



# STDs in American Indians and Alaska Natives OHIO

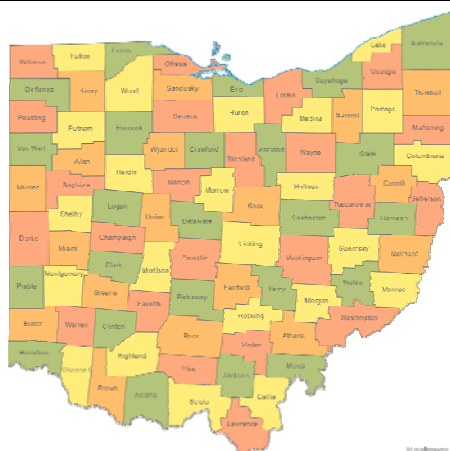
## State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	36,972	39,103	76,075	0.7
State	5,512,262	5,580,878	11,353,140	100.0

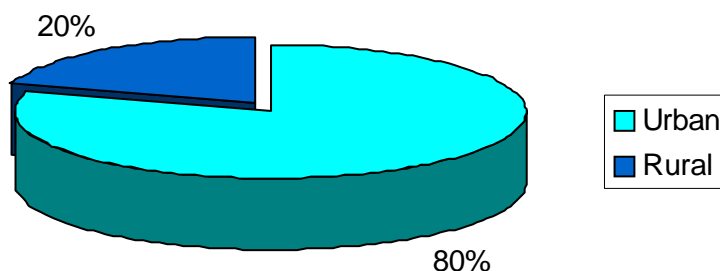
\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Ohio STD Program Website: <http://www.odh.state.oh.us/ODHprograms/HIVSTD/hivstd1.htm>

CDC Project Area



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

### Ohio Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	6	44	70	0.2	183.8
State	9,139	19,119	28,258	100.0	246.3

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

### Ohio Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	13	26	39	0.2	143.3
State	9,035	11,592	20,627	100.0	179.7

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

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

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	1	1	0.5	3.7
State	171	40	211	100.0	1.8

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))

## Ohio HIV New Cases, June 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	3	0.4	1	0.4	4	0.4	137.0
State	754	100.0	212	100.0	966	100.0	8.4

Source: Ohio Department of Health. Rate calculated on American Indian alone affiliation.

## Ohio AIDS New Cases, June 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	0.2	1	0.9	2	0.3	68.5
State	466	100.0	115	100.0	581	100.0	5.1

Source: Ohio Department of Health. Rate calculated on American Indian alone affiliation.

## Ohio Hepatitis New Cases

Data is not available at this time

## Select Ohio Demographics

## Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	311	0.2	11.3	25.4	46.4
State	148,954	100.0	16.6	16.6	52.1

Source: CDC National Vital Statistics System

## Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	32,448	19.0
State	43,493	8.9

Source: US Census Bureau

## Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	0.1	2,563	7.6
State	0.0	1,840,032	3.9

Source: National Center for Education Statistics

## Resources/ Potential Partners/ Special Issues

**Ohio Tribes:** There are no *federally-recognized* tribes in Ohio today. Other Indian tribes residing in Ohio include: the Allegheny Nation (Ohio Band); the Kispoko Sept of Ohio Shawnee (Hog Creek Reservation); the Mekoce Shawnee; the N.E. Miami Inter- Tribal Council; the Notoweeega Nation, [www.Notoweeega.org](http://www.Notoweeega.org); the Ohio Woodlands Tribe; the Piqua Sept of Ohio Shawnees; the Shawnee Nation United Remnant Band of Ohio, PO Box 162, Dayton, OH 45401 (*state-recognized*); the Munsee Delaware Indian Nation of Ohio, 70463 Hopewell Rd, Cambridge, OH 43725; and the Tallige Cherokee Nation, Box 339, Lucasville, Ohio 45648, 740-259-9153, [www.tallige.com/](http://www.tallige.com/). Cleveland was one of eight cities that were chosen to resettle American Indians that were forced to leave reservations.

**Tribal Health Programs:** None available.

**Urban Health Programs:** American Indian Education Center, 1314 Denison, Suite 102, Cleveland, OH 44109, (216) 351-4488; <http://www.aiecc.net/index.htm>.

**IHS Health Programs:** Indian Health Service (HQ), The Reyes Building, 801 Thompson Avenue, Ste. 400, Rockville, MD 20852-1627, 301-443-3024, <http://www.ihs.gov/index.asp/>

**Inter-Tribal Health Programs:** American Indian Education Center, 1314 Denison, Suite 102, Cleveland, OH 44109, (216) 351-4488; <http://www.aiecc.net/index.htm>.

**Indian Health Boards:** National Indian Health Board, 101 Constitution Ave. N.W., Suite 8-B02, Washington, DC 20001, (202) 742-4262, <http://www.nihb.org/>.

**IHS Tribal Epidemiology Centers:** National Epidemiology Program, IHS, 5300 Homestead Blvd., NE, Albuquerque, NM 87110, (505) 248-4132.

**Tribal Colleges:** None available.

**State Health Native American Liaison:** None specifically named. Ohio Department of Health, 246 North High Street Columbus, OH 43215, 9614) 466-3543.

**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.