

STDs In American Indians & Alaska Natives



NATIONAL & STATE
FACT SHEETS
2007





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Dear Colleague:

This publication is the result of a joint collaborative project between and the National Coalition of STD Directors (NCS D), Indian Health Service (IHS) and Centers for Disease Control and Prevention (CDC).

As you may know, American Indian and Alaska Native (AI/AN) populations have disproportionately high rates of sexually transmitted diseases (STDs). Compared to whites, AI/ANs were almost six times as likely to have chlamydia, four times as likely to have gonorrhea, and twice as likely to have syphilis (rates are higher among certain tribes) (CDC Sexually Transmitted Disease Surveillance 2002). The responsibility to prevent and control STDs in AI/AN communities is shared among multiple agencies including state STD programs, tribes, the Indian Health Service (IHS), and the Centers for Disease Control and Prevention (CDC).

In 2005, in order to strengthen collaboration and coordination of STD prevention and control efforts in AI/AN communities, the National Coalition of STD Directors (NCS D) formed a workgroup of state STD Directors from states with large AI/AN populations. On a national scale NCS D strengthens state STD programs by advocating for effective policies, strategies, and sufficient resources and by increasing awareness of the medical and social impact of STDs. It was felt that NCS D could provide the necessary leadership and guidance that would work to unite state STD programs, tribes, IHS, and CDC to collaboratively confront the challenge of reducing STDs in AI/AN communities.

One of the overarching goals of this project was to increase awareness of the AI/AN population in each individual project area. In order to do that this initial project was undertaken to prepare a fact sheet for each project area that would be a summary breakdown of American Indian / Alaska Native statistics / information specific to that project area. These fact sheets will also be housed on the NCS D website and updated yearly.

Thank you to all the individuals who have worked to see this project through to fruition. It clearly represents an ongoing commitment to the American Indian/Alaska Native population.

National Coalition of STD Directors

The National Coalition of STD Directors (NCS D), established in 1997, represents the 65 Directors of Public Health sexually transmitted disease prevention programs in states, large cities / counties and territories of the United States. NCS D provides dynamic leadership that strengthens STD programs by advocating for effective policies, strategies and sufficient resources and by increasing awareness of their medical and social impact.



STDs in American Indians and Alaska Natives UNITED STATES OF AMERICA

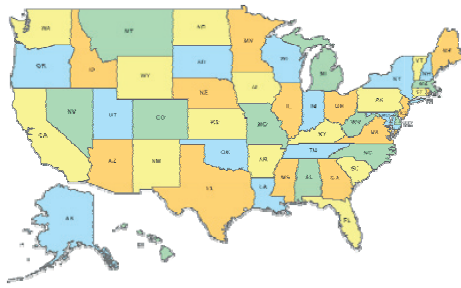
US Population & AI/AN, 2006

Population Group	Male	Female	Total	%
AI/AN	2,226,161	2,271,734	4,497,895	1.5
US	147,512,152	151,886,332	299,398,484	100.0

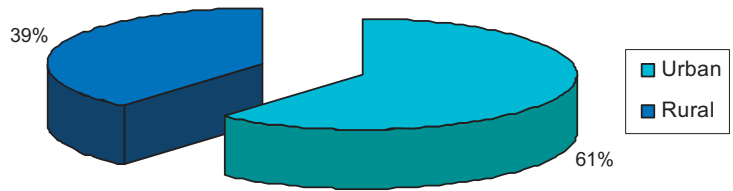
Source: U.S. Census Bureau. 2006 Population Estimates. Table 4: Annual Estimates of the American Indian and Alaska Native Alone or in Combination Population by Age and Sex for the United States: April 1, 2000 to July 1, 2006

National Coalition of STD Directors Website: <http://www.ncsddc.org/>

United States Map



United States Urban and Rural AI/AN Populations, 2005



Source: Urban Indian Health Institute, Fact Sheet: Health Status for Urban American Indians and Alaska Natives

STDs in the AI/AN Population

National STD rates among AI/ANs are higher than for some STD rates for whites. Compared to other racial/ethnic groups, AI/AN have the second highest rates of chlamydia and gonorrhea and the third highest rates for primary and secondary syphilis. Below find US- specific STD rates and percentages for the AI/AN population.

United States Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	3,571	14,191	17,762	1.8	620.4
US	236,074	740,371	976,445	100.0	332.5

- AI/AN rates are over twice as high as the overall US rates.

Source: <http://www.cdc.gov/STD/stats/Tables/table10a.htm>, <http://www.cdc.gov/STD/stats/Tables/table4.htm>, Kaufman et al. (2007). Within the hidden epidemic: Sexually transmitted diseases and HIV/AIDS among American Indians and Alaska Natives. *Sexually Transmitted Diseases*. 34(5).

United States Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1,112	2,113	3,225	<0.1	112.6
US	162,056	177,537	339,593	100.0	115.6

- AI/AN case rate similar to US rate, however, AI/AN trend over time reflects a 2% average annual increase while for the US reveals a 2% decrease for the same time period.

Source: <http://www.cdc.gov/STD/stats/Tables/table12.htm>, <http://www.cdc.gov/STD/stats/Tables/table20a.htm>, <http://www.cdc.gov/STD/stats/Tables/table13.htm>

United States P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	40	20	60	<0.1	2.1
US	7,385	1,339	8,724	100.0	3.0

- AI/AN case rates from 2000 through 2004 parallel the US case rate increase.
- Some American Indian tribes have experienced recent and sustained increases in P&S syphilis.

Source: <http://www.cdc.gov/STD/stats/Tables/table24.htm>, <http://www.cdc.gov/STD/stats/Tables/table25.htm>, <http://www.cdc.gov/STD/stats/Tables/table32a.htm>, Kaufman et al. (2007). Within the hidden epidemic: Sexually transmitted diseases and HIV/AIDS among American Indians and Alaska Natives. *Sexually Transmitted Diseases*. 34(5).

*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)

HIV/AIDS Adult & Adolescent New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	138	0.5	57	0.5	195	0.5	13.2
US	27,455	100.0	9,708	100.0	37,163	100.0	23.9

Refers to 33 states with long-term, confidential name-based HIV reporting

- Between 1990 and 2003, AI/AN AIDS cases increased from 223 to 3,026.
- Of persons who had received a diagnosis of AIDS during 1997- 2004, American Indians and Alaska Natives had survived for a shorter time than had Asians and Pacific Islanders, whites, or Hispanics.
- When taking population size into account, AI/AN in 2005 ranked 3rd in rate of HIV/AIDS diagnosis after blacks and Hispanics

Source: CDC HIV/AIDS Fact Sheet: HIV/AIDS Among American Indians and Alaska Natives, revised June 2007

Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	150	0.5	299	1.0	120	0.4
US	4,488	1.5	5,494	1.8	671	0.2

- Hepatitis A AI/AN rates are now lower than those of other races following the introduction of the HEP A vaccine. AI/AN rates were 5 times other racial/ethnic group prior to vaccine.
- Hepatitis B & C AI/AN rates similar across racial and ethnic populations.

Source: CDC-MMWR Surveillance for Acute Viral Hepatitis – United States, 2005 (March 16, 2007) 56/SS-3.

Births

2005	Birth Rate (per 100,000)	% of Births to Mothers <19	% Unmarried Mothers
AI/AN	14.2	35.2	63.3
US	14.0	10.2	36.8

Source: http://www.cdc.gov/nchs/data/hestat/prelimbirths05_tablespdf#1

Economics

2005	Median Household Income (USD)	% Below Poverty Level	2003 Unemployment Rate
AI/AN	33,320	25.4	15.1
US	46,242	13.3	5.9

Source: US Census Bureau; American Community Survey; National Center for Education Statistics

Select US Demographics

Education

2003	High School Dropout	High School Completion	Some College	Bachelor's Degree
AI/AN	22.8%	35.2%	22.2%	9.0%
White	10.6%	32.9%	17.6%	19.7%

Source: NCES (2005) Status and Trends in the Education of American Indians and Alaska Natives

Living Conditions

2005	1 or More Occupants Per Room	Telephone Service Available	Complete Plumbing Facilities	Household Received Food Stamps Past 12 Months
AI/AN	7.9%	86.8%	96.9%	17.7%
White	1.9%	95.6%	99.6%	5.9%

Source: US Census Bureau; American Community Survey

AI/AN Risk Factors Co-Occurring With Sexual Risk Behaviors

Individual Level

- AI/ANs are disproportionately affected by demographic and economic factors associated with increased STD/HIV/AIDS risk.¹
- AI/ANs have escalating rates of injection drug use.
- AI/ANs as a whole are 2 to 3 times more likely than US population to engage in excessive drinking which co-occurs with sexually risky behaviors.¹
- AI/ANs engage in more unprotected sexual behaviors and inconsistent condom use than the US population.¹
- Majority of STDs among AI/ANs occur among young people (15 to 24).²
- AI/ANs report having more sexual partners than the general US population.²
- Circulation of infected AI/AN persons, coupled with partnering patterns (high numbers or have partners with high numbers), are likely to provide transmission bridges to even remote rural reservation areas.²
- AIDS, while not elevated among AI/ANs, is associated with high levels of STDs and HIV transmission which places AI/ANs at more risk for progression to this condition.²

Socio-Level

- Trauma (cultural, historical, assaults) may be a better predictor of STD/HIV risk behavior than social cognition.¹
- Political disempowerment theorized as a risk factor resulting in geographic and cultural distance making it difficult to obtain funding and prevent at-risk AI/ANs from trusting researchers, bureaucrats, and health care systems.¹
- Cultural incompetencies and insensitivities of the US health care system may prevent many at-risk AI/ANs from seeking prevention or care.¹

AI/AN Protective Factors

- There are very few studies which suggest a possible protective factor in occurrence of STD/HIV/AIDS risk.
- Employment seems to protect against both drug use and HIV risk behavior. Researchers found that at six months after drug use treatment, being employed protected individuals against both drug use and HIV risk behavior.¹
- Alcohol and drug use may mediate the relationship between traumatic stressor and sexual risk taking among AI/AN women.¹

¹ Duran, B & Walters, KL (2004). HIV/AIDS prevention in "Indian Country": Current practice, indigenous etiology models, and postcolonial approaches to change. *AIDS Education and Prevention*, 16(3), 187-201.

² Kaufman, CE et al. (2007). Within the hidden epidemic: Sexually transmitted diseases and HIV/AIDS among American Indians and Alaska Natives. *Sexually Transmitted Diseases*, 34(5).

