Evaluation Report
2018-2019
Program Year 13

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EXECUTIVE SUMMARY

Launched in 2006, Let’s Go! is an obesity prevention program using evidence-based strategies to create environments that support healthy choices across communities in Maine and in Mount Washington Valley, New Hampshire. Let’s Go! deploys consistent messages, 5-2-1-0 for children and Small Steps for adults, across multiple settings to guide children and families on how to engage in healthy behaviors. Thanks to the exceptional work of our local Let’s Go! coordinators, site champions, and home office staff, Let’s Go! has been nationally recognized as a leader in obesity prevention. Working together, we are creating positive change and improving lives.

Let’s Go! has the great fortune to work with 17 effective community coalitions that engage sites across multiple settings. We call them our Dissemination Partners, and they play a critical role in supporting and connecting all of Let’s Go!’s work. At the core of every Dissemination Partner is a Let’s Go! coordinator who delivers trainings and resources to site champions about the importance of each Let’s Go! strategy and how to implement the strategies at their early education and care program, school, or out-of-school program. In the health care setting, a home office team supports practices by providing trainings, education and technical assistance around adoption of Let’s Go!’s clinical strategies.

Let’s Go!’s program evaluation is an ongoing process that allows us to optimize and improve Let’s Go!’s effectiveness and inform decisions about future programming. To track program performance, Let’s Go! surveys registered sites annually to measure implementation of our strategies for increasing healthy eating and active living. Tables 1 and 2 highlight this year’s key findings from surveys conducted in 2019 with Let’s Go! site champions in early care and education programs, schools, out-of-school programs, and health care practices.

Table 1. Reach and Strategy Implementation Among Let’s Go! Early Care and Education Programs, Schools, and Out-of-School Programs

<table>
<thead>
<tr>
<th>2018-2019 Program Year</th>
<th>Early Care and Education Programs</th>
<th>Schools</th>
<th>Out-of-School Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered sites</td>
<td>550</td>
<td>346</td>
<td>151</td>
</tr>
<tr>
<td>Children and youth served</td>
<td>16,915</td>
<td>107,961</td>
<td>9,998</td>
</tr>
<tr>
<td>Registered sites reporting via Let’s Go! Annual Survey</td>
<td>436</td>
<td>288</td>
<td>130</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sites reporting that they…</th>
<th>2018-2019 Program Year</th>
<th>Early Care and Education Programs</th>
<th>Schools</th>
<th>Out-of-School Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limit unhealthy choices</td>
<td>92%</td>
<td>56%</td>
<td>98%</td>
<td></td>
</tr>
<tr>
<td>Limit sugary beverages, promote water</td>
<td>99%</td>
<td>73%</td>
<td>98%</td>
<td></td>
</tr>
<tr>
<td>Prohibit the use of food as a reward</td>
<td>94%</td>
<td>69%</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>Provide opportunities for physical activity daily</td>
<td>99%</td>
<td>77%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Limit recreational screen time</td>
<td>93%</td>
<td>51%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Implement ALL FIVE strategies</td>
<td>83%</td>
<td>38%</td>
<td>92%</td>
<td></td>
</tr>
</tbody>
</table>
Table 2. Reach and Strategy Implementation Among Let’s Go! Health Care Practices

<table>
<thead>
<tr>
<th>2018-2019 Program Year</th>
<th>Health Care (5-2-1-0)</th>
<th>Health Care (Small Steps)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered practices</td>
<td>148</td>
<td>37</td>
</tr>
<tr>
<td>Children and youth served</td>
<td>238,809</td>
<td></td>
</tr>
<tr>
<td>Adults served</td>
<td></td>
<td>170,569</td>
</tr>
<tr>
<td>Registered practices reporting via Let’s Go! Annual Survey</td>
<td>131</td>
<td>36</td>
</tr>
<tr>
<td>Health care practices reporting that...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Let’s Go! message is displayed in all exam rooms and the waiting area</td>
<td>96%</td>
<td>86%</td>
</tr>
<tr>
<td>All providers routinely have BMI determined for patients</td>
<td>98%</td>
<td>100%</td>
</tr>
<tr>
<td>All providers routinely counsel on healthy eating and active living using the Healthy Habits Questionnaire</td>
<td>89%</td>
<td>75%</td>
</tr>
<tr>
<td>Implement ALL THREE strategies</td>
<td>85%</td>
<td>72%</td>
</tr>
</tbody>
</table>

Key Findings from 2018-2019:
Evidence indicates that Let’s Go!’s programming is working. Thanks to a strong partnership with MaineHealth, the state’s largest healthcare system, and the Maine Center for Disease Control & Prevention, more communities are partnering with Let’s Go!, environments are changing, and Let’s Go!’s healthy eating and active living strategies are being adopted in more places. Below are some key findings from the 2018-2019 program year:

- Let’s Go! programs reached nearly 240,000 children and youth and over 170,000 adults. In Maine, our programs touched approximately 87% of children and youth aged 0-18 and 13% of adults.
- More than 22,000 staff helped implement Let’s Go! strategies at over 1,500 sites.
- Nearly 850 clinicians used Let’s Go!’s Healthy Habits Questionnaire with pediatric or adult patients to initiate conversations around healthy eating and active living.
- The number of sites implementing Let’s Go!’s five priority strategies increased dramatically from 2015 to 2019, between 65% and 73% for each of the strategies.
- This year, 770 schools, early care and education programs, and out-of-school programs limited sugary drinks and promoted water as the drink of choice, and 783 provided opportunities for physical activity daily.
- In the school, early care and education, and out-of-school settings, 93% of sites reporting agree that partnering with Let’s Go! adds value to their school or program.
- Let’s Go! continues to explore new and innovative ways to increase healthy habits with the aim of decreasing the prevalence of obesity.
BACKGROUND

The Theory Behind Let’s Go!
Let’s Go! is an obesity prevention program using evidence-based strategies to promote policy and environmental changes that facilitate healthy eating and active living. These strategies are implemented in multiple settings across communities in the state of Maine and in Mount Washington Valley, New Hampshire. The program is rooted in the social ecological framework of behavior change—that people’s behaviors are influenced by many factors including family, friends, local surroundings, the built environment, and community. In order to bring about behavior change, the supporting environments and policies must be changed to make it easier for people in those environments to make healthy choices.

Program Design
The Let’s Go! model has two major components: (1) working with a network of local Dissemination Partners to implement environmental and policy changes that increase opportunities for healthy eating and active living in multiple settings where people live, learn, work, and play, and (2) deploying consistent messages, 5-2-1-0 for children and Small Steps for adults, to increase healthy behaviors. The 5-2-1-0 mnemonic represents four evidence-based recommendations for children related to daily healthy eating and active living: eat 5 or more servings of fruits and vegetables; limit recreational screen time to 2 hours or less; engage in 1 hour or more of physical activity; and drink 0 sugary beverages. The Small Steps message encourages adults to make small, incremental behavior changes. The key message is that anyone can benefit from a few Small Steps: Move more—it’s a great way to improve your health; Eat Real—foods that come from nature give you energy; Drink Water—it’s the best choice; Rest Up—good sleep restores your body and mind. The Small Steps program is implemented primarily in health care practices. See Appendix A for the Let’s Go! logic model, which provides an overview of how Let’s Go! works to improve the quality of life for the children and families served.

