



STDs in American Indians and Alaska Natives TEXAS

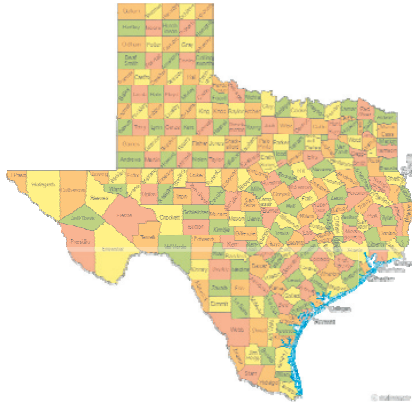
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	106,937	108,662	215,599	1.0
State	10,352,910	10,498,910	20,851,820	100.0

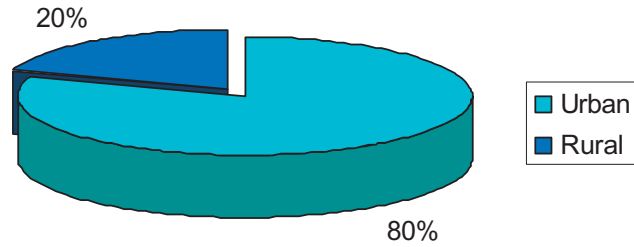
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Texas STD Program Website: <http://www.dshs.state.tx.us/hivstd>

CDC Project Area



Texas Urban and Rural AI/AN Populations, 2005



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

STDs in the AI/AN Population

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

Texas Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	30	92	122	0.2	76.2
State	13,098	58,488	71,621	100.0	313.3

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

Texas Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	23	16	39	0.1	24.4
State	122,218	13,789	26,016	100.0	113.8

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

Texas Total Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
State	630	243	873	100.0	3.8

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

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

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

Texas HIV New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	3	0.1	1	0.1	4	0.1	2.5
State	3,062	100.0	855	100.0	3,297	100.0	14.4

Source: 2005 Texas HIV/AIDS Surveillance Report. Rate calculated on American Indian alone affiliation.

Texas AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	2	<0.1	1	0.1	3	<0.1	3.4
State	2,505	100.0	792	100.0	3,297	100.0	18.4

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

Texas Hepatitis New Cases

Data is not available at this time

Select Texas Demographics

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	863	0.2	7.4	20.3	36.0
State	381,293	100.0	8.8	31.6	36.0

Source: CDC National Vital Statistics System

Economics

2003	Median Household Income (USD)	% Below Poverty Level
AI/AN	45,479	8.1
State	41,769	10.7

Source: US Census Bureau

Education

2003-2004	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	0.3	13,791	0.8
State	100.0	4,328,028	0.9

Source: http://www.tea.state.tx.us/research/pdfs/dropcomp_2003-04.pdf, http://www.tea.state.tx.us/research/pdfs/enrollment_2003-04.pdf

Resources/ Potential Partners/ Special Issues

Texas Tribes: There are three federally-recognized Indian tribes in Texas: The Alabama-Coushatta Tribe of Texas, Rt 3 Box 640, Livingston, TX 77351, (936) 563-1101, <http://www.alabama-coushatta.com/>; The Kickapoo Traditional Tribe of Texas, HC1 Box 9700, Eagle Pass, TX 78852, (830) 773-2105; and The Ysleta del Sur Pueblo, PO Box 17579, Yaleta Str, El Paso, TX 79917, (915) 859-7913. There is one state-recognized tribe: The Chickamauga Cherokee Brushy Creek, United Chickamaugin, Montalba, TX 75853, (903) 519-3838. There are several non-recognized tribes: The Creek Indians of Texas at Red Oak; the Apalachicola Band of Creek Indians, 113 N. First Street, Mabank, Texas, (903) 880-0240, sixwomen@yahoo.com; The Lipan Apache Band of Texas, P.O. Box 595, Moulton, Texas 77975; the Pamague Indian Nation; The Pamaque Clan of Coahuila Y Tejas, Spanish Colonial Indian Missions Inc., 2400 Oak Hill Road, Apt#812, San Antonio, Texas 78238; and The Tap Pilam-Coahuiltecan Nation, AIT-SCM, 1426 El Paso Street, San Antonio, Texas 78207, (210) 227-4940, <http://www.texasmissionindians.com/>.

Tribal Programs: Kickapoo Traditional Tribe Health Center, HC 1 Box 9700, Eagle Pass, TX 78852, Chief Kina Health Clinic, 129 Daycare Road, Livingston, TX, 77351, Ysleta Del Sur Health Center, 9314 Juanchido Lane, El Paso, TX 79907.

Urban Indian Health Programs: Urban Inter-Tribal Center of Texas, 209 East Jefferson Blvd., Dallas, TX 75203, (214) 941-1050.

IHS Health Programs: Alabama-Coushatta Tribal Health, 129 Daycare Road, Livingston, TX 77351, (936) 563-2058.