Special Issues:

- Data Limitations:
 - ◊ Tribal Health Departments are not required to report STDs; this may create an undercount in the statistics.
 - ◊ Racial Misclassification and population estimates significantly impair the accuracy of data which results in an underestimation.
 - ◊ It is common for individual data to have the racial category incomplete.
 - ◊ STDs often produce no discernable symptoms; many infections remain undiagnosed.
- AI/ANs living in select urban areas have high incidence of certain STDs.
- One needs to 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 thus creating a barrier to testing, discussing sexual practices, obtaining treatment, or accessing prevention services.
- AI/AN prevention and treatment services are severely underfunded, and those that exist may not reach those at most risk.
- Geographic and cultural isolation characterizes many AI/AN communities limiting access to and quality of services.
- Traditional AI/ANs may have values and beliefs related to illness that are discordant with Western philosophies thus affecting discussion about STDs and their prevention.
- AI/ANs are greatly affected by health disparities and bear a greater burden of health disease and health risk factors.
- Racism makes it difficult for many AI/ANs to access assistance from health and social services.
- AI/ANs are disadvantaged economically thus creating financial barrier to services and programming.

Source: HIV/STD Prevention Guidelines for Native American Communities (NNAAPC).

STD/HIV RESOURCE LIST

WORKING WITH AMERICAN INDIAN AND ALASKA NATIVE POPULATIONS

Successful prevention programs for sexually transmitted diseases and HIV in American Indian communities often look different from programs in non-native communities. Possible venues for program initiatives, for example, include sweats, dances, casinos, community dinners and tax centers. Some communities rely on help from spiritual elders. What works in one Native community, however, may not work in others. A history of colonization and poverty, unique cultures, and a distrust and misunderstanding of the health care system are just some of the challenges that require programs that are well planned, culturally sensitive and inclusive. American Indian communities encompass hundreds of tribes with their own unique cultures and traditions, all of which influence behavior and effective treatment. Below find a list of resources that may be helpful in addressing STDs/HIV/AIDS in AI/AN communities.

Source: Nakai, A, et al. (2004) *HIV/STD Prevention Guidelines for Native American Communities*. RCAP (www.indiana.edu/~aids) & NNAAPC (www.nnaapc.org)

AIDS Project Los Angeles/ Red Circle Project
http://www.apla.org/native_american/RCP/resources_programs/index.htm

Association of American Indian Physicians (AAIP)
<http://www.aaip.org/programs/hcop/hcop.htm>
http://www.aaip.org/programs/hiv_aids/OKLAHOMA_gay_natives/oklahoma_gay_natives.htm

CDC Division of HIV/AIDS Prevention
<http://www.cdc.gov/hiv>

CDC Division of Sexually Transmitted Disease Prevention
<http://www.cdc.gov/std>

CDC's National Prevention Information Network:
<http://www.cdcnpi.org/scripts/index.asp>

HIV/AIDS Prevention Project/Advancing HIV/AIDS in Prevention in Native Communities
Colorado State University
<http://www.happ.colostate.edu/contact.html>

The HIV/AIDS Tribal BEAR Project:
<http://www.spipa.org/expanding.shtml>

IHS National Epidemiology Program
<http://www.ihs.gov/medicalprograms/epi>

Indian Health Services
National HIV/AIDS Program
<http://www.ihs.gov/MedicalPrograms/HIVAIDS/index.cfm>

Indigenous Peoples Task Force
<http://www.indigenouspeoplestf.org/index.cfm>

Inter Tribal Council of Arizona/National STD/HIV/AIDS Prevention Program: <http://www.itcaonline.com/nshapp/>

National Alliance of State and Territorial AIDS Directors
<http://www.nastad.org>

National Association of People with AIDS
<http://www.napwa.org>
National Coalition of STD Directors
<http://www.ncsddc.org/>

National Council of Urban Indian Health
www.ncuih.org
National Indian Health Board
www.nihb.org

National Indian Women's Health Resource Center
www.niwhrc.org

National Library of Medicine - American Indian Health Resources on HIV/AIDS:
<http://americanindianhealth.nlm.nih.gov/health04.html>

National Minority AIDS Council (NMAC)
<http://www.nmac.org>
National Native American AIDS Prevention Center
www.nnaapc.org

National Network of STD/HIV Prevention Training Centers
www.stdhivpreventiontraining.org

Navajo AIDS Network Inc.
www.navajoaidsnetwork.org

Northern Plains Tribal Epidemiology Center/STD HIV Program
<http://www.aatchb.org/epi/>

Northwest Portland Area Indian Health Board/Project Red Talon:
http://www.npaihb.org/epicenter/project/project_red_talon/

Red Road HIV/AIDS Network: <http://www.red-road.org/>

Rocky Mountain Tribal Epidemiology Center
<http://www.mtwtlrc.com/rockymountainepi.htm>

Rural Center for AIDS/STD Prevention:
<http://www.indiana.edu/~aids/whatsnew.html>

Salish Kootenai College Tribal BEAR Project:
<http://www.skcc.edu/programs/tribalbear.html>



STDs in American Indians and Alaska Natives ALABAMA

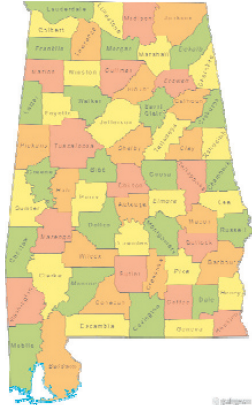
State Population & AI/AN, 2000

Population Group	Males	Females	Total	%
AI/AN	10,833	11,596	22,429	0.5
State	2,146,504	2,300,596	4,447,100	100.0

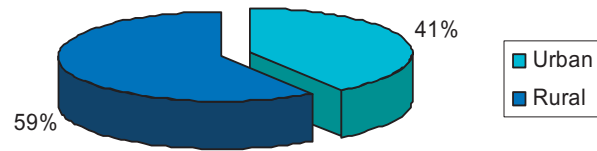
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

Alabama STD Program Website: <http://www.adph.org/STD/default.asp?>

CDC Project Area



Alabama 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 Alabama- specific STD rates and percentages for the AI/AN population.

Alabama Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	21	22	0.1	96.1
State	2,507	14,532	17,039	100.0	244.2

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

Alabama Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	4	4	8	<0.1	34.9
State	4,180	4,494	8,764	100.0	146.2

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

Alabama P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	0	1	0.6	4.4
State	100	69	169	100.0	3.7

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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Alabama HIV New Cases, 2003

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	1.7	0	0.0	1	0.1	8.7
State	597	100.0	254	100.0	851	100.0	18.9

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

Alabama 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	316	100.0	150	100.0	466	100.0	12.4

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.

Alabama Hepatitis New Cases

Data is not available at this time

Select Alabama Demographics

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	179	0.3	10.1	21.8	30.7
State	59,510	100.0	8.6	22.3	36.2

Source: CDC National Vital Statistics System

Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	32,084	18.3
State	36,879	11.5

Source: US Census Bureau

Education

2005-2006	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	0.8	5,709	2.6
State	100.0	738,450	4.1

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

Resources/ Potential Partners/ Special Issues

Alabama Tribes: There is one *federally-recognized* Indian Tribe in Alabama: The Poarch Creek Indians (Muskogee), 5811 Jack Springs Road, Atmore, AL 36504, <http://www.poarchcreekindians-nsn.gov/>. Other *state-recognized* Indian tribes, bands and communities include: The Cherokee Tribe of Northeast Alabama, PO Box 252, Douglas, AL 35964-0252, <http://members.aol.com/ctnealhome/>; The Echota Cherokee Tribe of Alabama 630 County Road 1281, Falkville, AL 35622, (256) 734-7337, <http://www.echotacherokeetribe.homestead.com/>; The Ma-Chis Lower Creek Tribe 708 South John St., New Brockton, AL 36351, (334) 347-0373, <http://www.machistribe.com/LCITE/index.htm>; The Mowa Band of Choctaw 1080 Red Fox Rd., Mt. Vernon, AL 36560, (251) 829-5500; The Cher-O-Creek IntraTribal Indians, 2212 50th St., Valley, AL 36854, (334) 756-2889; Piqua Shawnee Tribe 3412 Wellford Circle, Birmingham, AL 35226; the United Cherokee Ani-Yun-Wiya Nation 6407 Jarmon Road, Guntersville, AL 35976, (256) 582-2333, <http://www.ucan-online.org/>; and the Star Clan of Muskogee Creeks 242 County Road 2254, Troy, AL 36079, (334) 285-285-2491.

Tribal Health Programs: Not available.

Urban Health Programs: Not available.

IHS Health Programs: Poarch Creek Service Unit 5811 Jack Spring Rd., Atmore, AL 36502.

Inter-Tribal Health Programs: Not 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: Not available.

State Health Native American Liaison: Not available. Alabama Department of Public Health, Minority Health, The RSA Tower 201 Monroe St., Montgomery, AL 36104, (334) 206-5300, www.adph.org.

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 Alaska Natives* ALASKA

State Population & Alaska Natives, July 1 2005

Population Group	Male	Female	Total	%
Alaska Native	59,565	58,178	117,743	17.7
State	340,591	323,070	663,661	100.0

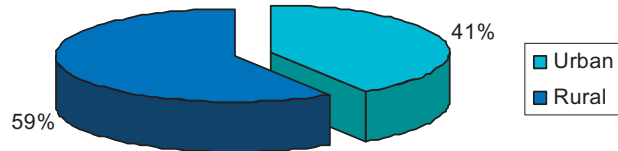
Source: Alaska Department of Labor & Workforce Development, Research and Analysis Section

Alaska STD Program Website: <http://www.epi.hss.state.ak.us/hivstd/default.stm>

CDC Project Area



Alaska Urban and Rural Alaska Native Populations, 2005



Alaska's three major cities, Anchorage, Fairbanks, and Juneau comprised 59.8% of the state's 2005 population. In 2005, 41.4% of the Alaska Native population resided in these three areas. Anchorage is often referred to as the largest Alaska Native village.

Source: Alaska Department of Labor & Workplace Development, Section of Research and Analysis

Sexually Transmitted Disease in the Alaska Native Population

National STD rates among Alaska Native and American Indians are 2-6 times higher than rates for whites. Although Alaska Natives comprised nearly 18% of the total population in Alaska in 2005, they accounted for 48.5% of the chlamydia and 52.7% of gonorrhea cases in 2005.

