Report**

*CM Becher reported:*

1) A quorum was not established at the last meeting, so no voting could take place. Due to lack clarity around what is/is not a quorum, the February meeting will include looking to see that the language of Marin HIV/AIDS CARE Council's Policy & Procedures mirrors that of San Francisco's. Also to be addressed at February's meeting: Recruitment plan activities, update on unexcused and excessive absences for last 2 quarters (7/1 - 9/30 and 10/1 -12/31), and plans for orientation to the full Council. 2) The Council applicant, Peter Hansen, will come back in February to be interviewed. 3) Cam Keep resigned from full Council and notified Membership.

*CM Graham stated that there was confusion and not unanimous agreement at the meeting about whether or not there was a quorum. CM Flores requested that, once it is determined what qualifies as a quorum, it be presented to the full Council so that everyone is "on the same page."*

Public Comment: *Dorothy Kleffner:* There appears to be a lot of confusion about who's on what committee. It seems like the process is "wild and loose." Everything should be put on the agenda and addressed and voted on. It seems like decisions about who's on or off committees are made through phone calls. There's no transparency about what's going on.

## **XII. Community Outreach & Advocacy Report**

*CM Witt reported:*

1) Maria Ramos-Chertok, Cultural Competency consultant, came and discussed in detail the proposal for training. All were favorably impressed with the direction. Most groups that they want to examine in detail were identified. 2) There was an update on the contacts they've made in the community. 3) Work on the outreach plan was deferred until the January meeting.

*CM Flores reported:*

1) The Calendar will be set at the January meeting. 2) There was a discussion about asking the full Council about any particular group they want to focus on, in order to have a community forum directed to that group or certain area. 3) It would be helpful to have info/handouts from all agencies about the services they provide available at future forums. He requested that all service providers bring copies of their materials to the COA committee.

Public Comment: None

## **XIII. Division of Public Health Report**

*a. Sparkie Spaeth reported:*

1) There is no new information on the Food Program, other than that they are revising their contract. A work group will be forming to look at the issues. Those interested in being part of the work group should contact Cicily or Chris. 2) A translator is being hired for translation of provider materials for Cultural Competency. 3) CARE contracts expire on 2/28/07.

*b. Cicily Emerson reported:*

1) All Council members are invited to attend the Cultural Competency training on 1/10/07. 2) The County recommends having a discussion about what constitutes a quorum (2/3 vote) in terms of total members vs. members present and adding a definition as an amendment to the Bylaws.

*c. Chris Santini reported:*

A group is coming together to work on a "County Satisfaction Survey." A draft has been created [See Attachment 5]. It will be administered in February to clients who receive Ryan White services.

Public Comment: *Dorothy Kleffner*. 1) One thing she likes about doing a county-wide survey is that it gives people who are not using a particular service the opportunity to indicate why they are not using it. 2) Food boxes are only delivered to the homebound. She thinks they should also be delivered to those without transportation or other issues that would prevent them getting to the Food Bank. She would like to see that policy revised.

**XIV. New Business/Next Steps/Next Agenda Items**

- a. Orientation of Council members
- b. Review of Robert's Rules of Order
- c. Discuss Medical Care
- d. Review Bylaws
- e. Update of Food Bank from PH Dept
- f. 75%-25% Allocation
- g. Laura Thomas: Title I/Reauthorization
- h. Discuss inviting Jeff Byers to sit on Council
- i. Set Calendar for FY 07/08
- j. Evaluation of Service Delivery, County, Council
- k. Certificate of Appreciation and card for Cam Keep
- l. Recommendations for Outreach RFP

*After discussion, Items c, f, g, h, i, and k were given priority with regard to next month's Agenda.*

**XV. Meeting Adjourned at 6:18 PM**



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Larry Meredith, Ph.D., Director*

DIVISION OF PUBLIC HEALTH

## **SPECIALTY CLINIC**

161 MITCHELL BLVD, STE 200

SAN RAFAEL, CA 94903

PHONE: (415) 499-7377

FAX: (415) 507-4114

CRAIG LINDQUIST, MD, PhD

MEDICAL DIRECTOR

December 2006

Dear Specialty Clinic Patient:

This letter will share with you news of several changes at the Marin Specialty Clinic. These changes include a reorganization of some long-time staff members as well as a modest reduction in the Clinic's hours of routine operation. In many ways these changes are coming about as a result of improvements in HIV/AIDS medical care. This adjustment of our staffing and hours will more accurately reflect our patient volume and the general health of many of our patients. Substantial improvements in the day-to-day health and prognosis of HIV/AIDS patients have resulted in fewer office visits and hospitalizations in our practice. The Specialty Clinic is now making adjustments in our medical staff and operations to reflect these changes and insure the continuation of your access to quality medical care.

