6C.002 HOW TO INFORM POLICY AND DECISION MAKERS ABOUT EVIDENCE-BASED PREVENTION

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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.

6C.003 ARE WE DOING WHAT WORKS TO PREVENT UNINTENTIONAL INJURY IN AUSTRALIAN CHILDREN?

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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.

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.

6C.004 USING CAPACITY STRENGTHENING TO ENABLE EFFECTIVE INJURY PREVENTION IN NEPAL

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Context Through a collaboration between the University of the West of England, Bristol and Kathmandu Medical College in 2017, we established the Nepal Injury Research Centre. An innovative capacity strengthening programme underpins our ethos and activities, and contributes to SDGs 17 (Capacity development) and 4 (Education).

Process Facilitated through training leads in Nepal and the UK, we provide training to eight multidisciplinary Nepali researchers with variable experience. Each leads a study/study component, thereby learning-by-doing, and has an experienced research supervisor. Researchers have an annual training needs assessment to inform support provision.

Analysis Year 2 training needs assessments reveal increasing confidence and ownership of individual training requirements. Three researchers have completed international masters level degrees with the taught component taken abroad but dissertation data collection in-country. Three have attended international short courses and two have participated in the WHO Mentor-VIP programme. Six governance/methodology workshops have taken place.

Outcomes Projects have been successfully delivered and all researchers have opportunities for oral presentations and preparing publications. The team includes Nepali nationals purely based in Kathmandu, researchers having placements overseas, and Nepali diaspora resident in the UK. This helps to dilute the traditional donor/recipient dichotomy and has facilitated a mutually supportive team. Identifying and securing PhD scholarship funding is our next challenge.

Learning Outcomes Team building can be enhanced through capacity strengthening programmes. Funding from the UK National Institute for Health Research explicitly facilitates capacity strengthening based on an established UK training model. Blurring of national boundaries is a desirable outcome of the programme.

6C.005 USING SOCIAL MEDIA FOR INJURY PREVENTION: THE EXPERIENCE OF THE SAFETEA CAMPAIGN

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Background Burns from hot drinks are common and preventable amongst children under 5 years.

Methods The 3-month SafeTea campaign aimed to prevent hot drink scalds and improve burns first aid using social media, and a website hosting downloadable resources and videos. Key messages were disseminated on Twitter, Facebook and Mums-Net to parents/caregivers. Evaluation included social media metrics, Google Analytics, quantitative and qualitative results from a sample survey of 500 professionals who received hard copies of SafeTea resources on request (posters, fliers, fridge magnets, stickers and activity packs).

Results SafeTea benefited from being launched on National Burns Awareness Day 2019, and from the two 'case studies' that attracted media interest. of an estimated 9,550 Facebook users per day, 84% were women between 25 and 44 years old. A scald prevention video was viewed 154,000 times and the first aid video 245,000 times. SafeTea impressions on Twitter totalled 196,400, with an average engagement rate of 0.78%.

19,059 unique webpages were viewed, and the majority of social media referrals to the website (96.5%) originated from Facebook.

Qualitative feedback from parents relating to the two campaign videos was very positive, and 87% professionals surveyed rated the campaign materials as 'excellent' or 'good'.

Conclusion Social media is an effective way to deliver injury prevention to parents and childcare professionals.

Learning Outcomes Linking burn prevention messages to first aid advice was effective. Burns awareness day gave SafeTea invaluable publicity and boosted Facebook and Twitter engagement. Social media analytics suggested that the campaign could have been shorter.

6C.006 THE CURRENT IN THE HOT CROSS BUN

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Context Button batteries (BBs) cause caustic injury if ingested or inserted with severe/fatal injuries predominantly affecting toddlers. They are ubiquitous, seemingly innocuous household items that power a myriad of products, from the essential to the inane. However, limiting exposure and access to BBs encompasses more than the domestic setting and requires much more than 'buyer education'.

Process Understanding this issue has required collaborative sharing of data and epidemiological knowledge between Poisons services, clinicians, researchers, regulators, Coronial staff and families. In 2017, The Australian Paediatric Surveillance Unit (APSU) began collating severe injuries related to BBs in children under 16 years, collecting data on the mode of access and product associated with the BB injury.

Analysis Data compiled through APSU, case follow up and other Coronial/incident reports shows that BBs are frequently not purchased by the injured child's family. They are often promotional giveaways, free medical devices, gifts or found items. If they are purchased by the child's family, the purchaser was often unaware that there was a BB or that the BB was not secured/loose in the packet. In many instances, the source of the BB remains unknown.

Outcomes Detailed case analysis with a product safety/regulatory lens has scotched the notion that better buyer education in isolation will be effective in mitigating the risk of severe injury.

Learning Outcomes Cross-silo collaboration has allowed a more complex and complete understanding of this issue facilitating legislative change to make BBs packaging and products child resistant.

6D – Data, March 25, 2021

6D.001 EFFECTIVE USE OF AMBULANCE TRANSPORT DATA FOR INJURY PREVENTION IN JAPAN

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Background In Japan, the safe Community (SC) Program, the injury prevention strategies based on the seven indicators have been adapted to communities. Considering that SC programs should be scientifically developed based on evidence, Japanese communities must overcome the disadvantage of absence of the national injury surveillance system. To solve this situation, this study aims to develop the injury surveillance function by making the use of ambulance transport data.

Methods Injury cases were extracted from the ambulance transport dataset (ATD) in Kameoka City in 2010 to 2019, then longitudinally analyzed to see what cause injuries and how to be prevented.

Results The main purpose of ATD is to verify and improve efficient transportation of patients to the medical institutions. Therefore, the information which is useful to prevent injuries is partially found only in the description about the patients on arrival.

Conclusion ATD data doesn't contain all the information to prevent injuries and it requires several steps to make it possible to identify factors which cause injuries and the develop injury prevention programs. However, we found that it is still most useful data with which we can get information which cannot get in other existing data collection systems in Japan.

Learning Outcomes Considering that ATD contains the more information which can be used to develop effective intervention of injury prevention than any other datasets in Japan, it is very important to develop the system in which the information related to injury occurrence can be systematically extracted and analyzed to develop effective intervention.

6D.002 CODING AND MAPPING INJURY DIAGNOSES AND SEVERITIES FOR TRAUMA REGISTRIES AND RESEARCH

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Context Injury diagnosis and severity coding are essential for trauma registries and epidemiologic research. Local and national governments, hospitals, and academic institutions all rely on injury diagnoses in order to optimize policy, legislation, and medical care.