

WHO WE SERVE

In keeping with the DPH’s mission “to protect and promote the health of all San Franciscans,” DPH offers a rich array of services that touch the lives of scores of San Francisco’s residents and visitors. DPH’s “safety net” provides low-income, uninsured and other vulnerable populations health care at San Francisco General Hospital (SFGH), the Community Oriented Primary Care Clinics (COPC), Laguna Honda Hospital and the Behavioral Health Center (BHC). Safety net hospital and health care systems like SFGH are distinguished by their commitment to provide access to care for people with limited or no access to health care due to their financial, insurance, or medical status.

The Emergency Department (ED) acts as a safety net of a different sort. All city and county residents and visitors in need of expert trauma care are treated at SFGH’s ED, which is the only Level I Trauma Center in San Francisco and northern San Mateo County. The SFGH ED serves any and all who experience serious injury.

As the last chapter highlights, DPH could not provide the wide array of services and programs without the help of our community partners, both advisory groups and providers, or through the numerous grant funds we receive annually. All San Franciscans are impacted by DPH, whether or not an individual receives care in our system directly. DPH focuses on prevention messages and educational campaigns that touch the lives of all the City’s residents.



DPH Health Care Services

DPH provides a wide array of personal health care services across the continuum of care. The Department's direct service providers are comprised of SFGH, Laguna Honda, COPC, BHC, Health at Home (HAH) and Jail Health Services (JHS). Major service components include primary care (provided at 18 sites throughout the City), specialty care, acute care, home health care, long-term care, and emergency care.

DPH Services

In FY 2008-09, DPH provided the following health care services to clients

Services Provided by DPH in FY 2008-09

TYPES OF VISITS	NUMBER/PERCENTAGE OF VISITS
Primary Care Visits	310,279
Specialty Care Visits	206,384
Dental Care Visits	12,611
Urgent Care Visits	23,002
Emergency Visits	60,479
Medical Visits	53,227
Percent Admitted	15%
Psychiatric Visits	7,252
Percent Admitted	26%
Encounters Requiring Trauma Center Services Activations	3,559
Diagnostic Visits	121,172
Acute Inpatient	104,145
Actual Days at SFGH	103,246
Actual Days at Laguna Honda	899
Home Health Care Visits	23,600
Skilled Nursing Care	343,188
Actual Days at SFGH	10,795
Actual Days at BHC	37,193
Actual Days at Laguna Honda	295,200

San Francisco General Hospital and Trauma Center



San Francisco General Hospital – Main Entrance

VISION

Rebuild SFGH so we can continue to provide healthcare and trauma services for people in need.

MISSION

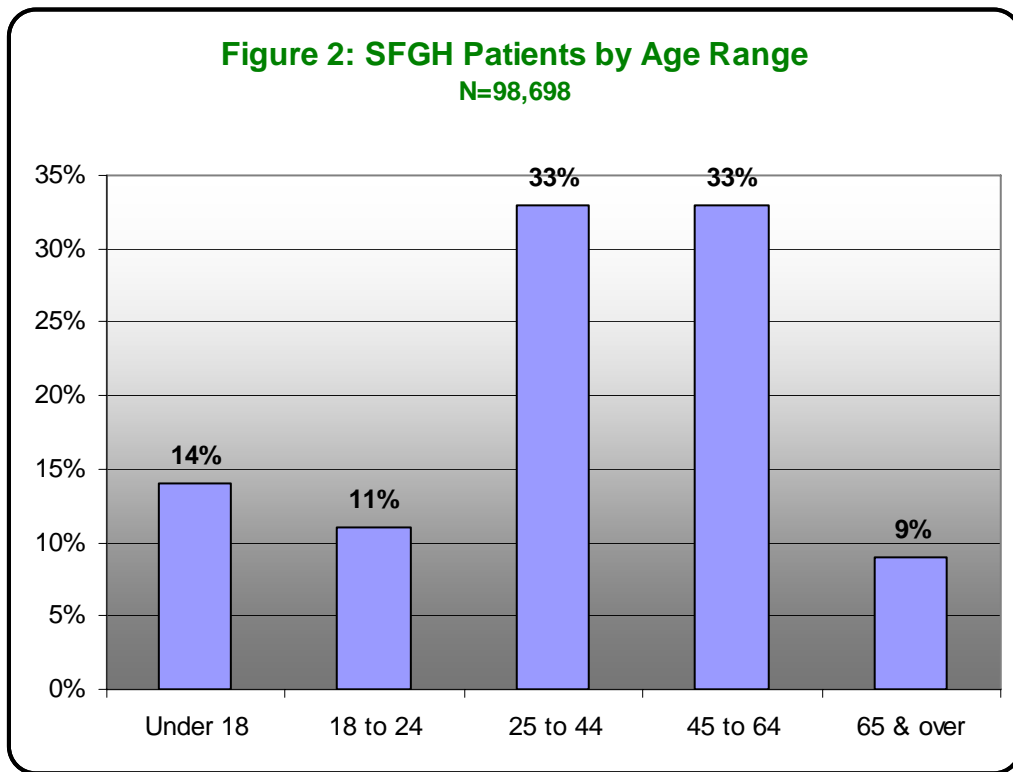
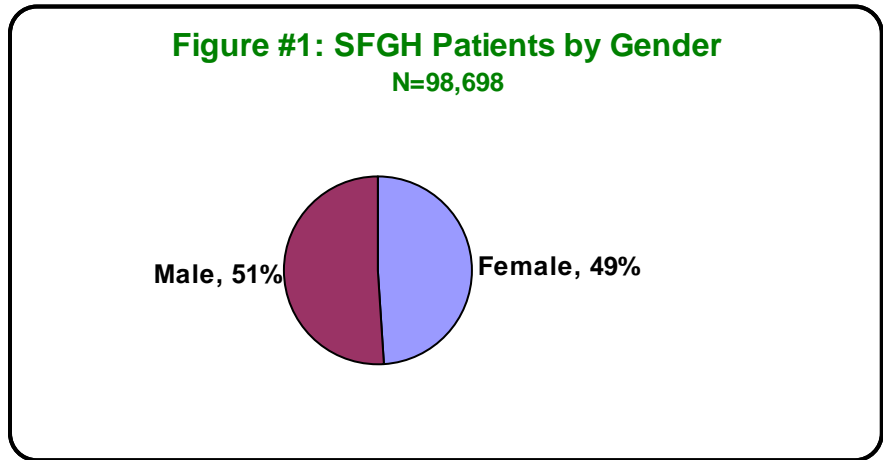
To provide quality healthcare and trauma services with compassion and respect.

VALUE

- Patient And Staff Safety
- Quality Healthcare
- Disease Prevention
- Staff Retention And Recruitment
- Culturally Responsive Care
- Efficient Resource Management
- Academic Excellence In Training And Research

SFGH is a licensed general acute care hospital owned and operated by the City and County of San Francisco. SFGH provides a full complement of inpatient, outpatient, emergency, skilled nursing, diagnostic, mental health, and rehabilitation services for adults and children. It is the largest acute inpatient and rehabilitation hospital for psychiatric patients in the City, and the only hospital that provides 24-hour psychiatric emergency services. Additionally, SFGH is the designated Trauma Center for the 1.5 million residents of San Francisco and northern San Mateo County. SFGH provided services to 98,698 adult and pediatric patients in FY 2008-09.

These charts illustrate the demographics of SFGH's patients in FY 2008-09. Figure #1 shows gender (with a nearly equal breakdown of male and female patients) and Figure #2 shows the age ranges (with a majority of adult patients ages 25 through 64).



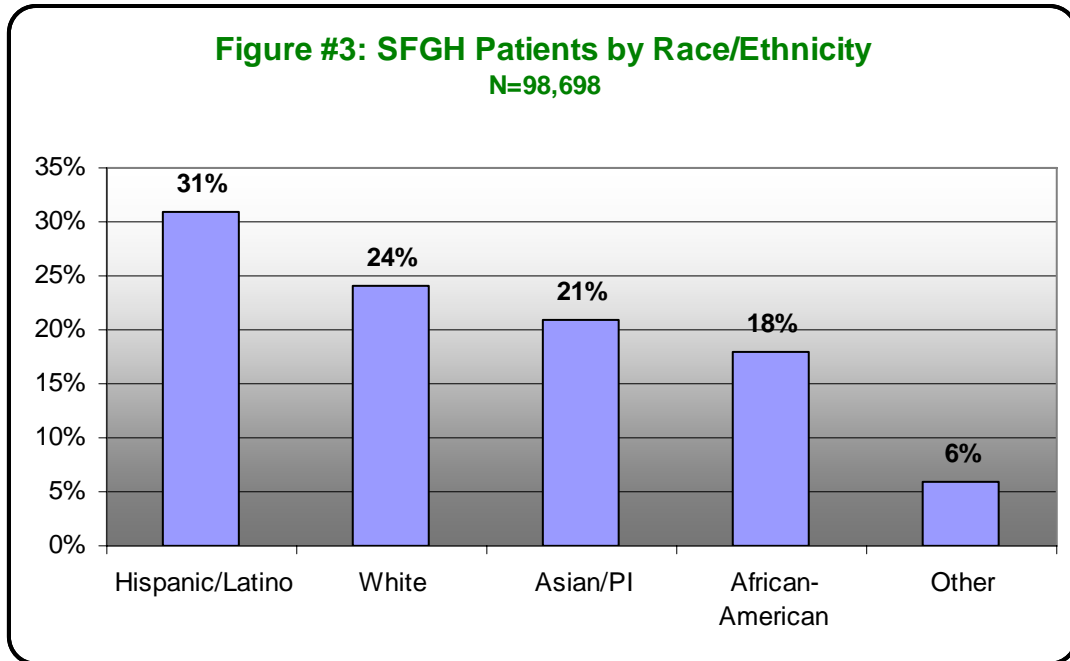
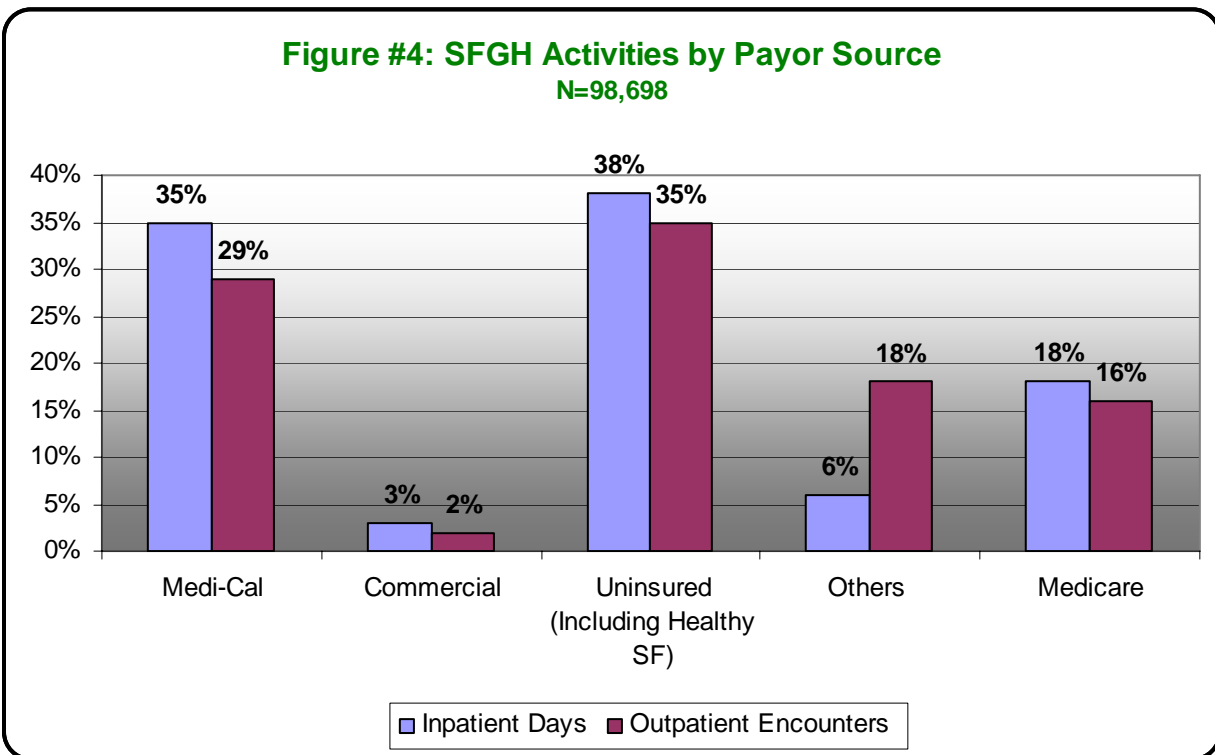


Figure #4 shows the payer sources of SFGH's inpatient days and outpatient encounters. Thirty-eight percent of the inpatient days and 35 percent of the outpatient encounters were by uninsured patients. SFGH provides medical services for approximately 60 percent of the City's uninsured population.



Laguna Honda Hospital



Laguna Honda Hospital – Main Entrance

VALUE

Residents come first.

MISSION

To provide high quality, culturally competent rehabilitation and skilled nursing services to the diverse population of San Francisco.

VISION

To be an innovative world-class center of excellence in long-term care and rehabilitation.

