



PROGRAM SUMMARY REPORT

# Los Angeles County, CA

**PROGRAM:****iCARE**

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**INTRODUCTION:**

The Incentives for Care, Adherence, Retention and Engagement (iCARE) Program was launched to address gaps in viral suppression among people with HIV (PWH) in Los Angeles County (LAC), particularly focusing on young adults aged 18-29 and adults who are not virally suppressed. The program uses conditional financial incentives to encourage better HIV care engagement and adherence. Despite research supporting financial incentives' effectiveness in promoting health outcomes, knowledge about applying such incentives, especially at the health department level, remains limited. iCARE aims to bridge this gap by implementing a streamlined, centralized approach to incentivize viral suppression.

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**TARGET POPULATION:**

- People living with HIV (PLWH)
  - Youth (Young adults, ages 18-29)
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**KEY STAKEHOLDERS AND COLLABORATORS:**

The program was made possible through collaborations with several key stakeholders, including:

- Local Health Departments
  - Community- Based Organizations (CBOs)
  - Social Service Agencies
  - Hospitals
  - Federally Qualified Health Centers (FQHCs)
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### PROGRAM DURATION:

The iCARE program is designed to run for 1-2 years, aiming to improve HIV outcomes particularly among adults ages 18-29.

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### PROGRAM GOALS AND KEY ACTIVITIES:

The primary goal of the iCARE Program is to improve viral suppression rates among young adults and virally unsuppressed PWH in LAC by encouraging sustained engagement with care. Conditional incentives, supported by the WelTel text messaging platform, help participants maintain regular adherence to their HIV treatment plans and achieve sustained viral suppression.

Key activities in the iCARE Program include:

- **Self-Enrollment and Initial Engagement:** Clients enroll by scanning a QR code or using a smartphone or SMS link. Upon eligibility confirmation, clients receive information on medication adherence and the importance of viral suppression.
  - **Weekly Text-Based Check-ins and Incentives:** Using the WelTel system, weekly texts are sent to clients on Mondays, promoting them to report medication adherence from the past four days. Based on their response, clients receive digital e-gift cards, \$15 for those who are virally suppressed and \$5 for non-suppressed participants. Clients can earn up to \$600 over the program period.
  - **Efficient Incentive Distribution:** Digital e-gift cards are sent via email through Tango Card, Inc., ensuring streamlined, efficient delivery. Clients who do not respond to four consecutive weekly messages receive a reminder and risk disenrollment after continued non-response.
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### PROGRAM CHALLENGES:

Initially, iCARE encountered several operational challenges. Lab reporting delays impacted the timely update of client records in the EMR system, while in-person distribution of gift cards by clinic staff proved burdensome. Limited client engagement also disrupted adherence to contingency management principles, reducing program effectiveness. To address these issues, DHSP adopted a centralized model, implementing digital cards and self-enrollment options, supported by social marketing efforts for outreach. WelTel text

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messaging was introduced to facilitate weekly check-ins, making the program more efficient and accessible for participants.

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#### COMMUNITY ENGAGEMENT AND DEVELOPMENT:

To ensure alignment with community needs, Division of HIV and STD Program (DHSP) actively engaged a range of stakeholders throughout iCARE's development. Meetings with CBOs and healthcare providers were held to gather feedback and adjust the program accordingly. The EHE (Ending the HIV Epidemic) community advisory board provided valuable input, and consultations with academic experts on contingency management in HIV and STD programs informed the program's design. This collaborative approach ensured that iCARE remains community-centered, evidence-based, and responsive to the population it serves.

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#### DATA COLLECTION AND MONITORING:

The iCARE program collects data through a client intake survey and public health surveillance systems, specifically the Enhanced HIV/AIDS Reporting System (eHARS), capturing data up to 12 months before and 24 months after program enrollment. The intake survey gathers information on demographics, HIV medication adherence, life satisfaction, health literacy, and HIV self-efficacy using REDCap, while the client self-enrollment form via WelTel collects contact information. A client satisfaction survey and a provider survey, both conducted via REDCap, assess the program's acceptability, appropriateness, and feasibility. Qualitative semi-structured interviews with 15 clients are used to explore beliefs and attitudes towards HIV and ART adherence. Data is securely stored in a SharePoint Excel database with daily backups, and analyses are performed using Statistical Analysis Software (SAS) to evaluate the program's implementation and effectiveness.

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#### KEY METRICS AND OUTCOMES:

The program iCARE has established several key metrics to measure program success:

- **Achievement of Viral Suppression:** The proportion of enrolled patients achieving viral suppression (<200 copies/mL) during the observation period.

- **Recent Viral Load Suppression:** The percentage of patients on antiretroviral therapy (ART) who have a suppressed viral load (<200 copies/mL) on their most recent viral load test.
- **Sustained Viral Load Suppression:** The percentage of patients on ART who have sustained viral load suppression (<200 copies/mL) on all viral load tests during the observation period.

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### CONCLUSION:

The iCARE Program has effectively utilized conditional financial incentives to support viral suppression and improve care engagement among young adults and virally unsuppressed PWH in LAC. With enhanced accessibility through digital tools, streamlined data collection, and community-driven design, iCARE demonstrates a practical, scalable approach to applying contingency management in public health. The initiative has shown promising results, enhancing accessibility and engagement, and has the potential to improve long-term health outcomes for PWH in the region.