The first of these changes is that Dr. Lindquist will be taking on a new administrative role in the Department of Health and Human Services in January 2007. As he leaves his role as a primary HIV physician, his patients will be assigned to the other physicians on the Specialty Clinic staff, Dr. Ellen Rosenthal and Dr. Mary Ellen Guroy. Dr. Lindquist will continue to play a role in the Specialty Clinic's future and he will provide some backup to his physician colleagues. Dr. Lindquist's patients will soon receive a letter from him which will reconfirm their next appointment in the Clinic and introduce them to their new HIV physician.

The second change at the Specialty Clinic is that it will reduce its hours of operation. Beginning on January 15, 2007 the Clinic will be closed on Wednesdays for all clinical appointments and it will be closed for non-urgent physician appointments on Monday afternoon. During the hours that the Clinic will be closed, patients will still be able to contact the Clinic nurse for consultation and advice. Patients needing to see a physician on Wednesday, however, will be directed to a local emergency room.

The Specialty Clinic's administrative and case management staff will not be affected by these changes. Clinic patients will continue to have access to these staff during routine business hours, Monday through Friday.

All of the staff at the Specialty Clinic is committed to continuing to provide high quality service to you. We have confidence that these changes enable us to do so. If you have any questions, please feel free to contact us at your convenience. The staff wishes you a joyous, healthy holiday season and coming year.

Sincerely,

Craig A. Lindquist, M.D., Ph.D.  
Medical Director

Cathy Johnson, M.S.W.  
HIV/AIDS Services Program Manager

ATTACHMENT 2

Please circle your answer to the following questions. Thank you!

**Section A**

1 The information received prior to the meeting, either in hard copy or electronically, adequately prepared me for the meeting.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Comments:

2 The meeting was run efficiently.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Comments:

3 In the discussion and debate of the issues taken up at the meeting, I felt that my point of view was adequately expressed and understood.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Comments:

4 The Agenda was well planned

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Comments:

5 How would you rate this meeting on a scale of 1-10, 10 being excellent?  
\_\_\_\_\_

ATTACHMENT 2

**Section B-Specific Agenda Items**

1 The Discussion on Infrastructure Work Group was relevant to the council's work  
Comments: Strongly Agree Agree Neutral Disagree Strongly Disagree

2 The Comprehensive Plan Recommendations was relevant to the council's work  
Comments: Strongly Agree Agree Neutral Disagree Strongly Disagree

3 Update Regarding FY 07/08 Allocations was relevant to the council's work  
Comments: Strongly Agree Agree Neutral Disagree Strongly Disagree

**Section C - Feedback**

What worked well for you?

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What could have been done better? Any suggestions on how to improve? Please be specific in your suggestions.

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## ATTACHMENT 3

December 20, 2006

Elyse Graham, Co-Chair  
Will Boemer, Co-Chair  
Marin HIV/AIDS CARE Council  
Community Health & Prevention Services  
899 Northgate Drive, Suite 415  
San Rafael, CA 94903

Dear Elyse and Will,

Thank you for inviting me to attend the recent meeting of the Marin HIV/AIDS CARE Council (Council). I very much enjoyed meeting you and the other Council members and staff – it's always a pleasure to be with people who are engaged, energetic and focused on important work.

During our discussion, members raised several varied and far-reaching concerns about the status of the HIV/AIDS care system in Marin County, including:

- Are there pockets of populations that don't fit into the 'usual' service model and, therefore, are not receiving critical services?
- Why do Marin residents seek care out of the county (i.e., in San Francisco)?
- What is the role of primary care versus specialty care for people living with HIV/AIDS (PLWH/A) in Marin County?
- How effective is the communication system in getting information about services, changes and updates to PLWH/A?
- Is it possible to evaluate the quality and delivery of care services to PLWH/A on a quarterly basis?
- How can community participation in the Council be enhanced?
- What role do privacy and confidentiality concerns play in determining whether PLWH/A seek services in Marin County?

These issues touch on multiple components of your care system, including service providers and consumers and persons at risk, but not yet in care, as well as service delivery and evaluation qualities. These are important issues, many of which will require innovative approaches in order to gather necessary information and analyze potential next steps. These concerns may seem daunting, but they can, I believe, be organized and addressed sequentially in order to provide necessary information, additional clarity, and deepen the

Council's understanding of what works and/or doesn't work in Marin's HIV/AIDS care system. With such additional information, the Council could be positioned to more confidently consider the future and to make any needed changes to continue to serve the PLWH/A in your county.

