



STDs in American Indians and Alaska Natives NEW HAMPSHIRE

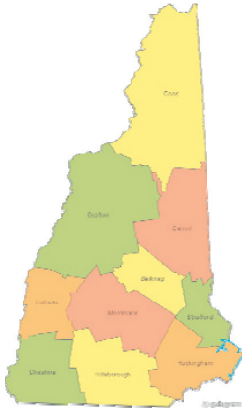
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	3,879	4,006	7,885	0.7
State	607,687	628,099	1,235,786	100.0

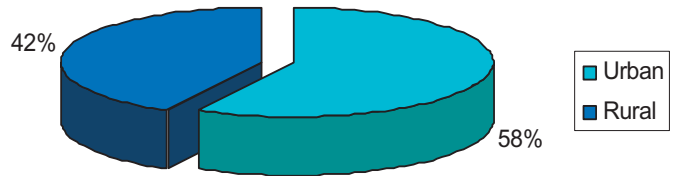
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

New Hampshire STD Program Website: <http://www.dhhs.state.nh.us/DHHS/STDHIVPREVENT>

CDC Project Area



New Hampshire Urban and Rural AI/AN Populations, 2000



*AI/AN population data includes those with two or more races in combination with AI/AN.
Source: US Census Bureau*

STDs in the AI/AN Population

National STD rates among AI/ANs are 2 to 6 times higher than rates for whites. In some states with AI/AN populations over 20,000, gonorrhea and syphilis odds/ratios are twice as high as among other ethnic groups. Below find New Hampshire- specific STD rates and percentages for the AI/AN population.

New Hampshire Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	10	10	0.5	381.9
State	501	1,330	1,831	100.0	139.8

Source: New Hampshire Department of Health and Human Services. Rate calculated on American Indian alone affiliation.

New Hampshire Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
State	80	99	179	100.0	13.5

Source: New Hampshire Department of Health and Human Services. Rate calculated on American Indian alone affiliation.

New Hampshire Total Early Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
State	16	0	16	100.0	1.2

Source: New Hampshire Department of Health and Human Services. Rate calculated on American Indian alone affiliation.

**The term AI/AN is used in the text to refer to the American Indian and Alaska Native population*

This Fact Sheet was developed by JSI Research & Training Institute (303-262-4300, www.jsi.com) in conjunction with the Northern Plains Tribal Epidemiology Center (605-721-1922, www.aatchb.org/epi)

New Hampshire HIV New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	0	0.0	0	0.0	0	0.0	0.0
State	16	100.0	8	100.0	24	100.0	1.8

Source: New Hampshire Department of Health and Human Services. Rate calculated on American Indian alone affiliation.

New Hampshire AIDS New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	0	0.0	0	0.0	0	0.0	0.0
State	22	100.0	9	100.0	31	100.0	2.4

Source: New Hampshire Department of Health and Human Services. Rate calculated on American Indian alone affiliation.

New Hampshire Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	0	0.0	0	0.0	n/a*	n/a
State	82	100.0	30	100.0	n/a	n/a

Source: New Hampshire Department of Health and Human Services. Hepatitis C is not reportable in New Hampshire.

Select New Hampshire Demographics

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education (2002)	% Unmarried Mothers
AI/AN	24	0.2	0.0	27.1	45.8
State	14,565	100.0	3.3	9.3	26.4

Source: National Vital Statistics System, CDC Wonder Search

Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	47,434	n/a
State	56,768	5.5

Source: US Census Bureau

Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	0.3	604	7.8
State	100.0	206,852	5.4

Source: National Center for Education Statistics

Resources / Potential Partners / Special Issues

New Hampshire: There are two Indian communities in New Hampshire: the Abenaki Nation of New Hampshire, 1001 Elm St., Manchester, NH 03101, (603) 644-4555; and the Pennacook New Hampshire Tribe, 83 Hanover St., Manchester, NH 03101.

Tribal Health Programs: Not available.

Urban Health Programs: Abenaki Indian Center, Inc. 381 Chestnut St., Manchester, NH 03101.

IHS Health Programs: Nashville Area Indian Health Service, 711 Stewarts Ferry Pike, Nashville, TN 37214-2634, (615-467-1500, <http://www.ihs.gov/index.asp>).

Inter-Tribal Health Programs: Not available.

Indian Health Boards: National Indian Health Board, 101 Constitution Ave. N.W., Suite 8-B02, Washington, DC 20001, (202) 742-4262, <http://www.nihb.org>.

IHS Tribal Epidemiology Centers: USET Tribal Epidemiology Center United South and Eastern Tribes, Inc., 711 Stewarts Ferry Pike, Suite 100 Nashville, TN 37214. (615) 872.7900, <http://www.usetinc.org/defaultpage.cfm?ID=41>

Tribal Colleges: None available.

State Health Native American Liaison: None available.

Special Issues:

—AI/ANs can be misclassified in race/ethnicity STD data. This misclassification increases with lower percentage of AI/AN ancestry.

—AI/AN prevention services are severely underfunded, and those that exist may not reach those at most risk.

* data not available at this time



STDs in American Indians and Alaska Natives NEW JERSEY

State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	23,815	25,289	49,104	0.6
State	4,082,813	4,331,537	8,414,350	100.0

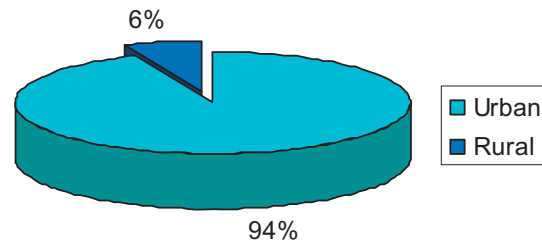
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

New Jersey STD Program Website: <http://www.state.nj.us/health/cd/std/index.shtml>

CDC Project Area



New Jersey Urban and Rural AI/AN Populations, 2000



AI/AN population data includes those with two or more races in combination with AI/AN.
Source: US Census Bureau

STDs in the AI/AN Population

National STD rates among AI/ANs are 2 to 6 times higher than rates for whites. In some states with AI/AN populations over 20,000, gonorrhea and syphilis rates are twice as high as among other ethnic groups. Below find New Jersey- specific STD rates and percentages for the AI/AN population.

New Jersey Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	7	46	53	0.3	202.6
State	3,323	15,826	19,152	100.0	219.7

Source: New Jersey Department of Health and Senior Services. Rate calculated on American Indian alone affiliation.

New Jersey Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	5	3	8	0.1	30.6
State	2,645	3,075	5,720	100.0	65.6

Source: New Jersey Department of Health and Senior Services. Rate calculated on American Indian alone affiliation.

New Jersey P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
State	117	17	134	100.0	1.5

Source: New Jersey Department of Health and Senior Services. Rate calculated on American Indian alone affiliation.

*The term AI/AN is used in the text to refer to the American Indian and Alaska Native population

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New Jersey HIV New Cases

Data is not available at this time

New Jersey AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	3	1.6	2	<0.1	5	0.3	19.1
State	1,218	100.0	624	100.0	1,842	100.0	25.7

Source: CDC HIV/AIDS Surveillance Supplemental Report, AIDS Cases by Geographical Area of Residence and Metropolitan Statistical Area of Residence 2004. Rate calculated on American Indian alone affiliation.

New Jersey Hepatitis New Cases

Data is not available at this time

Select New Jersey Demographics

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12yrs education	% Unmarried Mothers
AI/AN	174	0.2	5.7	21.2	43.1
State	115,253	100.0	3.4	13.7	30.1

Source: CDC National Vital Statistics Center

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	34,735	n/a*
State	61,672	6.02

Source: US Census Bureau

2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2004-2005)
AI/AN	0.2	2,475	1.7
State	100.0	1,394,779	0.6

Source: State of New Jersey Department of Education

Resources/Potential Partners/ Special Issues

New Jersey Tribes: There are no *federally-* or *state-recognized* tribes in New Jersey. There is one *state-recognized* Indian communities include the Nanaticoke Linni-Lennapes, 18 East Commerce St., Bridgeton, NJ 08302, (856) 455-6910, <http://www.nanaticoke-lenape.org/>. The Pamapaugh Mountain Indian Community is non-recognized (contact information not available).

Tribal Health Programs: None available.

Urban Health Programs: None available.

IHS Health Programs: Indian Health Service (HQ), The Reyes Building, 801 Thompson Avenue, Ste. 400, Rockville, MD 20852-1627, 301-443-1083, <http://www.ihs.gov/index.asp>.

Inter-Tribal Health Programs: None available.

Indian Health Boards: National Indian Health Board, 101 Constitution Ave. N.W., Suite 8-B02, Washington, DC 20001, (202) 742-4262, <http://www.nihb.org>.

IHS Tribal Epidemiology Centers: USET Tribal Epidemiology Center United South and Eastern Tribes, Inc., 711 Stewarts Ferry Pike, Suite 100 Nashville, TN 37214. (615) 872-7900, <http://www.usetinc.org/defaultpage.cfm?ID=41>; National Epi Program, Indian Health Service, 5300 Homestead Blvd, NE, Albuquerque, NM 87110, (505) 248-4132.

Tribal Colleges: None available.

State Health Native American Liaison: Office of Minority and Multicultural Health, Linda J. Holmes, NJ Dept. of Health & Senior Services, Kjohn Fitch Plaza, PO Box 360, Trenton, NJ 08624, (609)292-6962, <http://www.state.nj.us/health/omh/index.shtml>.

Special Issues:

- AI/ANs are often misclassified in race/ethnicity STD data. This misclassification increases with lower percentage of AI/AN ancestry.
- AI/AN prevention services are severely underfunded, and those that exist may not reach those at most risk.