Inter-Tribal Health Programs: Urban Inter-Tribal Center of Texas, 209 East Jefferson Blvd., Dallas, TX 75203, (214) 941-1050.

Indian Health Boards: Oklahoma City Area Inter-Tribal Health Board, PO Box 57377, Oklahoma City, OK 73157, (405) 951-3965; USET, Inc., 711 Stewarts Ferry Pike Ste 100, Nashville, TN 37214, (615) 872-7900.

IHS Tribal Epidemiology Centers: Oklahoma City Area Inter-Tribal Epi Center, PO Box 57377, Oklahoma City, OK 73157, (405) 951-3965; USET Epidemiology Center, 711 Stewarts Ferry Pike Ste 100, Nashville, TN 37214, (615) 872-7900.

Tribal Colleges: None available.

State Health Native American Liaison: Office for the Elimination of Health Disparities, Texas Department of State Health Services, 1100 West 49th St., M-760, Austin, TX 78756, (512) 458-7629, Kimberly McCoy-Daniels, kimberly.mccoy-daniels@dshs.state.tx.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 high odds soccer predictions severely underfunded, and those that exist may not reach those at most risk.



STDs in American Indians and Alaska Natives UTAH

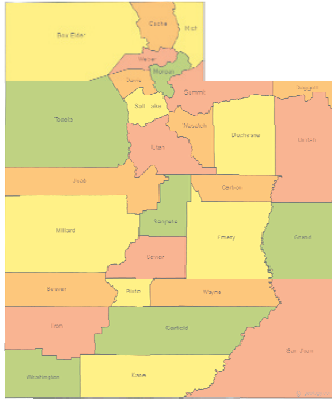
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	20,263	20,182	40,445	1.8
State	1,119,031	1,114,138	2,233,169	100.0

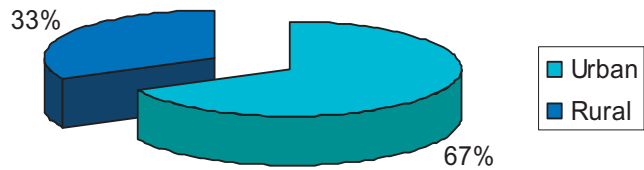
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Utah STD Program Website: <http://health.utah.gov/cdc/std/std/htm>

CDC Project Area



Utah Urban and Rural AI/AN Populations, 2000



Source of 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 Utah- specific STD rates and percentages for the AI/AN population.

Utah Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	26	112	138	3.0	429.8
State	1,521	3,081	4,602	100.0	186.3

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

Utah Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	4	12	16	2.2	49.8
State	408	319	727	100.0	29.4

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

Utah 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	9	1	10	100.0	0.4

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

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Utah HIV New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	7	1.0	3	2.1	10	1.2	31.1
State	637	100.0	141	100.0	778	100.0	31.5

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

Utah AIDS New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	22	1.1	7	3.1	29	1.3	90.3
State	1,993	100.0	225	100.0	2,218	100.0	89.8

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

Utah Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	0	0.0	2	5.0	0	0.0
State	21	100.0	40	100.0	6	100.0

Source: Utah Department of Health

Select Utah Demographics

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	689	1.3	9.0	23.2	55.4
State	50,670	100.0	3.6	13.4	17.4

Source: CDC National Vital Statistics System

Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	31,931	19.2
State	47,934	7.1

Source: US Census Bureau

Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	1.5	7,711	8.3
State	100.0	503,607	3.7

Source: National Center for Education Statistics

Resources/ Potential Partners/ Special Issues

Utah Tribes: There are seven *federally-recognized* tribal groups in the State of Utah and three non-recognized groups. For a listing of Utah tribes and their contact information see <http://indian.utah.gov/tribalcouncils.html>.

Tribal Health Programs: Utah Navajo Development Council, Halchita Service Unit, Mexican Hat, UT 84531, Bluff Service Unit, Bluff, AZ 84512; Aneth Service Unit, Aneth, UT 84510, Monument Valley Service Unit, Monument Valley, UT 84536; Southern Colorado Ute, White Mesa Health Station, Highway 191, Blanding, UT 845511; Goshute Owyhee Service Unit, PO Box 6102, Irapah, UT 84034; Northwestern Band of Shoshone Health, Brigham Tribal Office, 707 N Main Street, Brigham City, UT 84302, (877) 716-5716; Paiute Tribal Health (Cedar City), 440 N. Paiute Dr., Cedar City, UT 84720.

Urban Health Programs: Indian Walk-In Center, 120 West 1300 South, Salt Lake City, UT 84115, (801) 486-4877, www.indianwalkincenter.org.