Alaska Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
Alaska Native	559	1,555	3,225	74.0	2,739.0
State	1,447	2,910	4,357	100.0	656.5

Source: Alaska Division of Public Health, Section of Epidemiology

Alaska Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
Alaska Native	92	255	317	52.7	269.2
State	252	349	601	100.0	90.5

Source: Alaska Division of Public Health, Section of Epidemiology

Alaska P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
Alaska Native	1	0	1	11.1	0.9
State	8	1	9	100.0	1.4

Source: Alaska Division of Public Health, Section of Epidemiology

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

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Alaska HIV Reported New Cases with and without AIDS, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
Alaska Native	4	22.2	2	28.6	6	24.0	5.1
State	18	100.0	7	100.0	25	100.0	3.8

Source: Alaska Division of Public Health, Section of Epidemiology

Alaska Hepatitis New Cases

Hepatitis A, B, and C case data not yet released in Alaska Native populations

Select Alaska Demographics

Births

2004	Number of Births	%	% of Births to Mothers ≤ 19	% w/ <12 yrs education	% Unmarried Mothers
Alaska Native	2,577	24.9	17.7	27.2	63.4
State	10,386	100.0	10.5	14.1	34.6

Source: Section of Epidemiology, Alaska Division of Public Health

Economics

2005	Median Household Income (USD)	% Below Poverty Level
Alaska Native	38,397	15.6
State	56,234	7.4

Source: US Census Bureau

Education

2004-2005	Enrollment % (7-12)	Actual Enrollment (7-12)	Dropout Rate % (2003-2004)
Alaska Native	24.3	15,157	8.1
State	100.0	62,473	4.9

Source: Alaska Department of Education

Resources/ Potential Partners/ Special Issues

Alaska Natives/Tribes: Alaska has 229 federally recognized tribes that live across 586,412 square miles of predominately roadless land. For a list of *federally-recognized* tribes please see: <http://www.indians.org/Resource/FedTribes99/Region1/region1.html>.

Tribal Health Programs: Since 1970, Alaska Natives have increasingly taken over from the Federal government the responsibility for managing their own health care system. Various tribes negotiated and signed an agreement known as the Alaska Tribal Health Compact with each other and the Indian Health Service. Through the compact, the Alaska Tribal Health System was established—a group of 39 tribal health organizations linked by an agreement on common goals and objectives. Included in the system are the Alaska Native Medical Center (a statewide referral and tertiary facility in Anchorage), six regional hospitals; and clinics in some 200 rural communities across the state. For more information please see: <http://www.tribalconnections.org/sitemap.html>

IHS Health Programs: **Alaska Area Office of IHS.** Alaska Area Native Health Service, 4141 Ambassador Drive, Suite 300, Anchorage, AK 99508.5928, (907) 729-3686. This Area Office works in conjunction with nine tribally operated service areas. Through the provisions of P.L. 93-638, there are 19 Title I contracts and one Title V compact with 21 annual funding agreements. Alaska tribes administer 99% of the IHS funds earmarked for Alaska. Tribal hospitals are located in Anchorage, Barrow, Bethel, Dillingham, Kotzebue, Nome and Sitka. There are 25 tribal health centers and 176 tribal community health aide clinics operated throughout the State. The Alaska Native Medical Center (ANMC) in Anchorage serves as the Area's referral center and gatekeeper for specialty care. Please see <http://www.ihs.gov/FacilitiesServices/AreaOffices/Alaska/ak-contact.asp> for more information.

Inter-Tribal Health Programs: **Alaska Native Tribal Health Consortium** 4000 Ambassador Drive, Mailstop C-DCHS, Anchorage, AK 99508, (907) 729-1900, <http://www.anthc.org/>. **Community Health Aid Program** www.akchap.org.

Indian Health Boards: **Alaska Native Health Board** 3700 Woodland Drive, Suite 500, Anchorage, AK 99527, (907) 562-6006.

IHS Tribal Epidemiology Centers: **Alaska Native Epidemiology Center,** Alaska Native Tribal Health Consortium, 4000 Ambassador Drive, Mailstop C-DCHS, Anchorage, AK 99508, (907) 729-1900, <http://www.anthc.org/cs/chs/epi/>.

Tribal Colleges: **Ilisagvik College** P.O. Box 749, Barrow, Alaska 99723, 907-852-3333, Toll-free (Alaska only): 1-800-478-7337, webspaces.ilisagvik.cc/.

State Tribal Health Liaisons: Renee Gayhart, (907) 465-1619, renee_gayhart@health.state.ak.us; Charlene Galang, (907) 334-2433, charlene_galang@health.state.ak.us; Randall Super, (907) 344-2474, randall_super@health.state.ak.us.

Special Issues:

- Alaska Natives are the largest minority group in Alaska (almost 18% of state's population).
- Former IHS hospitals/facilities and health care responsibilities have been compacted to Alaska Regional Native Health Corporations in all areas of the state, as has the Alaska Native Medical Center in Anchorage (ANMC). ANMC, owned and operated by the non-profit Alaska Native Tribal Health Consortium, provides tertiary medical care to Alaska Natives statewide.
- STD services are provided to Alaska Natives in rural areas in Alaska Native Regional Health Corporation facilities and State of Alaska Public Health Centers. Community Health Aides/Practitioners and itinerant public health nurses provide STD services in villages.

All providers and labs associated with Regional Native Health Corporations and the Alaska Native Tribal Health Consortium report STD, HIV/AIDS to the Alaska Division of Public Health.

- A 2002 study of HIV/AIDS cases jointly conducted by the State of Alaska, CDC, and IHS documented that misidentification of race/ethnicity data of STD and HIV cases occurs at much lower rates in Alaska (3.3%) than in jurisdictions in the contiguous 48 states, and does not result in undercounting of HIV/AIDS cases in Alaska.
- As in other tight-knit communities, confidentiality can be difficult to maintain in small rural communities. Family members are often employed by the local Native health care system, posing a potential barrier to prevention activities such as testing and treatment for HIV/STD and access to risk reduction information. Condoms are available in village health clinics.
- A high rate of travel between rural villages and between rural and urban areas of Alaska affects planning for prevention and care services.



STDs in American Indians and Alaska Natives ARIZONA

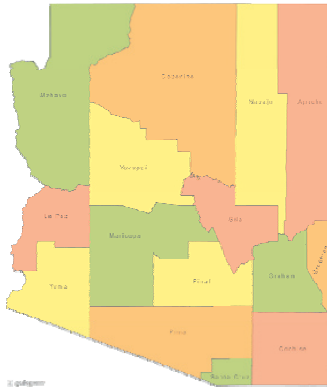
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	130,443	130,876	292,552	5.1
State	2,561,057	2,569,575	5,743,834	100.0

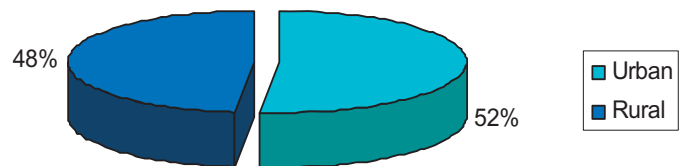
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Arizona STD Program Website: <http://www.azdhs.gov/phs/oids/index.htm>

CDC Project Area



Arizona Urban and Rural AI/AN Populations, 2000



Source for population data: 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 Arizona- specific STD rates and percentages for the AI/AN population.

Arizona Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	430	1,989	2,419	11.4	798.6
State	5,059	16,213	21,272	100.0	358.2

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

Arizona Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	157	264	421	8.5	139.0
State	2,611	2,340	4,951	100.0	83.4

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

Arizona P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	8	6	14	8.0	4.6
State	126	49	175	100.0	2.9

Source: Arizona Department of Health 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)

Arizona HIV New Cases, 2006

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	6	4.9	3	10.0	9	5.9	2.8
State	123	100.0	30	100.0	153	100.0	2.5

Source: <http://www.azdhs.gov/>. Rate calculated on American Indian alone affiliation.

Arizona AIDS New Cases, 2006

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	13	8.4	7	21.9	20	10.8	6.3
State	154	100.0	32	100.0	186	100.0	3.0

Source: <http://www.azdhs.gov/>. Rate calculated on American Indian alone affiliation.

Arizona Hepatitis New Cases

Population Group	Acute Hepatitis A (2005)		Acute Hepatitis B(2005)		Chronic Hepatitis C (2003)	
	Total	%	Total	%	Total	%
AI/AN	3	1.5	4	1.1	181	1.9
State	195	100.0	375	100.0	9,516	100.0

Source: <http://www.azdhs.gov/phs/oids/stats/pdf/casesbyrace2005.pdf>, <http://www.azdhs.gov/phs/oids/pdf/yearly2005.pdf>, <http://www.azdhs.gov/phs/oids/pdf/hepc/pdf/chronic-hepatitis.pdf>

Select Arizona Demographics

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <9 yrs education	% Unmarried Mothers
AI/AN	6,120	6.6	18.7	3.9	73.1
State	93,396	100.0	12.7	9.3	41.9

Source: <http://www.azdhs.gov/plan/report/ahs/ahs2004/pdf/1b12.pdf>, <http://www.azdhs.gov/plan/report/ahs/ahs2004/pdf/1b2.pdf>

Economics

2004	Median Household Income (USD)	% Below Poverty Level
AI/AN	40,558	13.9
State	40,724	13.6

Source: US Census Bureau

Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2004-2005)
AI/AN	5.6	56,633	6.2
State	100.0	1,004,009	4.9

Source: <http://www.ade.az.gov/researchpolicy/AZEnroll/>, <http://www.ade.az.gov/>

Resources/Potential Partners/ Special Issues

Arizona Tribes: Arizona is home to 21 *federally recognized* tribes: Ak-Chin Indian Community, Yavapai-Apache Nation, Navajo Nation (Diné), Cocopah Indians, Colorado River Indian Tribes, White Mountain Apache Tribe, Fort McCowell Yavapai Nation, Fort Mojave Indian Tribe, Pima Tribe, Maricopas, Havasupai Tribe, Hopi Tribe, Hualapai Tribe, Kaibab-Paiute Tribe, Pascua Yaqui Tribe, Salt River Pima and Maricopa Tribes, San Carlos Apache Tribe, Tolono O'odham Nation, Tonto Apache Tribe, Yavapai-Prescott Indian Tribe, and the Fort Yuma-Quechan Tribe. The San Juan Southern Paiute Tribe currently has no land base (reservation). For a map of reservation lands and contact information, please see <http://alliance.la.asu.edu/maps/AZ-RES3.PDF>.

Tribal Health Programs : For individual tribal health program contacts please see <http://www.azdhs.gov/phs/tribal/directory.htm>.

Urban Health Programs: Native American Community Health Center, Inc. 3008 N. Third Street, Suite 310, Phoenix, AZ 85012, (602) 279-5262; Tucson Indian Center, Inc. 97 E. Congress St., PO Box 2307, Tucson, AZ 85701 (520)-884-7131; and Native Americans for Community Action Inc. 2717 North Steves Blvd, Suite 11, Flagstaff, AZ 86004, (928) 526-2968).

IHS Health Programs : Tucson Area Indian Health Services 7900 South J Stock Rd., Tucson, AZ 85746 (520) 295-2405; Phoenix Area Indian Health Service 40 North Central Ave., Rm 504, Phoenix, AZ 85004, (602) 364 5039; and Navajo Area Indian Health Service PO Box 9020, Window Rock, AZ 86515, (928) 871-5811.

