

communicate more effectively with policymakers about the evidence base that supports injury prevention policy interventions.

Description of the Problem Despite a growing evidence-base of effective injury prevention policies, translating and disseminating effective interventions to policymakers remains a challenge. As a result, the reach and impact of the injury prevention field is limited.

Results The consortium model for evidence-based policy is a response to this need. The consortium process involves bringing together experts representing stakeholder interests (including researchers, advocates, and practitioners) from different disciplinary backgrounds to review the evidence about a topic, identifying areas of consensus that support policy recommendations, and disseminating the findings and recommendations to policymakers through multiple channels. To date we have engaged in three consortium initiatives on: 1) mental health and gun violence; 2) smoke alarms and residential fires; and 3) prescription drug overdose. The three initiatives are at different stages in the consortium process. Effective dissemination of the findings and recommendations from the mental health and gun violence initiative has resulted in policy change at the national and state levels in the United States. Reports from the smoke alarm and prescription drug efforts have been released and plans for dissemination to policymakers are underway.

Conclusions The consortium model for engaging researchers, advocates, and practitioners in translating the evidence on a particular topic into policy recommendations and disseminating those recommendations to policymakers is a promising approach. Lessons learned from across the three initiatives include how to effectively: 1) identify and engage participants in the consortium process; 2) produce findings and recommendations that will engage a policy response; and 3) respond to policymaker interest in the consortium's work. Opportunities to adapt and replicate this model in countries other than the United States should be pursued.

203 ADDRESSING AUSTRALIAN ABORIGINAL CHILD INJURY THROUGH POLICY AND PRACTICE GUIDELINES

¹Kathleen Clapham, ²Rebecca Ivers, ^{2,3}Kate Hunter, ¹Keziah Bennett-Brook. ¹Australian Health Service Research Institute, University of Wollongong, Australia; ²The George Institute for Global Health, the University of Sydney, Australia; ³The Poche Centre for Indigenous Health, the University of Sydney, Australia

10.1136/injuryprev-2016-042156.203

Background Despite increasing knowledge about the burden of unintentional injury among Australian Aboriginal children there is a lack of effective programs targeting Aboriginal children and families. Moreover, little is known about how Aboriginal people engage in child injury prevention programs. Research was conducted to inform the development of guidelines for effective injury prevention approaches targeting injury among Aboriginal children. We also worked closely with investigators on an Australian version of guidelines modelled from the European Child Safety Alliance.

Methods In a staged process we conducted: (a) a review of effective injury prevention programs targeting Australian Aboriginal children; (b) qualitative research with practitioners and Aboriginal community members to explore attitudes to the prevention of injury and behaviours and perceptions of risk; (c) round table discussions with Aboriginal community members, injury practitioners and policy makers.

Results A series of case studies of effective programs was developed. The project adopted a “best buys” approach to identifying programs with the most promise to address the burden of Aboriginal child injury; this was matched with community views and preferences about acceptable and appropriate programs and strategies. Guidelines also incorporated principles for successful engagement with Aboriginal communities including how to work with Aboriginal children and families when developing programs for unintentional injury prevention and the most appropriate methods for their evaluation.

Conclusions The guidelines are expected to inform the development of policies and programs targeting child injury in the Aboriginal population in New South Wales. They will contribute to ensuring that the efforts and resources of policy makers and practitioners are based on the views and experiences of Aboriginal communities and raise awareness within the Aboriginal community by informing the further development of social marketing campaign around injury prevention.

204 THE CANADIAN INJURY PREVENTION CURRICULUM: USING AN INTEGRATED KNOWLEDGE-TRANSLATION APPROACH

^{1,2,3}Sarah A Richmond, ⁴Kathy Belton, ⁵Jennifer Heatley, ³Amanda Black, ²Liraz Fridman, ⁶Allison Ezzat, ²Tessa Clemens, ⁶Ian Pike, ²Alison Macpherson. ¹Hospital for Sick Children, Canada; ²York University, Canada; ³University of Calgary, Canada; ⁴Injury Prevention Centre, Canada; ⁵Nova Scotia Department of Health and Wellness, Canada; ⁶University of British Columbia, Canada

10.1136/injuryprev-2016-042156.204

Background Intentional and unintentional injuries are a significant and preventable health concern in Canada with 4.27 million Canadians ages 12 or older suffering an activity limiting injury. Knowledge translation and education among researchers, practitioners and policy makers as well as the continual development of trainees in the area of injury prevention, is paramount for the future health of Canadians.

Methods The Canadian Injury Prevention Curriculum (CIPC) was designed to provide practitioners the understanding of the theory and practice of injury prevention along with the tools needed to develop and implement effective injury prevention programs. The CIPC is targeted toward adult learners (researchers, practitioners and/or policy makers) who develop, implement and/or evaluate programs aimed at reducing the frequency and severity of both intentional and unintentional injury. The last update of this curriculum was in 2010. This project aimed to update the CIPC, using an integrated knowledge translation approach to reflect an evidence-informed approach to injury prevention.

Results The revision occurred over a series of phases: **PHASE 1** – Update to the current curriculum to reflect an evidence-informed approach to injury prevention (what is injury prevention and defining the problem, risk and protective factors and key determinants of injury, designing/selecting an intervention, implementation and evaluation) in consultation with an adult learning expert; **PHASE 2** – Modules were developed for practitioners to further knowledge and application of core knowledge; **PHASE 3** – The updated curriculum was made available across Canada to researchers, practitioners and policy makers interested in preventing injury in Canada.

Conclusions The CIPC was updated using an integrated knowledge translation approach. The result was an education tool using an evidence-informed approach to the prevention of injury,