IHS Health Programs: Uintah-Ouray Service Unit, Fort Duchesne PHS Indian Health Center, P.O. Box 160, Fort Duchesne, UT 84026, (435) 722-5122. http://www.ihs.gov/FacilitiesServices/AreaOffices/Phoenix/phx_su_uo;

Inter-Tribal Health Programs: Indian Walk-In Center, 120 West 1300 South, Salt Lake City, UT 84115, (801) 486-4877, www.indianwalkincenter.org.

Indian Health Boards: Inter-Tribal Council of Arizona, Inc. 2214 N. Central Avenue Suite 100, Phoenix, AZ 85004, (602) 258-4822, <http://www.itcaonline.com/>; Navajo Nation Division of Health, PO Box 1390, Window Rock, AZ 86515, (520) 871-6350.

IHS Tribal Epidemiology Centers: ITCA Epidemiology Center, 2214 N. Central Avenue Suite 100, Phoenix, AZ 85004, (602) 258-4822, <http://www.itcaonline.com/epi/>; Navajo Area Epidemiology Center, Navajo Nation Division of Health, Tribal Admn, Bldg #2 Window Rock, AZ 86515, (928)871-6350.

Tribal Colleges: None available.

State Health Native American Liaison: Melissa Zito, MS, RN, Indian Health Liaison/Health Policy Consultant, Division of Health Care Financing, Directors Office, Utah Department of Health, 288 North 1460 West, PO Box 143101, Salt Lake City, UT 84114-3101, (801) 538-7087, mzito@utah.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 VERMONT

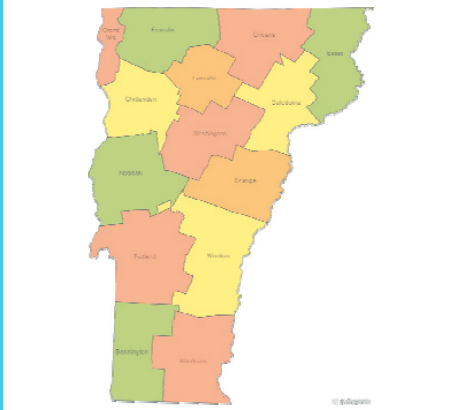
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	3,134	3,262	6,396	1.1
State	298,337	310,490	608,827	100.0

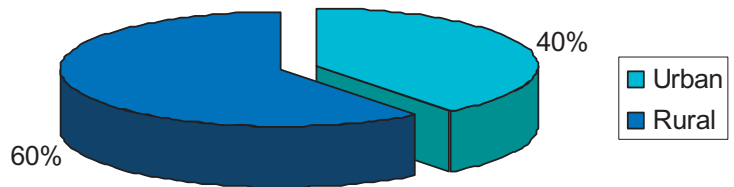
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

Vermont STD Program Website: <http://www.healthyvermonters.info/hs/epi/cdepi/AIDS/aidshome.shtml>

CDC Project Area



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

Vermont Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	3	3	0.3	120.6
State	232	725	957	100.0	153.7

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

Vermont Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
State	34	26	60	100.0	9.6

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

Vermont 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	0.2

Source: Vermont Department of 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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Vermont Persons Living with HIV, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	n/a*	n/a	n/a	n/a	≤3	≤1.5	≤120.4
State	158	100.0	41	100.0	199	100.0	31.9

Source: Integrated Epidemiological Profile for HIV/AIDS Prevention and Care Planning for Vermont, 2005

Vermont 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	13	100.0	4	100.0	17	100.0	2.7

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.

Vermont Hepatitis New Cases

Data is not available at this time

Select Vermont Demographics

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	12	0.2	8.3	8.3	41.7
State	6,599	100.0	3.7	9.7	32.3

Source: CDC National Vital Statistics System

Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	39,928	22.3
State	45,686	8.4

Source: US Census Bureau, <http://www.ecanned.com/VTI2007/01/income-and-poverty-in-state-of-vermont.html>

Education

2006	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2005-2006)
AI/AN	0.8	750	4.0
State	100.0	96,537	3.1

Source: Vermont Department of Education

Resources/Potential Partners/ Special Issues

Vermont Tribes: There are three *state-recognized* tribes in Vermont: Cowasuck Traditional Band Council of the Abenaki Nation, PO Box 42, Newbury, VT 05051, (802) 234-5570, www.cowasuckabenaki.org/index.htm; The Nulhegan Band of the Coosuk Abenaki People, Derby Line, VT 05830, (802) 873-3083, <http://www.nulheganband.org/>; St Francis/Sokoki Band of the Abenaki Nation, PO Box 276, Swanton, VT 05488, (802) 868-2559, <http://www.abenakination.org/>.

Tribal Health Programs: None available.

Urban Health Programs: None available.

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

Inter-Tribal Health Programs: None available.

