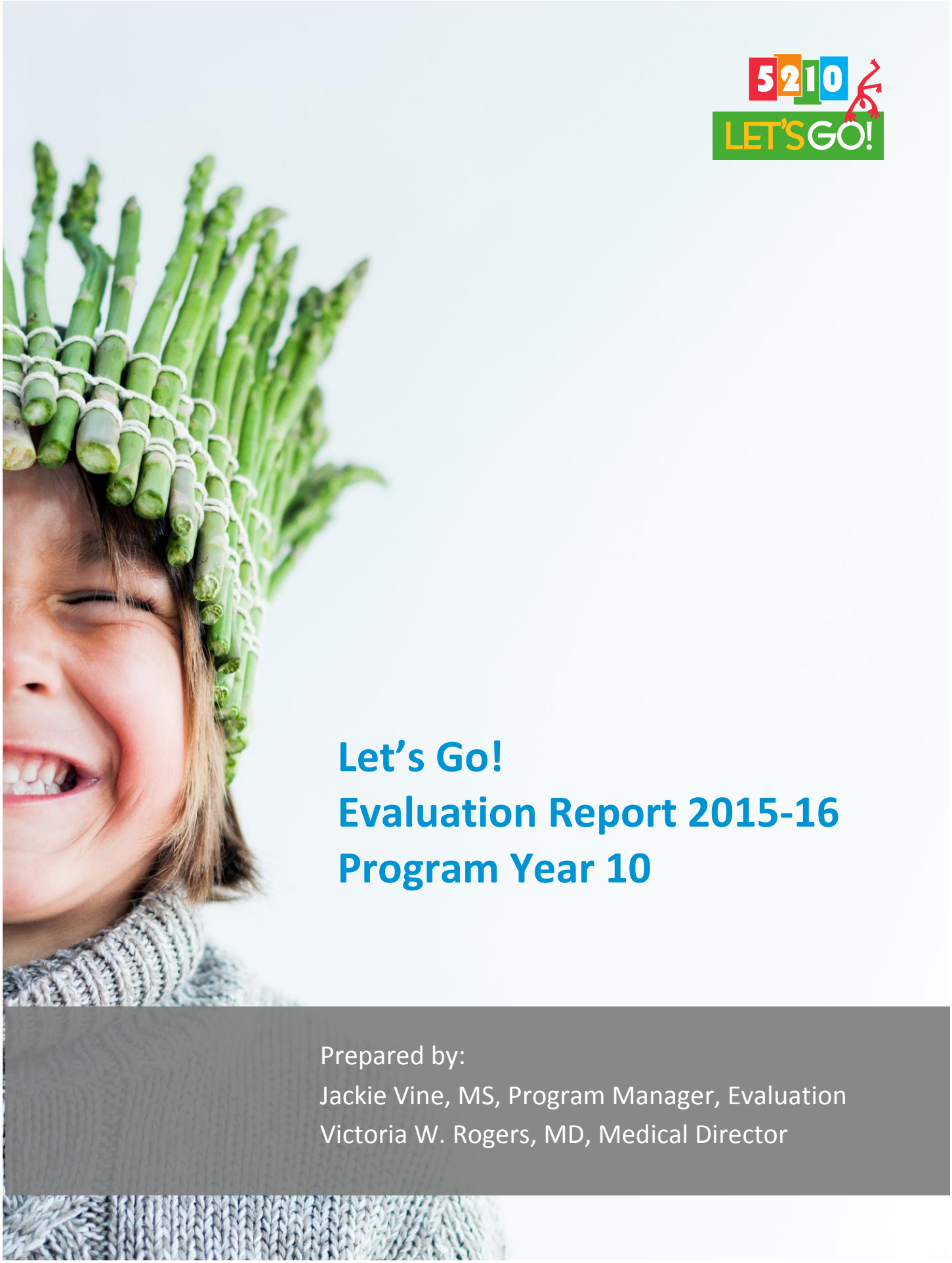

Let's Go!
Evaluation Report 2015-16
Program Year 10

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SUMMARY

Let's Go! is a nationally-recognized childhood obesity prevention program of The Barbara Bush Children's Hospital at Maine Medical Center. *Let's Go!* uses evidence-based strategies to increase healthy eating and active living in the places where children and families live, learn, work, and play. *Let's Go!* works with child care programs, schools, out-of-school programs, and health care practices in Maine and the neighboring communities it serves. The 2015-2016 program year, *Let's Go!*'s tenth, saw the program reach large numbers of children and staff in various community settings to promote healthy eating and active living:

- In collaboration with 232 child care programs, *Let's Go!* reached over 1,700 program staff and more than 8,200 children from birth to age 5 years;
- In collaboration with 209 schools, *Let's Go!* reached over 10,000 school staff and nearly 64,000 students in kindergarten through high school;
- In collaboration with 118 out-of-school programs, *Let's Go!* reached over 750 program staff and over 10,000 children and youth aged 5-18 years;
- In collaboration with school nutrition professionals in 47 school districts, *Let's Go!* reached over 93,000 students in kindergarten through high school to help them select and consume healthy options in their school cafeterias; and
- In collaboration with 175 health care practices in Maine (145), Massachusetts (17), and New Hampshire (13), *Let's Go!* reached over 900 clinicians and over 400,000 pediatric patients.

This year, 192 child care programs, 107 out-of-school programs, and 76 schools received recognition for successfully implementing all five *Let's Go!* priority strategies—well in excess of our 5-year goals for the former two settings—to increase healthy eating and active living. Throughout the program year, most or all staff in each of these sites:

1. Limited unhealthy choices for snacks and celebrations;
2. Limited or eliminated sugary beverages;
3. Prohibited the use of food as a reward;
4. Provided opportunities for physical activity every day; and
5. Limited recreational screen time.

This year, 113 health care practices received recognition for successfully completing *Let's Go!*'s three clinical recommendations as follows:

1. Connected to their community by displaying the *Let's Go!* poster in their practice waiting area and all exam rooms;
2. All providers routinely had body mass index (BMI) determined for patients aged two years and older; and
3. All providers routinely counseled on healthy eating and active living using the 5-2-1-0 Healthy Habits Questionnaire.

In addition, 169 school cafeterias received recognition as *Let's Go!* Smarter Lunchrooms for successfully adopting a minimum of 30 best practices around food presentation and cafeteria layout that can naturally

guide students toward healthier selections. The Smarter Lunchrooms Movement, started in 2009 by the Cornell Center for Behavioral Economics in Child Nutrition Programs, advocates for the use of evidence-based, simple and no-cost changes to lunchrooms that can simultaneously improve participation and profits while decreasing waste.

Let's Go! uses the Maine Integrated Youth Health Survey (MIYHS), to track changes in 5-2-1-0 behaviors among Maine students. Over the 4-year period from 2011 to 2015, there was a significant increase or upward trend for 5-2-1-0 behaviors for Maine students, except for physical activity which decreased for grades 7-12. Over the same period, there was a flattening trend in obesity rates for Maine students. A new and positive finding from a study of MIYHS data was that in 2013 and 2015, *Let's Go!* schools had a significantly higher percentage of students eating five or more fruits and vegetables a day in comparison with the statewide school average.

New evaluation activities and research collaborations in 2015-16 yielded further useful insights surrounding:

- promising results of a new Adult Healthy Eating and Active Living (HEAL) Pilot intervention;
- benefits of newly developed tools and training resources for professionals working with children with intellectual and developmental disabilities (I/DD);
- predictors associated with implementation of *Let's Go!* priority strategies in schools; and
- barriers and solutions to implementation of *Let's Go!* priority strategies in schools.

The key messages emerging from year 10 of the *Let's Go!* program are as follows:

1. *Let's Go!* is working—environments and policies are changing at nearly 1,000 sites, healthy behaviors are increasing, and childhood obesity rates are levelling off.
2. *Let's Go!* Coordinators continue to play a crucial role in making change happen in their communities.
3. Fruit and vegetable consumption is higher among students at *Let's Go!* schools.
4. Sugary drinks have been limited or eliminated by the vast majority of *Let's Go!* sites and students are consuming less.
5. Recreational screen time has been limited by most *Let's Go!* sites and students' screen time habits are moving in the right direction.
6. Physical activity levels have declined among Maine students, making this a priority focus in the coming years.

BACKGROUND

The Theory Behind *Let's Go!*

Let's Go! is a nationally-recognized childhood obesity prevention program of The Barbara Bush Children's Hospital at Maine Medical Center. *Let's Go!* uses evidence-based strategies that align with national recommendations to increase healthy eating and active living across communities in the places where children and families live, learn, work, and play. 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, 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.

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 across a community, including child care programs, schools, out-of-school programs, and health care practices, and 2) deploying a consistent message, 5-2-1-0, to guide children and families on how to engage in healthy behaviors. The 5-2-1-0 mnemonic represents four evidence-based recommendations for children and youth 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.

This multi-setting approach means that kids get to practice the same healthy behaviors in high school that they learned back in pre-school, and at all the doctor's appointments and out-of-school activities in between. See Appendix A for the *Let's Go!* theory of change logic model.

Growth of *Let's Go!*

Let's Go! is now one of the nation's longest running childhood obesity prevention programs. Over the past 10 years, the program has grown through the effort and commitment of hundreds of individuals across Maine and beyond. These are the teachers, doctors, child care directors, out-of-school staff, coaches, nurses, principals and others who saw the need to cultivate healthy habits in the kids in their care, and looked to *Let's Go!* to help them. They work in small sites and large, on their own and with teams, with a few children and with a few hundred. These people are *Let's Go!* site champions, and it is due to their efforts that environments are changing, and children are making healthier choices. Ten years ago, *Let's Go!* had 27 dedicated champions. Today, nearly 1,000 site champions working in 229 municipalities are using *Let's Go!* tools and resources to raise a healthier generation of kids.

Let's Go! has 14 dedicated Dissemination Partners sustaining the regional *Let's Go!* programs across Maine and Carroll County, New Hampshire. Dissemination Partners play a critical role in supporting and connecting all of the *Let's Go!* work. At the core of every Dissemination Partner is a *Let's Go!* Coordinator. The *Let's Go!* Coordinator works in multiple settings with site champions to help them change environments and policies using the program's evidence-based strategies. *Let's Go!* Coordinators deliver trainings and resources to teach site champions why each strategy is important and provide

suggestions for how to implement each strategy at their site. In addition, each Dissemination Partner has a dedicated health care champion who supports health care practices in their *Let's Go!* efforts. See Appendix B for more information about the *Let's Go!* dissemination model.