Inter-Tribal Health Programs: Inter-Tribal Council of Arizona, Inc. 2214 N. Central Ave., Suite 100, Phoenix, AZ 85004, (602) 25804822.

Indian Health Boards: Navajo Nation Division of Health PO Box 1390, Window Rock, AZ 86515, (520)871-6350; Inter-Tribal Council of Arizona, Inc. 2214 N. Central Ave., Suite 100, Phoenix, AZ 85004, (602) 25804822; Pascua Yaqui Tribal Health Program 7474 South Camino de Oeste, Tucson, AZ 85746, (520) 883-5000.

IHS Tribal Epidemiology Centers: Inter-Tribal Council of Arizona, Inc. 2214 N. Central Ave., Suite 100, Phoenix, AZ 85004, (602) 25804822; Navajo Nation Division of Health Navajo Epi Center Office PO Box 1390, Tribal Admin, Bldg. #2, Window Rock, AZ 86515

Tribal Colleges: Diné College P. O. Box 126, Tsaile, AZ 86556, (928)-724-6671, www.dinecollege.edu; Tohono O'odham Community College P.O. Box 3129, Sells, AZ 85634, (520)-383-8401, www.tocc.cc.az.us

State Health Native American Liaison: Michael Allison, 150 N. 18th Ave., Room 595, Phoenix, AZ 85007, (602) 364-1041, allisom@azdhs.gov.

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 ARKANSAS

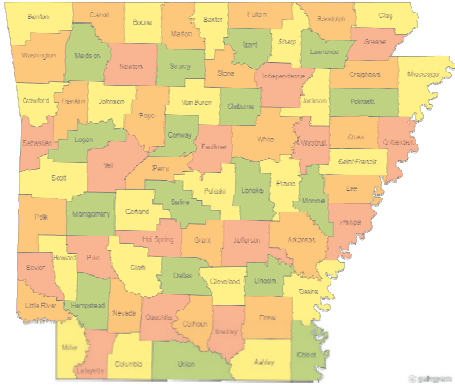
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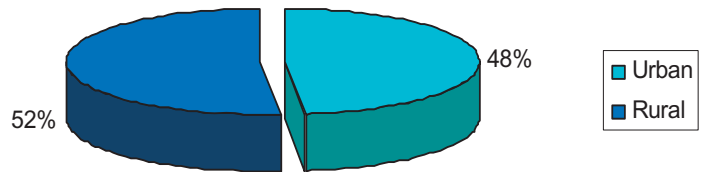
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

Arkansas STD Program Website: http://www.healthylarkansas.com/services/services_ph3_all.html#Sexually

CDC Project Area



Arkansas 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 Arkansas- specific STD rates and percentages for the AI/AN population.

Arkansas Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	13	13	0.1	68.0
State	1,655	6,823	8,478	100.0	362.7

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

Arkansas Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	1	2	<0.1	10.5
State	2,223	2,252	4,475	100.0	187.2

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

Arkansas 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	31	21	52	100.0	4.0

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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Arkansas HIV New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	n/a*	n/a	n/a	n/a	n/a	n/a	n/a
State	159	100.0	56	100.0	215	100.0	8.0

Source: Arkansas HIV/AIDS Report Dec. 31st, 2006, Arkansas Department of Health and Human Services. Rate calculated on American Indian alone affiliation.

Arkansas 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	144	100.0	41	100.0	185	100.0	8.1

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.

Arkansas Hepatitis New Cases

Data is not available at this time

Select Arkansas Demographics

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	245	0.6	12.7	34.7	40.4
State	38,573	100.0	9.0	21.5	38.8

Source: CDC National Vital Statistics System

Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	36,363	16.5
State	34,999	11.7

Source: US Census Bureau, American Community Survey

Education

2004	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	0.7	3,050	7.5
State	100.0	463,922	5.3

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

Resources/Potential Partners/ Special Issues

Arkansas Tribes: There are no *federally-recognized* tribes in Arkansas today. One Indian community that does reside in the state: Arkansas Band of Western Cherokee, PO Box 142, Flippin, AR 72634, <http://arkansascherokees.com/>

Tribal Health Programs: None available.

Urban Health Programs: None available.

IHS Health Programs: None available.

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: Not available.

State Health Native American Liaison: Office of Minority Health & Health Disparities, PO Box 1437, Little Rock, AR 72203, (501) 661-2622.

Special Issues:

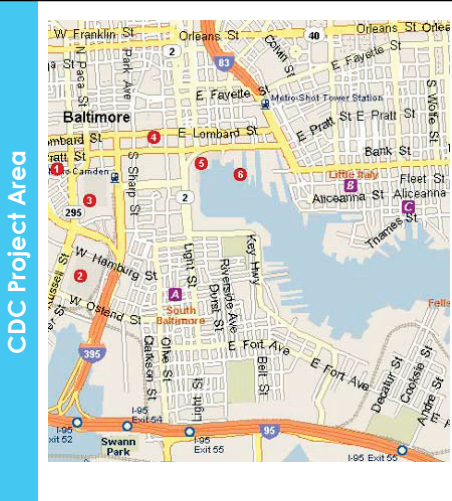
- AI/ANs are often misclassified in race/ethnicity STD data. This misclassification increases with lower percentage of AI/AN ancestry.
- One needs to also consider the common mobility/migration of AI/ANs from reservation setting to other areas and back again.
- AI/AN prevention services are severely 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 BALTIMORE, MARYLAND

Baltimore STD Program Website:
<http://www.ci.baltimore.md.us/government/health/>



Metro Population & AI/AN, 2005

Population Group	Male	Female	Total	%
AI/AN	889	1,018	1,907	0.3
City	296,290	339,525	635,815	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 Baltimore-specific STD rates and percentages for the AI/AN population.

Baltimore Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	2	2	<0.1	91.9
City	1,105	5,257	6,362	100.0	1,045.6

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

Baltimore Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	0	1	<0.1	45.9
City	1,752	1,723	3,475	100.0	571.1

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

Baltimore 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	121	74	195	100.0	32.0

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)

Baltimore City HIV New Cases, 2006

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	n/a*	n/a	n/a	n/a	n/a	n/a	n/a
City	727	100.0	390	100.0	1,120	100.0	174.5

Source: Baltimore City HIV/AIDS Epidemiological Profile 2nd Quarter 2006. Rate calculated on American Indian alone affiliation.

Baltimore– Towson 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
Metro Area	534	100.0	330	100.0	864	100.0	134.6

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

Baltimore Hepatitis New Cases

Data is not available at this time

Select Baltimore Demographics	Births	<table border="1"> <thead> <tr> <th>2002</th> <th>Number of Births</th> <th>%</th> <th>% of Births to Mothers <19</th> <th>% w/ <12 yrs education</th> <th>% Unmarried Mothers</th> </tr> </thead> <tbody> <tr> <td>AI/AN</td> <td>22</td> <td>0.2</td> <td>22.7</td> <td>28.1</td> <td>n/a</td> </tr> <tr> <td>City & County</td> <td>9,643</td> <td>100.0</td> <td>13.0</td> <td>10.4</td> <td>n/a</td> </tr> </tbody> </table> <p><i>Source: CDC 2002 Vital Statistics of the United States Series, CDC Wonder Search</i></p>	2002	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers	AI/AN	22	0.2	22.7	28.1	n/a	City & County	9,643	100.0	13.0	10.4	n/a
	2002	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers														
	AI/AN	22	0.2	22.7	28.1	n/a														
City & County	9,643	100.0	13.0	10.4	n/a															
Economics	<table border="1"> <thead> <tr> <th>2005</th> <th>Median Household Income (USD)</th> <th>% Below Poverty Level</th> </tr> </thead> <tbody> <tr> <td>AI/AN</td> <td>20,862</td> <td>n/a</td> </tr> <tr> <td>City & County</td> <td>32,456</td> <td>14.8</td> </tr> </tbody> </table> <p><i>Source: US Census Bureau</i></p>	2005	Median Household Income (USD)	% Below Poverty Level	AI/AN	20,862	n/a	City & County	32,456	14.8										
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AI/AN	0.5	563	5.8																	
County	100.0	108,001	4.5																	

Urban Health Programs: Baltimore American Indian Center, 113 South Broadway, Baltimore, MD 21231, (410) 675-3535, <http://baic.org/>; Center for American Indian Health, John Hopkins University, 615 N. Wolfe Street, Baltimore, MD 21205, (443) 287-7277, <http://www.jhsph.edu/CAIH/>.

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: Baltimore American Indian Center, 113 South Broadway, Baltimore, MD 21231, (410) 675-3535, <http://baic.org/>; Center for American Indian Health, John Hopkins University, 615 N. Wolfe Street, Baltimore, MD 21205, (443) 287-7277, <http://www.jhsph.edu/CAIH/>.

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, & State Health Native American Liaison: The Health Disparities Initiative, Baltimore City Health Department, 210 Guilford Ave. Baltimore, MD 21202, Nancy Lewin, (410) 545-7509, nancy.lewin@baltimorecity.gov, <http://www.baltimorehealth.org/disparities.html>; Maryland State Department of Health and Mental Hygiene, Health Disparities Initiative, 201 W. Preston Street, Rm. 500 Baltimore, Maryland 21201, (410) 767-7117, <http://www.dhmh.state.md.us/hd/index.html>, healthdisparities@dhmh.gov; Maryland State Department of Health and Mental Hygiene, Health Disparities Initiative 201 W. Preston Street, Rm. 500 Baltimore, Maryland 21201, (410) 767-7117.

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.
- 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 CALIFORNIA

State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	310,950	316,612	627,562	16.2
State	16,874,892	16,996,756	3,871,648	100.0

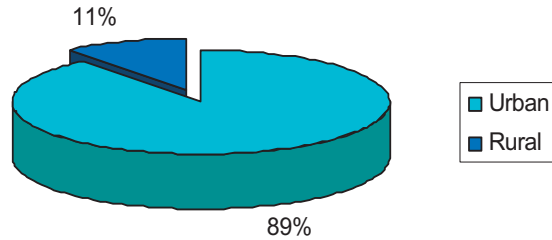
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

California STD Program Website: <http://www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm>

CDC Project Area



California Urban and Rural AI/AN Populations, 2000



Source for population data: 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 California- specific STD rates and percentages for the AI/AN population.

California Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	96	327	425	0.3	184.5
State	36,335	93,094	130,005	100.0	359.8

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

California Gonorrhea New Cases, 2004

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	58	43	101	0.3	58.2
State	6,465	13,635	30,179	100.0	95.0

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

California Total Early Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	9	3	12	0.4	2.6
State	2,499	257	2,757	100.0	7.6

Source: California Department of Health 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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California HIV New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	n/a*	n/a	n/a	n/a	29	1.0	4.2
State	2,494	100.0	440	100.0	2,934	100.0	66.7

Source: HIV/AIDS Surveillance Supplemental Report Vol.12, No. 2. Rate calculated on American Indian alone affiliation.

California AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	23	0.6	5	0.8	28	0.6	57.7
State	4,074	100.0	593	100.0	4,667	100.0	12.9

Source: HIV/AIDS Surveillance Supplemental Report Vol.12, No. 2. Rate calculated on American Indian alone affiliation.

California Hepatitis New Cases, 2001

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	6	0.3	5	0.6	<5	n/a
State	1,848	100.0	854	100.0	23	100.0

Source: <http://www.dhs.ca.gov/ps/dcddl/izgroup/pdf/heparep.pdf>; <http://www.dhs.ca.gov/ps/dcddl/izgroup/pdf/HepB%201992-2001.pdf>; CDC Data Request

Select California Demographics

Births

2004	Number of Births	%	% of Births to Mothers < 19	% w/ <9 yrs education	% Unmarried Mothers
AI/AN	2,976	0.5	8.2	23.4	54.8
State	544,843	100.0	5.7	27.3	34.4

Source: CDC National Vital Statistics System

Economics

2004	Median Household Income (USD)	% Below Poverty Level
AI/AN	37,136	21.9
State	51,185	14.2

Source: http://www.stanford.edu/dept/csr/reports/report_12.pdf; http://ccsre.stanford.edu/reports/report_13.pdf

Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	0.8	51,821	10.0
State	100.0	6,322,096	2.7

Source: California Department of Education; LA American Indian Children's Council

Resources/ Potential Partners/ Special Issues

California Tribes: There are over 100 federally-recognized Indian tribes in California, and almost 100 Federal Indian reservations in the state, with about 40 Indian groups seeking to gain federal recognition. For a listing and contact information for all California Indian tribes please see <http://www.kstrom.net/isk/maps/ca/california.html>.

Tribal Health Programs: For a partial listing of tribal health programs see <http://www.dhs.ca.gov/pcfh/prhcs/programs/ihp/>.

Urban Health Programs: For a listing of urban Indian health programs please see www.ihs.gov/nonmedicalprograms/urban/UIHP_DIRECTORY_FY05.doc and/or <http://www.ncuih.org/urbanhealth/index.html#cali>.

IHS Health Programs: For IHS Health programs see <http://www.ihs.gov/FacilitiesServices/AreaOffices/California/Universal/PageMain.cfm?p=20>.

Inter-Tribal Health Programs: For a listing of inter-tribal health programs please see www.ihs.gov/nonmedicalprograms/urban/UIHP_DIRECTORY_FY05.doc and/or <http://www.ncuih.org/urbanhealth/index.html#cali>.

Indian Health Boards: California Rural Indian Health Board, Inc., 4400 Auburn Blvd. 2nd Floor, Sacramento, CA 95841, (916) 929-9761; Southern Indian Health Council, 4058 Willows Road, Alpine, CA 91901-1620, (619) 445-1188, <http://www.sihc.org/>.

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.

Tribal Colleges: D-Q University, 33250 County Rd. 31, Davis, California 95616 (530)758-0470 x0.

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:

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

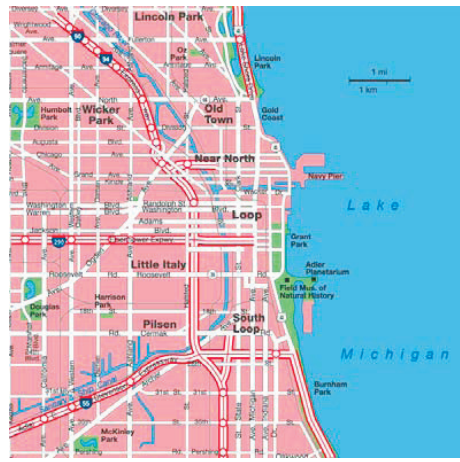
* data not available at this time



STDs in American Indians and Alaska Natives CHICAGO

Chicago STD Program Website:
<http://egov.cityofchicago.org/city/webportal/>

CDC Project Area



Metro Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	10,136	10,762	20,898	0.7
City	1,405,107	1,490,909	2,896,016	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 Chicago-specific STD rates and percentages for the AI/AN population.

Chicago Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	7	28	35	0.2	608.0
City	6,339	16,514	22,853	100.0	804.0

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

Chicago Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	6	5	11	0.1	191.1
City	4,709	5,179	9,888	100.0	347.9

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

Chicago 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	380	38	418	100.0	14.7

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*

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)

Chicago City HIV New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	n/a*	n/a	n/a	n/a	n/a	n/a	n/a
City	930	100.0	303	100.0	1,233	100.0	43.1

Source: Chicago STD/HIV/AIDS Surveillance Report, Winter 2006. Rate calculated on American Indian alone affiliation.

Chicago Metro AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	2	0.2	1	0.3	3	0.2	n/a
City	1,154	100.0	340	100.0	1,494	100.0	52.2

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

Chicago Hepatitis New Cases

Data is not available at this time

Select Chicago Demographics

Births

Metro 2002	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers(2000)
AI/AN	50	0.1	4.0	n/a	50.7
City	47,967	100.0	9.1	n/a	51.4

Source: CDC 2002 Vital Statistic of the United States Series, Vital Statistics Illinois-2001, American Indian Health Services Need Assessment Study: Chicago Metropolitan Region (2004) Loyola University, Chicago

Economics

Metro 2005	Median Household Income (USD)	% Below Poverty Level (2000)
AI/AN	37,198	18.0
City	54,709	10.6

Source: US Census Bureau, American Indian Health Services Need Assessment Study: Chicago Metropolitan Region (2004) Loyola University, Chicago

Education

City 2006-2007	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2004-2005)
AI/AN	0.2	854	n/a
City	100.0	426,812	12.3

Source: Illinois State Board of Education, Chicago Public Schools Office of Research, Evaluation, and Accounting

Resources/ Potential Partners/ Special Issues

Urban Health Programs: American Indian Health Service of Chicago, Inc. 4081 N. Broadway, Chicago, IL 60613, (773)-883-9100, www.aihschicago.org; St. Augustine's American Indian Drop-In Center (Bo-Sho-Ne-Gee) 4420 N. Broadway, Chicago IL, 60640, (773) 878-1066; American Indian Center of Chicago, 1630 W. Wilson Ave., Chicago, IL 60640, (773) 275-5871, <http://www.aic-chicago.org/>.

IHS Health Programs: Bemidji Area Indian Health Service, 522 Minnesota Avenue, NW, Room 117, Bemidji, MN 56601, (218) 444-0471.

Inter-Tribal Health Programs: American Indian Health Service of Chicago, Inc. 4081 N. Broadway, Chicago, IL 60613, (773)-883-9100, www.aihschicago.org.

Indian Health Boards: Oneida Tribe of Wisconsin, Bemidji Area Representative, PO Box 365, Oneida, WI 54155, (920) 869-2711; 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, State Health Native American Liaison: Center for Minority Health Services, Illinois Department of Public Health, 535 West Jefferson, 5th FL, Springfield, IL 62761, (217) 782-4977.

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.
- 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 COLORADO

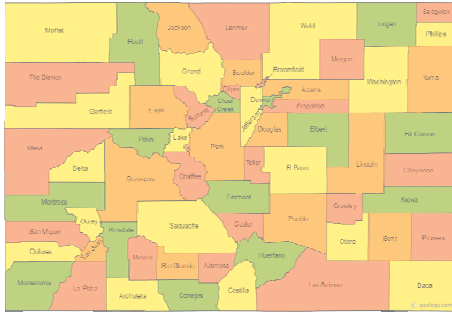
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	40,163	39,526	79,689	1.9
State	2,165,983	2,135,278	4,301,261	100.0

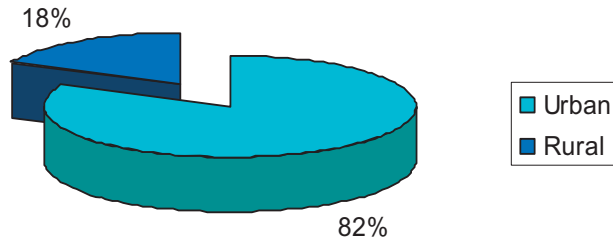
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Colorado STD Program Website: <http://www.cdphs.state.co.us/dc/HIVandSTD/index.html>

CDC Project Area



Colorado Urban and Rural AI/AN Populations, 2000



Source for population data: 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 Colorado- specific STD rates and percentages for the AI/AN population.

Colorado Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	18	81	99	0.6	274.3
State	4,213	11,219	15,432	100.0	330.8

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

Colorado Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	8	12	20	0.6	55.4
State	1,605	1,619	3,224	100.0	69.1

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

Colorado P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	0	1	2.1	2.8
State	44	2	46	100.0	1.0

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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Colorado HIV New Cases, 2006

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	n/a*	n/a	n/a	n/a	3	1.0	5.8
State	254	100.0	33	100.0	287	100.0	6.2

Source: HIV and AIDS in Colorado: Monitoring the Epidemic, Colorado Department of Public Health. Rate calculated on American Indian alone affiliation.

Colorado AIDS New Cases, 2006

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	4	1.6	4	7.7	8	2.7	15.6
State	242	100.0	52	100.0	294	100.0	6.3

Source: HIV and AIDS in Colorado: Monitoring the Epidemic, Colorado Department of Public Health. Rate calculated on American Indian alone affiliation.

Colorado Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	0	0.0	<5	—	0	0.0
State	n/a	n/a	n/a	n/a	279	100.0

Source: <http://www.cdphe.state.co.us/dcl/Hepatitis/hepc/hcvprofile.PDF>, CDC Data Request

Select Colorado Demographics

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <9 yrs education	% Unmarried Mothers
AI/AN	595	0.9	16.7	4.1	55.5
State	68,475	100.0	10.0	6.7	27.5

Source: <http://www.cdphe.state.co.us/hs/vsl/2004/b30.pdf>

Economics

2004	Median Household Income (USD)	% Below Poverty Level
AI/AN	32,060	10.6
State	48,198	1.4

Source: US Census Bureau

Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	1.2	9,188	6.7
State	100.0	780,708	4.2

Source: Colorado Department of Education

Resources/Potential Partners/ Special Issues

Colorado Tribes: There are two tribal reservations in Colorado: the Southern Ute Tribe Post Office Box 737, Ignacio CO, 81137, (303) 563-4525, <http://www.southern-ute.nsn.us/>; and the Ute Mountain Ute Tribe P O Box 52, Towaoc CO 81344, (303) 565-3751, <http://www.utemountainute.com/>. Approximately 21,319 American Indians, from various tribes throughout the United States, are concentrated in urban communities along the Front Range of the Rocky Mountains.

Urban Health Programs: Denver Indian Health and Family Services, Inc. 3749 South King Street, Denver, CO 80236, (303) 781-4050, www.dihfs.org.

