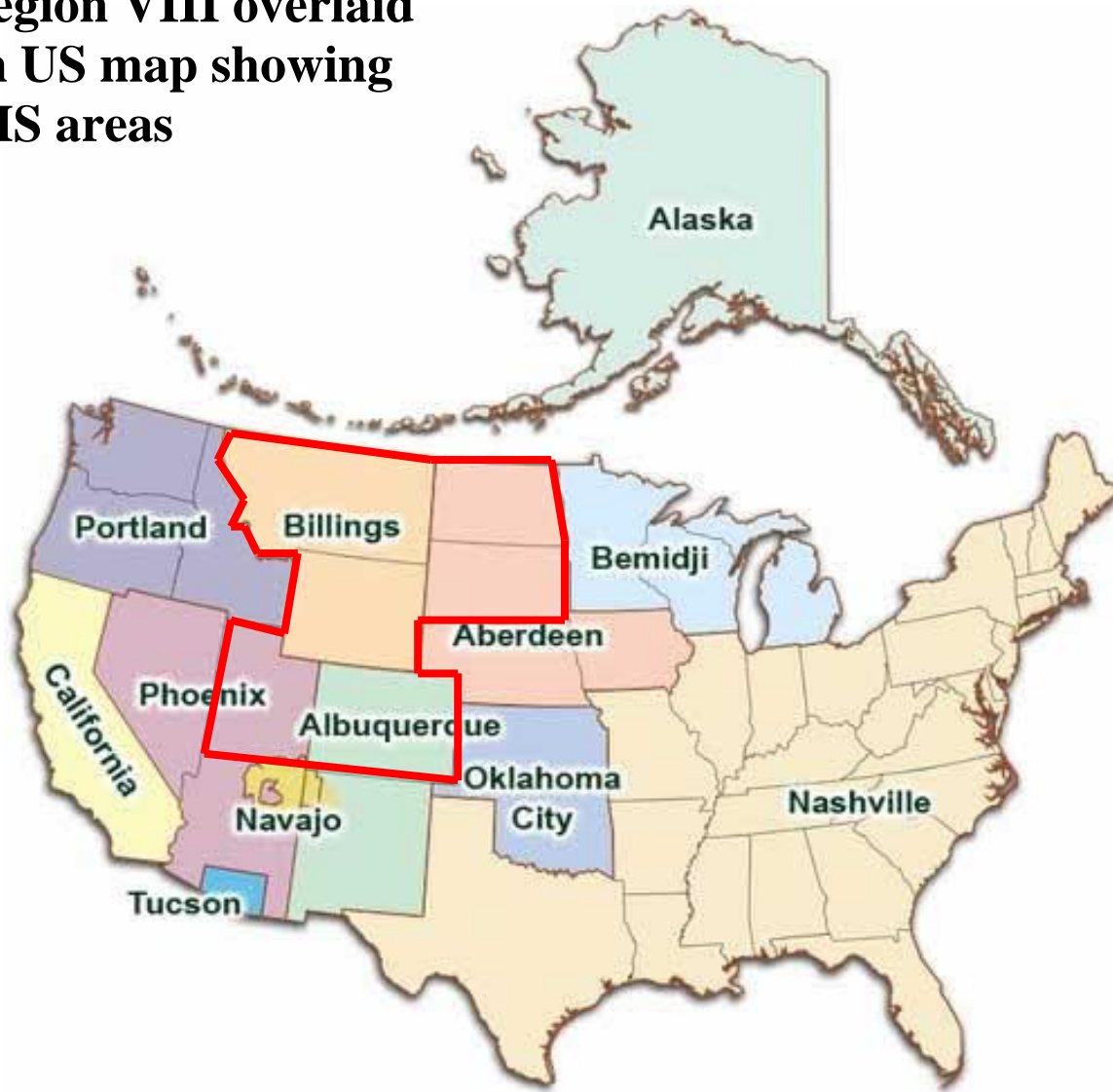


Infertility Prevention Project Profile: American Indian and Alaska Native Populations Region VIII

**Region VIII overlaid
on US map showing
IHS areas**



Infertility Prevention Project Profile:

American Indian and Alaska Native Populations – Region VIII

This profile attempts to address the gap that exists in documenting the epidemiologic and health care delivery information specific to the Native communities in each of the Region VIII states. The overall regional profile contains profiles specific to each of the Region VIII IPP states and their respective Native communities.

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Infertility Prevention Project Profile: American Indian and Alaska Native¹ Populations

Introduction

The DHHS Region VIII Infertility Prevention Project (IPP) aims to control chlamydia and gonorrhea through the collaborative efforts of Sexually Transmitted Disease (STD), Family Planning (FP) and Laboratory Services providers throughout Region VIII. Region VIII is composed of six states (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming). In square miles, Region VIII states make up about 16.2% of the land in the United States area and 3.06% of the population. The STD and FP programs in Region VIII provide approximately 150,000 chlamydia and gonorrhea tests each year.

The program works to promote innovative, high quality and cost-effective approaches in the prevention of STD-related infertility, especially in adolescent girls and young adult women. Prevention approaches are designed to link surveillance, clinical, laboratory, behavioral and epidemiologic activities to prevent transmission of STDs that result in PID, infertility, and ectopic pregnancy.

Regional Overview

- ***Women at Risk for STDs in Region VIII***

Of the 1,891,000 women in Region VIII, 47.7% are women at risk of unintended pregnancy. The contrasts in Region VIII are quite striking. While Region VIII occupies the second largest land area in the country, the region also has the smallest percentage of female population. However, Region VIII ranks seventh in the country for the highest percentage of women who are at-risk for unintended pregnancy and the second highest percentage of women in need of subsidized family planning. The provision of STD screening and treatment in reproductive health care settings is particularly important given the link between STDs and HIV risk. Individuals who are infected with STDs are 2-5 times more likely than uninfected individuals to get HIV if exposed through sexual contact. In addition, if an individual is infected with HIV and another STD, that person is more likely than other HIV-infected persons to transmit HIV through sexual contact.¹

- ***Reproductive/STD Health Care Providers in Region VIII***

Many of the women at risk for chlamydia and gonorrhea infection in Region VIII are targeted by reproductive health care providers. Providers include Title X clinics; community health centers (CHCs), Indian Health Service or Tribal Health clinics and community-based settings (e.g., home visiting models, provision of services in homeless shelters).

¹ This profile generally uses the term “American Indian/Alaska Native” to refer to all tribal/aboriginal groups within the U.S.; in some places the term “Native American” or “Native Community” is used as well and is intended to refer to the same racial/ethnic minority groups. The profile uses the term AI/AN, however, JSI does recognize that it is AI focused, specifically on the Northern Plains Tribes.

Title X-funded programs in Region VIII reach primarily young and low-income women in urban, rural and frontier locations. Other locations where women receive services include federally-funded CHCs, publicly-funded STD clinics, and IHS-funded clinics or independent Tribal Health clinics. IHS clinics provide services both directly and through tribal contracted and operated health programs.²

Within the six states that comprise Region VIII there are over 185,000 Native American people. Almost 60% of these are females and 46% of those females are between the ages of 15 and 44. Health services for the twenty five reservations that are within the Region VIII boundaries are administered through regional Indian Health Services (IHS) offices in Aberdeen (ND, SD), Billings (MT, WY), Albuquerque (CO), Phoenix (UT), and Navajo (CO, UT).

The numbers of Native American women accessing Title X services in the region remain relatively small. According to FY 2009 data from IHS, the average rate of family planning visits for Native American women ages 15 to 44 years old in all twelve IHS regions was 446.3/1000. The rates for IHS areas in Region VIII were:

Aberdeen area (ND, SD) 397.5/1000
 Billings area (MT, WY) 584.2/1000
 Phoenix area (UT) 351/1000
 Albuquerque (CO) 461.4/1000
 Navajo (CO, UT) 437.4/1000

As a point of comparison, please see the table below which reports the number of men and women seeking family planning services in Title X clinics during calendar 2010.

Unduplicated Number of Family Planning Users (Title X Clinics), American Indian/Alaska Native race, by Gender - 2010

	Region VIII	CO	MT	UT	ND	SD	WY
Female	2,434	492	591	366	508	397	80
Male	301	107	72	47	39	27	9

(Source: Family Planning Annual Report for 2010)

Linkages among these key reproductive/STD health care providers are imperative to help ensure continuity of care throughout the year and offer comprehensive medical services for the client (e.g., contraception, colposcopies, chlamydia, gonorrhea and HIV screening and treatment).

However, in accessing these services clients must contend with various barriers. The barriers can be grouped into four areas: 1) *Population Density*, 2) *Health Professional Shortage Areas*, 3) *Rural/Frontier Areas*, and 4) *Topography/Climate*.

- ***Population and Geographical Characteristics of Region VIII***

Population Density

The service site for this proposed regional family planning center includes the states of Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming, comprising the Department of Health and Human Services Region VIII. Region VIII totals 581,694 square miles and includes 8.7 million people. Population density ranges from only 6 people per square mile in Montana to 37 people per square mile in Colorado. Table 1 provides population figures, area and density for each state in Region VIII.

Table 1
Region VIII Population, Total, Density³

	Population	Area	Density
Colorado	3,924,000	104,100	37
Montana	903,000	147,046	6
North Dakota	650,000	70,704	9
South Dakota	749,000	77,121	10
Utah	2,055,000	84,904	24
Wyoming	498,000	97,819	5
Totals	8,779,000	581,694	15 Avg.

Rural/Frontier Areas⁴

Region VIII is comprised largely of frontier areas. States with a high percentage of frontier areas often lack the economic and political clout of other states. Characteristics of frontier areas often include a fragile economy and often have a single-industry economic base. Health care services are sparse. Weekly clinics with mid-level practitioners, volunteer emergency medical technicians and home health aides provide primary care. Many areas may not have these services available and meet the federal definition of “medically under-served.” The remaining areas of this region are defined as rural areas, with over 6 but under 100 people per square mile. Many of the challenges of frontier areas are also present in rural areas. Table 2 lists the characteristics of urban, rural and frontier service settings.

Table 2
Characteristics for Urban, Rural, and Frontier Areas

Parameter	Urban	Rural	Frontier
Drive time	less than 30 minutes	30 minutes	60 minutes or more – severe geographic and climate conditions, seasonal
Technology	high level; easy access	medium level; moderate access	Low level; difficult access
Staffing	gate keepers; specialty teams	generalist; MD with mid-level	mid-level or teams
Population density	more than 100 per square mile	6 – 100 per square mile	Less than 6 per square mile
Scale	large group practice	small group practice	pair, solo
Skill range of provider	specialist	generalist with specialist consultation	extreme generalist; infrequent specialist consultation
Intensity of practice	high utilization	moderate utilization	high standby capacity
Social organization	individual anonymity, accepts help, greater dependency	personal group relationships, accepts help reluctantly	personal relationship, resists help, self-reliant
Hospital beds	large: 100+ beds	small: 25 – 100 beds	less than 25 beds or no hospital

Health Professional Shortage Areas⁵

The Department of Health and Human Services, Health Resources and Services Administration designates certain areas as Health Professional Shortage Areas (HPSAs). Many HPSAs are classified as “frontier,” defined as having less than six people per square mile. The significance of this is three-fold: (1) much of Region VIII includes HPSA-classified areas; of 287 counties in Region VIII, 125 (or 44%) have HPSA-designated population groups and 86 (or 30%) are fully-designated HPSAs; (2) HPSAs are areas of high need for reaching low-income, high-risk clients. Of the population in Region VIII, 12.2% are living at or below poverty and 12.% are medically uninsured; and (3) health care professionals located in HPSAs have limited professional support and access to professional training.

Topography/Climate⁶

In addition to the extreme rural nature of the region, the design of any educational program must also take into consideration the topography. The Rocky Mountains cut through the region, making travel to some locations difficult. The mountains and northern latitudes bring about unpredictable, and often severe, winter weather conditions, making travel to some locations nearly impossible. There is a lack of commercial passenger airports, and air travel between sites is very expensive. These conditions have a significant impact on the design and delivery of a training program. Because of the great distances, restricted travel policies by state health departments, limited travel budgets and the need to minimize staff time away from clinics, health providers are not likely to travel out of their state for training except for occasional major events. Training dates and locations must be chosen carefully in order to avoid weather barriers, and they must generally be located in areas accessible to the greatest number of trainees. At the same

time, the training program should not ignore providers located in very remote areas of these states. Providing training which is accessible to a large number of providers, yet remaining cost effective is a major challenge. The issue of limited travel access can be addressed somewhat through the use of distance training; however, many of the distance training methods remain cost-prohibitive, and most of the public health clinics have limited access to current technology.

Sexually transmitted diseases (STD) in AI/ANs are an important public health concern, with reported case rates for chlamydia, gonorrhea, and syphilis that are 2 to 6 times higher than rates in non-Hispanic whites. Below a few of issues are presented. The above population and geographic characteristics can have an even greater effect on social and other contextual issues impacting STDs among American Indian and Alaska Natives which result in the high disparities of chlamydia and gonorrhea among Native communities across Region VIII.

Overview of Social and Other Contextual Issues Impacting STDs among American Indian/Alaska Natives

The challenges of addressing STDs in the AI/AN community reach beyond resource allocation or clinical models of treatment. The epidemiologic profile of STDs among AI/ANs manifests from myriad factors, including complex social and sexual networks, varying cultural proscriptions regarding sexual activity, health, and help-seeking, availability of appropriate treatment and partner management strategies, and coordination of tribal, state, and federal programs.⁷

- ***Demographic and Health Context of AI/ANs⁷***

Health disparities are often highly correlated with economic and social disparities. A review of the conditions in which many AI/ANs live may provide important context to the rates and trends of STDs in this population. According to the 2000 U.S. Census, AI/ANs comprise less than 2% of the total U.S. population. They may belong to one or more of 560 federally recognized tribes or Alaska Native Villages, all immensely diverse in cultural traditions, ways of living, and epidemiologic profiles.

About 60% do not live on a reservation or tribal area, yet frequently travel between urban areas and tribal lands for ceremonies, education, or employment opportunities. About 28% of all AI/ANs live in poverty, compared with 12% of the total population. Unemployment rates are above 10% for most tribes (likely underestimated since they exclude persons no longer looking for work); households are crowded; and educational achievement lags behind other Americans, with only 10% of all AI/ANs living on tribal lands holding a bachelor's degree or higher, compared with 24% in the U.S. general population.

AI/ANs also endure elevated levels of mortality and morbidity. For example, age-adjusted mortality rates show that AI/ANs are over 7 times more likely to die from alcoholism when compared with the U.S. general population, one and a half times as likely to die from firearm wounds, and over 3 times as likely to die from a motor vehicle-related injury. Although we

know little about how this environment may shape AI/AN sexual risk-taking and the subsequent patterns of STDs, evidence suggests that trauma and ongoing stress may be deleterious to sexual health.

- ***Epidemiology of Sexual Risk-Taking Behaviors Among AI/ANs***⁷

As in the national population, the majority of STDs among AI/ANs occur among young people. Among AI/ANs, 68% of all chlamydia cases, and 60% of all gonorrhea cases occur among those aged 15 to 24.