Partners and Champions
Through the partnership of a central Let’s Go! home office and local organizations called Dissemination Partners, Let’s Go! is able to increase its capacity and reach. Let’s Go! has 17 Dissemination Partners that play a critical role in supporting and connecting all of Let’s Go!’s work. At the core of every Dissemination Partner is a Let’s Go! coordinator who works with site champions by helping them change their policies and environments using the program’s evidence-based strategies. Coordinators deliver trainings and resources to teach site champions about the importance of each strategy and how to implement the strategies at their site. The Let’s Go! home office health care team supports practices by providing trainings, education, and technical assistance around adoption of Let’s Go!’s clinical strategies. Thanks to the exceptional work of our local Let’s Go! coordinators, site champions, and home office staff, Let’s Go! has been nationally recognized as a leader in obesity prevention. See Appendix B for more information about the Let’s Go! dissemination model.

Partnership with Maine Center for Disease Control & Prevention
For the past three program years, Let’s Go! has been honored to partner with the Maine Center for Disease Control & Prevention (ME CDC) to be the state’s primary obesity prevention program. With the ME CDC’s help, Let’s Go! has been able to enhance its programming and more than double its capacity across Maine. Statewide, communities have increased access to Let’s Go! tools and resources, as well as additional personalized, one-on-one assistance from local Let’s Go! coordinators. Thanks to this strong partnership, Let’s Go! programming is integrated into the public health infrastructure across the state, increasing collaboration among healthy eating and active living efforts.
Let’s Go! Evaluation Report, 2018-2019

Evaluation Framework
How do we know we’re making progress? Let’s Go! uses a comprehensive evaluation plan to guide the collection, analysis and reporting of program data. Let’s Go!’s program evaluation is an ongoing process for planning, monitoring progress, measuring impact, and adjusting the program for continuous improvement. The following research questions provide the framework for Let’s Go!’s program evaluation:

- Are early care and education, school, and out-of-school staff implementing Let’s Go! recommended strategies?
- Are school cafeterias using Smarter Lunchrooms techniques to nudge kids toward healthy choices in cafeterias?
- Are health care providers following Let’s Go! recommended clinical strategies?
- Is parent awareness and knowledge of 5-2-1-0 and Let’s Go! increasing?
- Are students’ healthy eating and active living behaviors improving?
- Has the prevalence of obesity stabilized or declined for Maine students?

Let’s Go! tracks implementation of program strategies by surveying site champions annually. Let’s Go! monitors awareness and knowledge of the program and the 5-2-1-0 message annually through a survey with family members of students and children who attend Let’s Go! schools and early care and education programs. Let’s Go! measures impact by tracking obesity prevalence and 5-2-1-0 behavior data among Maine students through the biennial Maine Integrated Youth Health Survey, and tracks the prevalence of obesity annually for pediatric patients aged 2-19 through MaineHealth electronic medical records. The data we collect and report often reflect the impact of many efforts in the state to improve healthy eating and active living, not just from Let’s Go!

“I am passionate about health and nutrition, and having Let’s Go! resources to share and guide programming has been extremely useful to our program! Thank you to the Let’s Go Team!!”

Out-of-School Program Director, Let’s Go! Oxford County
EVALUATION RESULTS

Program Reach
Since it was founded in Greater Portland in 2006, Let’s Go! has steadily expanded to cover more geography, serve new audiences, and work in new settings. Let’s Go! has grown from working with sites in just two settings to being in six settings by 2016, where the program remains today (Figure 1). In 2019, the program operated in 289 municipalities (58% of Maine’s organized territories) across all 16 counties in Maine and one county in New Hampshire. The program’s growth has been nurtured by a groundswell of support. In every school, early care and education program, out-of-school program, health care office, and school cafeteria where Let’s Go! works, people have stepped up to become site champions, leading the charge for healthier kids.

“I’ve been a champion for over 10 years and our district has accomplished many small things that have added up to become a culture for our district. I was also a member of our district’s wellness team that was successful in passing a new district policy regarding recess and healthy foods.”

Physical Education Teacher, Let’s Go! MidCoast Region

Figure 1. Number of Let’s Go! Sites by Setting, 2006-2019
Site retention was very high going into the 2018-2019 program year. The vast majority of sites continued their partnership with Let’s Go! from the previous year: 94% of early care and education programs, 98% of schools, 91% of out-of-school programs, 96% of 5-2-1-0 health care practices, and 100% of Small Steps health care practices stayed enrolled in the program. Across settings, 24 sites closed and 26 sites opted out of the program. One potential reason site retention is so high is the value Let’s Go! adds to its partner schools and programs (Figure 2).

Figure 2. The Value of Let’s Go! to Partner Sites, 2019

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of sites responding to the Let’s Go! Survey</td>
<td>837</td>
<td>837</td>
<td>837</td>
<td>837</td>
</tr>
</tbody>
</table>

93% of sites agree that partnering with Let’s Go! adds value to their school or program.

Table 3 shows the reach of Let’s Go! programs. This year, Let’s Go! partnered with a total of 1,587 sites reaching nearly 240,000 children and youth and over 170,000 adults. Our programs touched approximately 87% of children and youth aged 0-18 and 13% of adults in Maine. More than 22,000 staff helped implement Let’s Go! at our partner sites. This multi-setting approach means that kids get to practice the same healthy habits in high school that they learned back in preschool, and at all the health care appointments, and out-of-school activities in between.
Table 3. Let’s Go! Program Reach by Setting, 2018-2019

<table>
<thead>
<tr>
<th>Setting</th>
<th>Number of Sites</th>
<th>Number of Students, Patients</th>
<th>Number of Staff, Clinicians, School Nutrition Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Care and Education</td>
<td>550</td>
<td>16,915</td>
<td>3,516</td>
</tr>
<tr>
<td>School</td>
<td>346</td>
<td>107,961</td>
<td>17,096</td>
</tr>
<tr>
<td>Out-of-School</td>
<td>151</td>
<td>9,998</td>
<td>980</td>
</tr>
<tr>
<td>School Cafeteria</td>
<td>355</td>
<td>120,746</td>
<td>80</td>
</tr>
<tr>
<td>Health Care, 5-2-1-0</td>
<td>148</td>
<td>238,809</td>
<td>710</td>
</tr>
<tr>
<td>Health Care, Small Steps</td>
<td>37</td>
<td>170,569</td>
<td>239</td>
</tr>
</tbody>
</table>

Note: See Appendix C for more detail about the scope of Let’s Go!’s reach.