IHS Health Programs: Southern Colorado Ute Service Unit (serves both Tribes) P.O. Box 778, Ignacio, Colorado 81137, (970) 563-9443, <http://www.ihs.gov/facilitiesservices/areaoffices/albuquerque/abq%2Dsouthern%2Dcolorado%2Dute%2Dservice%2Dunit.asp>

Inter-Tribal Health Programs: Denver Indian Family Resource Center, 393 S. Harlan, Suite 100, Lakewood, CO 80226, (303) 871-8035, www.difrc.org; Denver Indian Health and Family Services, Inc. 3749 South King Street, Denver, CO 80236, (303) 781-4050, www.dihfs.org.

Indian Health Boards: Albuquerque Area Indian Health Board, Inc. 5015 Prospect Avenue N.E., Albuquerque, NM 87110, (505) 764-0036, <http://www.aaihb.org/> (serves southern Colorado).

IHS Tribal Epidemiology Centers: Southwest Tribal Epidemiology Center, AAIB, 5015 Prospect Ave. NE, Albuquerque, NM 87110, (505) 764-0036

Tribal Colleges: Not available.

State Health Native American Liaison: Office of Health Disparities, Colorado Department of Public Health and Environment, AFSD-HD-0270, 4300 Cherry Creek Drive South, Denver, CO 80246-1530, (303) 692-2087, www.cdphe.state.co.us/ohd/.

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 CONNECTICUT

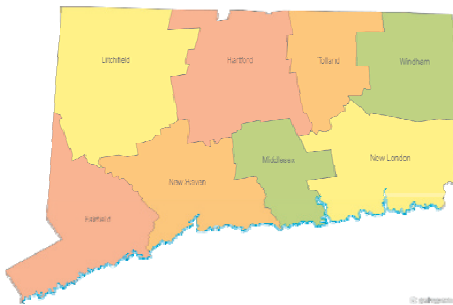
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	11,852	12,636	24,488	0.7
State	1,649,319	1,756,246	3,405,565	100.0

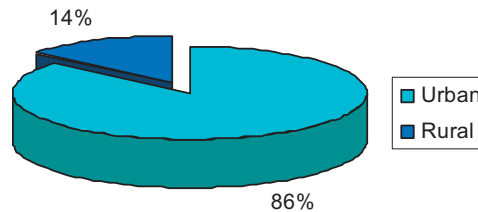
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Connecticut STD Program Website: <http://www.dph.state.ct.us/BCH/infectiousdise/sexually.htm>

CDC Project Area



Connecticut 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 Connecticut- specific STD rates and percentages for the AI/AN population.

Connecticut Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	14	20	34	0.3	322.9
State	2,656	8,353	11,039	100.0	314.5

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

Connecticut Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	1	1	<0.1	9.5
State	1,160	1,590	2,750	100.0	78.3

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

Connecticut 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	55	2	57	100.0	1.6

Source: Connecticut Department of Public Health. 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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Connecticut Cumulative HIV New Cases 2002-2006

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	n/a*	n/a	n/a	n/a	n/a	n/a	n/a
State	1,593	100.0	1,029	100.0	2,622	100.0	74.7

Source: Connecticut HIV/AIDS Surveillance Program. Rate calculated on American Indian alone affiliation.

Connecticut 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	397	100.0	245	100.0	642	100.0	18.3

Source: 2005 HIV/AIDS Supplemental Report Vol. 12, No. 2. Rate calculated on American Indian alone affiliation.

Connecticut Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	0	0.0	1	0.2	1	<0.1
State	51	100.0	550	100.0	4,390	100.0

Source: Connecticut Department of Public Health

Select Connecticut Demographics

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
State	45,095	100.0	4.3	11.7	29.6

Source: CDC National Vital Statistics System

2005	Median Household Income (USD)		% Below Poverty Level
	AI/AN	35,358	
State	60,941		5.9

Source: US Census Bureau, American Community Survey

2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2003-2004)
State	100.0	573,302	1.8

Source: Connecticut State Department of Education

Resources/ Potential Partners/ Special Issues

Connecticut Tribes: There are six federally-recognized tribes in Connecticut. For a listing of these tribes and their contact information please see: <http://www.bauuinstitute.com/Native/Connecticut.html>. Other Indian communities include: The Nipmuc Indian Association of Connecticut, Box 411, Thompson, CT 06277, (203) 923-2001, <http://www.nativetech.org/Nipmuc/>; The Southern Pequot Tribe, 97 Fog Plain Road, Waterford, Connecticut 06385; and The Nehantic Tribe and Nation, 231 West Main St., Chester, CT 06412.

Tribal Health Programs: Mashantucket Pequot Health Department, #1 Annie George Drive, Mashantucket, CT 06339, (860) 312-8000; The Mohegan Tribal Health & Human Services, 5 Crow Hill Rd., Uncasville, CT 06382, (860) 862-6100.

Urban Health Programs: None available.

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>.

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: Edward Sarabia, Indian Affairs Coordinator, Connecticut Department of Environmental Protection, 79 Elm Street, Hartford, CT 06106, (860) 424-4070, edwarad.sarabia@po.state.ct.us; Office of Multicultural Health, Connecticut Department of Health, 410 Capitol Ave., Hartford, CT 06134, (860) 509-7140.

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.

* data not available at this time



STDs in American Indians and Alaska Natives DELAWARE

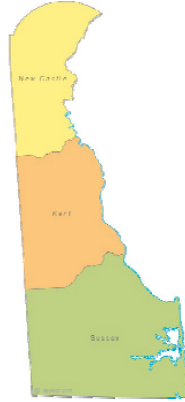
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	2,950	3,119	6,069	0.8
State	380,541	403,059	783,600	100.0

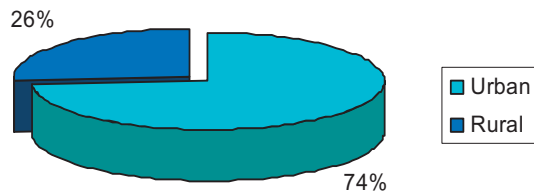
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

Delaware STD Program Website: <http://www.dhss.delaware.gov/dhss/dph/stdpage.htm>

CDC Project Area



Delaware Urban and Rural AI/AN Populations, 2000



Source for population data: 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 Delaware- specific STD rates and percentages for the AI/AN population.

Delaware Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rates per 100,000
AI/AN	0	0	0	0.0	0.0
State	899	2,493	3,392	100.0	402.1

Source: CDC STD Surveillance 2005. Rate calculated on American Indian alone affiliation.

Delaware Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rates per 100,000
AI/AN	0	0	0	0.0	0.0
State	398	515	913	100.0	110.0

Source: CDC STD Surveillance 2005. Rate calculated on American Indian alone affiliation.

Delaware P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rates per 100,000
AI/AN	0	0	0	0.0	0.0
State	9	2	11	100.0	1.3

Source: CDC STD Surveillance 2005. 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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Delaware HIV New Cases

Data is not available at this time

Delaware AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rates per 100,000
AI/AN	0	0.0	0	0.0	0	0.0	0.0
State	93	100.0	64	100.0	157	100.0	22.7

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.

Delaware Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	0	0.0	0	0.0	0	0.0
State	6	100.0	54	100.0	46	10.0

Source: CDC Hepatitis Surveillance Report #61, CDC Data Request

Select Delaware Demographics

Births

2004	Number of Births	%	% of Births to Mothers < 19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	33	0.3	12.1	24.2	48.5
State	11,369	100.0	6.7	21.3	42.3

Source: CDC National Vital Statistics System

Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	45,074	n/a*
State	52,499	7.4

Source: US Census Bureau American Community Survey; data is present where population numbers are sufficient

Education

2003-2004	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2005-2006)
AI/AN	0.3	369	6.5
State	100.0	119,109	5.5

Source: Delaware Department of Education

Resources/ Potential Partners/ Special Issues

Delaware Tribes: There are no *federally- or state-recognized* tribes in Delaware. The Nanaticoce Association is a *non-recognized* Indian community (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: 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>; National Epi Program, Indian Health Service, 5300 Homestead Blvd, NE, Albuquerque, NM 87110, (505) 248-4132.

Tribal Colleges: None available.

State Health American Indian Liaison: Office of Minority Health Services, Division of Public Health, Delaware Department of Health and Social Services, 1901 N Du Pont Hwy, Main Building, New Castle, DE 19720, (302) 744-4700, <http://www.dhss.delaware.gov/dhss/dph/mh/minority.html>.

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 DISTRICT OF COLUMBIA

District Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	2,249	2,526	4,775	0.8
District	269,366	302,693	572,059	100.0

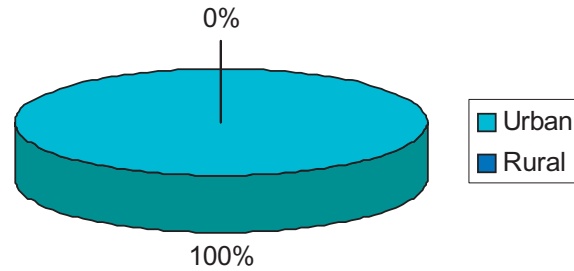
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

District of Columbia STD Program Website: <http://doh.dc.gov/doh/site/default.asp>

CDC Project Area



District of Columbia 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 District of Columbia- specific STD rates and percentages for the AI/AN population.

District of Columbia Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	5	6	0.2	363.2
District	682	2,977	3,680 [‡]	100.0	668.5

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

District of Columbia Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	4	5	9	0.4	544.8
District	1,113	1,029	2,146 [‡]	100.0	389.8

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

District of Columbia P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
District	103	11	114 [‡]	100.0	20.7

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

[‡] "unknown" gender included

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District of Columbia HIV New Cases

Data is not available at this time

District of Columbia AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	0.1	1	0.4	2	0.2	41.9
District	705	100.0	285	100.0	990	100.0	22.0

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.

District of Columbia Hepatitis New Cases

Data is not available at this time

Select D.C. Demographics

2004	Number of Births	%	% of Births to Mothers <19 (2002)	% w/ <12 yrs education (2002)	% Unmarried Mothers
AI/AN	9	0.1	0.0	11.1	11.1
District	7,933	100.0	7.2	19.5	55.9

Source: CDC National Vital Statistics System, CDC Wonder Search

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	63,450	n/a*
District	47,221	12.1

Source: US Census Bureau

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	<0.1	36	n/a
District	100.0	76,714	7.6

Source: National Center for Education Statistics

Resources/Potential Partners/ Special Issues

District of Columbia Tribes: None 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: 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: None available.
Tribal Colleges: None available.
State Health Native American Liaison: None available.

