



STDs in American Indians and Alaska Natives IOWA

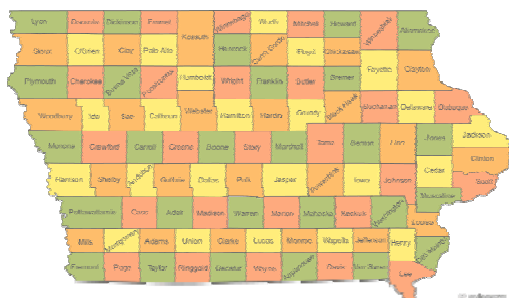
State Population & AI/AN, 2005

Population Group	Male	Female	Total	%
AI/AN	4,001	4,155	8,156	0.3
State	1,329,626	1,385,175	2,714,801	100.0

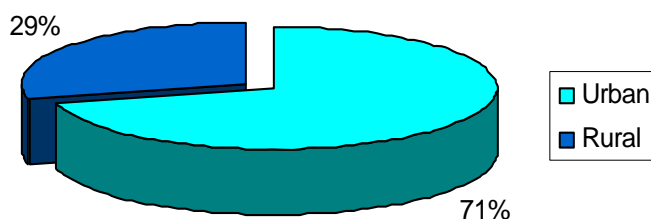
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Iowa STD Program Website: http://www.idph.state.ia.us/adper/std_control.asp

CDC Project Area



Iowa Urban and Rural AI/AN Populations, 2000



Pie chart depicts AI/AN alone or in combination with other races.
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 Iowa-specific STD rates and percentages for the AI/AN population.

Iowa Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	9	33	42	0.6	514.9
State	1,990	5,400	7,390	100.0	272.2

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

Iowa Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	8	9	0.6	110.3
State	721	885	1,606	100.0	59.2

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

Iowa 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	8	1	9	100.0	0.3

Source: Iowa Department of Public 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

Iowa HIV New Cases

Data is not available at this time

Iowa 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	46	100.0	18	100.0	64	100.0	2.6

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.

Iowa Hepatitis New Cases

Data is not available at this time

Select Iowa Demographics

Births

2005	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	245	0.6	18.7	37.1	67.3
State	39,275	100.0	8.5	14.6	32.5

Source: Iowa Department of Public Health

Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	21,229	n/a*
State	43,609	8.0

Source: US Census Bureau

Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	0.6	2,835	10.4
State	100.0	478,319	2.7

Source: National Center for Education Statistics

Resources/ Potential Partners/ Special Issues

Iowa Tribes: Iowa has the Sac & Fox Tribe 3137 F Avenue, Tama, IA 52339, (515) 484-4678/5358, <http://www.sacandfoxnation-nsn.gov/index.htm>.

Tribal Health Programs: Sac & Fox Health Services, 349 Meskwaki Rd., Tama IA 52339. (641) 484-5424.

Urban Health Programs: Not available.

IHS Health Programs: Not available.

Inter-Tribal Health Programs: Not available.

Indian Health Boards: Aberdeen Area Tribal Chairmen's Health Board, 1770 Rand Road, Rapid City, SD 57702, (800) 745-3466 or (605) 721-1922, <http://www.aatchb.org/>.

IHS Tribal Epidemiology Centers: Northern Plains Tribal Epidemiology Center, 1770 Rand Road, Rapid City, SD 57702, (800) 745-3466 or (605) 721-1922, <http://www.aatchb.org/epi/>.

Tribal Colleges: Not available.

State Health Native American Liaison: Minority Health Consultant, Janice Edmunds-Wells, MSW, Iowa Department of Public Health, Office of Multicultural Health, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319, (515) 281-4904.

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