Characteristics of Let’s Go! Sites
Let’s Go! collaborates with a wide range of sites and reaches a diverse population within each setting. This year, Let’s Go! reached over 55,000 children and youth from lower income families through collaboration with 116 Head Start programs, 25 21st Century Learning Centers, 26 Federally Qualified Health Centers, and 134 schools where at least half of the student population is eligible for free or reduced-price lunch. In Let’s Go!’s 5-2-1-0 health care setting, most sites are family practices (47%) and pediatric practices (26%). Most of the schools that partner with Let’s Go! (85%) are attended by elementary and middle school students, 38% of Let’s Go! early care and education programs are small or family programs with enrollment capacity of less than 13 children, and 25% of Let’s Go! out-of-school programs are school-based programs. Let’s Go! sites vary greatly in terms of their enrollment size. Let’s Go! collaborates successfully with very small programs and schools with less than 15 children enrolled, as well as with schools where over 1,000 students attend. See Table 4 for more detail by setting.

Table 4. Range of Enrollment in Let’s Go! Sites, 2018-2019

<table>
<thead>
<tr>
<th>Setting</th>
<th>Average Enrollment</th>
<th>Range of Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Care and Education</td>
<td>31 children</td>
<td>4 to 225</td>
</tr>
<tr>
<td>School</td>
<td>316 students</td>
<td>13 to 1,476</td>
</tr>
<tr>
<td>Out-of-School</td>
<td>66 children</td>
<td>8 to 850</td>
</tr>
<tr>
<td>School Cafeteria</td>
<td>343 students</td>
<td>17 to 1,526</td>
</tr>
<tr>
<td>Health Care, 5-2-1-0</td>
<td>1,614 patients</td>
<td>15 to 11,300</td>
</tr>
<tr>
<td>Health Care, Small Steps</td>
<td>4,610 patients</td>
<td>50 to 14,615</td>
</tr>
</tbody>
</table>
Training and Technical Assistance
Let’s Go! is committed to providing quality professional development to Let’s Go! coordinators and the staff of registered sites during each program year. Let’s Go! offers a continuum of activities that includes education, training, and technical assistance to ensure consistent support around the implementation of Let’s Go! across regions. This year, Let’s Go! conducted 153 trainings and workshops attended by more than 2,600 people including physicians and other medical staff, school nutrition and kitchen staff, early care and education providers, teachers and other school staff, out-of-school program staff, behavioral health professionals, case managers, home health workers, parents, and occupational therapy students. Eleven of those trainings focused on best practices for addressing the unique needs of children with intellectual and developmental disabilities in regards to healthy eating and active living. Let’s Go! trainings are evaluated by attendees in post-training surveys to help us learn how future trainings could be improved. The feedback was quite positive this year with 97% of respondents reporting that they would recommend the training to others (n=315).

“This was one of the best trainings I have attended in a very long time. The information was pertinent and will be easy to implement in my program - no expensive buy-ins required.”
Early Care and Education Provider, Let’s Go! Androscoggin County Training

Let’s Go! Annual Survey
Let’s Go! surveys site champions annually and relies on their self-reports to track implementation of our strategies for increasing healthy eating and active living. The main advantage of self-report is that it is a simple way to collect data from many people quickly and at a low cost. The home office administers the surveys via an email message containing a link to a URL. Surveys remain open for a 4-week period, during which time there are follow-up emails to non-responding sites and additional direct follow-up by local Let’s Go! coordinators and from the home office health care team.

Annual survey results are used by Let’s Go! staff to understand how sites are using program strategies and determine which sites will be recognized as sites of distinction. Results also help Let’s Go! coordinators plan their technical assistance to sites for the following program year and outcomes inform the development of new materials and trainings. Motivating factors to participate in the annual survey include eligibility for the Let’s Go! recognition program and the chance to win a gift card. In addition, our partners recognize the importance of collecting data to build evidence to support Let’s Go! and to help secure funding to continue our work. Survey response in 2019 was 84% overall and has been high for several years, reflecting the strong commitment and involvement of Let’s Go! coordinators and site champions. See Figure 3 for survey response rates by setting.

“I was very new to childcare when I opened last year. Partnering with Let’s Go! was a great way for me to learn healthy habits to get into before even starting. I’ve never served juice or sugary drinks and always make sure the children have fun and engaging ways to keep moving. I’m so happy I made the choice to get involved!”
Early Care and Education Program Director, Let’s Go! York County
Let’s Go! content is now fully infused within the curriculum and daily activities. The connection between our coordinator and the site supervisor is fantastic. Through regular conversations we are constantly adapting and truly able to serve families in a way that supports their continued knowledge and application of Let’s Go! principles and practices.”

Early Care and Education Program Manager, Let’s Go! Somerset County
**Five Priority Strategies**

Let’s Go! champions create healthy environments for children and youth in early care and education programs, schools, and out-of-school programs by using 10 strategies that are evidence-based and align with national recommendations to increase healthy eating and active living. In 2011, Let’s Go! prioritized five strategies to align with research that indicated they have the greatest impact on healthy eating and active living behaviors: (1) limit unhealthy choices for snacks and celebrations and provide healthy choices; (2) limit or eliminate sugary drinks and provide opportunities for water during the day; (3) prohibit the use of food as a reward; (4) provide opportunities for physical activity daily; and (5) limit recreational screen time. Figures 4-8 show the dramatic increase since 2015 in the number of sites implementing Let’s Go! priority strategies across three settings. This year, 770 schools, early care and education programs, and out-of-school programs limited sugary drinks and promoted water as the drink of choice, and 783 provided opportunities for physical activity daily.

Figure 4. Let’s Go! Sites Reporting that Most or All Staff Limit Unhealthy Choices and Provide Healthy Choices for Snacks and Celebrations

<table>
<thead>
<tr>
<th>Year</th>
<th>Early Care and Education</th>
<th>Schools</th>
<th>Out-of-School Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>190</td>
<td>114</td>
<td>113</td>
</tr>
<tr>
<td>2016</td>
<td>267</td>
<td>127</td>
<td>162</td>
</tr>
<tr>
<td>2017</td>
<td>352</td>
<td>130</td>
<td>190</td>
</tr>
<tr>
<td>2018</td>
<td>436</td>
<td>288</td>
<td>190</td>
</tr>
<tr>
<td>2019</td>
<td>558</td>
<td>401</td>
<td>201</td>
</tr>
</tbody>
</table>


“All of our classroom parties always include healthy snacks. All classrooms provide daily movement breaks. We have water bottles and water breaks for the kids. We communicate with parents concerning healthy habits. We offer daily healthy snacks for our students. All staff are on board with Let’s Go! and we all participate.”

School Classroom Teacher, Let’s Go! Somerset County
Figure 5. Sites Reporting that Most or All Staff Limit Sugary Drinks and Promote Water

770 sites limit or eliminate sugary drinks and promote water

...a 65% increase from 2015 to 2019

Survey Response: See Note under Figure 4

Figure 6. Sites Reporting that Most or All Staff Prohibit Using Food as a Reward

733 sites prohibit using food as a reward

...a 65% increase from 2015 to 2019

Survey Response: See Note under Figure 4

“Let’s Go! helps us stay accountable for sustaining a healthy and active school. We challenge ourselves to try new ways of keeping Let’s Go! a consistent part of our days at school. Daily movement breaks and opportunities to get outside and be active are always part of our plan. Having a water re-filling station has been a great way to remind kids and teachers about the importance of hydration for both the body and the mind. Overall, we strive to be a healthy community and Let’s Go! is a big part of that.”

