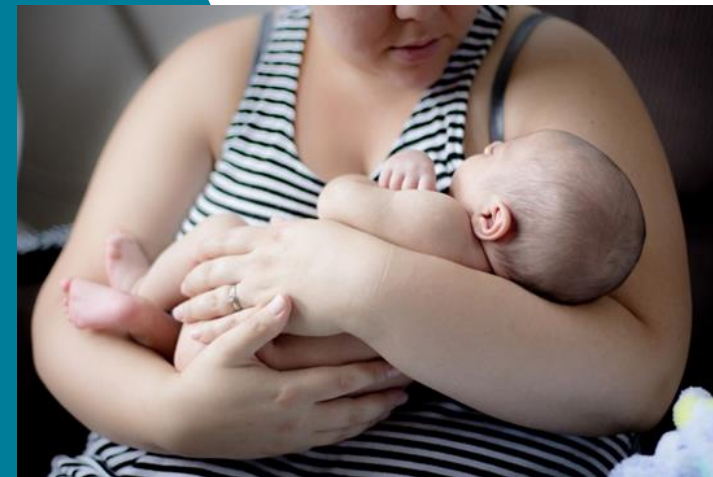


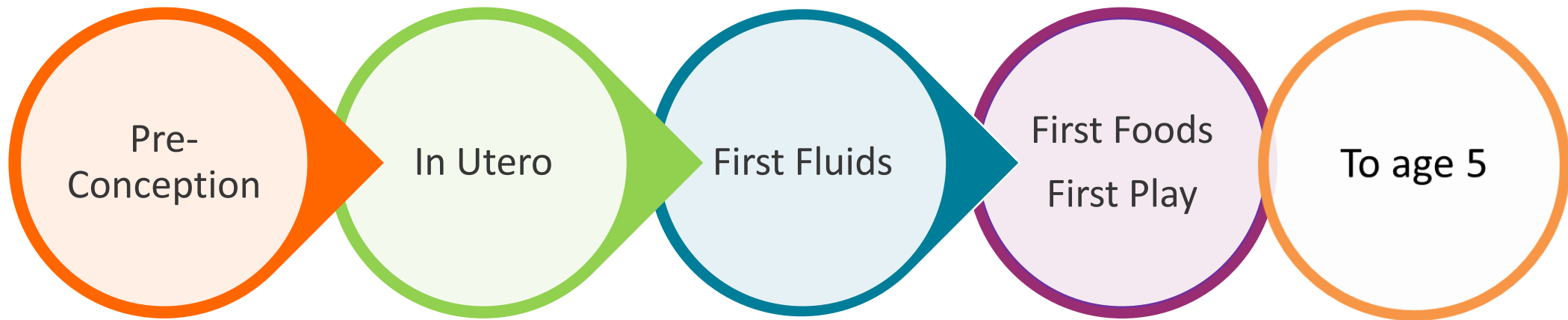


From Randomised Controlled Trial to State-wide Implementation