STRATEGIC GOALS FOR FY 2008-09

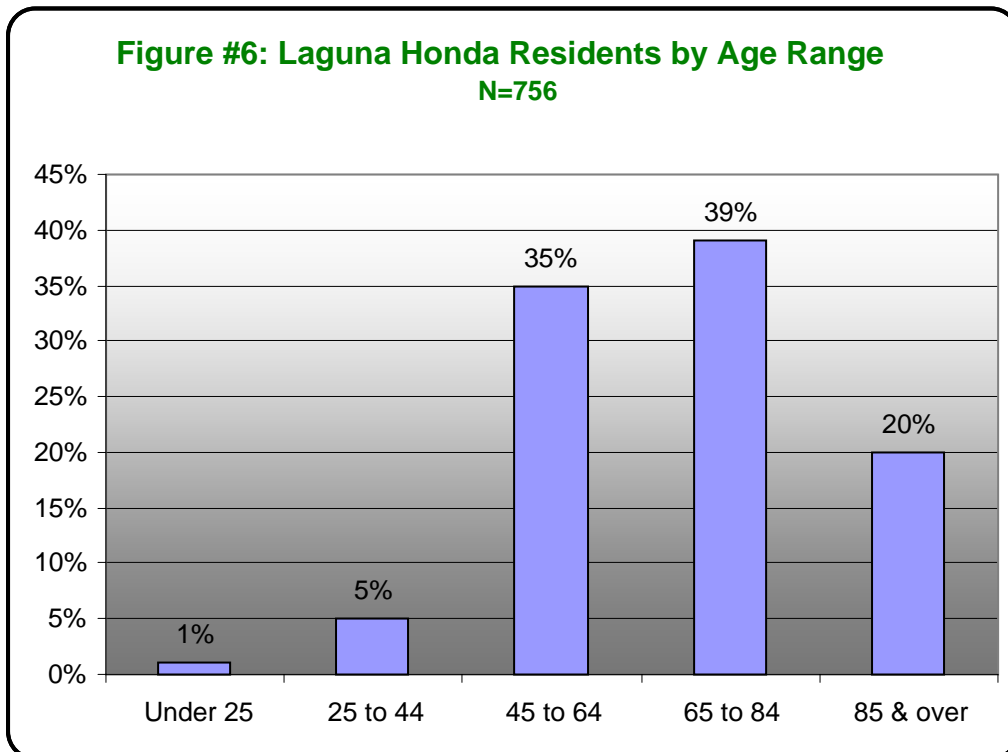
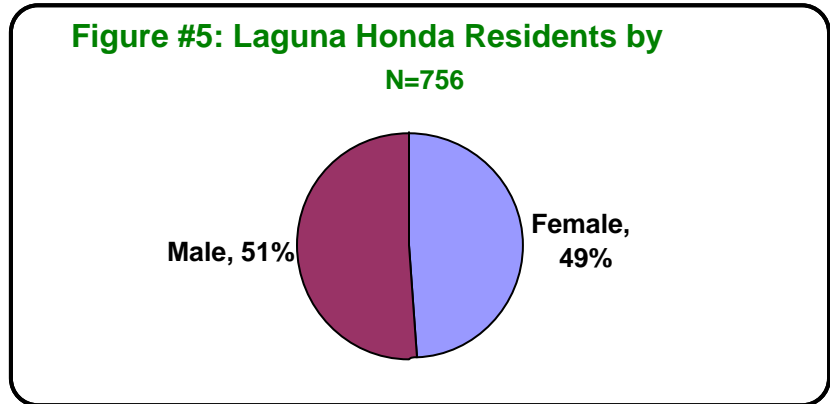
High-quality care for our Residents
by performance improvement and regulatory compliance.

Successful transition into the new hospital
by excellent planning and training for the future.

Continually improved communication
both within and outside Laguna Honda.

Laguna Honda opened its doors in 1866, starting a long tradition of caring for the citizens of San Francisco. Laguna Honda is the largest skilled nursing facility in the country – operating with an average daily census of approximately 756 occupied skilled nursing beds. Laguna Honda provides a full range of skilled nursing services to adult residents of San Francisco, who are disabled or chronically ill, including specialized care for those with wounds, head trauma, stroke, spinal cord injuries, orthopedic injuries, AIDS, and dementia. The charts on these two pages reflect the demographics of the over 750 residents currently served daily at Laguna Honda.

Figure #5 shows a fairly equal split between male and female residents in FY 2008-09. This reflects a trend over the past several fiscal years. For example, in FY 2002-03, female residents at Laguna Honda represented 53 percent of the population (and male residents 47%). Similarly in FY 1999-2000, female residents made up 56 percent of the population and male residents 44



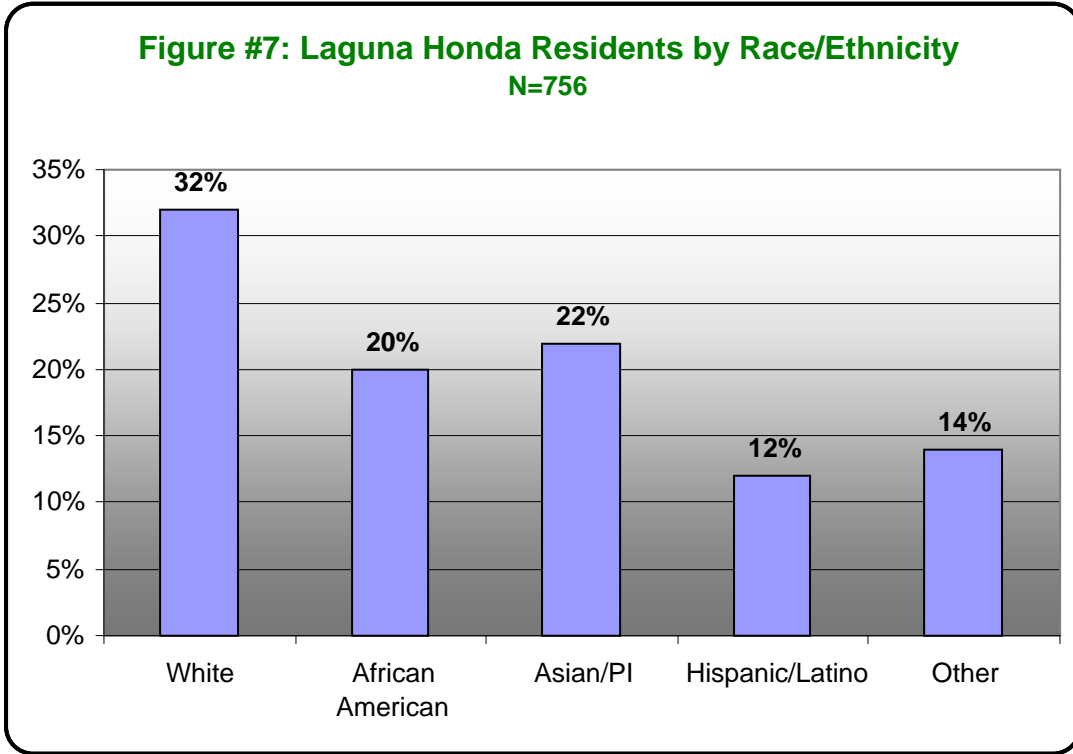
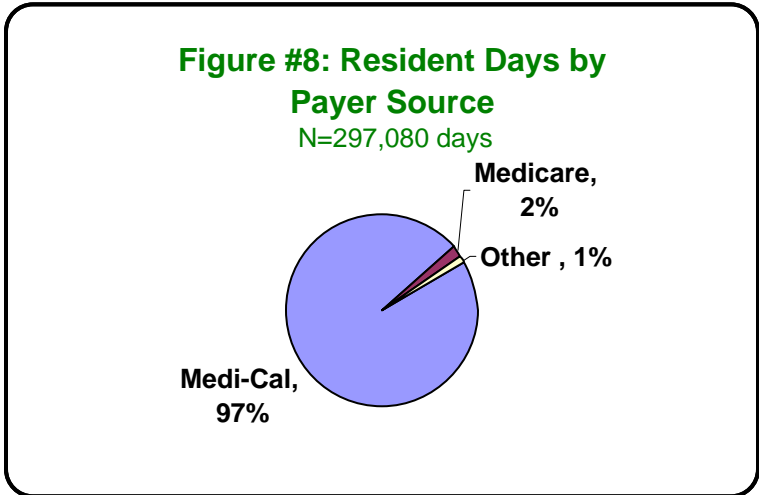


Figure #8 represents 297,080 Laguna Honda resident days by payer source in FY 2008-09. While the majority of residents are covered by Medi-Cal or Medicare, other coverage sources include Healthy San Francisco, private insurance, or those without insurance.



Community Oriented Primary Care



Curry Senior Center

VISION

The guiding philosophy of the Primary Care Division is that of community-oriented primary care, which is a synthesis of primary care, community medicine, and public health.

MISSION

Specific features include:

- Primary care - medical care which is comprehensive, continuous, accessible, organized, coordinated, and accountable;
- A defined population - each Health Center has a target population defined by geography, age, gender, sexual orientation, family, and/or cultural community;
- Organized methods that utilize epidemiology to assess the health needs of the target community;
- Programs designed to meet the health needs of the target community; accessibility to the community; and
- Involvement by the community in the development and implementation of health programs.

VALUES

In addition, the Primary Care Division, primary care providers, and staff are committed to a broad definition of health (physical, psychological, social, and spiritual) and to multidisciplinary services. The Primary Care Division embraces DPH's goals of access, quality of patient care, teaching, and research. Training of interns and residents, medical student, nursing students, and a variety of other trainees occurs in various combinations in primary care sites.

The following graphs represent patient demographics of all 67,900 patients seen in the SFGH-based primary care and DPH community primary care health centers during FY 2008-09.