School Classroom Teacher, Let’s Go! Cumberland County
Figure 7. Sites Reporting that Most or All Staff Provide Opportunities for Physical Activity Daily

783 sites provide opportunities for physical activity daily

...a 73% increase from 2015 to 2019

Survey Response: See Note under Figure 4

Figure 8. Sites Reporting that Most or All Staff Limit Recreational Screen Time

680 sites limit recreational screen time

...a 71% increase from 2015 to 2019

Survey Response: See Note under Figure 4

“Our students were given a list of screen free summer activities (the one provided in the Let’s Go! toolkit) and were told that if they brought it back with at least 15 activities checked off at the beginning of the 18-19 school year, they’d receive a reward. We had about 1/3 of the school bring in a filled out sheet. They received 5-2-1-0 Let's Go! water bottles, came up with a list of screen-free and food-free activities for school rewards, and we had a dance game party!”

School Classroom Teacher, Let’s Go! Southern Kennebec County
Five Supporting Strategies
In addition to the five priority strategies, Let’s Go! encourages early care and education programs, schools, and out-of-school programs to implement five supporting strategies to increase their potential to create change. These strategies go beyond directly encouraging healthy behaviors to promoting collaboration, family involvement, and staff wellness in order to deepen the culture of health across sites and communities. This year, implementation of supporting strategies was strong across settings: (1) 72% of sites participated in other initiatives that support healthy eating and active living such as WinterKids, Farm to School, National Nutrition Month, and Cooking Matters; (2) 78% of sites engaged community partners such as Maine Roads to Quality Professional Development, SNAP-Ed nutrition educators, local businesses, and librarians; (3) 80% of sites educated families in adopting and maintaining a lifestyle that supports healthy eating and active living; (4) 59% of sites implemented a staff wellness program that includes healthy eating and active living; and (5) 74% of sites collaborated with a food and nutrition program to offer healthy food and beverage options.

“Our focus this year was on family communication and staff wellness. We successfully met both our goals!”
School Classroom Teacher, Let’s Go! York County

Wellness Policies
Let’s Go! works with schools, early care and education programs, and out-of-school programs on creating strong wellness policies. This helps ensure that the changes implemented around the recommended strategies become routine and part of the culture, thus creating long-lasting change. This year, 364 early care and education programs and out-of-school programs reporting (64%) used Let’s Go!’s policy addendum or policy checklist to create or strengthen their wellness policy. Since policy change for schools happens at the district level and the change process can take several years, Let’s Go! encourages school staff to become active participants on their district wellness committee. This year, at least one staff member from 199 schools (69%) participated on their district wellness committee. Let’s Go! coordinators also provide direct support to school districts by helping to strengthen their current district wellness policy so that it aligns with the Federal Healthy Hunger-Free Kids Act of 2010. This year, Let’s Go! worked with 100 of 207 school districts on wellness policies to help them meet or exceed the national standards for healthy eating and physical activity. In 2019, there was an increase in districts with compliant policies from 61 to 107.

School Cafeteria Strategies
School meals can have a large impact on children’s diets because students consume a substantial proportion of their total daily calories at school. Let’s Go! engages school nutrition programs as essential partners to promote healthy eating by providing ongoing support, training and technical assistance to school nutrition professionals. Let’s Go! coordinators provide training to school nutrition staff on evidence-based strategies that naturally guide students toward healthier selections in the school cafeteria. Each spring, Let’s Go! sends the Smarter Lunchrooms Scorecard to participating cafeteria managers to track implementation of these strategies.
This year, 314 of 355 eligible school cafeterias completed the Scorecard representing over 100,000 students across 83 school districts. The average number of Smarter Lunchrooms strategies adopted overall was 43 out of 60; the range was 11 to 60 practices adopted. These are just some of the best practices measured on the Scorecard:

- 91% of the cafeterias reporting offer a variety of vegetables daily
- 89% offer both hot and cold vegetables
- 95% serve easy-to-eat sliced fruit daily
- 81% offer pre-packaged salads or a salad bar
- 70% include student feedback to inform menu development
- 63% engage students in growing food with activities such as gardening and farm tours
- 63% provide opportunities for students to volunteer in the lunchroom, and
- 61% report that school nutrition is incorporated into the school day.

“School food is much better since Let’s Go! was adopted. At my son’s school there are fresh fruits and vegetables every day, no sodas, vegan meal choices, lots of outdoor time and a huge vegetable garden.”

School Parent, Let’s Go! Cumberland County

**Health Care Strategies (5-2-1-0 and Small Steps)**

While children are making healthy choices at school, in out-of-school programs, and in early care and education programs, the importance of the 5-2-1-0 message is being reinforced when they visit their health care provider. Whereas schools and programs create spaces full of healthy choices, 5-2-1-0 health care practices encourage kids to embrace those healthy choices every day. Let’s Go! health care practices, reaching approximately 87% of children and youth in Maine, follow clinical strategies to promote healthy eating and active living in their communities. Displaying the Let’s Go! 5-2-1-0 poster or public service announcement in the clinical setting is a simple, yet important step because it reinforces a message that kids and their families encounter in other places in their community.

“My kids always respond well to the simple infographic at their pediatrician’s office. I find it really helpful to reinforce that these things come from their doctor, and not just me!”

School Parent, Let’s Go! Cumberland County

Doctor’s voices matter! This year, 635 clinicians in Let’s Go! 5-2-1-0 practices routinely used the 5-2-1-0 Healthy Habits Questionnaire with their pediatric patients to initiate respectful conversations around healthy eating and active living (HEAL). Figure 9 shows implementation of Let’s Go!’s recommended strategies in the clinical setting with pediatric patients. With these clinical strategies, providers are fulfilling a crucial role in Let’s Go!’s multi-setting approach.
Figure 9. Percent of Let’s Go! 5-2-1-0 Health Care Sites Reporting They Implemented Clinical Strategies Practice-Wide, 2015-2019


“We are grateful this program exists. I truly think it benefits the health of our overall community.”

Health Care Practice Manager, Let’s Go! York County

The Small Steps program uses similar strategies as 5-2-1-0, only emphasizing messaging for adults around behavior change. This year, 211 clinicians in Let’s Go! Small Steps practices routinely used the Small Steps Healthy Habits Questionnaire with their adult patients to initiate respectful conversations around HEAL. Figure 10 shows implementation of Let’s Go!’s recommended strategies in the clinical setting with adult patients. This is the second year of formal evaluation for the Small Steps program so only 2018 and 2019 Small Steps data are displayed.
Figure 10. Percent of Let’s Go! Small Steps Health Care Sites Reporting They Implemented Clinical Strategies Practice-Wide, 2018-2019

<table>
<thead>
<tr>
<th>Category</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Let’s Go! poster or public service announcement is displayed in practice waiting area.</td>
<td></td>
<td>97%</td>
</tr>
<tr>
<td>Let’s Go! poster is displayed in all exam rooms.</td>
<td></td>
<td>89%</td>
</tr>
<tr>
<td>All providers routinely have height, weight and BMI measured for patients at adult well visits.</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>All providers routinely counsel on HEAL using the Small Steps Healthy Habits Questionnaire.</td>
<td></td>
<td>75%</td>
</tr>
</tbody>
</table>

Number of sites responding to the Let’s Go! survey: 2018=26, 2019=36; HEAL: Healthy Eating & Active Living.