* data not available at this time



STDs in American Indians and Alaska Natives NEW MEXICO

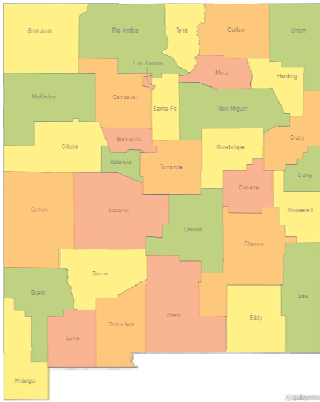
State Population & AI/AN, 2004

Population Group	Male	Female	Total	%
AI/AN	91,988	99,054	191,042	9.9
State	948,335	981,378	1,929,713	100.0

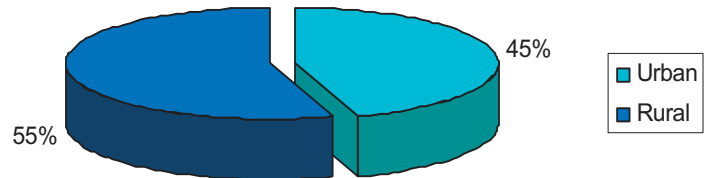
Source: Bureau of Business & Economic Research at the University of New Mexico, 2004

New Mexico STD Program Website: <http://www.health.state.nm.us>

CDC Project Area



New Mexico Urban and Rural AI/AN Populations, 2000



AI/AN population data includes those with two or more races in combination with AI/AN.
Source: US Census Bureau

STDs in the AI/AN Population

National STD rates among AI/ANs are 2 to 6 times higher than rates for whites. In some states with AI/AN populations over 20,000, gonorrhea and syphilis rates are twice as high as among other ethnic groups. Below find New Mexico- specific STD rates and percentages for the AI/AN population.

New Mexico Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	217	699	916	10.8	498.1
State	2,121	6,335	8,456	100.0	438.9

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

New Mexico Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	25	32	57	3.7	31.0
State	668	884	1,552	100.0	80.5

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

New Mexico P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	15	9	24	42.8	13.1
State	40	16	56	100.0	2.9

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

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New Mexico HIV/AIDS New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	8	6.3	4	16.7	12	8.0	7.8
State	127	100.0	24	100.0	151	100.0	6.1

Source: *Infectious Diseases in New Mexico, 2005 Annual Report, New Mexico Department of Health December 2006*

New Mexico reports HIV and AIDS cases together. Rate calculated on American Indian alone affiliation.

New Mexico Hepatitis New Cases

Data is not available at this time

Select New Mexico Demographics

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	3,620	12.8	17.6	27.8	73.7
State	28,384	100.0	15.7	27.0	48.8

Source: CDC National Vital Statistics System

Economics

2004	Median Household Income (USD)	% Below Poverty Level
AI/AN	24,941	20.3
State	37,492	12.6

Source: US Census Bureau

Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	11.1	36,333	5.8
State	100.0	326,102	5.0

Source: National Center for Education Statistics; 2004-2005 New Mexico Dropout Report, New Mexico Public Education Department

Resources/ Potential Partners/ Special Issues

New Mexico Tribes: For a listing of New Mexico Tribes and Pueblos and their contact information please see <http://www.iad.state.nm.us/>.

Urban Health Programs: [First Nations Community HealthSource](http://www.firstnations.org/), 5608 Zuni SE, Albuquerque, NM 87108, (505) 262-6536; .

IHS Health Programs: For a listing of New Mexico IHS Service Units and their locations, please see www.ihs.gov/FacilitiesServices/AreaOffices/Albuquerque/.

Inter-Tribal Health Programs: [First Nations Community HealthSource](http://www.firstnations.org/), 5608 Zuni SE, Albuquerque, NM 87108, (505) 262-6536.

Indian Health Boards: [Albuquerque Area Indian Health Board, Inc.](http://www.aaihb.org/), 5015 Prospect Avenue N.E., Albuquerque, NM 87110, (505) 764-0036, <http://www.aaihb.org/>; [All Indian Pueblo Council, Inc.](http://www.allindianpueblo.org/), 123 4th ST NW, Albuquerque, NM 87103, (505) 884-3820; [Eight Northern Indian Pueblos](http://www.eightnorthernindianpueblos.org/), PO Box 969, San Juan Pueblo, NM 87566; [Five Sandoval Indian Pueblos, Inc.](http://www.fivesandovalindianpueblos.org/), 1043 Highway 313, Bernalillo NM 87004, (505) 867-3351; [Navajo Nation Division of Health](http://www.navajonationdivisionofhealth.org/), PO Box 1390, Window Rock, AZ 86515, (520) 871-6350.

IHS Tribal Epidemiology Centers: [Navajo Area Epidemiology Center](http://www.navajoeidc.org/), Navajo National Division of Health PO Box 1390, Window Rick, AZ 86515, (928) 871-6350; [National Epi Program IHS Division of Epidemiology and Disease Prevention](http://www.nationalepi.org/), 5300 Homestead Road NE, Albuquerque, NM 87110, (505) 248-4132.

Tribal Colleges: [Crownpoint Institute of Technology](http://www.citcc.nm.us/), PO Box 849, Crownpoint, NM 87313, (505) 786-4100, www.citcc.nm.us/home.html; [Institute of American Indian Arts](http://www.iaiancad.org/), 83 Avan Nu Po Road, Santa Fe, NM 87505, (505)424-2300; www.iaiancad.org; [Southwestern Indian Polytechnic Institute](http://www.sipi.bia.edu), PO Box 10146, 9169 Coors Road, NW, Albuquerque, NM 87184, (505) 346-2343, www.sipi.bia.edu.

State Health Native American Liaison: New Mexico Department of Health, Office of Policy and Multicultural Health, 1190 S. St. Francis Dr., 4260, Santa Fe, NM 87502, (505) 827-2280, <http://www.health.state.nm.us/OPMH/>.

Special Issues:

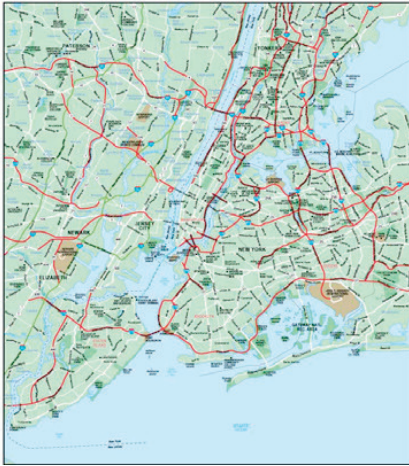
- Tribal Health Departments are not required to report STDs, thus creating an undercount in the statistics.
- AI/ANs are often misclassified in race/ethnicity STD data. This misclassification increases with lower percentage of AI/AN ancestry.
- One needs to also consider the common mobility/migration of AI/ANs from reservation setting to other areas and back again.
- Like many other tight-knit communities, confidentiality can be difficult to maintain in AI/AN communities, especially in rural areas. This can be a barrier to testing, discussing sexual practices, obtaining treatment, or buying condoms in local stores.
- AI/AN prevention services are severely underfunded, and those that exist may not reach those at most risk.



STDs in American Indians and Alaska Natives NEW YORK CITY

New York City STD Program Website:
<http://www.nyc.gov/html/doh/html/std/std.shtml>

CDC Project Area



City Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	41,352	45,889	87,241	1.1
City	3,794,204	4,214,074	8,008,278	100.0

*AI/AN population data includes those with two or more races in combination with AI/AN.
 Source: US Census Bureau*

STDs in the AI/AN Population

National STD rates among AI/ANs are 2 to 6 times higher than rates for whites. In some states with AI/AN populations over 20,000, gonorrhea and syphilis rates are twice as high as among other ethnic groups. Below find New York City- specific STD rates and percentages for the AI/AN population.

New York City Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	65	76	141	0.4	477.1
City	11,984	26,642	38,626	100.0	474.3

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

New York City Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	44	18	62	0.6	206.9
City	5,425	4,971	10,396	100.0	127.7

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

New York City P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	0	1	0.2	3.3
City	594	22	616	100.0	7.6

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

**The term AI/AN is used in the text to refer to the American Indian and Alaska Native population*

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New York City HIV New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	≤5	≤0.5	≤5	≤0.5	≤5	≤0.01	≤12.2
City	2,758	100.0	1,042	100.0	3,800	100.0	46.3

Source: New York City Department of Health and Mental Hygiene. Rate calculated on American Indian alone affiliation.

New York City AIDS New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	≤5	≤0.2	≤5	≤0.4	≤5	≤0.1	≤12.2
City	2,800	100.0	1,294	100.0	4,094	100.0	49.8

Source: New York City Department of Health and Mental Hygiene. Rate calculated on American Indian alone affiliation.

New York City Hepatitis New Cases, 2005

Data is not available at this time

Select New York City Demographics

2002	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	82	<0.1	6.1	n/a*	n/a
City	118,294	100.0	4.7	n/a	43.2

Source: CDC 2002 Vital Statistic of the United States Series; New York City Department of Health and Mental Hygiene

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	39,269	13.4
City	56,120	13.2

Source: US Census Bureau

2006-2007	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2004-2005)
AI/AN	0.4	4,520	17.4
City	100.0	1,042,151	14.8

Source: New York City Department of Education; NYCDE, The Class of 2005: Four-Year Longitudinal Report and 2004-2005 Event Dropout Rates

Resources/Potential Partners/ Special Issues

Urban Health Programs: American Indian Community House, 11 Broadway, 2nd Floor, New York NY 10004, (212) 598-0100, www.aich.org.
IHS Health Programs: Nashville Area Indian Health Service, 711 Stewarts Ferry Pike, Nashville, TN 37214, (615) 467-1538.
Indian Health Boards: United South and Eastern Tribes, Inc. (USET), 711 Stewarts Ferry Pike, Suite 100, Nashville, TN 37214, (615) 872-7900, <http://www.usetinc.org/index.cfm>.
IHS Tribal Epidemiology Centers: USET Tribal Epidemiology Center United South and Eastern Tribes, Inc., 711 Stewarts Ferry Pike, Suite 100 Nashville, TN 37214, (615) 872.7900, <http://www.usetinc.org/defaultpage.cfm?ID=41>.
City & State Health Native American Liaison: Kim M. Thomas, Native American Affairs Specialist, NY State Office of Children & Family Services – Native American Services, 125 Main Street, Room 475, Buffalo, NY 14203, (716) 847-3123, kim.thomas@dfa.state.ny.us, <http://www.ocfs.state.ny.us/main/nas/default.asp>; **American Indian Health Programs,** NYSDH, Corning Tower, Empire State Plaza, Albany, NY 12237, Office of Minority Health (518) 474-2180; **Office of Minority Health,** New York City Department of Health and Mental Hygiene, 125 Worth St., New York City, NY 10013, (212) 788-4423.