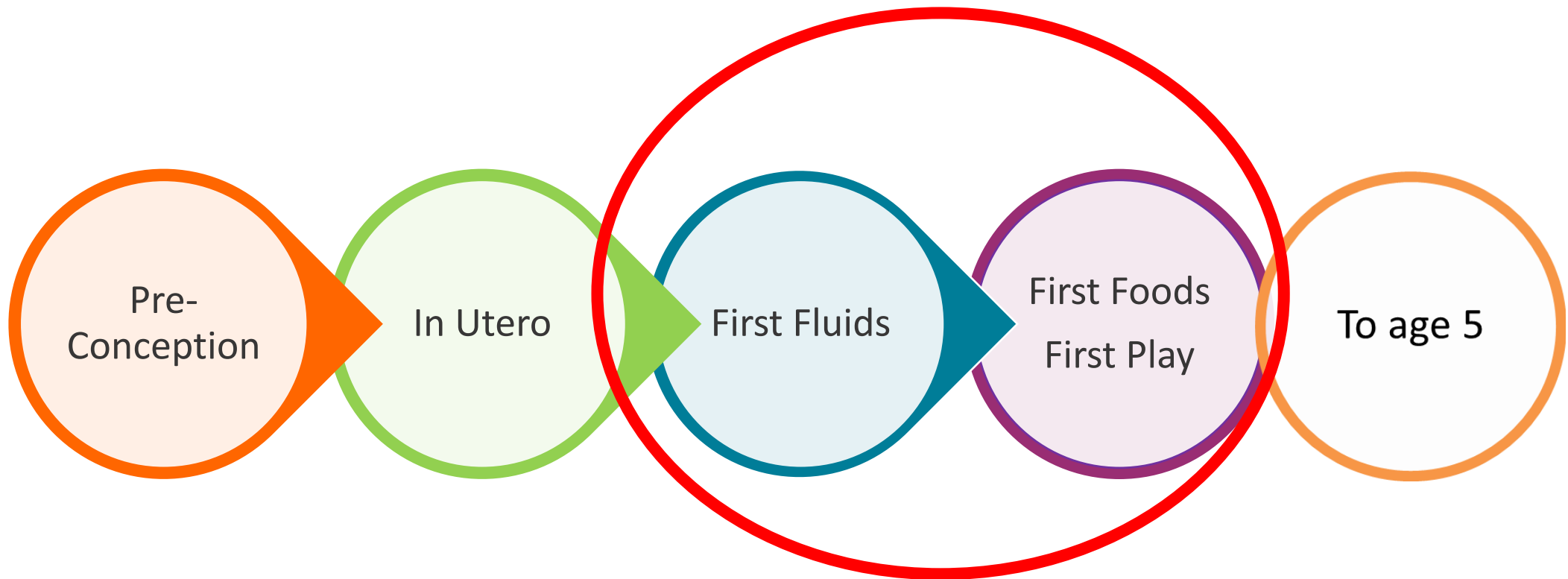
From Evidence to Action



A continuum of opportunities (touchpoints) to embed healthy lifestyle across the first 2000 days