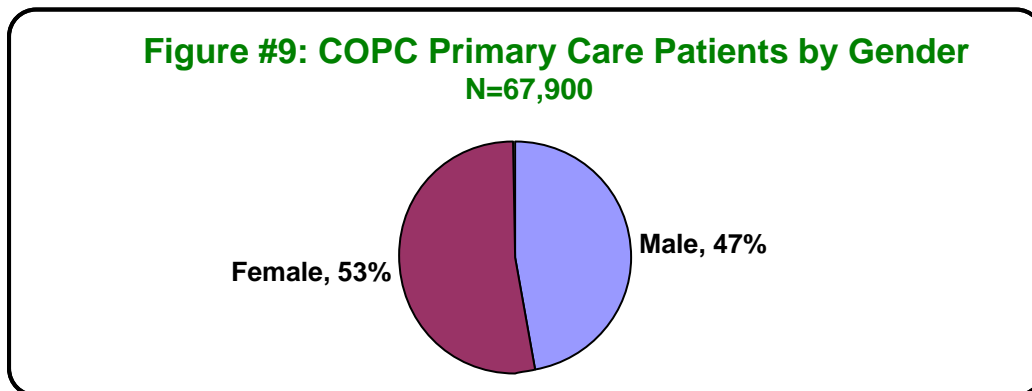


Figure #10: COPC Primary Care Patients by Age
N=67,900

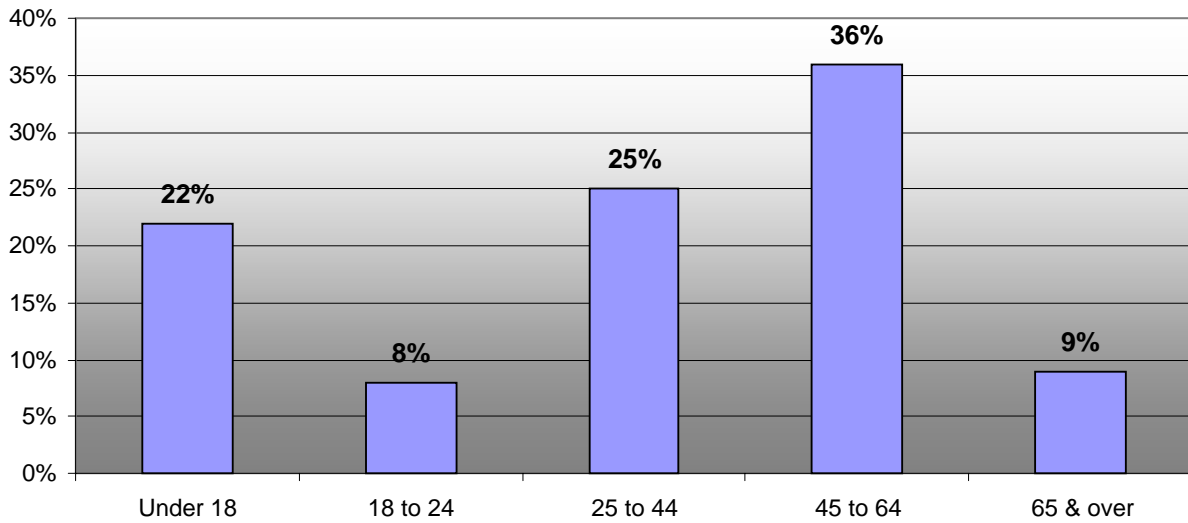


Figure #11: COPC Primary Care Patients by Race/Ethnicity
N=67,900

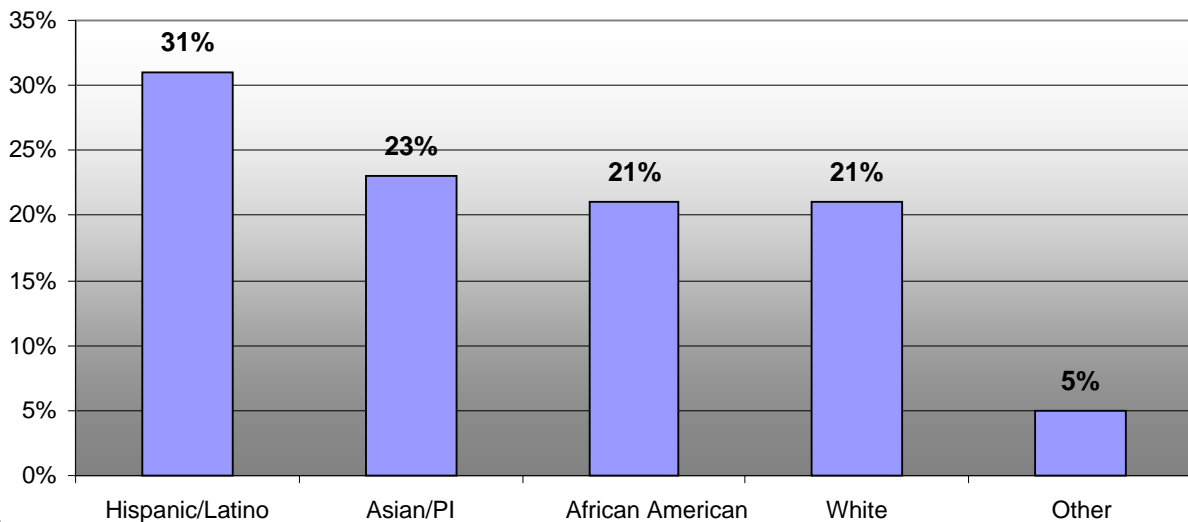
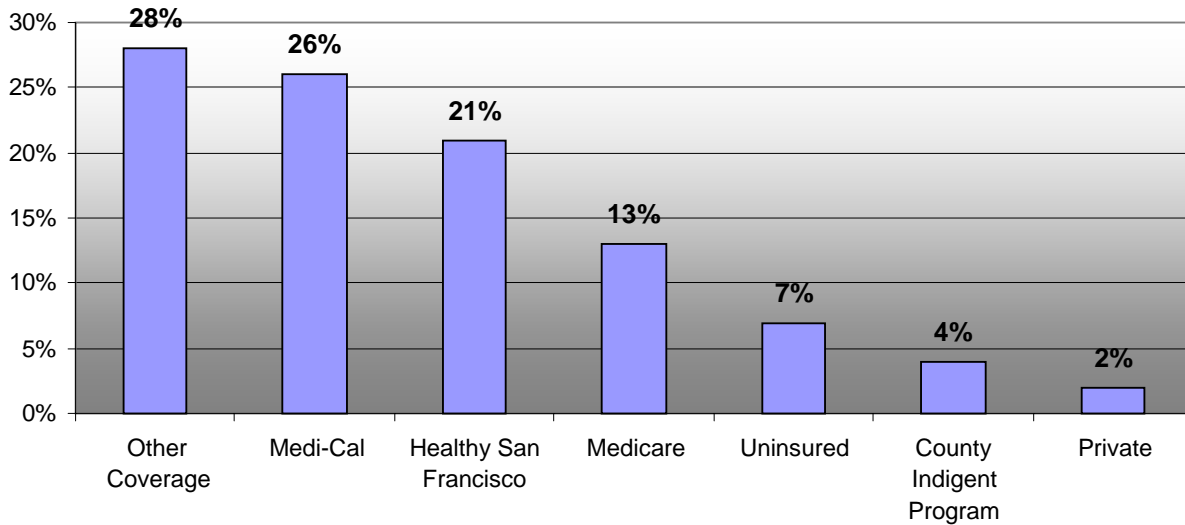
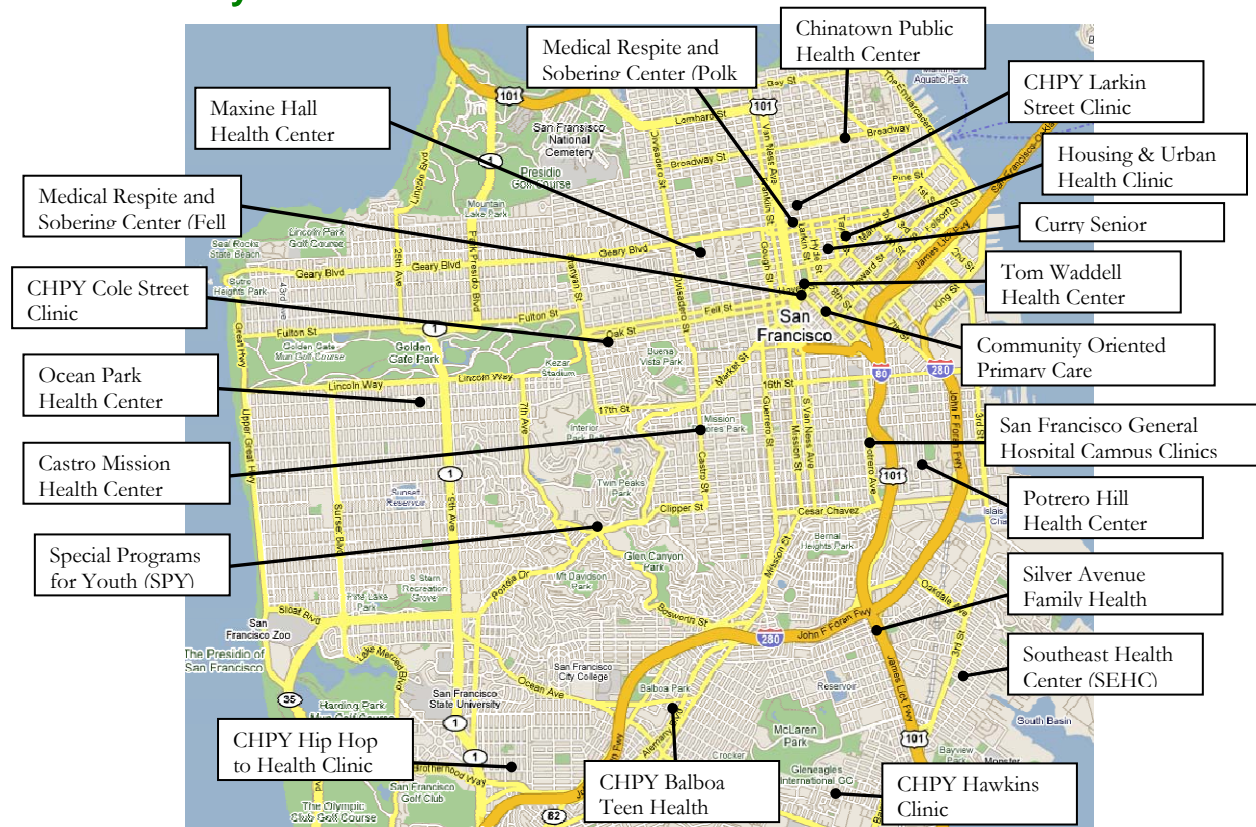


Figure #12: COPC Primary Care Patients by Payer Source
N=67,900



COPC Primary Care Clinics



Health at Home



Health at Home Administrative Offices

VISION

To be a quality public home care agency providing excellent services to underserved and vulnerable populations.

MISSION

Health at Home (HAH) strives to provide high quality, culturally competent home health services to residents of San Francisco, resulting in reducing their reliance on unnecessary institutionalization and supporting independent living in the community.

HAH is the licensed home health agency of DPH. It has provided home care to some of the City's most vulnerable populations for the past fourteen years. Nearly 23,600 visits were provided to 1,062 clients over the past year. The addition of clients enrolled in the Healthy San Francisco Program has increased the number of clients needing skilled care in the home seen by the agency. HSF clients now constitute about nine percent of all the services provided by HAH.

The agency provides care to approximately 65 percent of all Medi-Cal clients receiving home health services in San Francisco. Its multi-disciplinary team of providers (RNs, Physical Therapist, Occupational Therapists, Medical Social Workers, and Home Health Aides) takes referrals from providers within the DPH system and from our community partners. HAH collaborates with the Department of Aging and Adult Services (DAAS) and the Institute on Aging (IOA), as well as Laguna Honda, to provide Public Health nursing case management and Occupational Therapy consultation to some of the most medically fragile citizens in San Francisco's long-term care community. This program, entitled the

Community Living Fund, utilizes three HAH providers in collaboration with caregivers from other community agencies to support the needs of residents who are at high risk for institutionalization.

At the end of the fiscal year, as a cost-saving measure, the entire staff of HAH was consolidated from two sites within the city into its current location at Laguna Honda, Ward F5. This has proven to be beneficial to both the agency and the hospital as it brings the promise of stronger relationships and linkages in resources to benefit the homebound residents of the City.

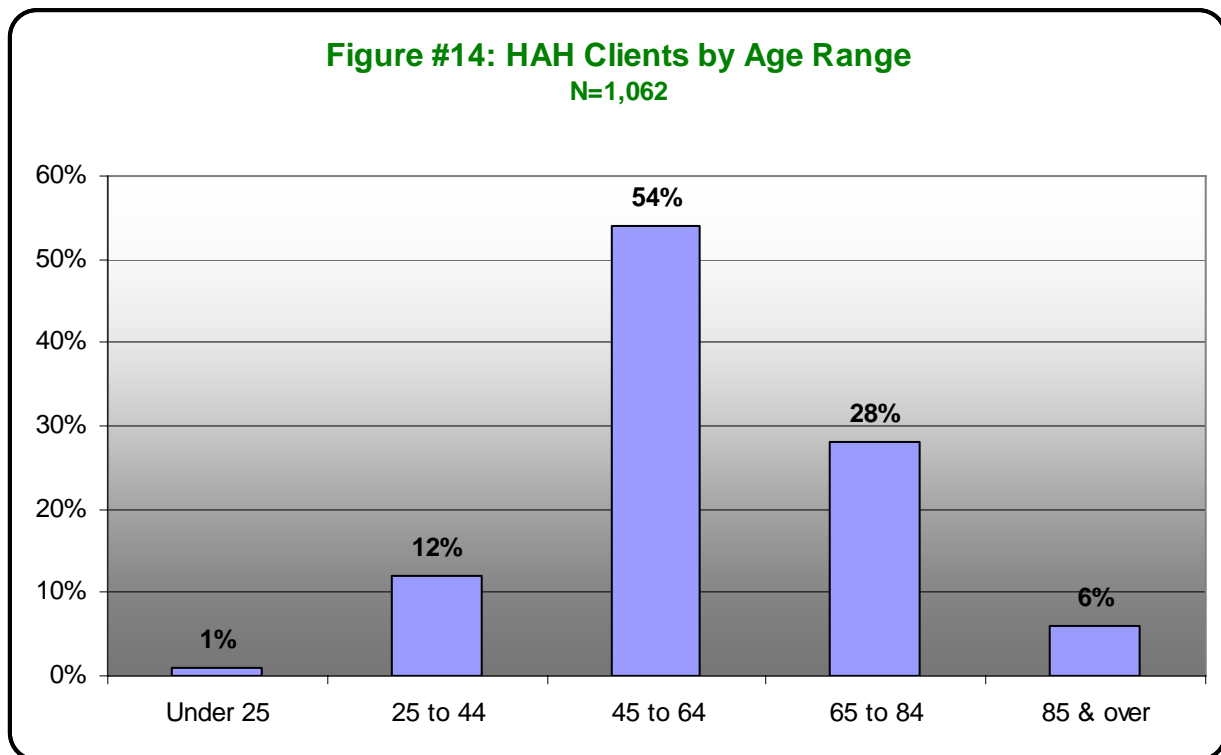
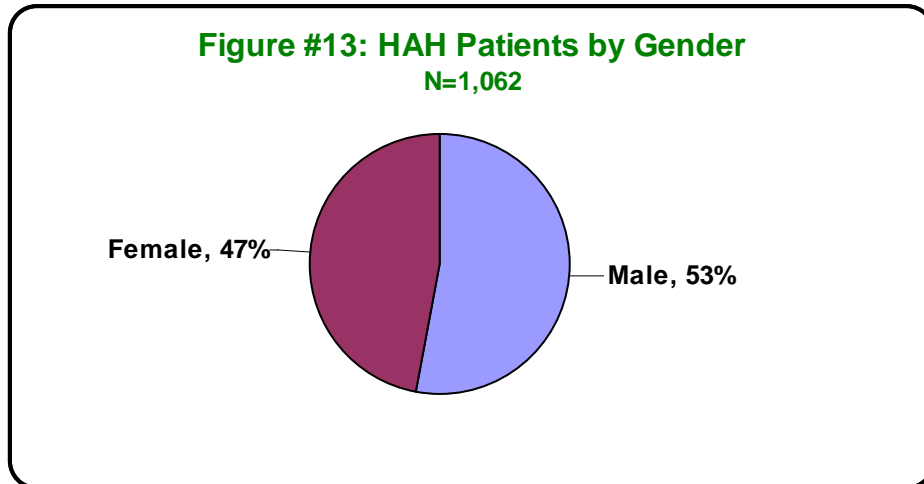


