
Exploring Preferences for Conditional Cash Transfers among MSM of Color in LA County

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Project Information

- Funder: National Institute of Mental Health
 - Award number: P30MH058107
- Principal Investigators:
 - Dr. Corrina Moucheraud, ScD, MPH – Associate Professor, Department of Public Health Policy & Management | Co-Director of the Global Center for Implementation Science, New York University
 - Dr. Raphael J. Landovitz, MD, MSc – Interim Chief, Division of Infectious Diseases | Professor of Medicine, UCLA Center for Clinical AIDS Research & Education
- Community Partners: UCLA, Division of STD and HIV Prevention & APLA's Out Here Sexual Health Center, Baldwin Hills



UCLA



APLA

Research Positionality

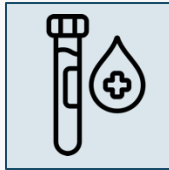
- Over a decade of experience in HIV prevention science and research
 - National HIV Behavioral Surveillance (NHBS) Study
 - Health eNavigation (Health eNav) Study
- Ongoing commitment to ending the HIV epidemic through frontline efforts, community-engaged approaches, and uplifting marginalized voices
- My identity as a Hispanic and queer person has shaped my passion for improving HIV prevention strategies for men who have sex with men of color and other minoritized LGBTQ individuals
 - PhD in Community Health Sciences at UCLA

HIV Epidemic in Los Angeles County

- The total number of new HIV cases in 2021 is reported to be 1,518.¹
- Among these cases, 79% (or 1,206 cases) were attributed to male-to-male sexual contact, or men who have sex with men (MSM).¹
- 23% (or 350 cases) of the new diagnoses were among Black individuals.¹
- 53% (or 803 cases) of the new diagnoses were among Latinx individuals.¹
- From 2013 to 2021, we see distinct patterns in HIV diagnoses among MSM, particularly among those of color, with periods of increase, stabilization, and occasional declines.

1. Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2022. Published October 25, 2023. http://publichealth.lacounty.gov/dhsp/Reports/HIV/Annual_HIV_Surveillance_Report_2022_LAC_Final.pdf. Accessed November 6th, 2024.

Unmet Need in HIV Prevention Strategies



HIV Testing Disparities

In 2022, Black MSM accounted for only 5.4% of all HIV tests in Los Angeles County, while Latinx MSM accounted for 18.2%.¹



Low PrEP Uptake

In 2021, Black MSM who were insured accounted for 14% of all PrEP users in Los Angeles County, while Latinx MSM who were insured accounted for 17%.²

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1. Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. 2022 HIV and STD Testing Services Report. Published June 17, 2024. <http://publichealth.lacounty.gov/dhsp/Reports/HIV/2022HIVandSTDTestingServicesReport.pdf>. Accessed November 6, 2024.
 2. AIDS Vu. (2022). AIDS Vu Releases New Showing Significant Inequities in PrEP Use Among Black and Hispanic Americans. Retrieved November 6, 2024 from <https://aidsvu.org/news-updates/prep-use-race-ethnicity-launch-22/>

The Power of Conditional Cash Transfers

- Conditional cash transfers (CCTs) offer financial incentives to participants based on a set of conditional requirements, such as getting an HIV testing or taking PrEP.¹
- CCTs have demonstrated their effectiveness in improving various health outcomes in maternal and child health, immunizations, and smoking.²⁻⁴
- They serve as a promising strategy for increasing HIV testing among priority populations, however, they are under-explored among high-risk groups in the US.