**Recognition Program**

One way that Let’s Go! celebrates success at the site level is through our recognition program. Let’s Go! recognizes an early care and education program, school, or out-of-school program when its year-end survey results show that most or all staff at the site have successfully implemented all five priority strategies. Let’s Go! recognizes a health care practice when its survey results show that the practice has successfully implemented recommended clinical strategies practice-wide. School cafeterias are recognized when their Smarter Lunchrooms Scorecard indicates that at least 15 of 60 best practices were implemented. Recognized sites receive a framed certificate or poster and recognition on the Let’s Go! website, and a congratulatory letter is sent to school superintendents, principals, school board members, and to senior leadership of health care practices.

Let’s Go! recognized a total of 1,041 sites in 2019, an increase from 923 sites the previous year. Overall, 66% of all registered sites were recognized this year, a slight decrease from 69% in 2018. The decrease was not surprising given that over 300 new sites registered. Figure 11 shows recognition rates by setting. Schools generally have larger numbers of staff per site compared to other settings, making it more challenging for them to achieve implementation of strategies by most or all staff. Their lower recognition rates do not reflect the significant amount of work that so many school staff members accomplish each year.

“The hardest part of maintaining a healthy school is getting everyone on board. We have a great Wellness Policy, but not everyone follows it. Parents are told not to bring in unhealthy treats for birthday celebrations, but the cakes keep getting dropped off to the office and teachers don’t want to police it.”

School Nurse, Let’s Go! Androscoggin County
Figure 11. Percent of Let’s Go! Registered Sites Recognized, 2015-2019

We have really seen a community shift in the years we have been connected with 5-2-1-0 Let’s Go! We are not 100% where we’d like to be, but we are well on our way thanks to continued support!”

School classroom Teacher, Let’s Go! Kennebec County
As shown in Figure 12, more than 8 in 10 sites reporting agree that Let’s Go! recognition adds value to their school or program. Moreover, program satisfaction is quite high in each setting with nearly all Let’s Go! site champions providing an “excellent” or “good” rating of their experience with Let’s Go! (Figure 13).

Figure 12: The Value of Let’s Go! Recognition to Partner Sites, 2019

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not sure, we haven’t achieved recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>39%</td>
<td>44%</td>
<td>3%</td>
<td>4%</td>
<td>9%</td>
</tr>
</tbody>
</table>

84% of sites agree that Let's Go! recognition adds value to their school or program.

Number of sites responding to the Let’s Go! survey: 854 schools, early care and education programs, and out-of-school programs.

Figure 13. Sites Rate Their Experience with Let’s Go! Program, 2019

<table>
<thead>
<tr>
<th>Early Care and Education</th>
<th>School</th>
<th>Out-of-School</th>
<th>Health Care (5-2-1-0)</th>
<th>Health Care (Small Steps)</th>
</tr>
</thead>
<tbody>
<tr>
<td>97%</td>
<td>95%</td>
<td>89%</td>
<td>98%</td>
<td>94%</td>
</tr>
</tbody>
</table>

Number of sites responding to the Let’s Go! survey: Early Care and Education Programs=436; Schools=288; Out-of-School Programs=130; Health Care 5-2-1-0 Practices=131; Health Care Small Steps Practices=36.
STATUS OF LET’S GO! STRATEGIC GOALS

Let’s Go!’s strategic plan for 2016-2021 includes five specific goals, three are set annually and two are five-year goals. A status report of the five goals is presented below.

Annual Goals

Goal 1: Expand the reach of Let’s Go!
By March 15, 2019, the number of registered sites will increase:
- By 44% for early care and education programs, from 438 to 630. [GOAL NOT MET:621]
- By 10% for schools, from 286 to 315. [EXCEEDED GOAL:346]
- By 5% for out-of-school programs, from 138 to 145. [EXCEEDED GOAL:151]
- By 3.5% for 5-2-1-0 health care practices, from 148 to 153. [GOAL NOT MET:148]
- By 62% for MaineHealth Small Steps primary care practices, from 24 to 39. [GOAL NOT MET:34]
- By 15% for school nutrition districts; from 61 to 70. [EXCEEDED GOAL:84]

Goal 2: Increase awareness and knowledge of Let’s Go! and 5-2-1-0.
Among a survey of parents of children at Let’s Go! schools and early care and education programs, from 2018 to 2019:
- Awareness of Let’s Go! increased from 42% to 51%.
  - The percent of parents who have an understanding of the program’s purpose or message decreased from 93% to 89%.
- Awareness of 5-2-1-0 increased from 77% to 78%.
  - The percent of parents who have a complete understanding of what all four numbers mean, decreased from 54% to 52%.

Note: In 2018, our parent survey data collection method changed; 2018 was a baseline year and therefore we did not set targets for this goal.

Goal 3: Create Sustainable Environmental and Policy Change with Let’s Go! Recognition Program.
By September 30, 2019, the percentage of registered sites recognized will remain the same at:
- 76% of early care and education programs [GOAL NOT MET:66%]
- 37% of schools [GOAL NOT MET:32%]
- 78% of out-of-school programs [EXCEEDED GOAL:79%]
- 86% of school cafeterias [EXCEEDED GOAL:88%]
- 76% of 5-2-1-0 health care practices [GOAL MET:76%]
- 52% of Small Steps health care practices [EXCEEDED GOAL:70%]

While targets for the percentage of registered sites recognized were not met in some settings, the total number of recognized sites increased from 2018 to 2019 in five of the six settings, and overall from 923 to 1,041 sites.
Five Year Goals

**Goal 4: From FY17 to FY21, increase healthy eating and active living behaviors.** Let’s Go! monitors behaviors through the Maine Integrated Youth Health Survey (MIYHS). MIYHS is a state surveillance system that quantifies 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 in odd-numbered years.

**Note:** Trend data for grades 5-6 are unavailable for some behaviors due to a major change in survey question text in 2017. In 2019, parent interviews for kindergarten and grade 3 students were discontinued.

**Status:** There were no statistically significant changes observed in healthy eating and active living behaviors among Maine students from 2017 to 2019 (Tables 5-8).

**Goal 4-A:** Increase from 2015 levels the percentage of students who consume 5 or more fruits and vegetables daily by 10% for all grades.

Table 5. Percent of Maine Students Who Consume 5 or More Fruits & Vegetables Daily

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>2021 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade K/3</td>
<td>26.7%</td>
<td>24.9%</td>
<td>N/A</td>
<td>29.4%</td>
</tr>
<tr>
<td>Grade 7-8</td>
<td>20.8%</td>
<td>20.6%</td>
<td>20.9%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Grade 9-12</td>
<td>16.1%</td>
<td>15.6%</td>
<td>15.2%</td>
<td>17.7%</td>
</tr>
</tbody>
</table>

**Goal 4-B:** Increase from 2015 levels the percentage of students who watch 2 or fewer hours of screen time daily by 5% for grades K/3 and by 10% for grades 5-12.