Attached, please find a brief document that suggests one approach to examining the issues you've raised. It proposes analysis of existing information, targeted efforts to fill in gaps in data, and significant Council involvement in development of the tools to be used, analysis of trends and future forces and decision-making relative to shaping Marin's system of care and support services.

This brief assessment recognizes several key points:



### ATTACHMENT 3

1. The information the Council seeks is detailed, specific, important, and somewhat difficult to collect. Several select approaches are likely to be needed to address the Council's questions; the tools used are likely to be qualitative in nature, rather than quantitative.
2. A portion of this project should, in my opinion, examine not only what currently exists (services, referral mechanisms, other supports), but also the considered impacts of future forces and changes, such as the aging of the HIV infected population, changes in ethnic/cultural population mixes in the county and potential impacts of the reauthorization of the Ryan White CARE Act.
3. The Council should plan and conduct this project with adequate time to complete each component. While initial components could be started during the remainder of this fiscal year (such as tool development, prioritizing areas of focus, and identification of methods for reaching various populations), the entire project should be acknowledged as carrying forward into the 2007/2008 fiscal year. Planning for budgetary impacts of this project should be considered.
4. The project, should the Council embark upon it, will require members to commit the time and communication necessary to move it to completion. It will require monthly agenda time, involvement in development of tools, participation in discussion and other efforts to be successful.

I hope these comments are of assistance to the Council; they come without expectation or obligation. Please let me know if I can answer any questions.

Thank you for the privilege of meeting you.

Sincerely,

Susan Strong

[strongconsulting@charter.net](mailto:strongconsulting@charter.net)

cc: Sparkie Spaeth  
Cicily Emerson

## ATTACHMENT 3

Marin HIV/AIDS Care Council

### System Assessment Project Outline

#### Phase I: Information Gathering and Analysis:

1. Develop goals and objectives for entire project. Determine desired outcomes of project and develop means by which success will be measured.
2. Examine existing Marin County HIV/AIDS data, including that contained in latest San Francisco EMA Needs Assessment and Update, as well as any other information containing population descriptions, services inventory, and other pertinent data.
3. Evaluate the extent to which system questions remain. Identify additional information needs and consider various tools, such as focus groups and face-to-face interviews, designed to enhance existing data with qualitative expressions. Determine optimal methods to gather information from consumers, providers and at-risk populations.
4. Conduct the additional studies as developed.
5. Update the Council at monthly intervals regarding the progress of the studies and preliminary results.

*Recommendation: Partner with a consultant and/or existing Council support staff able to manage this project to its conclusion. Consider possibility of accomplishing Phase I, items 1, 2 and 3 in January and February 2007, with items 4 and 5 continuing into Fiscal Year 2007/2008.*

#### Phase II: Analysis and Strategic Decision-Making:

1. Examine resulting information and draw conclusions re: impact on services and client needs.
2. Consider current and future forces likely to impact client needs and the service system.
3. Examine overall system goals for "fit" to new information and future forces.
4. Make decisions re: system changes necessary to achieve these goals, if any.

*Recommendation: Consider including monthly reports of project progress and preliminary results at Council meetings. Develop two-day Council retreat to complete Phase II, items 2, 3 and 4.*

#### Phase III: Implementation

1. Develop transition plan and phased implementation for system changes and new services/products.
2. Consider impacts of changes on PLWH/A and develop targeted communication plan.
3. Use decisions and intended changes in planning priorities and allocations for RWCA funds in 2008/2009 process, usually completed in August – September of the preceding year.

*Recommendation: Consider the priorities and allocation setting process a portion of this project and align all project timeframes, to the extent possible, with this requirement.*

#### Phase IV: Evaluation

1. Conduct evaluation process for the entire project, determining the extent to which success has been achieved.
2. Examine system questions and PLWH/A issues that remain unaddressed and discuss options for addressing.
3. Congratulate yourselves!

