

Tailored support and implementation of the INFANT program across the WPHU catchment

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Acknowledgement of Country

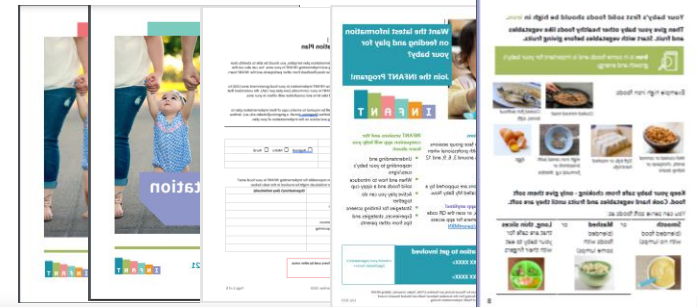


Hobsons Bay

The INFANT Program



- INFANT helps children to: **reduce screen time, consume fewer sweet snacks and sugary drinks, improve dietary quality (more fruit and veg) and increase water intake.**
- Parents participating in INFANT support each other through **social connection**, shared experiences, **tips** and **parenting support**.
- INFANT consists of **four group sessions** at around 3, 6, 9 and 12 months, there are resources and a **mobile phone app**.
- Sessions are delivered by **trained facilitators** including Family support workers, MCH Nurses, Dietitians, Health Promotion Officers, Bilingual workers.



Unique context: big growth corridors with high number of families speaking a language other than English at home



Why INFANT

INFANT RCT results:

18 months

- Watched 25% less television
- Consumed 25% fewer unhealthy snacks

3.5 years

- Consumed fewer sweet snacks
- Consumed more water

5 years

- Consumed fewer sweet snacks
- Consumed less sugar-sweetened beverages
- Watched less television

1. Building on strengths:

- 8/8 LGAs in WPHU were interested and 4 had started implementing
- DH recommendation and support – free funded facilitator training for all LGAs
- Community of Practice, updated resources
- INFANT is listed as a key action in the Victorian Government's [Healthy Kids, Healthy Futures 5 year plan](#)

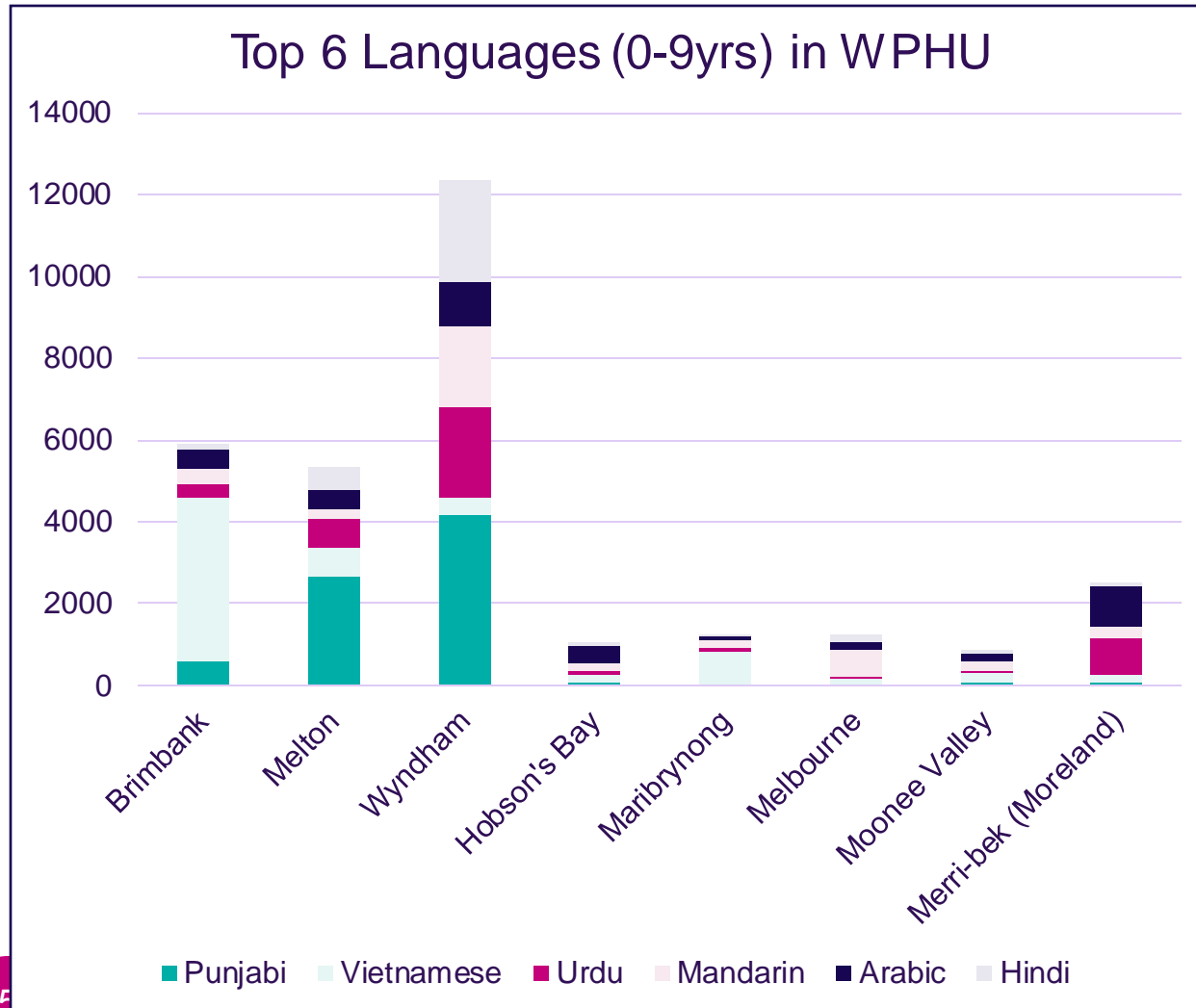
2. Primary prevention, evidence-based, long-term health impacts