Table 6. Percent of Maine Students Who Watch 2 or Fewer Hours of Screen Time Daily

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>2021 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade K/3</td>
<td>71.1%</td>
<td>70.1%</td>
<td>N/A</td>
<td>74.7%</td>
</tr>
<tr>
<td>Grade 5-6</td>
<td>38.3%</td>
<td>35.8%</td>
<td>33.2%</td>
<td>42.1%</td>
</tr>
<tr>
<td>Grade 7-8</td>
<td>29.9%</td>
<td>29.3%</td>
<td>28.2%</td>
<td>32.9%</td>
</tr>
<tr>
<td>Grade 9-12</td>
<td>34.0%</td>
<td>33.5%</td>
<td>33.9%</td>
<td>37.4%</td>
</tr>
</tbody>
</table>

**Goal 4-C:** Increase from 2015 levels the percentage of students who get 1 hour or more of physical activity daily by 5% for grades K/3 and by 10% for grades 5-12.

Table 7. Percent of Maine Students Who are Physically Active for 1 Hour or More Daily

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>2021 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade K/3</td>
<td>56.0%</td>
<td>55.4%</td>
<td>N/A</td>
<td>58.8%</td>
</tr>
<tr>
<td>Grade 7-8</td>
<td>26.4%</td>
<td>25.7%</td>
<td>25.5%</td>
<td>29.0%</td>
</tr>
<tr>
<td>Grade 9-12</td>
<td>20.5%</td>
<td>20.3%</td>
<td>20.9%</td>
<td>22.6%</td>
</tr>
</tbody>
</table>
Goal 4-D: Increase from 2015 levels the percentage of students who drink 0 sugary beverages daily by 2% for grades K/3 and by 5% for grades 5-12.

Table 8. Percent of Maine Students Who Drink Zero Sugary Drinks Daily

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>2021 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade K/3</td>
<td>92.8%</td>
<td>93.0%</td>
<td>N/A</td>
<td>94.7%</td>
</tr>
<tr>
<td>Grade 7-8</td>
<td>79.8%</td>
<td>82.7%</td>
<td>82.3%</td>
<td>83.8%</td>
</tr>
<tr>
<td>Grade 9-12</td>
<td>76.9%</td>
<td>79.5%</td>
<td>80.4%</td>
<td>80.7%</td>
</tr>
</tbody>
</table>

Goal 5: From FY17 to FY21, decrease from 2015 levels the percentage of students who have obesity by 5% for all grades.

Let’s Go! monitors student obesity rates through MIYHS.

Status: There was a statistically significant increase in the prevalence of obesity for Maine students in grades K/3, from 12.8% in 2017 to 21.0% in 2019. There were no significant changes observed for students in the other grades from 2017 to 2019 (Table 9).

Table 9. Percent of Maine Students with Obesity

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>2021 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade K/3</td>
<td>16.1%</td>
<td>12.8%</td>
<td>21.0%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Grade 5</td>
<td>22.6%</td>
<td>19.1%</td>
<td>22.5%</td>
<td>21.5%</td>
</tr>
<tr>
<td>Grade 7-8</td>
<td>14.3%</td>
<td>15.3%</td>
<td>15.1%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Grade 9-12</td>
<td>14.1%</td>
<td>15.0%</td>
<td>15.0%</td>
<td>13.4%</td>
</tr>
</tbody>
</table>

The sharp increase in the 2019 obesity rate for K/3 students is puzzling in light of the significant decrease observed in this age group from 2015 to 2017. Additionally, the prevalence of obesity for Maine students in most grades has been relatively stable for several years, and obesity rates in the MaineHealth practices that we monitor have also shown stabilization over time. Over the course of the next several months, we will consult with state and national experts to better understand the cause of these wide swings in the K/3 rates. We will seek to understand whether this is a true rise in obesity, or due to a change in methodology of measuring height and weight, sampling, or some other cause. Obesity took decades to evolve as a public health issue, and making a measurable impact will take comprehensive, long-term solutions. Let’s Go! continues to explore new and innovative ways to increase healthy habits with the aim of decreasing the prevalence of obesity.
OTHER LET’S GO! PROJECTS

Let’s Go! Children with Intellectual and Developmental Disabilities Project

Research indicates that obesity among youth with intellectual and developmental disabilities (IDD) is significantly higher than in the general pediatric population. The adverse health effects associated with obesity among youth with IDD have the potential to undermine their independence and community participation. A pervasive culture of low expectations has contributed to disparities in opportunities for children with IDD to eat healthy, nutritious food and lead active lives. One of the guiding principles of Let’s Go! is the belief that all children deserve equal opportunities to lead healthy lives. This project, which launched in 2016, has three key objectives: (1) increase awareness of the challenges to healthy eating and physical activity faced by children with IDD and their capacity to lead healthy lives; (2) raise expectations regarding the potential and right of children with IDD to be healthy; and (3) adapt Let’s Go! messages and strategies to ensure that partnering schools, early care and education programs, out-of-school programs, and health care practices have the tools and resources to include children with IDD in their obesity prevention efforts.

Between October 2016 and April 2019, Let’s Go! delivered 62 trainings and presentations attended by 970 people including behavioral health professionals, case managers, teachers, program coordinators, physicians and other medical staff. The trainings focused on best practices for addressing the unique needs of children with IDD regarding healthy eating and active living. Among 188 post-training survey respondents, 86% said the training effectively met the objectives, 80% said they will be able to use what they learned, and 91% said they would recommend the training to others. Annual survey results show a statistically significant increase in the percentage of health care practices reporting that all providers in the practice met the strategy to include healthy eating and physical activity goals in a child’s Individual Education Plan, from 42% at baseline in 2016 to 59% in 2019. There was a slight increase, though not significant, in practices reporting that all providers use the 5-2-1-0 Healthy Habits Questionnaire with their patients with IDD to counsel on healthy eating and active living, from 75% in 2016 to 80% in 2019. Each year post-intervention, the vast majority of Let’s Go! partners in the school, early care and education, and out-of-school settings who had seen the Let’s Go! IDD tools reported that the tools increased their awareness of the challenges to healthy eating and physical activity faced by children with IDD, and increased their expectations that children with IDD have the capacity to eat healthy and be physically active.

Let’s Go!’s inclusive obesity prevention model addresses the critical need for programing that can reduce the risk of obesity for children with IDD. Consideration of children with IDD is now woven into all aspects of Let’s Go!, from strategic planning through professional development, marketing and evaluation. The Let’s Go! approach for addressing obesity in children with IDD is a promising practice for other community-based obesity prevention programs seeking to ensure inclusion of children with IDD.