1. Marshall, C., & Hill, P.S. (2015). Ten best resources on conditional cash transfers. *Health Policy Pla*, 30(60), 742-746. <http://doi.org/10.1093/heapol/czu051>

2. Edmond, K.M., Foshanji, A.I., Naziri, M., Higgins-Steel, A., Burke, J.M., Strobel, N., & Farewar, F. (2019). Conditional cash transfers to improve use of health facilities by mothers and newborns in conflict affected countries, a prospective population based intervention study from Afganistan. *BMC Pregnancy Childbearth*, 19(1), 193. <https://doi.org/10.1007/s10461-020-03038-2>

3. Lyles, B.E., Chua, S., Barham, Y., Pfeiffer-Mundt, K., Spiegel, P., Burton, A., & Doocy, S. (2021). Improving diabetes control for Syrian refugees in Jordan: a longitudinal cohort study comparing the effects of cash transfers and health education intervention. *Conflict and Health*, 15(91), 41. <https://doi.org/10.1186/s13031-021-00380-7>

4. Notlev, C., Gentry, S., Livingstone-Banks, J., Bauld, L., Perera, R., & Hartmann-Boyce, J. (2019). Incentives for smoking cessation. *Cochrane Database Syst Rev*, 7(7), cd004307. <https://doi.org/10.1002/14651858.CD004307.pub6>

The Incentives & Prevention Study

- The Incentives & Prevention Study (TIPS) is a pilot project aimed to generate robust pre-implementation data to better understand the acceptability of using a CCT intervention to increase PrEP use and HIV testing among at-risk Black and Latinx MSM in Los Angeles County.
- TIPS is a UCLA's Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) project in partnership with LA County's Department of Public Health's Division of HIV and STD Programs (DHSP) and AIDS Project Los Angeles (APLA) Out Here Sexual Health Center in Baldwin Hills, Los Angeles.

TIPS Aims & Objectives

- 1 Identify characteristics of a CCT intervention that are preferred by Black and Latinx MSM in Los Angeles County.
- 2 To understand if a CCT intervention to support HIV prevention is acceptable, and if so, what should a CCT intervention look like for Black and Latinx MSM in Los Angeles County?

TIPS Recruitment & Data Collection

- We conducted recruitment between July 2023 and January 2024.
- We utilized two modalities for recruitment:
 - Online recruitment through advertisement on social media and dating apps.
 - In-person recruitment by attending ~6 events at Out Here Sexual Health Center in Baldwin Hills.
- Inclusion Criteria
 - 18 years of age or older
 - Self-identified as a cisgender MSM
 - Self-identified as Black and/or Latinx
 - Living in Los Angeles county based on self-reported Zip code residence

TIPS Recruitment & Data Collection

- Potential participants were directed to fill out an online interest form, and research staff then initiated contact to assess eligibility.
 - Eligible participants were invited to participate in a cross-sectional survey, and a subsample were invited for a qualitative interview.
 - We ran into challenges with recruitment, so we loosened eligibility criteria to meet sample size:
 - Removed upper age restriction (initially 18-35)
 - Removed PrEP use restriction (initially never users)
 - Removed location restriction (initially SPA 6)
 - Conducted 20 qualitative interviews, and 133 surveys which included discrete choice experiments (DCEs).
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Discrete Choice Experiments

- DCEs are a method used to understand and predict people's preferences by assessing the relative importance of different characteristics or "attributes" of a product or service.¹
- Participants are presented with sets of hypothetical scenarios, each with varying attributes. They choose their preferred option, helping researchers identify which features matter most in decision-making.¹
- DCEs are widely used in health economics to evaluate preferences for healthcare services, programs, and treatments.¹
- DCEs provide actionable insights to policymakers and healthcare providers, guiding the design of more acceptable and accessible services.²

1. Soekhai, V., de Bekker-Grob, E.W., Ellis, A.R. et al. Discrete Choice Experiments in Health Economics: Past, Present and Future. *PharmacoEconomics* 37, 201–226 (2019). <https://doi.org/10.1007/s40273-018-0734-2>

2. Van den Broek-Altenburg, E., Atherly, A. Using discrete choice experiments to measure preferences for hard to observe choice attributes to inform health policy decisions. *Health Econ Rev* 10, 18 (2020). <https://doi.org/10.1186/s13561-020-00276-x>















TIPS Methods – DCEs

- Participants completed a survey that asked sociodemographic questions and behavioral questions related to HIV prevention and risk.
- This was followed by two DCEs on CCTs for PrEP use and HIV testing.
- The PrEP use DCE had four attributes:
 - Amount of money to be received (\$300, \$600, \$1200) total per year
 - Frequency of CCT payments (monthly, quarterly, annually)
 - Format of a CCT payment (gift card or cash)
 - Type of PreP for the conditionality (oral daily pills or bimonthly injectable)
- The HIV testing DCE had the same attributes for CCT amount, frequency, and format.