3. WPHU has 2 growth corridors

4. Can measure economic value and chronic disease avoided

5. Systems change piece which can be embedded into LGAs

What languages do our families speak?



Punjabi

Vietnamese

Urdu

Mandarin

Arabic

Hindi

72 resources - Culturally adapted (48 videos and 24 written/pictures)

Translated print resources

Voice over and captioned videos

Representative videos and photos integrated

Local families embedded

طرق ممارسة النشاط واللعب مع طفلك البالغ من العمر 6 إلى 9 أشهر

استمعا وارقصا على أنغام الموسيقى معاً.
سيساعد هذا طفلك على تحريك جسده والاستمتاع!

العب بالمكعبات أو الأكواب البلاستيكية.
ضع المكعبات أو الأكواب البلاستيكية في سلة واترك طفلك يخرجها ويعيدها مرة أخرى! سيستمتع طفلك ويقوي بذلك عضلات يديه.

العبا في الحدائق.
هذه طريقة رائعة للتمتع بالهواء النقي والتواصل مع طفلك. أشرف دائماً على طفلك أثناء اللعب بالألعاب في الحديقة.

العبا بالألعاب ذات العجلات
العب مع طفلك بالألعاب ذات العجلات (مثل ألعاب السيارات أو ألعاب السحب). سيعلمه هذا عن الحركة ويشجعه على التحرك أيضاً!



Features a local Australian-Iraqi family from St Albans who speak Arabic

Multi-pronged approach to implementation and dissemination

Supporting LGAs

- Supporting Local Council Implementation Efforts
- Bilingual parent sessions

Direct contact

- Libraries and community centres
- Playgroups, parents groups

Networks

- Partnering with multicultural organisation with deep ties with the community

Media

- Ministerial launch at Brimbank City Council Vietnamese First-time Parents group



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Ministerial Launch of Translated Resources

- Minister for Health **Mary-Anne Thomas MP** joined WPHU, Western Health, Deakin University, Brimbank City Council alongside guests from DH, MAV and Safercare to launch the newly translated INFANT resources at a local Vietnamese First Steps Parent Groups in Sunshine.
- **Local Advocate:** Josie Pompei, Early Years Parents Coach, spearheaded the INFANT Program implementation, backed by support from WPHU and Brimbank MCH & Early Years Leadership.
- **Significant Impact:** Since June 2023: 80 sessions, reaching 400 families (including Vietnamese & Burmese parents groups) in Brimbank



“Sometimes if they could not connect with the language the parent would just give up and not get the help they need,” she said. “So this is a very great opportunity.”