Published Article

Let’s Go! coauthored an article published in 2019 in the Journal of Maine Medical Center titled “Using Physician Champions to Extend the Reach of the Let’s Go! 5-2-1-0 Obesity Prevention Program in Clinical Practice.” This report describes implementation of Let’s Go! in primary care offices. During the four-year reporting period (2012-2015), the Let’s Go! strategy of engaging and supporting primary care practices resulted in widespread standardized adoption of strategies for health care practices to address childhood obesity. Achievement in three basic criteria increased significantly from 39% in 2012 to 87% in 2015. Criteria included displaying program posters, documenting body mass index, and discussing healthy behaviors at well-child visits using the 5-2-1-0 healthy Habits Questionnaire. This model could be applied to other public health problems requiring broad-based action. (See Appendix D for a complete list of Let’s Go! publications)
Let's Go! Obesity Prevalence Study

Let's Go! monitors the prevalence of childhood obesity in Maine using pediatric patient electronic medical records obtained through MaineHealth. Patients in the 2018 MaineHealth monitored practices represent about 18% of Maine’s population aged 2-19; located in 24 towns across seven counties. Table 10 shows the number of patients in the study each year.

Table 10: Number of Patients in Maine Monitored Health Care Practices, by Sex and Age, 2014-2018

<table>
<thead>
<tr>
<th></th>
<th>Age, y</th>
<th>2014 (50 practices)</th>
<th>2015 (56 practices)</th>
<th>2016 (59 practices)</th>
<th>2017 (62 practices)</th>
<th>2018 (52 practices)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>2-19</td>
<td>35,676</td>
<td>36,739</td>
<td>38,706</td>
<td>48,974</td>
<td>47,883</td>
</tr>
<tr>
<td></td>
<td>2-5</td>
<td>8,719</td>
<td>8,282</td>
<td>8,918</td>
<td>11,415</td>
<td>10,941</td>
</tr>
<tr>
<td></td>
<td>6-11</td>
<td>12,684</td>
<td>13,288</td>
<td>13,471</td>
<td>16,674</td>
<td>15,703</td>
</tr>
<tr>
<td></td>
<td>12-19</td>
<td>14,273</td>
<td>15,169</td>
<td>16,317</td>
<td>20,885</td>
<td>21,239</td>
</tr>
<tr>
<td>Male</td>
<td>2-19</td>
<td>18,333</td>
<td>18,811</td>
<td>19,788</td>
<td>25,150</td>
<td>24,474</td>
</tr>
<tr>
<td></td>
<td>2-5</td>
<td>4,588</td>
<td>4,317</td>
<td>4,585</td>
<td>5,962</td>
<td>5,716</td>
</tr>
<tr>
<td></td>
<td>6-11</td>
<td>6,680</td>
<td>6,946</td>
<td>7,014</td>
<td>8,706</td>
<td>8,121</td>
</tr>
<tr>
<td></td>
<td>12-19</td>
<td>7,065</td>
<td>7,548</td>
<td>8,189</td>
<td>10,482</td>
<td>10,637</td>
</tr>
<tr>
<td>Female</td>
<td>2-19</td>
<td>17,343</td>
<td>17,928</td>
<td>18,918</td>
<td>23,824</td>
<td>23,409</td>
</tr>
<tr>
<td></td>
<td>2-5</td>
<td>4,131</td>
<td>3,965</td>
<td>4,333</td>
<td>5,453</td>
<td>5,225</td>
</tr>
<tr>
<td></td>
<td>6-11</td>
<td>6,004</td>
<td>6,342</td>
<td>6,457</td>
<td>7,968</td>
<td>7,582</td>
</tr>
<tr>
<td></td>
<td>12-19</td>
<td>7,208</td>
<td>7,621</td>
<td>8,128</td>
<td>10,403</td>
<td>10,602</td>
</tr>
</tbody>
</table>

Source: MaineHealth

From 2017 to 2018, the prevalence of obesity did not change significantly for boys or girls aged 2-19 in the monitored practices. Rates of obesity are lower among Maine patients in the monitored practices than among U.S. youth (Figure 16). From 2017 to 2018, the prevalence of obesity did not change significantly for any age group in the monitored practices. Across age groups, obesity rates among Maine patients in the monitored practices are lower than among their national counterparts (Figure 17). Within the monitored practices each year, the prevalence of obesity has been significantly higher for MaineCare patients than for patients with other insurance (Figure 18). Although childhood obesity rates remain high in Maine, especially for MaineCare patients, we must be persistent and continue our work to drive change.

This obesity prevalence study has its limitations. Currently, it does not include patients from practices outside of the MaineHealth system and therefore does not provide statewide results. We are working to expand the scope of this study by collaborating with other health systems in Maine to include their data.
Figure 16. Prevalence of Obesity for Youth Aged 2-19 in Maine Monitored Health Care Practices and the United States, by Sex, 2014-2018

Source: MaineHealth; U.S. data from the National Health and Nutrition Examination Survey, two-year averages

Figure 17. Prevalence of Obesity for Youth Aged 2-19 in Maine Monitored Health Care Practices and the United States, by Age, 2014-2018

Source: MaineHealth; U.S. data from the National Health and Nutrition Examination Survey, two-year averages
Let’s Go! Family Survey
Let’s Go! conducted a survey among parents of children in Let’s Go! schools and early care and education programs asking about awareness and knowledge of Let’s Go! and 5-2-1-0. Assistance from our partners was needed to accomplish this. A standard email was created explaining the purpose of the survey, the incentive, and how to complete the survey. Let’s Go! school and early care and education site champions were asked to share this information with their families as often as they wanted through the survey field period, October 14 through November 8, 2019. A large incentive was provided for sites to participate. Parents who completed the survey would be entered into a drawing and 10 winners across the state would each receive a $100 gift card for their personal use and their child’s school or program would receive $1,000 to support Let’s Go! efforts at the site. A total of 2,227 parents completed the survey.

Just over half of parents (51%) reported hearing of Let’s Go! and more than three quarters (78%) said they had seen or heard of the 5-2-1-0 message. Those aware of Let’s Go! and 5-2-1-0 were asked where they had seen or heard information about the program or message. Information was most often seen at a doctor’s office or clinic, on a poster displayed at the school or program, or in materials their child brought home. Slightly more than half of parents (52%) who heard of 5-2-1-0 correctly recalled all 5-2-1-0 recommendations, and another 23% named one to three of the items correctly. Eight in ten parents (83%) who heard of Let’s Go! agreed that partnering with Let’s Go! adds value to the school or program their child attends.

“I love this program! Particularly my younger daughter has come home numerous times explaining 5-2-1-0 to me and asking what healthy alternatives she can eat. We went food shopping and she picked out whole grain cereal and fruit for breakfast and explained to me why she chose those.”

School Parent, Let’s Go! York County
Maine Integrated Youth Health Survey Data Study
Let’s Go! measures impact by tracking 5-2-1-0 behavior data and obesity prevalence among Maine students through the Maine Integrated Youth Health Survey (MIYHS). Currently, about 59% of Maine’s schools partner with Let’s Go! to promote healthy eating and active living. Since 2009, MIYHS collects data about the relevant behaviors from participating schools every two years. The goal of this project is to use MIYHS data to evaluate the effectiveness of the Let’s Go! program in prompting behavior changes and decreasing the prevalence of obesity in our state’s schools by comparing those that are engaged with Let’s Go! to those that are not. This research study will help Let’s Go! better understand the impact of the program and determine if the program’s strategies and activities are achieving the desired outcomes.

