Advocacy skills are essential for the prevention scientists, researchers and practitioners to potentially influence policy and decision making processes for better prevention policies and practice. Those skills are important especially in those prevention areas where so-called ‘unhealthy’ industries are influential and/or (at least) want to be important stakeholders in the field (such as alcohol, tobacco and pharmaceutical companies). They are also important to advocate for evidence-based prevention policies (e.g. alcohol, tobacco or drug policy) and practice, which should be fully in line with minimum quality standards in prevention. There is a growing need globally for advocacy knowledge and skills in prevention science and practice. Some key challenges regarding the needs for advocacy and training (in purpose to increase knowledge and skills) will be presented and discussed by the author. Based on authors extensive experience, advocacy could increase competences and skills for advocacy, such as forging stronger relationships with policy and decision makers and other key stakeholders in the field, advocating for the use of research to inform policy and decision makers about evidence-based policies and practice, providing expert testimony, writing position papers, press releases and social media posts, increasing the visibility and recognition of evidence-based prevention and committing to ongoing advocacy. Scientists, researchers and practitioners need to become more relevant to policy and decision makers if we want to achieve better results in prevention science and practice at international, regional or local level.

Outcomes There is a gap in prioritising inequity, a lag in uptake of some effective interventions into policy and legislation and a need for policy documents to focus more on reducing the inequities related to unintentional child injury. While some documents stated priority populations, there is a gap in specific measures and commitment to resourcing for groups that experience an unequal burden of injury.

Learning Outcomes The current work identified room for improvement in aligning Australian policy documents with best-practice interventions. This presentation will generate discussion around the actions required to ensure Australian policy is aligned with the evidence base.

Context In Australia, injury is the leading cause of death for children aged over 1 year and the highest cause of hospitalisation. There is good evidence for effectiveness of many existing injury prevention programs. Despite this evidence, there has been limited change in rates for specific injury areas and populations. To explore the gaps in injury prevention work, we examined whether Australian policy was consistent with best-practice injury prevention research.

Process This work consisted of two stages. The first stage synthesised the evidence for unintentional child injury prevention including what is known to work to reduce inequities related to injury. Using this evidence, a framework was developed that included best practice measures and principles for child injury prevention. The second stage involved applying the framework to Australian policy documents to identify the extent the documents were 1) consistent with the evidence base, and 2) addressed specific inequities.

Learning Outcomes 1) We gathered data from the Australian policy documents and assessed the quality standards in the injury prevention policies. 2) We identified gaps in the injury prevention policies. 3) We recommended priority actions for policy makers in order to improve the quality of the policy documents and reduce the inequity related to unintentional child injury.