Indian Health Boards: [National Indian Health Board](http://www.nihb.org), 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](http://www.usetinc.org/defaultpage.cfm?ID=41) 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 and Health Disparities](http://healthvermont.gov/local/mhealth/minority.aspx), Vermont Department of Health, 108 Cherry St; P.O. Box 70 Burlington, VT 05402, (802) 652-2096, <http://healthvermont.gov/local/mhealth/minority.aspx>.

Special Issues:

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

*data not available at this time



STDs in American Indians and Alaska Natives VIRGINIA

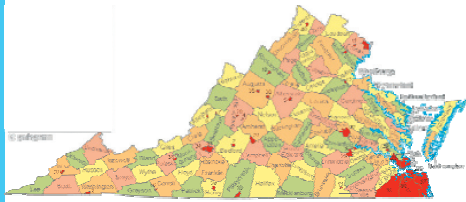
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	25,903	26,961	52,864	0.7
State	3,471,895	3,606,620	7,078,515	100.0

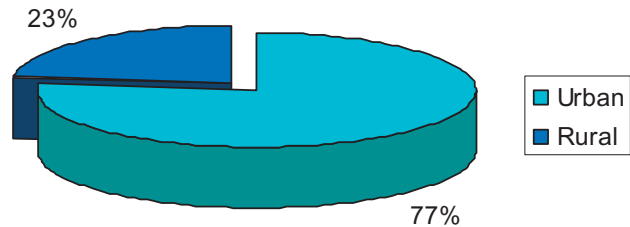
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Virginia STD Program Website: <http://www.vdh.state.va.us/std/index.htm>

CDC Project Area



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

Virginia Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	4	8	12	<0.1	52.8
State	5,810	16,801	22,649	100.0	299.3

Source: <http://www.vdh.virginia.gov/std/1stqtr2006.asp>. Rate calculated on American Indian alone affiliation.

Virginia Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	1	2	<0.1	8.8
State	3,939	4,391	8,335	100.0	110.1

Source: <http://www.vdh.virginia.gov/std/1stqtr2006.asp>. Rate calculated on American Indian alone affiliation.

Virginia 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	232	59	291	100.0	3.8

Source: <http://www.vdh.virginia.gov/std/1stqtr2006.asp>. Rate calculated on American Indian alone affiliation.

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Virginia New HIV & AIDS (Unduplicated) 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	852	100.0	313	100.0	1,165	100.0	15.4

Source: Virginia Quarterly Surveillance Report, 4th Quarter 2005. Rate calculated on American Indian alone affiliation.

Virginia AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	0.2	1	0.4	2	0.3	11.4
State	552	100.0	243	100.0	795	100.0	12.9

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

Virginia Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	0	0.0	0	0.0	0	0.0
State	144	100.0	310	100.0	15	100.0

Source: CDC Data Request

Select Virginia Demographics

Births

2003	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	165	0.2	7.2	50.9	33.3
State	100,561	100.0	8.9	44.7	30.6

Source: Virginia Department of Health

Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	44,411	n/a*
State	54,240	4.4

Source: US Census Bureau

Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	0.3	3,722	0.1
State	100.0	1,203,697	1.9

Source: Virginia Department of Education

Resources/ Potential Partners/ Special Issues

Virginia Tribes: There are no federally- or state-recognized tribes in Maryland. State-recognized tribal groups include: the Chickahominy, 8200 Lott Cary Road Providence Forge, VA 23140, <http://www.chickahominytribe.org/>; the Eastern Chickahominy, Providence Forge, VA, <http://www.cied.org/>; the Mattaponi, 1467 Mattaponi Reservation Circle, West Point, VA 23181, (804) 769-4508, <http://www.baylink.org/mattaponi/>; the Monacan Indian Nation, P.O. Box 1136, Madison Heights, VA 24572, (434) 946-0389, <http://www.monacannation.com/>; the Nansemond, P.O. Box 2515, Suffolk, VA 23432, <http://www.nansemond.org/>; the Pamunkey, Route 1, Box 2220, King William, VA 23086, <http://www.baylink.org/pamunkey/>; the Rappahannock, 5036 Indian Neck Road, Indian Neck, VA 23148, (804) 769-0260, <http://www.rappahannocktribe.org/>; and the Upper Mattaponi, 13383 King William Road, King William, VA 23086, (804) 769-3378, <http://www.uppermattaponi.org/>. Another Indian community includes the Ani-Stohini/Unami Nation, PO Box 979, Fries, VA 24330, and (540) 744-3640.

Tribal Health Programs: None available.

Urban Health Programs: None available.

IHS Health Programs: Indian Health Service (HQ), The Reyes Building, 801 Thompson Avenue, Ste. 400, Rockville, MD 20852-1627, 301-443-1083, <http://www.ihs.gov/index.asp>; Indian Health Service, Nashville, Area, 711 Stewarts Ferry Pike, Nashville, TN 37214-2634, (615) 467-1590.

Inter-Tribal Health Programs: None available.