Special Issues:

- One needs to also consider the common mobility/migration of AI/ANs from reservation setting to other areas and back again.
- Like many other tight-knit communities, confidentiality can be difficult to maintain in AI/AN communities, especially in rural areas. This can be a barrier to testing, discussing sexual practices, obtaining treatment, or buying condoms in local stores.
- AI/AN prevention services are severely underfunded, and those that exist may not reach those at most risk.
- Urban American Indians are affiliated with multiple Indian Nations and/or tribes resulting in potentially different cultural implications for prevention planning.

* data not available at this time



STDs in American Indians and Alaska Natives NORTH CAROLINA

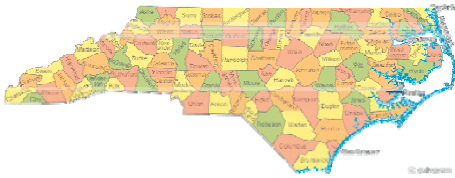
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	64,551	67,185	131,736	1.6
State	3,942,695	4,106,618	8,049,313	100.0

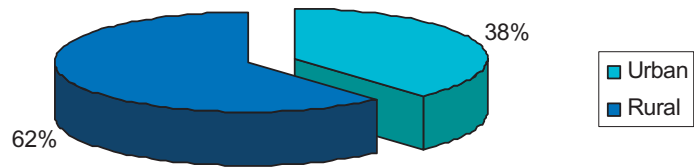
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

North Carolina STD Program Website: <http://www.epi.state.nc.us/epi/hiv/surveillance.html>

CDC Project Area



North Carolina Urban and Rural AI/AN Populations, 2000



AI/AN population data includes those with two or more races in combination with AI/AN.
Source: US Census Bureau

STDs in the AI/AN Population

National STD rates among AI/ANs are 2 to 6 times higher than rates for whites. In some states with AI/AN populations over 20,000, gonorrhea and syphilis rates are twice as high as among other ethnic groups. Below find North Carolina- specific STD rates and percentages for the AI/AN population.

North Carolina Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	41	424	465	1.5	411.9
State	5,481	25,702	31,183	100.0	359.1

Source: North Carolina Department of Health and Human Services. Rate calculated on American Indian alone affiliation.

North Carolina Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	77	121	198	1.3	175.4
State	7,529	7,546	15,075	100.0	173.6

Source: North Carolina Department of Health and Human Services. Rate calculated on American Indian alone affiliation.

North Carolina P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	3	3	1.1	2.8
State	216	58	274	100.0	3.2

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

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North Carolina HIV and HIV with AIDS New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	12	0.9	10	2.0	22	1.2	20.6
State	1,308	100.0	498	100.0	1,806	100.0	21.1

Source: North Carolina Profiles for HIV/STD Prevention and Care Planning, 2006. Rate calculated on American Indian alone affiliation.

North Carolina Hepatitis New Cases, 2005

Data is not available at this time

Select North Carolina Demographics
Births
Economics
Education

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	1,577	1.3	18.4	31.0	56.9
State	119,847	100.0	11.6	22.8	36.9

Source: CDC National Vital Statistics System

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	30,780	18.0
State	40,729	11.7

Source: US Census Bureau

2005-2006	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	0.7	10,027	8.37
State	100.0	1,378,306	5.04

Source: Public Schools for North Carolina, Data and Statistics

Resources/ Potential Partners/ Special Issues

North Carolina Tribes: For a listing and contact information of the tribes in North Carolina please see: <http://www.doa.state.nc.us/cia/tribes.pdf>.

Tribal Health Programs: Cherokee Co Health Clinic, Hospital Road, Cherokee, NC 28718, (828) 497-7460; Cherokee Indian Hospital Authority, Hospital Road, Cherokee, NC 28718, (828) 497-9163; CIHA Murphy Health Clinic, West Highway 129, 2 miles 1st road on right ½ mile, Andrew, NC 28719; Unity Healing Center, PO Box C201, Cherokee, NC 28719, (800) 322-6166.

Urban Health Programs: None available.

IHS Health Programs: Nashville Area Indian Health Service, 711 Stewarts Ferry Pike, Nashville, TN 37214, (615) 467-1538.

Inter-Tribal Health Programs: None available.

Indian Health Boards: United South & Eastern Tribes, 711 Stewarts Ferry Pike, Nashville, TN 37214, (615) 872-7900, <http://usetinc.org/>.

IHS Tribal Epidemiology Centers: United South & Eastern Tribes, 711 Stewarts Ferry Pike, Nashville, TN 37214, (615) 872-7900, <http://usetinc.org/>.

Tribal Colleges: None available.

State Health Native American Liaison: North Carolina Office of Minority Health and Health Disparities, Barbara Pullen-Smith, Department of Health and Human Services, 1931 Mail Service Center, Raleigh, NC 27699, (919) 431-1613.

Special Issues:

- Tribal Health Departments are not required to report STDs, thus creating an undercount in the statistics.
- AI/ANs are often misclassified in race/ethnicity STD data. This misclassification increases with lower percentage of AI/AN ancestry.
- One needs to also consider the common mobility/migration of AI/ANs from reservation setting to other areas and back again.
- Like many other tight-knit communities, confidentiality can be difficult to maintain in AI/AN communities, especially in rural areas. This can be a barrier to testing, discussing sexual practices, obtaining treatment, or buying condoms in local stores.
- AI/AN prevention services are severely underfunded, and those that exist may not reach those at most risk.



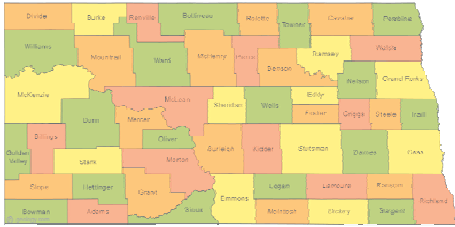
STDs in American Indians and Alaska Natives NORTH DAKOTA

State Population & AI/AN, 2004

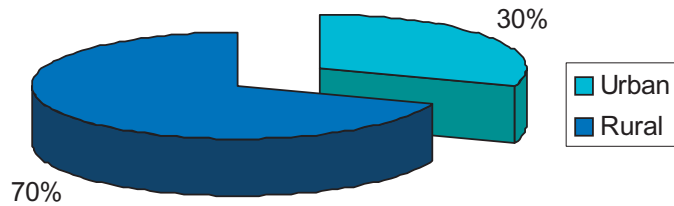
Population Group	Male	Female	Total	%
AI/AN	17,579	17,649	35,228	5.5
State	320,524	321,676	642,200	100.0

North Dakota STD Program Website: <http://www.ndhealth.gov/STD/>

CDC Project Area



North Dakota Urban and Rural AI/AN Populations, 2000



AI/AN population data includes those with two or more races in combination with AI/AN.
Source: US Census Bureau

STDs in the AI/AN Population

National STD rates among AI/ANs are 2 to 6 times higher than rates for whites. In most states with AI/AN populations over 20,000, gonorrhea and syphilis rates are twice as high as among other racial groups. Below find North Dakota- specific STD rates and percentages for the AI/AN population.

North Dakota Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	99	263	363	21.7	1,059.5
State	575	1,093	1,670	100.0	260.0

Source: North Dakota Department of Health

North Dakota Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	7	21	28	21.8	81.7
State	52	76	128	100.0	19.3

Source: North Dakota Department of Health

North Dakota P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
State	1	0	0	100.0	0.2

Source: North Dakota Department of Health

*The term AI/AN is used in the text to refer to the American Indian and Alaska Native population

This Fact Sheet was developed by JSI Research & Training Institute (303-262-4300, www.jsi.com) in conjunction with the Northern Plains Tribal Epidemiology Center (605-721-1922, www.aatchb.org/epi)

North Dakota HIV New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	25.0	0	0.0	1	16.7	2.8
State	4	100.0	2	100.0	6	100.0	0.9

Source: North Dakota Department of Health

North Dakota AIDS New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	20.0	0	0.0	1	16.7	2.8
State	5	100.0	1	100.0	6	100.0	0.9

Source: North Dakota Department of Health

North Dakota Acute Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	0	0.0	0	0.0	1	100.0
State	3	100.0	0	0.0	1	100.0

Source: CDC Data Request

Select North Dakota Demographics

Births

2005	Number of Births	%	% of Births to Mothers <20	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	1,082	12.9	19.7	64.3	75.9
State	8,379	100.0	7.9	35.6	32.2

Source: North Dakota Department of Health

Economics

2004	Median Household Income (USD)	% Below Poverty Level
AI/AN	27,347	19.8
State	41,030	8.6

Source: US Census Bureau

Education

2004	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	8.3	8,303	10.0
State	100.0	100,513	2.2

Source: National Center for Education

Resources/Potential Partners/ Special Issues

North Dakota Tribes: For a listing of North Dakota tribes and contacts, please see: <http://www.health.state.nd.us/ndiac/directory/directory2.asp>.

Tribal Health Programs: Trenton-Williston Community Clinic, Main Street, HWY 1804, Trenton, ND 58853, (701) 774-0461.

Urban Health Programs: None available.

IHS Health Programs: Spirit Lake Health Center, Indian Hwy, Suite 7, Blue Bldg., Fort Totten, ND 58335, (701) 766-1600; Fort Yates Hospital, 00N10 N. River Rd., Fort Yates, ND 58538, (701) 854-3831; Minnie-Tohe Health Center, PO Box 400, New Town, ND 58763, (701) 627-4701; Quentin N. Burdick Memorial Health Facility, 2 Blocks North of HWY 5, Belcourt, ND 58316, (701) 477-8429.

Inter-Tribal Health Programs: None available.

Indian Health Boards: Aberdeen Area Tribal Chairmen's Health Board, 1770 Rand Road, Rapid City, SD 57702, (605) 721-1922.

IHS Tribal Epidemiology Centers: Northern Plains Tribal Epidemiology Center, 1770 Rand Road, Rapid City, SD 57702, (605) 721-1922 or (800) 745-3466.

