



STDs in American Indians and Alaska Natives VIRGINIA

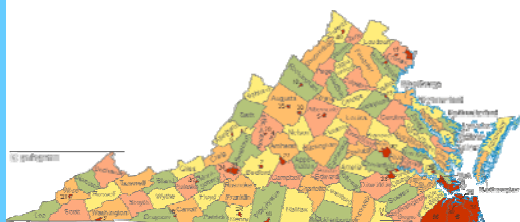
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	25,903	26,961	52,864	0.7
State	3,471,895	3,606,620	7,078,515	100.0

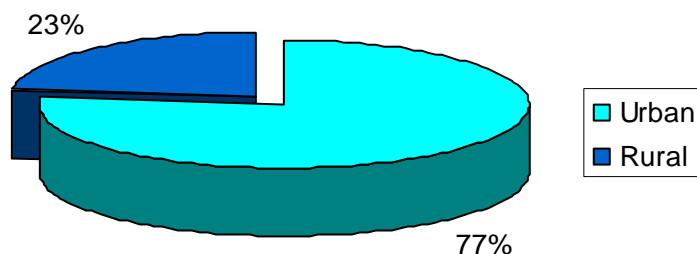
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Virginia STD Program Website: <http://www.vdh.state.va.us/std/index.htm>

CDC Project Area



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

Virginia Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	4	8	12	<0.1	52.8
State	5,810	16,801	22,649	100.0	299.3

Source: <http://www.vdh.virginia.gov/std/1stqtr2006.asp>. Rate calculated on American Indian alone affiliation.

Virginia Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	1	2	<0.1	8.8
State	3,939	4,391	8,335	100.0	110.1

Source: <http://www.vdh.virginia.gov/std/1stqtr2006.asp>. Rate calculated on American Indian alone affiliation.

Virginia 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	232	59	291	100.0	3.8

Source: <http://www.vdh.virginia.gov/std/1stqtr2006.asp>. 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)

Virginia New HIV & AIDS (Unduplicated) Cases, 2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	0	0.0	0	0.0	0	0.0	0.0
State	852	100.0	313	100.0	1,165	100.0	15.4

Source: Virginia Quarterly Surveillance Report, 4th Quarter 2005. Rate calculated on American Indian alone affiliation.

Virginia AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	0.2	1	0.4	2	0.3	11.4
State	552	100.0	243	100.0	795	100.0	12.9

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.

Virginia Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	0	0.0	0	0.0	0	0.0
State	144	100.0	310	100.0	15	100.0

Source: CDC Data Request

Select Virginia Demographics

Births

2003	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	165	0.2	7.2	50.9	33.3
State	100,561	100.0	8.9	44.7	30.6

Source: Virginia Department of Health

Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	44,411	n/a*
State	54,240	4.4

Source: US Census Bureau

Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	0.3	3,722	0.1
State	100.0	1,203,697	1.9

Source: Virginia Department of Education

Resources/Potential Partners/ Special Issues

Virginia Tribes: There are no federally- or state-recognized tribes in Maryland. State-recognized tribal groups include: the Chickahominy, 8200 Lott Cary Road Providence Forge, VA 23140, <http://www.chickahominytribe.org/>; the Eastern Chickahominy, Providence Forge, VA, <http://www.cied.org/>; the Mattaponi, 1467 Mattaponi Reservation Circle, West Point, VA 23181, (804) 769-4508, <http://www.baylink.org/mattaponi/>; the Monacan Indian Nation, P.O. Box 1136, Madison Heights, VA 24572, (434) 946-0389, <http://www.monacannation.com/>; the Nansemond, P.O. Box 2515, Suffolk, VA 23432, <http://www.nansemond.org/>; the Pamunkey, Route 1, Box 2220, King William, VA 23086, <http://www.baylink.org/pamunkey/>; the Rappahannock, 5036 Indian Neck Road, Indian Neck, VA 23148, (804) 769-0260, <http://www.rappahannocktribe.org/>; and the Upper Mattaponi, 13383 King William Road, King William, VA 23086, (804) 769-3378, <http://www.uppermattaponi.org/>. Another Indian community includes the Ani-Stohini/Unami Nation, PO Box 979, Fries, VA 24330, and (540) 744-3640.

Tribal Health Programs: None available.

Urban Health Programs: None available.

IHS Health Programs: Indian Health Service (HQ), The Reyes Building, 801 Thompson Avenue, Ste. 400, Rockville, MD 20852-1627, 301-443-1083, <http://www.ihs.gov/index.asp>; Indian Health Service, Nashville, Area, 711 Stewarts Ferry Pike, Nashville, TN 37214-2634, (615) 467-1590.

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/>; United South and Eastern Tribal Health Board, 711 Stewarts Ferry Pike, Suite 100, Nashville, TN 37214. (615) 872-7900, <http://usetinc.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>; National Epi Program, Indian Health Service, 5300 Homestead Blvd, NE, Albuquerque, NM 87110, (505) 248-4132.

Tribal Colleges: None available.

State Health Native American Liaison: Office of Minority Health, Virginia Department of Health, 109 Governor St., Richmond, VA 23219, (804) 864-8212, omh@vdh.virginia.gov.

Special Issues:

- 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