Indian Health Boards: National Indian Health Board, 101 Constitution Ave. N.W., Suite 8-B02, Washington, DC 20001, (202) 742-4262, <http://www.nihb.org/>; United South and Eastern Tribal Health Board, 711 Stewarts Ferry Pike, Suite 100, Nashville, TN 37214. (615) 872-7900, <http://usetinc.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, (5050) 248-4132.

Tribal Colleges: None available.

State Health Native American Liaison: Office of Minority Health, Virginia Department of Health, 109 Governor St., Richmond, VA 23219, (804) 864-8212, omh@vdh.virginia.gov.

Special Issues:

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

* data not available at this time



STDs in American Indians and Alaska Natives WASHINGTON

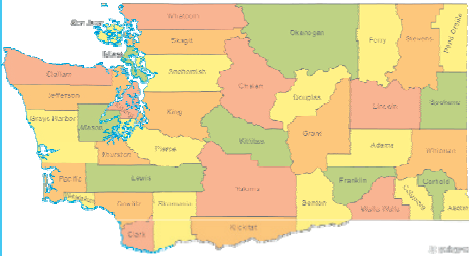
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	80,355	81,978	162,333	2.7
State	3,005,229	3,057,819	6,063,048	100.0

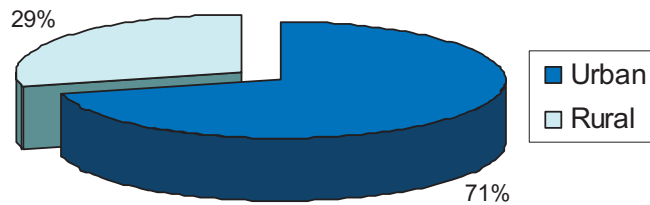
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

Washington STD Program Website: <http://www.doh.wa.gov/cfh/STD/default.htm>

CDC Project Area



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

Washington Chlamydia Reported Cases, 2005

Population Group	Male	Female	Total	Rate (per 100,000)
AI/AN	88	464	552	340.0
State	5,147	13,470	18,617	307.1

Source: Washington State/ Seattle and King County 2005 Epidemiological Report. Rate calculated on American Indian alone affiliation.

Washington Gonorrhea Reported Cases, 2005

Population Group	Male	Female	Total	Rate (per 100,000)
AI/AN	24	66	90	55.4
State	2,116	1,622	3,738	61.7

Source: Washington State/ Seattle and King County 2005 Epidemiological Report. Rate calculated on American Indian alone affiliation.

Washington P&S Syphilis Reported Cases, 2005

Population Group	Male	Female	Total	Rate (per 100,000)
AI/AN	0	0	0	0.0
State	147	5	152	2.5

Source: Washington State/ Seattle and King County 2005 Epidemiological Report. Rate calculated on American Indian alone affiliation.

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

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

Washington HIV/AIDS Reported Cases, 2005

Population Group	Male	Rate (per 100,000)	Female	Rate (per 100,000)	Total	Rate (per 100,000)
AI/AN	102	126.9	56	68.3	158	97.3
State	7,877	262.1	1,200	39.2	9,077	149.7

Source: Washington State/ Seattle and King County 2005 Epidemiological Report. Rate calculated on American Indian alone affiliation.

Washington Hepatitis Reported Cases

Data is not available at this time

Select Washington Demographics

2005	Number of Births	%	% of Births to Mothers < 19	% w/ <9 yrs education	% Unmarried Mothers
AI/AN	2,353	2.9	12.7	2.5	50.6
State	81,715	100.0	16.6	23.4	30.0

Source: Washington State 2005 Vital Statistics Report

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	33,558	20.4
State	49,262	8.7

Source: US Census Bureau 2004 American Community Survey

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2004-2005)
AI/AN	2.8	28,265	10.2
State	100.0	1,020,081	5.1

Source: Washington State Office of Superintendent of Public Instruction, Data and Reports, <http://www.k12.wa.us/DataAdmin/default.aspx>

Resources/ Potential Partners/ Special Issues

Washington Tribes: For a complete listing of tribes and their contact information please see: Governor's Office of Indian Affairs, 1210 Eastside Street, First Floor, PO Box 40909, Olympia, WA 98504-0909 (360_ 586-3653, <http://www.goia.wa.gov>.