Tribal Colleges: Cankdeska Cikana Community College, PO Box 269, Fort Totten, ND 58335, (701) 766-4415, www.littlehoop.edu; Fort Berthold Community College, 220 Eighth Avenue North, PO Box 490 New Town, ND 58763, (701) 627-4738, www.fbcc.bia.edu; Sitting Bull College 1341 92nd St., Fort Yates, ND 58538, (701) 854-3861, www.sittingbull.edu; Turtle Mountain Community College, PO Box 340, Belcourt, ND 58316, (701) 477-7862, www.turtle-mountain.cc.nd.us; United Tribes Technical College, 3315 University Dr., Bismarck, ND 58504, (701) 530-0605, www.uttcc.edu.

State Health Native American Liaison: Kelly Nagel, Public Health Liaison, 310 10th ST SE PO Box 880 Jamestown, ND 58402, (701) 252-8130, kjnagel@nd.gov.

Special Issues:

- AI/ANs are often misclassified in race/ethnicity STD data. This misclassification increases with lower percentage of AI/AN ancestry.
- One needs to also consider the common mobility/migration of AI/ANs from reservation setting to other areas and back again.
- Like many other tight-knit communities, confidentiality can be difficult to maintain in AI/AN communities, especially in rural areas. This can be a barrier to testing, discussing sexual practices, obtaining treatment, or buying condoms in local stores.
- AI/AN prevention services are severely underfunded, and those that exist may not reach those at most risk.



STDs in American Indians and Alaska Natives OHIO

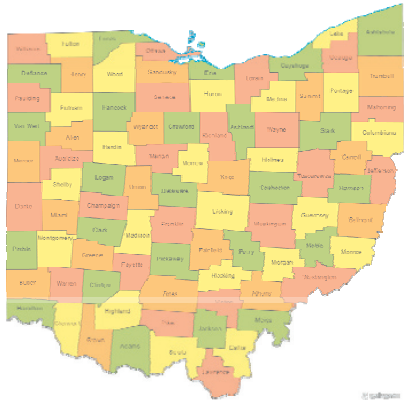
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	36,972	39,103	76,075	0.7
State	5,512,262	5,580,878	11,353,140	100.0

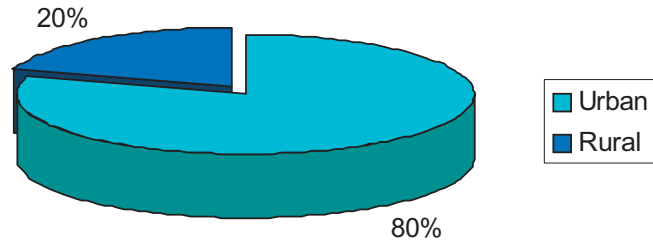
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Ohio STD Program Website: <http://www.odh.state.oh.us/ODHprograms/HIVSTD/hivstd1.htm>

CDC Project Area



Ohio Urban and Rural AI/AN Populations, 2000



AI/AN population data includes those with two or more races in combination with AI/AN.
Source: US Census Bureau

STDs in the AI/AN Population

National STD rates among AI/ANs are 2 to 6 times higher than rates for whites. In some states with AI/AN populations over 20,000, gonorrhea and syphilis rates are twice as high as among other ethnic groups. Below find Ohio- specific STD rates and percentages for the AI/AN population.

Ohio Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	6	44	70	0.2	183.8
State	9,139	19,119	28,258	100.0	246.3

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

Ohio Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	13	26	39	0.2	143.3
State	9,035	11,592	20,627	100.0	179.7

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

Ohio P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	1	1	0.5	3.7
State	171	40	211	100.0	1.8

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

*The term AI/AN is used in the text to refer to the American Indian and Alaska Native population

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Ohio HIV New Cases, June 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	3	0.4	1	0.4	4	0.4	137.0
State	754	100.0	212	100.0	966	100.0	8.4

Source: Ohio Department of Health. Rate calculated on American Indian alone affiliation.

Ohio AIDS New Cases, June 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	0.2	1	0.9	2	0.3	68.5
State	466	100.0	115	100.0	581	100.0	5.1

Source: Ohio Department of Health. Rate calculated on American Indian alone affiliation.

Ohio Hepatitis New Cases

Data is not available at this time

Select Ohio Demographics

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	311	0.2	11.3	25.4	46.4
State	148,954	100.0	16.6	16.6	52.1

Source: CDC National Vital Statistics System

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	32,448	19.0
State	43,493	8.9

Source: US Census Bureau

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	0.1	2,563	7.6
State	0.0	1,840,032	3.9

Source: National Center for Education Statistics

Resources/ Potential Partners/ Special Issues

Ohio Tribes: There are no *federally-recognized* tribes in Ohio today. Other Indian tribes residing in Ohio include: the Allegheny Nation (Ohio Band); the Kispoko Sept of Ohio Shawnee (Hog Creek Reservation); the Mekoce Shawnee; the N.E. Miami Inter- Tribal Council; the Notoweeega Nation, www.Notoweeega.org; the Ohio Woodlands Tribe; the Piqua Sept of Ohio Shawnees; the Shawnee Nation United Remnant Band of Ohio, PO Box 162, Dayton, OH 45401 (*state-recognized*); the Munsee Delaware Indian Nation of Ohio, 70463 Hopewell Rd, Cambridge, OH 43725; and the Tallige Cherokee Nation, Box 339, Lucasville, Ohio 45648, 740-259-9153, www.tallige.com/. Cleveland was one of eight cities that were chosen to resettle American Indians that were forced to leave reservations.

Tribal Health Programs: None available.

Urban Health Programs: American Indian Education Center, 1314 Denison, Suite 102, Cleveland, OH 44109, (216) 351-4488; <http://www.aiecc.net/index.htm>.

IHS Health Programs: Indian Health Service (HQ), The Reyes Building, 801 Thompson Avenue, Ste. 400, Rockville, MD 20852-1627, 301-443-3024, <http://www.ihs.gov/index.asp>

Inter-Tribal Health Programs: American Indian Education Center, 1314 Denison, Suite 102, Cleveland, OH 44109, (216) 351-4488; <http://www.aiecc.net/index.htm>.

Indian Health Boards: National Indian Health Board, 101 Constitution Ave. N.W., Suite 8-B02, Washington, DC 20001, (202) 742-4262, <http://www.nihb.org/>.

IHS Tribal Epidemiology Centers: National Epidemiology Program, IHS, 5300 Homestead Blvd., NE, Albuquerque, NM 87110, (505) 248-4132.

Tribal Colleges: None available.

State Health Native American Liaison: None specifically named. Ohio Department of Health, 246 North High Street Columbus, OH 43215, 9614) 466-3543.

Special Issues:

- Tribal Health Departments are not required to report STDs, thus creating an undercount in the statistics.
- AI/ANs are often misclassified in race/ethnicity STD data. This misclassification increases with lower percentage of AI/AN ancestry.
- One needs to also consider the common mobility/migration of AI/ANs from reservation setting to other areas and back again.
- Like many other tight-knit communities, confidentiality can be difficult to maintain in AI/AN communities, especially in rural areas. This can be a barrier to testing, discussing sexual practices, obtaining treatment, or buying condoms in local stores.
- AI/AN prevention services are severely underfunded, and those that exist may not reach those at most risk.



STDs in American Indians and Alaska Natives OKLAHOMA

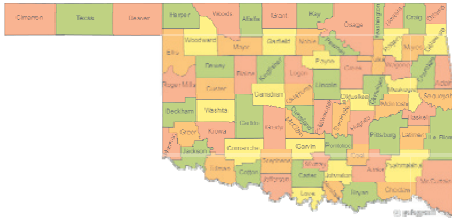
State Population & AI/AN, 2000

Population Group	Males	Females	Total	%
State	1,695,895	1,754,759	3,450,654	100.0
American Indian	192,447	199,502	391,949	11.4

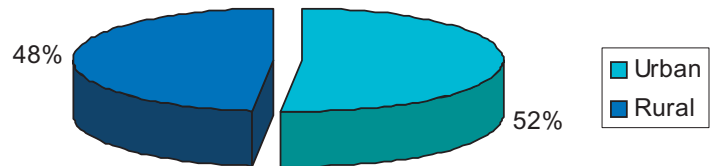
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

Oklahoma STD Program Website: <http://www.health.state.ok.us/program/hivstd/index.html>

CDC Project Area



Oklahoma Urban and Rural AI/AN Populations, 2000



*All/AN population data includes those with two or more races in combination with All/AN.
Source: US Census Bureau*

STDs in the AI/AN Population

National STD rates among AI/ANs are 2 to 6 times higher than rates for whites. In some states with AI/AN populations over 20,000, gonorrhea and syphilis rates are twice as high as among other ethnic groups. Below find Oklahoma- specific STD rates and percentages for the AI/AN population.

Oklahoma Chlamydia New Cases, 2005

Population Group	Males	Females	Total	%	Rate per 100,000
American Indian	164	1,033	1,197	10.0	416.5
State	2,643	9,302	11,945	100.0	336.7

Source: Oklahoma State Department of Health. Rate calculated on American Indian alone affiliation.

Oklahoma Gonorrhea New Cases, 2005

Population Group	Males	Females	Total	%	Rate per 100,000
American Indian	59	169	228	5.0	79.3
State	2,156	2,611	4,757	100.0	134.1

Source: Oklahoma State Department of Health. Rate calculated on American Indian alone affiliation.

Oklahoma P&S Syphilis New Cases, 2005

Population Group	Males	Females	Total	%	Rate per 100,000
American Indian	0	0	0	0.0	0.0
State	30	19	49	100.0	1.4

Source: Oklahoma State Department of Health. Rate calculated on American Indian alone affiliation.

**The term All/AN is used in the text to refer to the American Indian and Alaska Native population*

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Oklahoma HIV New Cases, 2005

Population Group	Males	%	Females	%	Total	%	Rate per 100,000
American Indian	11	7.0	3	10.0	14	7.7	4.9
State	151	100.0	30	100.0	181	100.0	5.1

Source: Oklahoma State Department of Health. Rate calculated on American Indian alone affiliation.

