



## STDs in American Indians and Alaska Natives INDIANA

### State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	19,239	20,024	39,263	0.6
State	2,982,474	3,098,011	6,080,485	100.0

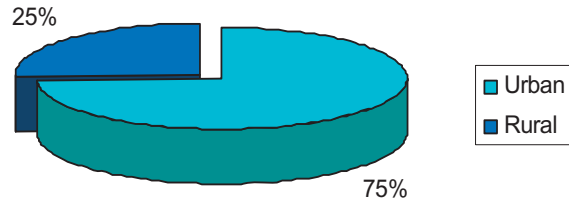
*\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

**Indiana STD Program Website:** <http://www.state.in.us/isdh/programs/hivstd/index.htm>

CDC Project Area



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

#### Indiana Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	6	10	16	0.2	103.6
State	4,703	5,400	10,103	100.0	161.2

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

#### Indiana Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	2	5	7	<0.1	45.3
State	3,616	4,453	8,069	100.0	128.8

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

#### Indiana 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	52	10	62	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*

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

Indiana HIV New Cases

Data is not available at this time

Indiana 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	322	100.0	74	100.0	396	100.0	7.8

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.

Indiana Hepatitis New Cases

Data is not available at this time

Select Indiana Demographics	Births	<table border="1"> <thead> <tr> <th>2004</th> <th>Number of Births</th> <th>%</th> <th>% of Births to Mothers &lt;19</th> <th>% w/ &lt;9 yrs education</th> <th>% Unmarried Mothers</th> </tr> </thead> <tbody> <tr> <td>AI/AN</td> <td>118</td> <td>0.1</td> <td>14.4</td> <td>20.3</td> <td>43.2</td> </tr> <tr> <td>State</td> <td>87,125</td> <td>100.0</td> <td>11.0</td> <td>21.2</td> <td>38.8</td> </tr> </tbody> </table> <p>Source: Indiana State Department of Health</p>	2004	Number of Births	%	% of Births to Mothers <19	% w/ <9 yrs education	% Unmarried Mothers	AI/AN	118	0.1	14.4	20.3	43.2	State	87,125	100.0	11.0	21.2	38.8
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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>41,770</td> <td>n/a*</td> </tr> <tr> <td>State</td> <td>43,993</td> <td>8.3</td> </tr> </tbody> </table> <p>Source: US Census Bureau</p>	2005	Median Household Income (USD)	% Below Poverty Level	AI/AN	41,770	n/a*	State	43,993	8.3										
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AI/AN	1.6	4,162	n/a																	
State	100.0	256,084	13.0																	

**Resources/ Potential Partners/ Special Issues**

**Indiana Tribes:** *Non-recognized tribes* of Indiana include: the Wea Indian Tribe of Indiana, 643 Mulberry St., Clinton, IN 47842, <http://www.wea-indian-tribe.com/>; the Miami Nation of Indians, P.O. Box 41, Peru, Indiana 46970, (765) 473-9631, <http://www.miamiindians.org/>; the Nimkii Band of the United Metis Tribe, 2254 Walnut Ridge Lane, Indianapolis, IN 46234, <http://www.indiancoalition.com/cms/>; the Upper Kiskopo Band of the best soccer predictions Shawnee Nation (address not available), Northern Cherokee Tribe of Indiana (address not available).

**Tribal Health Programs:** None available.

**Urban Health Programs:** American Indian Center of Indiana, 1026 South Shelby St., Indianapolis, IN, 46203, (800) 745-5872, <http://www.americanindiancenter.org>.

**IHS Health Programs:** Nashville Area Indian Health Service, 711 Stewart Ferry Pike, Nashville, TN, 37214, (866) 477-6261.

**Inter-Tribal Health Programs:** None available.

**Indian Health Boards:** Bemidji Area Health Board, Oneida Tribe of Wisconsin, PO Box 365, Oneida, WI 54155, (920) 869-2711.

**IHS Tribal Epidemiology Centers:** None available.

**Tribal Colleges:** None available.

**State Health Native American Liaison:** Office of Minority Health, State Indiana State Department of Health, 2 N Meridian St, Indianapolis, IN 46204, (317) 233-1325, <http://www.in.gov/isdh/programs/omh/MHMonth.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 IOWA

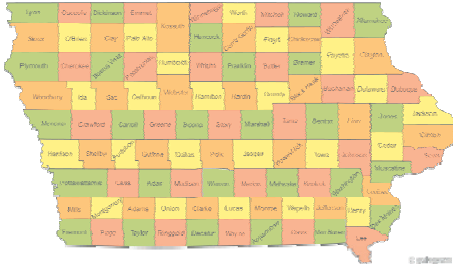
### State Population & AI/AN, 2005

Population Group	Male	Female	Total	%
AI/AN	4,001	4,155	8,156	0.3
State	1,329,626	1,385,175	2,714,801	100.0

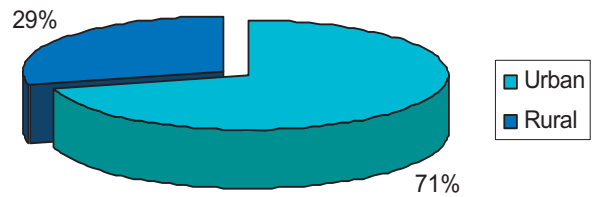
\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Iowa STD Program Website: [http://www.idph.state.ia.us/adper/std\\_control.asp](http://www.idph.state.ia.us/adper/std_control.asp)

CDC Project Area



### Iowa Urban and Rural AI/AN Populations, 2000



Pie chart depicts AI/AN alone or in combination with other races.  
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 Iowa-specific STD rates and percentages for the AI/AN population.

#### Iowa Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	9	33	42	0.6	514.9
State	1,990	5,400	7,390	100.0	272.2

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

#### Iowa Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	8	9	0.6	110.3
State	721	885	1,606	100.0	59.2

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

#### Iowa 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	8	1	9	100.0	0.3

Source: Iowa Department of Public Health, 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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Iowa HIV New Cases

Data is not available at this time

Iowa 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	46	100.0	18	100.0	64	100.0	2.6

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

Iowa Hepatitis New Cases

Data is not available at this time

Select Iowa Demographics

2005	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	245	0.6	18.7	37.1	67.3
State	39,275	100.0	8.5	14.6	32.5

Source: Iowa Department of Public Health

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	21,229	n/a*
State	43,609	8.0

Source: US Census Bureau

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	0.6	2,835	10.4
State	100.0	478,319	2.7

Source: National Center for Education Statistics

Resources/Potential Partners/ Special Issues

**Iowa Tribes:** Iowa has the Sac & Fox Tribe 3137 F Avenue, Tama, IA 52339, (515) 484-4678/5358, <http://www.sacandfoxnation-nsn.gov/index.htm>.

**Tribal Health Programs:** Sac & Fox Health Services, 349 Meskwaki Rd., Tama IA 52339. (641) 484-5424.

**Urban Health Programs:** Not available.

**IHS Health Programs:** Not available.

**Inter-Tribal Health Programs:** Not available.

**Indian Health Boards:** Aberdeen Area Tribal Chairmen's Health Board, 1770 Rand Road, Rapid City, SD 57702, (800) 745-3466 or (605) 721-1922, <http://www.aatchb.org/>.

**IHS Tribal Epidemiology Centers:** Northern Plains Tribal Epidemiology Center, 1770 Rand Road, Rapid City, SD 57702, (800) 745-3466 or (605) 721-1922, <http://www.aatchb.org/epi/>.

**Tribal Colleges:** Not available.

**State Health Native American Liaison:** Minority Health Consultant, Janice Edmunds-Wells, MSW, Iowa Department of Public Health, Office of Multicultural Health, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319, (515) 281-4904.

**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 KANSAS

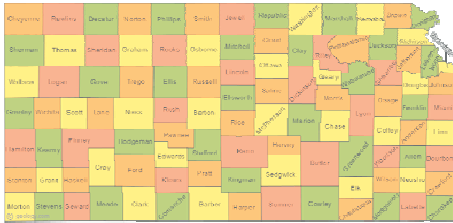
### State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	23,397	23,966	47,363	1.8
State	1,328,474	1,359,944	2,688,418	100.0

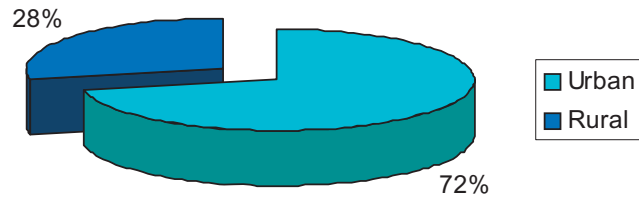
\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Kansas STD Program Website: <http://www.kdheks.gov/hiv-std/index.html>

CDC Project Area



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

#### Kansas Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	19	67	86	1.1	338.2
State	1,365	6,054	7,419	100.0	270.0

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

#### Kansas Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	9	19	28	1.8	110.1
State	960	1,645	2,605	100.0	94.8

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

#### Kansas 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	17	2	19	100.0	0.7

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

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## Kansas HIV New Cases

Data is not available at this time

## Kansas AIDS New Cases, 2003

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	0	0.0	0	0.0	1	0.5	3.8
State	142	100.0	55	100.0	197	100.0	7.2

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.

