



Evidence and
Implementation
Summit 2023
9-11 October

Melbourne, Australia & Online



Behavioural and Implementation
Science Interventions
Yong Loo Lin School of Medicine



Centre for
Evidence and
Implementation

www.eisummit.org

[@EISSUMMIT2023](https://twitter.com/EISSUMMIT2023)

[#EIS2023](https://twitter.com/EISSUMMIT2023)

#289 - Leveraging Organizational Readiness for Program Adoption and Implementation

Presenting Author

Dr Penny Love

Affiliation

Deakin University, Institute for Physical Activity, School of Exercise and Nutrition Sciences

Country of residence

Australia

Background

The prevention of childhood obesity has been identified as a national and international priority. With 23% of Australian children overweight or obese by age five, waiting until school-age to address predictive behaviours may be too late. The *INFANT* Program addresses obesity risk in the first year of life using a universally delivered service. Efficacy testing in 2008 of *INFANT* as a randomised controlled trial found this health professional mediated program, delivered through first-time parent groups with infants aged 3-12 months, significantly improved maternal and child diets at the end of the intervention (infants aged 18 months), with effects on child diet and reduced sedentary time maintained to age five. Since 2020, *INFANT* has been offered to all (n=76) local governments (LGs) across Victoria, Australia, as a priority strategy within the Victorian Government's 5-year action plan 'Healthy kids, Healthy futures'. This is being accompanied by a hybrid effectiveness-implementation trial (2019-2024) to assess reach, adoption, implementation, effectiveness and cost-effectiveness.

Objectives/aims

A key focus of this research is to examine program integration within existing delivery systems to maximise program adoption, implementation and sustainability. The literature describes sustained program integration as a common challenge, frequently resulting in program cessation. It is therefore vital to understand the context and degree of readiness experienced by organisations if we are to develop organisation-specific and relevant strategies to enhance the likelihood of program adoption, implementation integration and sustainability.

www.eisummit.org



Evidence and
Implementation
Summit 2023
9-11 October

Melbourne, Australia & Online



Behavioural and Implementation
Science Interventions
Yong Loo Lin School of Medicine



Centre for
Evidence and
Implementation

www.eisummit.org

[@EISSUMMIT2023](https://twitter.com/EISSUMMIT2023)

[#EIS2023](https://twitter.com/EISSUMMIT2023)

Methods

This research uses a mixed-methods approach to explore the degree of organisational readiness amongst state-level partner organisations, local government managers, and program implementers prior to and at 12- and 24-month intervals after completing the *INFANT* facilitator training. Online survey and interview instruments, informed by the Organisational Readiness for Implementing Change (ORIC) and the Consolidated Framework for Implementation Research (CFIR), investigate key domains of organisational readiness related to capacity, commitment, leadership support and available resources. This data is critical in the development of organisational *INFANT* implementation plans, addressing obstacles in advance.

Main findings

Between September 2020 – February 2022, 770 health professionals completed the *INFANT* facilitator training, predominantly maternal and child health nurses (63%), across 95% of Victorian LGs. Immediate post-training surveys (n=598), representative of 91% of LGs, confirm the importance of considering the specific context within each organisation, with variations in readiness scores. In general, key readiness barriers were ‘managing organisational politics’, ‘limited determination to implement’, ‘scarce resources within the organisation’, and ‘a lack of active leadership support’. Organisations in regional localities appeared more resourceful in finding solutions to enhance organisational readiness. Currently 36 of the 79 Victorian LGs are implementing the *INFANT* Program, with a further 17 LGs developing implementation plans. Of the 26 LGs not implementing, 11 LGs have expressed ‘no capacity’ as the main barrier. Follow-up 12-month surveys and interviews have commenced and will provide opportunities to explore the development of strategies that acknowledge the importance of program adaption to meet the differing demographic, geographic, cultural and socio-economic contexts within organisations.