

**Request for Applications (RFA)  
for Collaborative Research Teams to Develop, Pilot and Evaluate  
an HIV/STI Prevention Intervention Addressing the Needs of a High-Risk  
Subpopulation of Mexican Migrants**

UNIVERSITY OF CALIFORNIA  
UNIVERSITYWIDE AIDS RESEARCH PROGRAM  
In Collaboration with  
CALIFORNIA DEPARTMENT OF HEALTH SERVICES  
OFFICE OF AIDS

Application Receipt Due Date: Thursday, **August 31, 2006**  
Anticipated Award Period: **January 1, 2007—December 31, 2008**

The Universitywide AIDS Research Program (UARP) is sponsoring an open Request for Applications (RFA) to select an investigative team with expertise and capacity to collaboratively create, implement and evaluate a HIV/AIDS/STI prevention pilot intervention addressing the needs of a high-risk subpopulation of the Mexican migrant population in either San Diego or Fresno County, California. The identification of the sub-population and development of the prevention intervention pilot should be informed by either the California-Mexico Epidemiological Surveillance Pilot (CMESP) data collected by UARP between 2003 and 2005 within these two counties (appended herein; see attachment 1), or by other current epidemiological or formative analyses specific to the Mexican migrant population and available to the investigative team. It is anticipated that a total of \$300,000 in funding will be allocated under this RFA to support one collaborative award.

This RFA describes the information required from the responding investigative teams to be considered for selection to create, implement and evaluate a needed prevention intervention pilot. The purposes of the research to be sponsored are:

- To develop an **innovative and potentially sustainable, structural HIV/STI prevention intervention** at the **community or environmental level** (applications to develop and evaluate individual level interventions are discouraged). The intervention should target a high-risk subpopulation of Mexican migrants (based on currently available epidemiological analyses including the CMESP data) in either San Diego or Fresno County, California.
- To collaboratively develop and pilot the intervention within the selected subpopulation with community and research partners.
- To create an intervention in either San Diego or Fresno County that will be a part of a larger binational prevention effort. Mexico-based researchers will be responsible for implementation of prevention interventions in Mexico. The selected California team will be expected to join a consortium and work in collaboration with the Mexican community and research partners to ensure that the proposed participants in both interventions on both sides of the border are from similar populations or similar originating villages/communities.
- To evaluate both the implementation and outcomes of the pilot intervention.

It is anticipated that a single collaborative research team consisting of at least one community-based organization and at least one academic/professional researcher will be funded under this RFA, with a proposed funding level of up to \$150,000 in fiscal year 2006-07 and an additional \$150,000 in fiscal year 2007-08 (the community partner will be the fiscal agent with the scientific partner as subcontractor). **UARP has allocated a total of \$300,000 under this RFA.** Completed responses to this RFA are due by **August 31, 2006.**

The evaluation of applications will be based on an assessment of the proposed project's merit and feasibility, the prospective team's experience, demonstrated capabilities, capacity to complete the research within the anticipated two year project period, and the strength of the collaboration.

## **I. BACKGROUND INFORMATION**

The link between HIV and migration has become increasingly clear within recent years.<sup>1,2</sup> HIV and AIDS rates among Latinos are disproportionately high, and recent studies have raised concerns that the HIV epidemic may expand more aggressively among these populations in the future, representing an emerging threat to Mexican migrants in California, along the California-Mexico border, and within Mexico.<sup>3</sup> Evidence from the countries of origin of U.S. migrants indicate that the epidemic is now spreading in rural areas known for high rates of migration, and that married women in these rural areas are particularly vulnerable.<sup>4</sup> This is no less true for the Latino populations specific to California, nor those who migrate here in search of work. In the past 20 years, there has been a steady increase in the proportion of AIDS cases who are Latino. Even though Latinos comprise only 30.8% of the population in California they made up 34.2% of the AIDS cases diagnosed in the year 2000.<sup>5</sup>