## Kansas Hepatitis New Cases

Data is not available at this time

### Select Kansas Demographics

#### Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	499	1.3	8.4	19.2	48.2
State	39,669	100.0	5.9	18.0	33.0

Source: CDC National Vital Statistics System

#### Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	30,780	14.2
State	42,920	8.2

Source: US Census Bureau

#### Education

2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2004-2005)
AI/AN	0.7	3,517	2.3
State	100.0	496,490	1.4

Source: Kansas State Department of Education School Reports, <http://www.ksbe.state.ks.us/Default.aspx?tabid=223>

### Resources/ Potential Partners/ Special Issues

**Kansas Tribes:** There are four *federally recognized* tribes in Kansas: Iowa Tribe Route 1, Box 58A, White Cloud, KS 66094-9624, (913) 595-3258, <http://ioway.nativeweb.org/iowayksne.htm>; Kickapoo Tribe P.O. Box 271, Horton KS 66349-0271, (913) 486-2131, <http://www.kickapoonation.com/>; Prairie Band Potawatomi Tribe, Route 2 Box 50A, Mayetta KS 66509, (913) 966-2255, <http://www.pbpindiantribe.com/>; and the Sac & Fox Tribe of Missouri Rt. 1, Box 60, Reserve KS 66434-9723, (913) 742-7471.

**Tribal Health Programs:** None available.

**Urban Health Programs:** Haskell Health Center, 2415 Massachusetts, Lawrence KS 66046-4808, Hunter Health Clinic 2318 East Central, Wichita KS 67214, (316) 262-3611.

**IHS Health Programs:** Holton Service Unit, 100 West 6<sup>th</sup> St. Rural Route 1, Reserve, KS 66434; Haskell Health Center, 2415 Massachusetts, Lawrence KS 66046-4808.

**Inter-Tribal Health Programs:** Haskell Health Center, 2415 Massachusetts, Lawrence KS 66046-4808, <http://www.ihs.gov/FacilitiesServices/AreaOffices/oklahoma/index.asp>.

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

**IHS Tribal Epidemiology Centers:** Oklahoma City Area Inter-Tribal Health Board Epi-Center, P.O. Box 57377, 3625 NW 56th Street, Oklahoma City, OK 73112, (405) 951-6003.

**Tribal Colleges:** Haskell Indian Nations University 155 Indian Avenue, P. O. Box 5030 Lawrence, KS 66046-4800, (785)749-8479, [www.haskell.edu](http://www.haskell.edu).

**State Health Native American Liaison:** Kansas Department of Health & Environment, Office of Minority Health, Sharon Goolsby, (785) 296-5577, [sgoolsby@kdhe.state.ks.us](mailto:sgoolsby@kdhe.state.ks.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.
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## STDs in American Indians and Alaska Natives KENTUCKY

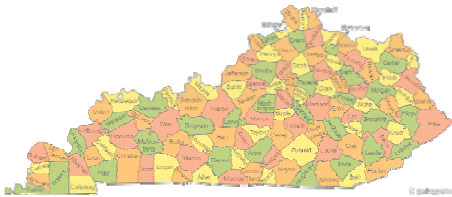
### State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	12,006	12,546	24,552	0.6
State	1,975,368	2,066,401	4,041,769	100.0

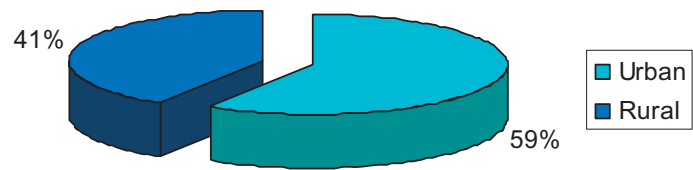
\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Kentucky STD Program Website: <http://chfs.ky.gov/>

CDC Project Area



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

#### Kentucky Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,00
AI/AN	3	10	13	0.2	164.8
State	2,285	6,041	8,326	100.0	199.5

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

#### Kentucky Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	2	0	2	<0.1	25.4
State	1,399	1,530	2,929	100.0	70.1

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

#### Kentucky P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	0	1	1.9	12.7
State	49	3	52	100.0	1.2

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

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## Kentucky HIV New Cases

Data is not available at this time

## Kentucky AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	0.5	1	2.2	2	0.8	24.0
State	205	100.0	46	100.0	251	100.0	7.3

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.

## Kentucky Hepatitis New Cases

Data is not available at this time

### Select Kentucky Demographics

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education (2002)	% Unmarried Mothers
AI/AN	99	0.2	8.1	21.4	38.3
State	55,720	100.0	7.1	21.0	35.0

Source: CDC National Vital Statistics System, CDC Wonder Search

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	33,852	n/a*
State	37,369	11.9

Source: US Census Bureau

2004	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	0.2	1,134	0.0
State	100.0	626,755	4.6

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

### Resources/ Potential Partners/ Special Issues

**Kentucky Tribes:** There are no *federally-recognized* tribes in Kentucky today. However, the Southern Cherokee Nation in Kentucky is a *state-recognized* tribe. Their contact information is: [Southern Cherokee Nation of Kentucky](http://www.southerncherokeemission.net/), 7919 Pleasant Hill Rd., Henderson, KY 42420, (270) 546-3005, <http://www.southerncherokeemission.net/>.

**Tribal Health Programs:** None available.

**Urban Health Programs:** None available.

**IHS Health Programs:** [Indian Health Service Headquarters](http://www.ihs.gov), 801 Thompson Avenue, Suite 120, Rockville, MD 20852, [www.ihs.gov](http://www.ihs.gov).

**Inter-Tribal Health Programs:** None available.

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

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

**Tribal Colleges:** None available.

**State Health Native American Liaison:** None available.

**Special Issues:**

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

Los Angeles STD Program Website:  
<http://lapublichealth.org/std/index.htm>

CDC Project Area



### County Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	52,147	52,556	104,713	1.1
County	4,702,553	4,816,785	9,519,338	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 Los Angeles-specific STD rates and percentages for the AI/AN population.

### Los Angeles Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	4	30	34	<0.1	102.7
County	11,421	27,384	38,805	100.0	390.6

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

### Los Angeles Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	5	9	14	0.1	12.8
County	5,729	4,734	10,463	100.0	272.1

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

### Los Angeles P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	0	1	0.2	3.0
County	581	57	638	100.0	16.6

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

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

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

Los Angeles HIV New Cases

Data is not available at this time

Los Angeles County AIDS New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	<5	<0.5	<5	<3.2	<5	<0.4	<4.6
City & County	1,017	100.0	158	100.0	1,175	100.0	30.6

Source: County of Los Angeles Semi-Annual Surveillance Summary January 2007. Rate calculated on American Indian alone affiliation.

Los Angeles Hepatitis New Cases

Data is not available at this time

Select Los Angeles Demographics

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	243	0.2	2.1	24.7	n/a
City & County	151,504	100.0	3.3	33.8	35.4

Source: County of Los Angeles, California Family Health Outcomes Project Title V Perinatal Indicators, 2004

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	57,170	9.4
City & County	51,824	4.3

Source: US Census Bureau

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2004-2005)
AI/AN	0.3	4,936	4.3
City & County	100.0	1,690,555	3.1

Source: California Department of Education

Resources/Potential Partners/ Special Issues

**Los Angeles County Tribe:** The Gabrielino/Tongva Tribe of the LA Basin resides in the County of Los Angeles. Their contact information is 761 Terminal St., Bldg. 1 2<sup>nd</sup> Floor, Los Angeles, CA 90021, (213) 489-5001, <http://www.tongvatribes.net/>. Los Angeles County has the largest urban AI/AN population in the United States representing numerous tribes and nations.

**Urban Inter-Tribal Health Programs:** United American Indian Involvement, Inc., 1125 West 6<sup>th</sup> St., #400, Los Angeles, CA 90017, (213) 202-3970; Los Angeles Native American Center, 9500 Artesia Blvd, Bellflower, CA 90706, American Indian Resource Center, 651 Miles Ave. Huntington Park, CA 90255, (323) 583-2794.

**IHS Health Programs:** California Area Indian Health Service, 650 Capitol Mall, Suite 7-100, Sacramento, CA 95814, (916) 930-3927.

**Indian Health Boards:** California Rural Indian Health Board, Inc., 4400 Auburn Blvd. 2<sup>nd</sup> Floor, Sacramento, CA 95841, (916) 929-9761.

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

**University Program:** UCLA American Indian Studies Center, 3220 Campbell Hall, Los Angeles, CA 90095, (310) 825-7315.

**County & 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/](http://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; Office of Diversity Programs, LA County Department of Health Services, 313 N. Figueroa St., Room 103, Los Angeles, CA 90012, (213) 240-7710, [odp@ladhs.org](mailto:odp@ladhs.org).

