



# STDs in American Indians and Alaska Natives GEORGIA

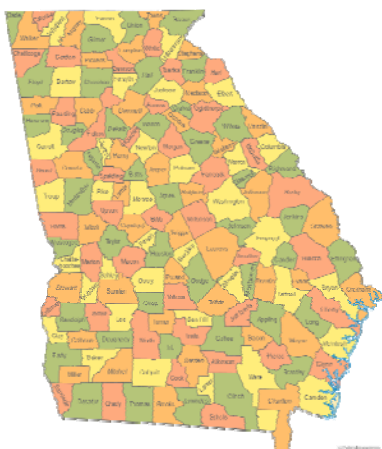
## State Population & AI/AN, 2000

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

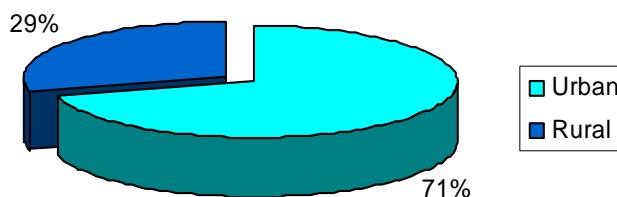
\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

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

CDC Project Area



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



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

## STDs in the AI/AN Population

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

### Georgia Chlamydia New Cases, 2005

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

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

### Georgia Gonorrhea New Cases, 2005

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

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

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

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
State	598	47	645	100.0	7.1

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

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

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))

## Georgia HIV New Cases, 2005

*Data is not available at this time*

## Georgia AIDS New Cases, 2004

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

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

## Georgia Hepatitis New Cases, 2004

*Data is not available at this time*

### Select Georgia Demographics

#### Births

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

*Source: CDC National Vital Statistics System*

#### Economics

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

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

#### Education

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

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

### Resources/ Potential Partners/ Special Issues

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

**Tribal Health Programs:** None available.

**Urban Health Programs:** None available.

**IHS Health Programs:** Indian Health Service (HQ), The Reyes Building, 801 Thompson Avenue, Ste. 400, Rockville, MD 20852-1627, 301-443-1083, <http://www.ihs.gov/index.asp>; Nashville Area Indian Health Service, 711 Stewarts Ferry Pike, Nashville, TN 37214, (866) 447-6261.

**Inter-Tribal Health Programs:**

**Indian Health Boards:** United South & Eastern Tribes (USET), Inc., 711 Stewarts Ferry Pike, Suite 100, Nashville, TN 37214, (615) 872-7900; National Indian Health Board, 101 Constitution Ave, NW, Washington, DC 20001, (202) 742-4262.

**IHS Tribal Epidemiology Centers:** USET Tribal Epidemiology Center

United South and Eastern Tribes, Inc., 711 Stewarts Ferry Pike, Suite 100

Nashville, TN 37214. (615) 872.7900, <http://www.usetinc.org/defaultpage.cfm?ID=41>; National Epi Program, Indian Health Service, 5300 Homestead Blvd, NE, Albuquerque, NM 87110, (505) 248-4132.

**Tribal Colleges:** None available.

**State Health Native American Liaison:** Office of Minority Health and Health Disparities, Dept. of Community Health, Georgia Division of Health, 2 Peachtree St., Atlanta, GA 30303, (404) 657-6707.

**Special Issues:**

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