Results so far

- **400 families in Brimbank reached** supported by **WPHU**. **Includes** including Vietnamese and Burmese First Time Parent Groups (FTPG).
- INFANT offered in **all sites** across 6 LGAs
- **285% increase** in INFANT Training Registrations, from 46 to 177.
- **Economic Modelling for WPHU Catchment:** Analysed the impact of increased vegetable intake and decreased sweet biscuit consumption on disease rates and healthcare cost savings to support program implementation and uptake.



Photo of Indian-Australian family in Wyndham

Scenario 1: WPHU 0 - 2 years old (ABS 2021)



Decrease in **1 serve** of discretionary food (sweetened biscuit) **per week**

Health adjusted life years saved over the lifetime	5,735
Cases of disease averted:	
Ischaemic heart disease	612
Diabetes	2,104
Stroke	205
Osteoarthritis	1,070
Breast Cancer	54
Colorectal	41
Endometrial	44
Kidney	36
Healthcare cost-savings	\$53 million



Hypothetical scenario modelled in the approx. 89% of children aged 0-2 years in WPHU (in 2021) that may consume sweet biscuits¹. assumed maintenance of effect over the lifetime, no substitution to other foods.

Health-adjusted life years saved over the lifetime refers to the estimated number of years of healthy life that are gained or saved as a result of a particular healthcare intervention or prevention program.

This is crude modelling and does not take into account factors such as substitution effect of reduction in sweetened biscuit intake. Negligible effects on some diseases are not included in the above tables.

Scenario 1:

Hypothetical decrease in the consumption of one sweetened biscuit per week; based on an estimated 89% of children in the WPHU LGA who may consume sweet biscuits (1), assumed maintenance of effect throughout their lifetime, no substitution for other foods.

If 0-2 year old children who consume sweetened biscuits reduced their consumption by one serve per week, and maintained that change in behaviour over the lifetime.



	Health adjusted life years saved over the lifetime	Healthcare cost-savings (millions)	Cases of disease averted								
			Ischaemic heart disease	Hypertensive Heart Disease	Diabetes	Stroke	Osteoarthritis	Breast Cancer	Colorectal Cancer	Endometrial Cancer	Kidney Cancer
WPHU catchment:	5,735	\$53M	612	105	2,104	205	1,070	54	41	44	36
Brimbank	707	\$7M	81	14	278	28	142	7	5	6	5
Hobsons Bay	403	\$4M	43	7	148	14	75	4	4	3	3
Maribyrnong	360	\$3M	38	7	132	13	67	3	3	3	2
Melbourne	335	\$3M	36	6	123	12	62	3	2	3	2
Melton	991	\$9M	106	18	364	35	185	9	7	8	6
Merri-bek	707	\$7M	75	13	259	25	132	7	5	5	4
Moonee Valley	419	\$4M	45	8	153	15	78	4	3	3	3
Wyndham	1,764	\$16M	188	32	647	3	329	17	12	13	11

Scenario 2: WPHU 0 - 2 years old (ABS 2021)

↑ Increase 1 serve of vegetable / per week

Health adjusted life years saved over the lifetime = 3,366

Cases of disease averted	
Ischaemic heart disease	1,292
Diabetes	941
Stroke	497
Breast Cancer	90

Healthcare cost-savings \$23 million



Hypothetical modelling if all 0 – 2 yrs old in WPHU (2021) participated in INFANT from birth and it led them to increase veg intake and assumed maintenance of effect over the lifetime.

Health-adjusted life years saved over the lifetime refers to the estimated number of years of healthy life that are gained or saved as a result of a particular healthcare intervention or prevention program.

