



STDs in American Indians and Alaska Natives NEBRASKA

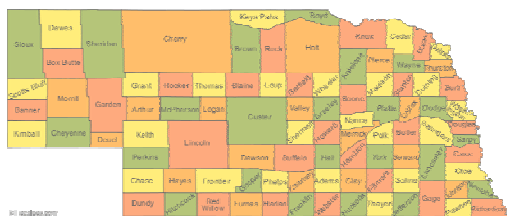
State Population & AI/AN, 2000

| Population Group | Male | Female | Total | % |
|------------------|---------|---------|-----------|-------|
| AI/AN | 10,947 | 11,257 | 22,204 | 1.3 |
| State | 843,351 | 867,912 | 1,711,263 | 100.0 |

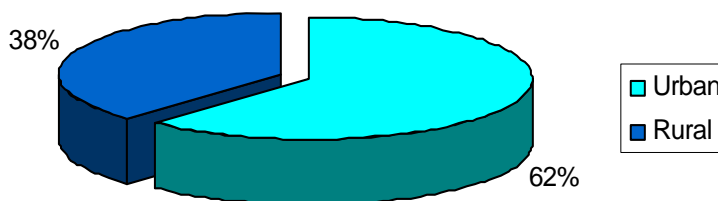
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Nebraska STD Program Website: <http://www.hhs.state.ne.us/std/stdindex.htm>

CDC Project Area



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

Nebraska Chlamydia New Cases, 2005

| Population Group | Male | Female | Total | % | Rate per 100,000 |
|------------------|-------|--------|-------|-------|------------------|
| AI/AN | 21 | 73 | 94 | 1.8 | 622.1 |
| State | 1,378 | 3,713 | 5,091 | 100.0 | 289.6 |

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

Nebraska Gonorrhea New Cases, 2005

| Population Group | Male | Female | Total | % | Rate per 100,000 |
|------------------|------|--------|-------|-------|------------------|
| AI/AN | 3 | 16 | 19 | 1.6 | 125.8 |
| State | 467 | 688 | 1,155 | 100.0 | 65.7 |

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

Nebraska 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 | 4 | 0 | 4 | 100.0 | 0.2 |

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

Nebraska HIV New Cases, 2005

| 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 | 30 | 100.0 | 20 | 100.0 | 50 | 100.0 | 2.8 |

Source: Nebraska Department of Health, HIV/AIDS Surveillance Report, 2006. Rate calculated on American Indian alone affiliation.

Nebraska 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 | 50 | 100.0 | 18 | 100.0 | 68 | 100.0 | 4.7 |

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.

Nebraska Hepatitis New Cases

Data is not available at this time

Select Nebraska Demographics

Births

| 2004 | Number of Births | % | % of Births to Mothers <19 | % w/ <12 yrs education | % Unmarried Mothers |
|-------|------------------|-------|----------------------------|------------------------|---------------------|
| AI/AN | 449 | 1.7 | 12.5 | 43.7 | 73.7 |
| State | 26,332 | 100.0 | 5.1 | 16.5 | 30.2 |

Source: CDC National Vital Statistics System

Economics

| 2005 | Median Household Income (USD) | % Below Poverty Level |
|-------|-------------------------------|-----------------------|
| AI/AN | 30,780 | 13.9 |
| State | 43,841 | 7.6 |

Source: US Census Bureau

Education

| 2005 | Enrollment % (K-12) | Actual Enrollment (K-12) | Dropout Rate % (2000-2001) |
|-------|---------------------|--------------------------|----------------------------|
| AI/AN | 1.5 | 5,057 | 13.9 |
| State | 100.0 | 326,156 | 4.0 |

Source: Nebraska Department of Education

Resources/ Potential Partners/ Special Issues

Nebraska Tribes: There are four tribes in Nebraska: The Omaha Tribe, PO Box 368, Macy, NE 68071, (402) 837-5391; The Ponca Tribe, PO Box 288, Niobrara, NE 68760, (402) 857-3391, The Santee Sioux Tribe, 425 Frazier Ave. N, Suite 2, Niobrara, NE 68760, (402) 857-2302, <http://www.santeedakota.org/>; and the Winnebago Tribe, PO Box 687, Winnebago, NE 68071, (402) 878-2272, <http://www.winnebagoTribe.com/>.

Tribal Health Programs: Carl T. Curtis Health Center, 100 Indian Rd., Macy, NE 68039, (402) 837-5381; Ponca Norfolk Health Station, 201 Miller Ave. Norfolk, NE 68701; Ponca Health and Wellness Center, 602 J. Street, Omaha, NE 68107, (402) 734-5275.

Urban Health Programs: Nebraska Urban Indian Health Coalition, Inc., 1935 Q Street, Lincoln, NE 68503 (402) 434-7181, <http://www.nuihc.com>.

IHS Health Programs: Winnebago Service Unit and Hospital, Highway 77/75, PO Box 88, Winnebago, NE 68071, (402) 878-2231.

Inter-Tribal Health Programs: Nebraska Urban Indian Health Coalition, Inc., 1935 Q Street, Lincoln, NE 68503 (402) 434-7181, <http://www.nuihc.com>.

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

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

Tribal Colleges: Little Priest Tribal College, 601 E. College Dr., PO Box 270, Winnebago, NE 68071, (402) 878-2380; <http://www.winnebagoTribe.com/winbagoFrameset-1.htm>; Nebraska Indian Community College, College Hill, PO Box 428, Macy NE 68039, (402) 837-5078, www.thenicc.edu.

State Health Native American Liaison: Nettie Sikyta, Nebraska Health and Human Services System, Office of Minority Health, PO Box 95044, Lincoln, NE 68509, (402) 471-9045, <http://www.hhs.state.ne.us/omh>.

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