Let's Go! **Evaluation Framework**

Let's Go! has a comprehensive evaluation plan to guide the collection, analysis and reporting of program data. It is an ongoing process to monitor progress, measure impact, and adjust the program for continuous improvement. *Let's Go!* evaluation includes the following key components:

1. Environments and Policies: *Let's Go!* surveys sites to track implementation of environmental and policy strategies for increasing healthy eating and active living. (*annual*)
2. Awareness: *Let's Go!* monitors parent awareness of the program and the 5-2-1-0 message with a statewide telephone survey. (*annual*)
3. Behaviors: *Let's Go!* uses Maine Integrated Youth Health Survey (MIYHS) data to track changes in 5-2-1-0 behaviors among Maine students. (*biennial*)
4. Obesity Prevalence: *Let's Go!* uses MIYHS data to track obesity for students in kindergarten and grades 3, 5, and 7-12 (g*rades 7-12 are self-report heights & weights).* (*biennial*) Additionally, patient data from health care practices in Maine whose electronic medical records are captured in the MaineHealth Clinical Improvement Registry (CIR) are used to track obesity rates for children and adolescents aged 2-19 *(measured heights & weights). (annual)*

Let's Go! evaluation staff meet monthly with a larger Evaluation Team and four to six times per year with an Evaluation & Research Advisory Committee. The Evaluation Team provides input on the development of survey tools, research projects, and evaluation findings, as well as important feedback on how evaluation efforts impact daily implementation of the program across community settings. The Evaluation & Research Advisory Committee is made up of research and evaluation experts from MaineHealth, Maine Medical Center Research Institute and University of Southern Maine. This Advisory Committee provides strategic thinking to the overall plan and helps guide the direction of evaluation and research activities. The committee also provides opportunities for coordination and collaboration of research activities across organizations, and provides guidance on future research projects.

LET'S GO! 5-YEAR STRATEGIC GOALS, 2011-2016

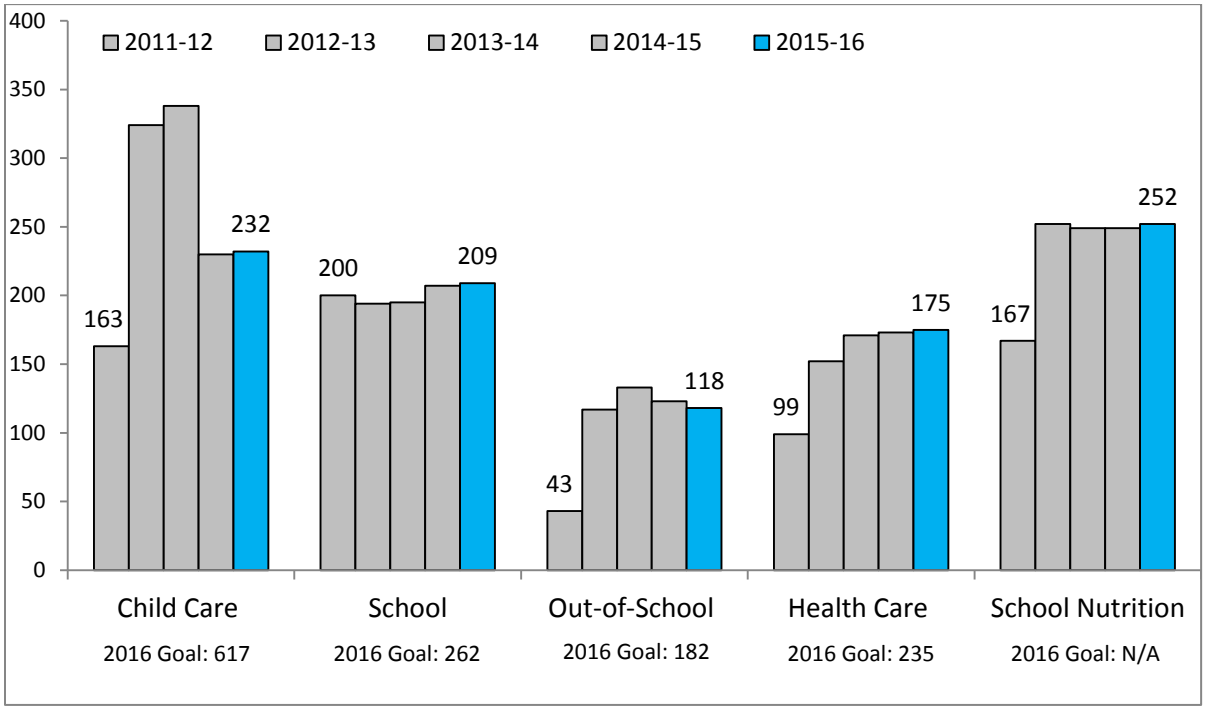
Following the successful implementation of the initial 5-year *Let's Go!* Greater Portland demonstration project from 2006 to 2011, *Let's Go!* expanded throughout Maine and in areas of New Hampshire and Massachusetts with the help of a network of community partners, *Let's Go!* Coordinators, hospitals, and on-the-ground volunteers. The close of the 2015-2016 program year marked the successful completion of a 5-year strategic plan that advanced the effective practices developed for use statewide and beyond. The six strategic goals of the 5-year plan are described below.

Goal 1: Expand Reach
By 2016, expand the number of registered sites to include 262 schools, 617 child care programs, 182 out-of-school programs, and 235 health care practices; and expand the school nutrition initiative to include eight regional school nutrition workgroups.

During the 2015-2016 program year, *Let's Go!* Coordinators, health care champions, and school nutrition directors worked with a total of 986 sites. While this is a large increase from 672 sites in 2011-2012, it did not meet the program's 5-year registration goals—especially in the child care setting, where the goal was to have over 600 sites registered by 2016. This is due mainly to the program's shift in focus after the goals were set five years ago. *Let's Go!* requested that Coordinators focus on increasing the depth of the program with each site rather than focus on registering more sites. This reflects *Let's Go!*'s value in long-lasting sustainable change within each site. Site retention was very high going into the 2015-2016 program year with the vast majority of *Let's Go!* sites continuing their collaboration with the program: 98% of health care practices, 91% of schools, 90% of child care programs, and 89% of out-of-school programs continued from the previous year. Across the four settings, 22 sites closed and 37 sites opted out of the program.

During the 2015-2016 program year, *Let's Go!* collaborated with 232 child care programs (~14% of all licensed child care programs in Maine), 209 schools (~33% of all public schools in Maine), 118 out-of-school programs (~32% of all out-of-school programs in Maine), and 175 health care practices (~48% of all pediatric practices, family medicine practices, federally qualified health centers, school-based health centers, and multidisciplinary clinics in Maine and the regions of Massachusetts and New Hampshire where we work). In addition, *Let's Go!* facilitated six regional school nutrition workgroups representing 252 school cafeterias (~41% of all public school cafeterias in Maine). See Figure 1 for *Let's Go!* site registration trends and goals by setting.

Figure 1. *Let's Go!* Site Registration Numbers by Setting, 2011-2016



Note: School Nutrition represents the number of schools that participated in the six *Let's Go!* school nutrition workgroups. The 5-year plan included a goal for workgroups but did not include a goal for the number of schools represented by the workgroups.

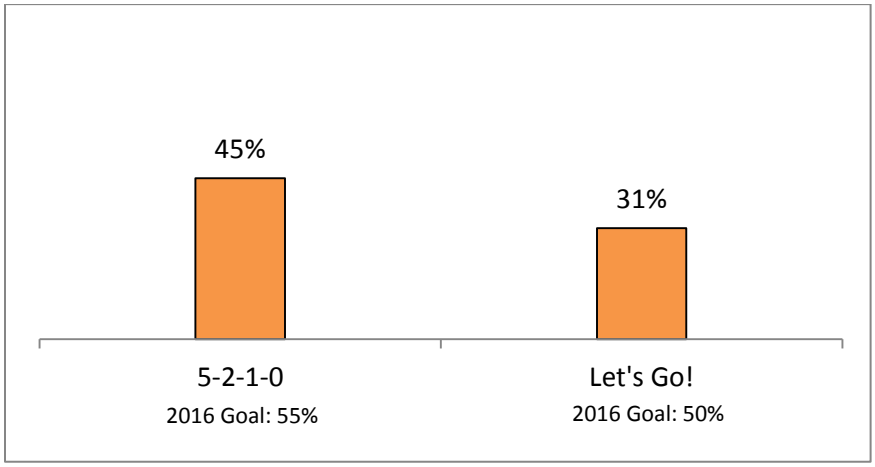
Goal 2: Increase Awareness

By 2016, increase Maine parent awareness of Let's Go! to 50% and awareness of the 5-2-1-0 message to 55%.

In 2015-2016, *Let's Go!* reached parents across the state through radio commercials, television ads, digital ads, Pandora music streaming, Facebook views, and through the *Let's Go!* Blog. Additionally, staff at *Let's Go!* sites communicated with parents about their *Let's Go!* efforts and provided them with educational materials. In the health care setting, providers used the *Let's Go!* 5-2-1-0 Healthy Habits Questionnaire to initiate conversations with families about healthy eating and active living.

In recent years, *Let's Go!* has monitored parent awareness by adding a few questions to a statewide telephone tracking survey. Our most recent results from 2015 indicate that 45% of Maine parents were aware of the 5-2-1-0 message and 31% were aware of *Let's Go!* (Figure 2). The most frequently cited sources for information about *Let's Go!* and 5-2-1-0 have been from doctors' offices, TV and schools. Due to changes in data collection methods in 2015, survey data are not comparable to previous years and therefore trend data are not available. *Let's Go!* has plans to administer a larger, more comprehensive parent survey in 2017.

Figure 2. Percent of Maine Parents Reporting Awareness of 5-2-1-0 and *Let's Go!*, 2015



Source: Critical Insights on Maine™ Tracking Survey (5-2-1-0: n=231; *Let's Go!:* n=230)

Goal 3: Increase Proportion of Recognized Sites

By 2016, create sustainable environmental and policy change in all Let's Go! regions by increasing the proportion of recognized sites to 35% of child care programs, 40% of schools, 50% of out-of-school programs, and 80% of health care practices.