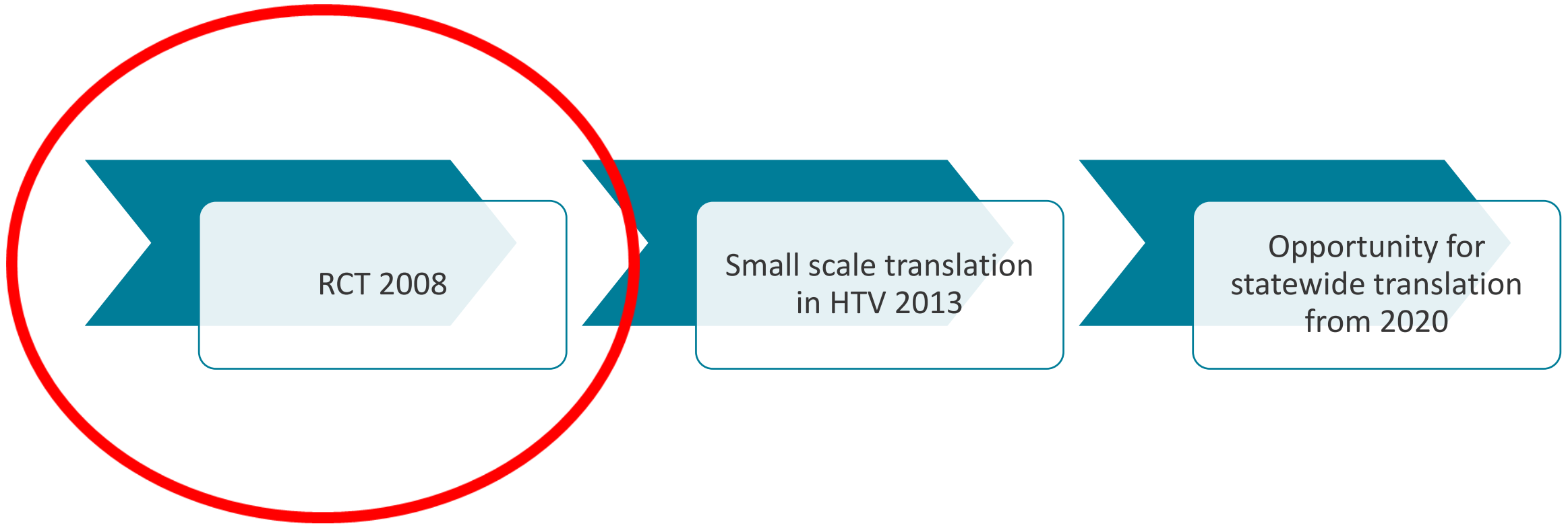


A continuum of opportunities (touchpoints) to embed healthy lifestyle across the first 2000 days



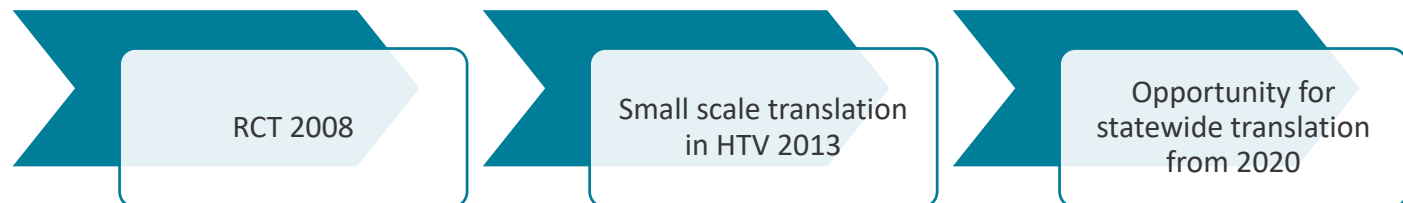


RCT to State-wide Implementation



INFANT RCT – commenced 2008

- Involved around 540 families with follow-up to 5 years
- Aimed to:
 - improve emerging infant diet and active play behaviours
 - improve maternal health behaviours
- Delivered in first time parent groups across **15 months (3-18 months)**
- Segued with existing universal health care service – MCH 1st time parent groups



Did INFANT work? RCT Outcomes

Maternal outcomes

High uptake and acceptance

- 70% attended ≥ 4 of 6 sessions over 15 months
- 85% reported high usefulness & relevance
- improvements in mother's knowledge/self-efficacy, feeding practices, and maternal dietary patterns

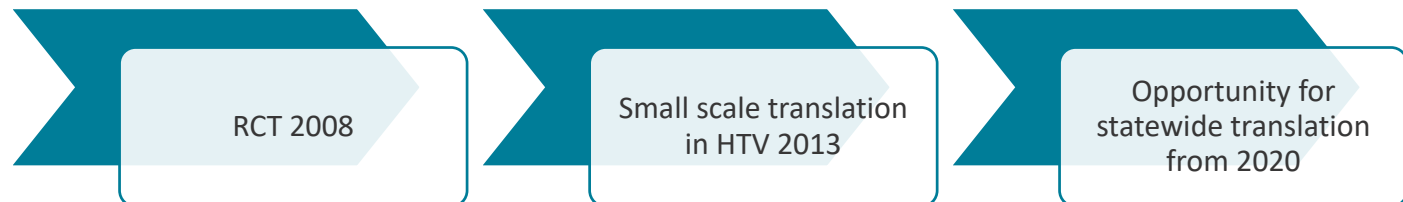
(Lunn et al 2016; Campbell et al 2013; Lioret et al 2012)



RCT Outcomes at age 3.6 years – Hesketh IJBNPA 2020

At 3.6 years intervention children when compared to controls (n= 361):