Figure #15: HAH Clients by Race/Ethnicity
N=1,062

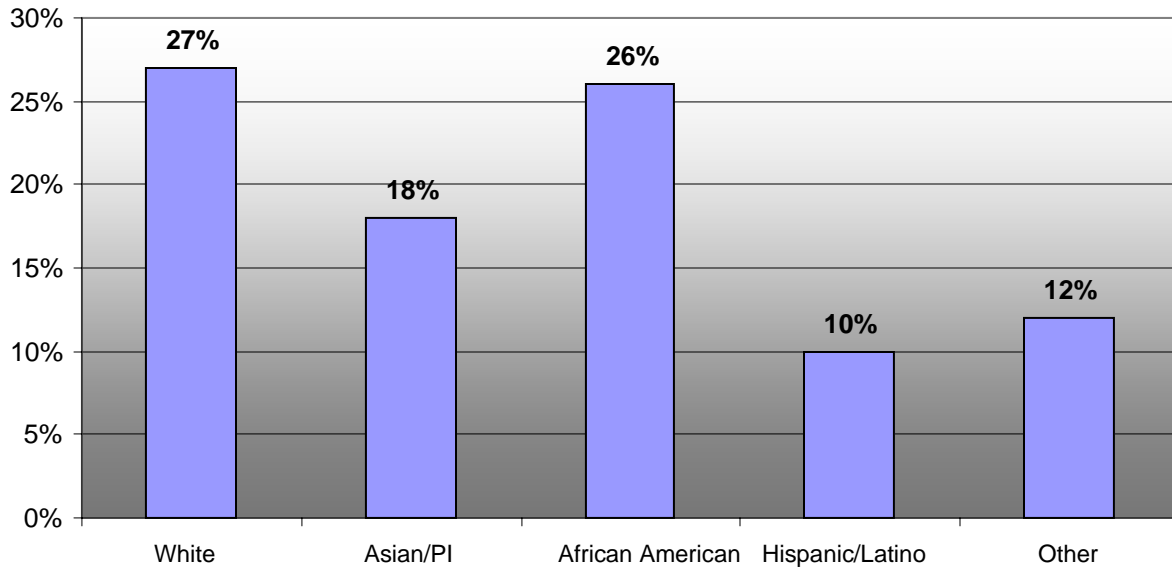
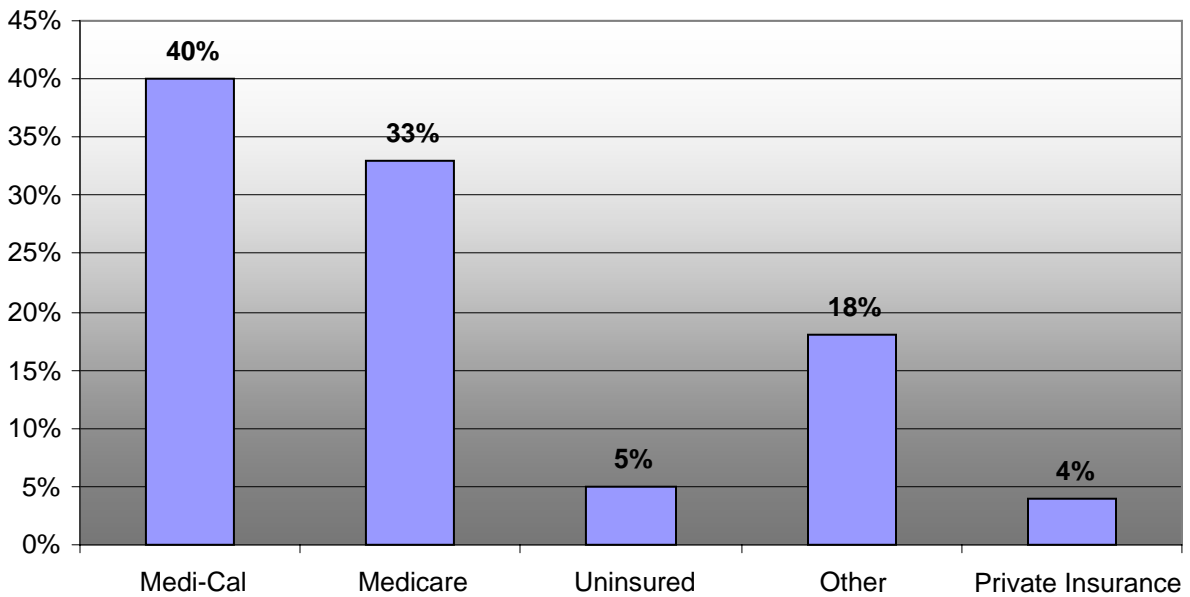


Figure #16: HAH Visits by Payer Source
N=23,592



Jail Health Services



MISSION

JHS mission is to provide respectful, high quality health care in the San Francisco County jails from an individual and community health perspective.

JHS provides a comprehensive and integrated system of medical, psychiatric, and substance abuse services to inmates in San Francisco jails. JHS provides health and related services consistent with community standards as detailed by the California Medical Association's Standards for Health Services in Adult Detention Facilities as well as mandates from the courts and other criminal justice agencies.

It is a unique challenge to deliver quality care to a diverse population that often does not utilize existing health services, particularly preventive and early intervention care, prior to being incarcerated. Inmates have a high prevalence of both acute and chronic medical, mental health, substance abuse, and social problems. JHS pursues an aggressive program of health promotion and disease prevention to stabilize these problems while individuals are incarcerated. JHS also provides discharge planning services to maintain health when inmates return to the community by linking patients to existing community-based health and human services.

The Forensic AIDS Project (FAP) provides services to HIV positive men and women in the San Francisco county jails. The FAP Center of Excellence is a stand alone center working collaboratively with all of the COE's in the community. Fifty-three percent of FAP's clients are shared with Centers of Excellence throughout the City.

JHS provided the following services in FY 2008-09

- 31,451 Patients Triageed
- 113,535 Registered Nurse Evaluations/Treatments Performed
- 18,536 Clinician Visits Performed
- 7,113 Patients Screened for Tuberculosis
- 4,333 Patients Screened for Gonorrhea
- 4,370 Patients Screened for Chlamydia
- 3,693 Patients Seen by a Dentist
- 7,782 Mental Health Evaluations Performed
- 31,141 Mental Health Follow-up Visits Performed
- 2,052 HIV Risk Assessments/Tests Provided
- 8,466 Encounters Provided to 669 HIV Positive Patients

The average daily population of the County Jail System is 2,081. On average, 75 to 80 percent of prisoners have substance abuse problems, 28 percent are homeless, and 14 percent have significant mental health problems. As figure 17 shows, the overwhelming population in the jails is male.

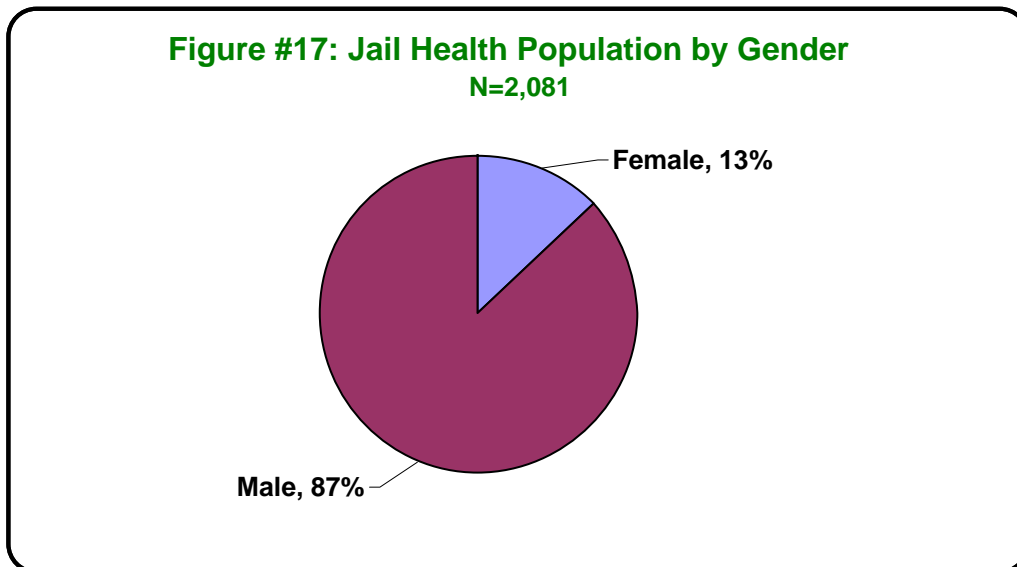
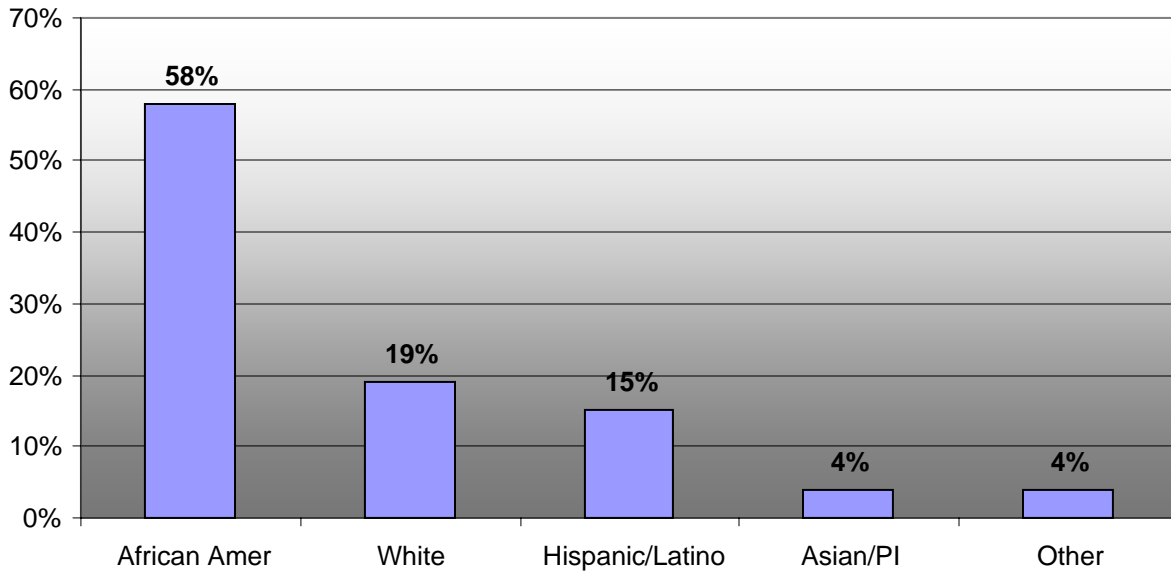
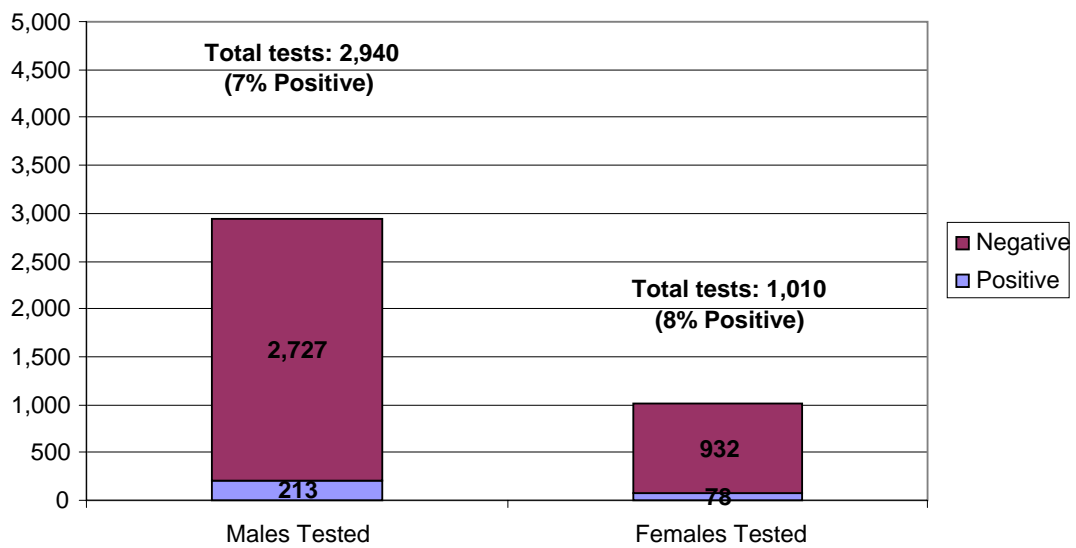