Tribal Health Programs: Chehalis Indian Health Center, PO Box 536, Oakville, WA 98568, (360) 273-5504; Cowlitz Tribal Health Clinic, 1055 9th Ave., Suite A, Longview, WA 98632, (360_ 575-8275; Jamestown S'Klallam Tribal Health Clinic, 1033 Old Blyn Hwy, Sequim, WA 98382, (360) 683-1109; Lummi Tribal Health Center, 2592 Kwina Rd., Bellingham, WA 98226, (360) 384-0464; Muckleshoot Tribal Clinic, 39015 172nd. Ave. SE, Auburn, WA 98092, (253) 939-6648; Nisqually Health Clinic, 4816 She-Nah-Num Drive SE, Olympia, WA 98513, (360) 459-5312; Nooksock Community Clinic, 6760 Mission Rd. Everson, WA 98247, (360) 966-2106; Port Gamble S'Klallam Tribal Health Center, 32014 Little Boston Rd NE, Kingston, WA 98436, (360) 297-2840; Puyallup Tribal Health Authority, 2209 East 32nd. St., Tacoma, WA 98404, (253) 593-0232; Quileute Tribal Health Clinic, PO Box 189, La Push, WA 98350, (360) 374-9035; Roger Saux Health Center, PO Box 219, Taholah, WA 98587, (360) 276-4405; Sauk-Suiattle Health Clinic, 5318 Chief Brown Lane, Box 1, Darrington, WA 98241, (360) 436-1124; Shoalwater Bay Tribal Clinic, PO Box 500, Tokeland, WA98590, (360) 267-0119; Skokomish Health Center, N. 100 Tribal Center Rd. Shelton, WA 98584, (360) 426-5755; Squaxin Island Tribal Health Clinic, SE90 Klah-Che-Min Dr., Shelton, WA 98584, (36) 427-9006; Stillaguamish Tribal Clinic, PO Box 277, Arlington, WA 98223, (36) 435-9338; Swinomish Health Clinic, PO Box 683, 17400 Reservation Rd., LaConner, WA 98257, (36) 466-3167; Tulalip Health Clinic, 7627 41st Ave. NW, Marysville, WA 98271, (36) 651-4511; Upper Skagit Tribal Health, 25959 Community Plaza Way, Sedro Woolly, WA 98284, (360) 856-4200.

Urban Health Programs: Seattle Indian Health Board, PO Box 3364, 1225 S. Weller Street, Suite 510, Seattle WA 98144, (206) 812-3030, <http://www.sihb.org/>, NATIVE Health of Spokane, 505 E. Foothills Dr. #300, Spokane, WA 99207, (509) 483-7535; Native American Rehabilitation Association of the Northwest, Inc., Residential Treatment Facility, 17645 NW St Helens Hwy, Portland, OR 97231, (503) 621-1069, <http://www.naranorthwest.org/>.

IHS Health Programs: Lower Elwha Clinic, 2851 Lower Elwha Rd. Port Angeles, WA 98363, (360) 452-6252; Neah Bay Service Unit, PO Box 410, Neah Bay, WA 98357, (360) 645-2233; Wynecoop Memorial Clinic, PO Box 352, Wellpinit, WA 99040, (509) 258-4517; Yakama Indian Health Center, 401 Buster Rd., Toppenish, WA 98948, (509) 865-2102; Colville Service Unit, Agency Campus, HWY 155, PO Box 71, Nespelem, WA 99155, (509) 634-2842.

Inter-Tribal Health Programs: Seattle Indian Health Board, PO Box 3364, 1225 S. Weller Street, Suite 510, Seattle WA 98144, (206) 812-3030, <http://www.sihb.org/>.

Indian Health Boards: Seattle Indian Health Board, PO Box 3364, 1225 S. Weller Street, Suite 510, Seattle WA 98144, (206) 812-3030, <http://www.sihb.org/>.

IHS Tribal Epidemiology Centers: Seattle Indian Health Board Epidemiology Center, Seattle Indian Health Board, PO Box 3364, 1225 S. Weller Street, Suite 510, Seattle WA 98144, (206) 812-3030. <http://www.sihb.org/>.

Tribal Colleges: Northwest Indian College, 2522 Kwina Road, Bellingham, WA 98226, (360) 676-2772, www.nwic.edu.

State Health Native American Liaison: Indian Policy Support Services, Washington State Department of Social and Health Services, OB-2, 14th and Jefferson, PO Box 45105, Olympia, WA 98504, Colleen Cawston, (360) 902-7816, cawstcfd@dshs.wa.gov.

Special Issues:

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



STDs in American Indians and Alaska Natives WEST VIRGINIA

State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	5,172	5,472	10,644	0.6
State	879,170	929,174	1,808,344	100.0

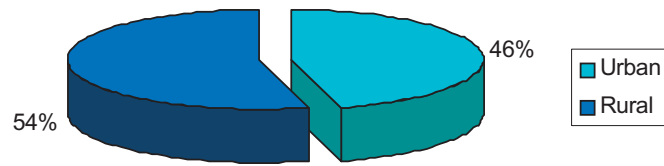
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

West Virginia STD Program Website: <http://www.wvdhhr.org/idep/dsdc.asp/default.htm>

CDC Project Area



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

West Virginia Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0.0	0	0.0	0.0
State	671	2,272	2,943	100.0	162.0

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

West Virginia Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	0	1	0.1	30.6
State	343	427	770	100.0	42.4

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

West Virginia 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	3	0	3	100.0	0.2

Source: CDC STD Surveillance Report 2005. 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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West Virginia HIV New Cases

Data is not available at this time

West Virginia AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rates per 100,000
AI/AN	0	0.0	0	0.0	0	0.0	0.0
State	69	100.0	24	100.0	93	100.0	60.0

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.