This is crude modelling, and does not take into account factors such as substitution effect of reduction in sweetened biscuit intake. Negligible effects on some diseases are not included in the above tables.

Health Economic Modelling on WPHU Population

↑ Increase 1 serve of vegetable per day 

Health adjusted life years saved over the lifetime	= 36,505
Cases of disease averted	
Ischaemic heart disease	10,086
Diabetes	6,953
Stroke	3,729
Breast Cancer	665
Healthcare cost-savings	\$182 million



The following is modelled in all children aged 2 years in WPHU LGA's and assumed maintenance of effect over the lifetime.

This is crude modelling, and does not take into account factors such as substitution effect of reduction in sweetened biscuit intake. Negligible effects on some diseases are not included in the above tables.

Scenario 2:

Predictive increase in 1 serve of vegetables per day (approx. 75g); modelled in all children WPHU LGA's and assumed maintenance of effect over the life time



			Cases of disease averted			
	Health adjusted life years saved over the lifetime	Healthcare cost-savings (millions)	Ischaemic heart disease	Diabetes	Stroke	Breast Cancer
WPHU catchment:	36,886	\$182M	10,086	6,953	3,729	665
Brimbank	4,861	24	1,329	916	491	82
Hobsons Bay	2,590	13	708	488	262	205
Maribyrnong	2,310	11	632	435	234	47
Melbourne	2,149	11	588	405	217	42
Melton	6,379	31	1,744	1,202	645	39
Merri-bek	4,557	13	1,246	859	461	48
Moonee Valley	2,688	13	735	507	272	115
Wyndham	11,350	56	3,104	2,139	1,148	N/A

Working with Bilingual Health Educators



Partnership collaboration with Multi-Cultural Centre for Women's Health:

- 46 years of experience in health promotion and education among migrant and refugee women, non-binary, and gender-diverse people.

Language Capability:

- 25 bilingual health educators fluent in 20 languages, including Arabic, Vietnamese, Hindi, Punjabi, and Mandarin.

WPHU Catchment Coverage & Community Engagement:

- Operating in eight LGAs within WPHU's catchment: Melbourne, Hobsons Bay, Maribyrnong, Merri-bek, Moonee Valley, Melton, Wyndham, Brimbank.
- Established connections with community groups and stakeholders for culturally sensitive outreach.

INFANT Sessions:

- Delivery of sessions and resources in multiple languages.
- Continuous improvement through feedback mechanisms.

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Page from Punjabi booklet



Page from Arabic booklet



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How can you support, promote and deliver INFANT?

- ✓ **Support** your staff to undertake the free training
- ✓ **Distribute** resources throughout your networks and communities
- ✓ **Promote** and **support** local INFANT sessions within your communities
- ✓ **Get in touch** if you need further support
- ✓ **Share** your success with us



[Training | INFANT \(infantprogram.org\)](https://infantprogram.org)

What are other opportunities to reach families?
Does your community have access to INFANT?



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8am – 4.30pm, 7 days a week



Abstract we submitted

Included as reference slide at the end



The INFANT program (Infant Feeding, Active play and NutriTion) empowers first-time parents in nutrition, active play and less screen time through sessions delivered by maternal and childhood nurses, dietitians and health promotion practitioners. However, this program is limited to English materials and delivery, impacting accessibility by communities speaking a language other than English.

Western Public Health Unit (WPHU) has pioneered the cultural adaptation of the INFANT program through 72 translated written and video low literacy INFANT resources in the six most needed languages of Urdu, Hindi, Punjabi, Arabic, Mandarin (Simplified-Chinese) and Vietnamese. We are collaborating with local libraries and community spaces to reach families and parents where they are and leveraging existing and new networks with multicultural organisations to distribute translated resources to reach our communities.

We are supporting the strengthening of the delivery of INFANT, in both English and other languages, by directly supporting local governments to increase the training and delivery of INFANT. Our efforts have resulted in a 285% increase in the number of trained facilitators.

In this workshop, we aim to share what opportunities organisations have to promote, support and deliver INFANT within their spheres of influence, and to discuss other potential avenues to reach families and communities.