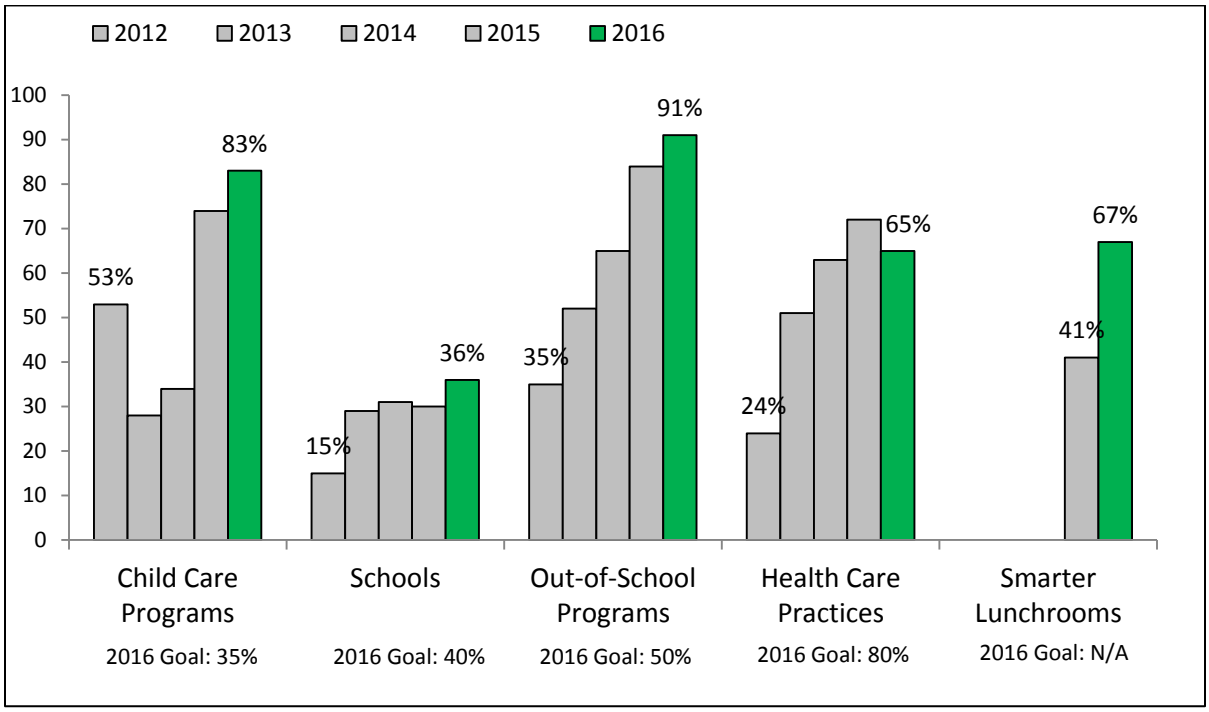
Let's Go! recognizes a child care program, school, or out-of-school program when its year-end survey results show that most or all staff at the site has fully implemented all five priority strategies: 1) Limit unhealthy choices for snacks and celebrations; provide healthy choices; 2) Limit or eliminate sugary beverages; provide water; 3) Prohibit the use of food as a reward; 4) Provide opportunities for physical activity every day; and 5) Limit recreational screen time. *Let's Go!* recognizes a health care practice when its survey results show that the practice has implemented all three clinical strategies: 1) A *Let's Go!* poster is displayed in the practice waiting area and all exam rooms where pediatric patients are seen; 2) At annual well child visits, all providers routinely have body mass index (BMI) percentile determined for patients two years and older; and 3) At annual well child visits, all providers routinely counsel on healthy eating and active living using the 5-2-1-0 Healthy Habits Questionnaire. Recognized sites in these settings receive a framed certificate and recognition on the *Let's Go!* website, and a congratulatory letter is sent to the school superintendent and principal.

In addition, each spring, schools participating in a *Let's Go!* school nutrition workgroup have the opportunity to receive recognition based on the number of best practices they implement from the Cornell University Smarter Lunchrooms Scorecard. *Let's Go!* recognizes a school lunchroom when their Scorecard indicates that at least 30 of 100 best practices were implemented. A *Let's Go!* Smarter Lunchroom receives a poster, recognition on the *Let's Go!* website, and a congratulatory letter is sent to the school superintendent and principal.

The program exceeded 2016 recognition goals by a wide margin for child care programs and out-of-school programs, and fell a bit short of targets for schools and health care practices (Figure 3). A total of 657 *Let's Go!* sites (67%) were recognized in 2016, representing an increase over 2015 levels in each

setting except for health care. The proportion of recognized schools remains much lower than in the other settings. In 2016, *Let's Go!* collaborated on two research studies, one quantitative and the other qualitative, to explore the factors associated with successful implementation of *Let's Go!* strategies in schools. Some of the factors that were associated with success include working with a team to oversee the *Let's Go!* work, having an enforced district wellness policy and strong administrative support for the work, using the *Let's Go!* toolkit, and educating families in adopting and maintaining a lifestyle that supports healthy eating and active living. See page 31 for a brief summary of new research findings.

Figure 3. Percent of *Let's Go!* Registered Sites Recognized, 2011-2016



Note: A goal for Smarter Lunchrooms was not included in the 5-year plan because the use of the Smarter Lunchrooms Scorecard for data collection did not begin until 2015.

Goal 4: Increase Healthy Eating and Active Living Behaviors

By 2016, increase healthy eating and active living behaviors by 5% from 2011 Maine Integrated Youth Health Survey (MIYHS) measurements for each grade.

Let's Go! uses the Maine Integrated Youth Health Survey (MIYHS) to track changes in 5-2-1-0 behaviors among Maine students. The survey provides state-level data, and this is the only data source available for tracking behaviors in children. Over the 4-year period from 2011 to 2015, there was a significant increase or upward trend for 5-2-1-0 behaviors for Maine students, except for physical activity which decreased for grades 7-12. Physical activity will be an important focus area for *Let's Go!* efforts in the coming years.

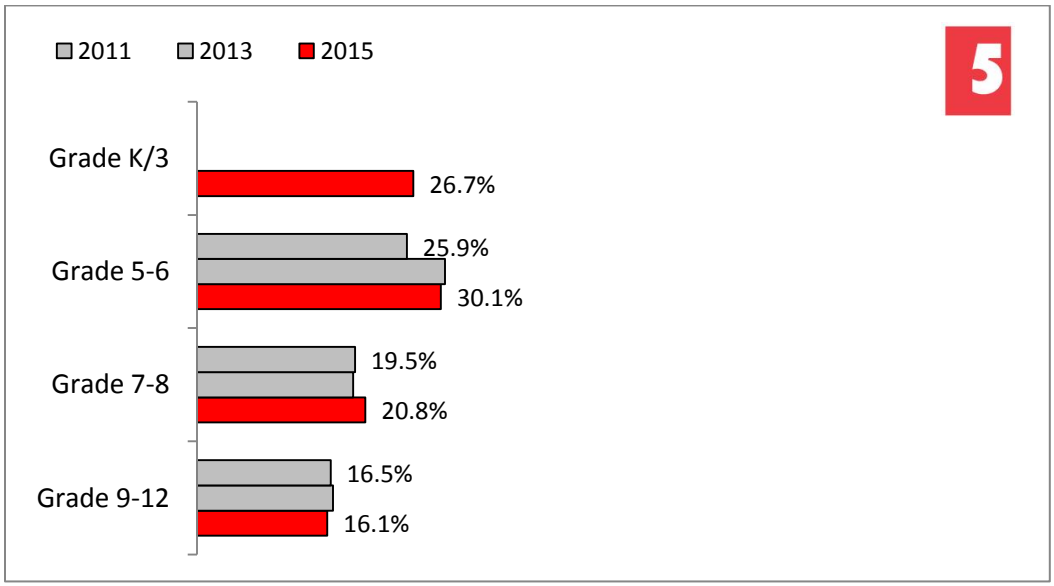
MIYHS is administered by the Maine Department of Health and Human Services and the Maine Department of Education in odd-numbered years beginning in 2009. Trends from 2009 are not available

due to major changes to question wording in 2011. Also, the sampling methodology for the parent K/3 survey was drastically different in 2015 and therefore trend data for K/3 grades are not available. Figures 4-7 show MIYHS point estimates for 5-2-1-0 behaviors by grade for each year that data are available. Please note that the data in these charts are for all public schools, a third of which collaborated with *Let's Go!*.

For national comparisons, we turn to the Youth Risk Behavior Survey (YRBS). According to 2015 YRBS results, Maine high school students spent less time on computers and less time watching television than their counterparts nationwide. In Maine, 38% of high school students (vs. 42% nationwide) played video or computer games or used a computer for more than 2 hours per day for something that was not school work, and 23% of Maine high school students (vs. 25% nationwide) watched television three or more hours per day. However, the proportion of Maine high school students who were physically active at least 60 minutes per day was lower than the national average (22% vs. 27%, respectively). YRBS data for daily consumption of fruit and vegetables and sugary beverages are not available for Maine.

The Centers for Disease Control and Prevention (CDC) analyzed data from the 2007-2015 YRBS and found that although daily soda consumption had decreased significantly nationwide, overall consumption of soda and other sugar sweetened beverages, such as fruit drinks and sweetened coffees and teas, remains high among U.S. high school students. Since a specific recommendation for daily consumption of sugar-sweetened beverages does not exist, the CDC recommends promoting healthier beverage options in multiple community settings and setting a goal to limit sugary beverage intake, for example by using *Let's Go!*'s 5-2-1-0 message.[1]

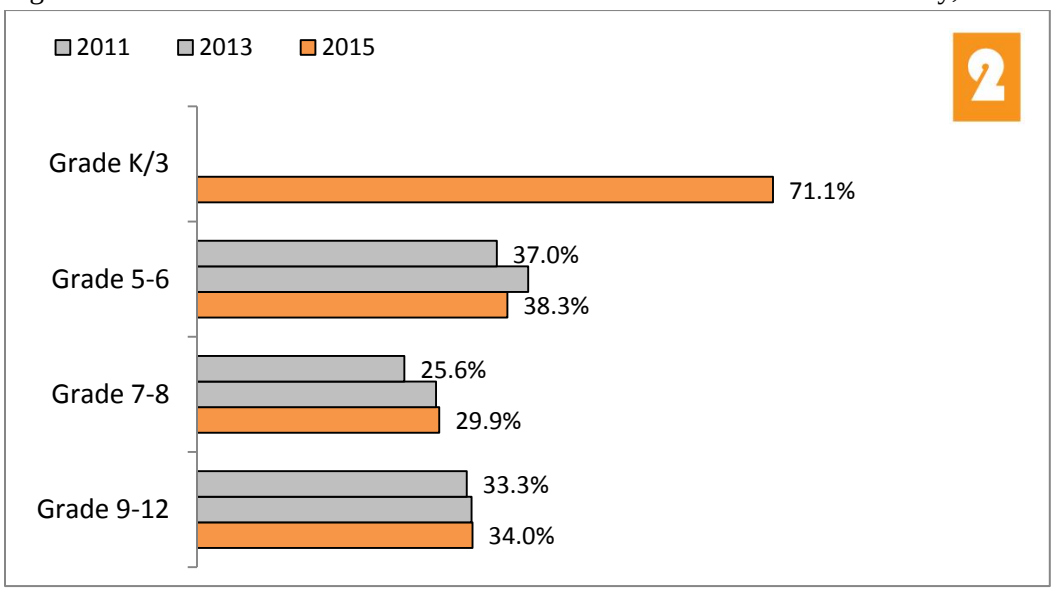
Figure 4: Maine Students Who Consumed 5 or More Fruits & Vegetables Daily, 2011-2015



Source: Maine Integrated Youth Health Survey (MIYHS)

