

Introduction: Our literature review indicates limited research has been done to understand the public perception, attitude and related health practices which may also mitigate the impact of climate change. This study collected data from four major cities in China to investigate knowledge, attitude and behavior that might affect mitigate climate change and health outcomes.

Methodology: A population-based, multi-site, cross-sectional, random telephone survey using last birthday method, was conducted in July 2009. A study questionnaire, based on the International Panel on Climate Change (IPCC) guidelines for health sectors towards Climate Change and Health, was developed to understand the knowledge, attitude and behavior of Climate Change and Health in China. The study population comprised of land-based non-institutional population in 4 urban cities in China. A pilot study was conducted in Hong Kong to ensure validity and reliability of the modified instrument.

Results: Descriptive statistics, stratified by age, gender and education level will be reported. Multivariate analysis identified demographic and socioeconomic predictors for knowledge gaps in appreciating the co-benefits between health practices and climate change reducing strategies. Logistic regression examined the association between perception accuracy of and socioeconomic factors.

Conclusion: The gap between knowledge and practice of health and climate change co-benefits will be described. Demographics and socio-economic predictors for misconception will be identified. These findings serve to support the development of an evidence based public health education strategy to promote the co-benefits of practicing healthy habits and mitigate the effects of climate change.

Oral Track 29- Humanity & NGO

OT29-1

APACPH: The Impact of an Academic Network on Global Health in the Asia Pacific Region

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The Asia Pacific Academic Consortium for Public Health, a network of 55 universities in 21 countries represented by their Medical and Public Health Schools was the first such consortium to address health disparities in the APR through influencing policy, research and training in a coordinated manner over the past 25 years. APACPH was founded in the era of post colonial nationalism that highlighted the basic health needs of people. Its goals and objectives reflected the trends in Primary Health Care and Health for All. APACPH served as a platform for advocacy and policy

change in sensitive but neglected issues- "The neglected female Child in Asia" and "Stigma and AIDS" in the late 80's. Such initiatives were made possible through the high level involvement of national leaders, commitment of premier member universities and collaboration with global institutions. Several strategies and mechanisms were instrumental in APACPH reaching its goals: (i) Focused Training for Global & National Health Leaders at the WHO Collaborating Center for Leadership Development University Hawaii. (ii) Nurturing Academic leadership for global health -deans VPs and University Presidents. (iii) Providing visibility to emerging problems: Pandemics, Disasters. (iv) Establishment of APACPH Centers of Excellence. (v) Promoting Shared Leadership-Rotation of APACPH secretariat among universities in USA Asia Australia. (vi) Developing Strategic Alliances through in-country networks. (vii) Publication of the first English journal dedicated to public health in Asia. (viii) Establishment of the International Cyber University for Global Health (ICUH) at Yonsei University. The paper traces APACPH's history, major milestones and global impact-achievements and challenges.

OT29-2

Opinion on Cadaveric Organ Donation and Transplantation in Multicultural and Multireligious Society: Computer-Assisted Telephone Interview Survey

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Background: Malaysia's organ and tissue donation rates are amongst the lowest in the world. Its rich ethnic and religious diversity allow for a comprehensive understanding the varieties of factors associated to organ donation.

Methods: A cross-sectional, population-based, computer-assisted telephone interview exploring multicultural and multireligion participants' knowledge, attitude, practices and behavioural on cadaveric organ donation and transplantation was conducted during February to April 2008.

Results: Although only 5.5% of the total participants (N=1174) claimed have registered to be organ donor, a further 35.2% of those who have not register for organ donation indicated willingness to donate one's own. Significant socio-demographic disparities with respect to knowledge and attitudes scores were observed. In particular, Muslim Malays (20.7%) indicate lower willingness to donate organs compared to the Chinese (36.6%) and Indians (51.4%) ($P<0.001$). In multivariate logistic regression analysis, willingness to donate one's own organ was associated with knowledge score (odds ratio=1.17, 95% confidence interval [CI]=1.13–1.22), attitude score (odds ratio=1.17, 95% CI=1.05–1.31), secondary school education (odds ratio=1.46, 95% CI=1.05–2.02) and Malay ethnicity (odds ratio=0.18, 95% CI=0.03–0.94).