Figure #18: Jail Health Population by Race/Ethnicity
N=2,081

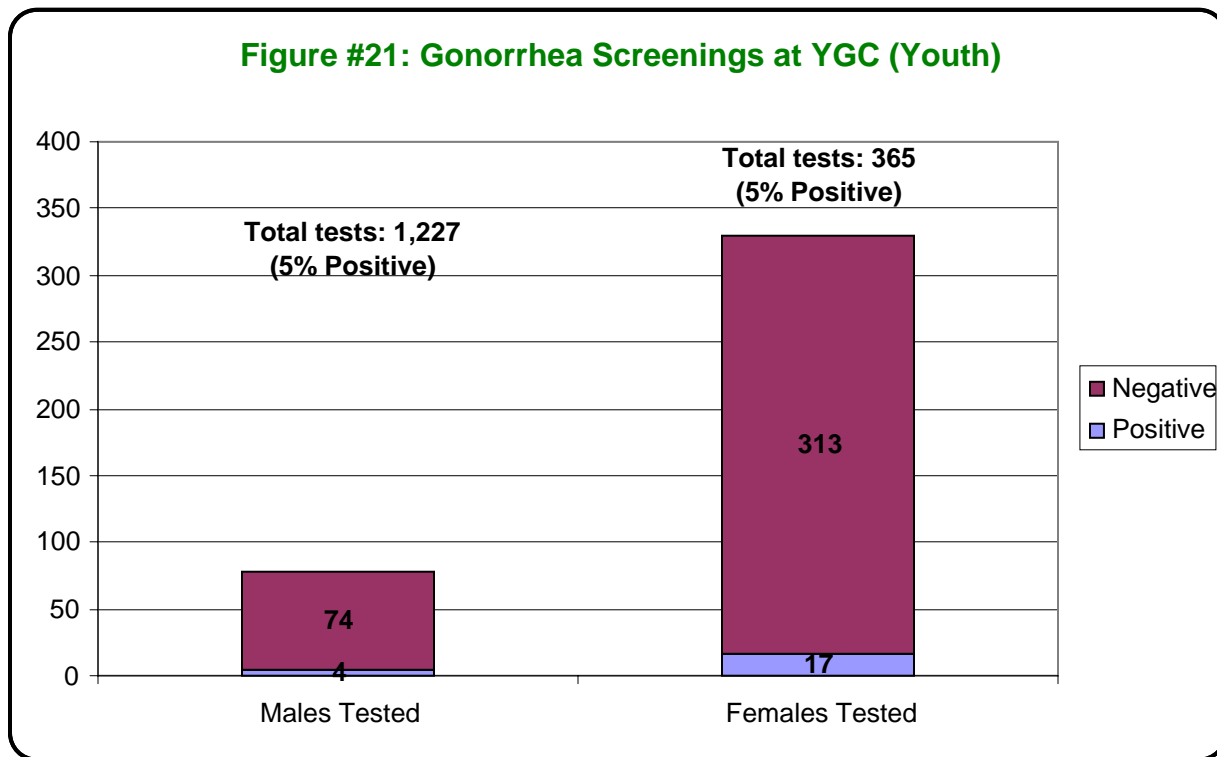
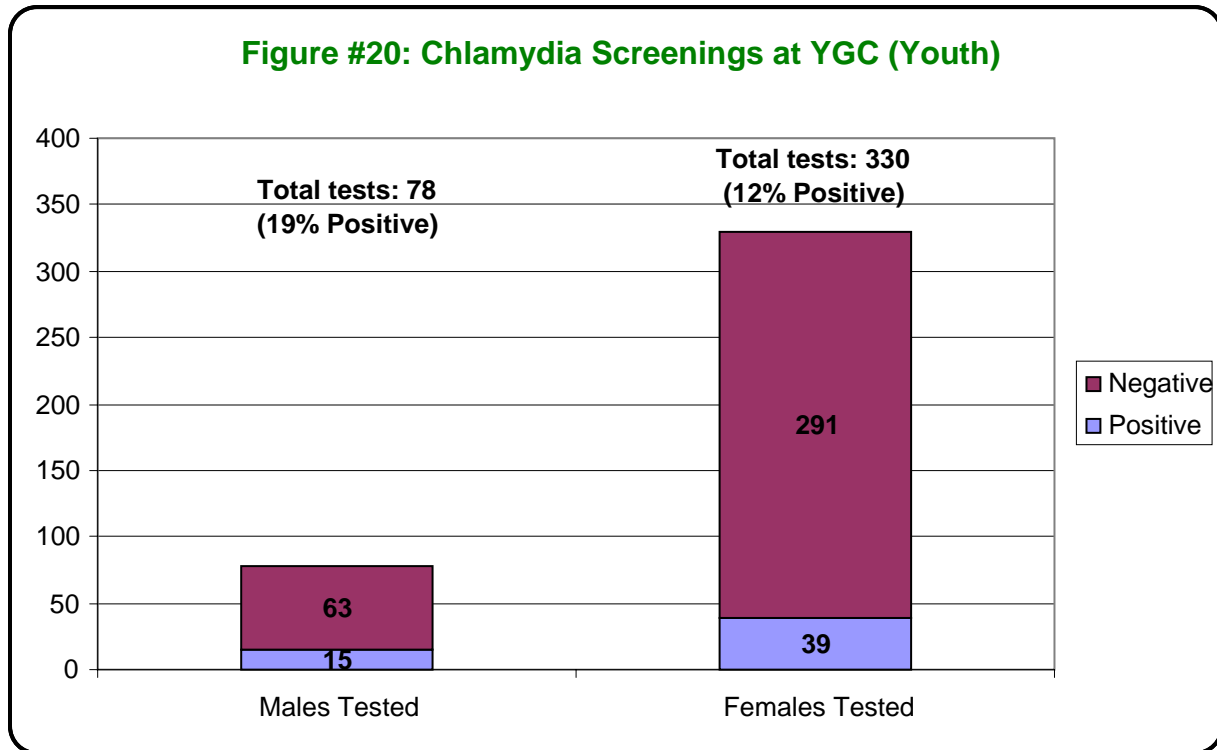


Improving sexually transmitted disease (STD) screening in adult and youth detention centers: The Jail STD Program is a collaboration between JHS and the STD Program, both of whom assign staff to screen inmates for STDs. Chlamydia and Gonorrhea are the program’s most commonly diagnosed STDs. Figure 19 shows how many tests were performed on adults in the SF Jails and the number/percentage of positive results.

Figure #19: Chlamydia Screenings at SF County Jails (Adults)



Figures 20 and 21 show the STD screenings that are performed on adolescents incarcerated at the Youth Guidance Center (YGC), the City’s youth detention facility.



Community Behavioral Health Services



Behavioral Health Access Center – 1380 Howard

VISION

Design a welcoming, culturally competent, accessible, integrated, continuous, and comprehensive system of care in which “Any Door is the Right Door” for individuals and families with any combination of substance abuse and/or mental health issues.

MISSION

To design an integrated system of care that can appropriately meet the serious needs of individuals and families with substance abuse and/or mental health issues or disorders.

Community Behavioral Health Services (CBHS) utilizes the Comprehensive, Continuous, Integrated System of Care (CCISC) model of continuous quality improvement. Clients and families entering the system will be welcomed in a culturally appropriate manner, engaged in an integrated relationship with empathy and hope, appropriately screened for multiple problems, and provided appropriate integrated assessment and integrated services or treatment as indicated.

Figures #22 through #31 explore the demographics of the individuals served by the CBHS system (including mental health and substance abuse programs) in FY 2008-09, with children and youth clients separated from adults.

Figure #22: Mental Health Clients by Age Range
N=24,279

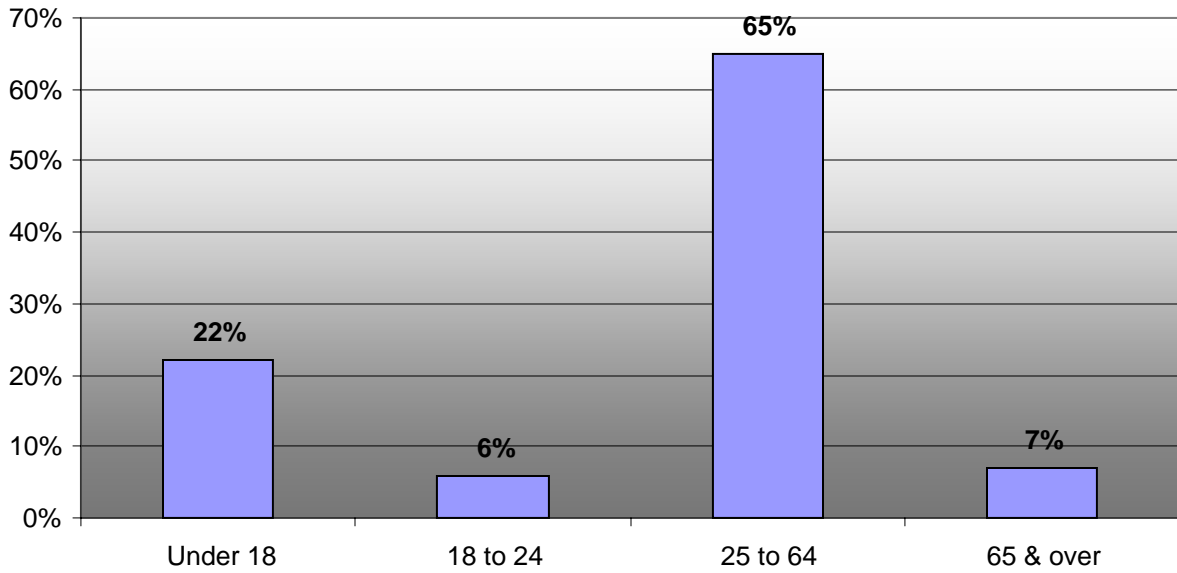
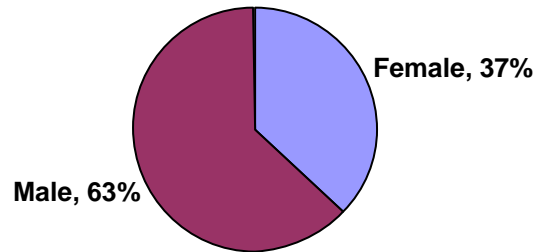
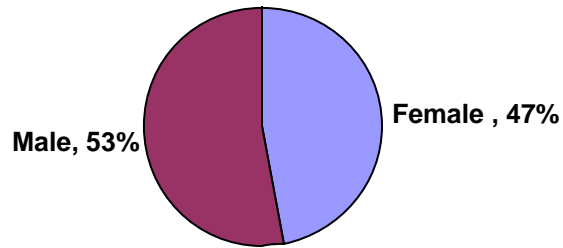