In 2000–2001, the Bureau of Indian Affairs (BIA) conducted a survey on risk-taking behavior with over 5600 high school students enrolled in BIA schools. This study, using comparable questions to the national Youth Risk Behavior Study (YRBS), found that 59% of high-school students reported having had sex, compared with 46% of the national sample, that 24% reported having 4 or more partners during their lifetime versus 14% of the national sample, and that 56% of those sexually active used a condom at last intercourse versus 58% nationally. (Note that important methodological differences between the two studies precluded significance testing of differences.) Of those who had already had sex, 11% of AI/AN youth reported initiating sex before the age of 13, compared with 7% nationally. The results indicate that sexual risk-taking is comparatively high among AI/AN youth, even though condom use appears to be roughly equivalent. An earlier study (1992), also based on a survey with BIA high school students, found similar patterns.

Unfortunately, very little ethnographic data exists on the context of decision-making that produces such numbers. One report found that youth indicate that an environment of risk, including level of exposure to substance use, perceived sexual activity of peers, and role models in families or communities, were key to their sexual decision-making context.

- ***STD Prevention and Control Efforts in AI/AN Communities***⁷

STD prevention and control activities are sparse in AI/AN communities, and, as in peer-reviewed articles, HIV/AIDS appears to have received greater attention than other STDs. Several potentially effective models do exist, but systematic evaluations of the effectiveness are rare. Screening for STDs at clinics and hospitals appears to occur more regularly for women than for men, but may also inappropriately target older age groups. A number of programs and data-collection initiatives exist that are not documented in peer-reviewed publications, but contribute to the base of our knowledge of STD prevention and control among AI/ANs.

Tribal and pan-Native urban programs are also increasingly active, both in targeted programmatic activities and in efforts to increase coordination and cooperation with state and federal agencies. In recognition of the potential synergy of such collaborative efforts, the CDC has undertaken initiatives which provide funding directly to tribes, instead of to states in which tribes are located. Such steps are vitally important in channeling resources so that they may be most efficiently used in areas with the greatest need. Unfortunately, the continuation of this type of funding is not assured.

The annual direct cost of STDs, including HIV, is estimated to be between \$9.3 and \$15.5 billion dollars.⁸ For facilities that care for AI/ANs, the costs associated with a higher STD burden may strain already scarce resources. Despite the high morbidity and economic costs of STDs for this population, current practices of screening, treatment, and follow-up in AI/AN communities appear to be suboptimal.⁹

Improvements in STD control and prevention are clearly needed, yet little is known about which components of STD programs or prevention activities may be most effective for controlling the spread of STDs in this population. Comprehensive program assessments, grounded in the particular context of each AI/AN community, are urgently needed. Given this gap in service and knowledge of effective programs available to meet the needs of AI/ANs living throughout Region VIII, from the project's inception, the Regional Advisory Committee expressed the need to collaborate and partner with the Indian Health Service and other key partners in the region that serve that many American Indians who live throughout the Region VIII state.

This profile is the first step in an attempt to address this gap in documenting the epidemiologic and health care delivery profile specific to the Native communities in each of the Region VIII states.

Colorado State Profile for American Indian and Alaska Native Population



Project Area: Colorado

The human history of Colorado extends back more than 13,000 years. The region that is today the State of Colorado was first inhabited by Native Americans. The discovery of gold in 1858 brought people to the fledgling towns of Denver City, Aurora and other front range mining camps. Just as local governments were established by the towns and camps, the movement began toward a territorial and a subsequent state government.¹⁰

Geography and Population

Area: 104,091 square miles

Eighth in land mass 145557 square miles

Border States: Wyoming, Nebraska, Kansas, Oklahoma, New Mexico, and Utah (with the New Mexico and Utah borders meeting at Four Corners).

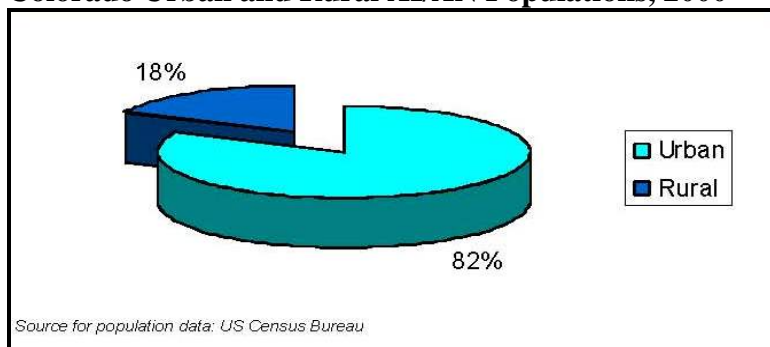
Largest Cities: Denver, Colorado Springs, Aurora, Lakewood, Fort Collins, Arvada, Pueblo, Westminster, Boulder, and Thornton¹¹

Overall Population: 4,506,542 people (22nd in the nation)

State Population & American Indians, 2000¹²

Population Group	Males	Females	Total	%
State	2,165,983	2,135,278	4,301,261	100.0
American Indian	40,163	39,526	79,689	1.9

Colorado Urban and Rural AI/AN Populations, 2000



American Indian Tribes in Colorado

There are two federally recognized tribes in Colorado and three other tribes, whose territory sometimes extend into the state. Additionally, Denver is one of the original sites for relocation of Indian people from their home reservations, and is a hub for Native Americans. Denver's Indian population is estimated at 37,874.



Southern Ute Tribe¹⁰

The Southern Ute tribe is a separate sovereign, which means it functions separately from Colorado government, but is part of U.S. government. Southern Ute has its own tribal court, tribal code, separate requirements for admission to the bar association, Social Services and Tribal resources.

Location

The Southern Ute reservation occupies parts of the geographic locations the state of Colorado has designated areas of La Plata and Archuleta counties.

Southern Ute Tribe
Ignacio, CO 81137-
<http://www.southern-ute.nsn.us/>

Ute Mountain Ute Tribe¹³

Historically, the Ute Nation roamed throughout Colorado, Utah, and northern New Mexico in a hunter-gatherer society, moving with the seasons for the best hunting and harvesting. Their dealings with the government were not to their benefit and in the late 1800's, treaties with the United States forced the three bands of Southern Utes into southwestern Colorado.

The bands within the Ute Nation divided and today the homelands for the Weeminuche , or Ute Mountain Ute Tribe, total about 597,000 acres in southwestern Colorado, southeastern Utah, and northern New Mexico. The White Mesa community of the Tribe lives in Utah, where most of the housing is on tribal lands. The majority of lands there are allotted to tribal members and are laid out in a checkerboard design.

The per capita enrollment for the Ute Mountain Ute Tribe is 1,968, as of January, 1999. The majority of the members live on the reservation in Towaoc with a smaller in the White Mesa community. The tribal census shows the largest part of the membership is in the twenties and younger age group

Location

The Ute Mountain Ute Tribe's reservation lies in southwest Colorado, southeast Utah, and northern New Mexico. There are two communities on the Ute Reservation; the tribal headquarters in Towaoc, Colorado and the small community at White Mesa, Utah.



Economy

Today the tribe employs over 900 people in its enterprises and departmental programs. These employees include tribal members, other Native Americans, and Anglos, thus making the tribe the second largest employer in the Four Corners area.

Ute Mountain Ute

Towaoc, CO 81344-

<http://www.utemountainute.com/>

The territories of the Comanche Tribe, Navajo Tribe and Kiowa Tribe sometimes extend into Colorado.¹⁴

Select Socio-Economic Demographics¹²

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <9 yrs education	% Unmarried Mothers
AI/AN	595	0.9	16.7	4.1	55.5
State	68,475	100.0	10.0	6.7	27.5

Source: <http://www.cdphe.state.co.us/hs/vs/2004/b30.pdf>

Economics

2004	Median Household Income (USD)	% Below Poverty Level
AI/AN	32,060	10.6
State	48,198	1.4

Source: US Census Bureau

Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	1.2	9,188	6.7
State	100.0	780,708	4.2
Source: Colorado Department of Education			

Special Issues Related to Reproductive/Sexual Health Care¹²

- 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.

Sexual and Reproductive Health Data

As reported in the Family Planning Annual Report for 2010 (Source: Tables 2 and 3), there were 492 females and 107 males from the AI/AN population who received reproductive health services in family planning Title X clinics in Colorado.

There are no data from either the IHS or Urban Indian Health Program reported to the IPP PM database. The data reported below is for general CT/GC screening data which is reported to the IPP database. The test technologies used for CT/GC specimens is the NAAT GenProbe Aptima Combo 2 Assay test and the Becton Dickinson Probe-Tec Combo test.

Chlamydia Positivity by Gender and Age Group for American Indian/Alaska Native as Reported Race

As reported into the Region VIII IPP Prevalence Monitoring Database for Colorado American Indian/Alaska Native as Reported Race, CY 2010

Chlamydia Positivity						
Females				Males		
Age	No. Positive	No. Tested	Percent Positive	No. Positive	No. Tested	Percent Positive
10 – 14	0	3	0.0	0	2	0.0
15 – 19	12	70	17.1	1	34	2.9
20 – 24	7	126	5.6	5	52	9.6
25 – 29	5	104	4.8	8	41	19.5
>29	2	155	1.3	3	85	3.5
Total	26	458	5.7	17	214	7.9

Gonorrhea Positivity by Gender and Age Group for American Indian/Alaska Native as Reported Race

As reported into the Region VIII IPP Prevalence Monitoring Database for Colorado American Indian/Alaska Native as Reported Race, CY 2010

Gonorrhea Positivity						
Females				Males		
Age	No. Positive	No. Tested	Percent Positive	No. Positive	No. Tested	Percent Positive
10 – 14	0	3	0.0	0	2	0.0
15 – 19	2	70	2.9	1	34	2.9
20 – 24	3	126	2.4	4	52	7.7
25 – 29	0	104	0.0	0	41	0.0
>29	1	155	0.6	1	85	1.2
Total	6	458	1.3	6	214	2.8

Chlamydia Positivity by Race

As reported into the Region VIII IPP Prevalence Monitoring Database for Colorado, CY 2010

State	Chlamydia Positivity		
	Number Positive	Number Tested	Percent Positive
African American	767	6248	12.3
Asian	206	1339	15.4
American Indian/Alaska Native	48	723	6.6
Other	49	459	10.8
Caucasian	2562	30178	8.5
Pacific Islander/Native Hawaiian	0	0	0.0
Unknown	698	9420	7.4
Missing/Blank	114	1300	8.8
Total	4444	49667	8.9

Gonorrhea Positivity by Race

As reported into the Region VIII IPP Prevalence Monitoring Database for Colorado, CY 2010

State	Gonorrhea Positivity		
	Number Positive	Number Tested	Percent Positive
African American	310	6248	5.1
Asian	47	1339	3.5
American Indian/Alaska Native	13	723	1.8
Other	6	459	1.5
Caucasian	342	30178	1.1
Pacific Islander/Native Hawaiian	0	0	0.0
Unknown	41	9420	0.43
Missing/Blank	9	1300	1.0
Total	768	49667	1.5

IHS, Tribal and Urban Health Facilities (I/T/U)

There is one IHS facility, directed out of the Albuquerque IHS area, and one Urban Indian Health Program in Colorado.

The Albuquerque Area serves New Mexico, Colorado, and Texas.¹⁵

The Albuquerque Area is responsible for the provision of health services to a number of distinctly different tribal groups. In New Mexico, The tribes served are the 19 Pueblos, the Jicarilla and Mescalero Apaches, and the Alamo, Canoncito and Ramah Chapters of the Navajo Nation. In Southern Colorado are the Southern Utes, and the Ute Mountain Ute Reservation (extending into a small portion of southern Utah). In Texas, the Ysleta Del Sur Reservation is served. Additionally, numerous tribal members from throughout the United States who live, work, or go to school in the urban centers of the Albuquerque Area are provided services in health facilities operated by the Indian Health Service.



Southern Colorado Ute Service Unit

The Southern Colorado Ute Service Unit (SCUSU) provides ambulatory care services through two health centers at Towaoc and Ignacio, Colorado, and a field health station in White Mesa, Utah, in conjunction with a diverse contract health services program. SCUSU's service population has grown steadily over the years (to 4167 in 1990) with strong growth in utilization rates (21,701 ambulatory care visits in 1985 up to 30,767 in 1990).

Care includes medical, nursing, dental, optometry, nutrition, health education, community health nursing, mental health, social services, substance abuse, and environmental health services. General clinics are conducted according to a published schedule: well-child, chronic diseases, allergy, women's health, and podiatry. Pharmacy, Laboratory and Radiology services are all provided at each of the centers. The tribes offer Community Health Representative (CHR) programs funded by the IHS. Additional health care services, including in-patient and specialty care, are arranged via contracts with a variety of providers in neighboring areas

The Southern Colorado Ute Service Unit serves the Southern Ute and the Ute Mountain Ute Tribes in an area that extends from desert plateau to the mountains and clear streams of the Rockies. The Ute Mountain Ute lands are dramatized by mesas and rock formations in a high, deeply sculpted landscape that extends down toward Shiprock. Mesa Verde to the north was the mysterious settlement of the Anasazi, the Ancient Ones.

The Southern Ute reservation includes the San Juan Drainage Basin, fed by seven rivers to create rich, fertile farmlands surrounded by spectacular mountains. Other Ute lands include flat, forested mesas to complete some of the most varied topography of any of the Albuquerque Area Service Units. Climate is temperate and semiarid in most places. Outdoors recreation

possibilities abound in the Area (including skiing, hiking, mountain climbing, and water recreation at the deep blue Navajo Lake to the south).

Ignacio is 25 miles southeast of Durango, a major tourist center offering great restaurants and a surprising variety of cultural events for its size. Also close by is the smaller town of Bayfield. Towaoc is 11 miles south of Cortez, Colorado. Most staff of the Service Unit live in these four towns.

Southern Colorado Ute Service Unit
P.O. Box 778
Ignacio, Colorado 81137
Phone: (970) 563-9443

Urban Indian Health Programs

DENVER INDIAN HEALTH AND FAMILY SERVICES

Delbert Nutter, Executive Director

Phone: (303) 953-6612

Fax: (303) 781-4333

1633 Filmore St., Suite GL1

Denver, CO 80206

Website: www.dihfs.org

History of Urban Indian Health Programs¹⁶

Prior to the 1950s, most American Indian/Alaska Natives (AI/AN) resided on reservations, in nearby rural towns, or in tribal jurisdictional areas such as Oklahoma. In the era of the 1950s and 1960s, the federal government passed legislation to terminate its legal obligations to Indian tribes, resulting in policies/programs to assimilate Indian people into the mainstream of American society. This philosophy produced the Bureau of Indian Affairs (B.I.A.) Relocation/Employment Assistance Programs which enticed Indian families living on impoverished Indian Reservations to "relocate" to various cities across the country, i.e., San Francisco, Los Angeles, Chicago, Salt Lake, Phoenix, etc. B.I.A. Relocation offered job training and placement, and was viewed by Indians as a way to escape poverty on the reservation. Health care was usually provided for six months through the private sector, unless the family was relocated to a city near a reservation with an Indian Health Service (I.H.S.) facility service area, such as Rapid City, Phoenix, and Albuquerque. Eligibility for I.H.S. was not forfeited due to Federal Government relocation.