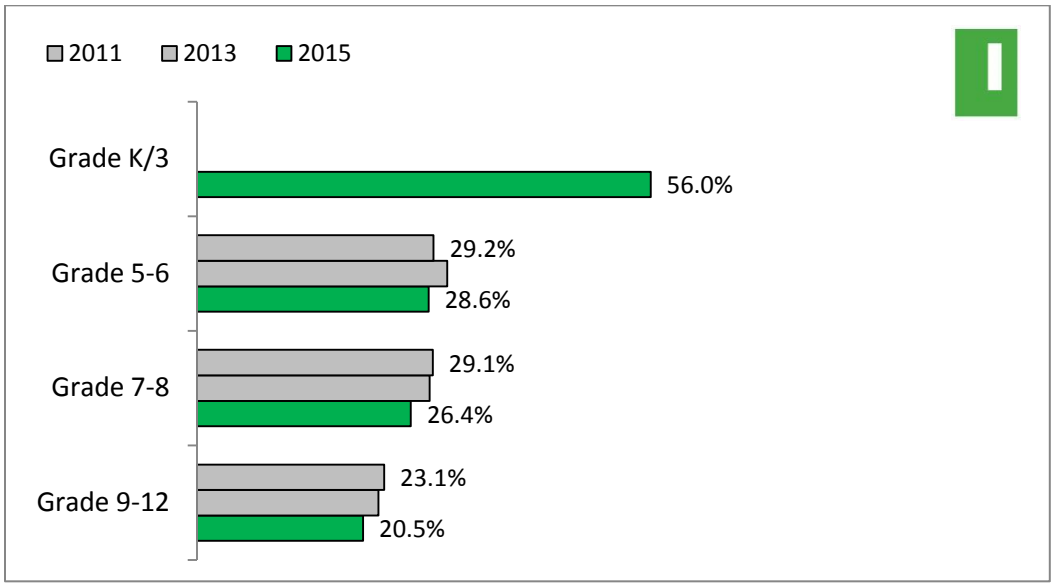
[1] Miller G, Merlo C, Demissie Z, Sliwa S, Park S. Trends in beverage consumption among high school students—United States, 2007-2015. MMWR Morb Mortal Wkly Rep 2017;66:112-116. https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6604.pdf. Accessed February 6, 2017.

Figure 5: Maine Students Who Watched 2 or Fewer Hours of Screen Time Daily, 2011-2015



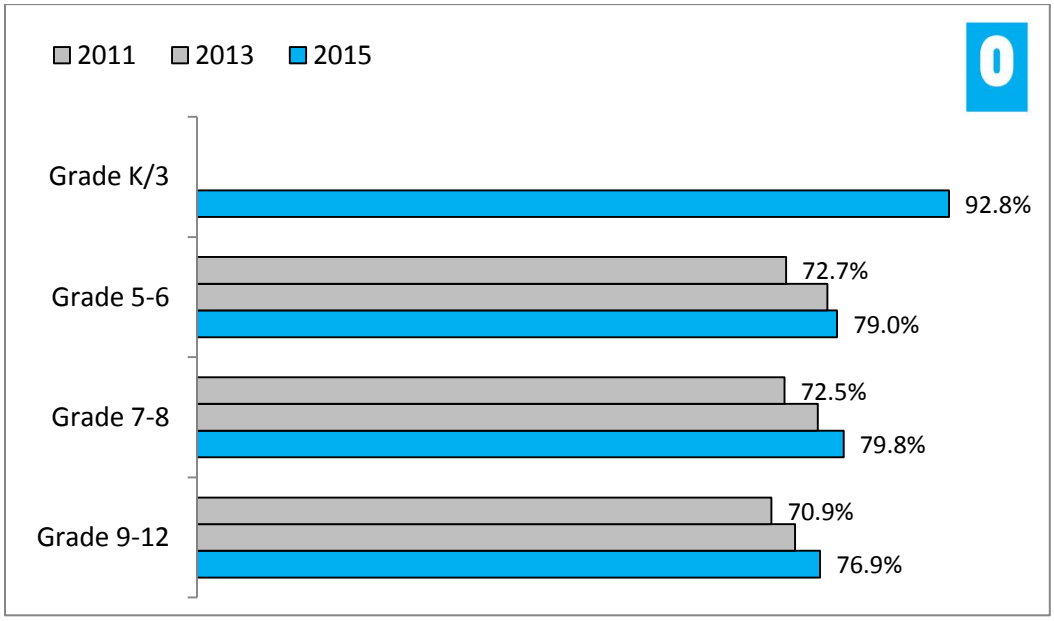
Source: Maine Integrated Youth Health Survey (MIYHS)

Figure 6: Maine Students Who Were Physically Active for 1 Hour or More Daily, 2011-2015



Source: Maine Integrated Youth Health Survey (MIYHS)

Figure 7: Maine Students Who Drank Zero Sugary Beverages Daily, 2011-2015



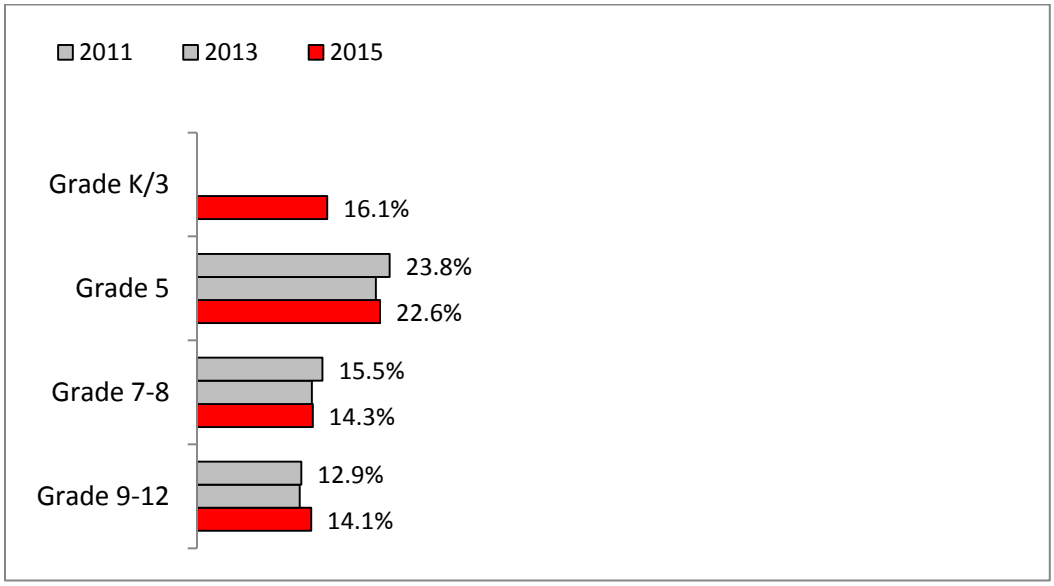
Source: Maine Integrated Youth Health Survey (MIYHS)

Goal 5: Stabilize Obesity Rates

By 2016, obesity prevalence among children will not increase from 2011 levels.

Over the 4-year period from 2011 to 2015, there was a flattening trend in obesity rates for Maine students (Figure 8). Looking to national comparisons from 2015 Youth Risk Behavior Survey data, the percentage of Maine high school students with obesity (13.3%) was similar to their national counterparts (13.9%).

Figure 8: Prevalence of Obesity Among Maine Students, 2011-2015

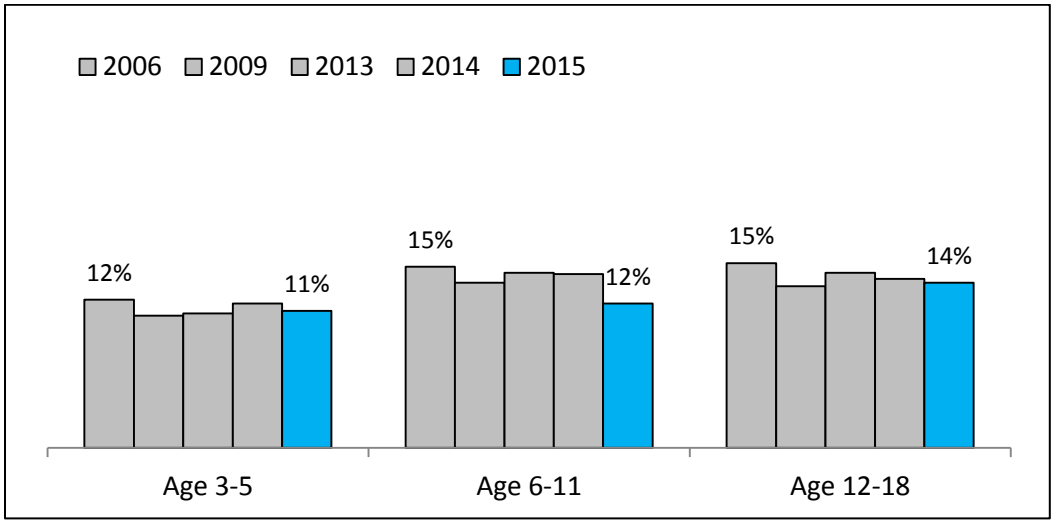


Source: Maine Integrated Youth Health Survey (MIYHS)

Greater Portland Obesity Prevalence Study

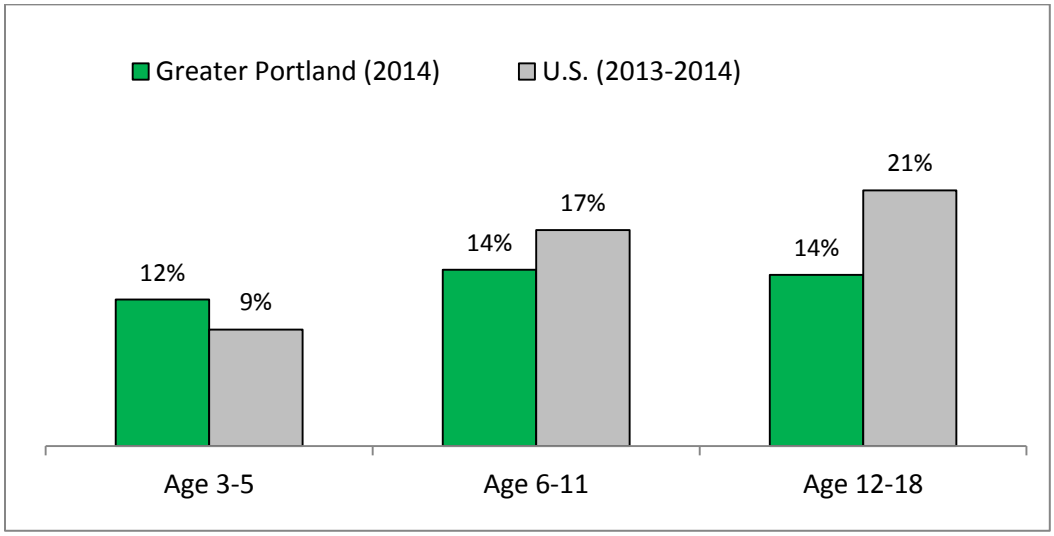
Let's Go! has been tracking the prevalence of obesity in Greater Portland since 2006, the year prior to full implementation of *Let's Go!*. The Greater Portland Obesity Study includes a sample of pediatric patient data from seven health care practices representing approximately 35,000 children and youth, aged 3-18. There were no statistically significant changes in the prevalence of obesity between 2006 and 2015 (Figure 9). During the study period, obesity levels stabilized for boys and girls aged 3-18 in Greater Portland. While decreasing the prevalence of obesity is the ultimate goal, a positive first step is having obesity rates remain steady. In 2014, Greater Portland obesity was lower than the national average for youth aged 6-11 and 12-18, and was higher for children aged 3-5 (Figure 10).