West Virginia Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	0	0.0	0	0.0	0	0.0
State	5.5	100.0	52.7	100.0	23.6	100.0

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

Select West Virginia Demographics

2004	Number of Births	%	% of Births to Mothers <20	% w/ <12 yrs education	% Unmarried Mothers
State	20,911	100.0	12.8	18.4	34.7

Source: West Virginia Bureau for Public Health, OEHP/Health Statistics Center

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	30,713	n/a*
State	33,452	18.0

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

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	<0.1	16	2.9
State	100.0	20,780	2.8

Source: West Virginia Department of Education

West Virginia Tribes: There are no *federally- or state-recognized* tribes in West Virginia. However, during the 2000 census, there were 78 American Indian and Alaska Native tribe categories (reflecting 39 individual tribes) identified by the Indian population of West Virginia.

Tribal Health Programs: None available.

Urban Health Programs: None available.

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

Inter-Tribal Health Programs: None available.

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

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

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.

—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 WISCONSIN

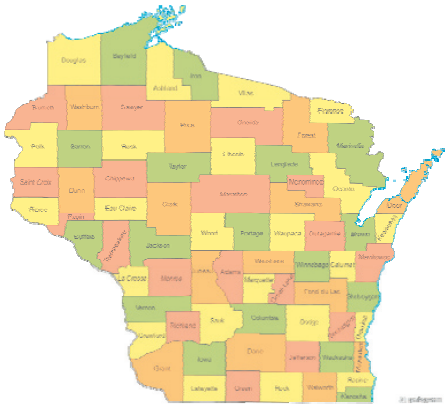
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	34,277	35,109	69,386	1.3
State	2,649,041	2,714,634	5,363,675	100.0

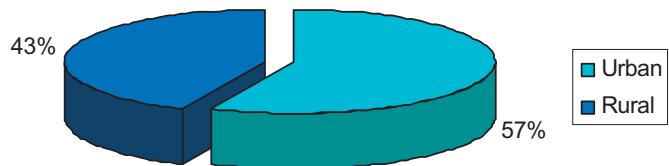
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Wisconsin STD Program Website: <http://dhfs.wisconsin.gov/communicable/STD/index.htm>

CDC Project Area



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

Wisconsin Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	136	453	589	2.9	1,182.1
State	5,688	14,751	20,501	100.0	370.3

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

Wisconsin Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	31	58	89	1.5	148.6
State	2,431	3,433	5,981	100.0	108.0

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

Wisconsin P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	0	1	2.4	2.0
State	38	3	41	100.0	0.7

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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Wisconsin HIV New Cases, 2001-2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	10	0.8	1	0.3	11	0.7	22.1
State	1,181	100.0	325	100.0	1,506	100.0	27.2

Source: Wisconsin Department of Health and Family Services, AIDS/HIV Program. Rate calculated on American Indian alone affiliation.

Wisconsin AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	0.7	0	0.0	1	0.6	2.1
State	142	100.0	35	100.0	177	100.0	3.8

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.

Wisconsin Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	n/a*	n/a	3	0.4	22	1.0
State	n/a	n/a	778	100.0	2,212	100.0

Source: Hepatitis C Program and Hepatitis B Program, Division of Public Health, Department of Health and Family Services

Select Wisconsin Demographics

Births

2004	Number of Births	%	% of Births to Mothers <20	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	1,034	1.5	18.7	27.0	71.0
State	70,131	100.0	8.7	11.7	32.0

Source: Wisconsin Department of Health and Family Services

Economics

2004	Median Household Income (USD)	% Below Poverty Level
AI/AN	37,428	8.9
State	45,315	10.6

Source: US Census Bureau

Education

2003	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2004-2005)
AI/AN	1.5	6,177	2.1
State	100.0	425,467	1.0

Source: Wisconsin Department of Public Instruction

Resources/ Potential Partners/ Special Issues

Wisconsin Tribes: There are eleven *federally-recognized* tribes in the State of Wisconsin. For a listing of tribes and their contacts please see: <http://www.judicare.org/witribe.html>.

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

Urban Health Programs: Gerald L. Ignace Health Center, Inc., 1711 South 11th, Milwaukee, WI 53204-0065, (414) 383-9526, <http://indianhealthcenter.com/>; United Amerindian Center, Inc., 411 Dousman St. Green Bay, WI 54306-2248, (920) 436-6630, <http://www.unitedamerindian.org/>.