Our research plan was reviewed and approved by the Maine Medical Center Institutional Review Board. The study received approval from the Maine Department of Health and Human Services and we obtained a list of all MIYHS participating schools. Let’s Go! contacted each participating school district for permission to release their school and grade-level data for this study. We obtained written consent from 53% of the participating school districts. Once we receive the data from the state we can begin the analysis. Through this research, we hope to find out if the student population in Let’s Go! schools is more active and is consuming more fruits and vegetables and less sugary drinks than the student population in schools not engaged with Let’s Go!

Let’s Go! Communities
Let’s Go! was founded on a multi-setting intervention model. The theory is that the more exposures a person has to Let’s Go! messages and strategies, the greater the “dose” of Let’s Go! for the individual and the community—and the greater the impact. Some potential benefits of this multi-setting model may not be fully realized when Let’s Go! sites aren’t geographically close enough to generate multiple exposures for community members. One way to address this gap is to recruit whole communities into Let’s Go! by using a targeted approach to site registration that clusters sites within the same area. This approach is called Let’s Go! Communities.

For this approach, Let’s Go! developed a new framework for measuring, evaluating, and promoting implementation of the Let’s Go! multi-setting model at the community level. After conducting a thorough geographic analysis, our Maine and New Hampshire territories were divided into 134 communities that have been named Let’s Go! Geozones. These Geozones can best be described as communities where the majority of children and families share common services and institutions. The primary institution we organized most Geozones around is the local school district. With few exceptions, the registered and potential sites within every Geozone collectively serve a comprehensive age range of children and youth, from infant or toddler care up through grade 12. Geozones consist of between one and a dozen towns or cities, with each town or city in a Geozone adjoining at least one of the others.

Using data to drive decisions, the overall goal is to enhance the impact of our multi-setting model by strategically registering additional sites within the geographic framework of the Let’s Go! Geozone. As more sites are recruited within a multi-setting Geozone, that Geozone moves closer to becoming a full Let’s Go! Community. For that reason, Let’s Go! develops regional Geozone reports annually to help inform our Dissemination Partners’ outreach opportunities. During the summer of 2019, all partners received a report with 2019 Geozone data for their entire Public Health District. The data informed in-person meetings with home office leadership to set regional registration goals for the year. In order to strengthen the impact of the program, coordinators were encouraged to think strategically about the sites they could potentially onboard within the Geozones they serve. Outcomes have demonstrated the positive utility of this framework as both the number of Geozones with multi-setting status and the number of multi-setting Geozones with 100% of schools registered have steadily increased since the first regional reports were distributed during the summer of 2017.
CONCLUSIONS

Each year, as an increasing number of sites are recognized for implementing Let’s Go! strategies, the 5-2-1-0 message is increasingly becoming part of the local culture in the communities we serve. Although childhood obesity rates remain high in Maine, evidence points to changing policies and creating environments to support healthy choices as instrumental in the stabilization and reduction of obesity prevalence. The dramatic rise in obesity occurred over a period of more than three decades and there is no single or simple solution to reverse the course. It may take another decade to see the positive impact of our efforts as the authors of a 2018 Pediatrics article point out:

Evidence-based efforts focused on policy, family-based change, and health improvement (versus weight loss alone) may take another decade to see positive results....Activities with the aim of decreasing the prevalence of childhood obesity should not cease but redouble as an effort to improve the health of children and families stem the rising costs of health care in the United States....Present efforts must continue, as must innovation, research, and most importantly at this juncture, collaboration among clinicians, public health leaders, hospitals, and all levels of government.¹

Key Findings from 2018-2019:
Evidence indicates that Let’s Go!’s programming is working. Thanks to a strong partnership with MaineHealth, the state’s largest healthcare system, and the Maine Center for Disease Control & Prevention, more communities are partnering with Let’s Go!, environments are changing, and Let’s Go!’s healthy eating and active living strategies are being adopted in more places. Below are some key findings from the 2018-2019 program year:

- Let’s Go! programs reached nearly 240,000 children and youth and over 170,000 adults. In Maine, our programs touched approximately 87% of children and youth aged 0-18 and 13% of adults.

- More than 22,000 staff helped implement Let’s Go! strategies at over 1,500 sites.

- 846 clinicians used Let’s Go!’s Healthy Habits Questionnaire with pediatric or adult patients to initiate conversations around healthy eating and active living.

- The number of sites implementing Let’s Go!’s five priority strategies increased dramatically from 2015 to 2019, between 65% and 73% for each of the strategies.

- This year, 770 schools, early care and education programs, and out-of-school programs limited sugary drinks and promoted water as the drink of choice, and 783 provided opportunities for physical activity daily.

- In the school, early care and education and out-of-school settings, 93% of sites reporting agree that partnering with Let’s Go! adds value to their school or program.

- Let’s Go! continues to explore new and innovative ways to increase healthy habits with the aim of decreasing the prevalence of obesity.

APPENDIX A: LOGIC MODEL
APPENDIX B: DISSEMINATION MODEL

Dissemination Partners (DPs) are the backbone organizations that connect and support all of the Let’s Go! work in a community. Each DP has at its core a Let’s Go! coordinator. The Let’s Go! coordinator registers sites to participate in the 5-2-1-0 program designed for their setting, and provides technical assistance and training to help each site change environments and policies to support healthy behaviors. In addition, the coordinator keeps an eye on the big picture in the community, ensuring that all participants know they are part of a larger effort to increase healthy behaviors throughout the community.
APPENDIX C: SCOPE OF LET’S GO!’S REACH BY SETTING

Program Year 2018-2019

Denominators:

- 1,807 early care and education programs
  - Source: Department of Health and Human Services, Division of Licensing and Regulatory Services, 1/19 (Total includes the full list, not just active status)

- 570 schools
  - Source: Maine Department of Education, 3/19

- 363 out-of-school programs
  - Source: Maine Afterschool Network list (178) and 21st Century Community Learning Centers list, 7/13

- 304 health care practices (5-2-1-0)
  - Source: 2019 Raising Readers, MaineHealth (283), School-Based Health Centers (18), and the region we are working with in NH (3)

- 38 health care practices (Small Steps)
  - Source: MaineHealth member primary care practices

- 490 municipalities in Maine
  - Source: Maine Department of Education:

During the 2018-2019 program year, Let’s Go! partnered with:

- 550 early care and education programs (546 in ME) (~30% of all licensed early care and education programs in Maine)

- 346 schools (336 in ME) (~59% of all schools in Maine)

- 151 out-of-school programs (144 in ME) (~40% of all out-of-school programs in Maine)

- 148 health care practices (5-2-1-0) (~49% of all pediatric practices, family medicine practices, federally qualified health centers, school-based health centers, and multidisciplinary clinics in Maine and the region of New Hampshire where we are working).

- 37 health care practices (Small Steps) (97% of all MaineHealth member primary care practices

- 355 school cafeterias (~62% of schools in Maine).

These programs, schools and health care practices were located in 289 municipalities (282 organized territories in Maine) (58% of all towns in Maine).
APPENDIX D: LET’S GO! PUBLICATIONS

Journal Articles


Online Publication