Oklahoma AIDS New Cases, 2005

Population Group	Males	%	Females	%	Total	%	Rate per 100,000
American Indian	4	2.0	5	17.0	9	4.7	3.1
State	162	100.0	29	100.0	191	100.0	5.4

Source: Oklahoma State Department of Health. Rate calculated on American Indian alone affiliation.

Oklahoma Hepatitis New Cases

Data is not available at this time

Select Oklahoma Demographics

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	5,402	10.5	11.9	27.5	51.8
State	51,306	100.0	8.2	22.7	38.4

Source: CDC National Vital Statistics System

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	30,626	16.0
State	37,063	11.4

Source: US Census Bureau

2004	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	18.9	117,717	4.8
State	100.0	622,845	5.2

Source: Oklahoma Department of Education, National Center for Education Statistics

Resources/Potential Partners/ Special Issues

Oklahoma Tribes: The State of Oklahoma currently has the second largest American Indian and Alaska Native (AI/AN) population. The largest tribal grouping is the Cherokees of Oklahoma. *Federally-recognized tribes* include: Absentee-Shawnee Tribe, Apache Tribe, Caddo Nation, Cherokee Nation, Cheyenne and Arapaho Tribes, Chickasaw Nation, Choctaw Nation of Oklahoma, Citizens Band of Potawatami Tribe, Comanche Tribe, Delaware Nation, Delaware Tribe of Eastern Oklahoma, Eastern Shawnee Tribe, Fort Sill Apache Tribe, Iowa Tribe, Kaw Tribe, Kialagee Tribal Town, Kickapoo Tribe, Kiowa Tribe, Miami Tribe, Modoc Tribe, Muscogee (Creek) Nation, Osage Nation, Otoe-Missouri Tribe, Ottawa Tribe, Pawnee Nation, Peoria Indian Tribe, Ponca Tribe, Quapaw Tribe, Sac & Fox Nation, Seminole Tribe of Oklahoma, Seneca-Cayuga Tribes, Shawnee Tribe, Thlopthlocco Tribal Town, Tonkawa Tribe, United Keetoowah Band of Cherokee Indians, Wichita and Affiliated Tribes, and the Wyandotte Nation. Other tribal groups residing in Oklahoma include the Chickamauga Cherokee Nation White River Bands, Natchez Nation, and the Yuchi Tribe. For the list of tribes and links to tribal websites, please see <http://www.evergreen.edu/library/govdocs/tribalgov/states/oklahoma.html>.

Tribal Health Programs : Cherokee Nation Health Services please see <http://www.cherokee.org/home.aspx?section=health&service=HealthServices> for list of services and locations; Chickasaw Nation Health System, (580) 436-3980, please see http://www.chickasaw.net/services/258_287.htm for list of services and locations; Muscogee (Creek) Nation Health System, please see <http://www.muscogeenation-nsn.gov/Health%20Administration/Admin.htm> for list of services and locations; Potawatomi Health Services, Shawnee, OK, (405) 273-5236.

Urban Health Programs: Oklahoma City Indian Clinic 4913 West Reno Ave, Oklahoma City, OK 73127, (405)-948-4900, www.okcic.com; Indian Health Care Resource Center of Tulsa 550 S. Peoria, Tulsa, OK 74120, (918) 588-1900.

IHS Health Programs: Oklahoma City Area IHS Area Office, Five Corporate Plaza, 3625 NW 56th Street, Oklahoma City, OK 73112, Phone: 405-951-3768. Please see <http://www.ihs.gov/FacilitiesServices/AreaOffices/oklahoma/okc-profile.asp> for a list of service units and locations.

Inter-Tribal Health Programs: National Indian Women's Health Resource Center, 228 S. Muskogee Ave., Tahlequah, OK 74464, (918) 456-6094, www.niwhrc.org; Inter-Tribal Council of Northeast Oklahoma, P.O. Box 1308, Miami, OK 74355, (918) 542-4486,

Indian Health Boards: Oklahoma City Area Inter-Tribal Health Board, P.O. Box 57377, Oklahoma City, OK 73157, Phone: (405) 951-3965, Fax: (405) 951-3902.

IHS Tribal Epidemiology Centers: Oklahoma City Area Inter-Tribal Health Board Epidemiology Center PO BOX 57377, 3625 NW 56th Street, Oklahoma City, OK 73115, (405) 951-6004.

Tribal Colleges: College of the Muscogee Nation, PO Box 580, Okmulgee OK 74447, (918) 293-5464, www.muscogeenation-nsn.gov/college_humdev_collegenew.htm,

State Health Native American Liaison: Oklahoma State Department of Health, Office of Minority Health, 1000 NE Tenth, Room 211.2, Oklahoma City, OK 73117-1299, (405) 271-1337

Special Issues:

- Tribal Health Departments are not required to report STDs, thus creating an undercount in the statistics.
- AI/ANs are often misclassified in race/ethnicity STD data. This misclassification increases with lower percentage of AI/AN ancestry.
- One needs to also consider the common mobility/migration of AI/ANs from reservation setting to other areas and back again.
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STDs in American Indians and Alaska Natives OREGON

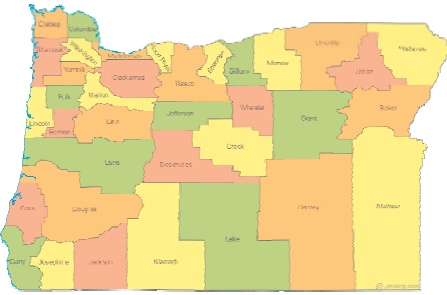
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	42,491	43,176	85,667	2.5
State	1,696,550	1,724,849	3,421,399	100.0

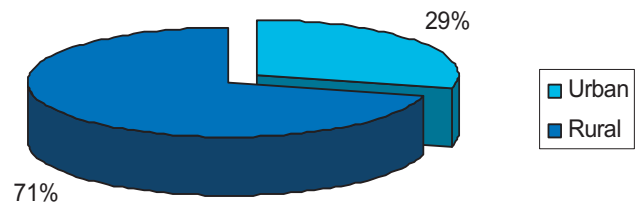
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

Oregon STD Program Website: <http://www.ohd.hr.state.or.us/hst/welcome.htm>

CDC Project Area



Oregon Urban and Rural AI/AN Populations, 2000



*AI/AN population data includes those with two or more races in combination with AI/AN.
Source: US Census Bureau*

STDs in the AI/AN Population

National STD rates among AI/ANs are 2 to 6 times higher than rates for whites. In some states with AI/AN populations over 20,000, gonorrhea and syphilis rates are twice as high as among other ethnic groups. Below find Oregon- specific STD rates and percentages for the AI/AN population.

Oregon Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	37	143	180	2.0	368.5
State	2,824	6,194	9,018	100.0	247.8

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

Oregon Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	6	19	25	1.6	51.2
State	901	661	1,562	100.0	42.9

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

Oregon P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
State	39	2	41	100.0	1.1

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

**The term AI/AN is used in the text to refer to the American Indian and Alaska Native population*

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Oregon People Living With HIV (no AIDS), as of June 30, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	9	0.7	9	3.5	18	1.1	38.5
State	1,346	100.0	255	100.0	1,601	100.0	44.5

Source: <http://legov.oregon.gov/DHS/ph/hiv/data/docs/table2.pdf>. Rate calculated on American Indian alone affiliation.

Oregon AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	8	3.1	1	3.8	9	3.2	24.6
State	255	100.0	26	100.0	281	100.0	9.4

Source: CDC HIV/AIDS Surveillance Supplemental Report, AIDS Cases by Geographical Area of Residence and Metropolitan Statistical Area of Residence 2004. Rate calculated on American Indian alone affiliation.

Oregon Hepatitis New Cases, 2003

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	0	0	9	1.8	0	0
State	50	100.0	503	100.0	19	100.0

Source: Oregon Public Health Division

Select Oregon Demographics

Births

2004	Number of Births	%	% of Births to Mothers <20	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	719	1.6	16.7	30.2	61.8
State	45,660	100.0	8.8	20.1	32.5

Source: <http://www.dhs.state.or.us/dhs/ph/chsl/data/arpt/04v1/2-12.pdf>

Economics

2004	Median Household Income (USD)	% Below Poverty Level
AI/AN	34,612	6.7
State	41,794	14.0

Source: US Census Bureau

Education

2004	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	2.3	12,565	8.4
State	100.0	549,105	5.3

Source: <http://www.ode.state.or.us/>, National Center for Education Statistics

Resources/ Potential Partners/ Special Issues

Oregon Tribes: For a complete listing of tribes and their contact information please see: <http://www.leg.state.or.us/cis/>.

Tribal Health Programs: Coos Bay Health Center, 338 Wallace Ave. Coos Bay, OR 97420; Coquille Tribal Health, 3050 Tremont, North Bend, OR 97459; Cow Creek Health & Wellness Center, 2371 NE Stephens, Suite #100, Roseburg, OR 97470, (541) 672-8533; Grande Ronde Health & Wellness Center, 9615 Grand Ronde Rd., Grand Ronde, OR 97347, (800) 775-0095; Siletz Health Center, PO Box 549, Siletz, OR 97380, (800) 648-0449; Waditika Health Center, 100 PaSiGo Street, Burns, OR 97220, (541) 573-7312; Klamath Tribal Health & Family Services, 1900 Main Street, Chiloquin, OR 97624; Yellowhawk Clinic, PO Box 160, Pendleton, OR 97801, (541) 966-9830.

Urban Health Programs: NARA of the NW, Inc., 1776 SW Madison, Portland, OR 97205, (503) 224-1044; Indian Health Clinic, 15 N. Morris, St., Portland, OR 97227, (503) 230-9877, <http://www.naranorthwest.org/JOBS.htm>.

IHS Health Programs: For a listing of HIS programs please see: <http://www.ihs.gov/FacilitiesServices/AreaOffices/Portland/portland-health-services.asp>.

Inter-Tribal Health Programs: NARA of the NW, Inc., 1776 SW Madison, Portland, OR 97205, (503) 224-1044; Indian Health Clinic, 15 N. Morris, St., Portland, OR 97227, (503) 230-9877; <http://www.naranorthwest.org/JOBS.htm>.

Indian Health Boards: Northwest Portland Area Indian Health Board, 527 SW Hall Street Suite 300, Portland, OR 97201, (503) 228-4185, <http://www.npaihb.org/>.

