collected from parents/guardians of participants. Blood lead levels (BLLs) were collected with fingerstick samples and analyzed using a portable instrument, LeadCare® II. Children with highest BLLs underwent a venipuncture sampling for confirmatory analysis using Graphite Furnace Atomic Absorption Spectrometry. Parents or guardians of participants also responded to interviewer-administered household survey on involvement in recycling activities, use of personal protective equipment, and personal hygiene of household members including children. For data analysis BLL was categorized based on U.S. CDC recommendations for treatment ($\geq$45 μg/dL). Higher values were split based on the instrument measurement limit (>65 and 45-65 μg/dL) and lower values were split into two categories of approximately equal size (10-19 and 20-44 μg/dL). Bivariate analysis was conducted between categorized BLL and covariates using chi-square, Fisher exact tests, or one-way ANOVA. Multivariate analyses further examine associations with potential risk factors.

Findings: At baseline, all children tested with Lead Care II had elevated BLLs : 24% had BLL >65 μg/dL; other values had mean 35.2 μg/dl (sd 11.5), with lowest value, 6.9 μg/dL. Current recycling at home, involvement of household members in recycling, duration of home-based recycling activities, and proximity to a recycling operation were all significantly associated with very high BLLs. Time spent by child in outdoor environment was also significantly associated with very high BLLs. At the follow-up assessment BLLs displayed a downward trend: >65 (5% follow-up versus 24% baseline), 45-65 (11% versus 17%), 20-44 (56% vs 53%), and 10-19 (26 % vs 6%).

Interpretation: Follow-up BLLs, though still high, point towards favorable impact of lead remediation activities in Dong Mai village. However, this study evaluates remediation activities in only one village. We do not have a control group for external comparison, but we consider this unlikely to be a secular trend.

Funding: Fogarty International Center/NIH D43 TW000642; and Rohm & Haas University of Washington Professorship in Public Health Sciences.

Abstract #: *02SEDH023*

Including Pacific Islander perspectives in the health research process: Food acquisition in American Samoa

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Background: Populations in American Samoa are disproportionately burdened with obesity and diabetes, with 93.5% classified as overweight or obese and nearly half the population diabetic. These epidemics of obesity and diabetes are a recent occurrence. In general, food accessibility, availability and affordability, as well as eating behaviors amongst children and adults are key predictors of obesity and diabetes. However, there are virtually no studies that have examined this relationship in American Samoa. The design of effective interventions to prevent childhood obesity in American Samoa will require knowledge on current food acquisition in Samoan households. The objective of this research project is to examine how families with children in American Samoa obtain food.

Methods: Pacific peoples have their own unique epistemologies and research methodologies. As Samoan society was traditionally oral, conversational-style interviews were more culturally appropriate. Members of the community are involved in all aspects of the research process. Selection criteria required that families had children between 2-8 years old and that the interviewee was the member of the family that was primarily responsible for obtaining food. Data collection included conversational-style interviews that averaged sixty minutes. All of the transcripts and translations were verified for accuracy.

Findings: Interviews were conducted with residents throughout eight counties in American Samoa. Twenty families were interviewed over a six-week timeframe. Seventeen interviews were conducted in Samoan language and three interviews were in English. The software program ATLAS.ti was used for coding and data management. Coding was determined based on the research focus of family food acquisition. The Samoan community is well aware of obesity and diabetes. Communities are open to culturally appropriate explorations of the connection between children's health and its relation to food.

Interpretation: More research that includes elements of cultural practices is needed in Indigenous Communities such as American Samoa. Qualitative interviews can be a culturally appropriate method in defining the problems that families face in accessing a nutritionally adequate diet. Including the perspective of families increases the understanding of complexities involved in food access. By including Pacific Islander perspectives in health research processes, the possibility of community action is strengthened. Effective solutions will require inclusion of the community and increased communication.

Funding: This project was funded in part by the Joseph E. Alicata Memorial Award in Public Health and the University of Hawai'i at Manoa Graduate Student Organization.

Abstract #: *02SEDH024*

Health care perspectives from burmese refugees

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Background: Indianapolis is home to one of the largest Burmese Chin refugee populations outside of Myanmar. Out of the 10,000 Burmese in Indianapolis, over 8,000 are of Chin ethnicity which is 20% of all Burmese Chin living in the United States. Providers caring for these refugees share concerns that this population may have difficulty accessing care because of language barriers. The goal of this study was to better understand Burmese adult and adolescent views of the U.S. healthcare system.

Methods: This was a qualitative study that used the phenomenological approach to understand the experience of Burmese refugees. Six focus groups were held from March to May 2013. Discussions were facilitated by MM, in the presence of a trained Burmese interpreter. Any Burmese refugees living in Indianapolis were eligible to participate and were recruited from the Southport Public Library, Burmese-specific ESL courses, and the Burmese community center. Transcripts from focus groups were individually coded by three authors (MM, AD, RH) using NVivo10 (QSR International). Codes with kappa agreements of 96% or more were the foundation for thematic analysis.

Findings: Participants were predominantly Chin in ethnicity consisting of 16 adults (all females) and 17 adolescents (10 females, 7 males). Each focus group had between 2-10 participants. Qualitative data analysis identified themes relating to their experience accessing the healthcare system: 1) Time (long wait times at the clinic, pharmacy, and emergency departments) 2) Language barriers (heavy reliance on English-speaking community members, preferences in interpreting services) 3) Relationships with heath care providers (traditional medicines, trust in physicians). Adults often ask adolescents to interpret for them. Adolescents felt comfortable with this responsibility, and some noted frustration when they were not allowed to interpret in clinics or emergency rooms. Concerns with long wait times were common and compounded by difficulties in