**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.
- 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 LOUISIANA

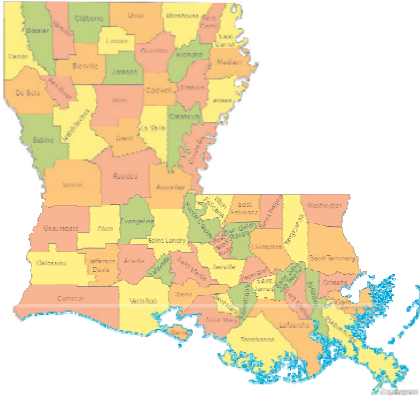
### State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	20,752	22,125	42,878	0.1
State	2,162,903	2,306,073	4,468,976	100.0

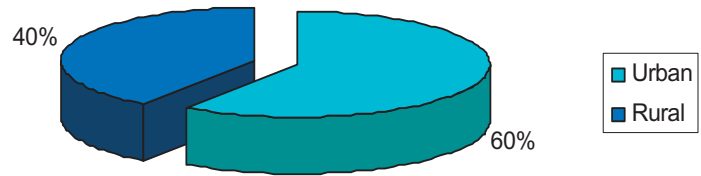
*\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

**Louisiana STD Program Website:** [www.std.dhh.louisiana.gov](http://www.std.dhh.louisiana.gov)

CDC Project Area



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

#### Louisiana Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	4	5	<0.1	11.7
State	3,640	13,561	17,201	100.0	380.2

*Source: Louisiana Office of Public Health.*

#### Louisiana Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	2	2	<0.1	4.7
State	4,781	4,814	9,595	100.0	212.1

*Source: Louisiana Office of Public Health.*

#### Louisiana 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	118	169	287	100.0	6.3

*Source: Louisiana Office of Public Health.*

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

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### Louisiana HIV New Infections, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	0	0.0	1	0.3	1	0.1	2.3
State	653	100.0	347	100.0	1,000	100.0	23.3

Source: Louisiana Office of Public Health.

### Louisiana Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B (Chronic)		Hepatitis C (Chronic)	
	Total	%	Total	%	Total	%
AI/AN	0	0.0	28	5.4	14	0.3
State	71	100.0	520	100.0	4,019	100.0

Source: Louisiana Office of Public Health

### Select Louisiana Demographics

#### Births

2004	Number of Births	%	% of Births to Mothers < 19	% w/ <9 yrs education	% Unmarried Mothers
AI/AN	424	0.7	11.6	20.0	52.1
State	64,956	100.0	8.9	8.0	49.1

Source: Louisiana Office of Public Health

#### Economics

2004	Median Household Income (USD)	% Below Poverty Level
AI/AN	34,156	20.7
State	36,729	13.2

Source: US Census Bureau

#### Education

2004	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2004-2005)
AI/AN	0.1	5,184	6.8
State	100.0	660,225	5.0

Source: Louisiana Department of Education

### Resources/ Potential Partners/ Special Issues

**Louisiana Tribes:** Federally-recognized tribes include: the [Chitimacha Tribe](http://www.chitimacha.com), PO Box 661, Charenton, LA 70523; the [Coushatta Tribe](http://www.coushattatribela.org), PO Box 818, Elton LA 70532; the [Jena Band of Choctaw](http://www.jenachoctaw.org), PO Box 14, Jena LA 71432; and the [Tunica Biloxi Tribe](http://www.tunica.org), PO Box 331, Marksville LA 71351. The state-recognized tribes include: the [United Houma Nation](http://www.unitedhoumanation.org), 20986 Hwy 1, Golden Meadow LA 70357; the [Choctaw Apache Tribe](http://cate.50megs.com/Index.htm), PO Box 1428, Zwolle, LA 71486; the [Chahta Native American Tribe of the Old Florida Parishes](http://61357.Dixie.Ranch.Road.Slidell.LA.70460), Chief: Elwin "Warhorse" Gillum, 61357 Dixie Ranch Road, Slidell, LA 70460, Phone: 985-781-7650; the [Clifton Choctaw Tribe](http://318.793-4253), 1146 Clifton Road, Clifton, LA 71447, (318) 793-4253; the [Adai Caddo Tribe](http://4500.Hwy.485.Robelina.LA.71469), 4500 Hwy 485, Robeline, LA 71469, (318) 472-8680; the [Four Winds Tribe](http://PO.Box.118.Merryville.LA.70653), PO Box 118, Merryville, LA 70653, (337) 825-8641; the [Point au Chien Tribe](http://177.Aragon.Road.Montegut.LA.70377), 177 Aragon Road, Montegut, LA 70377; and the [Biloxi Chitimacha Confederation of Muskogee](http://pactribe.tripod.com), PO Box 856, Zachary, LA, 70791, [www.biloxi-chitimacha.com](http://www.biloxi-chitimacha.com).

**Tribal Health Programs:** [Jena Choctaw Health Center](http://Jena.Choctaw.Health.Center.PO.Box.14.Jena.LA.71432), PO Box 14, Jena LA 71432, (318) 992-2763;

**Urban Health Programs:** Not available.

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

**Inter-Tribal Health Programs:**

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

**Tribal Colleges:** Not available,

**State Health Native American Liaison:** Durand "Rudy" Macklin, Director, Bureau of Minority Health, [www.dhh.state.la.us/lamha](http://www.dhh.state.la.us/lamha), 628 North 4th Street, 9th Floor, Baton Rouge, LA 70821-0629, 225-342-9500 Ph., 225-342-3738 Fax, [rmacklin@dhh.la.gov](mailto:rmacklin@dhh.la.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 MAINE

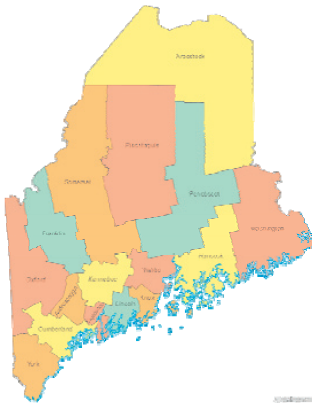
### State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	6,407	6,749	13,156	1.0
State	620,309	654,614	1,274,923	100.0

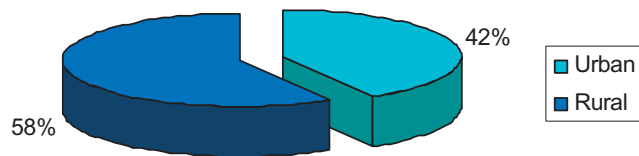
*\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

**Maine STD Program Website:** [http://www.maine.gov/dhhs/boh/ddc/HIV\\_STD.htm](http://www.maine.gov/dhhs/boh/ddc/HIV_STD.htm)

CDC Project Area



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

#### Maine Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	2	16	18	0.8	227.0
State	606	1,647	2,253	100.0	170.5

*Source: Maine Center for Disease Control and Prevention. Rate calculated on American Indian alone affiliation.*

#### Maine Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	1	1	0.7	12.6
State	81	61	142	100.0	10.7

*Source: Maine Center for Disease Control and Prevention. Rate calculated on American Indian alone affiliation.*

#### Maine P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
State	1	0	1	100.0	0.1

*Source: Maine Center for Disease Control and Prevention. 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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Maine HIV New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	0	0.0	0	0.0	0	0.0	0.0
State	48	100.0	10	100.0	58	100.0	4.4

Source: Maine Center for Disease Control and Prevention. Rate calculated on American Indian alone affiliation.

Maine 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	33	100.0	10	100.0	43	100.0	3.2

Source: Maine Center for Disease Control and Prevention. Rate calculated on American Indian alone affiliation.

Maine Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	0	0.0	1	7	n/a*	n/a
State	8	100.0	14	100.0	n/a	n/a

Source: Maine Center for Disease Control and Prevention

Select Maine Demographics

Births

2005	Number of Births	%	% of Births to Mothers <19	% w/ <9 yrs education	% Unmarried Mothers
AI/AN	115	0.8	4.3	96.5	71.0
State	14,110	100.0	4.3	96.4	34.9

Source: Maine Center for Disease Control and Prevention

Economics

2005	Median Household Income (USD)	% Below Poverty Level (2000)
AI/AN	28,092	31.5
State	42,801	10.9

Source: US Census Bureau, 2005 American Community Survey, <http://www.ecanned.com/ME/2007/01/income-and-poverty-in-state-of-maine.html>

Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	0.5	1,062	5.9
State	100.0	198,820	3.1

Source: National Center for Education Statistics

Resources/ Potential Partners/ Special Issues

**Maine Tribes:** There are five *federally-recognized* tribes of Maine: the Arroostook Band of Micmacs, Presque Isle, ME 04769, (207) 764-1972, <http://www.micmac-nsn.gov/index.html>; the Houlton Band of Maliseet Indians, RR 3 Box 450, Houlton, ME 04730, (207) 532-4273, <http://www.maliseets.com/>; the Passamaquoddy Tribe of Indian Township, PO Box 301, Princeton, ME 04668, (207) 796-2301, <http://www.passamaquoddy.com/>; the Passamaquoddy Tribe at Pleasant Point, PO Box 343, Perry, ME 04667, (207) 853-2600, <http://www.wabanaki.com/>; and the Penobscot Nation, Community Building, Old Town, ME 04468, (207) 827-7776, <http://www.penobscotnation.org/>.

**Tribal Health Programs:** The Micmac Health Department, 8 Northern Rd., Presque Isle, ME 04769, (207) 764-7219; The Houlton Band of Maliseet Indians Health Program, 88 Bell Road, Suite 2, Littleton, ME 04730, (207) 532-2240; Passamaquoddy Pleasant Point Health Center, Route 190/ East 2.5 miles, Perry, ME 04667, (207) 853-0644; Passamaquoddy Indian Town Health Center, 1 Newell Drive, Princeton, ME 04668, (207) 796-2301.

