

moving forward, to identify the factors that cause good health outcomes in order to work towards positive policy changes.

While some nurse practitioners surveyed have good working relationships with individual physicians, most see medical dominance as a barrier to their larger role in primary care.

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Participatory Capacity Building Strategies for Improving Quality of Child Care Centers in Thailand

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Background: Most of a child's brain development takes place in the child's first 5 years. Children in child care centers (CCC) not meeting quality standards are at risk of transmitting communicable diseases that might impede development.

Methods: This study was a one group pre-posttest design to study the effect of capacity building of administrators and heads of CCC managed by local administrative organizations (LAOs) in Chonburi Province, Thailand on increased skills, improved compliance with quality standards and health outcomes. 6 local administrators (LA) and 48 CCC heads were trained regarding management skills using a participatory capacity building approach adapted from the UNDP. The program consisted of 3 sequential workshops conducted over 9 months to increase capacity relating to: 1) knowledge of quality standards developed by the Department of Health (DOH) 2) implementation and assurance and 3) evaluation. Before and after the program, data was collected on 2 outcomes of CCC management: achievement of the quality standard and the period prevalence of 5 diseases required to be controlled among CCCs.

Findings: Research results indicated that overall knowledge level of LAs and CCC heads improved ($p = .027$ and <0.001), respectively. The heads of CCC increased managerial skills significantly ($p < 0.001$), though the managerial skills of LAs did not show significant change. The percentage of CCCs achieving quality standards increased significantly ($p < 0.001$). However, there was no difference in disease prevalence between CCCs that met or did not meet the quality standards before or after the capacity building program ($p = .657$ and $.688$, respectively) because many other factors affecting disease were not controlled for in this study.

Interpretation: Achieving quality standards is an indication of a well-run CCC with competent staff and this should clearly be a minimum requirement for organizations taking care of children. Our conclusion is that a participatory approach to capacity building constitutes a successful way of building staff capacity. In the future, these approaches should be integrated in a capacity building program before the LAs and heads start their work. Parents need to be key stakeholders to ensure that CCCs are well managed and they adhere to quality standards.

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Pre-Health Advisor Perspectives on Undergraduate Short-Term Global Health Experiences

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Background: The ethics and safety of short-term experiences in global health (STEGH) are of primary concern. With a proliferation of global health degrees and programs encouraging student global mobility, it is increasingly important to characterize STEGHs. Best practices and patient safety considerations suggest that pre-health students should not be conducting hands-on patient care while abroad. It is observed that pre-health students are often motivated to engage in STEGH, in part, because it provides experiences perceived to be beneficial when applying to professional schools. While multiple anecdotes capture concerns around these issues, data to corroborate such anecdotes is lacking. This study aims to characterize the perceptions of pre-health advisors, who have a unique visibility of student activities abroad, with regard to undergraduate STEGHs.

Methods: An online survey was distributed using convenience and snowball sampling. Analysis was done using simple statistics and manual coding for qualitative aspects. Qualitative analysis was done using both a priori and emergent themes. Coding was conducted repeatedly by independent coders to ensure inter-coder reliability.

Findings: 193 pre-health advisors responded, representing over 67 universities and colleges. 46% were advising for 10+ years. 77% of advisors reported they had encountered students going abroad to seek hands-on patient care experience. 81% of advisors reported they had encountered students seeking global health experiences in order to bolster their medical or health professions school applications. 83% of advisors reported they are somewhat or very concerned about pre-health students getting hands-on patient care experience abroad. 10% of advisors reported they are aware of medical schools that give positive favor to students who have hands-on patient care experience abroad. 35% of advisors reported they felt very equipped to advise on international experiences. Qualitative data analysis is currently underway and initial themes include concerns regarding the scruples of organizations facilitating experiences, concerns about the impacts that pre-health students have on local patients and themselves, and concern with regard to supervisors in the host clinical setting.

Interpretation: This study provides evidence that there are great concerns within the academic community about activities undertaken by pre-health students during STEGHs, and that these are often undertaken by students to bolster health professions school applications.

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Secondhand Smoke (SHS) Exposure and Perceived Health Risks of Tobacco Use among Urban Residents in Five Cities in China

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