

Outcomes & Evaluation: Through this nutrition curriculum evaluation, multiple themes emerged: An increased capacity among HPs to deliver curriculum content, personally learning and applying that knowledge towards nutrition related recommendations. The HPs were not using the nutrition booklet in community homes as designed due to concerns regarding being received as too formal or pretentious. The HPs recurrently described their ability to personalize the education through a process consisting of: an environmental scan, diet assessment, and educational and behavioral recommendations.

Going Forward: The findings illuminated barriers and opportunities related to community health education using the health promoter model, such as tensions for HPs across their multiple roles, specifically as a professional and neighbor. These tensions have implications for training, program implementation, and program sustainability. Steps forward include: Sharing results with clinic staff and HPs to engage their expertise in topic priority setting and delivery format. Augmenting our support and training of the HPs and clinic staff to address these tensions and preferences through further skill building in educational techniques and motivational interviewing. Design subsequent assessment of the program revisions and interviews with another key stakeholder: the community members/recipients.

Funding: Funding for this project came from Vanderbilt Peabody College and Vanderbilt Medical Center's Pediatrics Department.

Abstract #: 01ETC070

Giving back: A mixed methods observational study of the contributions of US-based Nigerian physicians to their home country

J. Nwadiuko¹, K. James², G.E. Switzer³, J.L. Stern³, L. Hagander⁴, J.G. Meara⁵; ¹University of Pittsburgh, Pittsburgh, PA/US, ²University of Pittsburgh Graduate School of Public Health, Pittsburgh, PA/US, ³University of Pittsburgh School of Medicine, Pittsburgh, PA/US, ⁴Lund University, Lund, Sweden, ⁵Program in Global Surgery and Social Change, Harvard Medical School, Boston, MA/US

Background: There is increased interest in the capacity of US immigrants to spur economic growth in their homelands via entrepreneurship and remittances. However, there has been little research examining how immigrant physicians may support health systems and what factors facilitate or raise barriers to increased support.

Methods: This study used an observational design with survey and interview components. A purposive sample was drawn from attendees of a 2011 conference for US Based Nigerian physicians; respondents who were not US residents, physicians, and of Nigerian birth or parentage were excluded from further analysis. Respondents were randomly selected to complete a follow-up interview, with separate scripts for those having made past financial contributions or medical service trips to support Nigerian healthcare versus those who had done neither. Survey results were analyzed using Fischer exact tests and interviews were coded in pairs using grounded theory. Study protocol was approved by IRB at the University of Pittsburgh.

Findings: Seventy-five (48%) of 156 individuals who attended the conference met inclusion criteria and completed surveys, and 13 interviews were completed (with 7 "contributors" and 6 "noncontributors"). In surveys, 65% percent of respondents indicated a donation to an agency providing healthcare in Nigeria the previous year, 57% went on medical service trips in the past 10 years and 45% indicated it was "very likely" or "likely" that they would return to Nigeria to practice medicine. Frequency of encounters with Nigerian professionals was significantly associated with likelihood of having made a donation ($p=0.024$) or medical service trip ($p=0.001$), and perceived likelihood of permanent return was associated

with level of perceived impact of practice in Nigeria ($p=.002$). In interviews, respondents tended to favor gifts in kind, financial gifts, and medical service as modes of contribution, with medical education facilities as the most popular recipient. Personal connections, often forged in medical school, tended to facilitate contributions, while lack of cooperation from government tended to hamper it. Individuals desiring to return permanently focused on potential impact and worried about health system under-preparedness; those not desiring permanent return reported concerns about safety, financial security and health systems.

Interpretation: An important portion of Nigerian physicians are engaged in home country health care utilizing a spectrum of contributory levels and mechanisms. Relationships with other Nigerians likely have a positive effect on contributions while health system issues largely prohibit contributions and return. As such, there is reason to believe that strengthening accountability mechanisms and outreach from health systems can further increase support. Our study is limited by its restriction to a single organization but nonetheless represents an engaged subset of physicians upon whom interventions will have great impact.

Funding: University of Pittsburgh Institute of Clinical Research Education; University of Pittsburgh SOM Dean's Summer Research Project.

Abstract #: 01ETC071

Improving occupational and environmental health in Mongolia through a multidisciplinary public-private international capacity building partnership

P.B. Olkhanud¹, D. Lodoysamba¹, C. Ochir¹, D. Warburton²; ¹School of Public Health, Mongolian National University of Medical Sciences, Ulaanbaatar, MN, ²Children's Hospital Los Angeles /University of Southern California, Los Angeles, CA/US

Program/Project Purpose: Mongolia is currently experiencing rapid social and economic changes that are further intensified by the recent mining boom in the country, and Environmental and Occupational Health (EOH) is only now emerging as a new field within the public health sector in Mongolia. Although the government is committed to promoting sustainable green development by passing a law to require both environmental and health impact assessment for all projects implemented in the country, its implementation and the future of EOH field hinges upon the development of human capacity as we are in a dire need for EOH professionals with modern knowledge and skills to deal with the current challenges faced in Mongolia.

Structure/Method/Design: We established the first department of Environmental and Occupational Health in the country under the School of Public Health of MNUMS to meet the urgent need to provide solutions to environmental and occupational health issues in Mongolia. Mission of our department is to prepare qualified professionals with knowledge and skills to conduct rigorous fact-based research in environmental and occupational health, identify and implement effective interventions, advance and disseminate knowledge, and to ultimately strengthen human capacity in the EOH field in Mongolia. Our department is working with various organizations including government agencies, academic institutions, and NGOs around the world on projects such as collaborative research studies on environmental exposure assessment and its health impacts, graduate training programs with research component, and advanced in-country seminars and training workshops, and benefits from financial and technical assistance from both national and international organizations such as Fogarty International Center and University of Southern California and private entities.