**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>; Penobscot Ruth Attean Davis Health Center, 5 River Road Indian Road, Old Town, ME 04468, (207) 817-7401.

**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>.

**Tribal Colleges:** None available.

**State Health Native American Liaison:** Office of Minority Health, Lisa Sockabasin, 221 State St., Augusta ME 04333, (207) 287-3707.

**Special Issues:**

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

—New Office of Minority Health will continue to address data issues in Maine. True data has been difficult to obtain.

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

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

**Potential Partners:**

—Office of Minority Health, contact: Lisa Sockabasin (207) 287-4844.

—Wabenaki Mental Health Association, contact: Sharon Tomah, (207) 990-0605.

—State Tribal Epidemiologist, contact: Mary Jude, (207) 945-5247, x405.

\*data not available at this time



## STDs in American Indians and Alaska Natives MARYLAND

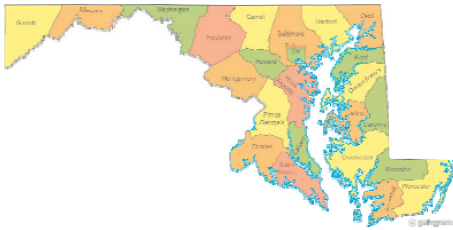
### State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	19,048	20,389	39,437	0.7
State	2,557,794	2,738,692	5,296,486	100.0

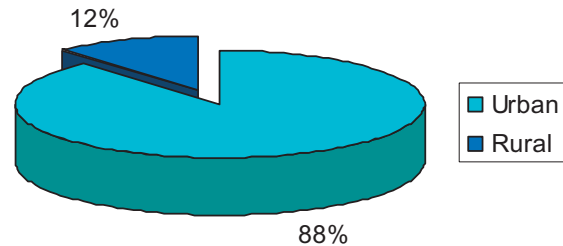
\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Maryland STD Program Website: <http://edcp.org/html/stds.html>

CDC Project Area



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

#### Maryland Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	2	8	10	<0.1	62.2
State	3,627	14,653	18,280	100.0	327.0

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

#### Maryland Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	2	2	4	<0.1	24.9
State	3,410	3,620	7,030	100.0	125.8

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

#### Maryland 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	225	88	113	100.0	2.0

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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### Maryland HIV New Cases

Data is not available at this time

### Maryland 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	909	100.0	537	100.0	1,446	100.0	31.6

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

### Maryland Hepatitis New Cases

Data is not available at this time

#### Select Maryland Demographics

2005	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	173	0.2	6.4	18.4	45.0
State	74,707	100.0	5.3	14.2	37.1

Source: Maryland Department of Health and Mental Hygiene

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	44,441	n/a*
State	61,592	5.8

Source: US Census Bureau

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	0.4	3,489	3.6
State	100.0	865,561	3.7

Source: National Center for Education Statistics, 2006 Maryland Report Card

#### Resources/Potential Partners/ Special Issues

**Maryland Tribes:** There are no federally- or state-recognized tribes in Maryland. *Non-recognized* tribal groups include: the Piscataway-Conoy Confederacy: P.O. Box 1484, La Plata, Maryland 20646, (301) 609-7625; the Youghiogheny Band of Shawnee, 6110 Melvern Drive, Bethesda, Maryland 2085, (301) 530-5281; the Pocomoke Indian Nation, 3169 Calvary Road, Crisfield, Maryland 21817, the Piscataway Indian Nation, PO Box 131, Accokeek, Maryland 2060, (301) 932-0808; the Accohannock Indian Tribe, 427 Loblolly Lane, Salisbury, Maryland 21801-6851, (410) 749-2696, and the Nassue-Waiwash Tribe (Nanticoke), 7 Willis Street, Cambridge, Maryland 21613, (410) 228-5243.

**Tribal Health Programs:** None available.

**Urban Health Programs:** Baltimore American Indian Health Center, 113 South Broadway, Baltimore, MD 21231, (410) 675-3535

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

**Inter-Tribal Health Programs:** None available.

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

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

**Tribal Colleges:** None available.

**State Health Native American Liaison:** 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.dhmf.state.md.us/hd/index.html>, [healthdisparities@dnhm.gov](mailto:healthdisparities@dnhm.gov).

**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 MASSACHUSETTS

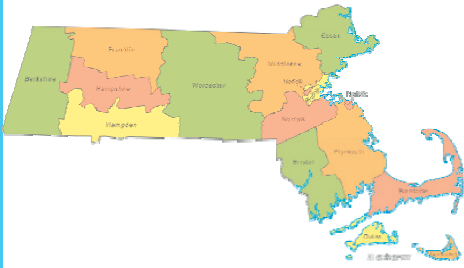
### State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	18,340	19,710	38,050	0.6
State	3,058,816	3,290,281	6,349,097	100.0

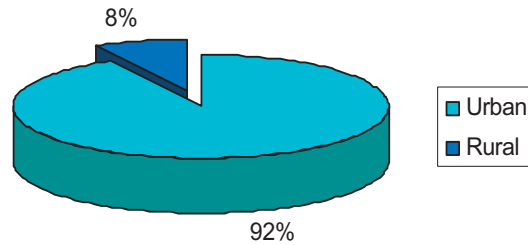
*\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

**Massachusetts STD Program Website:** <http://www.mass.gov/dph/cdc/std/divstd.htm>

CDC Project Area



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

#### Massachusetts Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	3	15	18	0.1	135.5
State	3,809	10,587	14,396	100.0	223.8

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

#### Massachusetts Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	2	2	<0.1	13.5
State	1,216	1,320	2,536	100.0	39.4

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

#### Massachusetts P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	0	1	0.8	6.8
State	121	4	125	100.0	1.9

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

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

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

### Massachusetts Average Annual Rate of HIV Cases, 2003-2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	0.2	1	0.5	2	2.5	8.0
State	595	100.0	211	100.0	806	100.0	14.0

Source: Massachusetts HIV/AIDS Data Fact Sheet, MDDH March 2007. Rate calculated on American Indian alone affiliation.

### Massachusetts AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	0	0.0	1	0.6	1	0.2	6.2
State	394	100.0	170	100.0	564	100.0	10.5

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.

### Massachusetts Hepatitis New Cases

Data is not available at this time

#### Select Massachusetts Demographics

Births	2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
	AI/AN	164	0.2	6.1	14.6	45.7
State	78,484	100.0	3.6	12.2	28.5	

Source: CDC National Vital Statistics System

Economics	2005	Median Household Income (USD)	% Below Poverty Level (1999)
	AI/AN	48,276	21.0
State	57,184	5.1	

Source: US Census Bureau, Health Status of American Indians/Native Americans in Massachusetts, MDPH, Nov. 2006

Education	2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
	AI/AN	0.3	2,917	3.2
State	100.0	972,371	3.4	

Source: Massachusetts Department of Education

#### Resources/Potential Partners/ Special Issues

**Massachusetts Tribes:** There is two *federally-recognized* tribes in Massachusetts: the **Wampanoag (Aquinnah) Tribe of Gay Head, MA**, 20 Black Brook Road, Aquinnah, MA 02535-1546, (508) 645 9265, <http://www.wampanoagtribe.net/Pages/index> and the **Mashpee Wampanoag Tribe**, 483 Great Neck Road, South, PO Box 1048, Mashpee, MA 02649, (508) 477-0208, <http://www.mashpeewampanoagtribe.com/>. The **Hassanamisco Nipmuc** is a *state-recognized* tribe: Hassanamisco Reservation, Grafton, MA 01519, (508) 839-7394, <http://www.nipmucnation.org/>. Other tribal communities include: the **Chappaquiddick Tribe of the Wampanoag Indian Nation**, 232 North Main St, Andover, MA 01810, (978) 475-6959, <http://www.chappaquiddick-wampanoag.org/>; the **Chappiquiddic Band of Massachusetts**, PO Box 3931, Pocasset, MA 02559, <http://chappiquiddic.org/>; the **Cowasuck Band of the Pennacook-Abenaki People**, P.O. Box 54, Forestdale, MA 02644-0054, (508) 477-1772, <http://www.cowasuck.org/>; the **Assonet Band of Wampanoags**, c/o Chief Windsong Blake, 68 Taunton St., Lakeville, MA 02740; and the **Chaubunagungamang Nipmuc**, Webster, MA 01570.

**Tribal Health Programs:** **Mashpee Wampanoag Tribal Health**, 483 Great Neck Road, South, PO Box 1048, Mashpee, MA 02649, (508) 477-0208; **Wampanoag Tribal Health**, 20 Black Brook Road, Aquinnah, MA 02535-1546(508) 645-9265, 121.

**Urban Health Programs:** **North American Indian Center of Boston, Inc.**, 105 South Huntington Ave., Jamaica Plains, MA 02130, (617) 232-0343, <http://www.bostonindiancenter.org/>; **Tecumseh House**, 107 Fisher Ave., Roxbury, MA 02120, (617) 731-3366.

**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:** **United South and Eastern Tribes, Inc.**, 711 Stewarts Ferry Pike, Suite 100, Nashville, TN 37214. (615) 872-7900, <http://www.usetinc.org/defaultpage.cfm?ID=41>

**IHS Tribal Epidemiology Centers:** **USET Tribal Epidemiology Center** United South and Eastern Tribes, Inc., 711 Stewarts Ferry Pike, Suite 100 Nashville, TN 37214. (615) 872-7900, <http://www.usetinc.org/defaultpage.cfm?ID=41>.