IHS Tribal Epidemiology Centers: Northwest Tribal Epidemiology Center, NWPaiHB, 527 SW Hall, Suite 300, Portland, OR 97201, (503) 228-4185.

Tribal Colleges: None available.

State Health Native American Liaison: Dept. of Human Services, Richard E. Acebedo, 500 Summer Street NE 4th Floor, Salem, Oregon 97310-1012, (503) 945-7034, Richard.E.Acebedo@state.or.us.

Good State Resources: Resource directory - http://www.leg.state.or.us/cis/odair/entry_page.htm; Project Red Talon, Northwest Portland Area Indian Health Board, 527 SW Hall Street Suite 300, Portland, OR 97201, (503) 228-4185, <http://www.npaihb.org/std-aids/prt.html>.

Special Issues:

- Tribal Health Departments are not required to report STDs, thus creating an undercount in the statistics.
- AI/ANs are often misclassified in race/ethnicity STD data. This misclassification increases with lower percentage of AI/AN ancestry.
- One needs to also consider the common mobility/migration of AI/ANs from reservation setting to other areas and back again.
- Like many other tight-knit communities, confidentiality can be difficult to maintain in AI/AN communities, especially in rural areas. This can be a barrier to testing, discussing sexual practices, obtaining treatment, or buying condoms in local stores.
- AI/AN prevention services are severely underfunded, and those that exist may not reach those at most risk.



STDs in American Indians and Alaska Natives PENNSYLVANIA

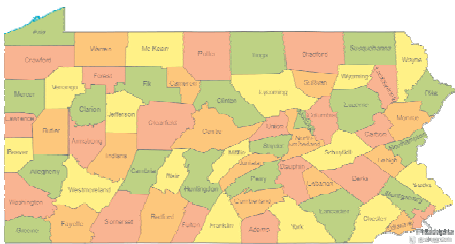
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	25,429	27,221	52,650	0.4
State	5,929,663	6,351,391	12,281,054	100.0

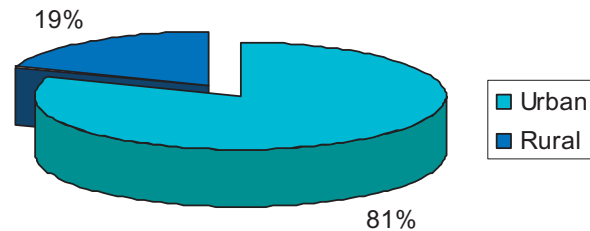
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Pennsylvania STD Program Website: www.health.state.pa.us/php/std

CDC Project Area



Pennsylvania Urban and Rural AI/AN Populations, 2000



AI/AN population data includes those with two or more races in combination with AI/AN.
Source: US Census Bureau

STDs in the AI/AN Population

National STD rates among AI/ANs are 2 to 6 times higher than rates for whites. In some states with AI/AN populations over 20,000, gonorrhea and syphilis rates are twice as high as among other ethnic groups. Below find Pennsylvania- specific STD rates and percentages for the AI/AN population.

Pennsylvania Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	9	17	26	<0.1	139.8
State	10,128	27,131	37,259	100.0	300.3

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

Pennsylvania Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	6	2	8	<0.1	43.0
State	4,950	6,271	11,221	100.0	90.5

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

Pennsylvania P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
State	165	34	199	100.0	1.6

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

*The term AI/AN is used in the text to refer to the American Indian and Alaska Native population. Data includes all major cities.

This Fact Sheet was developed by JSI Research & Training Institute (303-262-4300, www.jsi.com) in conjunction with the Northern Plains Tribal Epidemiology Center (605-721-1922, www.aatchb.org/epi)

Pennsylvania HIV New Cases

Data is not available at this time

Pennsylvania AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	<0.1	3	0.6	4	0.2	28.6
State	1,133	100.0	489	100.0	1,622	100.0	15.5

Source: CDC HIV/AIDS Surveillance Supplemental Report, AIDS Cases by Geographical Area of Residence and Metropolitan Statistical Area of Residence 2004. Rate calculated on American Indian alone affiliation.

Pennsylvania Hepatitis New Cases

Data is not available at this time

Select Pennsylvania Demographics

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education(2002)	% Unmarried Mothers
AI/AN	332	0.2	9.9	13.0	9.6
State	144,748	100.0	5.6	14.6	35.2

Source: National Vital Statistics Report, wonder.cdc.gov, CDC National Vital Statistics System

Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	34,015	20.1
State	44,537	8.4

Source: US Census Bureau

Education

2004	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2003-2004)
AI/AN	0.1	2,602	3.1
State	100.0	1,828,089	1.9

Source: Pennsylvania Department of Education Enrollment and Dropout Reports

Resources/ Potential Partners/ Special Issues

Pennsylvania Tribes: There are no federally-recognized tribes in Pennsylvania. Non-recognized tribes include: Eastern Lenape Nation of PA, 21 Cedar Lane Mountville, PA 17554; Eastern Delaware Nations, Council House located on Rt. 6 Wyalusing PA , PO Box 1148 RR 1 Forksville PA 18616, 570-924-9082; Lenape Nation, PO Box 322, Sellersville, PA 18960, http://www.lenapenation.org/index_flash.html.

Tribal Health Programs: None available.

Urban Health Programs: None available.

IHS Health Programs: Indian Health Service (HQ), The Reyes Building, 801 Thompson Avenue, Ste. 400, Rockville, MD 20852-1627, 301-443-1083, <http://www.ihs.gov/index.asp>.

Inter-Tribal Health Programs: None available.

Indian Health Boards: National Indian Health Board 101 Constitution Ave. N.W., Suite 8-B02, Washington, DC 20001, (202) 742-4262, <http://www.nihb.org>.

IHS Tribal Epidemiology Centers: United South and eastern Tribe Epidemiology Center, 711 Stewarts Ferry Pike, Nashville, TN 37214, (615) 872-7900, <http://usetinc.org>.

Tribal Colleges: None available.

State Health Native American Liaison: Office of Health Equality, Pennsylvania Department of Health, Health and Welfare Bldg., 7th and Forster Streets, Harrisburg, PA 1720, (877) 724-3258.

Special Issues:

—AI/ANs are often misclassified in race/ethnicity STD data. This misclassification increases with lower percentage of AI/AN ancestry.

—AI/AN prevention services are severely underfunded, and those that exist may not reach those at most risk.

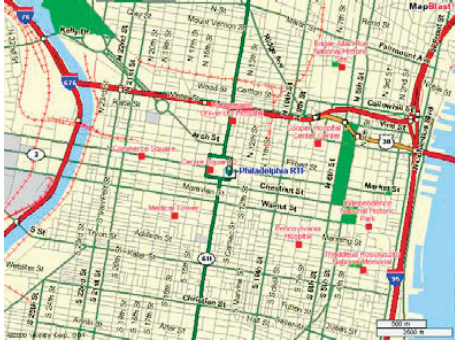
—Like many other tight-knit communities, confidentiality can be difficult to maintain in AI/AN communities, especially in rural areas. This can be a barrier to testing, discussing sexual practices, obtaining treatment, or buying condoms in local stores.



STDs in American Indians and Alaska Natives PHILADELPHIA

Philadelphia STD Program Website:
http://www.phila.gov/Health/units/ddc/STD_.html

CDC Project Area



City Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	5,038	5,797	10,835	0.7
City	705,107	812,443	1,517,550	100.0

*AI/AN population data includes those with two or more races in combination with AI/AN.
 Source: US Census Bureau*

STDs in the AI/AN Population

National STD rates among AI/ANs are 2 to 6 times higher than rates for whites. In some states with AI/AN populations over 20,000, gonorrhea and syphilis rates are twice as high as among other ethnic groups. Below find Philadelphia-specific STD rates and percentages for the AI/AN population.

Philadelphia Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	5	11	16	0.1	395.1
City	4,632	10,945	15,577	100.0	1,064.5

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

Philadelphia Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	5	1	6	0.1	148.1
City	2,431	2,622	5,053	100.0	345.3

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

Philadelphia P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
City	80	6	86	100.0	5.9

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

**The term AI/AN is used in the text to refer to the American Indian and Alaska Native population*

This Fact Sheet was developed by JSI Research & Training Institute (303-262-4300, www.jsi.com) in conjunction with the Northern Plains Tribal Epidemiology Center (605-721-1922, www.aatchb.org/epi)

Philadelphia HIV New Cases

Data is not available at this time

Philadelphia AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	0.1	1	0.2	2	0.2	68.0
City	870	100.0	437	100.0	1,307	100.0	88.9

Source: CDC HIV/AIDS Surveillance Supplemental Report, Volume 12, Number 2. Rate calculated on American Indian alone affiliation.

Philadelphia Hepatitis New Cases

Data is not available at this time

Select Philadelphia Demographics

2002	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	57	0.3	14.0	n/a	n/a
City	21,475	100.0	11.0	n/a	62.1

Source: CDC 2002 Vital Statistic of the United States Series; City of Philadelphia Vital Statistics Report 2002

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	27,136	n/a
City	32,573	8.1

Source: US Census Bureau

2005-2006	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2003-2004)
AI/AN	0.1	2,678	3.1
District	100.0	1,830,684	1.9

Source: School District of Philadelphia

Resources/Potential Partners/ Special Issues

Urban Programs: United American Indians of the Delaware Valley, 225 Chestnut St., Philadelphia, PA 19106, (215) 574-0850, <http://www.uaidv.org/>.

IHS Health Programs: Indian Health Service (HQ), The Reyes Building, 801 Thompson Avenue, Ste. 400, Rockville, MD 20852-1627, 301-443-1083, <http://www.ihs.gov/index.asp>.

Indian Health Boards: National Indian Health Board, 101 Constitution Ave. N.W., Suite 8-B02, Washington, DC 20001, (202) 742-4262, <http://www.nihb.org>.

IHS Tribal Epidemiology Centers: USET Tribal Epidemiology Center United South and Eastern Tribes, Inc., 711 Stewarts Ferry Pike, Suite 100 Nashville, TN 37214. (615) 872.7900, <http://www.usetinc.org/defaultpage.cfm?ID=41>;
National Epi Program, Indian Health Service, 5300 Homestead Blvd, NE, Albuquerque, NM 87110, (505) 248-4132.

