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| **A presentation of findings from a community based participatory needs assessment with street-level sex workers** |
| **Background/Objectives**  The majority of public health research on street-level sex workers has typically focused on disease transmission and prevention (e.g. HIV/Aids and HepC) and health surveillance. This narrow focus serves to deepen the stigma workers face as “vectors of disease”, while ignoring how structural arrangements (i.e. closed circuit television cameras) may deter workers from accessing primary health care. More recently, the focus of public health research has widened to include evaluations of harm reduction initiatives, such as needle exchange. Furthermore, sex work in medium-sized (100,000-1 million) Canadian cities is not well understood. There are also the political realities of the day, economic constraints, lobbyists, habits, traditions and values within communities and among service providers that define what is constructed as a ‘need’.  **Methods**  A community based participatory research design informed the development and conduct of a needs assessment with street- level sex workers within a mid-sized urban centre in Ontario, Canada. The research question was: What would help street-level sex workers to live with enhanced safety and dignity within their community?  **Results**  Twenty-four women who accessed the drop in centre (SafeSpace) participated in in-depth interviews. Observational data of items requested by women who accessed the space was also recorded over a 6-month time period. The majority of participants reported having significant health concerns. The overarching theme of *relationships* was defined as vital to participants’ ability to live and work with enhanced safety and dignity in their community. The subthemes included: relationships to public space(s); relationships with/in community services; and relationships to a drop in centre for sex workers (SafeSpace).  **Discussion**  Our findings demonstrate how central relationships are to enhancing or diminishing sex workers’ sense of dignity, self-worth, safety, and adequate access to services. While tangible resources, such as harm reduction supplies and personal hygiene items were requested by sex workers in order to meet their day-to-day needs, these resources were available at other locations; it was the way participants were made to *feel* when accessing these items that they highlighted as unique among community resources, and made a difference in their lives.  **Keywords**  street-level sex work, needs-assessment, community based participatory research, health promotion |