**Tribal Colleges:** None available.

**State Health Native American Liaison:** **Office of Multicultural Health**, Massachusetts Department of Public Health, 250 Washington St., 5<sup>th</sup> Floor, Boston, MA 02108, (617) 624-5471.

**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 MICHIGAN

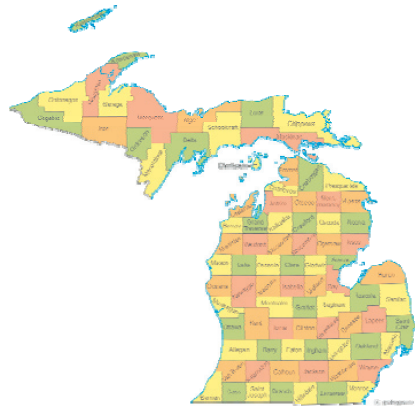
### State Population & AI/AN, 2004

Population Group	Male	Female	Total	%
AI/AN	60,962	63,450	124,412	1.3
State	4,873,095	5,065,349	9,938,444	100.0

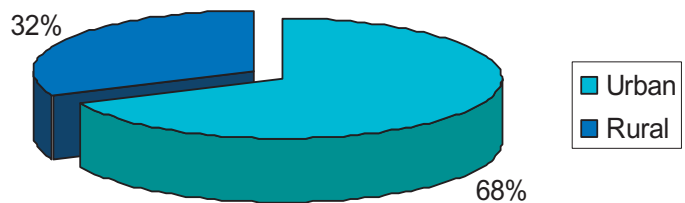
\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Michigan STD Program Website: [http://www.michigan.gov/mdch/1,1607,7-132-2940\\_2955\\_2982-13910--,00.html](http://www.michigan.gov/mdch/1,1607,7-132-2940_2955_2982-13910--,00.html)

CDC Project Area



### Michigan Urban and Rural AI/AN Populations, 2004



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

#### Michigan Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	8	59	67	0.2	110.3
State	6,657	25,891	38,729	100.0	382.7

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

#### Michigan Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	23	12	35	0.2	57.6
State	6,142	7,823	17,684	100.0	174.7

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

#### Michigan 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	154	95	488	100.0	4.8

Source: Michigan Department of Community 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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## Michigan HIV/AIDS New Cases, 2006

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	28	0.3	13	0.5	41	0.3	93.6
State	10,001	100.0	2,971	100.0	12,972	100.0	128.5

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

## Michigan Hepatitis New Cases

Data is not available at this time

### Select Michigan Demographics

#### Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	710	0.5	9.7	24.9	54.1
State	129,776	100.0	5.8	16.8	35.7

Source: CDC National Vital Statistics System

#### Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	32,392	17.4
State	46,039	8.8

Source: US Census Bureau

#### Education

2004	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	0.9	16,588	n/a*
State	100.0	1,709,583	3.0

Source: Michigan Center for Educational Performance and Information

### Resources/ Potential Partners/ Special Issues

**Michigan Tribes:** For a listing of Michigan tribes and contact information please see [http://500nations.com/Michigan\\_Tribes.asp](http://500nations.com/Michigan_Tribes.asp) and/or [www.nativeancestors.org/US%20Tribes.htm](http://www.nativeancestors.org/US%20Tribes.htm) for their recognition status.

**Tribal Health Programs:** For a listing of tribal health programs please see <http://www.ihs.gov/FacilitiesServices/AreaOffices/Bemidji/bemidji-health-facilities.asp>.

**Urban Health Programs:** Detroit American Indian Health Center, PO Box 810, Dearborn, MI 48121-0810, (313) 846-3718;

**IHS Health Programs:** Bemidji Area Indian Health Service, 522 Minnesota Avenue, NW, Room 117, Bemidji, MN 56601, (218) 44-0471. For a listing of tribal health programs please see <http://www.ihs.gov/FacilitiesServices/AreaOffices/Bemidji/bemidji-health-facilities.asp>.

**Inter-Tribal Health Programs:** Inter-Tribal Council of Michigan, Inc. (MITC), 3601 Mackinaw Trail, Sault Ste. Marie, MI 49783, (906) 635-4208 Fax: 906/635-4212.

**Indian Health Boards:** Inter-Tribal Council of Michigan, Inc. (MITC), 3601 Mackinaw Trail, Sault Ste. Marie, MI 49783, (906) 635-420

Fax: 906/635-4212; Great Lakes Inter-Tribal Council, Inc., 2932 Highway 47 N. P.O. Box 9, Lac du Flambeau, WI 54538, (715) 588-3324, <http://www.glitc.org/>.

**IHS Tribal Epidemiology Centers:** Great Lakes Epicenter, 2932 Highway 47 N. P.O. Box 9, Lac du Flambeau, WI 54538, (715) 588-3324, <http://www.glitc.org/epicenter/>.

**Tribal Colleges:** Bay Mills Community College, 12214 West Lakeshore Dr., Brimley, MI 49715, (906) 248-3354, [www.bmcc.edu](http://www.bmcc.edu); Saginaw

Chippewa Tribal College, 2284 Enterprise Drive, Mount Pleasant, MI 48858, (989) 775-4123, [www.sagchip.org/tribalcollege](http://www.sagchip.org/tribalcollege).

**State Health Native American Liaison:** Health Disparity Reduction and Minority Health Section, Michigan Department of Community Health, Capitol View Building, 201 Townsend Street, Lansing, Michigan 48913, (517) 373-3740, <http://www.michigan.gov/mdch/0,1607,7-132-8526-58525--,00.html>.

#### Special Issues:

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

\* data not available



## STDs in American Indians and Alaska Natives MINNESOTA

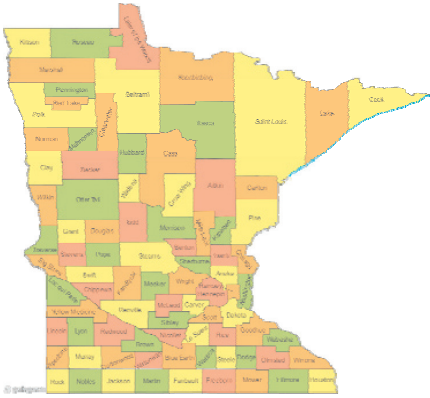
### State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	40,132	40,942	81,074	1.6
State	2,435,631	2,483,848	4,919,479	100.0

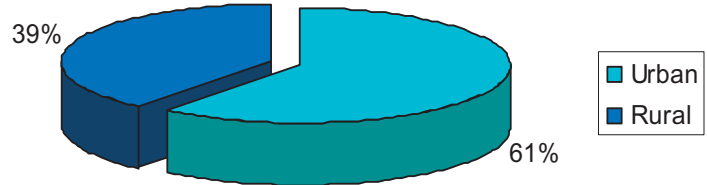
*\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

**Minnesota STD Program Website:** <http://www.health.state.mn.us/divs/idepc/dtopics/stds/stdstatistics.html>

CDC Project Area



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

#### Minnesota Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	58	357	415	3.4	643.8
State	3,364	8,814	12,187	100.0	237.4

*Source: <http://www.health.state.mn.us/divs/idepc/dtopics/stds/stdsurvrpts.html>. Rate calculated on American Indian alone affiliation.*

#### Minnesota Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	30	66	96	2.7	155.9
State	1,571	1,906	3,481	100.0	67.8

*Source: <http://www.health.state.mn.us/divs/idepc/dtopics/stds/stdsurvrpts.html>. Rate calculated on American Indian alone affiliation.*

#### Minnesota P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	0	1	1.4	1.6
State	67	2	69	100.0	1.3

*Source: <http://www.health.state.mn.us/divs/idepc/dtopics/stds/stdsurvrpts.html>. 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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### Minnesota Number Living with HIV, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	25	1.1	22	3.1	47	1.6	76.3
State	2,212	100.0	702	100.0	2,904	100.0	56.6

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

### Minnesota Number Living with AIDS, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	30	1.6	16	3.4	46	2.0	74.7
State	1,853	100.0	466	100.0	2,319	100.0	45.2

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

### Minnesota Hepatitis Prevalence, 2005

Population Group	Hepatitis A (Acute)		Hepatitis B (Chronic)		Hepatitis C (Chronic)	
	Total	%	Total	%	Total	%
AI/AN	0	0.0	68	0.4	1,139	4.7
State	36	100.0	15,646	100.0	24,428	100.0

Source: Minnesota Health Department

### Select Minnesota Demographics

2004	Number of Births	%	% of Births to Mothers < 19		
			% w/ <12 yrs education	% Unmarried Mothers	
AI/AN	1,546	2.2	13.4	36.8	78.7
State	70,624	100.0	4.1	10.7	29.0

Source: CDC National Vital Statistics System

2004	Median Household Income (USD)		% Below Poverty Level
	AI/AN	State	
AI/AN	41,259	50,860	11.0
State	50,860		6.0

Source: US Census Bureau

2005-2006	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2004-2005)
AI/AN	2.1	17,649	8.6
State	100.0	840,420	4.0