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: United Amerindian Center, Inc., 411 Dousman St. Green Bay, WI 54306-2248, (920) 436-6630, <http://www.unitedamerindian.org/>; Gerald L. Ignace Health Center, Inc., 1711 South 11th, Milwaukee, WI 53204-0065, (414) 383-9526.

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/>; Gerald L. Ignace Indian Health Center Indian Health Board, 1711 South 11th, Milwaukee, WI 53204-0065, (414) 383-9526.

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: College of Menominee Nation, PO Box 1179, Keshena, WI 54135, (715) 799-5600, www.menominee.edu; Lac Courte Oreilles Ojibwa Community College, 13466 West Trepania Rd., Hayward, WI 54843, (715) 634-4790, www.lco.edu.

State Health Native American Liaison: Wisconsin Minority Health Program, Kelli Jones, Division of Public Health, Wisconsin Department of Health and Family Services, PO Box 2659, Madison, WI 53701, (608) 267-2173, joneskj@dhs.state.wi.us.

Special Issues:

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

* data not available at this time



STDs in American Indians and Alaska Natives WYOMING

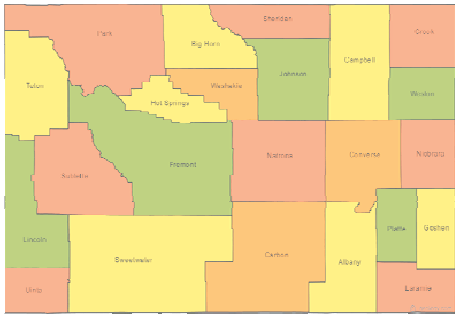
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	7,551	6,050	15,012	3.0
State	248,374	245,408	493,782	100.0

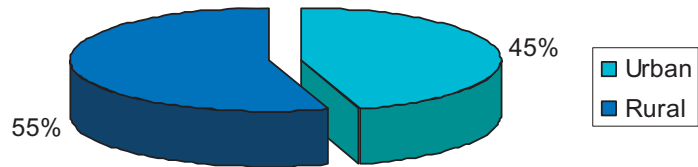
** American Indian population figures based on affiliation with American Indian alone and in combination with other races.*

Wyoming STD Program Website: <http://wdhfs.state.wy.us/std/>

CDC Project Area



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

Wyoming Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	7	72	79	6.7	646.3
State	299	874	1,173	100.0	230.3

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

Wyoming Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	4	5	5.7	40.9
State	33	54	87	100.0	17.1

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

Wyoming 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	0	0	0	100.0	0.0

Source: Wyoming Department of 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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Wyoming Persons Living with HIV Disease as of 12/31/06

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	n/a*	n/a	n/a	n/a	9	6.6	72.8
State	102	100.0	34	100.0	136	100.0	26.4

Source: 2006 Wyoming HIV/AIDS Surveillance Report. Rate calculated on American Indian alone affiliation.
Rate calculated on American Indian alone affiliation.

Wyoming 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	15	100.0	3	100.0	18	100.0	4.2

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.

Wyoming Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	0	0.0	2	10.5	26	4.6
State	0	100.0	19	100.0	568	100.0

Source: Wyoming Department of Health

Select Wyoming Demographics

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
State	6,803	100.0	11.9	15.2	31.7

Source: Wyoming Department of Health, CDC National Vital Statistics System

2005	Median Household Income (USD)	% Below Poverty Level (2000)
State	46,202	9.5

Source: US Census Bureau, <http://www.ecanned.com/wy2007/01/income-and-poverty-in-state-of-wyoming.html>

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
State	100.0	83,705	4.6

Source: Wyoming Department of Education

Resources / Potential Partners / Special Issues

Wyoming Tribes: There are two tribes residing on the Wind River Reservation: The Northern Arapaho Tribe, PO Box 396, Ft. Washakie, WY 82514, (307) 332-6120, www.northernarapaho.com; and the Eastern Shoshone Tribe, 15 N. Fork Rd. PO Box 538, Fort Washakie, WY 82514, (307) 332-3532, www.easternshoshone.net.

Urban Health Programs: None available.

IHS Health Programs: Fort Washakie Health Center, 29 Black Coal Drive, Fort Waskakie, WY 82514, (307) 332-9418; Arapahoe Health Center, 14 Great Plains Rd., Arapahoe, WY 82510.

Inter-Tribal Health Programs: None available.

Indian Health Boards: Montana-Wyoming Area Indian Health Board, 207 North Broadway, Suite BR-2, Billings, MT 59102, (406) 252-2550.

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

Tribal Colleges: Wind River Tribal College, 533 Ethete Rd., Ethete, WY 82520, (307) 335-8243, <http://www.wrttribalcollege.com/>.

State Health Native American Liaison: Wyoming Department of Health, Office of Multicultural Health, Betty Sones, Section Chief, 401 Hathaway Blvd., Cheyenne, WY 82002, (307) 777-5601, <http://wdh.state.wy.us/main/index.asp>.

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