The American Indian and Policy Review Commission found that in the 1950s and 1960s, the B.I.A. relocated over 160,000 AI/ANs to selected urban centers across the country. Today, 62.3% of all AI/ANs identified in the 1990 census reside off-reservation. This percentage represents 1.39 million of the 2.24 million AI/ANs identified in the 1990 census updated by

I.H.S. The updated 1994 census identifies 1.3 million (58%) AI/ANs residing in urban areas. For comparison purposes, the I.H.S. total service population is 1.4 million with active users at 1.2 million. This figure includes 427,100 eligible urban Indian active users who reside in geographic locations with access to an I.H.S. or Tribal facility.

In the late 1960s, urban Indian community leaders began advocating at the local, state and federal levels for culturally appropriate health programs addressing the unique social, cultural and health needs of AI/ANs residing in urban settings. These community-based grassroots efforts resulted in programs targeting health and outreach services to the Indian community. Programs that were developed at that time were in many cases staffed by volunteers, offering outreach and referral-type services, limited primary care and maintaining programs in storefront settings with limited budgets.

In response to the efforts of the urban Indian community leaders in the 1960s, Congress appropriated funds in 1966, through the I.H.S. for a pilot urban Indian clinic in Rapid City. In 1973, Congress appropriated funds to study unmet urban Indian health needs in Minneapolis. The findings of this study documented cultural, economic, and access barriers to health care and led to congressional appropriations under the Snyder Act to support emerging Urban Indian clinics in several B.I.A. relocation cities, i.e., Seattle, San Francisco, Tulsa, and Dallas.

The awareness of poor health status of all Indian people continued to grow, and in 1976, Congress passed the Indian Health Care Improvement Act (IHCIA), PL. 94-437. This law is considered health care reform legislation to improve the health and well being of all AI/ANs. Title V targets specific funding for the development of programs for AI/ANs residing in urban areas. Since passage of this landmark legislation, amendments to Title V have strengthened Urban Indian Health programs to expand to direct medical services, alcohol services, mental health services, HIV services, health promotion, and disease prevention services. (PL 100-713, PL 101-630, PL 102-573)

Additional Resources and Potential Partners¹²

Indian Health Boards: Albuquerque Area Indian Health Board, Inc. 5015 Prospect Avenue N.E., Albuquerque, NM 87110, (505)764-0036, <http://www.aaihb.org/> (serves southern Colorado).

IHS Tribal Epidemiology Centers: Southwest Tribal Epidemiology Center, AAIHB, 5015 Prospect Ave. NE, Albuquerque, NM 87110, (505) 764-0036
Founded in September 2006, AASTEC is based at the Albuquerque Area Indian Health Board (AAIHB). It is the mission of AAIHB to advocate on behalf of American Indians through the delivery of quality health care services, which honor spiritual and cultural values.

Health Priorities of the AASTEC:

- Behavioral Health
- Alcohol
- Cancer
- Social Determinants
- Contract Health Services
- Obesity
- Health Promotion/ Disease Prevention
- Oral Health
- Heart Disease
- Diabetes
- Injury
- Infectious Disease
- Specialty Care

Tribal Colleges:

Not available.

National Center of Urban Health (NCUH): NCUIH is a non-profit, 501(c)(3) organization devoted to support and develop quality accessible healthcare programs for all American Indian and Alaska Natives living in urban communities through advocacy, training, education, and leadership development. www.ncuih.org.

Urban Indian Health Institute (UIHI): The mission of UIHI is to support the health and well being of Urban Indian communities through information, scientific inquiry, and technology. www.uihi.org.

State Health Native American Liaison: Office of Health Disparities, Colorado Department of Public Health and Environment, AFSD-HD-0270, 4300 Cherry Creek Drive South, Denver, CO 80246-1530, (303) 692-2087, www.cdphe.state.co.us/ohd/.

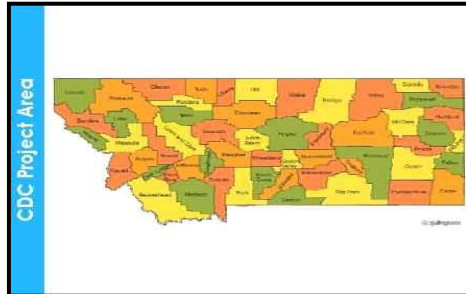
June 2010 IPP Partners' Update: The STI coordinator made a site visit to the Denver Indian Health and Family Services (DIFHS) Clinic in May to establish a collaborative relationship with these staff working with an underserved and underfunded patient population. Denver Indian Health and Family Services serves the health and community needs of an estimated 30,000 American Indian and Alaskan Natives in the greater Denver metro area. Patient services were provided to over 12,000 individuals in 2009. The median age was relatively young at 30.2 years, and nearly three-quarters of DIFHS clients had no health insurance. Currently, only 30 to 40 of 240 women receive chlamydia testing each quarter at their well-woman visit. The chlamydia positivity in females averages 10 percent. STI testing comprises a large portion of the laboratory budget and resources are not available to provide a high level of coverage. Current lab costs are

\$58 per chlamydia test at a private laboratory, compared to \$20 for CT/GC testing at the CDPHE lab. CDPHE IPP staff are exploring ways to increase the level of CT and GC screening at DIFHS.

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- ¹ Centers for Disease Control and Prevention Update. The Role of STD Detection and Treatment in HIV Prevention, July 1998.
- ² Indian Health Service Fact Sheet, March 20, 2004
- ³ <http://www2.census.gov/geo/maps/special/profile2k/>
- ⁴ <http://www.healthypeople.gov/Implementation/Consortium.htm>
- ⁵ <http://hpsafind.hrsa.gov/HPSA>
- ⁶ <http://www.factmonster.com/ce6/us/A0860769.html>
- ⁷ Kaufman C. et al. *Within the Hidden Epidemic: Sexually Transmitted Diseases and HIV/AIDS Among American Indians and Alaska Natives*. *Sexually Transmitted Diseases*, May 2007, Vol. 34, No. 5.
- ⁸ Eng TR, Butler WT. *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*. Washington, DC: National Academy Press; 1997
- ⁹ Cheek JE, Shelby LK, de Ravello L, Blasini-Alcivar L. *Sexually Transmitted Disease 2002 Annual Report*. Indian Health Service and Centers for Disease Control and Prevention; 2003.
- ¹⁰ <http://www.colorado.gov/dpa/doit/archives/arcgov.html>
- ¹¹ <http://www.city-data.com/states/Colorado-Population.html>
- ¹² National Coalition of STD Directors. *STDs in AI/AN: State Fact Sheets*
<http://www.ncsddc.org/AIANstdfactsheets.xml>
- ¹³ <http://www.utemountainute.com/>
- ¹⁴ <http://www.native-languages.org/colorado.htm>
- ¹⁵ <http://www.ihs.gov/FacilitiesServices/areaOffices/albuquerque/>
- ¹⁶ <http://www.ihs.gov/nonmedicalprograms/urban/History.asp>

Montana State Profile for American Indian and Alaska Native Population



Project Area: Montana

Native Americans were the first inhabitants of the area to become known as the state of Montana. Tribes include the Crows in the south central region, the Cheyenne in the southeastern part of the state, the Blackfeet, Assiniboine and Gros Ventres in the central and north-central area and the Kootenai and Salish in the western sector. The Pend d'Oreille were found around Flathead Lake, and the Kalispel occupied the western mountains.¹⁰

Geography and Population

Area: 147046 square miles

Fourth in land mass 145557 square miles

Border States: Idaho, South Dakota, North Dakota and Wyoming

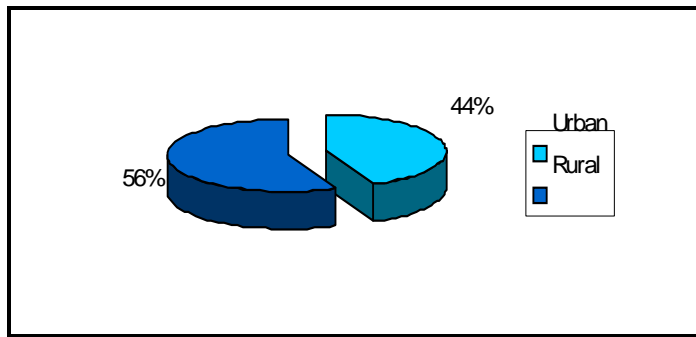
Largest Cities: Billings, Butte, Bozeman, Helena, Missoula, Great Falls, Kalispell, Havre, Anaconda and Miles City¹¹

Overall Population: 902,195 people (44th in the nation)

State Population & American Indians, 2000¹²

Population Group	Males	Females	Total	%
State	449,480	452,715	902,195	100.0
American Indian	33,027	33,293	66,320	7.4

Montana Urban and Rural AI/AN Populations, 2000



*American Indian Tribes in Montana*¹³



Blackfeet Nation

The reservation is home to the Blackfeet tribe. Of the approximately 15,560 enrolled tribal members, there are about 7,000 living on or near the reservation. Nearly 27 percent of enrolled members are of three-fourths or greater Indian blood.

The Blackfeet Indians are commonly thought to have acquired their name because of the characteristic black color of their moccasins, painted or darkened with ashes.

Location

The Blackfeet Reservation is in northwestern Montana along the eastern slopes of the Rocky Mountains. Its one-and-a-half million acres are bordered on the north by Canada and on the west by Glacier National Park.

Economy

A manufacturing plant on the reservation produces pencils, pens and markers. Several other businesses operate under Siyeh Development, Inc. (www.siyehdevelopment.com). Major uses of the land are ranching and farming.



Blackfeet Nation
Browning, MT 59417
www.blackfeetnation.com

Crow Nation

About 75

percent of the Crow tribe's approximately 10,000 or more enrolled members live on or near the reservation. Eighty-five percent speak Crow as their first language.

This tribe was called "Apsaalooke," which means "children of the large-beaked bird." White men later misinterpreted the word as "crow."

Chief Plenty Coups was the last chief to gain that status in the traditional Crow manner. He lived until 1932, leaving his land and home as a park for all people.

Location

Crow Reservation is in south-central Montana, bordered by Wyoming on the south, with its northwestern boundary about 100 miles from Billings.



The

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Economy

many years the vast coal deposits under the eastern portion of the reservation remained untapped. One mine is now in operation and providing royalty income and employment to members. The Crow operate only a small portion of their irrigated or dry farm acreage and about 30 percent of their grazing land. They maintain a buffalo herd of 300 head.

Crow Tribal Council
Crow Agency, MT 59022
www.crownations.net

Confederated Salish and Kootenai Tribes

The Flathead Indian Reservation is home to the Confederated Salish and Kootenai tribes. The tribes are a combination of the Salish, the Pend d'Oreille and the Kootenai. Of the approximately 7,005 enrolled tribal members, about 4,500 live on or near the reservation.

Location

North of Interstate 90 between Missoula and Kalispell, fertile valleys and towering mountain peaks of northwestern Montana surround the Flathead Reservation. The reservation comprises over 1.2 million acres.

Economy

The principle sources of income for the tribes are derived from its timber industry sales and from revenues paid to the tribes through the co-license for the Kerr Dam facility with Northwestern Energy. The tribes are also partners in a full-service resort and casino in Polson and a tribal corporation called S&K Holding.

Confederated Salish & Kootenai Tribes
P.O. Box 278, Pablo, MT 59855
www.cskt.org



Fort Peck Tribes

About 6,800 Assiniboiné and Sioux live on the Fort Peck Reservation, with another approximately 3,900 tribal members living off the reservation.

Location

The Fort Peck Reservation is in northeastern Montana, 40 miles west of the North Dakota border and 50 miles south of the Canadian border, with the Missouri River defining its southern perimeter. It includes more than two million acres of land.

Economy

A prosperous industrial park in Poplar is one of the largest employers in Montana. A variety of enterprises, including metal fabrication and production sewing, are housed here. Other industries, including an electronics manufacturer, flourish on the reservation. Farming, ranching and oil extraction also play a part in the reservation economy.

Fort Peck Tribal Executive Board
P.O. Box 1027, Poplar, MT 59255
www.fortpecktribes.org

Fort Belknap Tribes

The Fort Belknap Reservation is home to two tribes, the Assiniboine, or Nakoda, and the Gros Ventre, who refer to themselves as A'aninin or "People of the White Clay." Combined enrollment is approximately 4,000.

Location

The combined reservation and additional tribal lands encompass 650,000 acres of the plains and grasslands of north central Montana.

Economy

The Bureau of Indian Affairs and the tribe are the major employers. The Little Rockies Meat Packing Company, Inc. is the first tribally owned, USDA-inspected meat packing facility in the U.S. The Reservation is working to develop tourism and marketing Native American artisans. The tribes manage a 300-head buffalo herd. Antelope, bird and gopher hunts are available; licenses and guides are required.

Fort Belknap Indian Community Council
Harlem, MT 59526
www.ftbelknap-nsn.gov



Little Shell Tribe of Chippewa Indians

Headquartered in Great Falls, Montana, this band of the Chippewa Tribe is a state-recognized tribe without a designated reservation in Montana. There are over 4,000 enrolled members within the state, many of which live in the Great Falls and surrounding area. The tribe is currently petitioning for federal recognition.

Little Shell Tribal Council
Great Falls, MT 59403
www.littleshellmt.com

Cheyenne Nation

Approximately 5,000 Northern Cheyenne, along with members of other tribes and with non-Native Americans, live on the reservation. Lame Deer is the tribal and government agency headquarters. There are four other districts that comprise the whole reservation.

Location

The rugged country of the Northern Cheyenne Reservation is in southeastern Montana. It covers 445,000 acres and is bounded on the east by the Tongue River and on the west by the Crow Reservation.

Economy

Major employers include the St. Labre Indian School, the federal government, tribal government, power companies and construction companies. The education system, farming, ranching and small businesses contribute to the economy.

Northern Cheyenne Reservation

Lame Deer, MT 59043

www.cheyennenation.com

Chippewa Cree Tribe

Rocky Boy's provides a home for about 2,500 members of the Chippewa-Cree tribe. The name "Rocky Boy" was derived from the name of a leader of a band of Chippewa Indians. It actually meant "Stone Child," but it was not translated correctly from Chippewa into English, and "Rocky Boy" evolved.



Location

Rocky Boy's Reservation is near the Canadian border, in north central Montana. It is graced by the Bears Paw Mountains, which provide a dramatic contrast to the flat bottomlands of this area.

Economy

Rocky Boy's residents who work on the reservation are employed by the schools, Bureau of Indian Affairs, Indian Health Service and tribal government. There is also some wheat farming and post and pole production. The tribe is actively working toward development of its natural resources to be able to provide more jobs and income for its people.