Source: Minnesota Department of Education

### Resources/Potential Partners/ Special Issues

**Minnesota Tribes:** There are eleven *federally-recognized* tribes in Minnesota: the **Bois Forte Band of Chippewa (Ojibwe)**, PO Box 16, Nett Lake, MN 59772, <http://www.boisforterc.com/>; the **Fond du Lac of Chippewa**, 105 University Rd, Cloquet, MN 55720; the **Leech Lake Band of Chippewa**, Rt 3 Box 11, Cass Lake, MN 56633, <http://www.leechlakeojibwe.org/>; the **Grand Portage Band of Chippewa**, P.O. Box 428, Grand Portage, MN 56606, (218) 475-2279; the **Lower Sioux Indian Community**, Rt 1 Box 308, Morton, MN 56270; the **Mille Lacs Band of Chippewa**, HRC-67 Box 194, Onamia, MN 56359, <http://www.millelacsjojibwe.org/>; the **Red Lake Band of Chippewa Indians**, PO Box 550, Red Lake, MN 56671, <http://www.redlakenation.org/>; the **Upper Sioux Indian Community**, PO Box 147, Granite Falls, MN 56241; the **White Earth Band of Chippewa**, PO Box 418, White Earth, MN 56591; the **Skakopee Sioux Community**, 2330 Sioux Trail, NW, Prior Lake, MN 55372, (612) 445-8900, and the **Prairie Island Indian Community**, 1158 Island Blvd., Welch, MN 55089, (612) 388-2554. Two tribal communities are *state-recognized*: **Kah-Bay-Kah-Nong**, 1012 E. Lake St., Warroad, MN 56763, (218) 386-3381; and the **Sandy Lake Band of Mississippi Chippewa**, <http://www.sandylakeojibwe.org/index.html>.

**Tribal Health Programs:** Tribal health programs include 12 health centers/locations within Minnesota. See <http://www.ihs.gov/FacilitiesServices/AreaOffices/Bemidji/bemidji-health-facilities.asp> for a list of locations.

**Urban Health Programs:** **Indian Health Board** of Minneapolis, 1315 E. 24<sup>th</sup> St., Minneapolis, MN 55404, (612) 721-9800; **Thunderbird-Wren Halfway Health Station**, 229 North 4th Avenue, West Duluth MN, 55806, (218) 727-7699.

**IHS Health Programs:** See Bemidji Area Indian Health Service, 522 Minnesota Ave., NW, Room 117, Bemidji, MN 56601, (218) 444-0471 for a list of services locations <http://www.ihs.gov/FacilitiesServices/AreaOffices/Bemidji/index.asp>.

**Inter-Tribal Health Programs:** **Indian Health Board** of Minneapolis, 1315 E. 24<sup>th</sup> St., Minneapolis, MN 55404, (612) 721-9800; **Thunderbird-Wren Halfway Health Station**, 229 North 4th Avenue, West Duluth MN, 55806, (218) 727-7699; **Great Lakes Inter-Tribal Council, Inc. (GLITC)**, 2932 Highway 47 N., P.O. Box 9, Lac du Flambeau, WI 54538, (715) 588-3324, <http://www.glitc.org/>; **Indian Health Board of Minneapolis**, 1315 E. 24<sup>th</sup> St., Minneapolis, MN 55404, (612) 721-9800.

**Indian Health Boards:** **Great Lakes Inter-Tribal Council, Inc. (GLITC)**, 2932 Highway 47 N., P.O. Box 9, Lac du Flambeau, WI 54538, (715) 588-3324, <http://www.glitc.org/>; **Indian Health Board of Minneapolis**, 1315 E. 24<sup>th</sup> St., Minneapolis, MN 55404, (612) 721-9800.

**IHS Tribal Epidemiology Centers:** **Great Lakes EpiCenter**, GLITC, 2932 Highway 47 N., P.O. Box 9, Lac du Flambeau, WI 54538, (715) 588-3324, <http://www.glitc.org/epicenter/index.html>.

**Tribal Colleges:** **Fond du Lac Tribal and Community College**, 2101 14th Street Cloquet, MN 55720-2964, (218) 879-0800, [www.fdl.cc.mn.us](http://www.fdl.cc.mn.us); **Leech Lake Tribal College**, Rt. 3, Box 100, Cass Lake, MN 56633, (218) 335-4200, [www.lltc.org](http://www.lltc.org); **White Earth Tribal and Community College**, 210 Main Street South, PO Box 478 Mahnomon, MN 56557, (218) 935-0417, [www.wetcc.org](http://www.wetcc.org).

**State Health Native American Liaison:** Valerie Larsen, American Indian Health Coordinator, Office of Minority & Multicultural Health, MDH, Freeman Building, 5C, 625 Robert St. N, PO Box 64975, St. Paul, MN 55164-0975, (651) 201-5817, [Valerie.Larsen@health.state.mn.us](mailto:Valerie.Larsen@health.state.mn.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.



## STDs in American Indians and Alaska Natives MISSISSIPPI

### State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	1,443	1,601	3,044	0.2
State	657,000	730,351	1,387,351	100.0

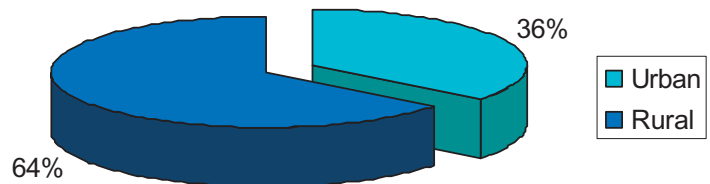
\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Mississippi STD Program Website: <http://www.msdh.state.ms.us/index.htm>

CDC Project Area



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

#### Mississippi Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	23	121	144	0.6	1,118.9
State	4,584	16,684	21,268	100.0	731.2

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

#### Mississippi Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	12	24	36	0.5	279.7
State	2,937	4,234	7,171	100.0	246.5

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

#### Mississippi 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	37	12	49	100.0	1.7

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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### Mississippi HIV New Cases

Data is not available at this time

### Mississippi AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	0	0.0	1	0.7	1	0.2	16.1
State	334	100.0	145	100.0	479	100.0	20.2

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.

### Mississippi Hepatitis New Cases

Data is not available at this time

#### Select Mississippi Demographics

2005	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education (2004)	% Unmarried Mothers
AI/AN	3,574	8.3	15.2	43.8	0.4
State	43,321	100.0	9.6	23.8	45.0

Source: Mississippi Department of Health, National Vital Statistics System

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	29,469	n/a*
State	32,938	4.7

Source: US Census Bureau

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	0.2	852	3.9
State	100.0	495,376	4.6

Source: National Center for Education Statistics

#### Resources/Potential Partners/ Special Issues

**Mississippi Tribes:** There is one federally-recognized tribe in Mississippi: [the Mississippi Band of Choctaw Indians](http://www.choctaw.org/), 101 Industrial Road, Choctaw, MS 39350 (601) 656-5251, <http://www.choctaw.org/>. [The Grand Village Natchez Indian Tribe](http://www.mdah.state.ms.us/hprop/gvni.html) is a non-recognized tribe. (400 Jefferson Davis Boulevard, Natchez, MS 39120, (601) 446-6502, [www.mdah.state.ms.us/hprop/gvni.html](http://www.mdah.state.ms.us/hprop/gvni.html).)

**Tribal Health Programs:** [Choctaw Tribal Health](http://www.choctaw.org/), 101 Industrial Road, Choctaw, MS 39350, (601) 389-6200.

**Urban Health Programs:** Not available.

**IHS Health Programs:** [Nashville Area Indian Health Service](http://www.nashvilleareahealthservice.org/), 711 Stewarts Ferry Pike, Nashville, TN 37214-2634, (615) 467-1500.

**Inter-Tribal Health Programs:** Not available.

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

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

**Tribal Colleges:** Not available.

**State Health Native American Liaison:** [Office of Health Disparities Elimination](http://www.mississippi.gov/health/disparities/), Mississippi Department of Health, 570 East Woodrow Wilson Drive, Jackson, MS 39216, 601-576-7400

**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 MISSOURI

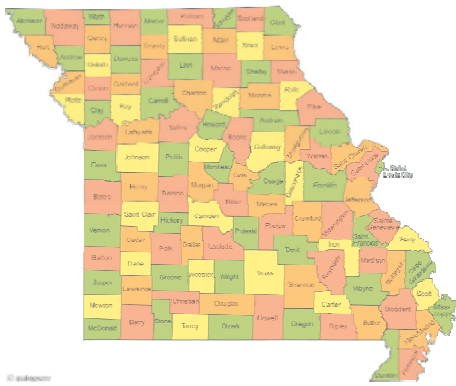
### State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	29,208	30,891	60,099	1.1
State	2,720,177	2,875,034	5,595,211	100.0

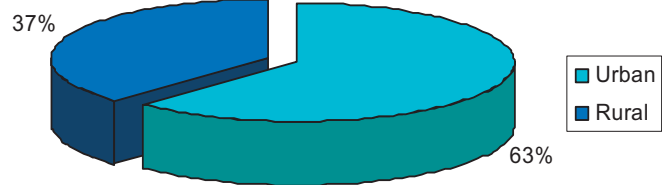
*\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

**Missouri STD Program Website:** <http://www.dhss.state.mo.us/ehcdp/HIVstatsheet.html>

CDC Project Area



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

#### Missouri Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	8	19	27	0.1	116.4
State	5,791	16,590	22,381	100.0	385.9

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

#### Missouri Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	4	6	10	0.1	43.1
State	4,121	5,334	9,455	100.0	163.0

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

#### Missouri P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	3	3	0.8	12.9
State	293	76	369	100.0	6.4

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

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

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

Missouri HIV New Cases

Data is not available at this time

Missouri AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	0.3	0	0.0	1	0.3	5.6
State	334	100.0	60	100.0	394	100.0	8.2

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.

