Dynamic prevention programs in gay bathhouses more likely under non-regulatory policies

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Background
HIV prevention policies for gay bathhouses vary widely across the United States. To evaluate these policies, we studied bathhouse prevention policy and programs in 9 U.S. metropolitan areas located in 7 different states.

Methods
- Starting with the person-environment theoretical framework of Rudolf Moos, we identified relevant stakeholders to the bathhouse prevention environment (see Figure 1).
- Data from 12 health jurisdictions in these 9 cities included
  - observations at 23 bathhouses;
  - in-depth interviews with 22 bathhouse managers, 18 health officials, 27 HIV prevention service providers, 17 community activists; and
  - 20 bathhouse patron focus groups.

Results
- Although most states had laws regarding bathhouses, local policies of health jurisdictions were locally derived, rather than defined at the state level.
  - For example, the policies of the 5 jurisdictions in California varied widely.
  - New York City is an example of an exception, where the local policy is the strict application of state law by the health department.
- As shown in Figure 2, the analysis revealed 3 regulatory policy approaches: 1) regulate bathhouse managers' responsibilities; 2) regulate patrons' behavior; 3) regulate both managers’ responsibilities and patrons’ behavior and 2 non-regulatory policy approaches: 4) disregard bathhouses; 5) cultivate stakeholder cooperation to develop prevention
- None of the 5 policy approaches appear to be evidence-based. Table 1 shows the policy type identified in each of the 12 health jurisdictions.

Regulatory Policies
The 3 regulatory policies narrowed interactions between health officials and managers to policy-defined roles of “regulator” and “regulated.”
- Discussion among stakeholders, at times with evident tension, focused on the regulations (e.g., keeping sex out of public areas).
- These approaches discouraged exploring HIV prevention strategies utilized in other cities.
- In some cases, policies clearly inhibited service providers from building relationships with managers.
- Typically, bathhouse prevention programs were limited to what the regulations required.

Non-Regulatory Policies
- In the first non-regulatory policy (i.e., disregard bathhouses), either service providers offered programs without public health involvement, or managers were left on their own to provide HIV prevention by making condoms, lubricant, and HIV information available.
- The second non-regulatory policy (i.e., cultivate stakeholder cooperation) resulted in collaboration among stakeholders such that health officials, managers, and providers generated new ideas to keep programming fresh and meet changing circumstances. The most extensive and dynamic bathhouse prevention programs were in these non-regulatory jurisdictions.

Conclusions
Evidence-based policies require that prevention programs be evaluated for effectiveness. In order to promote the most dynamic prevention programs, health jurisdictions should implement non-regulatory policies that cultivate stakeholder cooperation.

Figure 1. Applying Rudolf Moos’s Theoretical Framework to a Club Prevention Environment

Figure 2. Implied Theory of Policy Influence on Patron Sexual Behavior

Table 1. Health Jurisdiction and Policy Type*

<table>
<thead>
<tr>
<th>State</th>
<th>Health Jurisdiction</th>
<th>Regulate Patron</th>
<th>Regulate Manager</th>
<th>Policy Type</th>
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</tbody>
</table>

*Shaded cells = jurisdictions within the same metropolitan area

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