Chippewa-Cree Tribal Council

Box Elder, MT 59521

<http://www.rockyboy.org>

Select Socio-Economic Demographics¹²

Births

2004	Number of Births	%	% of Births to Mothers < 19	% w/ >9 yrs education	% Unmarried Mothers
AI/AN	1,508	13.1	18.7	n/a	5.9
State	11,514	100.0	12.7	n/a	42.5

Source: Montana Department of Public Health & Human Services, www.wonder.cdc.gov

Economics

2004	Median Household Income (USD)	% Below Poverty Level
AI/AN	23,973	27.3
State	35,239	10.3

Source: U.S. Census Bureau American Community Survey

Education

2004	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	n/a	n/a	n/a
State	n/a	n/a	n/a

Source: Montana School Enrollment by Race and Ethnicity Report, 2005; Montana American Indian Education Data Fact Sheet, 2005-2006

Special Issues Related to Reproductive/Sexual Health Care¹²

- 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.

Sexual and Reproductive Health Data

As reported in the Family Planning Annual Report for 2010 (Source: Tables 2 and 3), there were 591 females and 72 males from the AI/AN population who received reproductive health services in family planning Title X clinics in Montana.

The Montana State Public Health Lab provides the testing for the facilities below and are reported to the IPP prevalence monitoring database. For the portion of tests that are processed at the state lab, the test technology used for CT/GC specimens is the NAAT GenProbe Aptima Combo 2 Assay test.

I/T/U Facilities which reported data into the IPP PM Database, CY 2010

Since 2006 there has been attrition of 5 sites.

Facility ID	Facility Name
137	IHS Pryor Health Clinic, Pryor
138	Chippewa Cree Health Center
139	Lodge Grass Health Clinic, Lodge Grass
142	Blackfeet Community Hospital
143	PHS Indian Hospital, Crow Agency
144	IHS Fort Belknap Hospital
378	Salish Kootenai College

Chlamydia Positivity by Gender and Age Group

As reported into the Region VIII IPP Prevalence Monitoring Database for Montana I/T/U Facilities, CY 2010

Chlamydia Positivity						
Females				Males		
Age	No. Positive	No. Tested	Percent Positive	No. Positive	No. Tested	Percent Positive
10 – 14	2	29	6.9	0	21	0.0
15 – 19	10	50	20.0	0	25	0.0
20 – 24	1	7	14.3	0	1	0.0
25 – 29	0	0	0.0	0	0	0.0
>29	0	0	0.0	0	0	0.0
Total	13	41	31.7	0	47	0.0

Gonorrhea Positivity by Gender and Age Group

As reported into the Region VIII IPP Prevalence Monitoring Database for Montana I/T/U Facilities, CY 2010

Gonorrhea Positivity						
Females				Males		
Age	No. Positive	No. Tested	Percent Positive	No. Positive	No. Tested	Percent Positive
10 – 14	0	29	0.0	0	21	0.0
15 – 19	0	50	0.0	0	25	0.0
20 – 24	0	7	0.0	0	1	0.0
25 – 29	0	0	0.0	0	0	0.0
>29	0	0	0.0	0	0	0.0
Total	0	41	0.0	0	47	0.0

Chlamydia Positivity by Race

As reported into the Region VIII IPP Prevalence Monitoring Database for Montana, CY 2010

State	Chlamydia Positivity		
	Number Positive	Number Tested	Percent Positive
African American	20	187	10.7
Asian	4	82	4.9
American Indian/Alaska Native	277	3226	8.6
Other	0	0	0.0
Caucasian	747	11415	6.5
Pacific Islander/Native Hawaiian	0	0	0.0
Unknown	0	0	0.0
Missing/Blank	236	4369	5.4
Total	1284	19279	6.7

Gonorrhea Positivity by Race

As reported into the Region VIII IPP Prevalence Monitoring Database for Montana, CY 2010

State	Gonorrhea Positivity		
	Number Positive	Number Tested	Percent Positive
African American	1	187	0.5
Asian	0	82	0.0
American Indian/Alaska Native	8	3226	0.2
Other	0	0	0.0
Caucasian	13	11415	0.1
Pacific Islander/Native Hawaiian	0	0	0.0
Unknown	0	0	0.0
Missing/Blank	10	4369	5.4
Total	32	19279	0.2

IHS, Tribal and Urban Health Facilities (I/T/U)

There are 14 IHS or Tribal Health facilities and 5 Urban Indian Health Programs in Montana.

IHS and Tribal Facilities:

Blackfeet Service Unit

Blackfeet Community Hospital

P.O. Box 760

Browning, Montana 59417

Phone: (406) 338-6154

Fax: (406) 338-2959

Heart Butte Health Station

P.O. Box 80

Heart Butte, Montana 59448

Phone: (406) 338-2151

Fax: (406) 338-5613

Blackfeet Tribal Health Department

P.O. Box 866

Browning, Montana 59417

Telephone: 406- 338-6317

Fax: 406- 338-6311

Crow Service Unit

Crow/Northern Cheyenne Hospital

P.O. Box 9

Crow Agency, Montana 59022

Phone: (406) 638-2626

Fax: (406) 638-3569

Pryor Health Station

P.O. Box 9

Pryor, Montana 59066

Phone: (406) 259-8238

Fax: (406) 259-8290

Lodge Grass Health Clinic

P.O. Box AD

Lodge Grass, Montana 59050

Phone: (406) 639-2317

Fax: (406) 639-2976

Crow Tribal Health Department

Seven Hills Healing Program

P.O. Box 159

Crow Agency, MT 59022

Telephone: 406-638-3966

Fax: 406-638-3959

Fort Belknap Service Unit

Fort Belknap Hospital

Rural Route #1, Box 67
Harlem, Montana 59526
Phone: (406) 353-3100
Fax: (406) 353-3227

Eagle Child Health Station

P.O. Box 620
Hays, Montana 59527
Phone: (406) 673-3777
Fax: (406) 673-3835

Fort Belknap Tribal Health Department

RR #1, Box 66
Harlem, MT 59526
Telephone: 406-353-8486
Fax: 406-353-2884

Fort Peck Service Unit

Verne E. Gibbs Health Center

P.O. Box 67
Poplar, Montana 59255
Phone: (406) 768-3491
Fax: (406) 768-3603

Chief Redstone Health Clinic

P.O. Box 729
Wolf Point, Montana 59201
Phone: (406) 653-1641
Fax: (406) 653-3728

Fort Peck Tribal Health Project

P.O. Box 1027
Poplar, MT 59255
Telephone: 406-768-5301/7611
Fax: 406-768-5780

**Northern Cheyenne Service Unit
Lame Deer Health Center**

P.O. Box 70
Lame Deer, Montana 59043
Phone: (406) 477-4400
Fax: (406) 477-4427

**Northern Cheyenne Tribal Health
Dept.**

P.O. Box 128
Lame Deer, MT 59043
Telephone: 406-477-6722
Fax: 406-477-6829

Flathead Tribal Health
(Tribally Operated Facility)
P.O. Box 880
St. Ignatius, Montana 59865
Phone: (406) 745-3525

Rocky Boy/Chippewa Cree Tribal Health
(Tribally Operated Facility)
P.O. Box 664
Box Elder, Montana 59521
Phone: (406) 395-4486

Confederated Salish and Kootenai Tribal Health & Human Services
P.O. Box 880, 308 Mission Drive
St. Ignatius, MT 59864
Telephone: 406-745-3525
Fax: 406-745-4095

Little Shell Tribe of Chippewa Indians of MT
P.O. Box 1384,
1807 3rd St. NW #35A
Great Falls, MT 59403
Telephone: 406-452-2892
Fax: 406-452-2982

Urban Indian Health Programs

INDIAN HEALTH BOARD of BILLINGS

Marjorie Bear Don't Walk, Executive Director

Phone: (406) 245-7372

1127 Alderson Ave.

Billings, MT 59102

NORTH AMERICAN INDIAN ALLIANCE

Moke Eaglefeathers, Executive Director

Phone: (406) 782-0461

55 East Galena

Butte, MT 59701

Website: www.naia-butte.org

HELENA INDIAN ALLIANCE

Nicholas Vrooman, Executive Director (Acting)

Phone: (406) 442-9244

436 N. Jackson Street

Helena, MT 59601

Website: www.helenaindianalliance.com

INDIAN FAMILY HEALTH CLINIC

Francis Belgarde, Executive Director (Acting)

Phone: (406) 268-1587

1220 Central Avenue, Suite 2B

Great Falls, Montana 59401

Website: www.indianfamilyhealth.org

MISSOULA INDIAN CENTER

Peggy Cochran Seelye, Executive Director

Phone: (406) 829-9515

P.O. Box 16927

Fort Missoula Road, Building 33

Missoula, Montana 59808

Website: www.missoulaindiancenter.org

Additional Resources and Potential Partners¹²

Inter-Tribal Health Programs: Helena Indian Alliance, 436 N. Jackson St., Helena, MT 59601, (406) 442-9244, <http://www.helenaindianalliance.com>; Indian Family Health Clinic, 1220 Central Avenue, Suite 1B, Great Falls, MT 59401, (406) 268-1510,

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www.indianfamilyhealth.org; Montana-Wyoming Area Indian Health Board, 207 North Broadway, Suite BR-2, Billings, MT 59102, (406) 252-2550; North American Indian Alliance, 55 East Galena, Butte, MT, (406) 782-0461; Missoula Indian Center, PO Box 16927, Fort Missoula Rd., Bldg. 33, Missoula, MT 59808.

Indian Health Boards: Montana-Wyoming Area Indian Health Board, 207 North Broadway, Suite BR-2, Billings, MT 59102, (406) 252-2550; Indian Health Board of Billings, Inc., 1127 Alderson Ave, Billings, MT 59102, (406) 245-7318, stopcocaineaddiction.com.

IHS Tribal Epidemiology Centers: Rocky Mountain Tribal Epidemiology Center, 222 32nd St. N., Suite 401, Billings, MT 59101, (406)-252-2550, <http://www.mtwytlc.com/rockymountaineypi.htm>.

Tribal Colleges: Blackfeet Community College, PO Box 819, Browning, MT 59417, (406) 338-7755, www.bfcc.org/; Chief Dull Knife College, PO Box 98, Lame Deer, MT 59043, (406) 477-6215, www.cdkc.edu/; Fort Belknap College, PO Box 159, Harlem, MT 59526, (406) 353-2607, www.fbcc.edu/; Fort Peck Community College, PO Box 398, Poplar, MT 59255, (406) 768-6300, www.wolfpoint.com/college.htm; Little Big Horn College, PO Box 370, Crow Agency, MT 59022, (406) 638-3100, www.lbhc.cc.mt.us; Salish Kootenai College, PO Box 117, Pablo, MT 59855, (406) 275-4800, www.skc.edu; Stone Child College, RR1, Box 1082, Box Elder, MT 59521, (406) 395-4875, www.montana.edu/wwwscc/.

State Health Native American Liaison: Montana Department of Health and Human Services, Office of Planning, Coordination, and Analysis, 111 North Sanders St. (SRS Building, Helena, MT 59601, Tribal Coordinator: Janet Kracher, (406) 444-3709.

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- ⁴ <http://www.healthypeople.gov/Implementation/Consortium.htm>
- ⁵ <http://hpsafind.hrsa.gov/HPSA>
- ⁶ <http://www.factmonster.com/ce6/us/A0860769.html>
- ⁷ Kaufman C. et al. *Within the Hidden Epidemic: Sexually Transmitted Diseases and HIV/AIDS Among American Indians and Alaska Natives*. Sexually Transmitted Diseases, May 2007, Vol. 34, No. 5.
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- ¹¹ <http://www.montana-facts.com/>
- ¹² National Coalition of STD Directors. STDs in AI/AN: State Fact Sheets
<http://www.ncsddc.org/AIANstdfactsheets.xml>
- ¹³ <http://indiannations.visitmt.com/>

North Dakota State Profile for American Indian and Alaska Native Population



Project Area: North Dakota

The region remained largely unsettled until the construction of the railroad in the 1870s and 1880s. North Dakota is the most rural of all the states, with farms covering more than 90% of the land.

Dakota was named for the Dakota, Sioux tribe which lived in the region. Dakota is the Sioux word for "friends" or "allies."¹⁰

Geography and Population¹⁰

Area: 68,976 square miles

Seventeenth in land mass

Border States: Minnesota, Montana, South Dakota and Canada

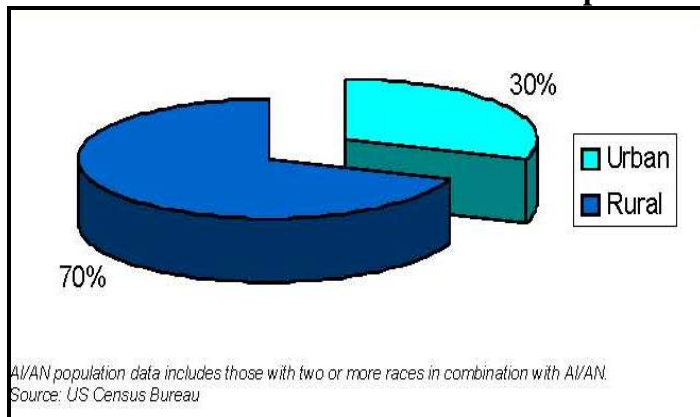
Largest Cities: Fargo, Bismarck, Grand Fork, Minot, Mandan, Dickinson, and Williston

Overall Population: 636,677 (47th in the nation)

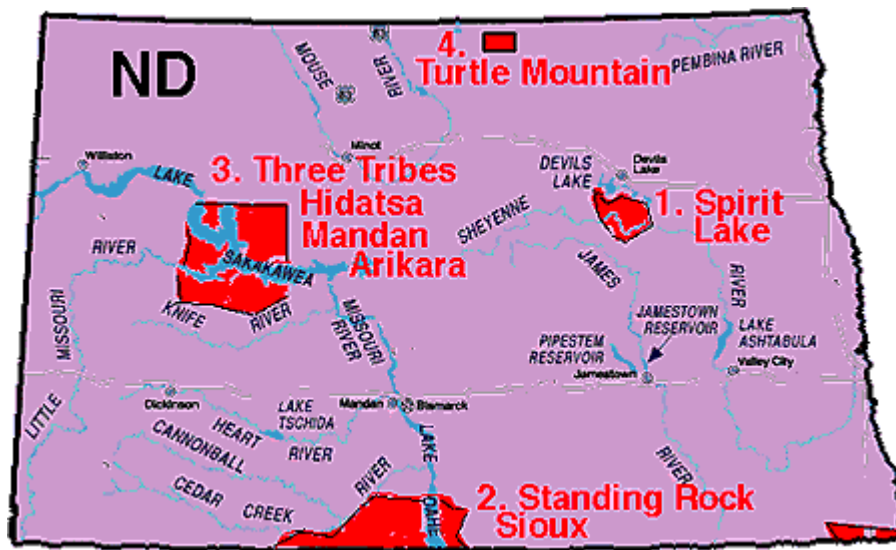
State Population & American Indians, 2000¹¹

Population Group	Males	Females	Total	%
State	320,524	321,676	642,200	100.0
American Indian	17,579	17,649	35,228	5.5

North Dakota Urban and Rural AI/AN Populations, 2000



American Indian Tribes in North Dakota



There are four federally recognized tribes in North Dakota. Below is a list of the tribes found in North Dakota:

- Spirit Lake Tribe
- Standing Rock Sioux Tribe (North Dakota and South Dakota)
- Three Affiliated Tribes of the Fort Berthold Reservation
- Turtle Mountain Band of Chippewa Indians of North Dakota

*Spirit Lake Tribe*¹²

The Spirit Lake Tribe reservation was established by Treaty between the United States Government and the Sisseton Wahpeton Sioux Bands in 1867. The Reservation is located in East Central North Dakota. According to BIA Labor Force report as of 2005 there were 5,927 enrolled members of the Spirit Lake Tribe. Total population within the Spirit Lake Tribe boundaries is 6223.

