

## NEW AND EMERGING PRIORITIES FOR GLOBAL HEALTH

### Reproductive healthcare needs of sex workers in Rural South Africa: a community assessment

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**Project Purpose:** There is a community-driven priority in the Limpopo province of South Africa for programs addressing the reproductive healthcare needs among a growing population of mobile sex workers. Access and availability of women's health services is limited and many challenges exist. This study was developed to place communities at the forefront to more specifically adapt a public health response to regional barriers and attitudes. Our aim was to build strong community partnerships, gain understanding of issues in women's health services, and collaborate with community members to address those issues.

**Methods:** This project collected quantitative and qualitative data from migrant sex workers in rural South Africa. Participants were recruited through voluntary interest from a local health clinic performing outreach for sex workers. We (1) created partnerships and built trust within the community, and (2) worked together with the community to collect both qualitative and quantitative data, such as community groups to discuss health needs as well as distribution of "knowledge, attitude, and practice" (KAP) surveys.

**Outcome:** Ninety-four sex workers were surveyed and participated in qualitative discussion groups. The survey data identified risk factors to poor reproductive healthcare outcomes, including limited education, young age at first sexual contact, large number of sexual partners, little knowledge of sexually transmitted infections, distrust in the use of healthcare facilities, and limited use of contraception. Community discussion groups revealed a desire for easier and more accessible healthcare, showing the biggest barriers to care as lack of money and transportation, and safety concerns related to profession, including fear of violence from partner and/or client. With input from civic leaders, public interest and community outreach groups, a community advisory board was successfully formed for future collaboration.

**Going Forward:** By working with local stakeholders and sex workers, we created an interactive and tailored assessment to discuss healthcare disparities. We helped foster community ownership of local healthcare provision, contributing to the efficacy and sustainability of future projects. We demonstrated successful implementation of both qualitative and quantitative research, setting the stage for future research in which partners will create and implement a sustainable and cooperative public health campaign.

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### Towards improving healthy food access through community-supported-agriculture-farmshare programs in food desert areas and among low income populations

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**Background:** A report indicated that San Bernardino's Home and School Retail Food Environment Index (HS RFEI) was rated highest in California with an index of 8.9, while California's was 7.9 (Babey, Wolstein, & Diamant, 2011). The RFEI is a rating of food stores offering mainly unhealthful choices (i.e. corporate fast-food chains) compared to those offering predominantly healthful options (e.g. fresh produce) in a locality. The RFEI implications are that California, and more specifically, San Bernardino city are disproportionately affected with very limited options for healthy foods. Current study aimed to explore Community Supported Agriculture Farmshare (CSA-F) programs as alternative food sources in disadvantaged communities.

**Methods:** Participants were outreached via door to door canvassing, flyers distribution, and community meeting announcements. One hundred and eighty-two participants (one-per household) in two low-income residential communities in San Bernardino were enrolled and received (for at least 8 weeks) the following: Group I: Weekly Farmshare produce, participate in one-hour health education class, and in another one-hour of weekly physical-activity. Group II: Attended a once weekly one-hour physical-activity-session.

**Findings:** Based on their ages, percentages of body fat, visceral fat, resting metabolism, and muscle, participants' body mass indexes were predicted with a significant multivariable linear regression equation:  $F(5, 159) = 271.15, p < 0.001; R^2 = .89$ . When split by group, participants in the Farmshare/exercise/education group had a 4-point drop in their heart rates after 8 weeks. Their baseline heart rates (Mean= 74.8, SE= 1.8), was significantly higher compared to after eight weeks (M= 70.6, SE= 1.4),  $t(39) = -2.51, p\text{-value} = 0.016$ . Daily fruits and vegetable consumption per day also increased about 1.2 significant points in the Farmshare/exercise/education group; baseline M= 5.7, SE=0.41, compared to after 8 weeks M= 7.0, SE= 0.35,  $t(45) = 3.32, p\text{-value} = 0.002$ .

**Interpretations:** Innovative alternative food choices like Farmshare programs can be viable options for supplying healthy foods to local communities, however, cost, feasibility, and enlightenment regarding such choices remain impediments for their patronage among study participants. Similar options, fostering new relationships by connecting local farmers with their consumers, may elicit not only an agrarian awareness, but a keen global and environmental responsiveness as reported.