TIPS Methods – DCEs

- Participants were randomized to see 8 DCE choice-sets for a PrEP CCT, and 8 DCE choice-sets for an HIV testing CCT.
- Hypothetical preference questions:

Figure 1: Design of the discrete choice experiments, example questions (choice-sets)

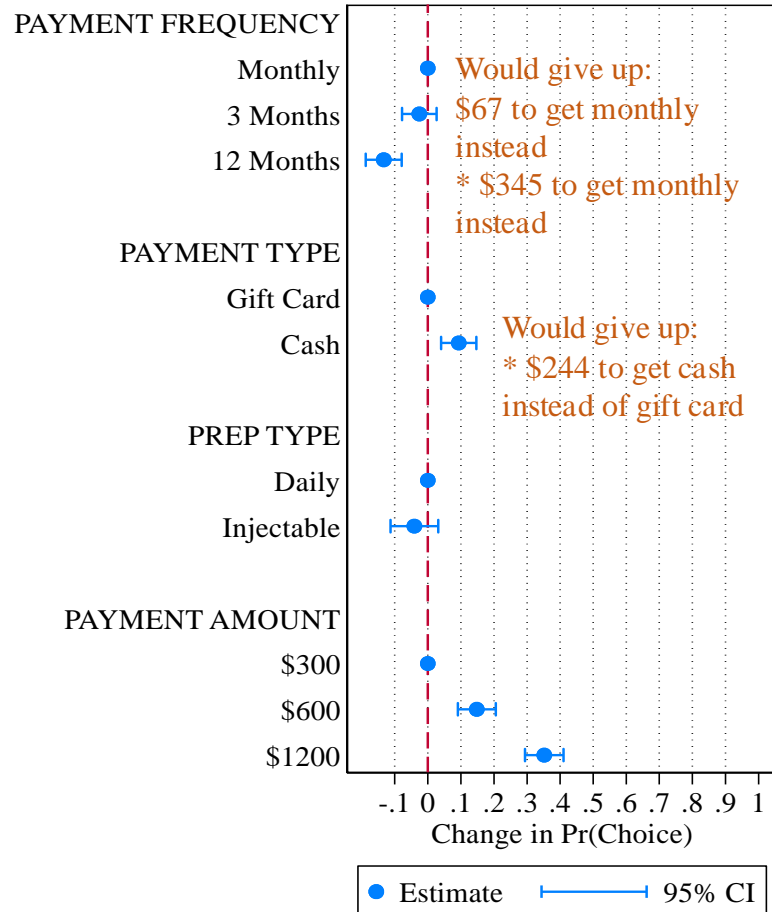
Example PrEP DCE choice-set				Example HIV testing DCE choice-set			
	Intervention A \$1200 each year that you've taken <u>PrEP</u> consistently	Intervention B \$300 each year that you've taken <u>PrEP</u> consistently			Intervention A \$1200 each year that you've taken <u>PrEP</u> consistently	Intervention B \$600 each year that you've taken <u>PrEP</u> consistently	
	The total amount of money is paid every 3 months	The total amount of money is paid every 12 months			The total amount money is paid every 3 months	The total amount of money is paid every 12 months	
	Cash payment	Gift card payment			Cash payment	Gift card payment	
	You take oral <u>PrEP</u> daily	You receive injectable <u>PrEP</u> every two months					

DCE Demographic Characteristics

Table 1: Characteristics of the survey sample (n=133)

		n	%
Age	20-29	49	36.8
	30-39	49	36.8
	40-49	22	16.5
	50+	13	9.8
Race/ ethnicity	Black/African American	49	36.8
	Hispanic/Latinx	66	49.6
	Mixed race	18	13.5
Highest level of school completed	Below high school diploma	2	1.5
	High school diploma/GED	18	13.5
	Some college / Associate's degree	31	23.3
	College / University	63	47.4
	Graduate studies	19	14.3
Employment status	Part-time	28	21.1
	Full-time	73	54.9
	On disability	3	2.3
	Not working	29	21.8
Housing status during the last 3 months	Own	11	8.3
	Rent	97	72.9
	Unpaid housing arrangements	25	18.8

