NIH NATIONAL CANCER INSTITUTE

Evidence-Based Cancer Control Programs (EBCCP) Connection

April 2024

EBCCP Featured Profile

Rachel Laws, Ph.D., trained as a dietitian, and her doctorate research explored obesity prevention within primary care. She is associate professor of population nutrition within the Institute for Physical Activity and Nutrition at Deakin University. Her research primarily focuses on early-life nutrition and developing obesity prevention interventions for families with young children. Dr. Laws is the lead investigator of the INFANT evaluation.

Can you tell us about the program?

Designed to help parents and caregivers increase healthy eating and reduce screen time for infants from birth to 18 months of age, **INfant Feeding, Activity and NutriTion (INFANT)** provides group sessions, materials, and a mobile app. The study reviewed by the EBCCP team showed that compared to infants in the usual care group, infants in the intervention group had higher diet quality (e.g., more fruit and vegetable consumption) and watched less television at the conclusion of the program, and had lower sweet snack consumption 2 years and 3.5 years after the program.

A guiding principle of INFANT is that caregivers receive information before it is needed, referred to as anticipatory guidance. INFANT is based on more than 15 years of research led by the Institute for Physical Activity and Nutrition, Deakin University, Australia.

In Australia, as a result of the successful trial and proof of concept of small-scale translation, INFANT has been recommended in key state and national health policies and is being widely implemented across the state of Victoria.

What sustainability and scale-up tips can you provide to other program developers?

INFANT has been successfully scaled up across local communities in Australia. Our scale-up process follows robust implementation science principles, and we recommend the following sustainability tips for other program developers:

- **Consider scale-up at the program design stage**: Co-design a program with stakeholders that is based on sound behavior change principles that take into account the health care systems in which scale-up will occur in the future. INFANT is designed to fit with first-time parent groups and well-child checks in the first year of life.
- **Assess proof of concept of scalability** following efficacy trials that will provide important information about what is required to scale the program. For INFANT, this involved developing online facilitator training and adding an app for participants. The app allowed for a reduction in the number of sessions and session duration while adding and reinforcing behavioral change targets.
- **Partner with key practice and policy stakeholders** to support program sustainability, including program promotion and alignment with key practice and policy guidelines and funding frameworks. INFANT has been recommended in key state and national health policies and continues to be embedded in local

government health policies. Local partnerships support delivery of the program in resource-constrained environments.

- **Clearly identify core components of the program required for fidelity** and components that can be adapted to suit community needs. Use standard operating procedures to promote fidelity of implementation and monitor fidelity and adaptions that occur. INFANT provides comprehensive facilitator and implementation training, manuals, participant resources, and videos to support consistency in program implementation. While the overall goal and content for INFANT remains the same across organizations, there is flexibility in how the program is implemented, including how it is embedded into services, who facilitates it, where it is held, and how long it takes to roll out.
- **Undertake rigorous assessment of effectiveness and implementation at scale** to inform ongoing sustainability. INFANT is being assessed at scale using a hybrid effectiveness-implementation trial.
- **Identify adaptations to improve the cultural and linguistic fit** of the program. The INFANT team is working with Indigenous and other culturally and linguistically diverse communities to adapt program materials and develop new approaches to meet their unique needs.

What role did community partners and stakeholders play in the development and testing of the program?

INFANT is supported by a multidisciplinary, national team of partner organizations, researchers, and health promotion professionals. This has included some additional funding from the state department of health and support from local public health units and other organizations and networks.

More recently, we have commenced work with one of our practice and policy partners, the Western Public Health Unit, to identify adaptations to INFANT to improve the cultural and linguistic fit for our culturally diverse population, translating some of our resources into Arabic, Hindi, Vietnamese, Punjabi, Chinese, and Urdu.

Do you have any final thoughts?

We would welcome the opportunity to discuss how INFANT might be implemented within the United States. For more information, please visit the INFANT program materials page on the EBCCP website.

Stay Connected with the National Cancer Institute

Chat with us: LiveHelp Call us: 1-800-4-CANCER (1-800-422-6237)

SUBSCRIBER SERVICES:
Manage Subscriptions | Help