



STDs in American Indians and Alaska Natives CALIFORNIA

State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	310,950	316,612	627,562	16.2
State	16,874,892	16,996,756	33,871,648	100.0

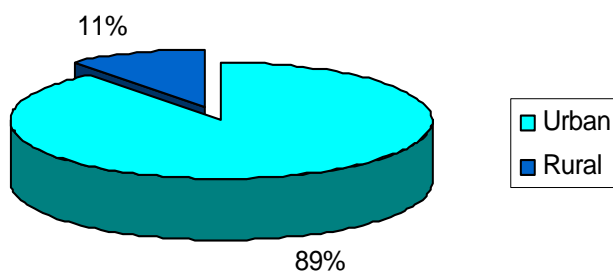
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

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

CDC Project Area



California Urban and Rural AI/AN Populations, 2000



Source for population data: US Census Bureau

STDs in the AI/AN Population

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

California Chlamydia New Cases, 2005

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

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

California Gonorrhea New Cases, 2004

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

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

California Total Early Syphilis New Cases, 2005

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

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

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

California HIV New Cases, 2004

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

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

California AIDS New Cases, 2004

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

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

California Hepatitis New Cases, 2001

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

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

Select California Demographics

Births

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

Source: CDC National Vital Statistics System

Economics

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

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

Education

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

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

Resources/ Potential Partners/ Special Issues

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

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

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

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

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

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

IHS Tribal Epidemiology Centers: [California Area Epidemiology Center](http://www.dhs.ca.gov/ps/dcdc/izgroup/pdf/heparep.pdf), California Rural Indian Health Board, Inc., 4400 Auburn Blvd. 2nd Floor, Sacramento, CA 95841, (916) 929-9761.

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

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

Special Issues:

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

* data not available at this time