TIPS Results: PrEP CCT



- Participants preferred that a PrEP CCT would give:
 - Frequent payments
 - Cash payments
 - More money
- Converting to willingness-to-pay estimates, participants would give up \$345 each year to receive monthly payments rather than annual payment.
- Participants would give up \$244 each year to get their payments in cash rather than a gift card.

Additional DCE Findings: PrEP CCT

Current PrEP users:

- Preferred cash payments and less likely to prefer injectable PrEP.

Black participants:

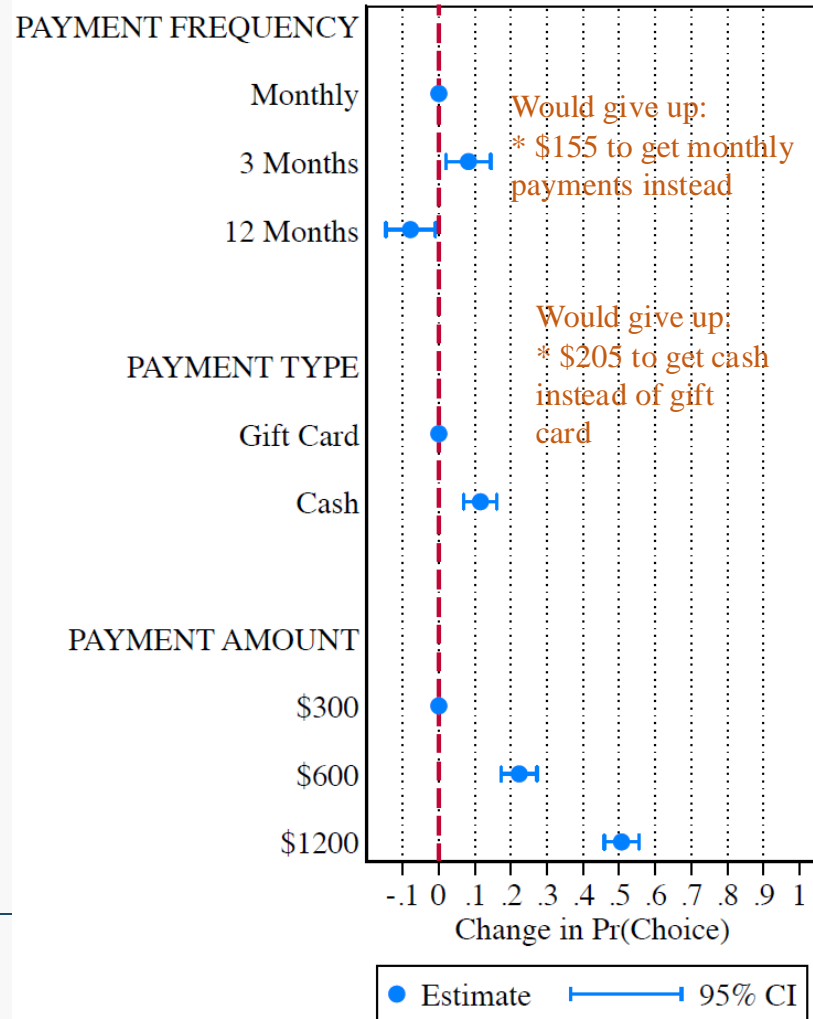
- Showed no strong preference for cash payments and not significant difference in preference between oral and injectable PrEP.

Latinx participants:

- Preferred higher payment amounts and were positively influenced by cash incentives.



DCE Findings: HIV Testing CCT



- Participants preferred that a HIV CCT would give:
 - Frequent payments
 - Cash payments
 - More money
- Converting to willingness-to-pay estimates, participants would give up \$155 each year to receive monthly payments rather than annual payments.
- Participants would give \$205 each year to receive cash payments rather than a gift card.