Mexican migrants are particularly vulnerable to HIV/STI infection for several cultural, environmental, and/or psychosocial reasons. Some of these reasons include low levels of education, low levels of literacy and English proficiency, isolation and loneliness, poverty, substandard housing and working conditions, depression, abuse and victimization, high rates of drug abuse and sexual risk-taking, and low access to health care and social services.<sup>6</sup> The low levels of socioeconomic status within this population has been shown to be associated with high-risk behaviors such as trading sex for money or other life resources, and high consumption levels of alcohol and injection drug use.<sup>7,8</sup> Additionally, most of those who migrate to the U.S. (and specifically to California) are men, often isolated from their families and in camps or other community settings where they are surrounded predominantly by other men. These factors can lead to an increase in the number of sexual partners, an increase in unprotected sexual activities between men, and an increase in unprotected sex with commercial sex workers, all of which are indicative of an increase of HIV/STI risk.<sup>9</sup>

Because of the complex set of social, cultural, and environmental factors that influence behaviors that might place Mexican migrants at increased HIV/STI risk, it has been argued that there is an increasing need for HIV interventions to go beyond the level of the individual, and to consider the broader environmental, social and cultural circumstances that may be influencing the increased risk behaviors of Mexican migrants.<sup>10,11</sup> It has also been shown that the cost-effectiveness of prevention interventions is strongly influenced by the HIV prevalence of the population at risk.<sup>12</sup> In populations where the prevalence of HIV is low, as is the case with Mexican migrants in California,<sup>13</sup> the most cost-effective interventions are structural in nature and at a more macro level.

## **II. THE CALIFORNIA-MEXICO AIDS INITIATIVE**

The California-México AIDS Initiative (CMAIDS) was established in August of 2001, with the objective of addressing the HIV/AIDS and STI needs of the Mexican migrant populations throughout California and México. The Initiative grew out of discussions between officials of the University of California and representatives of the Mexican government and is part of a broader effort by the State of California and México to improve the quality of life of the Mexican migrant communities. CMAIDS is sponsored by the Universitywide AIDS Research Program (UARP) within the Office of Health Affairs in the University of California Office of the President. The California-México AIDS Initiative also works collaboratively with the California State Office of AIDS, and the California-México Health Initiative (CMHI), a bi-national research, training, and health education program coordinated by the California Policy Research Center (CPRC), a unit of the Division of Academic Affairs also in the University of California Office of the President.

The goal of the CMAIDS initiative is to address the HIV/STI epidemiology, prevention, policy, clinical care and health services needs of the Mexican migrant population. Relatively little is known about the extent of the HIV

epidemic or of STI prevalence among Mexican migrants residing in California. In addition, care and prevention services are minimal and fragmented for this population. In fiscal year 2002-2003, UARP launched the California-México Epidemiological Surveillance System Pilot (CMESP) for the Mexican migrant population, to be conducted over a three year period in Fresno County, San Diego County, and rotating states in México with high indices of migration. This surveillance system provides improved monitoring of behavioral, medical, environmental, service and demographic trends and changes. This surveillance system also provides a better means for accurately assessing the burden and trends of HIV and STI and for evaluating the impact of HIV and STI prevention and health care programs and interventions for this population. Partners involved in the design and development of this surveillance system include the UARP, the California Department of Health Services (State Office of AIDS, Sexually Transmitted Diseases Control Branch, and Office of Border Health), the CMHI, the National Secretariat of Health in México (in particular the National HIV/AIDS/STI Prevention and Control Center, CENSIDA), local government agencies, and community-based organizations.

Initial analyses of CMESP data from San Diego and Fresno Counties indicate that Mexican migrants, during their stay in California, reported high levels of HIV and STI risk behavior including unprotected sex with sex workers, unprotected vaginal and anal sex with multiple partners, and cocaine and methamphetamine use. Further analysis by the type of site where the data were collected, suggests that Mexican migrants are vulnerable to HIV and STI infection through their typical daily working and work-seeking environments. It is the goal of this RFA to support the development, piloting, and evaluation of an innovative HIV/STI prevention intervention directed toward a high-risk subpopulation of Mexican migrants in one of the two counties where the UARP CMESP data were collected. It is expected that this successful prevention intervention will be a part of a larger binational prevention effort. Mexico-based researchers will be responsible for implementation of prevention interventions in Mexico. The selected California team will be expected to join a consortium and work in collaboration with the Mexican community and research partners to ensure that the proposed participants in both interventions on both sides of the border are from similar populations or similar originating villages/communities.