The topography of the Reservation is generally consistent with the Northern Plains region, with both flat terrain and rolling hills, and some wooded areas. The major surface water feature of the Reservation is Devils Lake, which comprises over 165,000 acres of area stretched over 200 miles.

Spirit Lake Sioux Tribe:
P.O. Box 359
Fort Totten, ND 58335

<http://www.spiritlakenation.com>

Standing Rock Sioux Tribe¹⁴

The Standing Rock Sioux Reservation is situated in North and South Dakota. The Hunkpapa and Sihasapa ranged in the area between the Cheyenne and Heart Rivers to the south and north and between the Missouri River on the east and Tongue to the west. Today the Lakota at Standing Rock live predominantly in communities located on the South Dakota portion of the reservation.

Standing Rock Sioux Nation straddles the North Dakota/South Dakota boarder on the western portion of both states. Currently the reservation is about 1,000,000 total acres.

The Standing Rock Sioux Tribe has two casinos- located near Cannon Ball, North Dakota, and the Grand River Casino near Wakpala, South Dakota. The Standing Rock has a beautiful land base which includes Missouri River, Cannon Ball River, Grand River, and many creeks.

Standing Rock Sioux Tribe
Fort Yates, ND 58538
(701)854-8500

<http://www.standingrock.org/>

Three Affiliated Tribes of the Fort Berthold Reservation¹⁵

The Mandan, Hidatsa, and Sahnish live in the Missouri River area. Historians document the first tribe, to occupy this area was the Mandan with the Hidatsa, and the Sahnish moving up the river later.

Indian nations were divided into several linguistic groups. The Mandan and Hidatsa tribes belong to the Siouan linguistic group, along with the Crow, Dakota, Lakota, Yanktonai, Assiniboine, Iowa-Oto- Missouri, Quapaw, Omaha-Ponca-Osage-Kansa. The Sahnish belong to the Caddoan linguistic group, along with the Pawnee, Caddo, Wichita, Anadarko, Skidi, Tawakoni and Waco. This guide links the oral and written histories of the Mandan, Hidatsa and Sahnish to provide a

more accurate viewpoint. The oral tradition preserved the history and ceremonies of the Tribes through a strict and sacred process, thereby adding to the validity of oral tradition.

Three Affiliated Tribes:

HC3 Box 2

New Town, ND 58763

<http://www.mhanation.com/>

Turtle Mountain Band of Chippewa Indians of North Dakota¹⁶

The history of the Turtle Mountain Band as a contemporary band began on December 21, 1882, when Turtle Mountain Reservation was established under the Presidential Executive Order. Before this time, the Turtle Mountain Band was part of the Pembina Band of Chippewa Indians.

North Dakota's first community was built and developed by the Chippewa and Metis people. The Red River Valley and North Dakota were prime hunting territory of the Chippewa. The "Red River Cart" trail which is so greatly talked about in history was used in trading between the Chippewas and the Red River Valley communities.

Turtle Mountain Band of Chippewa:

P.O. Box 900

Belcourt, ND 58316

<http://www.tmbci.net/AboutUs.html>

Select Socio-Economic Demographics¹¹

Births

2005	Number of Births	%	% of Births to Mothers <20	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	1,082	12.9	19.7	64.3	75.9
State	8,379	100.0	7.9	35.6	32.2

Source: North Dakota Department of Health

Economics

2004	Median Household Income (USD)	% Below Poverty Level
AI/AN	27,347	19.8
State	41,030	8.6

Source: US Census Bureau

Education

2004	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	8.3	8,303	10.0
State	100.0	100,513	2.2

Source: National Center for Education

Special Issues Related to Reproductive/Sexual Health Care¹¹

- 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.
- The North Dakota Family Planning Program has an established clinic located on the Spirit Lake Indian Reservation in Ft. Totten. This clinic has a shown to be consistent in the number of clients seen on an annual basis.
- The North Dakota Family Planning Program has also established a satellite clinic on the Standing Rock Indian Reservation in Fort Yates. This clinic began operation in December 2008 and has seen a steady rise in the number of clients.

Sexual and Reproductive Health Data

As reported in the Family Planning Annual Report for 2010 (Source: Tables 2 and 3), there were 508 females and 39 males from the AI/AN population who received reproductive health services in family planning Title X clinics in North Dakota.

The North Dakota State Public Health Lab provides the testing for the facilities below and is reported to the IPP prevalence monitoring database. For the portion of tests that are processed at the State Lab, the test technology used for CT/GC specimens is the NAAT GenProbe Aptima Combo 2 Assay test.

I/T/U Facilities which reported data into the IPP PM Database, CY 2010

Facility ID	Facility Name
PHB	PHS QNTN BURDICK
PHF	PHS STNDNG ROCK
PHM	PHS MCLAUGHLIN,S
PHN	PHS MINNI-TOHE-N
PHT	PHS SPIRIT LAKE
TRC	TRENTON COMM CL

Chlamydia Positivity by Gender and Age Group

As reported into the Region VIII IPP Prevalence Monitoring Database for North Dakota Tribal and IHS Facilities, CY 2010

Chlamydia Positivity						
Females				Males		
Age	No. Positive	No. Tested	Percent Positive	No. Positive	No. Tested	Percent Positive
10 – 14	1	33	3.0	0	3	0.0
15 – 19	132	541	24.4	23	80	28.7
20 – 24	35	367	9.5	16	51	31.4
25 – 29	18	221	8.1	5	36	13.9
>29	8	320	2.5	8	63	12.7
Total	194	1482	13.1	52	233	22.3

Gonorrhea Positivity by Gender and Age Group

As reported into the Region VIII IPP Prevalence Monitoring Database for North Dakota Tribal and IHS Facilities, CY 2010

Gonorrhea Positivity						
Females				Males		
Age	No. Positive	No. Tested	Percent Positive	No. Positive	No. Tested	Percent Positive
10 – 14	0	33	0.0	0	3	0.0
15 – 19	10	541	3.1	7	80	8.8
20 – 24	8	367	2.2	6	51	11.8
25 – 29	3	221	1.4	0	36	0.0
>29	2	320	0.6	0	63	0.0
Total	23	1482	1.6	13	233	5.6

Chlamydia Positivity by Race

As reported into the Region VIII IPP Prevalence Monitoring Database for North Dakota,
CY 2010

State	Chlamydia Positivity		
	Number Positive	Number Tested	Percent Positive
African American	86	406	21.2
Asian	5	85	5.9
American Indian/Alaska Native	257	2382	10.8
Other	12	95	12.6
Caucasian	777	9953	7.8
Pacific Islander/Native Hawaiian	0	5	0.0
Unknown	0	0	0.0
Missing/Blank	179	2310	7.7
Total	1316	15231	8.6

Gonorrhea Positivity by Race

As reported into the Region VIII IPP Prevalence Monitoring Database for North Dakota,
CY 2010

State	Chlamydia Positivity		
	Number Positive	Number Tested	Percent Positive
African American	9	406	2.2
Asian	1	85	1.2
American Indian/Alaska Native	35	2382	1.5
Other	1	95	1.1
Caucasian	33	9953	0.3
Pacific Islander/Native Hawaiian	0	5	0.0
Unknown	0	0	0.0
Missing/Blank	58	2310	2.5
Total	104	15231	0.7

IHS, Tribal and Urban Health Facilities (I/T/U)

There are 5 IHS or Tribal Health facilities across North Dakota.

IHS and Tribal Facilities:

Tribal Health Programs: Trenton-Williston Community Clinic, Main Street, HWY 1804, Trenton, ND 58853, (701) 774-0461.

IHS Health Programs: Spirit Lake Health Center, Indian Hwy, Suite 7, Blue Bldg., Fort Totten, ND 58335, (701) 766-1600;

Fort Yates Hospital, 00N10 N. River Rd., Fort Yates, ND 58538, (701) 854-3831;

Minnie-Tohe Health Center, PO Box 400, New Town, ND 58763, (701) 627-4701;

Quentin N. Burdick Memorial Health Facility, 2 Blocks North of HWY 5, Belcourt, ND 58316, (701) 477-8429.

Urban Indian Health Programs

None available.

Additional Resources and Potential Partners¹¹

Indian Health Boards: Aberdeen Area Tribal Chairmen's Health Board, 1770 Rand Road, Rapid City, SD 57702, (605) 721- 1922.

IHS Tribal Epidemiology Centers: Northern Plains Tribal Epidemiology Center, 1770 Rand Road, Rapid City, SD 57702, (605) 721-1922 or (800) 745-3466.

Tribal Colleges: Cankdeska Cikana Community College, PO Box 269, Fort Totten, ND 58335, (701) 766-4415, www.littlehoop.edu;

Fort Berthold Community College, 220 Eighth Avenue North, PO Box 490 New Town, ND 58763, (701) 627- 4738, www.fbcc.bia.edu;

Sitting Bull College 1341 92nd St., Fort Yates, ND 58538, (701) 854-3861, www.sittingbull.edu;

Turtle Mountain Community College, PO Box 340, Belcourt, ND 58316, (701) 477-7862, www.turtle-mountain.cc.nd.us;

United Tribes Technical College, 3315 University Dr., Bismarck, ND 58504, (701) 530-0605, www.uttcc.edu.

State Health Native American Liaison: Kelly Nagel, Public Health Liaison, 310 10th ST
SE PO Box 880 Jamestown, ND 58402, (701) 252-8130, kjnagel@nd.gov.

References

- ¹ Centers for Disease Control and Prevention Update. The Role of STD Detection and Treatment in HIV Prevention, July 1998.
- ² Indian Health Service Fact Sheet, March 20, 2004
- ³ <http://www2.census.gov/geo/maps/special/profile2k/>
- ⁴ <http://www.healthypeople.gov/Implementation/Consortium.htm>
- ⁵ <http://hpsafind.hrsa.gov/HPSA>
- ⁶ <http://www.factmonster.com/ce6/us/A0860769.html>
- ⁷ Kaufman C. et al. *Within the Hidden Epidemic: Sexually Transmitted Diseases and HIV/AIDS Among American Indians and Alaska Natives*. Sexually Transmitted Diseases, May 2007, Vol. 34, No. 5.
- ⁸ Eng TR, Butler WT. The Hidden Epidemic: Confronting Sexually Transmitted Diseases. Washington, DC: National Academy Press; 1997
- ⁹ Cheek JE, Shelby LK, de Ravello L, Blasini-Alcivar L. Sexually Transmitted Disease 2002 Annual Report. Indian Health Service and Centers for Disease Control and Prevention; 2003.
- ¹⁰ <http://www.infoplease.com/ipa/A0108256.html>
- ¹¹ National Coalition of STD Directors. STDs in AI/AN: State Fact Sheets
<http://www.ncsddc.org/AIANstdfactsheets.xml>
- ¹² <http://www.spiritlakenation.com/>
- ¹³ <http://www.standingrock.org/>
- ¹⁴ http://www.mhanation.com/main/history/history_overview.html
- ¹⁵ <http://www.tmbci.net/AboutUs.html>

South Dakota State Profile for American Indian and Alaska Native Population



Project Area: South Dakota

Dakota was named for the Dakota, Sioux tribe which lived in the region. Dakota is the Sioux word for "friends" or "allies."¹⁰

Geography and Population

Area: 77,121 square miles

Seventeenth in land mass

Border States: Montana, North Dakota, Wyoming, Nebraska, Minnesota, and Iowa

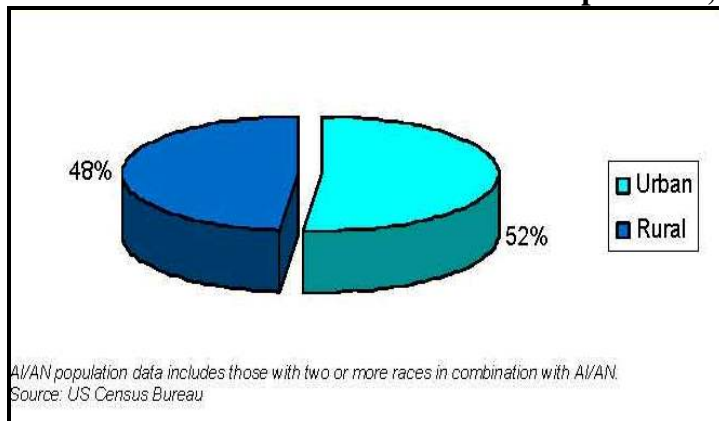
Largest Cities: Sioux Falls, Rapid City, Aberdeen, Watertown, Brookings, Mitchell, Pierre, Yankton, Huron, Vermillion¹¹

Overall Population: 754,844 (46th in the nation)

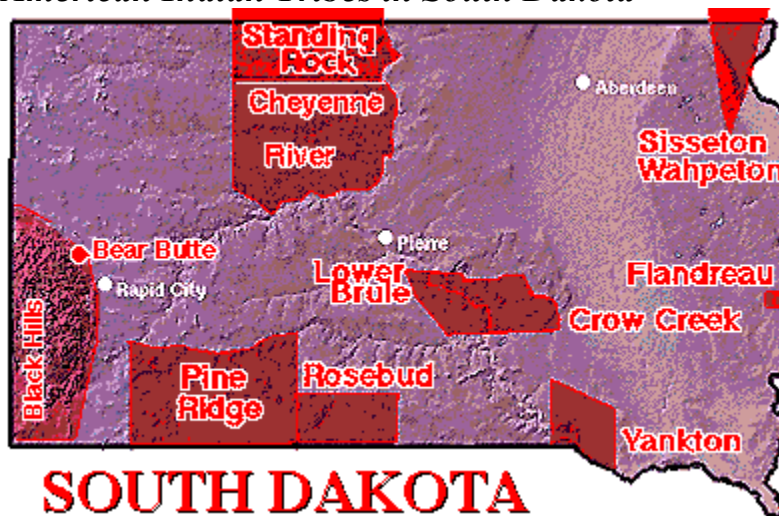
State Population & American Indians, 2000¹²

Population Group	Males	Females	Total	%
State	374,867	380,286	754,844	100.0
American Indian	33,867	28,416	62,283	8.2

South Dakota Urban and Rural AI/AN Populations, 2000



American Indian Tribes in South Dakota¹³



There are nine federally recognized tribes in South Dakota. Below is a list of the tribes found in South Dakota:

- Cheyenne River Sioux Tribe of the Cheyenne River Reservation
- Crow Creek Sioux Tribe of the Crow Creek Reservation
- Flandreau Santee Sioux Tribe of South Dakota
- Lower Brule Sioux Tribe of the Lower Brule Reservation
- Oglala Sioux Tribe of the Pine Ridge Reservation
- Rosebud Sioux Tribe of the Rosebud Indian Reservation
- Sisseton-Wahpeton Oyate of the Lake Traverse Reservation
- Standing Rock Sioux Tribe (North Dakota and South Dakota)
- Yankton Sioux Tribe of South Dakota

Cheyenne River Sioux Tribe

The Lakota Nation is comprised of over three million acres of beautiful nature with three major waterways including the Missouri River, The Cheyenne River and The Moreau River located in central South Dakota.