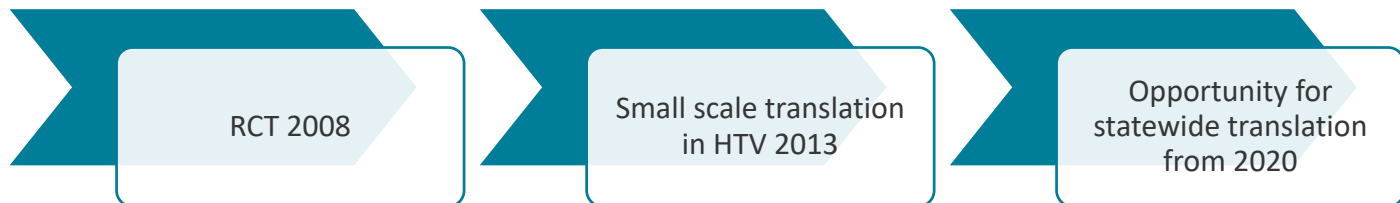
- **Higher fruit intake**(adjusted mean difference [MD] = 25.34 g; CI95:1.68,48.99),
- **Higher vegetable intake** (MD = 19.41g; CI95:3.15,35.67)
- **Higher water intake** (MD = 113.33mls; CI95: 40.42,186.25)
- **Lower sweet snack intake** (MD = -5.70g; CI95:-9.75,-1.65)
- **Less time at TV** - (MD = -9.63min; CI95:-30.79,11.53) *



RCT Outcomes at age 5 years – Hesketh IJBNPA 2020

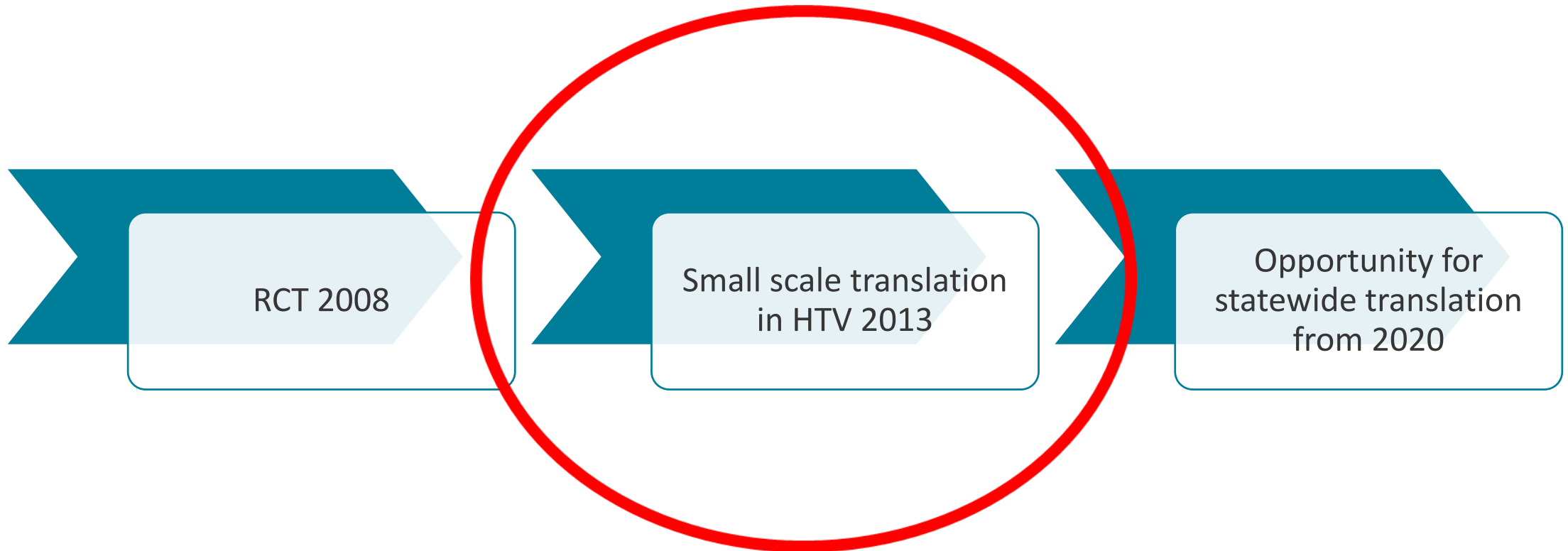
At 5y intervention children when compared to controls (n= 337):