### **III. THE UNIVERSITYWIDE AIDS RESEARCH PROGRAM**

The Universitywide AIDS Research Program (UARP) was created by the state legislature in 1983 in recognition of the need for California to take action in response to the AIDS crisis. The UARP provides state funding for the support of California-specific AIDS-related research to be conducted at nonprofit research institutions throughout California.

*The mission of the UARP is to support excellent, timely, and innovative basic, clinical, social/behavioral, policy and epidemiological research on HIV/AIDS that is attentive to the needs of California, particularly emphasizing the needs of the diverse communities affected by the epidemic, and to support research that will accelerate progress towards prevention and a cure for AIDS.*

### **IV. ELIGIBILITY**

#### **Investigator Eligibility:**

Applications submitted in response to this RFA must identify one principal investigator and at least one co-principal investigator (representing the academic/professional investigator as principal investigator and the community partner as co-principal investigator)

- Community Partner: Executive, program, or project director within an AIDS service organization/agency (ASO), health care provider or local governmental agency in California.
- Scientific Partner: Principal Investigator status at a non-profit research, community based or academic institution in California. The principal investigator must qualify, at the time of submission of applications, for that status under the research institution's policies.

- The scientific and community partner(s) must each contribute a minimum of 10% effort to the project and they must represent areas of expertise relevant to the research to be sponsored under this initiative.

### **Institutional Eligibility:**

Applicant institutions must be nonprofit 501(c)(3) research, academic, local government, or community-based institutions in California (such as universities, colleges, hospitals, laboratories, state and local government units, and community-based organizations).

## **V. RFA SPECIFIC INFORMATION**

### **Cooperative Agreement**

As a condition of the award of this grant, the research team will be engaged in a cooperative agreement with the UARP. The funding herein is meant to be an assistance grant rather than an acquisition grant, in which substantial UARP programmatic involvement with the awardees is anticipated during the performance of the activities. Under the cooperative agreement format, the UARP's purpose is to support, collaborate, and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role. The UARP will not, however, assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the awardees for the project as a whole, although specific tasks and activities may be shared among the awardees and the UARP.

### **Targeted High-Risk Subpopulations:**

The Research Teams should focus their intervention on one of the following subpopulations known to have a high prevalence of HIV/STI risk behaviors:

- Gay identified migrant men who have sex with men.
- Non-gay identified migrant men who have sex with men and women.
- Migrants who use street drugs such as methamphetamines or cocaine or who use syringes to inject vitamins, antibiotics, and/or illicit drugs.
- Migrants who have sex with sex workers.
- Migrants who are themselves sex workers (exchanging sex for money, drugs or life support).

Attached (see attachment 1) are summary tables that further describe these high-risk subpopulations based on the 2004 CMESP data. These tables are provided to inform the design and initial description of applicants' intervention and evaluation plans. No further data will be made available to applicants; however, the successful applicant will receive greater access to UARP's CMESP 2004 and 2005 data sets while working collaboratively with UARP staff.

### **Description of Grant Award:**

The research to be conducted will be funded through a grant that contains a maximum award amount, and an award termination date. It is anticipated that a single grant will be funded beginning January 1, 2007 and that all work under this award must be completed within two years of the effective date of the award. Investigators will be expected to seek and obtain all appropriate IRB approvals and other assurances and/or exemptions before beginning the research under the grant award.

It is required that this be a collaborative endeavor between at least one community-based organization in California and one California-based academic/professional researcher where the community-based organization will act as the fiscal agent and the academic/professional researcher will be a sub-contractor.