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 FLORIDA

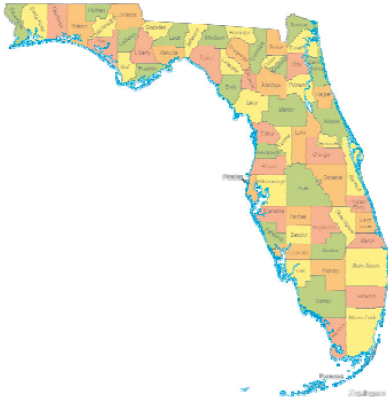
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	52,525	65,355	117,880	0.7
State	7,797,715	8,184,663	15,982,378	100.0

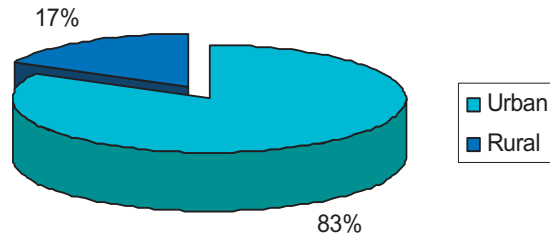
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

Florida STD Program Website: http://www.doh.state.fl.us/disease_ctrl/std/index.html

CDC Project Area



Florida 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 Florida- specific STD rates and percentages for the AI/AN

Florida Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	29	184	213	0.5	299.3
State	899	34,850	43,372	100.0	243.8

Source: Florida Department of Health, Division of Disease Control, Bureau of STD Files. Rate calculated on American Indian alone affiliation.

Florida Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	28	28	56	0.3	78.7
State	10,021	10,204	20,225	100.0	113.7

Source: Florida Department of Health, Division of Disease Control, Bureau of STD Files. Rate calculated on American Indian alone affiliation.

Florida 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	624	100	724	100.0	4.1

Source: Florida Department of Health, Division of Disease Control, Bureau of STD Files. Rate calculated on American Indian alone affiliation.

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Florida HIV New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	n/a*	n/a	n/a	n/a	n/a	n/a	n/a
State	3,575	100.0	1,532	100.0	5,107	100.0	31.5

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.

Florida AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	<0.1	4	0.2	5	<0.1	10.3
State	4,069	100.0	1,731	100.0	5,800	100.0	39.8

Source: CDC HIV/AIDS Surveillance Supplemental Report, AIDS Cases by Geographical Area of Residence and Metropolitan Statistical Area of Residence 2004

Florida Hepatitis New Cases

Data is not available at this time

Select Florida Demographics

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education (2002)	% Unmarried Mothers
AI/AN	741	0.3	11.3	7.3	52.1
State	218,053	100.0	6.7	2.6	41.3

Source: CDC National Vital Statistics System, CDC Wonder Search

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	37,267	16.4
State	42,433	9.1

Source: US Census Bureau American Community Survey

2006	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	0.3	7,883	3.9
State	100.0	2,662,701	4.4

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

Resources/ Potential Partners/ Special Issues

Florida Tribes: Two tribal groups in Florida have federal-recognition: the Miccosukee Tribe, P O Box 440021, Tamiami Station, Miami, FL 33144, (305) 233-8380, <http://www.miccosukeetribe.com/> and the Seminole Tribe of Florida, 6073 Stirling Road, Hollywood, FL 33024, (305) 966-6300, <http://www.seminoletribe.com/>. The Oklevauaha Band of Yamassee is a *state-recognized tribe* (PO Box 521, Orange Springs, FL 32182, (352) 546-1386.) Other Indian communities include: Brighton Reservation, Route 6, Box 666, Okeechobee, FL 33472, (813) 763-4128, the Muscogee Nation of Florida, Formerly Florida Tribe of Eastern Creek Indians, PO Box 3028, Bruce, FL 32455, (850) 835-2078; the Perdido Bay Tribe of Lower Muscogee Creeks, 12533 Polonious Pkwy, Pensacola, Florida 32506, <http://www.perdidobaytribe.org/>, perdidobaytribe@aol.com , and the Tuscola United Cherokee Tribe of Florida, Inc. 730 Harney Heights Rd, Geneva, Florida 32732.

Tribal Health Programs: Miccosukee Health Center, 37700 SW 8th St., Miami, FL, 33144, (305) 223-8380; Seminole Hollywood Health Center, 6353 Forest St., Hollywood, FL 33024, (954) 967-3900.

Urban Health Programs: None available.

IHS Health Programs: Nashville Area Indian Health Service 711 Stewarts Ferry Pike, Nashville TN 37214-2634, (615) 467-1538; Lafayette Louisiana OEHE Service Unit.

Inter-Tribal Health Programs: None Available

Indian Health Boards: United South and Eastern Tribes, Inc. (USET) 711 Stewarts Ferry Pike, Ste. 100, Nashville, TN 37214, (615) 872-7900, <http://www.usetinc.org/index.cfm>.

IHS Tribal Epidemiology Centers: United South and Eastern Tribes Epidemiology Center, Inc. (USET) 711 Stewarts Ferry Pike, Ste. 100, Nashville, TN 37214, (615) 872-7900, <http://www.usetinc.org/index.cfm>.

Tribal Colleges: Not available.

State Health Tribal Liaison: Office of Minority Health, Florida Department of Health, 2585 Merchants Row Blvd., Tallahassee, FL; mail: 4052 Bald Cypress Way, Bin # A25, Tallahassee, FL 32399-1746 (850) 245-4941, <http://www.doh.state.fl.us/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 GEORGIA

State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	26,333	26,864	53,197	0.6
State	4,027,113	4,159,340	8,186,453	100.0

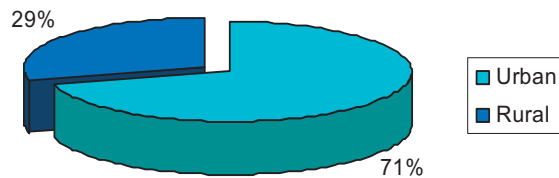
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

Georgia STD Program Website: <http://health.state.ga.us/programs/stdhiv/index.asp>

CDC Project Area



Georgia 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 Georgia- specific STD rates and percentages for the AI/AN population.

Georgia Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	2	13	15	<0.1	76.4
State	6,793	26,317	33,110	100.0	362.5

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

Georgia Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	7	3	10	<0.1	52.5
State	7,885	7,819	15,704	100.0	171.9

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

Georgia 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	598	47	645	100.0	7.1

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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Georgia HIV New Cases, 2005

Data is not available at this time

Georgia AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	<0.1	0	0.0	1	<0.1	7.1
State	1,195	100.0	440	100.0	1,635	100.0	22.9

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.

Georgia Hepatitis New Cases, 2004

Data is not available at this time

Select Georgia Demographics

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	275	0.2	7.6	26.2	34.9
State	138,849	100.0	7.4	23.0	39.2

Source: CDC National Vital Statistics System

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	43,375	10.0
State	49,647	14.4

Source: www.ecanned.com/GAI/2007/01/income-and-poverty-in-state-of-georgia.htm, US Census Bureau

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	1.0	13,230	3.9
State	100.0	1,323,004	3.5

Source: 2004-2005 Annual Report Card on K-12 Public Schools, Georgia Governor's Office of Student Achievement

Resources/ Potential Partners/ Special Issues

Georgia Tribes: There are no *federally-recognized* Indian tribes in the State of Georgia. However, there are four *state-recognized* tribes: The Cherokee of Georgia, PO Box 337, St. George, GA 31646, (912) 843-2230; The Georgia Tribe of Eastern Cherokee, PO Box 1915, Cumming, GA 30028, (770) 888-9856, <http://www.georgiatribeofeasterncherokee.com/default2.htm>, The Lower Muscogee Creek Tribe, Rte 2, PO Box 370, Whigham, GA 31797, (229) 762-3165 and the American Cherokee Confederacy, 619 Pine Cone Rd., Albany, Georgia 31705, (229) 787-0073, <http://www.nicwa.org/resources/factsheets/Georgia.pdf>. One other tribal community is the Cane Break Band of Eastern Cherokees, Route 3, Box 750, Dahlongega, GA 30533.

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>; Nashville Area Indian Health Service, 711 Stewarts Ferry Pike, Nashville, TN 37214, (866) 447-6261.

Inter-Tribal Health Programs:

Indian Health Boards: United South & Eastern Tribes (USET), Inc., 711 Stewarts Ferry Pike, Suite 100, Nashville, TN 37214, (615) 872-7900; National Indian Health Board, 101 Constitution Ave, NW, Washington, DC 2001, (202) 742-4262.

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 Health and Health Disparities, Dept. of Community Health, Georgia Division of Health, 2 Peachtree St., Atlanta, GA 30303, (404) 657-6707.

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 HAWAII'

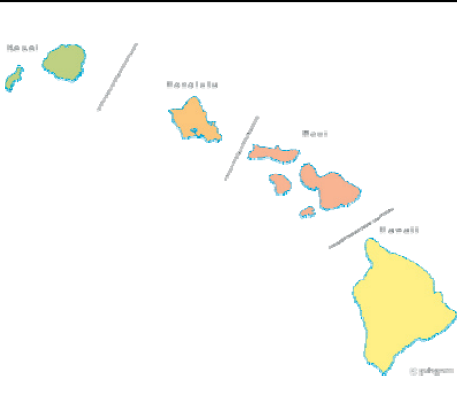
State Population & AI/AN, 2000

Population Group	Males	Females	Total	%
AI/AN	12,490	12,392	24,882	2.1
Native Hawaiian	141,908	140,779	282,687	23.3
State	608,671	602,866	1,211,537	100.0

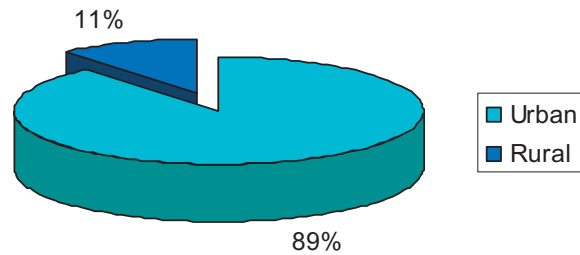
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

Hawai'i STD Program Website: http://www.state.hi.us/health/resource/comm_dis/std_aids/index.html

CDC Project Area



Hawai'i 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 Hawai'i- specific STD rates and percentages for the AI/AN population.