*Recommendation: It is important to conduct an evaluation process in order to examine what worked and did not in the overall project and process. Lessons learned from this project and future work are key components to this and any project.*

ATTACHMENT 4

Rank	Categories in 07/8 priority order	07-08% of total CARE award	07-08 CARE proposed allocation	Reauthrzn Percentage breakdown	Dollar Amount	Core Medical Service/ proposed or actual amount	Non-Core Medical Service/ proposed or actual amount	Over or under req reauthrzn percentage	Margin Reauthn% brkdwn
1	Primary Medical Care	19.56%	\$200,000			\$200,000			
2	Mental Health	6.85%	\$70,000			\$70,000			
3	Client Advocacy / Benefits Counseling	9.78%	\$100,000				\$100,000		
4	Case Management	24.45%	\$250,000			\$250,000			
5	Home Health - Attendant and Professional Care	7.82%	\$80,000			\$80,000			
6	Substance Abuse Treatment	7.34%	\$75,000			Outpatient only- \$12,160*	\$13,400*		
7	Oral Health	3.42%	\$35,000			\$35,000			
8	Direct Emergency Financial Assistance	3.22%	\$32,906			Pharmaceuticals- \$4,667*	\$5,850*		
9	Food	6.85%	\$70,000				\$70,000		
10	Complimentary Therapies - Acupuncture	3.91%	\$40,000				\$40,000		
11	Transportation	0.49%	\$5,000				\$5,000		
12	Buddy / Companion / Volunteer	3.91%	\$40,000				\$40,000		
13	Vitamins	0.68%	\$7,000				\$7,000		
14	Outreach* (See Infrastructure)	0.98%	\$10,000				\$10,000		
15	Housing	0.00%	\$0						
16	Legal Services	0.00%	\$0						
17	Planning Council Support* (See Infrastructure)	0.73%	\$7,500				\$7,500		
18	Child Care	0.00%	\$0						
19	Quality Management* (See Infrastructure)	0.00%	\$0						
	Infrastructure*	0.00%							
				75.00%	\$766,805	\$651,827		\$114,978 under req %	64%
	<b>Total</b>		<b>\$1,022,406</b>	25.00%	\$255,601		\$298,750	\$43,149 over req %	29%
						<b>Total</b>	<b>\$950,577</b>	\$71,829 rming for admin?	7%
*	Actual 2005/6 amount excluding administration								

**DRAFT                  DRAFT                  DRAFT                  DRAFT**

**EXAMPLE OF COUNTY SATISFACTION SURVEY QUESTIONS**

**AGENCY NAME1**

Very Satisfied    Satisfied    Neutral    Dissatisfied    Very Dissatisfied

\_\_1. Service Category1

- a. Staff knew what they were doing. \_\_\_\_\_
- b. Staff helped me get the information needed to better manage my health. \_\_\_\_\_
- c. Staff were sensitive to my cultural and/or ethnic background. \_\_\_\_\_
- d. Staff treated me with respect. \_\_\_\_\_
- e. I got the help I needed at Agency/ Service Category **or** found out where to go to get more help. \_\_\_\_\_
- f. I received the help that I needed in a timely manner. \_\_\_\_\_
- g. I could get an appointment when I needed one. \_\_\_\_\_
- h. Staff maintained my confidentiality. \_\_\_\_\_

**AGENCY NAME2**

Very Satisfied    Satisfied    Neutral    Dissatisfied    Very Dissatisfied

\_\_1. Service Category2

- a. Staff knew what they were doing. \_\_\_\_\_
- Etc. \_\_\_\_\_

**Your Health**

Overall your health is: \_ Excellent \_ Good \_ Fair \_ Poor

How much has your overall health improved in the last year?

\_ Very much \_ A little bit \_ Not at all

When was the last time you saw your primary care provider?

\_ In last month \_ In the last 6 months \_ More than a year ago

What was your most recent CD4 and Viral Load?

CD4\_\_\_\_\_ Viral load\_\_\_\_\_

What are the most pressing needs or problems in your life right now that stand in the way of improving your health?

ATTACHMENT 5

Check the 5 problems that affect you most:

- Childcare problems
- Transportation problems
- Lack of food
- Lack of money for daily living
- Lack of clothing
- Lack of stable housing
- Problems with work
- Problems with family
- Legal/court problems
- Depression or anxiety
- Alcohol or substance use
- Family violence or partner abuse
- Fatigue
- Chronic pain
- Side effects of medications
- Problems with getting medications through Medicare, MediCal or ADAP
- Hard to get medical appointments
- Fear that my family/friends may find out I have HIV/AIDS
- Too busy with \_\_\_\_\_
- Other \_\_\_\_\_

Do you have any other comments or concerns that you would like to share with us? \_\_\_\_\_

**Optional:**

Gender:  Female  Male  Transgender

Ethnicity:  Latino(a)  African American  White  Native American  
 Asian  Pacific Islander

Age:  18 to 25  26 to 33  34 to 40  41 to 50  51 to 60  over 60