Figure #23: Mental Health Clients by Gender (Child/Youth)
N=5,225



**Figure #24: Mental Health Clients by Gender
(Adult)
N=19,054**



**Figure #25: Mental Health Clients by Race/Ethnicity
(Child/Youth)
N=5,225**

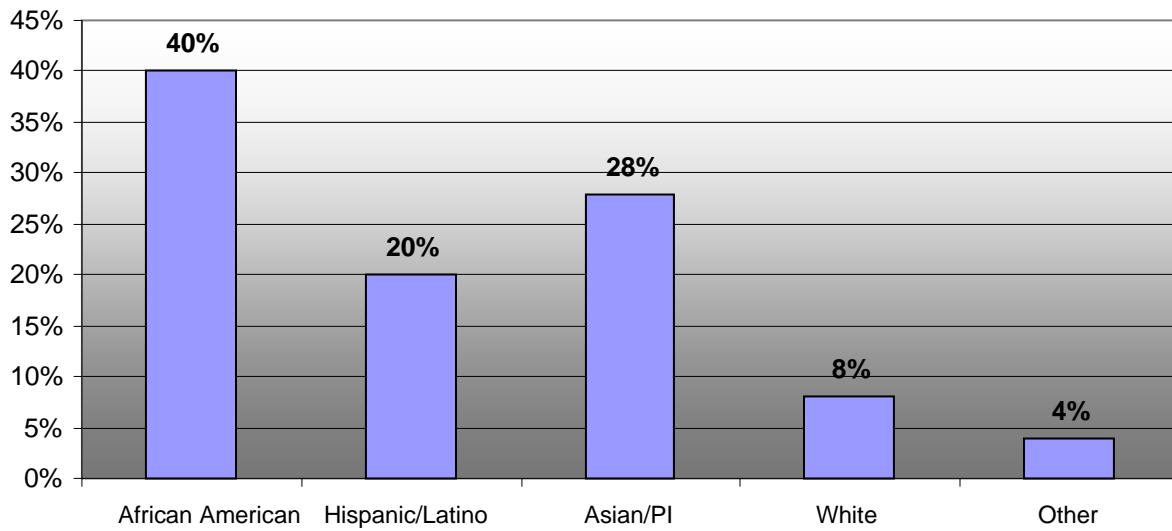


Figure #26 Mental Health Clients by Race/Ethnicity (Adult)
N=19,054

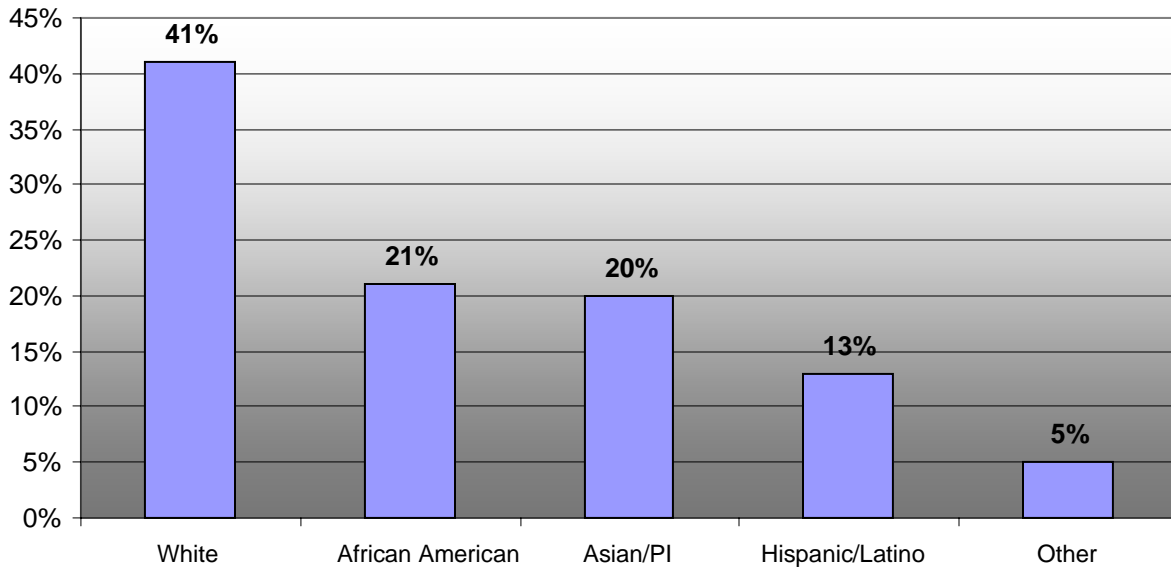


Figure #27: Substance Abuse Clients by Age Range
N=10,629

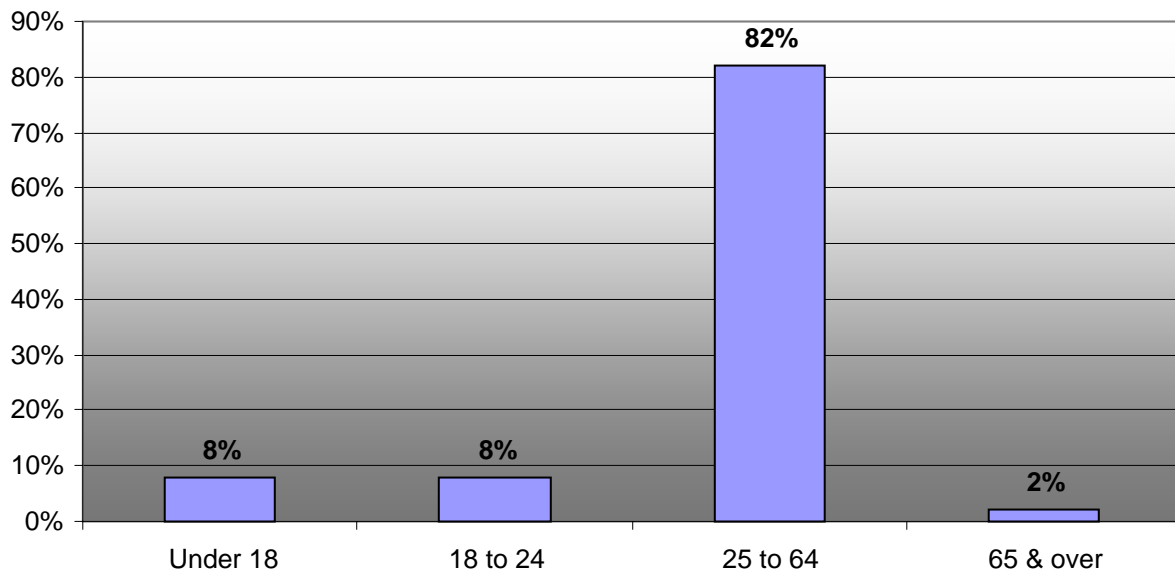


Figure #28 Substance Abuse Clients by Gender (Child/Youth)
N=808

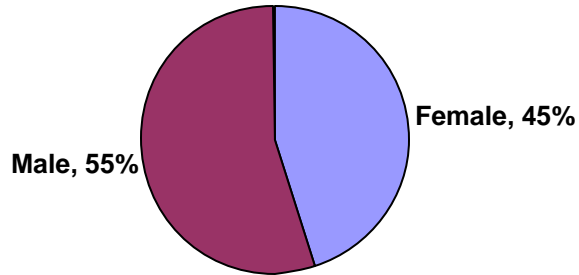


Figure #29: Substance Abuse Clients by Gender (Adult)
N=9,821

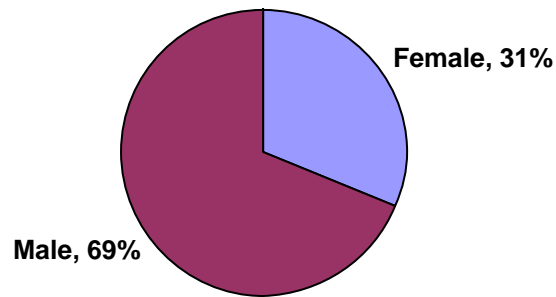
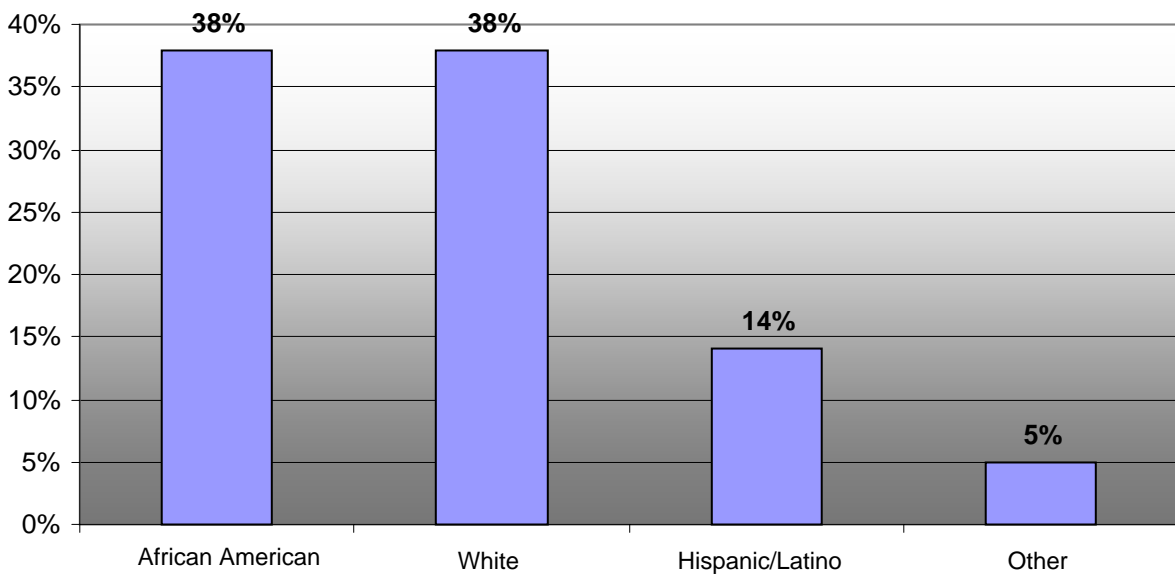
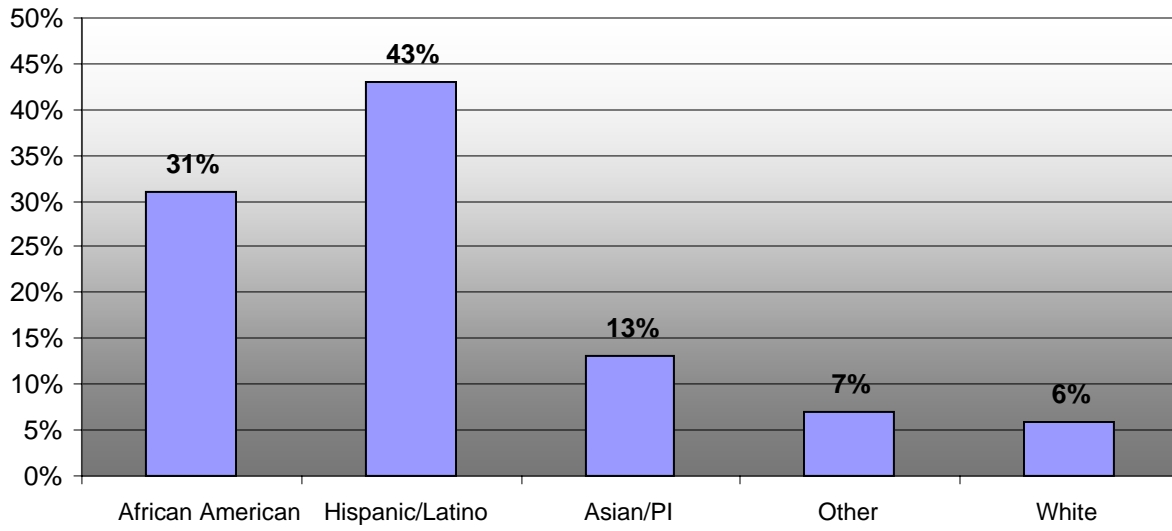


Figure #30: Substance Abuse Clients by Race/Ethnicity (Adult)
N=9,821



**Figure #31: Substance Abuse Clients by Race/Ethnicity
(Child/Youth)
N=808**



San Francisco City Clinic



MISSION

Maximize sexual and reproductive health in San Francisco

GOALS

- To decrease new sexually transmitted diseases and their complications
- To provide culturally proficient STD diagnosis and treatment
- To identify and decrease risk factors associated with poor sexual health
- To enhance awareness and provide up to date sexual health education and training for community members and health professionals
- To identify best practices and research new methods to assure sexual health

VALUES

- Confidentiality of patient information is of paramount importance
- Healthful sexual relationships are important to overall good health
- Sexual health should be attainable for all regardless of race/ethnicity, sexual orientation, socio-economic status, age, religion, gender, disability, or immigration status
- At risk populations in San Francisco should have accessible sexual health services
- Community leaders, voices, partnerships, and collaborations with institutions with common goals are important
- Resources should be used efficiently based on the best available data

- Information, resources, and study findings should be easily available and actively disseminated within the community
- Harm reduction should be incorporated throughout the work we do
- Creativity and innovation are important in the development of new interventions

The San Francisco City Clinic is the only municipal STD clinic in San Francisco, and provides confidential, quality STD services to all residents twelve years of age or older. The clinic offers evaluation, testing, and treatment for gonorrhea, syphilis, Chlamydia, and all other STDs. The clinic offers STD patients confidential HIV testing, early care for HIV-infected patients, and family planning services for women, including pregnancy testing and PAP smears.

The clinic is a focus of many studies, including behavioral interventions, new tests, and new therapies. The clinic also serves as a training center for clinicians throughout California and the southwest United States. Due to the number of STD cases seen at the clinic, City Clinic clinicians have experience in recognizing uncommon STDs and atypical presentations.

Figures #32 through #35 show the demographic information for City Clinic for FY 2008-09.