The Collaborative Research and Community Team selected for funding under this RFA will be required to attend quarterly meetings with UARP program staff and an expert advisory committee to discuss the plans and progress for the intervention and evaluation components. The first meeting is scheduled to be held in March 2007, in San Francisco or Oakland, California. As this will be an ongoing collaborative effort between the Awardees and the UARP, it is expected that the Research Team will be available for ongoing consultation, support and active monitoring. The Research Team will also be required to participate in UARP sponsored dissemination efforts.

In addition to a description of the specific aims, proposed intervention and evaluation plans and methods, and qualifications of the investigators, a budget is to be submitted with the application with indirect costs capped at 15%. The community-based organization partner must be proposed as the fiscal agent for this project and subcontract with the scientific partner.

### **Evaluation Criteria:**

The UARP will convene a peer review panel to evaluate applications based on the following criteria:

1. The merits of the proposed intervention and subsequent evaluation research.
2. Feasibility of the proposed project.
3. Experience of the investigative team with regard to this type of intervention and evaluation research targeted to Mexican migrant populations
4. Availability of team members and the ability to commit personnel, time, and other resources to the project.
5. Demonstrated understanding of the scope of the research to be provided, including a description of potential research questions, research design and development of an innovative intervention idea and evaluation criteria to address those questions, and identification of which types of work are to be performed by a subcontractor, if any.
6. Ability to meet UARP scheduling requirements and to complete the research within the stated timelines.
7. Past performance of the investigators, specific staff, and sub-awardees that demonstrate capability to successfully complete similar projects.
8. Extent to which the proposed team has a successful history of collaboration.
9. The extent to which the proposal is responsive to the intent of the RFA.
10. Extent to which the intervention is likely to be sustainable given the necessary resources and capacity to implement.

## **VI. SUBMISSION REQUIREMENTS/HOW TO APPLY**

### **Application Format, Deadline and Contact Person**

Application forms and instructions for this RFA may be accessed and downloaded from the UARP website at <http://uarp.ucop.edu> beginning **July 3, 2006**.

Institutions and investigative teams interested in being considered must provide the requested information on the Application form.

**Applications are due in the UARP office not later than 5 p.m. PT on Thursday, August 31, 2006:**

- An electronic version must be sent via e-mail to [susan.carter@ucop.edu](mailto:susan.carter@ucop.edu), no later than Thursday, August 31, 2006 at 5:00 p.m. (Pacific Time)
- The electronic version shall be in a format readable by commonly available software. Examples include Adobe Acrobat, Microsoft Word, and WordPerfect.

- A signed hard copy original and 8 copies shall also be submitted and are due in the UARP offices no later than 5:00 p.m. PT on August, 31, 2006. An application received after the deadline will be acceptable only if it carries, or if the applicant can provide upon request, a legible proof-of-mailing date assigned by the carrier and the proof of mailing date is not later than two days prior to the deadline date. Private postage marks are not acceptable.
- **Applications submitted only by email or submitted by fax will not be considered.**
- The proposal narrative and appended documents must be prepared in accordance with the instructions in the RFA.
- Late, incomplete or unsigned applications will not be reviewed.
- The original, signature copy of the application should not be bound or stapled.
- **Send signed completed application to:**

The Universitywide AIDS Research Program  
California-Mexico Prevention Intervention RFA  
Attn: Susan Carter  
300 Lakeside Drive, 6<sup>th</sup> Floor  
Oakland, California 94612  
(510) 987-9855

The Program Officer for the RFA is Susan Carter, JD. She may be contacted at [susan.carter@ucop.edu](mailto:susan.carter@ucop.edu), or (510) 987-0720.

All applicants are strongly encouraged to contact the UARP program officer before submitting an application with any questions regarding this RFA or their application.

