



STDs in American Indians and Alaska Natives VERMONT

State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	3,134	3,262	6,396	1.1
State	298,337	310,490	608,827	100.0

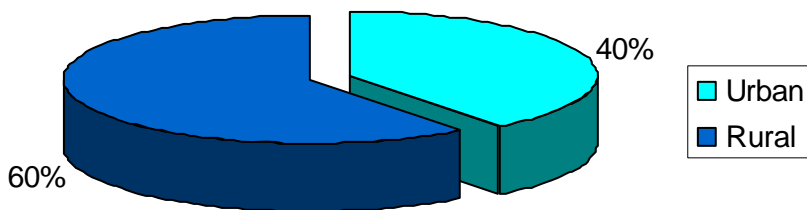
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Vermont STD Program Website: <http://www.healthyvermonters.info/hs/epi/cdepi/AIDS/aidshome.shtml>

CDC Project Area



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

Vermont Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	3	3	0.3	120.6
State	232	725	957	100.0	153.7

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

Vermont Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	0	0	0	0.0	0.0
State	34	26	60	100.0	9.6

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

Vermont 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	1	0	1	100.0	0.2

Source: Vermont Department of 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

This Fact Sheet was developed by JSI Research & Training Institute (303-262-4300, www.jsi.com) in conjunction with the Northern Plains Tribal Epidemiology Center (605-721-1922, www.aatchb.org/epi)

Vermont Persons Living with HIV, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	n/a*	n/a	n/a	n/a	≤3	≤1.5	≤120.4
State	158	100.0	41	100.0	199	100.0	31.9

Source: Integrated Epidemiological Profile for HIV/AIDS Prevention and Care Planning for Vermont, 2005

Vermont 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	13	100.0	4	100.0	17	100.0	2.7

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.

Vermont Hepatitis New Cases

Data is not available at this time

Select Vermont Demographics

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	12	0.2	8.3	8.3	41.7
State	6,599	100.0	3.7	9.7	32.3

Source: CDC National Vital Statistics System

Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	39,928	22.3
State	45,686	8.4

Source: US Census Bureau, <http://www.ecanned.com/VT/2007/01/income-and-poverty-in-state-of-vermont.html>

Education

2006	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2005-2006)
AI/AN	0.8	750	4.0
State	100.0	96,537	3.1

Source: Vermont Department of Education

Resources/ Potential Partners/ Special Issues

Vermont Tribes: There are three *state-recognized* tribes in Vermont: Cowasuck Traditional Band Council of the Abenaki Nation, PO Box 42, Newbury, VT 05051, (802) 234-5570, www.cowasuckabenaki.org/index.htm; The Nulhegan Band of the Coosuk Abenaki People, Derby Line, VT 05830, (802) 873-3083, <http://www.nulheganband.org/>; St Francis/Sokoki Band of the Abenaki Nation, PO Box 276, Swanton, VT 05488, (802) 868-2559, <http://www.abenakination.org/>.

Tribal Health Programs: None available.

Urban Health Programs: None available.

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: 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: 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 Minority Health and Health Disparities, Vermont Department of Health, 108 Cherry St; P.O. Box 70 Burlington, VT 05402, (802) 652-2096, <http://healthvermont.gov/local/mhealth/minority.aspx>.

Special Issues:

- AI/ANs are often misclassified in race/ethnicity STD data. This misclassification increases with lower percentage of AI/AN ancestry.
- AI/AN prevention services are severely underfunded, and those that exist may not reach those at most risk.
- 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.

*data not available at this time