Background

- HIV affects 37.9 million people globally. 1
- HIV+ individuals not diagnosed are more likely to engage in risky behavior (e.g. unprotected sex, needle sharing, etc.) and transmit the infection. 1
- Just 20% of those infected are not aware of their infection and are responsible for ~50% of new HIV transmissions. 1
- Only 22% of Latino migrants at the SD-TJ border received HIV testing in the last 12 months. 2
- HIV rates for migrants are higher than the averages found for both the U.S. and Mexico. 3

Objectives

- To identify if there is a positive association between time Latinx migrants spent in the U.S. and receiving HIV testing.
- To address access to HIV testing among Latinx migrants, lower HIV incidence, and improve rates of HIV care in the U.S. and Mexico.

Methods

- We conducted a secondary data analysis from a cross-sectional study, which acquired its data by distribution of a health care survey that was designed after EMIF: Surveys on Migration at the North and South Borders of Mexico. 3
- The survey was distributed in bus stations, airports, and the deportation facility at the San Diego-Tijuana border to Mexican migrants that were returning from the U.S. (voluntarily or via deportation). 2
- Data was collected from April to December 2013 with 1,161 participants.
- Individuals eligible: being older than eighteen years of age, being a fluent Spanish speaker, having been born in Mexico or another Latin American country, not being a Tijuana resident, and not having taken the survey previously.
- We calculated descriptive statistics of patient demographics as well as rates of HIV care and migration flow (southbound or deported). Survey weights were then cross tabulated to identify the association of the number of days spent in the U.S. with HIV testing. All data calculations were performed with the software SPSS Statistics (IBM SPSS).

Results

- Time spent in the U.S. was positively associated with receiving HIV testing, indicating the importance of HIV testing across both borders.
- Regression analyses found that receipt of HIV testing was significantly associated with the amount of time spent within the last 12 months (p< 0.01) and in their lifetime (p=0.02).

Conclusions

- Critical need to provide HIV testing among migrants during the time of travel across the US-TJ border. 2
- Policy offering routine HIV testing for Latinx migrants should be pilot tested given the potential to link HIV positive migrants to care and reduce HIV incidence. 2
- Policy expanding Medicaid coverage to undocumented migrant adults who are income-eligible. 2

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References


Table 1 Participant Demographics

<table>
<thead>
<tr>
<th>Participants</th>
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<tbody>
<tr>
<td>Southbound</td>
<td>60%</td>
<td></td>
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<tr>
<td>Deported</td>
<td>40%</td>
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<tr>
<td>Age</td>
<td>ME= 49.9</td>
<td>SD= 13.6</td>
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<tr>
<td>Sex</td>
<td>Female: 21%</td>
<td>Male: 78%</td>
</tr>
<tr>
<td>Education</td>
<td>Did not attend high school: 70%</td>
<td>Attended high school: 30%</td>
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<td>Health Insurance (in the last 12 months)</td>
<td>Insured: 39%</td>
<td>Uninsured: 61%</td>
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Fig. 1  Receipt of HIV Testing in Last 12 Months

Fig. 2 Mean Days Spent in the U.S. in the Last 12 Months vs. Testing Status

Fig. 3 Overall Years Spent in the U.S. in Lifetime vs. Testing Status

Fig. 4  Mean # of Days in Last 12 months

Fig. 5  Mean # of Years in Lifetime

Regression analyses found that receipt of HIV testing was significantly associated with the amount of time spent within the last 12 months (p< 0.01) and in their lifetime (p=0.02).