Figure 9: Prevalence of Obesity in Greater Portland, Maine, 2006-2015



Source: A sample of pediatric medical records from seven health care practices in Greater Portland, ME. The study includes ~ 1,900 patients each year.

Figure 10. Prevalence of Obesity in Greater Portland, Maine and the U.S., 2014



Source: Greater Portland data from seven health care practices in Greater Portland, ME (age groups as labeled in chart); U.S. data from the National Health and Nutrition Examination Survey (ages 2-5; 6-11; 12-19).

Goal 6: Maintain Management Infrastructure

Enhance and maintain a Let's Go! management infrastructure by developing and implementing a financial plan, an evaluation plan, and a dissemination plan by December 2012 and update them every year through 2016.

Since 2012, *Let's Go!* has developed and updated annually a financial plan with fundraising targets, an evaluation plan, and a dissemination plan. In 2016, *Let's Go!* updated the program's logic model, which illustrates the relationship between *Let's Go!* activities and its intended outcomes (Appendix A).

Let's Go! has been fully integrated into The Barbara Bush Children's Hospital (BBCH) at Maine Medical Center (MMC). Maine Medical Center provides *Let's Go!* staff with expertise in the form of leadership, legal advice, financial support, human resources, and development and marketing guidance. *Let's Go!* messaging can be seen and felt throughout the hospital thanks to "stand, stretch and move" breaks during long meetings, digital signage, and inclusion in various internal communication vehicles. The hospital's cafeterias have made great strides in increasing healthy options for patients, employees and visitors. This past year, MMC significantly increased their financial support to the program.

IMPLEMENTATION OF *LET'S GO!* STRATEGIES

Let's Go! champions create healthy environments for kids in schools, child care 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. *Let's Go!* prioritized five strategies in 2011 because they are thought to have the greatest impact on healthy eating and active living activities. While children are making healthy choices at school and in out-of-school and child care programs, the importance of 5-2-1-0 is being reinforced when they visit their doctor. *Let's Go!* health care practices follow three clinical strategies to promote healthy eating and active living in their communities. Implementation of *Let's Go!* strategies across settings increases the likelihood that children will adopt a heathy lifestyle as they grow.

Program Reach

During the 2015-2016 program year, *Let's Go!* reached large numbers of children and youth in collaboration with nearly 1,000 sites and over 14,000 staff, clinicians, and educators (Figure 11). The program operated in 229 towns across 21 counties in Maine, New Hampshire and Massachusetts. In Maine alone, *Let's Go!* sites were located in 212 towns, or 43% of all municipalities in Maine, across 15 counties.

Figure 11: *Let's Go!* Program Reach by Setting, 2015-2016

Setting	Number of Sites	Number of Students, Patients	Number of Staff, Clinicians, School Nutrition Directors
Child Care Programs	232	8,217	1,747
Schools	209	63,902	10,672
Out-of-School Programs	118	10,256	759
Health Care Practices	175	405,370	962
School Nutrition Workgroup Cafeterias	252	93,014	50

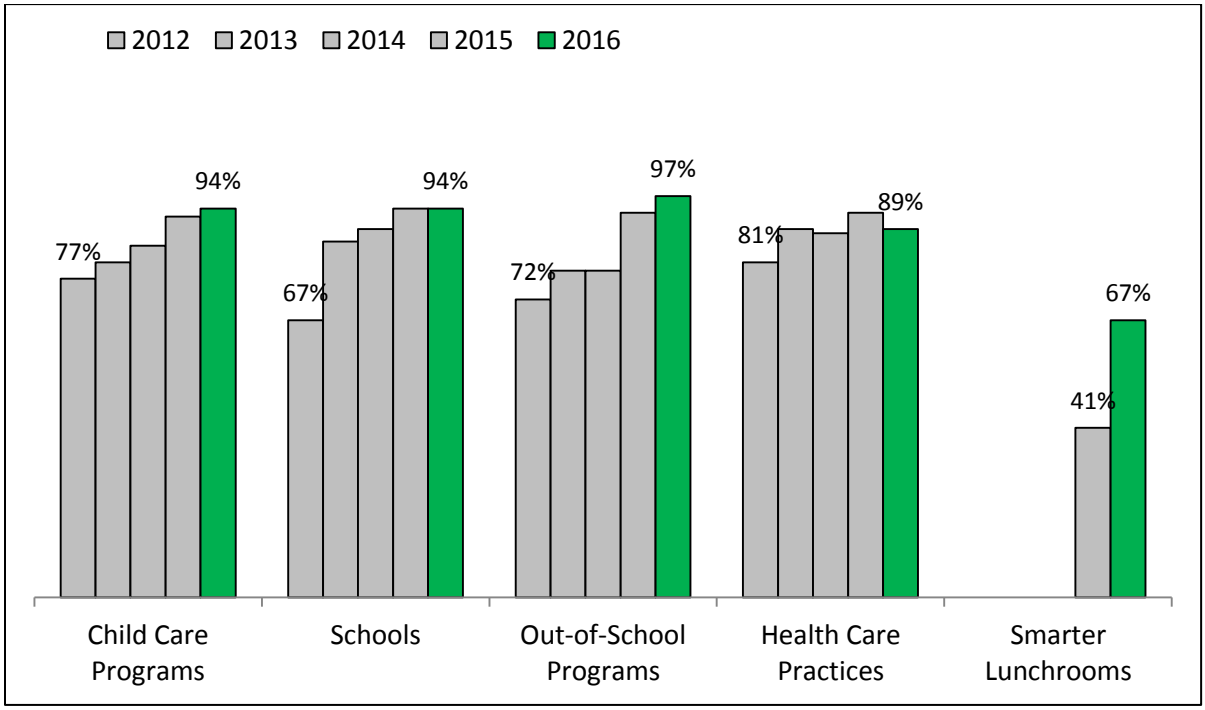
Survey Methods

Let's Go! surveys site champions annually and relies on their self-reports to track the implementation of environmental and policy strategies for increasing healthy eating and active living. 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. Motivating factors to participate in the annual survey include eligibility for the *Let's Go!* recognition program and the chance to be randomly selected to receive a $150 gift card. We are unable to determine recognition for sites that do not complete their annual survey.

Survey response rates by setting are shown in Figure 12. In 2016, the overall survey response rate across four settings was 93%, similar to 2015. This very high response rate reflects the strong commitment and involvement of *Let's Go!*'s regional Coordinators, health care champions and site champions who have

increasingly realized the value in our evaluation and recognition program. Our partners recognize the importance of collecting data to build evidence to support the program and to help secure funding to continue our work. They use survey data in in their presentations to educate community members about progress in healthy eating and active living in their communities and to promote the *Let's Go!* program. In 2016, there were no observable differences between the characteristics of the group of 50 nonresponding sites (7%) and the group of responding sites.

Figure 12. *Let's Go!* Survey Response by Setting, 2012-2016



Child Care Programs

"At the beginning of the year some children brought in donuts and chocolate milk on a daily basis. I sent home some brochures and a newsletter stating that we promote healthy eating and explained the Let's Go! program. After that, children started to bring in healthy choices. I was thrilled because parents read it and supported the cause."

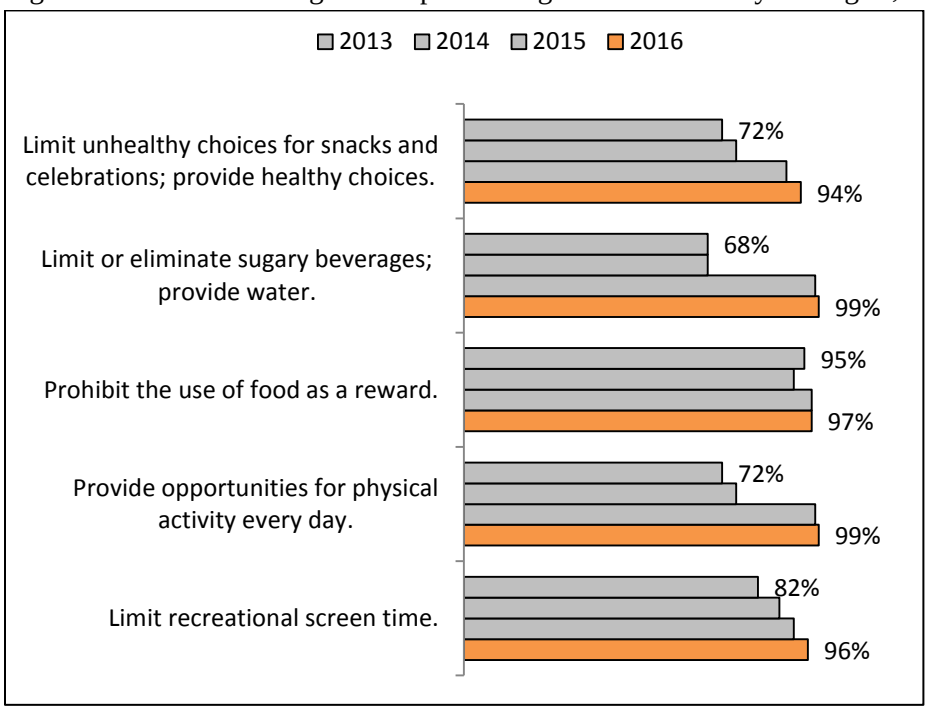
-Donna Cairnie, Site Coordinator, Fairfield Primary Childcare, Fairfield, Maine

Let's Go! partners with child care providers to establish healthy habits among children in their earliest years. *Let's Go!* collaborates with a wide range of programs and reaches a diverse population in the child care setting. This year, 28% of early childhood sites were Head Start programs with enrollments totaling nearly 2,000 children. See Figure 13 for characteristics of the programs that completed the 2016 survey. Survey results indicate that well over 90% of *Let's Go!* child care sites successfully implemented each of *Let's Go!*'s five priority strategies (Figure 14) and the vast majority implemented the program's supporting strategies as well (Figure 15).