The Cheyenne River Reservation is home to the four bands (Tiospaye) of the “Titunwan” People of the Plains: The “Mnikoju” Planters By The Water, “Owohe Nupa” Two Kettle, “Itazipa Cola” Without Bows, and “Siha Sapa” Black Foot Blackfeet Nation

Cheyenne River Sioux Tribal Council:

Eagle Butte, SD 57625

http://www.siox.org/land_flash.php

Crow Creek Sioux Tribe

The Crow Creek Sioux Reservation is located in the central portion of South Dakota, 26 miles northwest of Chamberlain, South Dakota, which is on Interstate 90. The reservation boundaries on the west and south include Lakes Sharpe and Francis Case - the large reservoirs formed by mainstream dams, Fort Randall and Big Bend dams, on the Missouri River.

Today, the Crow Creek Sioux Tribe’s major economic occupation is cattle ranching and farming for 20 tribal operators. The Tribe operates a large irrigated farm under the Big Bend Farm Corporation, guided hunting for small & big game and a goose camp operation.

Crow Creek Sioux Tribe

Fort Thompson, SD 57339-0050

<http://www.aktalakota.org>

Flandreau Santee Sioux Tribe

The [Flandreau Santee Sioux Reservation](#) is located in the southeastern region of the state and borders the State of Minnesota on the east. The Isanti Dakota are members of the Great Dakota (Sioux) Nation and refer to themselves as Dakota which means friend or ally. The Isanti is comprised of four bands that lived on the eastern side of the Great Sioux Nation:

- **Mdewakanton**
- **Wahpetowan**
- **Wahpekute**
- **Sissetowan**

Flandreau Santee Sioux Tribe:

Flandreau, SD 57028

<http://www.aktalakota.org/>

Lower Brule Sioux Tribe

The Lower Brule Sioux Reservation is located in the central portion of South Dakota.

The Lower Brule Sioux Tribe has always been known among the Lakota Nation as the *Kul Wicasa Oyate* and with the Rosebud Sioux Tribe, or Upper Brules composed the Sicangu Oyate, the Burned Thighs. The Lakota Nation or Great Sioux Nation includes the Oglala, Brule, Minnecoujou, Hunkpapa, Blackfeet, Without Bows and Two Kettle. They were expert horsemen and buffalo hunters on the plains.

Today, the Lower Brule Sioux Tribe's major economic occupation is cattle ranching and farming for 26 tribal operators

Lower Brule Sioux Tribe:
Lower Brule, SD 57548

<http://www.aktalakota.org/>

Oglala Sioux Tribe

The land that makes up Pine Ridge Reservation is an integral part of the Lakota culture and the economic base of the reservation. The reservation is situated in southwestern South Dakota on the Nebraska state line, about 50 miles east of the Wyoming border. The Oglala Sioux Tribe is part of the Great Sioux Nation of the Titowan Division.

Today, the Oglala Sioux Tribal government maintains jurisdiction within the boundaries of the reservation. The Tribe is governed by an elected body consisting of a 5 member Executive Committee and a 16 member Tribal Council, all of whom serve a four year term.

The Oglala Sioux Tribe's major economic occupation is cattle ranching and farming for tribal operators.

Oglala Sioux Tribe:
Pine Ridge, SD 57770

<http://www.aktalakota.org/>

Rosebud Sioux Tribe

The Rosebud Sioux Reservation is located in south central South Dakota and borders the Pine Ridge Reservation on its northwest corner and the State of Nebraska border to the south. There are 20 communities within the reservation.

Rosebud Reservation is home to *Sicangu Sioux*, one of the seven tribes of the Lakota nation. The Lakota were traditionally the ultimate representative of the Plains Indian culture, with organized bands, dependence on the buffalo for food, clothing, etc. and emphasis on warring and raiding.

Today, the major economic occupation on the Rosebud Reservation is cattle ranching and farming for a number of Tribal operators.

Rosebud Sioux Tribe:
Rosebud, SD 57570
<http://tradecorridor.com/rosebud/welcome.htm>



The Sicangu Sioux, a Lakota tribe, depended on the buffalo for food, clothing and shelter.

Sisseton-Wahpeton Oyate of the Lake Traverse Reservation

The [Sisseton-Wahpeton Sioux](#) Tribe is located in the northeastern corner of South Dakota and in the southeastern corner of North Dakota. Reservation boundaries extend across three counties, each in North and South Dakota

The Sisseton-Wahpeton Dakota are members of the Great Sioux Nation. The Sisseton-Wahpeton Sioux Tribe is composed of descendants of the *Isanti* people. The Isanti is comprised of four bands that lived on the eastern side of the Great Sioux Nation. The *Isanti* speak the 'D' dialect (Dakota) of Siouan language.



The major economic occupation on the Sisseton-Wahpeton reservation is cattle ranching and farming for a number of Tribal operators.

Sisseton-Wahpeton Sioux Tribe:

Agency Village, SD 57262

<http://www.aktalakota.org/>

Dancers in colorful regalia take part in the Sisseton Wahpeton Dakota Nation's Annual Wacipi or Pow-Wow. Established in 1867, it is the oldest continual event in South Dakota.

Standing Rock Sioux Tribe

The Standing Rock Sioux Reservation is situated in North and South Dakota. The Hunkpapa and Sihasapa ranged in the area between the Cheyenne and Heart Rivers to the south and north and between the Missouri River on the east and Tongue to the west. Today the Lakota at Standing Rock live predominantly in communities located on the South Dakota portion of the reservation.

Standing Rock Sioux Nation straddles the North Dakota/South Dakota boarder on the western portion of both states. Currently the reservation is about 1,000,000 total acres.

The Standing Rock Sioux Tribe has two casinos- located near Cannon Ball, North Dakota, and the Grand River Casino near Wakpala, South Dakota. The Standing Rock has a beautiful land base which includes Missouri River, Cannon Ball River, Grand River, and many creeks. Which offers boating, swimming, camping and hiking along our borders.

Standing Rock Sioux Tribe

Fort Yates, ND 58538

(701)854-8500

<http://www.standingrock.org/>

Yankton Sioux Tribe

The Yankton Sioux Reservation is located in the south central part of South Dakota, occupying the eastern half of Charles Mix County. The Yankton Service Unit is comprised of six counties; Bon Homme, Charles Mix, Douglas, and Hutchinson, South Dakota and Boyd and Knox, Nebraska.

The Yanktons are known as the "*Ihanktonwan Dakota Oyate*" or "People of the End Village". Although many of the Yankton refer to themselves as Dakota, they are actually a group of the Middle Sioux division also known as Nakota. There are also members of the Northern Ponca and Santee Sioux Tribes, both from Nebraska, residing in the Yankton Sioux area.

Today, the major employers of the Yankton Sioux Tribe are the Fort Randall Casino, Marty Indian School, Yankton Sioux Housing Authority, Yankton Sioux Substance Abuse Program facilities and Indian Health Services. The governing body of the Yankton Sioux Tribe is the Tribal Business and Claims Committee. The committee is comprised of nine elected members.

Yankton Sioux:
Marty, SD 57361

<http://www.aktalakota.org/>

Select Socio-Economic Demographics¹²

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	1,873	16.5	14.3	41.1	80.0
State	11,338	100.0	5.6	16.0	35.0

Source: CDC National Vital Statistics System

Economics

2004	Median Household Income (USD)	% Below Poverty Level
AI/AN	22,891	25.5
State	38,472	7.6

Source: US Census Bureau

Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	10.9	13,343	20.6
State	100.0	122,798	3.9

Source: South Dakota Department of Education

Special Issues Related to Reproductive/Sexual Health Care¹²

- 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.

Sexual and Reproductive Health Data

As reported in the Family Planning Annual Report for 2010 (Source: Tables 2 and 3), there were 397 females and 27 males from the AI/AN population who received reproductive health services in family planning Title X clinics in South Dakota.

The South Dakota State Public Health Lab provides the testing for the facilities below and is reported to the IPP prevalence monitoring database. For the portion of tests that are processed at the State Lab, the test technology used for CT/GC specimens is the NAAT GenProbe Aptima Combo 2 Assay test.

I/T/U Facilities which reported data into the IPP PM Database, CY 2010

Facility ID	Facility Name
123	FSST Tribal Clinic
209	PHS Sisseton
236	PHS Ft. Thompson
286	PHS Wagner
517	PHS Rosebud
535	PHS Eagle Butte
717	PHS Lower Brule/Laboratory

Chlamydia Positivity by Gender and Age Group

As reported into the Region VIII IPP Prevalence Monitoring Database for South Dakota I/T/U Facilities, CY 2010

Chlamydia Positivity						
Females				Males		
Age	No. Positive	No. Tested	Percent Positive	No. Positive	No. Tested	Percent Positive
10 – 14	1	15	6.7	0	3	0.0
15 – 19	86	539	15.9	20	85	23.5
20 – 24	20	101	19.8	10	24	41.7
25 – 29	0	0	0.0	0	0	0.0
>29	0	0	0.0	0	0	0.0
Total	107	655	16.3	30	112	26.8

Gonorrhea Positivity by Gender and Age Group

As reported into the Region VIII IPP Prevalence Monitoring Database for South Dakota I/T/U Facilities, CY 2010

Gonorrhea Positivity						
Females				Males		
Age	No. Positive	No. Tested	Percent Positive	No. Positive	No. Tested	Percent Positive
10 – 14	0	15	0.0	0	3	0.0
15 – 19	0	539	0.0	0	85	0.0
20 – 24	0	101	0.0	0	24	0.0
25 – 29	0	0	0.0	0	0	0.0
>29	0	0	0.0	0	0	0.0
Total	0	655	0.0	0	112	0.0

Chlamydia Positivity by Race

As reported into the Region VIII IPP Prevalence Monitoring Database for South Dakota, CY 2010

State	Chlamydia Positivity		
	Number Positive	Number Tested	Percent Positive
African American	63	321	19.6
Asian	8	66	12.1
American Indian/Alaska Native	227	2464	9.2
Other	0	4	0.0
Caucasian	494	5530	8.9
Pacific Islander/Native Hawaiian	5	36	13.9
Unknown	233	2065	11.3
Missing/Blank	0	0	0.0
Total	1030	10486	9.8

Gonorrhea Positivity by Race

As reported into the Region VIII IPP Prevalence Monitoring Database for South Dakota, CY 2010

State	Gonorrhea Positivity		
	Number Positive	Number Tested	Percent Positive
African American	16	321	5.0
Asian	1	66	1.5
American Indian/Alaska Native	13	2464	0.5
Other	0	4	0.0
Caucasian	32	5530	0.6
Pacific Islander/Native Hawaiian	2	36	5.6
Unknown	0	2065	0.0
Missing/Blank	0	0	0.0
Total	64	10486	0.6

IHS, Tribal and Urban Health Facilities (I/T/U)

There are 8 IHS facilities and 1 Urban Indian Health Programs (3 sites) across South Dakota. Tribal involvement is a major objective of the program, and several tribes have assumed management for their own health care programs through contractual arrangements with the Indian Health Service.¹⁴

IHS and Tribal Facilities:¹⁴

Cheyenne River Reservation

The IHS Hospital in Eagle Butte is a modern, newly renovated facility with 27 beds and an active outpatient clinic. Staffed by five physicians, it is the only inpatient facility on the Reservation. The Cheyenne River Service Unit has four satellite clinics which offer ambulatory services and are operated by the Cheyenne River Sioux Tribe with tribal support staff.

Pine Ridge Reservation

In addition to the new 46-bed Pine Ridge facility, a nearby Health Center in Wamblee is staffed by a pharmacist, dentist, clinic nurse, a physician's assistant, and physician consultants. Also located on the Pine Ridge Reservation is the new health center in Kyle, and a health center is currently being planned for Manderson.

Rosebud Reservation

IHS is the primary source of health care for the Rosebud Sioux people. They are spread among 20 reservation communities, some of which lie outside the boundaries of the Reservation. A new 35-bed comprehensive medical/surgical hospital with active obstetric and pediatric services and several field clinics are staffed by 11 physicians, nurse/midwives, and physician assistants.

Lake Traverse Reservation

The Sisseton Service Unit operates a five-physician, 18-bed hospital with outpatient and dental clinics in Sisseton, SD. The hospital also boasts a well-developed referral system. The programs administered by the Sisseton-Wahpeton Tribe include an alcohol treatment program, community health, family planning, maternal and child health services.

Crow Creek/Lower Brule Reservation

Each reservation has its own outpatient health center and dental clinic. The new Health Center at Fort Thompson is staffed by two physicians. The Health Center at Lower Brule is staffed by two physicians and a physician's assistant. Emergency patients are seen after hours and on weekends at Mid-Dakota Hospital in Chamberlain, SD. Inpatient care is contracted to area hospitals, the closest being Mid-Dakota.

Yankton Reservation

The Wagner Health Center is an ambulatory care unit with 24-hour emergency room service. The ambulatory unit contains nine exam rooms, lab, X-ray, ENT, pharmacy, dental unit, public health nursing, mental health services, and optometry services. Obstetric care is provided by contract with the Sacred Heart Hospital in Yankton. The outpatient department serves both the Yankton and the Santee Sioux tribes and contract specialists hold clinics at the facility. There is also a small outpatient clinic for students at the Tribal school in Marty.

Rapid City Indian Community

The Rapid City Service Area provides health care to all the Indian people in Rapid City and is unique in that it is not located on a Reservation. The 32-bed IHS Hospital has a staff of ten physicians who provide inpatient and outpatient adult, pediatric, and prenatal care.

Urban Indian Health Programs

South Dakota Urban Indian Health, Inc., 122 East Dakota Ave. Pierre, SD 57501, (606) 244-8841

South Dakota Urban Indian Health in Sioux Falls, 320 S. 3rd Ave., Suite B, Sioux Falls, SD 57102, (605) 339-0420

South Dakota Urban Indian Health Clinic, 1315 W. 6th Ave., Suite 6, Aberdeen, SD 57401, (605) 225-1538.

Additional Resources and Potential Partners¹²

Indian Health Boards: Aberdeen Area Tribal Chairmen's Health Board, 1770 Rand Road, Rapid City, SD 57702, (605) 721-1922.

IHS Tribal Epidemiology Centers: Northern Plains Tribal Epidemiology Center, 1770 Rand Road, Rapid City, SD 57702, (605) 721-1922 or (800) 745-3466.

Tribal Colleges: Oglala Lakota College, 490 Piya Wiconi Road, Kyle, SD 57752, (605) 455-6023, www.olc.edu;

Sinte Gleska University, PO Box 409, Rose bud, SD 57570, (605) 856-5401,
www.sinte.indian.com;
Sisseton Wahpeton College, PO Box 689, Sisseton, SD 57262, (605) 698-3966,
www.swcc.cc.sd.us.