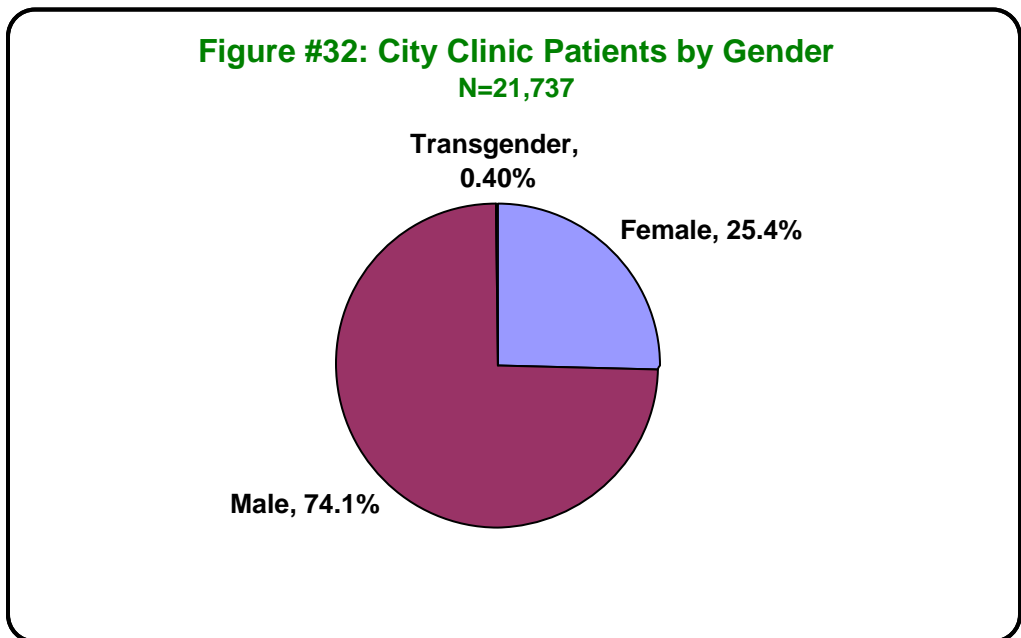


Figure #33: City Clinic Patients by Age Range
N=21,737

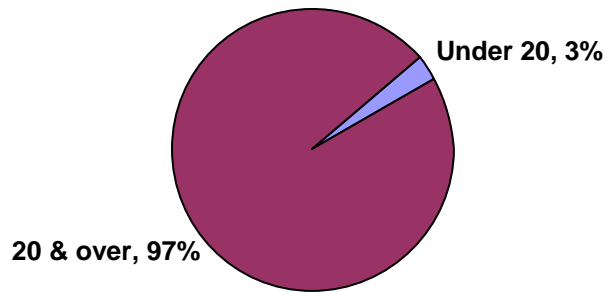


Figure #34: City Clinic Patients by Race/Ethnicity
N=21,737

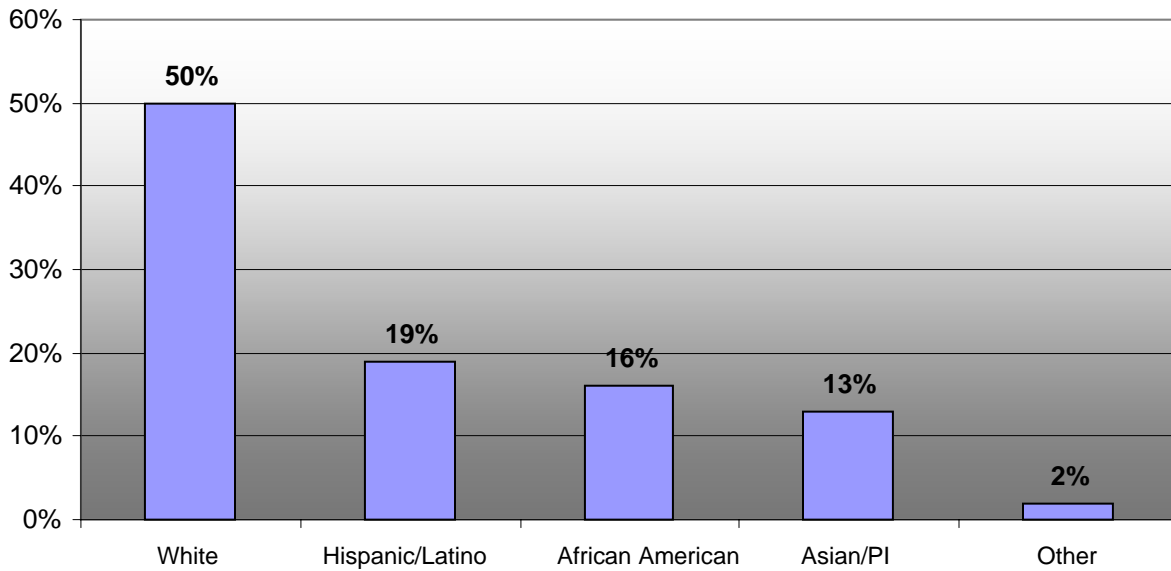
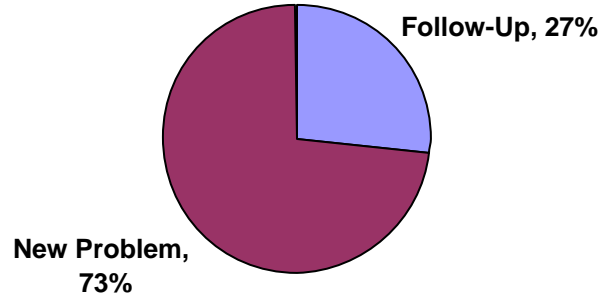


Figure #35: City Clinic Patients, by Reason for Visit
N=21,737



AIDS Office



25 Van Ness – AIDS Office

MISSION

To respond to the HIV/AIDS epidemic in San Francisco by measuring its impact; developing appropriate prevention strategies; establishing community partnerships to ensure the provision of direct services to individuals living with HIV disease and those at risk for infection; contributing to the scientific and service communities through research and special studies; and formulating HIV policies for DPH.

The AIDS Office is comprised of four sections: HIV Research Section, HIV Epidemiology Section, HIV, HIV Prevention Section, and the Health Services Section. The Sections of the AIDS Office work collaboratively with other sections of the Department of Public Health to meet its mission.

Overview of the HIV/AIDS Epidemic in San Francisco

As of December 31, 2008, a cumulative total of 28,114 San Francisco residents were diagnosed with AIDS, and 18,866 have died. There are 9,248 persons living with AIDS and another 6,509 persons living with HIV non-AIDS in San Francisco. Additionally, an estimated 3,500 people are unaware of their HIV infection. The numbers of new AIDS cases and deaths have become stable while the number of persons living with HIV/AIDS continues to increase.

Survival for persons with AIDS has improved with the majority of persons (92 percent) receiving antiretroviral therapy. However, disparity in survival and receipt of care and treatment still exist between demographic and risk subgroups. Use of antiretroviral therapy was lower among women, transgender persons, African Americans, and injection drug users. These groups also have worse survival compared to their counterparts.

The characteristics of living HIV/AIDS cases in San Francisco are different compared to statewide and nationwide cases. Compared to California and U.S. living HIV/AIDS cases, San Francisco living HIV/AIDS cases are more likely to be male, white and MSM. There are a larger proportion of persons living with HIV/AIDS in California and the U.S. that are female, African Americans and Latinos. Heterosexual contact and IDU (non-MSM) are also more common among California and U.S. cases than San Francisco cases.

Characteristics of persons living with HIV/AIDS in San Francisco, California, and the United States, December 2008

	San Francisco		California		United States ³
	Living HIV Non-AIDS Case ¹	Living HIV/AIDS Cases	Living HIV Non-AIDS Cases ²	Living HIV/AIDS Cases	Living HIV/AIDS Cases
Total Number	6,509	15,757	34,006	100,366	551,932
Gender					
Male	92%	92%	86%	87%	72%
Female	6%	6%	13%	12%	27%
Transgender	2%	2%	1%	1%	--
Race/Ethnicity					
White	63%	64%	48%	47%	33%
African American	14%	14%	19%	19%	48%
Latino	14%	15%	28%	30%	17%
Asian/Pacific Islander	5%	5%	3%	3%	<1%
Native American	1%	1%	<1%	<1%	<1%
Other/Unknown	3%	1%	1%	1%	<1%
Exposure Category					
MSM	73%	73%	67%	65%	46%
IDU	7%	8%	7%	9%	19%
MSM IDU	11%	13%	7%	8%	5%
Heterosexual	3%	3%	9%	10%	28%
Other/Unidentified	6%	3%	10%	8%	2%

1. San Francisco HIV non-AIDS cases include both the name-based and code-based HIV cases.

2. California HIV non-AIDS cases include only the name-based HIV cases.

3. U.S. data are through December 2007 and estimated by the CDC that reflect adjustments in reported case counts.

Data from the Medical Monitoring Project demonstrates that San Franciscans with HIV/AIDS are receiving excellent care. Ninety percent of the sampled persons in care are receiving antiretroviral treatment, and 100 percent have had a viral load and CD4 count test in the last year. In addition, the majority of patients indicated that their need for services such as mental health, HIV case management, and social services were being met.

With an estimated 19,000 San Franciscans living with HIV/AIDS, DPH has made HIV/AIDS research, prevention, and services a priority.

HIV Research Section

The HIV Research Section evaluates novel biomedical and behavioral strategies to prevent HIV infection. Currently, the Research Section is testing a variety of strategies in HIV negative people, including HIV vaccines, anti-HIV medication as prevention (pre-exposure prophylaxis), and treatment of herpes to prevent HIV. The Section is also building new strategies to increase inclusion of African American and Hispanic/Latino communities in all aspects of HIV prevention research.

HIV Epidemiology Section

The HIV Epidemiology Section conducts HIV/AIDS case surveillance, including HIV incidence surveillance, and supplemental surveys of HIV prevalence and risk behaviors. Special projects include monitoring care and testing behaviors, HIV-related morbidity and mortality and a study of persons in care for HIV/AIDS (The Medical Monitoring Project). The goals of the Section are to track the leading edge of the HIV epidemic in San Francisco by ensuring a complete, timely, and accurate HIV/AIDS surveillance system. The Section provides crucial data for the understanding of the populations infected with HIV as well as risk populations and to help guide HIV prevention and care programs.

MISSION

HIV PREVENTION

The mission of the HIV Prevention Section is to reduce HIV infection through promoting health and enabling individuals and communities to increase control over conditions affecting their health.

VALUES

Health

Health is an experience, not a behavior. Effective health promotion requires understanding and responding to the cultural, social, biological and environmental factors that affect physical, mental and social well-being. All San Franciscans have the right to obtain culturally and linguistically appropriate HIV prevention information and services.

Diversity

We are dedicated to promoting inclusion and self-determination in HIV prevention and health promotion. We recognize that social discrimination, isolation, and violence increase individual and community vulnerability to HIV and that working for social justice on all fronts is a necessary element of HIV prevention.

Partners in Leadership

As members of the San Francisco community, we are committed to working with the HIV Prevention Planning Council and our other partners to set the agenda for HIV prevention and health promotion in San Francisco and to support community mobilization in response to the epidemic.

Sex Positive

Sexuality is an integral part of life. Individuals have the right to seek consensual pleasure in its many forms as well as the responsibility to accept the consequences of their actions.

Reducing Harm

To be human is to take risks. HIV prevention programs should concentrate on reducing the negative effects of behaviors, rather than ignore or pass judgment on particular people or behaviors.

Knowledge

Our knowledge must keep pace with changes in the HIV epidemic and the context of HIV prevention. We recognize that we do not know everything and are committed to listening to and learning from those most affected by HIV/AIDS.

HIV Prevention

To meet the mission and values, the HIV Prevention Section (HPS) ensures that HIV prevention programs reach communities at risk for HIV. The HPS is responsible for the allocation of federal, State, and General Fund monies to HIV prevention providers throughout San Francisco on the basis of priorities set by the HIV Prevention Planning Council (HPPC). HPS works in partnership with the HPPC to set priorities, then funds community-based programs to meet these priorities with evidence-based programs. Populations reached through HIV prevention reflect the distribution of HIV in San Francisco, which remains concentrated among men who have sex with men, transgender populations, and injection drug users.

In calendar year 2008, HIV prevention providers made more than 214,204 contacts with over 30,974 people at risk for acquiring or transmitting HIV. Funded providers offer a wide range of prevention programs to reach high risk individuals and to meet community needs, including HIV counseling and testing, health education, and prevention with positives.

Of the HIV tests funded through the HIV Prevention Section, 73 percent were rapid tests and 27 percent were standard (non-rapid) tests. In 2008, 236 people tested newly positive. Of these, 92 percent were males, four percent were females, and one percent was transgender. Of the positive tests, 44 percent were people of color and 45 percent were white. More than half (56 percent) were ages 30 to 49 and over one third (32 percent) were under 30 years old. Of the positive tests, 71 percent were gay men or men who have sex with men, and ten percent reported injection drug use.

The demographics of participants in HIV prevention programs including health education, risk reduction, and prevention with positives are also provided in the following charts. In 2008, nearly three quarters of contacts were with males (70 percent), 17 percent with women, and 10 percent with transgendered persons. Sixty-two percent of contacts were with people of color and approximately one third with whites (35 percent). Almost half of contacts (47 percent) were between 30 and 49 years old, about one quarter (27 percent) were among people under 30, and one quarter (24 percent) were age 50 and older.