Figure 13. Characteristics of *Let's Go!* Child Care Programs, 2016 (n=217)

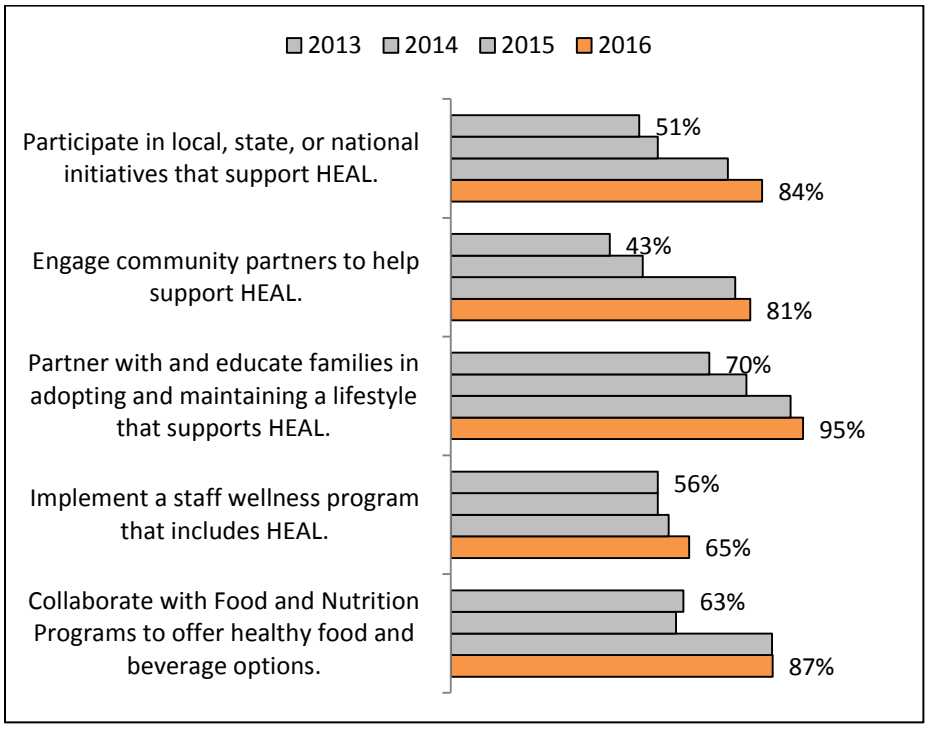
Registration Status	
90%	Continued from previous year
10%	New this year
Program Type	
35%	Child Care Center
28%	Head Start
24%	Family Child Care
13%	Other
Enrollment	
Mean=37; Range=3 to 225 children	
29%	<14
22%	14-20
24%	21-49
25%	50+
Site Champion Role	
53%	Director/Owner
16%	Manager/Supervisor/Coordinator
14%	Food/Health & Nutrition Coordinator
10%	Teacher
7%	Other Staff

Figure 14. Child Care Programs Implementing *Let's Go!* Priority Strategies, 2013-2016



Note: Percent represents implementation program-wide. In 2013 n=261, in 2014 n=288, in 2015 n=212, in 2016 n=217.

Figure 15. Child Care Programs Implementing *Let's Go!* Supporting Strategies, 2013-2016



Note: Percent represents implementation program-wide. In 2013 n=261, in 2014 n=288, in 2015 n=212, in 2016 n=217. HEAL: healthy eating and active living.

Schools

"5-2-1-0 provides a framework for what we know is best practice. We have seen students come to understand the importance of eating different things, make the connection between what goes in and how they feel. The kids are getting the message."
-Andrew Bourassa, Coach and Supervisor, North Elementary Pre-K, Skowhegan, Maine

Let's Go! collaborates with schools to provide the tools, technical assistance, and evidence-based strategies for educators to help students adopt healthy lifestyles. Schools are encouraged to provide students with opportunities to consume healthy food and to be physically active. Research has shown that limiting unhealthy food and beverage choices and providing healthy snacks can improve students' behavior, focus, academic achievement, and attendance. Moreover, students who are physically active tend to have better grades, school attendance, and classroom behaviors. *Let's Go!* strategies can be implemented successfully in any school environment, large or small, urban or rural, and in both lower and higher income areas. This year, *Let's Go!* partnered with about a third of Maine's public schools. In 16% of *Let's Go!* schools with enrollments totaling over 8,000 students, more than 75% of its students were eligible for a free or reduced price lunch. See Figure 16 for characteristics of *Let's Go!* schools that completed the 2016 survey.

Figure 16. Characteristics of *Let's Go!* Schools, 2016 (n=196)

Registration Status	
90%	Continued from previous year
10%	New this year
School Type	
86%	Elementary/Middle School
14%	High School
97%	Public
Enrollment	
Mean=305; Range=27 to 1,310 students	
13%	<100
33%	100-249
28%	250-399
26%	400+
Eligible for Free or Reduced-Price Lunch	
Mean=50%; Range=7% to 100%	
Site Champion Role	
32%	Nurse
29%	Phys Ed/Health Teacher/Coordinator
15%	Classroom Teacher
15%	Other Staff
9%	Principal/Assistant Principal

The percentage of schools that successfully implemented *Let's Go!* strategies is presented in Figures 17 and 18. Many schools are doing great work around their *Let's Go!* efforts, but not all have been able to bring most or all staff onboard with implementation of the strategies. There are several reasons for this:

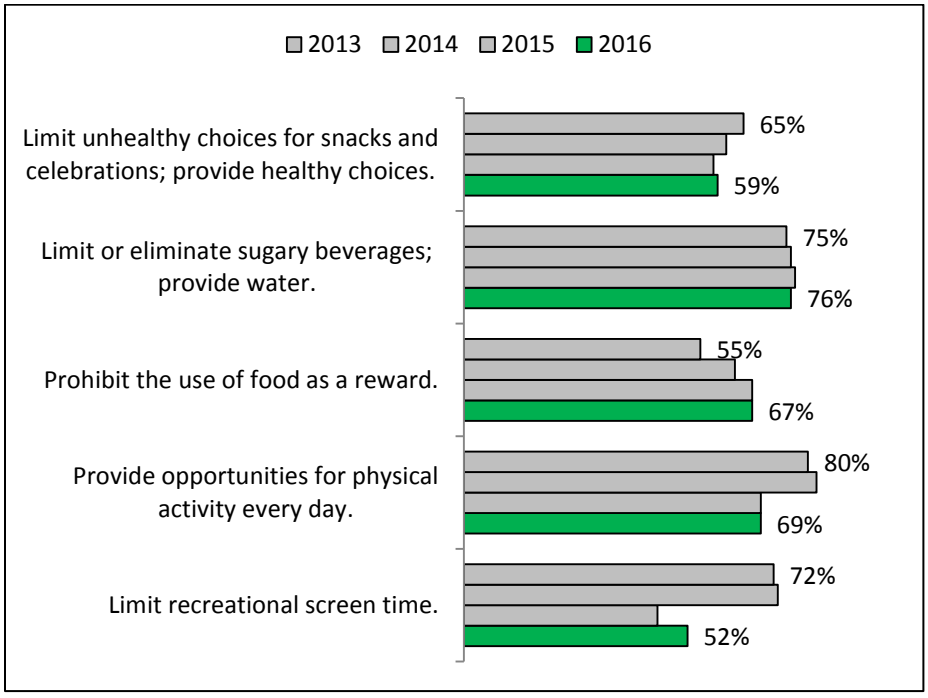
- schools have large numbers of staff to reach;
- local school leadership and district leadership are not always aligned; and
- schools have competing priorities and funding issues.

A large majority of schools (85%) had a local team in place to oversee their *Let's Go!* efforts this year. School champions who worked with a team were significantly more likely to implement each of *Let's Go!*'s five priority strategies. The differences between the schools that worked with a team and those that did not are wide-ranging, reaching over 40 percentage points for some strategies. For example, 66% of schools with a team in place to oversee the *Let's Go!* work were able to implement the strategy to limit unhealthy for snacks and celebrations, whereas only 21% of schools that did not work with a team were able to implement the strategy. In addition, school champions who attended trainings provided by *Let's Go!* or used the *Let's Go!* toolkit were significantly more likely to implement several strategies.

Let's Go! often identifies opportunities for quality improvement and in 2015 there were some notable changes made to the school survey, which can explain some of the decreases observed from 2014 to 2015 in Figures 17 and 18. For the first time in 2015, the survey included questions to address foods provided

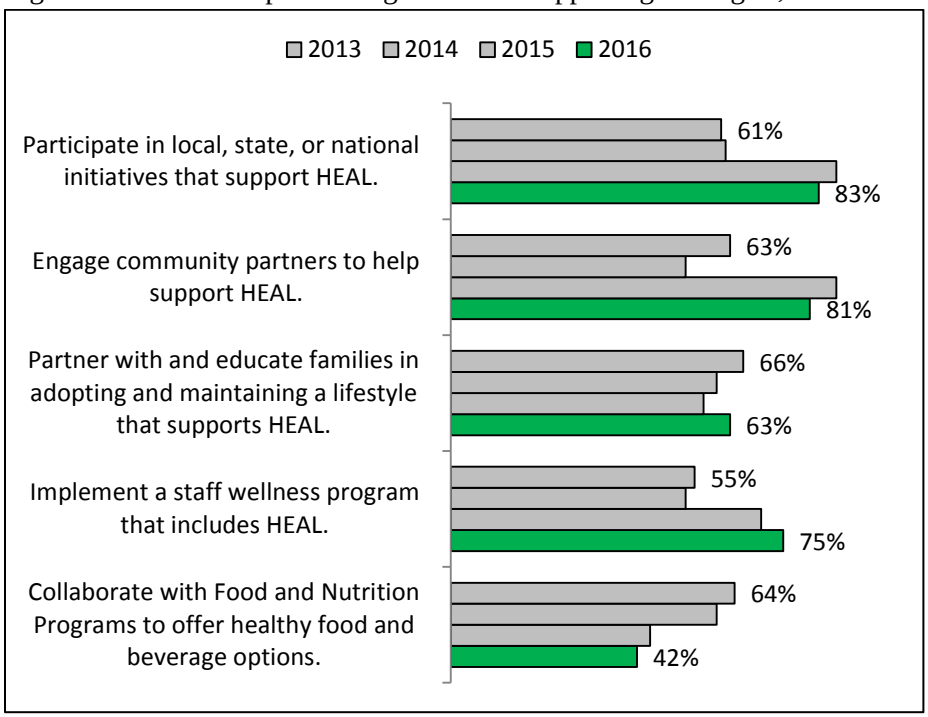
by the school and from home to cover the key ways that snack and celebration foods are provided. Also, screen time questions addressed recreational screen time during the school day as well as at home by asking staff if they support families, for example by sending home suggestions for screen time alternatives. In 2015, the physical activity question asked respondents not to include recess to determine if opportunities for physical activity were provided daily. Information about recess was obtained in a separate question. Previously, collaboration with Food and Nutrition Programs focused on offering healthy food and beverage options. In 2015, the focus shifted to hosting educational food opportunities for students, such as Eat Your Way through the Rainbow, taste testing and kitchen tours.