State Native American Health Liaison: Kathlene A. Mueller, MS, Minority Health Coordinator, South Dakota Department of Health, 600 East Capitol Street, Pierre, SD, 57501, (605) 773-5303. kathi.mueller@state.sd.us

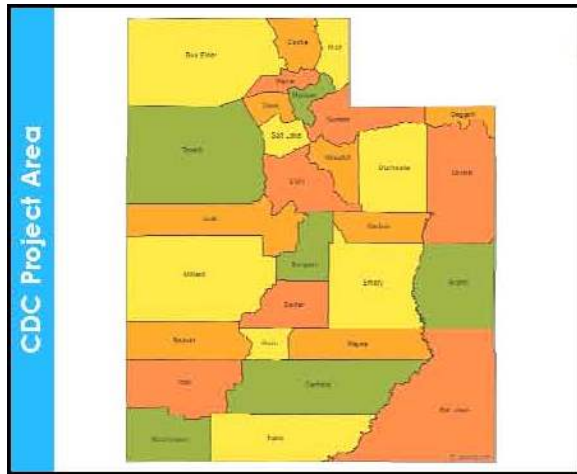
National Center of Urban Health (NCUH): NCUIH is a non-profit, 501(c)(3) organization devoted to support and develop quality accessible healthcare programs for all American Indian and Alaska Natives living in urban communities through advocacy, training, education, and leadership development. www.ncuih.org.

Urban Indian Health Institute (UIHI): The mission of UIHI is to support the health and well being of Urban Indian communities through information, scientific inquiry, and technology. www.uihi.org.

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- ¹ Centers for Disease Control and Prevention Update. The Role of STD Detection and Treatment in HIV Prevention, July 1998.
- ² Indian Health Service Fact Sheet, March 20, 2004
- ³ <http://www2.census.gov/geo/maps/special/profile2k/>
- ⁴ <http://www.healthypeople.gov/Implementation/Consortium.htm>
- ⁵ <http://hpsafind.hrsa.gov/HPSA>
- ⁶ <http://www.factmonster.com/ce6/us/A0860769.html>
- ⁷ Kaufman C. et al. *Within the Hidden Epidemic: Sexually Transmitted Diseases and HIV/AIDS Among American Indians and Alaska Natives*. Sexually Transmitted Diseases, May 2007, Vol. 34, No. 5.
- ⁸ Eng TR, Butler WT. The Hidden Epidemic: Confronting Sexually Transmitted Diseases. Washington, DC: National Academy Press; 1997
- ⁹ Cheek JE, Shelby LK, de Ravello L, Blasini-Alcivar L. Sexually Transmitted Disease 2002 Annual Report. Indian Health Service and Centers for Disease Control and Prevention; 2003.
- ¹⁰ http://www.netstate.com/states/intro/sd_intro.htm
- ¹¹ <http://www.infoplease.com/ipa/A0108270.html>
- ¹² National Coalition of STD Directors. STDs in AI/AN: State Fact Sheets
<http://www.ncsddc.org/AIANstdfactsheets.xml>
- ¹³ <http://www.ncsl.org/>
- ¹⁴ <http://www.ihs.gov/FacilitiesServices/areaOffices/aberdeen/aberdeen-tribes-facilities-today.asp>

Utah State Profile for American Indian and Alaska Native Population



Project Area: Utah

The state of Utah is named after the Ute tribe. The Ute once lived over much of Utah and all of western Colorado. In historic times, there were at least 11 different bands of the Ute Tribe. Each band claimed their own territory but membership in a band was fluid. At historic contact, Native American groups living in Utah included the Ute, Southern Paiute, Navajo, Goshute, Northern and Eastern Shoshone. The Ute, Paiute, Goshute, and Shoshone speak different but related languages from a family known as the Numic Language Family. The Navajo speak a language that is in

the Athapaskan Language Family.¹⁰

Geography and Population¹¹

Area: 84,916 sq. mi.; 65% is owned by the federal government.

Thirteenth in land mass 84,916 square miles

Border States: Idaho, Nevada, Arizona, Colorado, New Mexico, and Wyoming

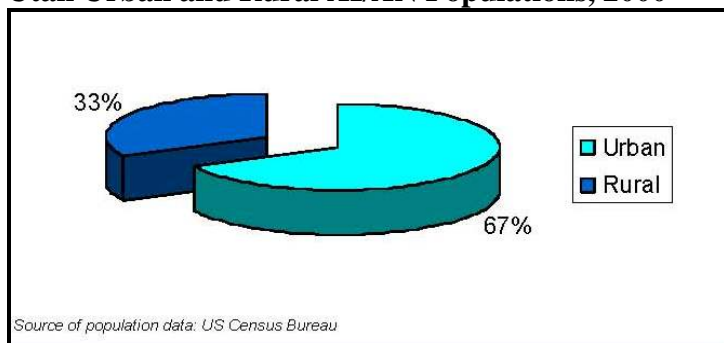
Largest Cities: Salt Lake City, West Valley, Provo, West Jordan, Sandy, Orem and Ogden

Overall Population: 2,233,169 people (34th in the nation)

State Population & American Indians, 2000¹²

Population Group	Males	Females	Total	%
State	1,119,031	1,114,138	2,233,169	100
American Indian	20,263	20,182	40,445	1.8

Utah Urban and Rural AI/AN Populations, 2000



American Indian Tribes in Utah¹³

There are six federally recognized tribes in Utah, and Salt Lake City is the recognized hub for the growing population of AI/AN people from a variety of tribes who live in Utah. Below is a list of the tribes found in Utah:

- Confederated Tribes of the Goshute Reservation (Nevada and Utah)
- Navajo Nation (Arizona, New Mexico and Utah)
- Northwestern Band of Shoshoni Nation of Utah (Washakie)
- Paiute Indian Tribe of Utah (Cedar City Band of Paiutes, Kanosh Band of
- Paiutes, Koosharem Band of Paiutes, Indian Peaks Band of Paiutes, and Shivwits Band of Paiutes)
- Skull Valley Band of Goshute Indians of Utah
- Ute Indian Tribe of the Uintah and Ouray Reservation



Confederated Tribes of the Goshute Reservation¹⁴

The Confederated Tribes of the Goshute Reservation (CTGR) is located approximately 70 miles south east of Wendover, Utah/Nevada. The reservation covers approximately 112,870 acres in White Pine County, Nevada as well as Juab and Tooele counties in Utah.

Confederated Tribes of the Goshute Reservation

P.O. Box 6104

195 Tribal Center Road

Ibapah, Utah 84034

<http://www.goshutetribe.com/index.html>



Navajo Nation¹⁵

The Navajo Nation is the largest Indian reservation in the United States, comprising about 16 million acres, or about 25,000 square miles, approximately the size of the state of West Virginia.

Navajo Nation:
P.O. Box 9000
Window Rock, AZ 86515
<http://www.navajo.org/>

Northwestern Band of Shoshoni Nation of Utah (Washakie)

Northwestern Band of the Shoshoni Nation:
862 South Main St, Suite 6
Brigham City, UT 8 <http://www.nwbshoshone-nsn.gov/index.htm>

Paiute Indian Tribe of Utah¹⁶

The Paiute Indian Tribe of Utah, or "PITU" as it is often called, was created on April 3, 1980 by an act of Congress. (25 U.S.C. § 761) The Tribe consists of five constituent bands: Cedar, Indian Peaks, Kanosh, Koosharem, and Shivwits. These five Bands have independent identities as communities that date back hundreds of years.

The federal government formally recognizes both the Paiute Indian Tribe of Utah and its five constituent bands as Indian Tribal entities located within the boundaries of the PITU Tribal Reservation. [Federal Register July 12, 2002 (volume 67, Number 134, page 46330)]

The PITU Reservation consists of ten separate land parcels located in four southwestern Utah counties. In 2006, the total number of tribal members among the five bands was 840.

Paiute Indian Tribe of Utah:
440 N. Paiute Drive
Cedar City, UT 84720

<http://www.utahpaiutes.org/>

Skull Valley Band of Goshute Indians of Utah¹⁷

The reservation is located in White Pine County, Nevada in extreme east central Nevada, and in Juab and Tooele Counties in West Central Utah approximately 60 miles southeast of Wendover



the

The reservation was established under Executive Order No.1539 approved May 20, 1912 and Executive Order No.1903, March 23,1914 and under the authority of June 18, 1934. Tribal members was 412 as of October 20, 1997.

Confederated Tribes of the Goshute Reservation

Tribal Headquarters

P.O. Box 6104

Ibapah, Utah 84034

http://indian.utah.gov/utah_tribes_today/goshute.html

Ute Indian Tribe of the Uintah and Ouray Reservation¹⁸

The Uintah and Ouray reservation is located in Northeastern Utah (Fort Duchesne) approximately 150 miles east of Salt Lake City on U.S. Highway 40. The reservation is located within a three-county area known as the "Uintah Basin". It is the second largest Indian Reservation in the United States that covers over 4.5 million acres.

The Utes have a tribal membership of 3,157 and over half of its membership lives on the Reservation. They operate their own tribal government and oversee approximately 1.3 million acres of trust land. The Utes also operate several businesses including a Super Market, Gas Stations, Bowling Alley, Tribal Feedlot, Uinta River Technologies, Ute Tribal Enterprises LLC, Water Systems and an energy company called Ute Energy. Cattle raising and mining of oil and natural gas is big business on the reservation. Water Systems manager provides water and sewer needs for several communities.

UTE INDIAN TRIBE

P.O. Box 190

Fort Duchesne, UT 84026

<http://www.utetribe.com/>

Select Socio-Economic Demographics¹²

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	689	1.3	9.0	23.2	55.4
State	50,670	100.0	3.6	13.4	17.4

Source: CDC National Vital Statistics System

Economics

2005	Median Household Income (USD)	% Below Poverty Level
AI/AN	31,931	19.2
State	47,934	7.1

Source: US Census Bureau

Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate % (2000-2001)
AI/AN	1.5	7,711	8.3
State	100.0	503,607	3.7

Source: National Center for Education Statistics

Special Issues Related to Reproductive/Sexual Health Care¹²

- 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.

Sexual and Reproductive Health Data

As reported in the Family Planning Annual Report for 2010 (Source: Tables 2 and 3), there were 366 females and 47 males from the AI/AN population who received reproductive health services in family planning Title X clinics in Utah.

The Utah State Public Health Lab provides the testing for the facilities below and are reported to the IPP prevalence monitoring database. For the portion of tests that are processed at the State Lab, the test technology used for CT/GC specimens is the NAAT GenProbe Aptima Combo 2 Assay test.

I/T/U Facilities which reported data into the IPP PM Database, CY 2010

Facility ID	Facility Name
IWIC	Indian Walk-In Center

Due to the small number of records reported from the Urban and Tribal facilities listed above, the data reported below is for general CT/GC screening data which is reported to the IPP database.

Chlamydia Positivity by Gender and Age Group for American Indian/Alaska Native as Reported Race

As reported into the Region VIII IPP Prevalence Monitoring Database for Utah American Indian/Alaska Native as Reported Race, CY 2010

Chlamydia Positivity						
Females				Males		
Age	No. Positive	No. Tested	Percent Positive	No. Positive	No. Tested	Percent Positive
10 – 14	1	2	50	0	1	0.0
15 – 19	6	28	21.4	3	25	12
20 – 24	2	33	6.1	6	33	18.2
25 – 29	4	44	9.1	1	20	5
>29	5	61	8.2	3	40	7.5
Total	18	168	10.7	13	116	11.2

Gonorrhea Positivity by Gender and Age Group for American Indian/Alaska Native as Reported Race

As reported into the Region VIII IPP Prevalence Monitoring Database for Utah
American Indian/Alaska Native as Reported Race, CY 2010

Gonorrhea Positivity						
Females				Males		
Age	No. Positive	No. Tested	Percent Positive	No. Positive	No. Tested	Percent Positive
10 – 14	0	2	0.0	0	1	0.0
15 – 19	1	28	3.6	0	25	0.0
20 – 24	0	33	0.0	1	33	3.0
25 – 29	0	44	0.0	0	20	0.0
>29	1	61	1.0	0	40	0.0
Total	2	168	1.2	1	116	0.9

Chlamydia Positivity by Race

As reported into the Region VIII IPP Prevalence Monitoring Database for Utah,
CY 2010

State	Chlamydia Positivity		
	Number Positive	Number Tested	Percent Positive
African American	151	951	15.9
Asian	34	392	8.7
American Indian/Alaska Native	31	284	10.9
Other	6	49	12.2
Caucasian	2020	21161	9.5
Pacific Islander/Native Hawaiian	0	0	0.0
Unknown	43	191	22.5
Missing/Blank	0	0	0.0
Total	2285	23028	9.9

Gonorrhea Positivity by Race

As reported into the Region VIII IPP Prevalence Monitoring Database for Utah,
CY 2010

State	Gonorrhea Positivity		
	Number Positive	Number Tested	Percent Positive
African American	11	951	1.2
Asian	1	392	0.3
American Indian/Alaska Native	3	284	1.1
Other	0	49	0.0
Caucasian	159	21161	0.8
Pacific Islander/Native Hawaiian	0	0	0.0
Unknown	0	191	0.0
Missing/Blank	0	0	0.0
Total	174	23028	0.8

IHS, Tribal and Urban Health Facilities (I/T/U)

There are 6 IHS or Tribal Health facilities and 1 Urban Indian Health Programs in and across Utah.

IHS and Tribal Facilities:

Tribal Health Programs: Utah Navajo Development Council, Halchita Service Unit, Mexican Hat, UT 84531, Bluff Service Unit, Bluff, AZ 84512; Aneth Service Unit, Aneth, UT 84510, Monument Valley Service Unit, Monument Valley, UT 84536;

Southern Colorado Ute, White Mesa Health Station, Highway 191, Blanding, UT 845511;

Goshute Owyhee Service Unit, PO Box 6102, Ibapah, UT 84034; Northwestern Band of Shoshone Health, Brigham Tribal Office, 707 N Main Street, Brigham City, UT 84302, (877) 716-5716;

Paiute Tribal Health (Cedar City), 440 N. Paiute Dr., Cedar City, UT 84720.

IHS Health Programs: Uintah-Ouray Service Unit, Fort Duchesne PHS Indian Health Center, P.O. Box 160, Fort Duchesne, UT 84026, (435)722-5122.

http://www.ihs.gov/FacilitiesServices/AreaOffices/Phoenix/phx_su_uo

Urban Indian Health Programs

Indian Walk-In Center, 120 West 1300 South, Salt Lake City, UT 84115, (801) 486-4877, www.indianwalkincenter.org.

Additional Resources and Potential Partners¹²

Indian Health Boards: Inter-Tribal Council of Arizona, Inc. 2214 N. Central Avenue Suite 100, Phoenix, AZ 85004, (602) 258-4822, <http://www.itcaonline.com/>; Navajo Nation Division of Health, PO Box 1390, Window Rock, AZ 86515, (520) 871-6350.

IHS Tribal Epidemiology Centers: ITCA Epidemiology Center, 2214 N. Central Avenue Suite 100, Phoenix, AZ 85004, (602) 258-4822, <http://www.itcaonline.com/epi/>.