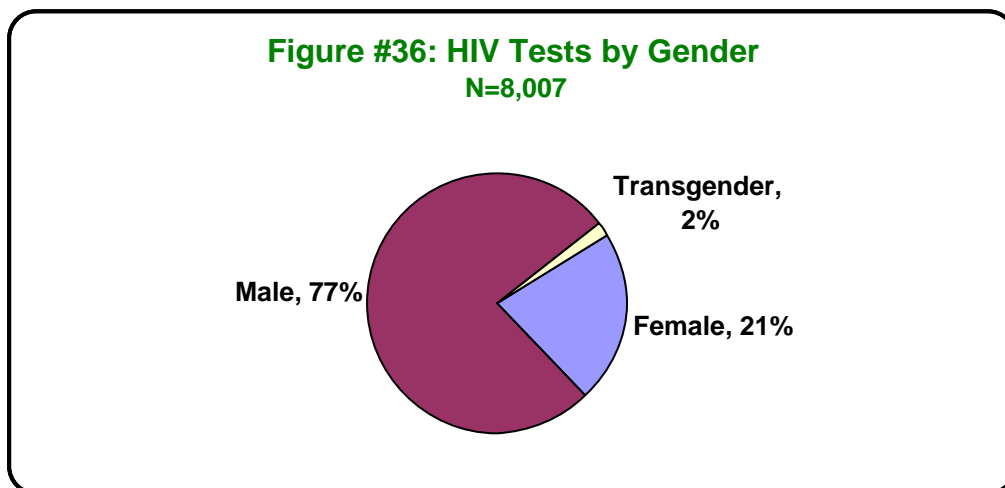


Figure #37: HIV Tests by Race/Ethnicity
N=8,007

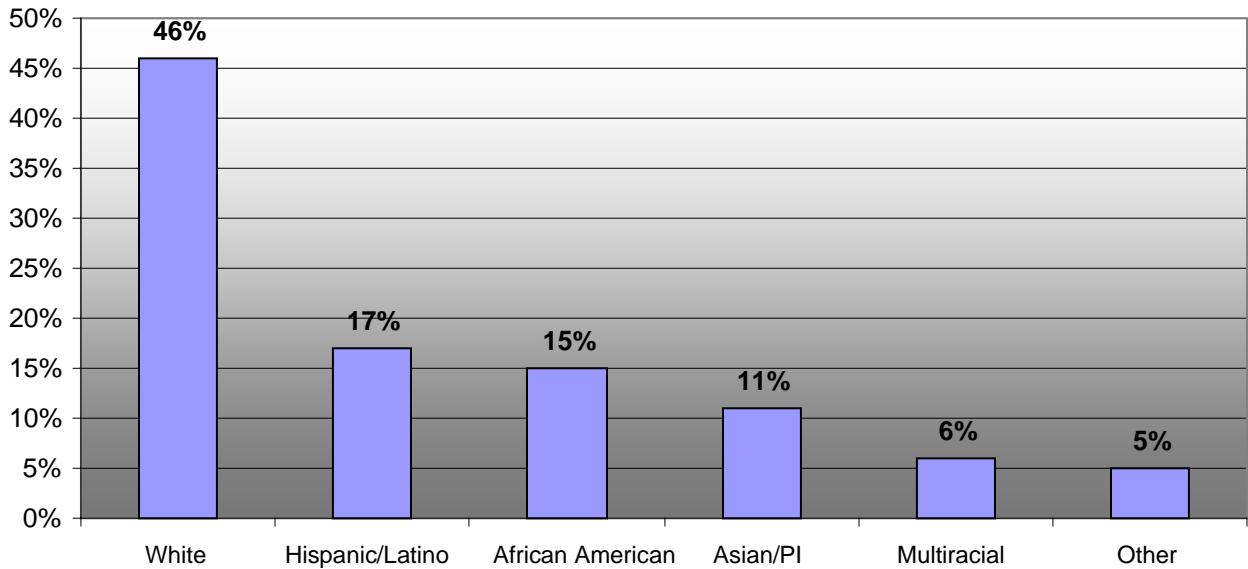


Figure #38: HIV Tests by Age Range
N=8,007

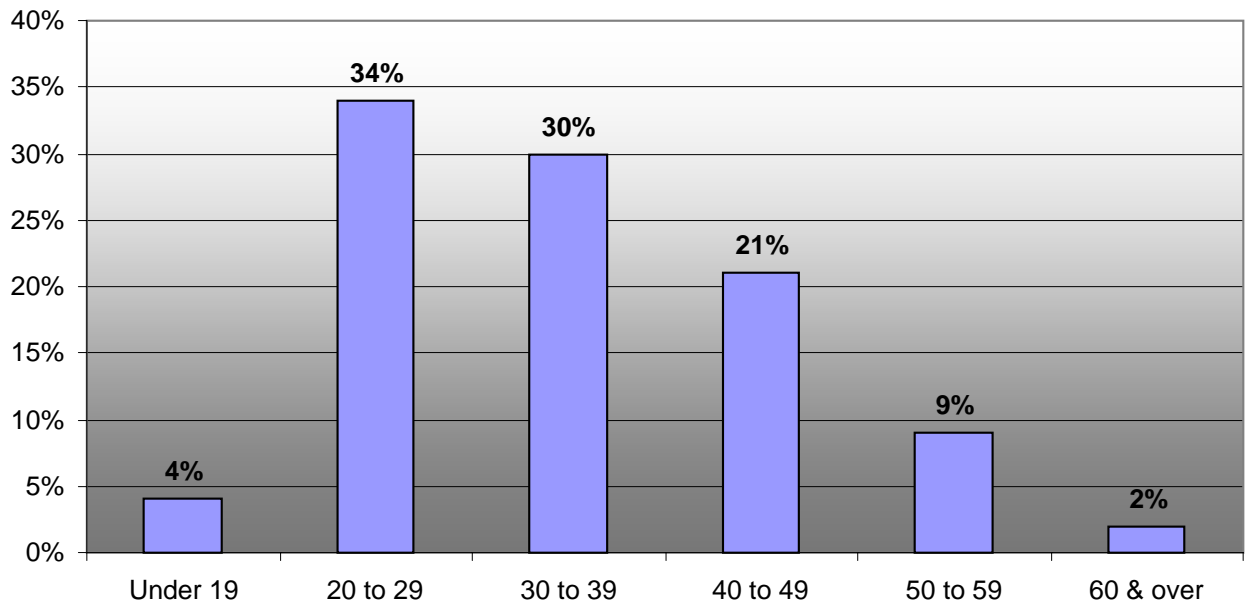


Figure #39: HIV Prevention Services by Gender*
N=180,163

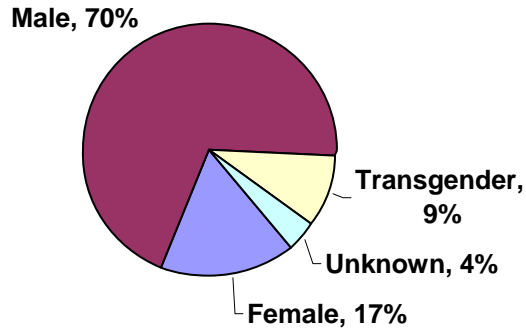
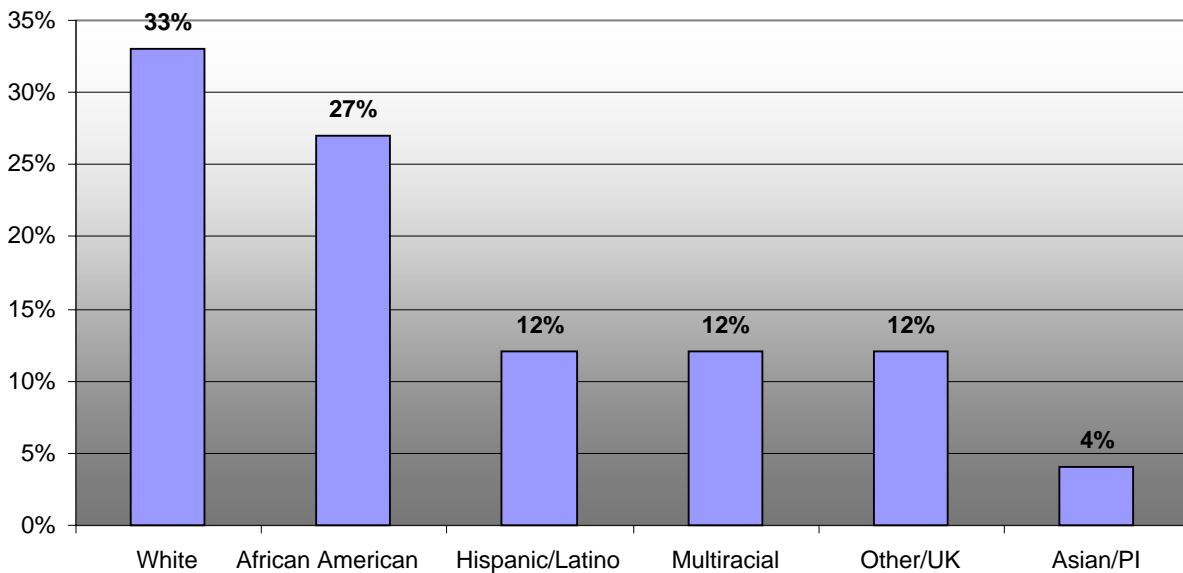


Figure #40: HIV Prevention Services by Race/Ethnicity* N=180,163



MISSION
HIV Health Services

HIV Health Services’ mission is to maintain and improve the health and quality of life for those infected and affected by HIV/AIDS. This is accomplished in collaboration with various public agencies and San Francisco’s diverse communities by assessing community needs; conducting strategic and comprehensive planning; securing funding; implementing coordinated, client-centered, innovative, and effective community-based programs; evaluating services; and facilitating the development of responsible public policy. In FY 2008-09, the HIV Health Service Section provided care to 6,336 unduplicated clients. Figures #40 through #44 show the demographics of this program.

Figure #41: HIV Health Services Patients by Gender
N=6,336

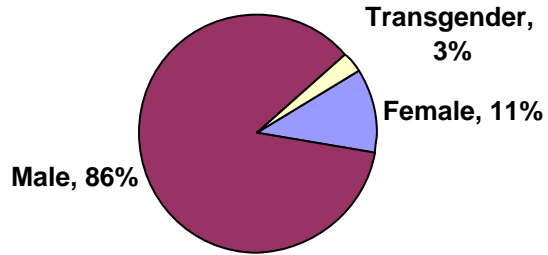


Figure #42: HIV Health Services Patients by Age
N=6,336

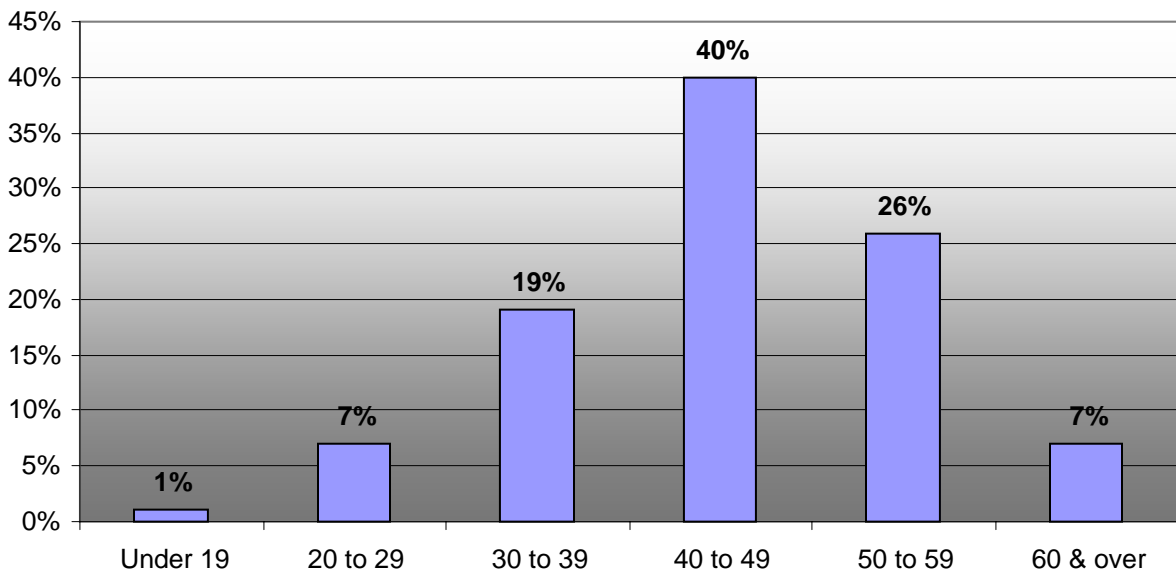


Figure #43: HIV Health Services Patients by Race/Ethnicity
N=6,336

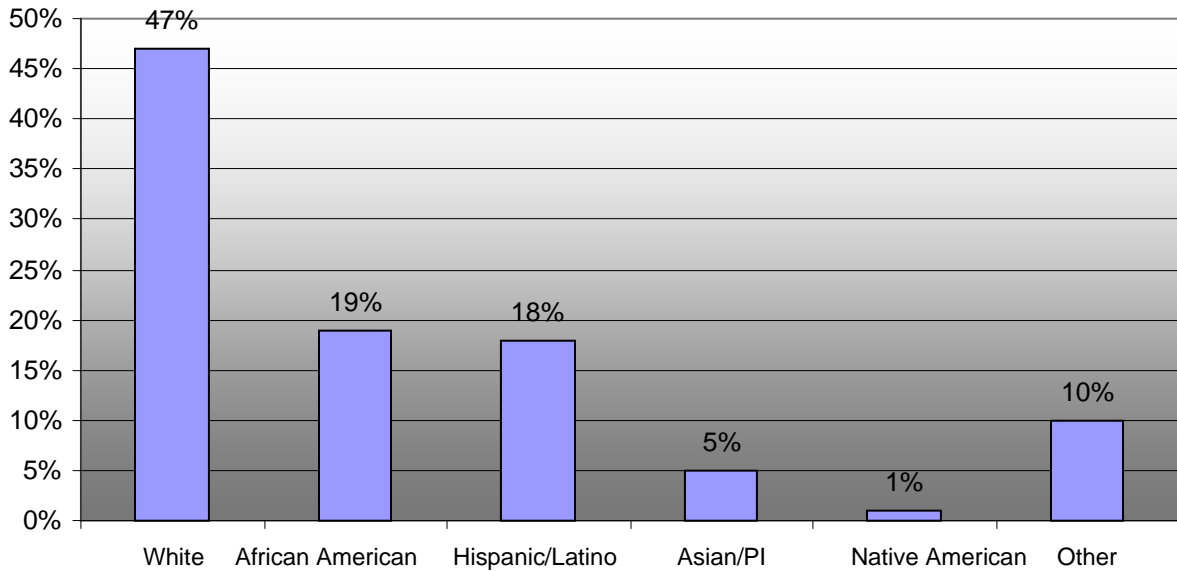


Figure #44: HIV Health Services Patients by Exposure Risk
N=6,336