Hawai'i Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	5	4	9	0.2	235.2
Native Hawaiian	n/a**	n/a	314	5.7	273.6
State	1,396	4,093	5,489	100.0	430.4

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

Hawai'i Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	1	1	0.1	26.1
Native Hawaiian	n/a	n/a	105	10.3	91.5
State	405	619	1,024	100.0	80.3

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

Hawai'i P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
Native Hawaiian	n/a	n/a	4	36.4	3.5
State	11	0	11	100.0	0.9

*Source: Hawai'i Department of Health, CDC Data Request. Rate calculated on American Indian alone affiliation.
**data not available at this time*

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Hawai'i HIV New Cases

Data is not available at this time

Hawai'i AIDS New Cases, 2005

Population Group	Males	%	Females	%	Total	%	Rate per 100,000
AI/AN	0	0	0	0	0	0.0	0.0
Native Hawaiian	n/a*	n/a	n/a	n/a	6	9.3	5.2
State	57	100.0	7	100.0	64	100.0	5.0

Source: Hawai'i Department of Health

Hawai'i Hepatitis New Cases

Data is not available at this time

Select Hawai'i Demographics

	2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 years of education	% Unmarried Mothers
AI/AN		67	0.4	1.5	4.5	17.9
Native Hawaiian		5,032	27.5	14.7	14.4	56.7
State		18,296	100.0	7.9	9.5	34.4

Source: Hawai'i Department of Health, CDC National Vital Statistics System

	2005	Median Household Income (USD)	% Below Poverty Level
AI/AN		61,500	18.2
Native Hawaiian		44,820	10.8
State		58,112	7.2

Source: US Census Bureau, <http://www.ecanned.com/HII/2007/01/income-poverty-in-state-of-hawaii.html>

	2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN		0.6	1,014	n/a
Native Hawaiian		26.9	48,930	n/a
State		100.0	181,897	14.8

Source: Hawai'i Department of Education; Superintendent, Annual Report for 2006, 2005 & 2006 Trend Report

Resources/ Potential Partners/ Special Issues

Hawai'i Tribes & Natives: Native Hawaiians call themselves Kanaka Maoli. They are descendants of the early Polynesians who arrived in these islands 1500-2000 years ago. There is no federally-recognized American Indian tribe in Hawaii.

Native Health Programs: For a listing of clinics within the Native Hawaiian Health Care System, please see: <http://www.nativehawaiianhealth.net/moku/hfhcpmap.cfm>.

Urban Health Programs: For a listing of clinics within the Native Hawaiian Health Care System, please see: <http://www.nativehawaiianhealth.net/moku/hfhcpmap.cfm>.

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

Native Health Programs: For a listing of clinics within the Native Hawaiian Health Care System, please see: <http://www.nativehawaiianhealth.net/moku/hfhcpmap.cfm>.

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 Epi Program, Indian Health Services, 5300 Homestead Blvd., NE, Albuquerque, NM 87110, (505) 248-4132.

Tribal & Native Colleges: None available.

State Health Native Liaison: None available.

Special Issues:

—AI/AN and Native Hawaiian 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 and Native communities, especially in rural areas. This can be a barrier to testing, discussing sexual practices, obtaining treatment, or buying condoms in local stores.

* data not available at this time



STDs in American Indians and Alaska Natives IDAHO

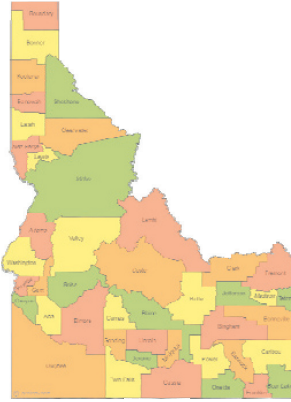
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	13,646	13,591	27,237	2.1
State	648,660	645,293	1,293,953	100.0

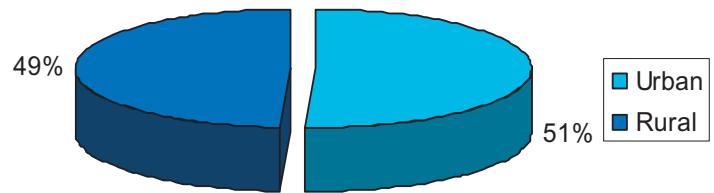
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

Idaho STD Program Website: <http://www.healthandwelfare.idaho.gov/>

CDC Project Area



Idaho Urban and Rural AI/AN Populations, 2005



*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 Idaho- specific STD rates and percentages for the AI/AN population.

Idaho Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	6	69	75	2.7	397.6
State	616	2,162	2,778	100.0	194.4

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

Idaho Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	2	3	5	4.3	26.5
State	60	57	117	100.0	8.2

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

Idaho 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	14	6	20	100.0	1.3

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)

Idaho HIV New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	9.1	1	20.0	2	1.3	10.0
State	123	100.0	30	100.0	153	100.0	10.7

Source: Idaho Department of Health and Welfare. Rate calculated on American Indian alone affiliation.

Idaho AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	5.0	0	0	1	4.5	5.0
State	20	100.0	2	100.0	22	100.0	1.5

Source: Idaho Department of Health and Welfare. Rate calculated on American Indian alone affiliation.

Idaho Hepatitis New Cases

Data is not available at this time

Select Idaho Demographics

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education (2002)	% Unmarried Mothers
AI/AN	399	1.8	8.8	24.1	57.9
State	22,532	100.0	5.0	15.9	23.6

Source: CDC National Vital Statistics System, CDC Wonder Search

Economics

2004	Median Household Income (USD)	% Below Poverty Level
AI/AN	19,091	17.6
State	39,934	9.7

Source: US Census Bureau

Education

2006	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	0.8	2,147	n/a*
State	100.0	267,533	5.6

Source: Idaho State Department of Education, National Center for Education Statistics

Resources/Potential Partners/ Special Issues

Idaho Tribes: The four federally-recognized tribes of Idaho include: the Coeur d'Alene Tribe, 850 A Street PO Box 408, Plummer, ID 83851, (208) 686-1800, <http://www.cdatribe-nsn.gov/>; the Kootenai Tribe of Idaho, County Road 38A PO Box 1269, Bonners Ferry, ID 83805, (208) 267-3519, <http://www.kootenai.org/>; the Nez Perce Tribe of Idaho, PO Box 305, Lapwai, ID 83540, (208) 843-2253, <http://www.nezperce.org/>; and the Shoshone-Bannock Tribe, PO Box 306 Fort Hall, ID 83203, (208) 478-3800, <http://www.shoshonebannocktribes.com/>. The Delaware Indian Tribe of Idaho is a non-recognized tribe (address not available).

Tribal Health Programs: Benewah Medical Center, PO Box 388, 1115 B Street, Plummer, ID 83851, (208) 686-1931, <http://www.bmcwc.com/contact.asp>; Coeur D'Alene Tribal Wellness Center, PO Box 700, Plummer, ID 83851, (208) 686-9355; Kootenai Tribal Health Clinic, County Road 38A PO Box 1269, Bonners Ferry, ID 83805, (208) 267-5223; Nimiipuu Health Center, PO Box 367, Lapwai, ID 83540, (208) 843-2271.

Urban Health Programs: Not available.

IHS Health Programs: Fort Hall Service Unit, PO Box 717, Fort Hall, ID 83203, (208) 238-2400

Inter-Tribal Health Programs: Not available.

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: Not available.

State Health Native American Liaison: Ms. Kathi McCulley, IDHW, Tribal Relations Program, 1118 F Street, Lewiston, ID 83501, 208-799-5060, McculleA@idhw.state.id.us.

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 ILLINOIS[‡]

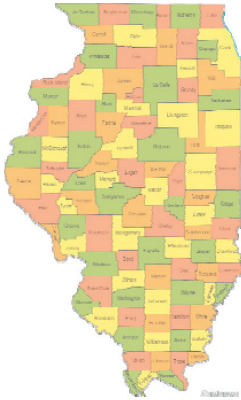
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	35,849	37,312	73,161	0.6
State	6,080,336	6,338,957	12,419,293	100.0

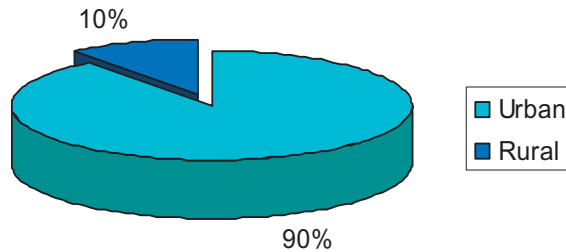
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Illinois STD Program Website: <http://www.idph.state.il.us/>

CDC Project Area



Illinois 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 Illinois- specific STD rates and percentages for the AI/AN population.

Illinois Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	11	47	58	0.1	243.5
State	12,886	37,672	50,559	100.0	396.1

Source: CDC STD Surveillance Report 2005, CDC Data Request. Rate calculated on American Indian alone affiliation.

Illinois Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	24	21	45	0.2	75.6
State	9,020	10,998	20,019	100.0	156.8

Source: CDC STD Surveillance Report 2005, CDC Data Request. Rate calculated on American Indian alone affiliation.

Illinois 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	807	115	922	100.0	7.7

Source: CDC STD Surveillance Report 2005, CDC Data Request. Rate calculated on American Indian alone affiliation.

‡Data is inclusive of all metropolitan areas

*The term AI/AN is used in the text to refer to the American Indian and Alaska Native population. All data is inclusive of Chicago.

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Illinois HIV New Cases

Data is not available at this time

Illinois AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	2	0.2	1	0.3	3	0.2	13.2
State	1,285	100.0	391	100.0	1,676	100.0	16.1

Source: CDC HIV/AIDS Surveillance Supplemental Report, AIDS Cases by Geographical Area of Residence and Metropolitan Statistical Area of Residence 2006. Rate calculated on American Indian alone affiliation.

Illinois Hepatitis New Cases

Data is not available at this time

Select Illinois Demographics	Births	<table border="1"> <thead> <tr> <th>2004</th> <th>Number of Births</th> <th>%</th> <th>% of Births to Mothers <19</th> <th>% w/ <12 yrs education</th> <th>% Unmarried Mothers</th> </tr> </thead> <tbody> <tr> <td>AI/AN</td> <td>299</td> <td>0.2</td> <td>6.0</td> <td>21.4</td> <td>41.5</td> </tr> <tr> <td>State</td> <td>180,778</td> <td>100.0</td> <td>6.2</td> <td>20.5</td> <td>36.3</td> </tr> </tbody> </table> <p>Source: CDC National Vital Statistics System</p>	2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers	AI/AN	299	0.2	6.0	21.4	41.5	State	180,778	100.0	6.2	20.5	36.3
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Illinois Tribes: There are no Indian tribes or reservations within the State.
Tribal Health Programs: There are no tribal health programs within the State.
Urban Health Programs: American Indian Health Service of Chicago, Inc. 4081 N. Broadway, Chicago, IL 60613, (773)-883-9100, www.aihschicago.org; St. Augustine's American Indian Drop-In Center (Bo-Sho-Ne-Gee) 4420 N. Broadway, Chicago IL, 60640, (773) 878-1066.
IHS Health Programs: None available.
Inter-Tribal Health Programs: American Indian Health Service of Chicago, Inc. 4081 N. Broadway, Chicago, IL 60613, (773)-883-9100, www.aihschicago.org
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: Center for Minority Health Services, Illinois Department of Public Health, 535 West Jefferson, 5th FL, Springfield, IL 62761, (217) 782-4977.

Special Issues:
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