Additional DCE Findings: HIV Testing CCT

Frequent HIV testers:

- Had a significantly stronger preference for frequent payments, showing 12.2 additional percentage points in preference compared to less frequent testers.

Black participants:

- Showed no significant difference in preferences for a HIV testing CCT compared to Latinx or mixed race MSM.

Latinx participants:

- Showed no distinct preferences for a HIV testing CCT when compared to Black or mixed race MSM.



TIPS Methods – Qualitative Interviews

- We conducted semi-structured, in-depth interviews with a subsample of 20 participants.
- Participants were purposively sampled to obtain diversity in levels of engagement in HIV prevention behaviors, race and ethnicity, and age.
- Interviews lasted 30–45 minutes and took place during a time that was most convenient for the participant.
- Qualitative data were coded and analyzed using grounded theory to identify characteristics of CCTs for using PrEP, or for HIV testing, that are important for Black and Latinx MSM in Los Angeles County

Qualitative Demographic Characteristics

Table 2: Characteristics of the qualitative sample (n=20)

		n
Age	20-29	13
	30-39	6
	40-49	1
Race/ ethnicity	Black/African American	5
	Hispanic/Latinx	11
	Mixed race	4
PrEP Use	Current users	11
	Previous users	4
	Never users	8

Qualitative Findings: Payment Frequency

- Participants expressed that monthly payments were preferred over other frequencies. A participant (Latinx, 28 years) said:

“Yes, monthly payments are good. Because again, I am thinking of both sides because you pay some like, let’s say weekly, you don’t know they’re going to finish out the month. You keep them engaged for that full month. If it’s longer than a month, then people could lose interest [in CCT]. Like again, they’ll have to wait until 3 month or 12 month mark to even see any benefit to this program. So I think monthly is good.”

Qualitative Findings: Payment Type

- Participants preferred cash payments over gift cards, and preferred receiving more money rather than less. One participant (Black, 26 years old) said:

“I just like the freedom of being able to spend the cash on whatever or being able to just deposit that into your own debit card. I guess it’s not much different than getting like a visa gift card where you can spend anywhere, but it’s just like having to carry so many gift cards around. I’d rather just get the cash.”



Qualitative Findings: Payment Amount

- Participants preferred higher incentives compared to lower incentives. One participant (Latinx, 27 years old) said:

“The incentive being a high enough one for sure. Also, in terms of incentive possibly revisiting it and raising it or incentivizing from the beginning saying like it will go higher. Like you’re on a tiered base and if you do stay consistent with taking your PrEP or whatever, again the intervention would reward you.... So then it incentivizes someone further who are getting bored of it or losing interest. But if I stick out a little longer, I will get to that next tier and I’ll be getting more if I continue to participate.”