Missouri 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	32	100.0	500	100.0	3,824	100.0

Source: Missouri Department of Health and Senior Services

2005	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers						
						AI/AN	426	0.5	11.0	26.5	46.2
						State	78,547	100.0	6.8	18.3	37.8

Source: Missouri Department of Health and Senior Services

2005	Median Household Income (USD)		% Below Poverty Level	
	AI/AN	37,404		18.8
	State	41,974		9.3

Source: US Census Bureau

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2004-2005)				
				AI/AN	0.4	3,475	4.9
				State	100.0	905,449	3.8

Source: Missouri Department of Elementary and Secondary Education, National Center for Education Statistics

**Missouri Tribes:** Missouri has one *federally-recognized* tribe: the Eastern Shawnee Tribe of Oklahoma, PO Box 350, Seneca, MO 64865, (918) 666-2435, <http://www.easternshawnee.org/>. Other Indian communities include the Chickamauga Cherokee Nation, PO Box 95, Rockport, MO 65279-0095, (314) 698-2097; the Chickamauga Cherokee Nation, Rt. 2 Box 2029, Fair Play, MO 65649, (417) 654-4003; the Chickamauga Cherokee Nation MO/AR White River Band, 106 S Calhoun Ave., Ash, MO 65604, (417) 751-3422; and the Northern Cherokee Nation of the Old Louisiana Territory, 1012 Old Highway 63 N, Columbia, MO 65201, <http://ncnolt1.homestead.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:** National Indian Health Board, 101 Constitution Avenue MW Suite 8-BOZ, Washington, DC 20001, (202) 742-4262.

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

**Tribal Colleges:** None available.

**State Health Native American Liaison:** Office of Minority Health & Senior Services, Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65109, (573) 751-6170.

**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.

Select Missouri Demographics

Births

Economics

Education

Resources/Potential Partners/ Special Issues



## STDs in American Indians and Alaska Natives MONTANA

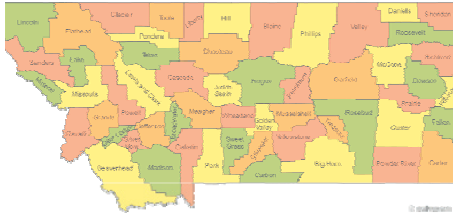
### State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	33,027	33,293	66,320	7.4
State	449,480	452,715	902,195	100.0

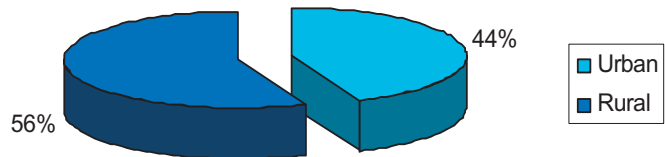
*\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

**Montana STD Program Website:** <http://www.dphhs.mt.gov/index.shtml>

CDC Project Area



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

#### Montana Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	171	478	648	27.0	1,065.0
State	613	1,779	2,397	100.0	258.9

*Source: Montana Department of Public Health & Human Services. Rate calculated on American Indian alone affiliation.*

#### Montana Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	10	29	39	24.7	64.0
State	56	102	158	100.0	17.0

*Source: Montana Department of Public Health & Human Services. Rate calculated on American Indian alone affiliation.*

#### Montana 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	6	1	7	100.0	0.8

*Source: Montana Department of Public Health & Human Services. Rate calculated on American Indian alone affiliation.*

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

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

### Montana HIV New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	2	3.3	0	0.0	2	2.7	3.3
State	60	100.0	14	100.0	74	100.0	7.9

Source: Montana Department of Public Health & Human Services. Rate calculated on American Indian alone affiliation.

### Montana AIDS New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	2	8.0	1	33.3	3	10.7	4.9
State	25	100.0	3	100.0	28	100.0	2.1

Source: Montana Department of Public Health & Human Services. Rate calculated on American Indian alone affiliation.

### Montana Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	0	0.0	75	10.1	0	0.0
State	10	100.0	738	100.0	1	100.0

Source: Montana Department of Public Health & Human Services, CDC Data Request

### Select Montana Demographics

#### Births

2004	Number of Births	%	% of Births to Mothers < 19	% w/ <9 yrs education(2002)	% Unmarried Mothers
AI/AN	1,508	13.1	18.7	36.0	5.9
State	11,514	100.0	12.7	14.8	42.5

Source: Montana Department of Public Health & Human Services, [www.wonder.cdc.gov](http://www.wonder.cdc.gov)

#### Economics

2004	Median Household Income (USD)	% Below Poverty Level
AI/AN	23,973	27.3
State	35,239	10.3

Source: US Census Bureau American Community Survey

#### Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2005-2006)
AI/AN	11.4	16,715	8.2
State	100.0	146,788	3.0

Source: Montana School Enrollment by Race and Ethnicity Report, 2005; Montana American Indian Education Data Fact Sheet, 2005-2006

### Resources/Potential Partners/ Special Issues

**Montana Tribes:** For a listing of Montana tribes and contacts, please see: <http://tribalnations.mt.gov/directory>.

**Urban Health Programs:** Helena Indian Alliance, 436 N. Jackson St., Helena, MT 59601, (406) 442-9244, <http://www.helenaindianalliance.com>; Indian Family Health Clinic, 1220 Central Avenue, Suite 1B, Great Falls, MT 59401, (406) 268-1510, [www.indianfamilyhealth.org](http://www.indianfamilyhealth.org); Montana-Wyoming Area Indian Health Board, 207 North Broadway, Suite BR-2, Billings, MT 59102, (406) 252-2550; North American Indian Alliance, 55 East Galena, Butte, MT, (406) 782-0461, Missoula Indian Center, PO Box 16927, Fort Missoula Rd., Bldg. 33, Missoula, MT 59808.

**IHS Health Programs:** Billings Indian Health Service, 2900 4<sup>th</sup> Ave. N, PO Box 36600, Billings, MT 59107; In Montana, there are IHS Service Units on each of the following reservations: Blackfeet, Crow, Fort Belknap, Flathead, Fort Peck, Northern Cheyenne, and Rocky Boys.

**Inter-Tribal Health Programs:** Helena Indian Alliance, 436 N. Jackson St., Helena, MT 59601, (406) 442-9244, <http://www.helenaindianalliance.com>; Indian Family Health Clinic, 1220 Central Avenue, Suite 1B, Great Falls, MT 59401, (406) 268-1510, [www.indianfamilyhealth.org](http://www.indianfamilyhealth.org); Montana-Wyoming Area Indian Health Board, 207 North Broadway, Suite BR-2, Billings, MT 59102, (406) 252-2550; North American Indian Alliance, 55 East Galena, Butte, MT, (406) 782-0461, Missoula Indian Center, PO Box 16927, Fort Missoula Rd., Bldg. 33, Missoula, MT 59808.

**Indian Health Boards:** Montana-Wyoming Area Indian Health Board, 207 North Broadway, Suite BR-2, Billings, MT 59102, (406) 252-2550; Indian Health Board of Billings, Inc., 1127 Alderson Ave, Billings, MT 59102, (406) 245-7318, [stopcocaineaddiction.com](http://stopcocaineaddiction.com).

**IHS Tribal Epidemiology Centers:** Rocky Mountain Tribal Epidemiology Center, 222 32<sup>nd</sup> St. N., Suite 401, Billings, MT 59101, (406)-252-2550, <http://www.mtwytlc.com/rockymountainepi.htm>.

**Tribal Colleges:** Blackfeet Community College, PO Box 819, Browning, MT 59417, (406) 338-7755, [www.bfcc.org/](http://www.bfcc.org/); Chief Dull Knife College, PO Box 98 Lame Deer, MT 59043, (406) 477-6215, [www.cdck.edu/](http://www.cdck.edu/); Fort Belknap College, PO Box 159, Harlem, MT 59526, (406) 353-2607, [www.fbcc.edu/](http://www.fbcc.edu/); Fort Peck Community College, PO Box 398, Poplar, MT 59255, (406) 768-6300, [www.wolfpoint.com/college.htm](http://www.wolfpoint.com/college.htm); Little Big Horn College, PO Box 370 Crow Agency, MT 59022, (406) 638-3100, [www.lbhc.cc.mt.us](http://www.lbhc.cc.mt.us); Salish Kootenai College, PO Box 117, Pablo, MT 59855, (406) 275-4800, [www.skcc.edu](http://www.skcc.edu); Stone Child College, RR1, Box 1082, Box Elder, MT 59521, (406) 395-4875, [www.montana.edu/wwwsccl/](http://www.montana.edu/wwwsccl/).

**State Health Native American Liaison:** Montana Department of Health and Human Services, Office of Planning, Coordination, and Analysis, 111 North Sanders St. (SRS Building, Helena, MT 59601, Tribal Coordinator: Janet Kracher, (406) 444-3709.