City, County &/or State Health Native American Liaison: Office of Health Equity, Pennsylvania Department of Health, Health & Welfare Building, 7th & Forster Sts., Harrisburg, PA 17120, (717) 787-6436.

Special Issues:

- AI/ANs are often misclassified in race/ethnicity STD data. This misclassification increases with lower percentage of AI/AN ancestry.
- AI/AN prevention services are severely underfunded, and those that exist may not reach those at most risk.
- Like many other tight-knit communities, confidentiality can be difficult to maintain in AI/AN communities. This can be a barrier to testing, discussing sexual practices, obtaining treatment, or buying condoms in local stores.
- Urban American Indians are affiliated with multiple Indian Nations and/or tribes resulting in potentially different cultural implications for prevention planning.

* data not available at this time



STDs in American Indians and Alaska Natives RHODE ISLAND

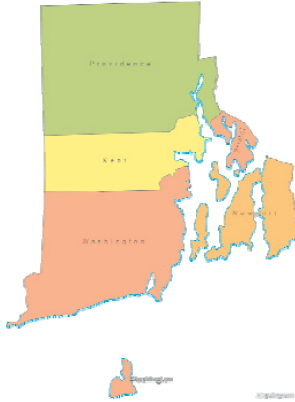
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	5,495	6,140	11,635	1.1
State	503,226	545,093	1,048,319	100.0

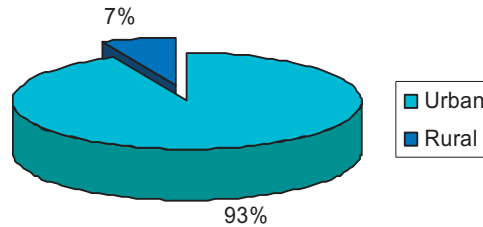
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

Rhode Island STD Program Website: <http://www.health.ri.gov/disease/communicable/index.php>

CDC Project Area



Rhode Island Urban and Rural AI/AN Populations, 2000



*AI/AN population data includes those with two or more races in combination with AI/AN.
Source: US Census Bureau*

STDs in the AI/AN Population

National STD rates among AI/ANs are 2 to 6 times higher than rates for whites. In some states with AI/AN populations over 20,000, gonorrhea and syphilis rates are twice as high as among other ethnic groups. Below find Rhode Island- specific STD rates and percentages for the AI/AN population.

Rhode Island Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	5	13	18	0.6	341.0
State	868	2,396	3,269	100.0	311.8

Source: Rhode Island STD Control Program. Rate calculated on American Indian alone affiliation.

Rhode Island Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	—	—	<5*	<1.1	—
State	211	227	438	100.0	41.8

Source: Rhode Island STD Control Program. Rate calculated on American Indian alone affiliation.

Rhode Island P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
State	22	7	29	100.0	2.8

Source: Rhode Island STD Control Program. Rate calculated on American Indian alone affiliation.

** Rhode Island does not report number of cells with less than 5 cases*

**The term AI/AN is used in the text to refer to the American Indian and Alaska Native population*

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Rhode Island HIV New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	<5	<0.4	<5	<9.1	—	—	—
State	123	100.0	55	100.0	178	100.0	12.5

Source: Rhode Island Department of Public Health. Rate calculated on American Indian alone affiliation.

Rhode Island AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	0	0.0	0	0.0	0	0.0	0.0
State	90	100.0	41	100.0	131	100.0	1.7

Source: Rhode Island Department of Public Health. Rate calculated on American Indian alone affiliation.

Rhode Island Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	<5	<26.0	<5	<100.0	0	0.0
State	19	100.0	5	100.0	0	100.0

Source: CDC Data Request

Select Rhode Island Demographics

2004	Number of Births	%	2004		
			% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	165	1.3	17.0	29.7	72.7
State	12,779	100.0	5.6	15.1	37.3

Source: CDC National Vital Statistics System

2005	2005	
	Median Household Income (USD)	% Below Poverty Level
AI/AN	26,202	28.8
State	42,090	11.9

Source: Census 2000 American Indian and Alaska Native Summary File (AIANSF)

2004-2005	2004-2005		
	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	0.6	928	8.4
State	100.0	156,498	5.0

Source: National Center for Education Statistics

Resources/Potential Partners/ Special Issues

Rhode Island Tribes: There is one *federally-recognized* tribe in Rhode Island: The Narragansett Indian Tribe of Rhode Island, 4375-B South County Trail, PO Box 268, Charlestown, RI 02813, (401) 364-1100, <http://www.narragansett-tribe.org/>.

Tribal Health Programs: The Narragansett Indian Health Center, PO Box 268, Charlestown, RI 02813, (401) 364-1268.

Urban Programs: Rhode Island Indian Council, Inc. 807 Broad Street, Providence, RI 02907, (401) 781-1098, <http://www.rhodeislandindiancouncil.org/matriarch/default.asp>.

IHS Health Programs: Nashville Area Indian Health Service, 711 Stewarts Ferry Pike, Nashville, TN 37214-2634, (615) 467-1500, <http://www.ihs.gov/index.asp>.

Inter-Tribal Health Programs: None available.

Indian Health Boards: National Indian Health Board, 101 Constitution Ave. N.W., Suite 8-B02, Washington, DC 20001, (202) 742-4262, <http://www.nihb.org>; United South and Eastern Tribes, Inc., 711 Stewarts Ferry Pike, Suite 100 Nashville, TN 37214. (615) 872-7900. <http://www.usetinc.org/defaultpage.cfm?ID=41>

IHS Tribal Epidemiology Centers: USET Tribal Epidemiology Center United South and Eastern Tribes, Inc., 711 Stewarts Ferry Pike, Suite 100 Nashville, TN 37214. (615) 872-7900; <http://www.usetinc.org/defaultpage.cfm?ID=41>; National Epi Program, Indian Health Services, 5300 Homestead Blvd. NE, Albuquerque, NM 87110. (505) 248-4132.

Tribal Colleges: None available.

State Health Native American Liaison: Office of Minority Health, Rhode Island Department of Public Health, 3 Capitol Hill, Providence, RI 02908, (401) 222-2901.

Special Issues:
 —AI/ANs are often misclassified in race/ethnicity STD data. This misclassification increases with lower percentage of AI/AN ancestry.
 —AI/AN prevention services are severely underfunded, and those that exist may not reach those at most risk.



STDs in American Indians and Alaska Natives SAN FRANCISCO CITY & COUNTY

San Francisco STD Program Website:
<http://www.sfcdcp.org/>

CDC Project Area



Metro Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	4,557	4,414	8,971	1.2
Metro Area	394,828	381,905	776,733	100.0

AI/AN population data includes those with two or more races in combination with AI/AN.
Source: US Census Bureau

STDs in the AI/AN Population

National STD rates among AI/ANs are 2 to 6 times higher than rates for whites. In some states with AI/AN populations over 20,000, gonorrhea and syphilis rates are twice as high as among other ethnic groups. Below find San Francisco- specific STD rates and percentages for the AI/AN population.

San Francisco Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	7	15	22	0.6	912.5
Metro Area	1,937	1,792	3,729	100.0	504.3

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

San Francisco Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	9	8	17	0.7	705.1
Metro Area	2,094	356	2,450	100.0	331.3

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

San Francisco P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	3	0	3	1.2	124.4
Metro Area	246	3	249	100.0	33.7

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

*The term AI/AN is used in the text to refer to the American Indian and Alaska Native population

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San Francisco HIV non-AIDS Cases, through March 2006

Population Group	Male	%	Female	%	Total	%
AI/AN	36	0.7	12	3.1	25	1.2
Metro Area	5,485	100.0	382	100.0	2,022	100.0

Source: San Francisco Department of Public Health 2005 HIV/AIDS Epidemiology Annual Report. Rate calculated on American Indian alone affiliation.

San Francisco AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	7	0.9	2	1.9	9	1.0	241.9
Metro Area	758	100.0	108	100.0	866	100.0	116.4

Source: CDC HIV/AIDS Surveillance Supplemental Report, Volume 12, Number 2. Rate calculated on American Indian alone affiliation.

San Francisco Hepatitis Cases

Data is not available at this time

Select San Francisco Demographics

2002	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers(2003)
AI/AN	25	0.3	16.0	28.0	n/a*
Metro Area	8,359	100.0	2.8	16.5	24.3

Source: CDC 2002 Vital Statistic of the United States Series, CDC Wonder Search, KIDSCOUNT

2000	Median Household Income (USD)	% Below Poverty Level
AI/AN	38,547	17.6
Bay Area	53,025	11.3

Source: www.ccsre.stanford.edu/reports/report_13.pdf, www.stanford.edu/dept/csre/reports/report_12.pdf

2006-2007	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2004-2005)
AI/AN	0.6	349	1.0
Metro Area	100.0	55,497	1.9

Source: San Francisco Department of Education, www.ed-data.k12.ca.us

Resources/Potential Partners/ Special Issues

Urban Health Programs: The Friendship House Association of American Indians, Inc. of San Francisco, 333 Valencia Street, Suite 400, San Francisco, CA 94013, (415) 865-0964, www.friendshiphousesf.org; Native American Health Center, 1411 Fruitvale Ave, Oakland, CA 94601, (510) 535-4460, <http://www.nativehealth.org/>; San Francisco Native American Health Center (UIHB, Inc.), 160 Capp Street, San Francisco, CA 94110, (415) 553-4400; East Bay Native American Health Center, 3124 International Blvd, Oakland, CA 94601, (510) 535-4400.

Indian Health Boards: Urban Indian Health Board, Inc. Native American Health Center, 1411 Fruitvale Ave, Oakland, CA 94601, (510) 535-4460.

IHS Tribal Epidemiology Centers: California Area Epidemiology Center, California Rural Indian Health Board, Inc., 4400 Auburn Blvd. 2nd Floor, Sacramento, CA 95841, (916) 929-9761.

State Health Native American Liaison: The Office of Multicultural Health, CDHS, MS 0022, PO Box 997413. Sacramento. CA 95899-7413, (916) 440-7562, www.dhs.ca.gov/director/omh/; CDHS, Indian Health Program, 1615 Capitol Avenue, Ste. 73.460, MS 8500, P.O. Box 997413, Sacramento, CA 95899-7413, (916-449-5770).