## References

1. Decosas J and Kane F, Migration and AIDS, *Lancet*, 1995, 346(8978):826-828

2. Herdt G, ed., *Sexual Cultures and Migration in the Era of AIDS: Anthropological and Demographic Perspectives*, Oxford, UK: Clarendon Press, 1997
3. Sanchez MA, Lemp GF, Magis-Rodriguez C, et al. The Epidemiology of HIV Among Mexican Migrants and Recent Immigrants in California and Mexico, *Journal of Acquired Immune Deficiency Syndromes*, 2004, 37(4 Suppl.):S204-S214.
4. Hirsch JS et al., The Social Construction of Sexuality: Marital Infidelity and Sexually Transmitted Disease—HIV Risk in a Mexican Migrant Community, *American Journal of Public Health*, 2002, 92(8):1227-1237
5. HIV/AIDS Epidemiology Branch, California Department of Health Services, Office of AIDS. *2000 Annual Report*. Sacramento, CA. 2001
6. Denner J, Organista KC, Gupree, JD, Thrush G, Predictors of HIV Transmission among Migrant and Marginally Housed Latinos, *AIDS and Behavior*, June 2005, 9(2):201-210.
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8. California Department of Health Services, Office of AIDS (2000). *Final Report of the HIV Latino Summit*. Sacramento, CA 2001.
9. Magis-Rodriguez C, et al. Migration and AIDS in Mexico: An Overview Based on Recent Evidence, *Journal of Acquired Immune Deficiency Syndromes*, 2004, 37(4 Suppl.):S215-S226.
10. Organista KC, Carrillo H, Ayala G, HIV Prevention with Mexican Migrants: Review, Critique and Recommendations, *Journal of Acquired Immune Deficiency Syndromes*, 2004, 37(4 Suppl.):S227-S239.
11. Link BG, Phelan J, Social Conditions as Fundamental Causes of Disease, *Journal of Health and Social Behavior*, 1995 Spec No:80-94.
12. Cohen DA, Shin-Yi, W, Farley TA, Comparing the Cost-Effectiveness of HIV Prevention Interventions, *Journal of Acquired Immune Deficiency Syndromes*, 2004, 37(3):1404-1414.
13. Universitywide AIDS Research Program, Office of the President, University of California, California-Mexico Epidemiological Surveillance Pilot, 2004-2005; data not yet published.

# **Attachment One**

## **California-Mexico Epidemiological Surveillance Pilot (CMESP)**

### **CMESP 2004\* Preliminary Unweighted Data Results**

#### **Fresno County and San Diego County**

**n = 852**

- CMESP Hypothesis: Migration from Mexico to California leads to conditions and experiences that increase the likelihood of HIV risk behaviors
- The literature indicates that the vulnerability of the Mexican Migrant population is due to the following :
  - Constant mobility
  - Isolation
  - Exposure to and adoption of different sexual practices
  - Cultural, geographical, and linguistic barriers to health care services, particularly to HIV and STI prevention and testing
  - Limited formal education
  - Discrimination, depression, loneliness
  - Poverty and chronic underemployment
  - Substandard housing

The literature indicates that there is an increased risk for HIV/STI among Mexican Migrants due to:

- Low levels of knowledge and perception of being at risk relating to the mechanisms of infection and prevention
- Disempowerment in sexual encounters leading to barriers for safe sex practices
- Sex with multiple partners without a condom
- Sex with sex work partners without a condom
- Increased alcohol and drug use resulting in unprotected sex
- Increased practice of sharing used needles to inject vitamins and antibiotics

### **Definition of Target Population for CMESP: Migrants and Recent Immigrants**

Inclusion Criteria:

- Persons born in Mexico that have been living/working in the U.S. for five years or less
- Persons born in Mexico that have been living/working in the U.S. for more than five years but return to Mexico at least every 24 months and stay at least 30 days cumulatively

\* CMESP 2005 data (n= 496, Fresno County and San Diego County) will be available for analysis by July 2006

