**PAPER NUMBER #104**

**Factors contributing to the sustainability of an early childhood obesity prevention intervention: The *Infant Program***

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**Objectives/aims**

The *Infant Program* addresses obesity risk in the first year of life using a universally delivered system. Many lessons have been learnt from its origins as a cluster randomised control trial to its community-wide implementation within Victoria, Australia. This study aimed to describe factors contributing to sustained implementation of the *Infant Program* by Maternal and Child Health and Community Health services, using the Consolidated Framework for Implementation Research (CFIR).

**Methods**

This study used a multi-site qualitative exploratory approach. Facilitators trained in the *Infant Program* were sent an online survey (RR: 54%), representing all Local Government Areas (LGAs; n=14) who had undergone training since program scale-up. Follow-up telephonic interviews were conducted with a sub-sample of respondents, representing LGAs who had never implemented the program (n=3), had discontinued implementation (n=3) and were still implementing the program (n=4).

**Main findings**

Facilitator training was regarded as providing a high level of knowledge and confidence for program implementation. Sites never implementing the program described attendance of training as a need to gain more information about the program, with limited funding and resources the main barriers to implementation, and a low likelihood of future implementation. Sites with discontinued implementation attended training with the intention to implement the program, however a lack of resourcing and group attrition were the main barriers to ongoing implementation. Sites with sustained implementation attended training to train additional facilitators, and described management support, funding availability, staff confidence, adequate recruitment, and integration into routine practice as main enablers. Barriers and enablers identified in this study align closely to the literature, supporting the proposition that key factors contributing to intervention sustainability require strategic planning and commitment, particularly in terms of leadership, funding stability, organisational capacity, and partnerships.