- **Lower non-core drinks consumption** (MD = -27.60ml; CI95:-54.58,-0.62)
- **Lower sweet snack intake** (MD = -5.70g; CI95:-9.75,-1.65)
- **Less time at TV** - (MD = -11.34; CI95:-25.02,2.34) *





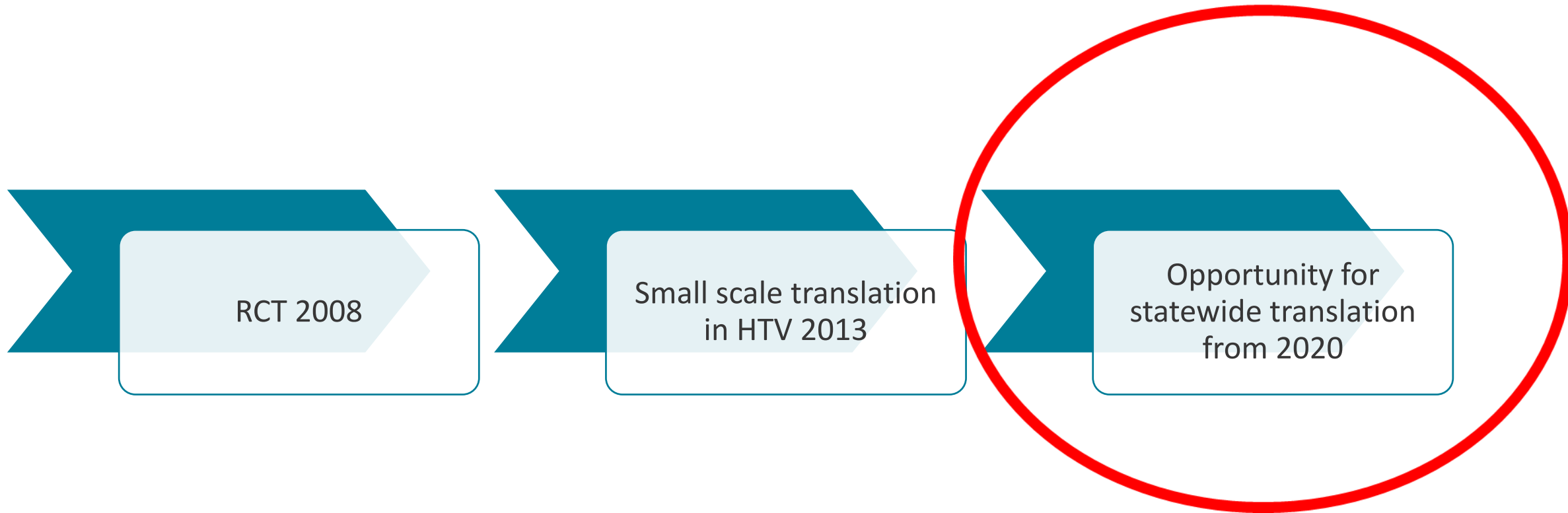
RCT to State-wide Implementation



Lots of learnings about implementation - which informed where we are now



RCT to State-wide Implementation



INFANT available for roll out across Victoria in 2021



INFANT Implementation at scale

NHMRC Partnership Grant



INFANT Evaluation at Scale

Two main components

- Effectiveness trial to examine the effectiveness **and** cost effectiveness of the program when delivered at scale – Asks, does INFANT improve young children's diet and active play behaviours?
- Process evaluation of implementation outcomes

Enhancing INFANT implementation

- The Department of Health and Human Services is providing funding to the Institute for Physical Activity and Nutrition (IPAN) at Deakin University to enhance implementation of INFANT across Victoria in 2021.
- The funding will offer:
 - **Start-up/seed funding** for lead organisations implementing INFANT
 - Additional practical and **local support** for sites
 - Opportunities for all Victorian MCHNs to participate in **INFANT training**



deakin.edu.au/ipan

Deakin University CRICOS Provider Code: 00113B

Online Courses



INFANT program: Training for community implementation

INFANT is an evidence-based program that shows we can influence healthy eating and active play behaviours in both parent and child