- CMESP Methodology:
  - Enumeration and subsequent periodic targeted sampling of the Mexican migrant/recent immigrant population in a universe of sites useful for surveillance purposes in rural and urban areas in Fresno and San Diego County
  - Sampling focused in locations where the target population is concentrated, such as work sites, job-pick up sites, dwellings, and leisure time sites
  - Over-sampling in high-risk sites (e.g. MSM bars)
  - Survey consists of a 35-minute behavioral questionnaire and collection of blood and urine samples for HIV and STI testing
- CMESP sampling in three phases: spring, summer and autumn
- Refusal Rate: 21% during enumeration  
20% for survey
- Distribution of CMESP Sampling sites in Fresno County and San Diego County:
  - 20% male migrant camps (rural)
  - 19% family migrant camps (peri-urban)
  - 13% Job Pick-up Locations: day-laborer job pick up sites, hiring centers, malls, swapmeets (urban)
  - 15% parks, schools, churches, laundromats, recreational areas, markets
  - 33% bars, clubs, MSM and sex work sites

Mexican State of Origin for CMESP Study Participants:

State of origin:

- Oaxaca 16%
- Baja California Norte 12%
- Michoacán 11%
- Jalisco 8%
- Guanajuato 7%
- Guerrero 7%
- Other states 39%

State last visited when last traveling back\*

- Baja California Norte 43%
- Oaxaca 9%
- Michoacán 8%
- Guanajuato 6%
- Jalisco 5%
- Other states 29%

\*N=631, 25.9% (N=221) of migrants had not yet returned to Mexico for a visit yet

**Demographics:**

Category	Total n	Average Age in Years	In California 5 Years or Less
<b>Males</b>	<b>650</b>	<b>31.7</b>	<b>54%</b>
<b>Females</b>	<b>192</b>	<b>35.9</b>	<b>44%</b>
<b>Transgender</b>	<b>10</b>	<b>27.3</b>	<b>50%</b>
<b>Total</b>	<b>852</b>	<b>32.6</b>	<b>52%</b>

**Sexual Behavior:**

Category	%	n
<b>MSM</b>	<b>6%</b>	<b>55</b>
<b>MSM/F</b>	<b>5%</b>	<b>40</b>
<b>MSTransgenders</b>	<b>5%</b>	<b>40</b>
<b>MSF</b>	<b>49%</b>	<b>418</b>
<b>M with no partners</b>	<b>11%</b>	<b>97</b>
<b>FSM</b>	<b>18%</b>	<b>156</b>
<b>FSF</b>	<b>1%</b>	<b>7</b>
<b>F with no partners</b>	<b>3%</b>	<b>29</b>
<b>Transgender</b>	<b>1%</b>	<b>10</b>

**Acculturation Scale:**

- Seven question scale based on language use (Spanish/Indigenous Language vs. English)
- The CMESP migrant population has very low acculturation levels:
  - Very low = uses Spanish all the time, 68%
  - Low = Spanish the majority of the time, 13%
  - Medium = Spanish and English equally, 16%
  - High = English the majority of the time, 3%

**Sexual Behavior and Acculturation:**

Category	High or Medium Acculturation	Total n
MSM, MSM/F, MSTransgenders	41%	135
MSF, M with no partners	15%	514
Females	15%	192
Transgenders	50%	10

**Anal Sex and Condom Use:**

Category	Condom	Main Partner	Casual or One-Time Partner
MSM, MSM/F, and MST	Yes	71%	70%
	No	29%	30%
MSF	Yes	24%	31%
	No	76%	69%

**Vaginal Sex and Condom Use:**

Category*	Condom	Main Partner	Casual or One Time Partner	Sex Work
MSM/F	Yes	7%	81%	66%
	No	93%	19%	34%
MSF	Yes	23%	47%	71%
	No	77%	53%	29%
FSM	Yes	25%	—*	—*
	No	75%		

\*Statistics for groups with less than 10 observations not included in this presentation

**Prevalence of Sex Work Partners:**

Category	%	Total n
MSM	7%	55
MSM/F	28%	40
MSTransgender	32%	40
MSF	17%	515
FSM	0%	185
FSF	14%	7
Transgender	20%	10