Navajo Area Epidemiology Center, Navajo Nation Division of Health, Tribal Admn, Bldg #2 Window Rock, AZ 86515, (928) 871-6350.

Tribal Colleges: None available.

State Health Native American Liaison: Melissa Zito, MS, RN, Indian Health Liaison/Health Policy Consultant, Division of Health Care Financing, Directors Office, Utah Department of Health, 288 North 1460 West, PO Box 143101, Salt Lake City, UT 84114-3101, (801) 538-7087, mzito@utah.gov.

National Center of Urban Health (NCUH): NCUIH is a non-profit, 501(c)(3) organization devoted to support and develop quality accessible healthcare programs for all American Indian and Alaska Natives living in urban communities through advocacy, training, education, and leadership development. www.ncuih.org.

Urban Indian Health Institute (UIHI): The mission of UIHI is to support the health and well being of Urban Indian communities through information, scientific inquiry, and technology. www.uihi.org.

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- ¹ Centers for Disease Control and Prevention Update. The Role of STD Detection and Treatment in HIV Prevention, July 1998.
- ² Indian Health Service Fact Sheet, March 20, 2004
- ³ <http://www2.census.gov/geo/maps/special/profile2k/>
- ⁴ <http://www.healthypeople.gov/Implementation/Consortium.htm>
- ⁵ <http://hpsafind.hrsa.gov/HPSA>
- ⁶ <http://www.factmonster.com/ce6/us/A0860769.html>
- ⁷ Kaufman C. et al. *Within the Hidden Epidemic: Sexually Transmitted Diseases and HIV/AIDS Among American Indians and Alaska Natives*. *Sexually Transmitted Diseases*, May 2007, Vol. 34, No. 5.
- ⁸ Eng TR, Butler WT. *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*. Washington, DC: National Academy Press; 1997
- ⁹ Cheek JE, Shelby LK, de Ravello L, Blasini-Alcivar L. *Sexually Transmitted Disease 2002 Annual Report*. Indian Health Service and Centers for Disease Control and Prevention; 2003.
- ¹⁰ http://historytogo.utah.gov/facts/brief_history/americanindians.html
- ¹¹ <http://www.onlineutah.com/largestcities.shtml>
- ¹² National Coalition of STD Directors. *STDs in AI/AN: State Fact Sheets*
<http://www.ncsddc.org/AIANstdfactsheets.xml>
- ¹³ <http://www.ncsl.org/>
- ¹⁴ <http://www.goshutetribes.com/index.html>
- ¹⁵ http://www.ihs.gov/Navajo/index.cfm?module=nao_navajo_nation
- ¹⁶ <http://www.utahpaiutes.org/>
- ¹⁷ http://indian.utah.gov/utah_tribes_today/goshute.html
- ¹⁸ <http://www.utetribes.com/>

Wyoming State Profile for American Indian and Alaska Native Population



Project Area: Wyoming

Wyoming was originally the home of many Native American tribes, the largest of which was the Sioux Tribe. Wyoming state history begins with the French, who populated the area making money as trappers who entered the state in the 1700s.¹⁰

Geography and Population¹¹

Area: 97,100.40

Tenth in land mass

Border States: Idaho, Nebraska, Colorado, Montana, Utah and South Dakota

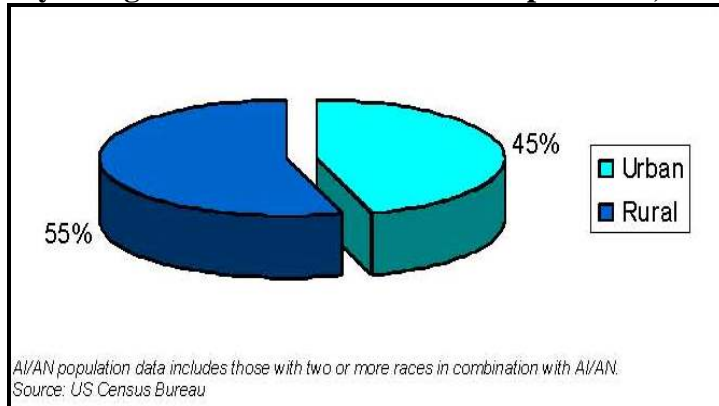
Largest Cities: Cheyenne, Casper, Laramie, Gillette, Rock Springs, Sheridan, Green River, Evanston, Riverton, Cody

Overall Population: 493,782 people (50th in the nation)

State Population & American Indians, 2000¹²

Population Group	Males	Females	Total	%
State	248,374	245,408	493,782	100
American Indian	7,551	6,050	15,012	3

Wyoming Urban and Rural AI/AN Populations, 2000



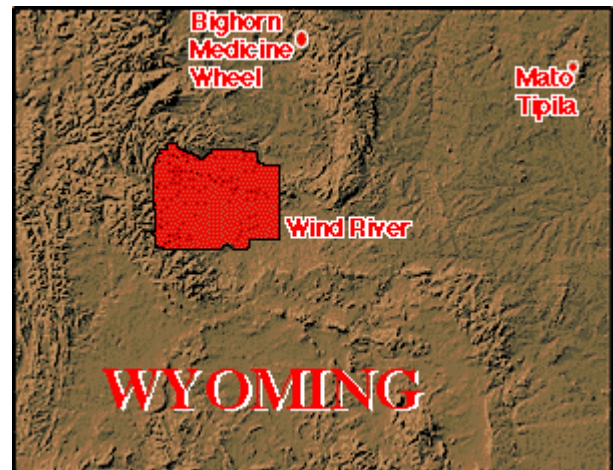
American Indian Tribes in Wyoming¹³

There are two tribes residing on the Wind River Reservation: The Northern Arapaho Tribe and the Eastern Shoshone Tribe.

NOTE: Shoshone tribes/reservations also located in Utah, Idaho, Nevada, and California

Source: <http://www.kstrom.net/isk/maps/mt/wy.html>

Bighorn Medicine Wheel -- Ancient sacred place, astronomical analog computer, first Sun Dance instructions



Mato Tipila -- Devil's Tower, sacred place to many Plains Tribes, litigations to protect

Northern Arapaho Tribe¹⁴

The Northern Arapaho Tribe of Wyoming is one of four groups of Arapaho who originally occupied the headwaters of the Arkansas and Platte Rivers. They speak a variation of the Algonquin language, and are that people's most southwest extension. Culturally, they are Plains Indians, but socially and historically distinct. After signing the Treaty of 1851, the Arapaho and Cheyenne then shared land encompassing one-sixth of Wyoming, one-quarter of Colorado and parts of western Kansas and Nebraska. Later, when the Treaty of 1868 left the Northern Arapaho without a land base, they were placed with the Shoshone in west central Wyoming, on the Wind River Reservation. The Northern Arapaho are a federally-recognized tribe.

The Reservation is jointly owned with each tribe holding 50% interest in the land, water and other natural resources. Each Tribe is committed fully to the welfare of their members. Job creation and economic development are a high priority for each tribe. Joint meetings are held with regard to jointly owned resources for the economic benefit of each Tribe.

Northern Arapaho Tribe
Ft. Washakie, WY 82514
P: 307/332-6120
(Wind River)

<http://www.northernarapaho.com>

Eastern Shoshone Tribe¹⁵

With their linguistic bond and cultural similarity, they were not readily distinguishable. Yet the Shoshoni (Snake) Indians, bearing the linguistic name and speaking the Shoshoni-Comanche dialect, are unique in that they show the influence of three distinct cultures-namely, the Basin, the Plateau, and the Plains. Their territory, separate from that of their kinsmen, the Paiutes and Utes, stretched continuously from the desert area of California, across the central and northwestern Nevada, then across Utah and Idaho into Wyoming, over the Rockies and on to the Plains, with the Comanche branch pushing southeastward through Colorado deep into Texas.

The Eastern Shoshone are located on the Wind River Reservation, which is located in the central region of the state of Wyoming. The reservation is home to two tribes: the Northern Arapaho and the Eastern Shoshone. The tribes operate as two separate tribal governments. The reservation covers 2,268,008 acres. There are 2,650 Eastern Shoshone.

Eastern Shoshone Tribe
Ft. Washakie, WY 82514
Phone: (307) 332-3532

<http://www.easternshoshone.net/>

Select Socio-Economic Demographics¹²

Births

2004	Number of Births	%	% of Births to Mothers <19	% w/ <12 yrs education	% Unmarried Mothers
AI/AN	320	4.7	20.0	37.4	63.8
State	6,803	100.0	11.9	15.2	31.7

Source: Wyoming Department of Health, CDC National Vital Statistics System

Economics

2005	Median Household Income (USD)	% Below Poverty Level (2000)
AI/AN	28,521	36.1
State	46,202	9.5

Source: US Census Bureau, <http://www.ecanned.com/wy2007/01/income-and-poverty-in-state-of-wyoming.html>

Education

2004-2005	Enrollment % (K-12)	Actual Enrollment (K-12)	Dropout Rate %
AI/AN	3.5	2,948	9.6
State	100.0	83,705	4.6

Source: Wyoming Department of Education

Special Issues Related to Reproductive/Sexual Health Care¹²

- 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.

Sexual and Reproductive Health Data

As reported in the Family Planning Annual Report for 2010 (Source: Tables 2 and 3), there were 80 females and 9 males from the AI/AN population who received reproductive health services in family planning Title X clinics in Wyoming.

The Wyoming State Public Health Lab provides the testing for the facilities below and are reported to the IPP prevalence monitoring database. For the portion of tests that are processed at

the State Lab, the test technology used for CT/GC specimens is the NAAT GenProbe Aptima Combo 2 Assay test.

I/T/U Facilities which reported data into the IPP PM Database, CY 2010

Facility ID	Facility Name
1811	IHS Arapahoe Health Center
3301	Indian Health Service, Ft. Washakie

Chlamydia Positivity by Gender and Age Group for American Indian/Alaska Native as Reported Race

As reported into the Region VIII IPP Prevalence Monitoring Database for Wyoming American Indian/Alaska Native as Reported Race, CY 2010

Chlamydia Positivity						
Females				Males		
Age	No. Positive	No. Tested	Percent Positive	No. Positive	No. Tested	Percent Positive
10 – 14	2	5	40.0	0	0	0.0
15 – 19	14	64	21.9	4	18	22.2
20 – 24	14	92	15.2	4	17	23.5
25 – 29	7	80	8.9	3	17	17.6
>29	3	160	1.9	4	24	16.6
Total	40	401	10.1	15	76	19.7

Gonorrhea Positivity by Gender and Age Group for American Indian/Alaska Native as Reported Race

As reported into the Region VIII IPP Prevalence Monitoring Database for Wyoming
American Indian/Alaska Native as Reported Race, CY 2010

Gonorrhea Positivity						
Females				Males		
Age	No. Positive	No. Tested	Percent Positive	No. Positive	No. Tested	Percent Positive
10 – 14	0	5	0.0	0	0	0.0
15 – 19	0	64	0.0	0	18	0.0
20 – 24	0	92	0.0	3	17	17.6
25 – 29	0	80	0.0	0	17	0.0
>29	0	160	0.0	0	24	0.0
Total	0	401	0.0	3	76	3.9

Chlamydia Positivity by Race

As reported into the Region VIII IPP Prevalence Monitoring Database for Wyoming,
CY 2010

State	Chlamydia Positivity		
	Number Positive	Number Tested	Percent Positive
African American	25	112	22.3
Asian	0	25	0.0
American Indian/Alaska Native	55	477	11.5
Other	9	43	20.9
Caucasian	244	3816	6.4
Pacific Islander/Native Hawaiian	0	11	0.0
Unknown	0	0	0.0
Missing/Blank	496	5956	8.3
Total	829	10440	7.9

Gonorrhea Positivity by Race

As reported into the Region VIII IPP Prevalence Monitoring Database for Wyoming, CY 2010

State	Gonorrhea Positivity		
	Number Positive	Number Tested	Percent Positive
African American	2	112	1.8
Asian	0	25	0.0
American Indian/Alaska Native	3	477	0.6
Other	0	43	0.0
Caucasian	4	3811	0.1
Pacific Islander/Native Hawaiian	0	11	0.0
Unknown	0	0	0.0
Missing/Blank	12	5956	0.2
Total	21	10440	0.2

IHS, Tribal and Urban Health Facilities (I/T/U)

There are 2 IHS facilities in Wyoming.

IHS and Tribal Facilities:

IHS Health Programs: Fort Washakie Health Center, 29 Black Coal Drive, Fort Waskakie, WY 82514, (307) 332-9418;

Arapahoe Health Center, 14 Great Plains Rd., Arapaho, WY 82510.

Urban Indian Health Programs

None available.

Additional Resources and Potential Partners¹²

Indian Health Boards: Montana-Wyoming Area Indian Health Board, 207 North Broadway, Suite BR-2, Billings, MT 59102, (406) 252-2550.

IHS Tribal Epidemiology Centers: Rocky Mountain Tribal Epidemiology Center, 222 32nd St. N., Suite 401, Billings, MT 59101, (406)-252-2550,
<http://www.mtwytlc.com/rockymountainepi.htm>.

Tribal Colleges: Wind River Tribal College, 533 Ethete Rd., Ethete, WY 82520, (307) 335-8243, <http://www.wrtribalcollege.com/>.

State Health Native American Liaison: Wyoming Department of Health, Office of Multicultural Health, Betty Sones, Section Chief, 401 Hathaway Blvd., Cheyenne, WY 82002, (307) 777-5601, <http://wdh.state.wy.us/main/index.asp>.

References

- ¹ Centers for Disease Control and Prevention Update. The Role of STD Detection and Treatment in HIV Prevention, July 1998.
- ² Indian Health Service Fact Sheet, March 20, 2004
- ³ <http://www2.census.gov/geo/maps/special/profile2k/>
- ⁴ <http://www.healthypeople.gov/Implementation/Consortium.htm>
- ⁵ <http://hpsafind.hrsa.gov/HPSA>
- ⁶ <http://www.factmonster.com/ce6/us/A0860769.html>
- ⁷ Kaufman C. et al. *Within the Hidden Epidemic: Sexually Transmitted Diseases and HIV/AIDS Among American Indians and Alaska Natives*. Sexually Transmitted Diseases, May 2007, Vol. 34, No. 5.
- ⁸ Eng TR, Butler WT. The Hidden Epidemic: Confronting Sexually Transmitted Diseases. Washington, DC: National Academy Press; 1997
- ⁹ Cheek JE, Shelby LK, de Ravello L, Blasini-Alcivar L. Sexually Transmitted Disease 2002 Annual Report. Indian Health Service and Centers for Disease Control and Prevention; 2003.
- ¹⁰ <http://www.destination360.com/north-america/us/wyoming/history>
- ¹¹ <http://www.infoplease.com/ipa/A0108293.html>
- ¹² National Coalition of STD Directors. STDs in AI/AN: State Fact Sheets
<http://www.ncsddc.org/AIANstdfactsheets.xml>
- ¹³ <http://www.ncsl.org/>
- ¹⁴ <http://www.northernarapaho.com>
- ¹⁵ <http://www.easternshoshone.net/History/Default.aspx>