Figure 17. Schools Implementing *Let's Go!* Priority Strategies, 2013-2016



Note: Percent represents implementation by most staff or school-wide. In 2013 n=166, in 2014 n=174, in 2015 n=195, in 2016 n=196.

Figure 18. Schools Implementing *Let's Go!* Supporting Strategies, 2013-2016



Note: Percent represents implementation by most staff or school-wide. In 2013 n=166, in 2014 n=174, in 2015 n=195, 2016=196. HEAL: healthy eating and active living.

Smarter Lunchrooms

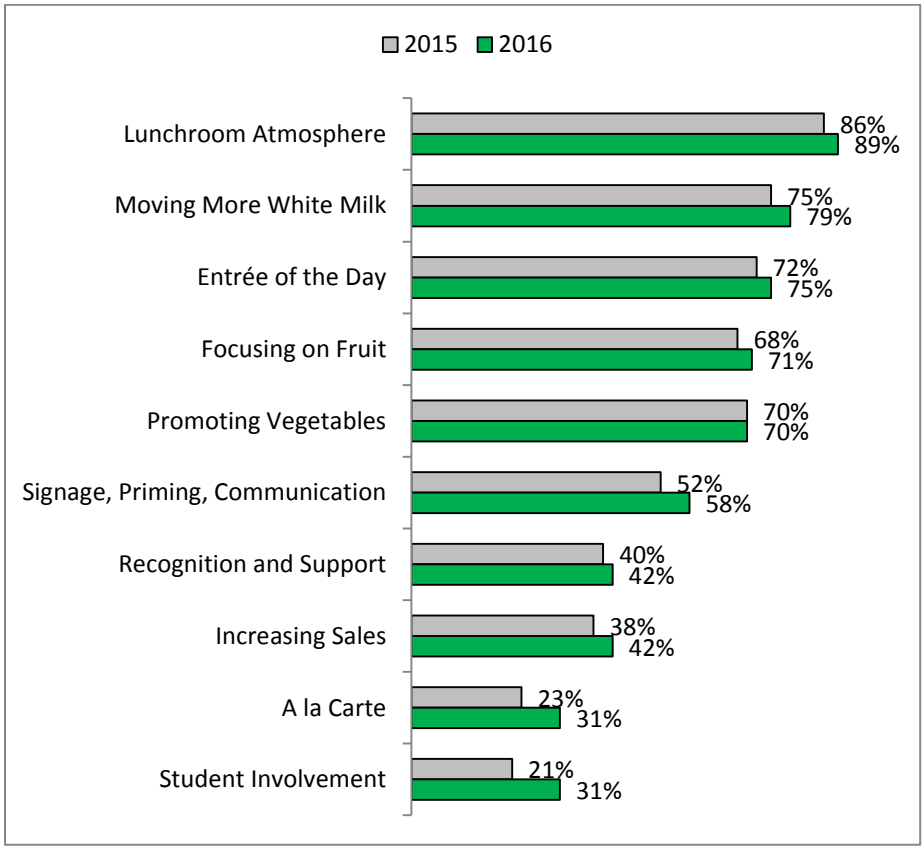
Let's Go! engages school nutrition programs as essential partners in our goal to promote healthy eating by providing ongoing support, training, and technical assistance through *Let's Go!* school nutrition workgroups. School nutrition directors and managers attend regional workgroup meetings to identify challenges and develop solutions to providing healthy school meals every day. With the ongoing support of local *Let's Go!* Coordinators, workgroups put ideas into action.

Let's Go! school nutrition programs embrace the Smarter Lunchrooms Movement, which was started in 2009 by the Cornell University Center for Behavioral Economics. The Smarter Lunchrooms Movement provides evidence-based strategies on how to guide students to select and consume healthy food choices in schools. For example, highlighting fruit in at least two locations in the cafeteria can increase sales of fruit by up to 102%, and providing fun, descriptive names for fruits and vegetables, like calling carrots "X-ray Vision" carrots can increase vegetable selection between 40% and 70%.

Each spring, schools participating in a *Let's Go!* school nutrition workgroup have the opportunity to receive recognition based on the number of strategies from the Smarter Lunchrooms Scorecard they implement. In 2016, 170 schools out of 252 eligible schools completed and submitted a Smarter Lunchrooms Scorecard and 169 schools achieved *Let's Go!* Smarter Lunchroom recognition. This year, the average number of best practices adopted overall was 65 and the range was 22-97 out of 100. There was an increase from 2015 to 2016 in the average number of best practices adopted in nine of the 10 sections on the Scorecard (Figure 19). The most adopted sections included Lunchroom Atmosphere,

Moving More White Milk, and Entrée of the Day. The least adopted sections included Student Involvement, A la Carte, Increasing Sales, and Recognition and Support, thereby identifying successes and opportunities for further exploration and focus in future workgroup meetings.

Figure 19. Average Adoption of Best Practices by Smarter Lunchrooms Scorecard Categories, 2015-2016



Note: In 2015 n=103; in 2016 n=170.

Out-of-School Programs

"We've used the program for the past three years and can already see that the culture of our school has shifted."
-Barbara Welch, Grade 2 Teacher, Mill Stream After School Program, Norridgewock, Maine

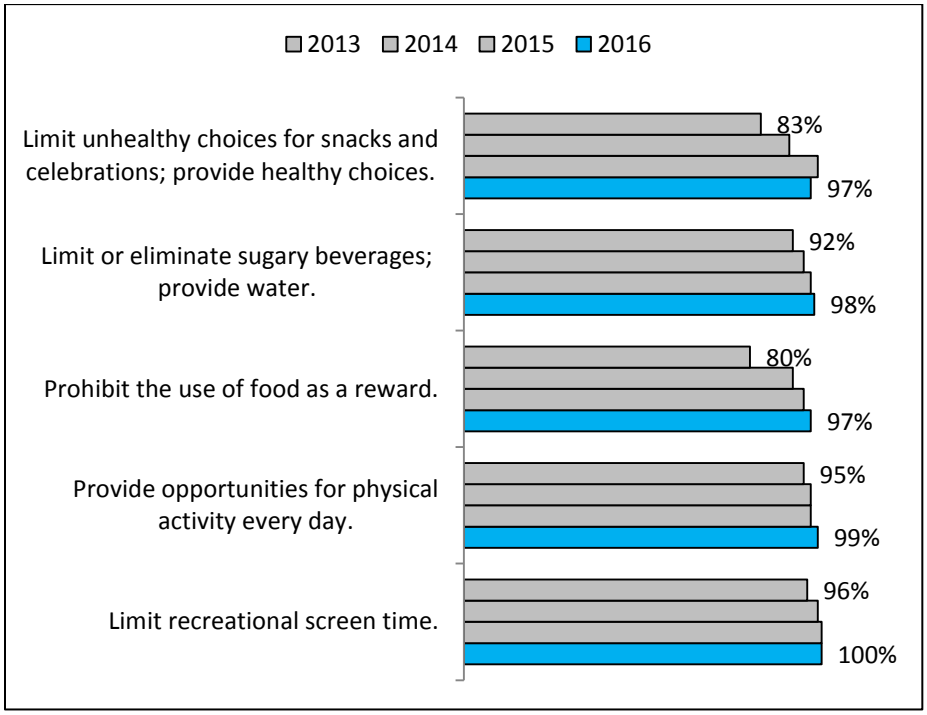
Out-of-school programs play an important role in our multi-setting model. They serve as a bridge between what children learn at school and the home environment. *Let's Go!* collaborates with a wide range of programs and reaches a diverse population in the out-of-school setting to help reinforce healthy eating and active living messages and strategies learned during the school day. Some programs are drop-in centers for teens; others are extensions of the school day offering programs at school, or community parks and recreation centers, or organizations like the YMCA. This year, 24% of *Let's Go!* out-of-school programs were 21st Century Community Learning Centers that provide enrichment opportunities for children, particularly students who attend high-poverty and low-performing schools. See Figure 20 for other characteristics of *Let's Go!* out-of-school programs that completed the 2016 survey.

Figure 20. Characteristics of *Let's Go!* Out-of-School Programs, 2016 (n=115)

Registration Status	
90%	Continued from previous year
10%	New this year
Program Type	
26%	School-based program
24%	21st Century Community Learning Center
21%	Community Services/Parks and Recreation
19%	YMCA/YWCA
10%	Other
Enrollment	
Mean=88; Range=10 to 1,000 children and youth	
20%	<25
30%	25-49
30%	50-99
20%	100+
Site Champion Role	
65%	Director/Owner
16%	Coordinator
12%	Manager/Supervisor/Leader
7%	Other Staff

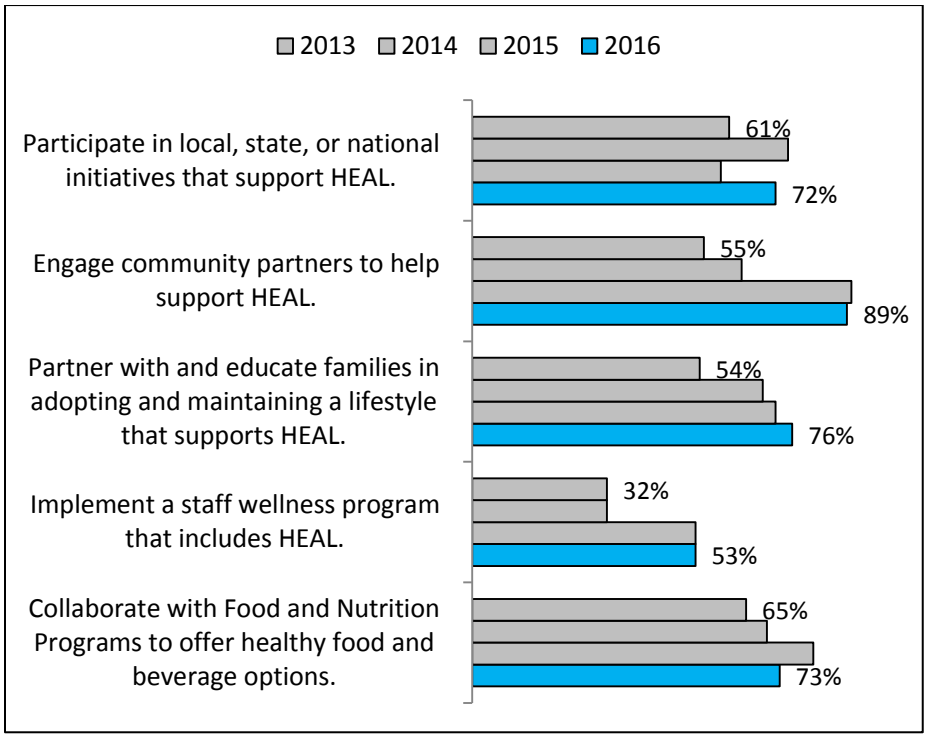
Let's Go! out-of-school programs are committed to healthy snacks, limited screen time, increased activity, and zero sugary drinks! Out-of-school programs have the highest rate of priority strategy implementation among the settings. This might be due to the fact that many sites are following the National AfterSchool Association Healthy Eating and Physical Activity Standards. In addition, over three-quarters of *Let's Go!* out-of-school site champions are in leadership positions, which helps to facilitate and support the implementation of recommended strategies. See Figures 21 and 22 for rates of out-of-school strategy implementation.