**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 NEBRASKA

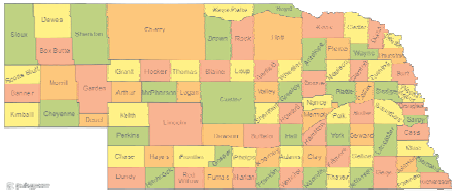
### State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	10,947	11,257	22,204	1.3
State	843,351	867,912	1,711,263	100.0

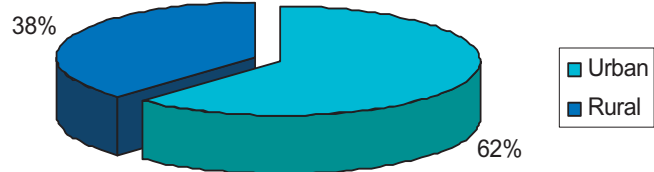
*\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

**Nebraska STD Program Website:** <http://www.hhs.state.ne.us/std/stdindex.htm>

CDC Project Area



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

#### Nebraska Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	21	73	94	1.8	622.1
State	1,378	3,713	5,091	100.0	289.6

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

#### Nebraska Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	3	16	19	1.6	125.8
State	467	688	1,155	100.0	65.7

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

#### Nebraska 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	4	0	4	100.0	0.2

*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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### Nebraska 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	30	100.0	20	100.0	50	100.0	2.8

Source: Nebraska Department of Health, HIV/AIDS Surveillance Report, 2006. Rate calculated on American Indian alone affiliation.

### Nebraska 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	50	100.0	18	100.0	68	100.0	4.7

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.

### Nebraska Hepatitis New Cases

Data is not available at this time

#### Select Nebraska Demographics

##### Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	449	1.7	12.5	43.7	73.7
State	26,332	100.0	5.1	16.5	30.2

Source: CDC National Vital Statistics System

##### Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	30,780	13.9
State	43,841	7.6

Source: US Census Bureau

##### Education

2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	1.5	5,057	13.9
State	100.0	326,156	4.0

Source: Nebraska Department of Education

#### Resources/ Potential Partners/ Special Issues

**Nebraska Tribes:** There are four tribes in Nebraska: The Omaha Tribe, PO Box 368, Macy, NE 68071, (402) 837-5391; The Ponca Tribe, PO Box 288, Niobrara, NE 68760, (402) 857-3391, The Santee Sioux Tribe, 425 Frazier Ave. N, Suite 2, Niobrara, NE 68760, (402) 857-2302, <http://www.santeedakota.org/>; and the Winnebago Tribe, PO Box 687, Winnebago, NE 68071, (402) 878-2272, <http://www.winnebagoTribe.com/>.

**Tribal Health Programs:** Carl T. Curtis Health Center, 100 Indian Rd., Macy, NE 68039, (402) 837-5381; Ponca Norfolk Health Station, 201 Miller Ave. Norfolk, NE 68701; Ponca Health and Wellness Center, 602 J. Street, Omaha, NE 68107, (402) 734-5275.

**Urban Health Programs:** Nebraska Urban Indian Health Coalition, Inc., 1935 Q Street, Lincoln, NE 68503 (402) 434-7181, <http://www.nuihc.com>.

**IHS Health Programs:** Winnebago Service Unit and Hospital, Highway 77/75, PO Box 88, Winnebago, NE 68071, (402) 878-2231.

**Inter-Tribal Health Programs:** Nebraska Urban Indian Health Coalition, Inc., 1935 Q Street, Lincoln, NE 68503 (402) 434-7181, <http://www.nuihc.com>.

**Indian Health Boards:** Aberdeen Area Tribal Chairmen's Health Board, 1770 Rand Road, Rapid City, SD 57702, (800) 745-3466, <http://www.aatchb.org/>.

**IHS Tribal Epidemiology Centers:** Northern Plains Tribal Epidemiology Center, 1770 Rand Road, Rapid City, SD 57702, (800) 745-3466, <http://www.aatchb.org/epi/index.htm>

**Tribal Colleges:** Little Priest Tribal College, 601 E. College Dr., PO Box 270, Winnebago, NE 68071, (402) 878-2380; <http://www.winnebagoTribe.com/winbagoFrameset-1.htm>; Nebraska Indian Community College, College Hill, PO Box 428, Macy NE 68039, (402) 837-5078, [www.thenicc.edu](http://www.thenicc.edu).

**State Health Native American Liaison:** Nettie Sikyta, Nebraska Health and Human Services System, Office of Minority Health, PO Box 95044, Lincoln, NE 68509, (402) 471-9045, <http://www.hhs.state.ne.us/omh>.

##### 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 NEVADA

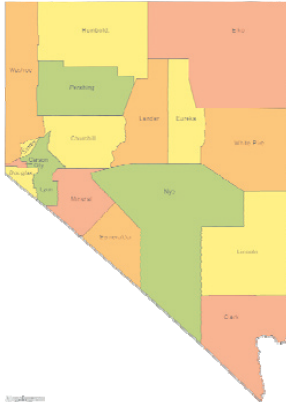
### State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	151,133	158,039	309,172	13.5
State	1,164,107	1,128,851	2,292,958	100.0

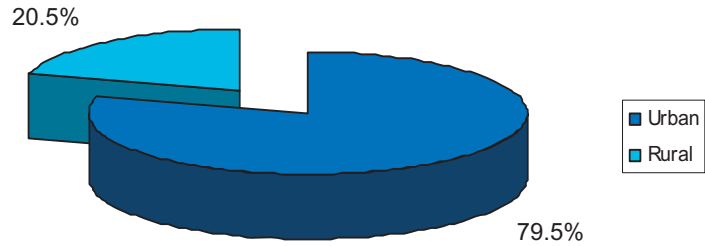
*\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

**Nevada STD Program Website:** <http://health2k.state.nv.us/hiv/STD.htm>

CDC Project Area



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

#### Nevada Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	19	61	80	1.1	284.2
State	1,955	5,362	7,317	100.0	303.3

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

#### Nevada Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	8	8	16	0.5	56.8
State	1,535	1,343	2,878	100.0	119.3

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

#### Nevada 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	85	24	109	100.0	4.5

*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](http://www.jsi.com)) in conjunction with the Northern Plains Tribal Epidemiology Center (605-721-1922, [www.aatchb.org/epi](http://www.aatchb.org/epi))

Nevada HIV New Cases, 2003

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	0.5	1	2.6	2	1.0	6.5
State	170	100.0	39	100.0	209	100.0	9.1

Source: AIDS & HIV in Nevada, Epidemiological Profile (2004) Nevada State Health Division, Bureau of Community Health.  
Rate calculated on American Indian alone affiliation.

Nevada AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	4	1.6	1	<0.1	5	1.6	0.0
State	243	100.0	61	100.0	304	100.0	16.0

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.

Nevada Hepatitis New Cases

Data is not available at this time

Select Nevada Demographics	Births	<table border="1"> <thead> <tr> <th>2004</th> <th>Number of Births</th> <th>%</th> <th>% of Births to Mothers &lt;19</th> <th>% w/ &lt;12 yrs education</th> <th>% Unmarried Mothers</th> </tr> </thead> <tbody> <tr> <td>AI/AN</td> <td>531</td> <td>11.0</td> <td>13.2</td> <td>28.0</td> <td>57.8</td> </tr> <tr> <td>State</td> <td>35,200</td> <td>100.0</td> <td>11.0</td> <td>27.4</td> <td>39.7</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	531	11.0	13.2	28.0	57.8	State	35,200	100.0	11.0	27.4	39.7
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**Nevada Tribes:** For a list of Nevada Tribes please see [http://500nations.com/Nevada\\_Tribes.asp](http://500nations.com/Nevada_Tribes.asp) or <http://indiancommission.state.nv.us/> for their recognition status.

**Tribal Health Programs:** For a list of Tribal Health programs please see <http://www.gbpc.org/thc.htm>.

**Urban Health Programs:** Nevada Urban Indians, Inc., 5301 Longley Lane, Suite 178, Bldg. E, Reno, NV 89511, <http://www.nevadaurbanindians.org/>.

**IHS Health Programs:** Owyhee Service Unit, Owyhee PHS Indian Hospital PO Box 130, Owyhee, NV 89832, (775) 757-2415; Schurz Service Unit PHS Indian Health Center, Drawer A, Schurz, NV 89427, (775) 773-2345; Elko Service Unit, PHS Indian Health Center, 515 Shoshone Circle, Elko, Nevada 89801, (775)738-2252.

**Inter-Tribal Health Programs:** Inter-Tribal Council of Nevada, Inc. (ITCN), 680 Greenbrae Dr., Suite 280, Sparks, Nevada 89431, (775) 355-0600, <http://www.itcn.org/>.

**Indian Health Boards:** Inter-Tribal Council of Nevada, Inc. (ITCN), 680 Greenbrae Dr., Suite 280, Sparks, NV 89431, (775) 355-0600, <http://www.itcn.org/>.

**IHS Tribal Epidemiology Centers:** Inter-Tribal Council of Arizona Epi Center, 2214 North Central Avenue, Suite 100, Phoenix, AZ 85004, (602) 258-4822, <http://www.itcaonline.com/epi/>.

**Tribal Colleges:** Not available.

**State Health Native American Liaison:** Office of Minority Health, Nevada State Health Division, 505 East King Street, Room 201, Carson City, Nevada 89701, (775) 684-4200, <http://health2k.state.nv.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