



# STDs in American Indians and Alaska Natives CONNECTICUT

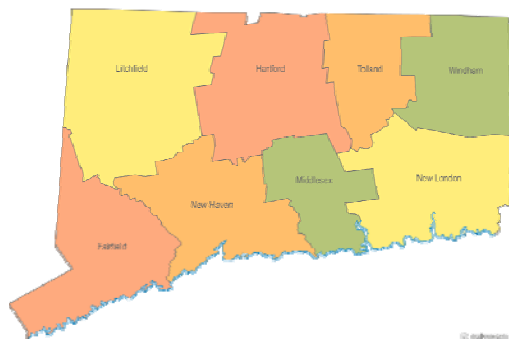
## State Population & AI/AN, 2000

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

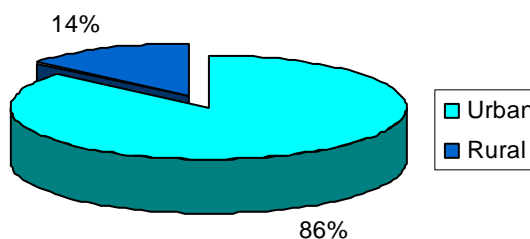
\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

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

CDC Project Area



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



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

## STDs in the AI/AN Population

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

### Connecticut Chlamydia New Cases, 2005

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

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

### Connecticut Gonorrhea New Cases, 2005

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

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

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

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
State	55	2	57	100.0	1.6

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

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

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))

### Connecticut Cumulative HIV New Cases 2002-2006

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

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

### Connecticut AIDS New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	0	0.0	0	0.0	0	0.0	0.0
State	397	100.0	245	100.0	642	100.0	18.3

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

### Connecticut Hepatitis New Cases, 2005

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

Source: Connecticut Department of Public Health

Select Connecticut Demographics

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	250	0.5	2.8	11.2	25.2
State	45,095	100.0	4.3	11.7	29.6

Source: CDC National Vital Statistics System

Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	35,358	3.0
State	60,941	5.9

Source: US Census Bureau, American Community Survey

Education

2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2003-2004)
AI/AN	0.4	2,058	1.6
State	100.0	573,302	1.8

Source: Connecticut State Department of Education

Resources/ Potential Partners/ Special Issues

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

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

**Urban Health Programs:** None available.

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

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

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

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

**Tribal Colleges:** None available.

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

**Special Issues:**

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

\* data not available at this time