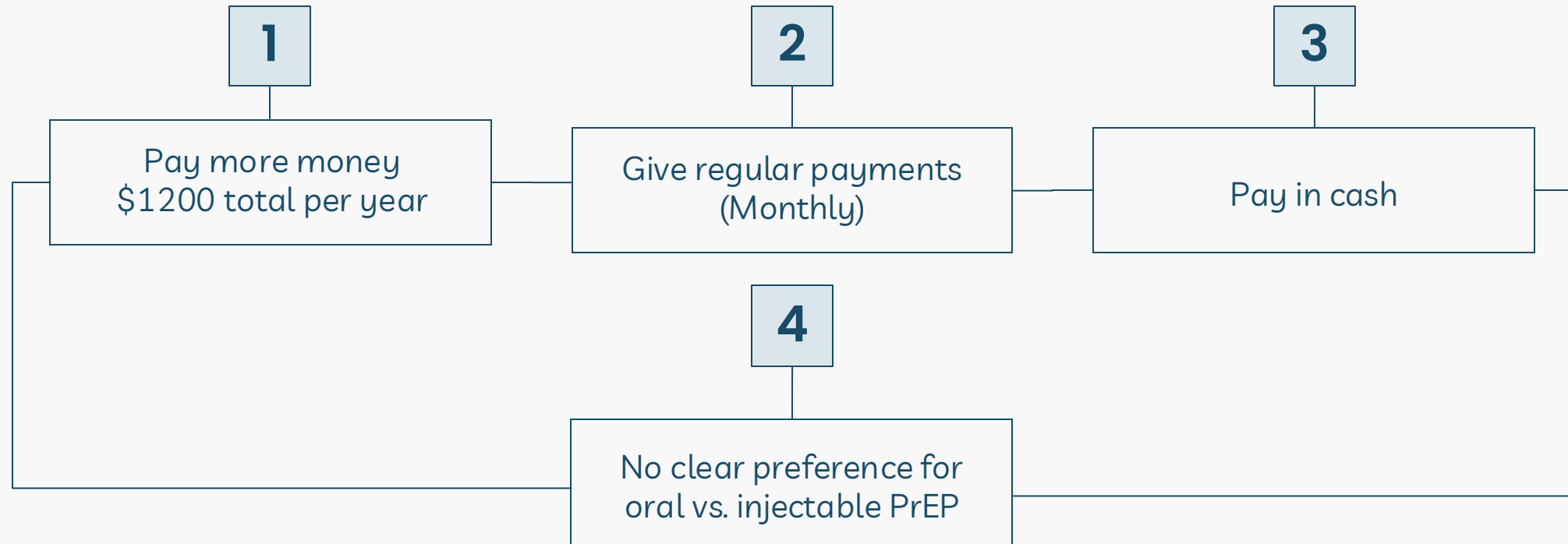
Qualitative Findings: PrEP Type

- We saw no preference for incentivizing oral or injectable PrEP. One participant (Latinx, 33 years old) said:

“I mean, me personally, I just, I’m not a huge fan of shots, so I prefer just taking the pill. But I have one of my really close friends who prefers the injectable one. So I think it differs, but I don’t think the incentive should change based on like what the method is. And I’ve been told personally, from like other friends that injectable PrEP is great. I’ve heard from my own doctor, he is like, ah, well we don’t really know, so I really think you should stick to the pills. So I mean, me personally, I’m still sticking to the daily pills for now, but I don’t think the incentive regardless should change.”

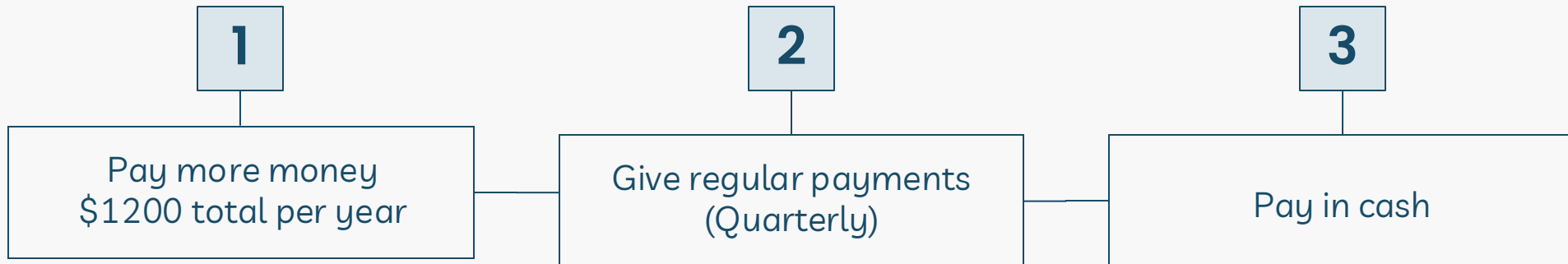
In Summary

Preferred CCT intervention for PrEP Use



In Summary

Preferred CCT intervention for HIV Testing



Best Practices & Community Calls to Action

- 1 Center CCT designs around community needs:** Ensure that CCT interventions are developed collaboratively with community input to align closely with the specific needs and preferences of key populations they aim to serve.
- 2 Expand funding for CCTs as HIV prevention tools:** Advocate for increased funding to further develop and implement CCTs as an acceptable and effective tool for HIV prevention, building on this evidence and their potential impact.



Questions?





Thanks!

Please Connect!

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