**Sex with Sex Workers by Sampling Site:**

- Among MSF (n=515)
  - Migrant camps – 17%
  - Day laborer job pick-up sites – 14%
  - Parks, schools – 6%
  - High risk sites – 21%

### Use of Cocaine or Methamphetamine by Sampling Site:

- Among MSF (N=515)
  - Migrant camps – 24%
  - Day laborer job pick-up sites – 17%
  - Parks, schools – 11%
  - High-risk sites – 22%

### Prevalence of Use of Cocaine or Methamphetamine:

Category	Cocaine or Methamphetamine	n Total
MSM, MSM/F, MSTransgender	30%	135
MSF	21%	515
Females	1%	192
Transgender	20%	10

### Number of Partners and Sexual Behavior:

Category	1-2 Partners	3-4 Partners	5+ Partners
MSM	53%	17%	30%
MSM/F	40%	33%	27%
MSTransgender	28%	53%	17%
MSF	75%	16%	9%
FSM	100%	--	--
FSF	100%	--	--
Transgender	70%	20%	10%

### Prevalence of Sex Work among Multiple Partners:

- Among participants that reported more than three partners, a high prevalence was found of sex work partners
  - MSM – 12%
  - MSM/F -38%
  - MSTransgender– 36%
  - MSF – 59%

### Prevalence of Injection Needle Use:

- Any injection needle use in the past 12 months in California (not associated with formal healthcare services): 7.5%
- Injected substances (mutually inclusive):
  - Vitamins 4.4%
  - Antibiotics 2.4%
  - Yerbero medicines 0.6%
  - Drugs (heroin) 0.5%
  - Hormones 0.5%
  - Vaccinations 0.4%

### HIV Prevalence:

Category	HIV (+)	Total n	% HIV (+)
MSM, MSF, MSTransgender	4	135	3.0%
MSF	1	515	0.2%
Females	0	192	0.0%
Transgender	0	10	0.0%

### STI and Hepatitis Prevalence:

	Syphilis	<i>Chlamydia trachomatis</i>	HBcAb	Hepatitis C Virus
Females	0/193 0.0%	4/198 2.0%	7/196 3.6%	0/197 0.0%
Males	13/581 2.2%	20/584 3.4%	42/584 7.2%	12/583 2.0%

### Health Services (Fresno Data Only):

- In the past 12 months, 11% (n=38) needed but did not receive health services
- Reasons for not seeking health services:
  - Too expensive: 34% (n=13)
  - Other reasons: 32% (n=12)
  - Unsure about where to go: 11% (n=4)

### Health Services (Fresno Data Only):

- **Health services received in the past 12 months:**
  - **Test for HIV:** 15% (n=50)
  - **Test for STD:** 11% (n=38)
  - **Treatment for STD:** 1% (n=3)
  - **HIV or STD health education:** 18% (n=62)
  - **Tuberculosis treatment:** 3% (n=11)
  - **Have not received these services:** 70% (n=239)

### Health Services – Women (Fresno Data Only):

- **58% (n=61) of women have received gynecological care in the past 12 months**
- **9% (n=9) women have been pregnant in the past 12 months**
- **6% (n=6) of women received prenatal care in the past 12 months**

### Health Status (Fresno Data Only):

- **23% (n=78) of respondents had symptoms in genital area in the past 12 months:**
  - **Ulcer, lesion:** 6% (n=5)
  - **Discharge:** 14% (n=11)
  - **Itching, burning:** 73% (n=57)
  - **Warts:** 15% (n=12)
  - **Pelvic pain (women):** 10% (n=8)
- **23% (n=18) of symptomatic individuals received treatment for symptoms:**
  - **Clinic or hospital or ER:** 33% (n=6)
  - **Folk healer:** 6% (n=1)
  - **Home remedy or friend:** 22% (n=4)
  - **Pharmacy w/ prescription:** 11% (n=2)
  - **Pharmacy w/out prescription:** 33% (n=6)

