



# STDs in American Indians and Alaska Natives MASSACHUSETTS

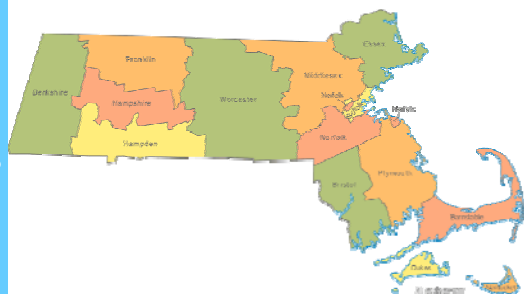
## State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	18,340	19,710	38,050	0.6
State	3,058,816	3,290,281	6,349,097	100.0

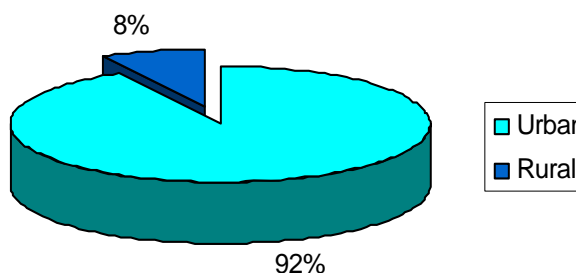
\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Massachusetts STD Program Website: <http://www.mass.gov/dph/cdc/std/divstd.htm>

CDC Project Area



## Massachusetts 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 Massachusetts- specific STD rates and percentages for the AI/AN population.

### Massachusetts Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	3	15	18	0.1	135.5
State	3,809	10,587	14,396	100.0	223.8

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

### Massachusetts Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	2	2	<0.1	13.5
State	1,216	1,320	2,536	100.0	39.4

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

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

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	0	1	0.8	6.8
State	121	4	125	100.0	1.9

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

## Massachusetts Average Annual Rate of HIV Cases, 2003-2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	0.2	1	0.5	2	2.5	8.0
State	595	100.0	211	100.0	806	100.0	14.0

Source: Massachusetts HIV/AIDS Data Fact Sheet, MDDH March 2007. Rate calculated on American Indian alone affiliation.

## Massachusetts AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	0	0.0	1	0.6	1	0.2	6.2
State	394	100.0	170	100.0	564	100.0	10.5

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.

## Massachusetts Hepatitis New Cases

Data is not available at this time

Select Massachusetts Demographics

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	164	0.2	6.1	14.6	45.7
State	78,484	100.0	3.6	12.2	28.5

Source: CDC National Vital Statistics System

Economics

2005	Median Household Income (USD)	% Below Poverty Level (1999)
AI/AN	48,276	21.0
State	57,184	5.1

Source: US Census Bureau, Health Status of American Indians/Native Americans in Massachusetts, MDPH, Nov. 2006

Education

2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	0.3	2,917	3.2
State	100.0	972,371	3.4

Source: Massachusetts Department of Education

Resources/ Potential Partners/ Special Issues

**Massachusetts Tribes:** There is two *federally-recognized* tribes in Massachusetts: the Wampanoag (Aquinnah) Tribe of Gay Head, MA, 20 Black Brook Road, Aquinnah, MA 02535-1546, (508) 645 9265, <http://www.wampanoagtribe.net/Pages/index> and the Mashpee Wampanoag Tribe, 483 Great Neck Road, South, PO Box 1048, Mashpee, MA 02649, (508) 477-0208, <http://www.mashpeewampanoagtribe.com/>. The Hassanamisco Nipmuc is a *state-recognized* tribe: Hassanamisco Reservation, Grafton, MA 01519, (508) 839-7394, <http://www.nipmucnation.org/>. Other tribal communities include: the Chappaquiddick Tribe of the Wampanoag Indian Nation, 232 North Main St, Andover, MA 01810, (978) 475-6959, <http://www.chappaquiddick-wampanoag.org>; the Chappiquiddic Band of Massachusetts, PO Box 3931, Pocasset, MA 02559, <http://chappiquiddic.org/>; the Cowasuck Band of the Pennacook-Abenaki People, P.O. Box 54, Forestdale, MA 02644-0054, (508) 477-1772, <http://www.cowasuck.org/>; the Assonet Band of Wampanoags, c/o Chief Windsong Blake, 68 Taunton St., Lakeville, MA 02740; and the Chaubunagungamang Nipmuc, Webster, MA 01570.

**Tribal Health Programs:** Mashpee Wampanoag Tribal Health, 483 Great Neck Road, South, PO Box 1048, Mashpee, MA 02649, (508) 477-0208; Wampanoag Tribal Health, 20 Black Brook Road, Aquinnah, MA 02535-1546(508) 645-9265, 121.

**Urban Health Programs:** North American Indian Center of Boston, Inc., 105 South Huntington Ave., Jamaica Plains, MA 02130, (617) 232-0343, <http://www.bostonindiancenter.org/>; Tecumseh House, 107 Fisher Ave., Roxbury, MA 02120, (617) 731-3366.

**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:** 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>

**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>.

**Tribal Colleges:** None available.

**State Health Native American Liaison:** Office of Multicultural Health, Massachusetts Department of Public Health, 250 Washington St., 5<sup>th</sup> Floor, Boston, MA 02108, (617) 624-5471.

**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.