Enhancing INFANT implementation

About INFANT training

- 6 hours online, with educators from Deakin University
- Self-paced over a four week period, with plenty of opportunities for interaction with peers and educators
- You will learn about the content and delivery of INFANT as well as resources for implementing INFANT in your local community
- You receive a certificate that you can use to log CPD points



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INFANT resources



About INFANT ▾

About the research ▾

Getting started ▾

For facilitators

For parents



Healthy eating and active play
Supporting families from the start of life

Resources for parents



My Baby Now

Feeding is a learning curve



Feeding is a learned skill for both parents and babies. It can take time, practice and patience. Breastmilk is all baby needs until around 6 months of age and commercial infant formula is the only safe alternative. Ask a health professional for help to find an approach that works for you.

Eat together, play together



From birth, children watch and copy their parents. They learn about their world with you. Enjoy sharing mealtimes together and find time for active play with your child each day.

Parents provide, kids decide



Parents provide a range of healthy foods and activities. From these, let kids decide what and how much to eat and do. Keep offering a variety of healthy foods and active play opportunities so they learn to enjoy these with you.

INFANT key messages

Snack on veg and fruit



Eating a wide range of vegetables and fruits is one of the most important things we can do for our health. Vegetables and fruits make great finger foods and are perfect for snacks!

Tap in to water



Start to give your baby water in a sippy cup from 6 months of age. From 1 year old, water straight from the tap is the best drink for children. Offer water regularly and make sure that it's always available. Avoid fruit juice, cordial, soft drink and other sweetened drinks.

Colour every meal with veg & fruit



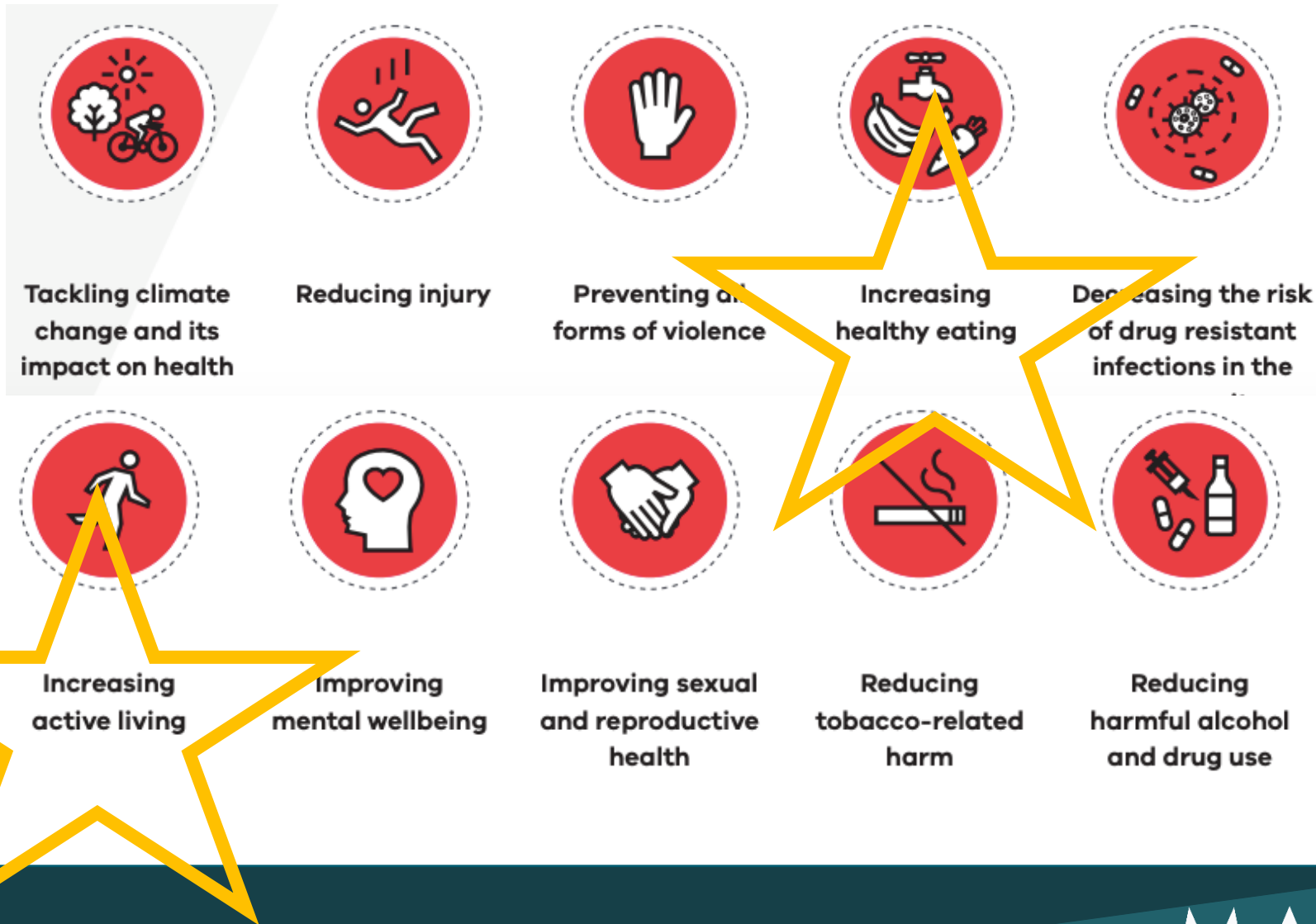
Try to provide different coloured vegetables and fruits at every meal. It may take up to 10-15 tries before your child learns to like some vegetables, don't give up! This helps your child to learn to enjoy these foods. Fresh, frozen or canned vegetables and fruits are all great choices.

