

## COMMUNITY PREVENTION POLICY & PROGRAMS IN RISK SETTINGS

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### PROJECT DESCRIPTION

This study expands the science of structural interventions by investigating local prevention policy and programs directed at those commercial social settings where men meet and sometimes engage in behaviors known to transmit HIV. For convenience we refer to these risk settings as “clubs.”

We assessed the process by which policy and programs were implemented and their impact on the club environment.

We studied the influence of outsiders on the club environment by:

- 1) Documenting the legal and policy environment in which clubs operate and the HIV prevention programs that have been implemented in clubs
- 2) Assessing intended and perceived impact of prevention efforts on the club environment, by building on the theory of social climate
- 3) Describing the structure (interorganizational relations among clubs, health departments and CBOs) and the process (policy activism) of implementing (or not) HIV prevention policy and programs in clubs

To accomplish these aims, Scott Burris led a team at Temple University who documented the legal and policy environment. And, the UCSF CAPS team conducted field ethnographies, interviews and focus groups among five stakeholder groups: club managers, health officials, CBO providers of HIV prevention services, community representatives on HIV prevention planning groups, and club patrons.

### SIGNIFICANCE

In an earlier study of clubs, we looked at the club environment from the theoretical framework of Rudolf Moos, whose “person environment” theory identified setting dimensions that shape a given environment, making significant contributions to the “social climate.” For Moos the social climate is the “personality” of a setting. However our analyses indicated that the theory was limited in explaining the influence of “outsiders,” i.e., health departments and community based organizations (CBOs), which made significant contributions to a club’s HIV prevention environment. At the same time the influence of these outsiders appeared to be both local and idiosyncratic, and therefore policy and programs varied greatly from city to city, so much so that the policy implementation to reduce HIV risk in one city was seen to be the exact opposite of a policy to reduce HIV risk in another city.

**PROJECT END DATE:** April 2008