



STDs in American Indians and Alaska Natives WISCONSIN

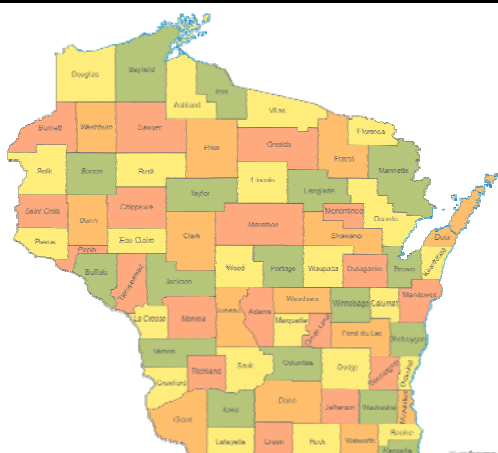
State Population & AI/AN, 2000

Population Group	Male	Female	Total	%
AI/AN	34,277	35,109	69,386	1.3
State	2,649,041	2,714,634	5,363,675	100.0

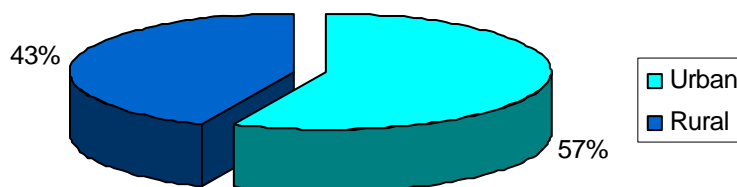
* American Indian population figures based on affiliation with American Indian alone and in combination with other races.

Wisconsin STD Program Website: <http://dhfs.wisconsin.gov/communicable/STD/index.htm>

CDC Project Area



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

Wisconsin Chlamydia New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	136	453	589	2.9	1,182.1
State	5,688	14,751	20,501	100.0	370.3

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

Wisconsin Gonorrhea New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	31	58	89	1.5	148.6
State	2,431	3,433	5,981	100.0	108.0

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

Wisconsin P&S Syphilis New Cases, 2005

Population Group	Male	Female	Total	%	Rate per 100,000
AI/AN	1	0	1	2.4	2.0
State	38	3	41	100.0	0.7

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

Wisconsin HIV New Cases, 2001-2005

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	10	0.8	1	0.3	11	0.7	22.1
State	1,181	100.0	325	100.0	1,506	100.0	27.2

Source: Wisconsin Department of Health and Family Services, AIDS/HIV Program. Rate calculated on American Indian alone affiliation.

Wisconsin AIDS New Cases, 2004

Population Group	Male	%	Female	%	Total	%	Rate per 100,000
AI/AN	1	0.7	0	0.0	1	0.6	2.1
State	142	100.0	35	100.0	177	100.0	3.8

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.

Wisconsin Hepatitis New Cases, 2005

Population Group	Hepatitis A		Hepatitis B		Hepatitis C	
	Total	%	Total	%	Total	%
AI/AN	n/a*	n/a	3	0.4	22	1.0
State	n/a	n/a	778	100.0	2,212	100.0

Source: Hepatitis C Program and Hepatitis B Program, Division of Public Health, Department of Health and Family Services

Select Wisconsin Demographics

Births

2004	Number of Births	%	% of Births to Mothers <20	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	1,034	1.5	18.7	27.0	71.0
State	70,131	100.0	8.7	11.7	32.0

Source: Wisconsin Department of Health and Family Services

Economics

2004	Median Household Income (USD)	% Below Poverty Level
AI/AN	37,428	8.9
State	45,315	10.6

Source: US Census Bureau

Education

2003	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2004-2005)
AI/AN	1.5	6,177	2.1
State	100.0	425,467	1.0

Source: Wisconsin Department of Public Instruction

Resources/Potential Partners/Special Issues

Wisconsin Tribes: There are eleven *federally-recognized* tribes in the State of Wisconsin. For a listing of tribes and their contacts please see: <http://www.judicare.org/witribe.html>.

Tribal Health Programs: Tribal health programs include 12 health centers/locations within Wisconsin. See <http://www.ihs.gov/FacilitiesServices/AreaOffices/Bemidji/bemidji-health-facilities.asp> for a list and their locations.

Urban Health Programs: Gerald L. Ignace Health Center, Inc., 1711 South 11th, Milwaukee, WI 53204-0065, (414) 383-9526, <http://indianhealthcenter.com/>; United Amerindian Center, Inc., 411 Dousman St. Green Bay, WI 54306-2248, (920) 436-6630, <http://www.unitedamerindian.org/>.

IHS Health Programs: See Bemidji Area Indian Health Service, 522 Minnesota Ave., NW, Room 117, Bemidji, MN 56601, (218) 444-0471 for a list of services locations <http://www.ihs.gov/FacilitiesServices/AreaOffices/Bemidji/index.asp>.

Inter-Tribal Health Programs: United Amerindian Center, Inc., 411 Dousman St. Green Bay, WI 54306-2248, (920) 436-6630, <http://www.unitedamerindian.org/>; Gerald L. Ignace Health Center, Inc., 1711 South 11th, Milwaukee, WI 53204-0065, (414) 383-9526.

Indian Health Boards: Great Lakes Inter-Tribal Council, Inc. (GLITC), 2932 Highway 47 N., P.O. Box 9, Lac du Flambeau, WI 54538, (715) 588-3324, <http://www.glitc.org/>; Gerald L. Ignace Indian Health Center Indian Health Board, 1711 South 11th, Milwaukee, WI 53204-0065, (414) 383-9526.

IHS Tribal Epidemiology Centers: Great Lakes EpiCenter, GLITC, 2932 Highway 47 N., P.O. Box 9, Lac du Flambeau, WI 54538, (715) 588-3324, <http://www.glitc.org/epicenter/index.html>.

Tribal Colleges: College of Menominee Nation, PO Box 1179, Keshena, WI 54135, (715) 799-5600, www.menominee.edu; Lac Courte Oreilles Ojibwa Community College, 13466 West Trepania Rd., Hayward, WI 54843, (715) 634-4790, www.lco.edu.

State Health Native American Liaison: Wisconsin Minority Health Program, Kelli Jones, Division of Public Health, Wisconsin Department of Health and Family Services, PO Box 2659, Madison, WI 53701, (608) 267-2173, joneskj@dhfs.state.wi.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.

* data not available at this time