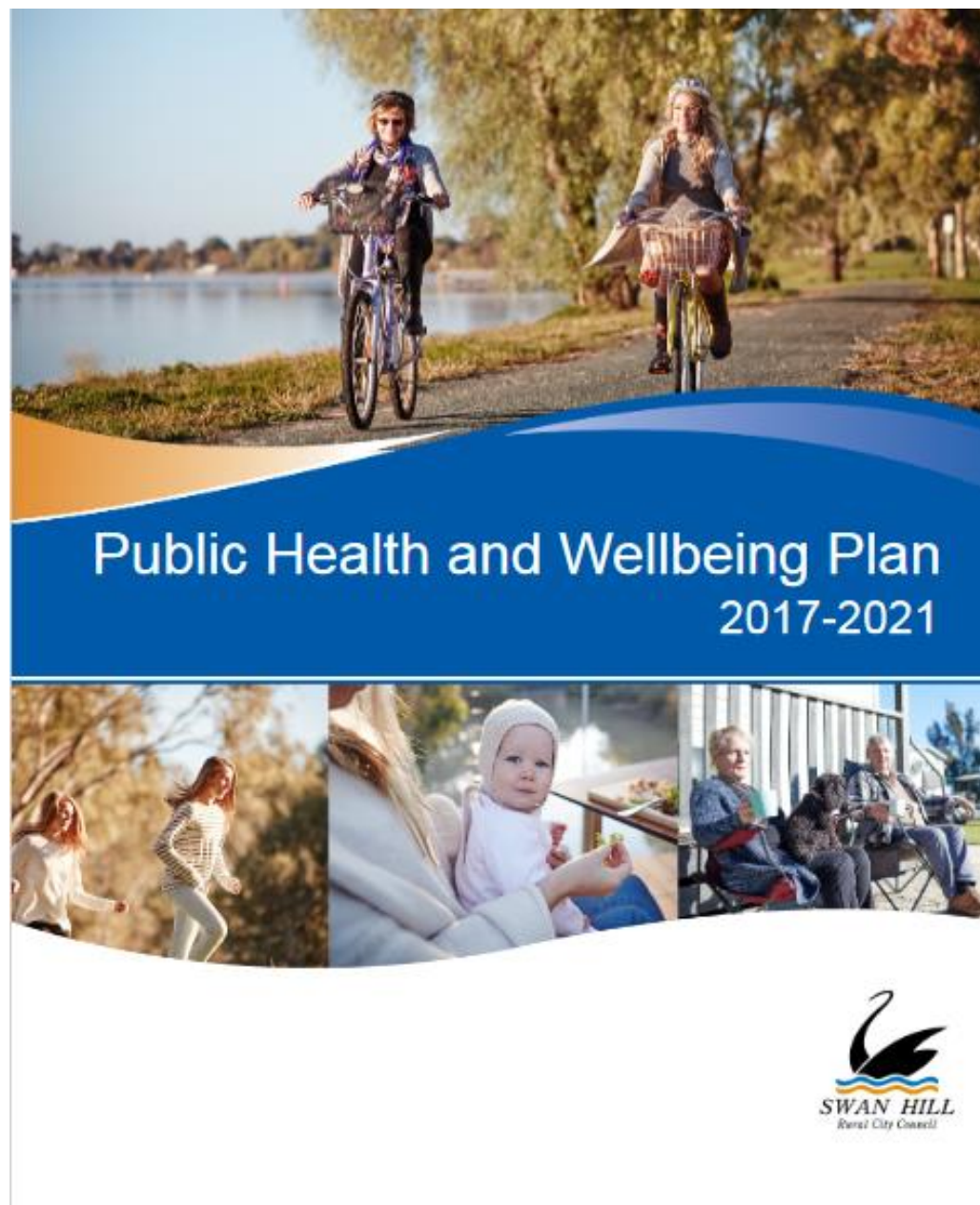
Off and running



Screens of any type are not recommended for children under 2 years of age. Children learn more from you and their surroundings when screens are off. Encourage your child to be active every day and enjoy active play together.

INFANT meets two of the MHWBP requirements





Strategies	Specific Actions	Lead/ Partners and Commitment	Outcomes Indicator
	11.3 Enable settings to create supportive environments for breastfeeding	SHDH, RDHS, SHRCC, MDAS	Number of settings supported; evidence of supportive environments
12. Support and educate parents of young children to develop healthy habits in early years	12.1 Deliver the INFANT program	SHDH, RDHS	Number of sessions provided, feedback via survey/telephone follow up to all registered.
	12.2 Facilitate and support programs, such as; <ul style="list-style-type: none"> • New Mothers Programs • Baby Rhyme Time at the Library sessions • Healthy Developmental Stages Book Project • Oral health awareness at immunisation sessions 	SHRCC, SHDH, RDHS, MDAS, MFC	Number of attendees/ number of sessions.
13. Support and educate women in pregnancy to develop healthy habits	13.1 Facilitate and support a positive pregnancy programs and antenatal classes	SHDH	Numbers in attendance for programs/classes, feedback from attendees and those providing intervention.
	13.2 Facilitate and support antenatal classes	RDHS	Numbers in attendance for programs/classes, feedback from attendees and those providing intervention.
	13.3 Build capacity of services to support healthy habits in pregnancy	SHDH	Number attendees, feedback from attendees; services engaged.
14. Increasing water consumption & decreasing sugary drinks consumption (junior sporting clubs, community wide)	14.1 Conduct a needs assessment and develop an action plan in partnership with relevant stakeholders	MSA	Needs assessment and action plan developed.
15. Early Years direction	15.1 Develop SHRCC Municipal Early Years Plan (Council Plan 6.3.3)	SHRCC	By early 2018

Register for training in 2021

15 February-12 March 2021; or
19 April-14 May 2021

[https://www.infantprogram.org/
facilitator-training/](https://www.infantprogram.org/facilitator-training/)



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