



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

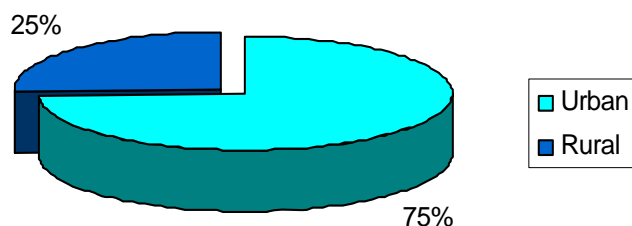
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

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

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

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

Source: Indiana State Department of Health

Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	41,770	n/a*
State	43,993	8.3

Source: US Census Bureau

Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	1.6	4,162	n/a
State	100.0	256,084	13.0

Source: National Center for Education Statistics

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 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*