



# STDs in American Indians and Alaska Natives TEXAS

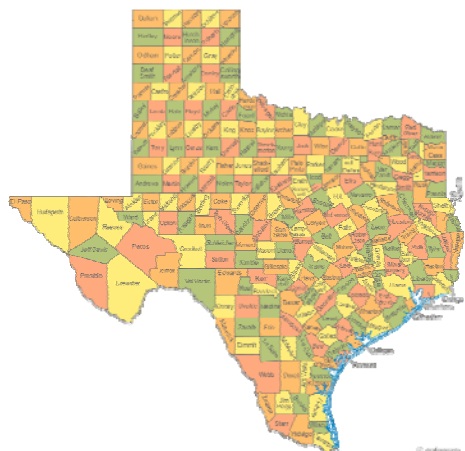
## State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	106,937	108,662	215,599	1.0
State	10,352,910	10,498,910	20,851,820	100.0

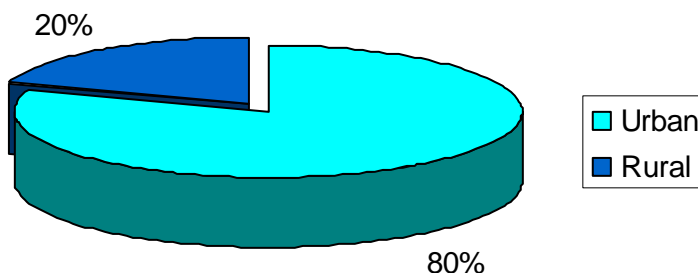
\* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Texas STD Program Website: <http://www.dshs.state.tx.us/hivstd>

CDC Project Area



## Texas Urban and Rural AI/AN Populations, 2005



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

### Texas Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	30	92	122	0.2	76.2
State	13,098	58,488	71,621	100.0	313.3

Source: Texas Department of State Health Services. Rate calculated on American Indian alone affiliation.

### Texas Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	23	16	39	0.1	24.4
State	122,218	13,789	26,016	100.0	113.8

Source: Texas Department of State Health Services. Rate calculated on American Indian alone affiliation.

### Texas Total Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
State	630	243	873	100.0	3.8

Source: Texas Department of State Health Services , 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

### Texas HIV New Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	3	0.1	1	0.1	4	0.1	2.5
State	3,062	100.0	855	100.0	3,297	100.0	14.4

Source: 2005 Texas HIV/AIDS Surveillance Report. Rate calculated on American Indian alone affiliation.

### Texas AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	2	<0.1	1	0.1	3	<0.1	3.4
State	2,505	100.0	792	100.0	3,297	100.0	18.4

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.

### Texas Hepatitis New Cases

Data is not available at this time

#### Select Texas Demographics

##### Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	863	0.2	7.4	20.3	36.0
State	381,293	100.0	8.8	31.6	36.0

Source: CDC National Vital Statistics System

##### Economics

2003	Median Household Income (USD)	% Below Poverty Level
AI/AN	45,479	8.1
State	41,769	10.7

Source: US Census Bureau

##### Education

2003-2004	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	0.3	13,791	0.8
State	100.0	4,328,028	0.9

Source: [http://www.tea.state.tx.us/research/pdfs/dropcomp\\_2003-04.pdf](http://www.tea.state.tx.us/research/pdfs/dropcomp_2003-04.pdf), [http://www.tea.state.tx.us/research/pdfs/enrollment\\_2003-04.pdf](http://www.tea.state.tx.us/research/pdfs/enrollment_2003-04.pdf)

#### Resources/ Potential Partners/ Special Issues

**Texas Tribes:** There are three federally-recognized Indian tribes in Texas: The Alabama-Coushatta Tribe of Texas, Rt 3 Box 640, Livingston, TX 77351, (936) 563-1101, <http://www.alabama-coushatta.com/>; The Kickapoo Traditional Tribe of Texas, HC1 Box 9700, Eagle Pass, TX 78852, (830) 773-2105; and The Ysleta del Sur Pueblo, PO Box 17579, Yaleta Stn, El Paso, TX 79917, (915) 859-7913. There is one state-recognized tribe: The Chickamauga Cherokee Brushy Creek, United Chickamaugin, Montalba, TX 75853, (903) 519-3838. There are several non-recognized tribes: The Creek Indians of Texas at Red Oak; the Apalachicola Band of Creek Indians, 113 N. First Street, Mabank, Texas, (903) 880-0240, [sixwomen@yahoo.com](mailto:sixwomen@yahoo.com); The Lipan Apache Band of Texas, P.O. Box 595, Moulton, Texas 77975; the Pamague Indian Nation; The Pamague Clan of Coahuila Y Tejas, Spanish Colonial Indian Missions Inc., 2400 Oak Hill Road, Apt#812, San Antonio, Texas 78238; and The Tap Pilam-Coahuiltecan Nation, AIT-SCM, 1426 El Paso Street, San Antonio, Texas 78207, (210) 227-4940, <http://www.texasmissionindians.com/>.

**Tribal Programs:** Kickapoo Traditional Tribe Health Center, HC 1 Box 9700, Eagle Pass, TX 78852, Chief Kina Health Clinic, 129 Daycare Road, Livingston, TX, 77351, Ysleta Del Sur Health Center, 9314 Juanchido Lane, El Paso, TX 79907.

**Urban Indian Health Programs:** Urban Inter-Tribal Center of Texas, 209 East Jefferson Blvd., Dallas, TX 75203, (214) 941-1050.

**IHS Health Programs:** Alabama-Coushatta Tribal Health, 129 Daycare Road, Livingston, TX 77351, (936) 563-2058.

**Inter-Tribal Health Programs:** Urban Inter-Tribal Center of Texas, 209 East Jefferson Blvd., Dallas, TX 75203, (214) 941-1050.

**Indian Health Boards:** Oklahoma City Area Inter-Tribal Health Board, PO Box 57377, Oklahoma City, OK 73157, (405) 951-3965; USET, Inc., 711 Stewarts Ferry Pike Ste 100, Nashville, TN 37214, (615) 872-7900.

**IHS Tribal Epidemiology Centers:** Oklahoma City Area Inter-Tribal Epi Center, PO Box 57377, Oklahoma City, OK 73157, (405) 951-3965; USET Epidemiology Center, 711 Stewarts Ferry Pike Ste 100, Nashville, TN 37214, (615) 872-7900.

**Tribal Colleges:** None available.

**State Health Native American Liaison:** Office for the Elimination of Health Disparities, Texas Department of State Health Services, 1100 West 49<sup>th</sup> St., M-760, Austin, TX 78756, (512) 458-7629, Kimberly McCoy-Daniels, [kimberly.mccoy-daniels@dshs.state.tx.us](mailto:kimberly.mccoy-daniels@dshs.state.tx.us).

**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.