The following evaluation activities provide evidence of progress and help inform decision making at Let’s Go!:

1. **Implementation of program strategies**
   Let’s Go! surveys sites and relies on self-reported information to track the implementation of Let’s Go!’s environmental and policy strategies for increasing healthy eating and active living.
   - Child care programs, schools, and out-of-school programs are measured on their implementation of Let’s Go!’s Strategies for Success.
   
   This is where you come in! Please be sure to complete the Let’s Go! Survey every spring!
   - Healthcare practices are measured on their adherence to Let’s Go!’s clinical approaches for the prevention, assessment, and treatment of childhood obesity.
   - School cafeterias are measured on their implementation of Smarter Lunchrooms strategies that make the healthy choice the easy choice for all students.

2. **Changes in awareness**
   Let’s Go! creates awareness of the program and the 5-2-1-0 messages with annual media campaigns that have included radio commercials, Maine Public Broadcasting Network TV spots, bus ads, Facebook, and Twitter. Let’s Go! monitors parent awareness by adding a few questions to a local market research firm’s statewide telephone survey.

3. **Changes in behaviors**
   Let’s Go! uses the Maine Integrated Youth Health Survey (MIYHS) data to track changes in each of the 5-2-1-0 behaviors among Maine students. The MIYHS is administered in odd-numbered years, beginning in 2009, by the Maine Department of Health and Human Services and the Maine Department of Education. Its purpose is to quantify the health of kindergarten and grade 3 students through parent interviews, and the health-related behaviors and attitudes of 5th through 12th graders by direct student survey.

4. **Changes in weight status**
   Let’s Go! uses two sources to track the prevalence of overweight and obesity:
   - MIYHS data are used to track the prevalence of overweight and obesity among students in kindergarten and grades 3, 5, and 7-12. Data for grades 7-12 are based on self-reported heights and weights.
   - Healthcare patient data are used to track the prevalence of overweight and obesity for children and adolescents aged 2-19. Data are based on measured heights and weights.