### HIV/AIDS Knowledge (Fresno Data Only):

- **Respondents reported “true” when asked whether HIV can be transmitted by:**
  - **Kissing:** 22% (n=74)
  - **Coughing:** 15% (n=52)
  - **Sharing needles w/out disinfecting:** 95% (n=322)
  - **Eating same food as person w/ AIDS:** 20% (n=69)
  - **Vaginal sex w/out condom:** 96% (n=326)
  - **Anal sex w/out condom:** 92% (n=312)
  - **Infected mother can prevent infecting child during pregnancy w/ treatment:** 62% (n=212)
  - **MSF not at risk of getting HIV/AIDS:** 30% (n=101)
  - **Person infected after sex only once:** 89% (n=303)

### **Access to Condoms (Fresno Data Only):**

- 2 out of 3 respondents reported not having access to condoms when needed
- 1 out of 10 respondents reported carrying a condom in their wallet or purse

### **STD/HIV/AIDS Risk and Testing (Fresno Data Only):**

- Possible sexual relations w/ STD or HIV infected person: 9% (n=30)
- Could be currently infected w/ HIV/AIDS: 5% (n=16)
- Ever taken an HIV test: 29% (n=97)
  - Past 12 months: 44% (n=42)
  - More than 12 months ago, but within 5 years: 38% (n=36)
  - 5 or more years ago: 18% (n=17)
- Not (ever) given blood for health tests: 37% (n=128)

### **Conclusions:**

- Mexican migrants, during their stay in California, reported high levels of HIV risk behavior including unprotected sex with sex workers, unprotected vaginal and anal sex with multiple partners, cocaine and methamphetamine use, and use of injection needles.
- Analysis by type of site suggests that Mexican migrants are vulnerable to HIV infection through their common daily work and work-seeking environments.

- **Site of CMESP Enrollment**
- **Test Results for HIV, Syphilis, *Chlamydia trachomatis*, HBcAb, Hepatitis C Virus, and Gonorrhea**
- **Education History**
- **Acculturation Scale Based on Language Preference**
- **Employment History Prior to Living and Working in California and in the Past 12 Months While Living in California**
- **Current Housing**
- **Last Time Visiting Mexico**
- **Age When First Coming to California**
- **Number of Children**
- **Reason(s) for Coming to the U.S.**
- **Communication with Family/Friends in Mexico**
- **Experiences of Discrimination while in California**
- **Depression Scale (CES-D Scale, Radloff, L.S., 1977)**
- **Marital Status**
- **Access to Health Services : Reasons for not accessing health services; HIV and/or STI testing in past 12 months?; Treatment for HIV and/or STI?; Health education for HIV and/or STIs?; Test or treatment for TB, diabetes, asthma, back pain?; Gynecological care, pregnancy history, and prenatal care (women only)?**
- **Symptoms in Genital Area in Past 12 Months (and Treatment History)**
- **History of HIV and/or STIs**
- **Access to Health Services or Participation in Health Fair Activities in the Past 12 Months**
- **Sexual Partner History: Sex with sex workers, men, women, transgender?**
- **Number of Sexual Partners in the Past 12 Months and Type of Sex**
- **Condom Use and Reason(s) for Not Using a Condom**

- **Sex Under the Influence of Alcohol or Drugs**
- **Alcohol Use in the Past 30 Days**
- **IV Drug Use and Needle Exchange Programs**
- **Marijuana, Cocaine, Heroin, and Meth Use**
- **Sex Work History**
- **Violence Suffered**
- **Incarceration History**
- **HIV/AIDS Knowledge**
- **Access to Condoms**
- **Sex with HIV(+) Partner in past 12 Months**
- **History of HIV Testing or Reason(s) for not Taking the Test**
- **Ever seen a photonovela or heard a radionovela about STIs and HIV?**
- **Ever talked with a health professional, outreach worker, or promotora about HIV/AIDS or STIs?**
- **Ever seen a billboard about protecting yourself against HIV/AIDS or STIs?**
- **If HIV(+), History of Tx for HIV**