Special Issues:

AI/AN prevention services are severely underfunded, and those that exist may not reach those at most risk. Thus, AI/AN do not have the health systems to truly detect the true incidence and prevalence of STDs. Surveillance systems in CA can be inaccurate and misleading in the conclusion that the AI/AN population does not have large case numbers or problems. AI/ANs are often misclassified in race/ethnicity STD data. This misclassification increases with lower percentage of AI/AN ancestry.

—One needs to also consider the common mobility/migration of AI/ANs from reservation setting to other areas and back again.

—Like many other tight-knit communities, confidentiality can be difficult to maintain in AI/AN communities, especially in rural areas. This can be a barrier to testing, discussing sexual practices, obtaining treatment, or buying condoms in local stores.

—Urban American Indians are affiliated with multiple Indian Nations and/or tribes resulting in potentially different cultural implications for prevention planning.

* data not available at this time



STDs in American Indians and Alaska Natives SOUTH CAROLINA

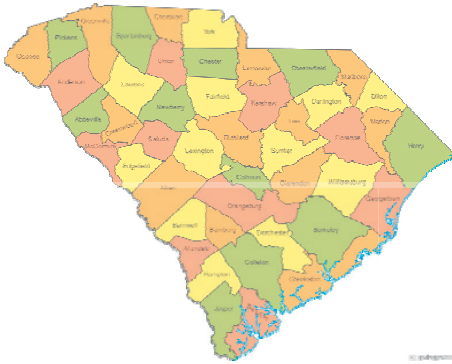
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	13,344	14,112	27,456	0.7
State	1,948,929	2,063,083	4,012,012	100.0

** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

South Carolina STD Program Website: <http://www.scdhec.gov/health/disease/stdhiv/index.htm>

CDC Project Area



South Carolina Urban and Rural AI/AN Populations, 2000



*AI/AN population data includes those with two or more races in combination with AI/AN.
Source: US Census Bureau*

STDs in the AI/AN Population

National STD rates among AI/ANs are 2 to 6 times higher than rates for whites. In some states with AI/AN populations over 20,000, gonorrhea and syphilis rates are twice as high as among other ethnic groups. Below find South Carolina- specific STD rates and percentages for the AI/AN population.

South Carolina Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	2	17	19	0.1	148.8
State	2,683	16,114	18,797	100.0	441.8

Source: South Carolina Department of Health & Environmental Control. Rate calculated on American Indian alone affiliation.

South Carolina Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	4	4	8	<0.1	62.7
State	4,081	4,663	8,744	100.0	205.5

Source: South Carolina Department of Health & Environmental Control. Rate calculated on American Indian alone affiliation.

South Carolina Total Early Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	1	2	0.4	15.7
State	325	188	513	100.0	12.1

Source: South Carolina Department of Health & Environmental Control. Rate calculated on American Indian alone affiliation.

**The term AI/AN is used in the text to refer to the American Indian and Alaska Native population*

This Fact Sheet was developed by JSI Research & Training Institute (303-262-4300, www.jsi.com) in conjunction with the Northern Plains Tribal Epidemiology Center (605-721-1922, www.aatchb.org/epi)

South Carolina HIV New Cases

Data is not available at this time

South Carolina AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	0	0.0	0	0.0	0	0.0	0.0
State	521	100.0	231	100.0	752	100.0	21.6

Source: CDC HIV/AIDS Surveillance Supplemental Report, AIDS Cases by Geographical Area of Residence and Metropolitan Statistical Area of Residence 2004. Rate calculated on American Indian alone affiliation.

South Carolina Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	0	0.0	1	0.1	9	0.2
State	44	100.0	832	100.0	4,719	100.0

Source: South Carolina Department of Health & Environmental Control

Select South Carolina Demographics

2004	Number of Births	%	% of Births to Mothers <20	% w/ <9 yrs education	% Unmarried Mothers
State	56,543	100.0	13.4	3.9	26.1

Source: South Carolina Department of Health & Environmental Control

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	33,115	19.5
State	39,316	10.5

Source: US Census Bureau

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2002-2003)
AI/AN	0.2	1,429	4.7
State	100.0	680,635	3.2

Source: South Carolina Department of Education, National Center for Education Statistics

Resources/ Potential Partners/ Special Issues

South Carolina Tribes: For a listing and contact information of the tribes in South Carolina please see: <http://southcarolinaindianaffairs.com/members>.

Tribal Health Programs: None available.

Urban Health Programs: None available.

IHS Health Programs: Catawba Health Center, 2893 Sturgis Rd., Rock Hill, SC 29730, (803) 366-9090.

Inter-Tribal Health Programs: American Indian Center of South Carolina, 655 St. Andrews Rd., #111, Columbia, SC 29210, (803) 796-9419.

Indian Health Boards: United South & Eastern Tribes, 711 Stewarts Ferry Pike, Nashville, TN 37214, (615) 872-7900, <http://usetinc.org/>.

IHS Tribal Epidemiology Centers: United South & Eastern Tribes, 711 Stewarts Ferry Pike, Nashville, TN 37214, (615) 872-7900, <http://usetinc.org/>.

Tribal Colleges: None available.

State Health Native American Liaison: SC DHEC, Office of Minority Health 2600 Bull Street, Columbia, SC 29201, (803) 898-3808, <http://www.scdhec.net/health/minority/index.htm>.

Special Issues:

- Tribal Health Departments are not required to report STDs, thus creating an undercount in the statistics.
- AI/ANs are often misclassified in race/ethnicity STD data. This misclassification increases with lower percentage of AI/AN ancestry.
- One needs to also consider the common mobility/migration of AI/ANs from reservation setting to other areas and back again.
- Like many other tight-knit communities, confidentiality can be difficult to maintain in AI/AN communities, especially in rural areas. This can be a barrier to testing, discussing sexual practices, obtaining treatment, or buying condoms in local stores.
- AI/AN prevention services are severely underfunded, and those that exist may not reach those at most risk.

* data not available at this time



STDs in American Indians and Alaska Natives TENNESSEE

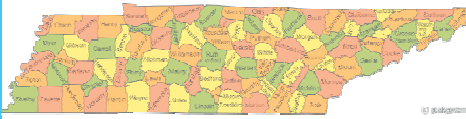
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	19,085	20,103	39,188	0.7
State	2,770,275	2,919,008	5,689,283	100.0

** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

Tennessee STD Program Website: <http://www2.state.tn.us/health/STD/std.htm>

CDC Project Area



Tennessee Urban and Rural AI/AN Populations, 2000



*AI/AN population data includes those with two or more races in combination with AI/AN.
Source: US Census Bureau*

STDs in the AI/AN Population

National STD rates among AI/ANs are 2 to 6 times higher than rates for whites. In some states with AI/AN populations over 20,000, gonorrhea and syphilis rates are twice as high as among other ethnic groups. Below find Tennessee- specific STD rates and percentages for the AI/AN population.

Tennessee Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	10	37	47	0.2	262.7
State	6,523	16,315	22,838	100.0	383.0

Source: Tennessee Department of Health. Rate calculated on American Indian alone affiliation.

Tennessee Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	4	10	14	0.2	78.3
State	4,209	4,395	8,604	100.0	144.3

Source: Tennessee Department of Health, CDC Data Request. Rate calculated on American Indian alone affiliation.

Tennessee P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
State	153	64	217	100.0	3.6

Source: CDC Data Request. Rate calculated on American Indian alone affiliation.

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Tennessee HIV/AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	0	0.0	1	0.3	1	<0.1	1.6
State	802	100.0	306	100.0	1,108	100.0	18.8

Source: http://www2.state.tn.us/health/STD/PDFs/Epi_Profile2005.pdf . Rate calculated on American Indian alone affiliation.

Tennessee Hepatitis New Cases

Data is not available at this time

Select Tennessee Demographics

2004	Number of Births	%	% of Births to Mothers <20	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	149	0.2	12.0	22.8	40.2
State	79,572	100.0	12.9	22.4	38.1

Source: Tennessee Department of Health

2005	Median Household Income (USD)	% Below Poverty Level (1999)
AI/AN	28,825	17.2
State	38,874	11.0

Source: US Census Bureau, Resource: Better health Initiative, Division of Health Statistics, Tennessee Department of Health

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	0.2	1,797	n/a*
State	100.0	941,091	4.3

Source: National Center for Education Statistics

Resources/ Potential Partners/ Special Issues

Tennessee Tribes: There are no federally-recognized tribes in Tennessee. Tribal groups currently residing in the state include: the Cumberland Creek Indian Confederation; Etowah Cherokee Nation, PO Box 5454, Cleveland, TN 37320; the Red Clay Band of SE Cherokee Confederacy; and the Elk Valley Band - Council of Chickamauga Cherokee, 27 Honey Lane, Estill Springs, TN 37330-3529, (931) 962-6499.

Tribal Health Programs: None available.

Urban Health Programs: United South & Eastern Tribes 711 Stewarts Ferry Pike, Nashville, TN 37214, (615) 872-7900, <http://usetinc.org/>.

IHS Health Programs: Nashville Area Indian Health Service, 711 Stewarts Ferry Pike, Nashville, TN 37214-2634.

Inter-Tribal Health Programs: United South & Eastern Tribes 711 Stewarts Ferry Pike, Nashville, TN 37214, (615) 872-7900, <http://usetinc.org/>.

Indian Health Boards: United South & Eastern Tribes 711 Stewarts Ferry Pike, Nashville, TN 37214, (615) 872-7900, <http://usetinc.org/>.

IHS Tribal Epidemiology Centers: United South & Eastern Tribes 711 Stewarts Ferry Pike, Nashville, TN 37214, (615) 872-7900, <http://usetinc.org/>.

Tribal Colleges: None available.

State Health Native American Liaison: Tennessee Department of Health, Office of Minority Health, Cordell Hull Bldg. 3rd Fl., 425 5th Ave. N, Nashville, TN 37213-0136, (615) 741-9443.

Special Issues:

- Tribal Health Departments are not required to report STDs, thus creating an undercount in the statistics.
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