Figure 21. Out-of-School Programs Implementing *Let's Go!* Priority Strategies, 2013-2016



Note: Percent represents implementation by most or all staff. In 2013 n=92, in 2014 n=105, in 2015 n=115, in 2016 n=115.

Figure 22. Out-of-School Programs Implementing *Let's Go!* Supporting Strategies, 2013-2016



Note: Percent represents implementation by most or all staff. In 2013 n=92, in 2014 n=105, in 2015 n=115, in 2016 n=115. HEAL: healthy eating and active living.

Wellness Policies

Let's Go! works with schools, child care and out-of-school programs on creating strong wellness policies so that the changes implemented around the recommended strategies become routine and part of the culture, thus creating long-lasting sustainable change. In 2016, more than 275 sites 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, nearly 100 schools had a staff member participate on their wellness committee.

Health Care Practices

"The kids love seeing the posters and recognize them from school!"
-Kelly Poole, Office Manager, Great Works Family Practice, South Berwick, Maine

Health care champions across the state of Maine and in areas of New Hampshire and Massachusetts are stimulating conversations and encouraging the same healthy behaviors that are heard in the other *Let's Go!* settings. This year, *Let's Go!* engaged with a variety of practices connecting with over 900 clinicians to implement clinical strategies. While the majority of health care sites were family and pediatric practices, 14% were Federally Qualified Health Centers (FQHC). FQHCs are community-based organizations that provide comprehensive primary care and preventive care to people regardless of their ability to pay or health insurance status. See Figure 23 for other characteristics of *Let's Go!* health care practices that completed the 2016 survey.

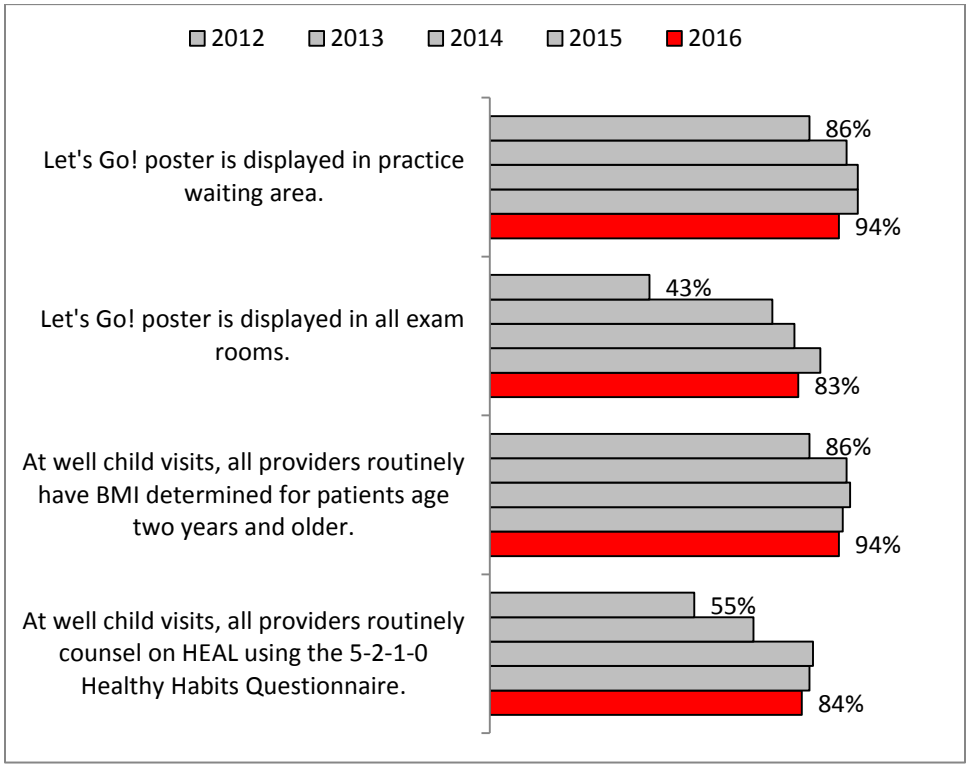
Displaying the *Let's Go!* 5-2-1-0 poster in the clinical setting is important because it reinforces the message that kids and their families encounter in other settings in their community. Since 2012, there has been a large increase in the percentage of practices displaying the poster in all exam rooms where pediatric patients are seen, from 43% in 2012 to 83% in 2016 (Figure 24). In addition, 84% of practices reported that all providers in the practice initiated respectful conversations on healthy eating and active living using the 5-2-1-0 Healthy Habits Questionnaire at well child visits. This year, 679 clinicians used the questionnaire with their patients and families.

Many providers in *Let's Go!* practices go beyond the basic requirements and are advocates in their communities by serving as school physicians, becoming board members of leadership committees for organizations that promote healthy eating, active living messages, by offering health related presentations to local schools, out-of-school and child care programs, and advocating for policy change at local, state and national venues.

Figure 23. Characteristics of *Let's Go!* Health Care Practices, 2016 (n=156)

Location	
82%	Maine
11%	Massachusetts
7%	New Hampshire
Registration Status	
97%	Continued from previous year
3%	New this year
Practice Type	
40%	Family practice
39%	Pediatric practice
14%	Federally Qualified Health Center (FQHC)
5%	School-based health clinic (SBHC)
2%	Multidisciplinary clinic
Clinicians	
Mean=6; Range= 1 to 41 clinicians	
26%	1-2
32%	3-4
42%	5 or more
Pediatric Patients	
Mean=2,420; Range=12 to 20,000 patients	
25%	<250
29%	250-999
26%	1,000-4,999
20%	5,000 or more
Site Champion Role	
53%	Administrative staff
37%	Clinical staff
6%	CEO/CFO/Director
4%	Other

Figure 24. Health Care Practices Meeting Basic Criteria, 2012-2016



Note: In 2012 n=80, in 2013 n=135, in 2014 n=150, in 2015 n=161, in 2016 n=156. HEAL: healthy eating and active living.

NEW PROGRAMS

Adult Healthy Eating Active Living Pilot

Maine Medical Center heard the call to action and for FY16, included in their Annual Implementation Plan (AIP) a goal to address the growing obesity epidemic in the adult population. The goal was to adapt the *Let's Go!* program and messaging to the adult population. *Let's Go!* worked with key stakeholders at Maine Medical Center to develop a pilot project to guide this work.

Let's Go! engaged six Maine Medical Partners primary care practices who care for adults to pilot test new messages, workflow, tools and resources during a four-month time period. The Adult Healthy Eating and Active Living (HEAL) Pilot intervention consisted of four key components:

1. Display the Healthy Eating Active Living poster in waiting rooms and exam rooms;
2. Accurately measure patient's height and weight, calculate and document BMI;
3. Have a respectful conversation about healthy eating and active living using a HEAL Questionnaire and Small Steps chart to help patients set a goal; and
4. Document a follow up plan for patients if their BMI is out of range.

Evaluation of the Adult HEAL Pilot program utilized a mixed-methods approach combining both quantitative and qualitative data. The objective was to gather feedback from providers, staff, and patients who were pilot testing the Adult HEAL intervention and learn from different perspectives the extent to which the people in the target practices were using the program resources, if the program was working as intended, if the program showed promise of being successful, and how it might be modified or improved. A total of 728 patients answered questions on postcards deposited in a box at the practice front desk, 20 providers and four practice managers completed a web-based survey, and feedback sessions were held at three practice locations with small groups of medical assistants during their lunch hour. A total of 34 medical assistants participated in the group sessions.

Evaluation results show that the vast majority of patients (89%) found the conversation with their provider about healthy eating and active living somewhat or very helpful, and nearly all patients (93%) said the suggestions on the Small Steps chart would be useful to them. While 74% of providers reporting said the HEAL questionnaire and Small Steps Chart provided them a format to help address HEAL issues with patients, and 65% said the HEAL program has improved their ability to work with patients on self-management goals, many providers raised concerns about time constraints and fitting it into their workflow. Still, 75% of providers said the Adult HEAL program shows promise of being successful with patients in their practice. In addition, data from Epic after the pilot show a dramatic increase in usage of the smartphrase[2] for follow-up of adults with a BMI out of range and the goal setting activity which supports meaningful use goals.[3]

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[2] In Epic, the electronic medical record system used by Maine Medical Partners, a smartphrase is a shortcut feature created by providers to find and reproduce commonly used text when updating patient charts.

[3] Mandated by the American Recovery and Reinvestment Act (ARRA), meaningful use is using certified electronic health record (EHR) technology to: improve quality, safety, efficiency, and reduce health disparities; engage patients and family; improve care coordination and population and public health; and maintain the privacy and security of patient health information. Meaningful use sets specific objectives that eligible professionals (EPs) and hospitals must achieve to qualify for Centers for Medicare & Medicaid Services (CMS) Incentive Programs. (*Sources: CDC.gov, HealthIT.gov.)*

Children with Intellectual and Developmental Disabilities

One of *Let's Go!'s* guiding principles is its belief that all children deserve equal opportunities to lead healthy lives. In 2016, *Let's Go!* received funding to develop the tools, strategies and resources to put that belief into practice. Grant funds were used to develop the *Let's Go!* Toolkit for Children with Intellectual and Developmental Disabilities (I/DD), to integrate the new I/DD tools into *Let's Go!'s* professional development program, and to incorporate inclusive messages and images of children with I/DD engaged in healthy behaviors in all *Let's Go!* collateral materials.

Let's Go! evaluated project outcomes using post-presentation and training survey results and through the annual *Let's Go!* health care survey. Survey results revealed that by sharing the new I/DD tools, the majority of professionals increased their awareness of the challenges to healthy eating and physical activity faced by children with developmental disabilities. Many professionals who work with children with developmental disabilities often feel overwhelmed by children's multiple and complex needs. Generally, there is a lack of evidence-based strategies, trainings and resources to help professionals promote healthy habits for the children with I/DD under their care. As a result of the *Let's Go!* I/DD toolkit, the professionals with whom we work feel empowered to address the unique needs of children with I/DD in regards to healthy eating and physical activity. Consideration of children with intellectual and developmental disabilities is now woven into all aspects of *Let's Go!*, from strategic planning through professional development, marketing and evaluation.

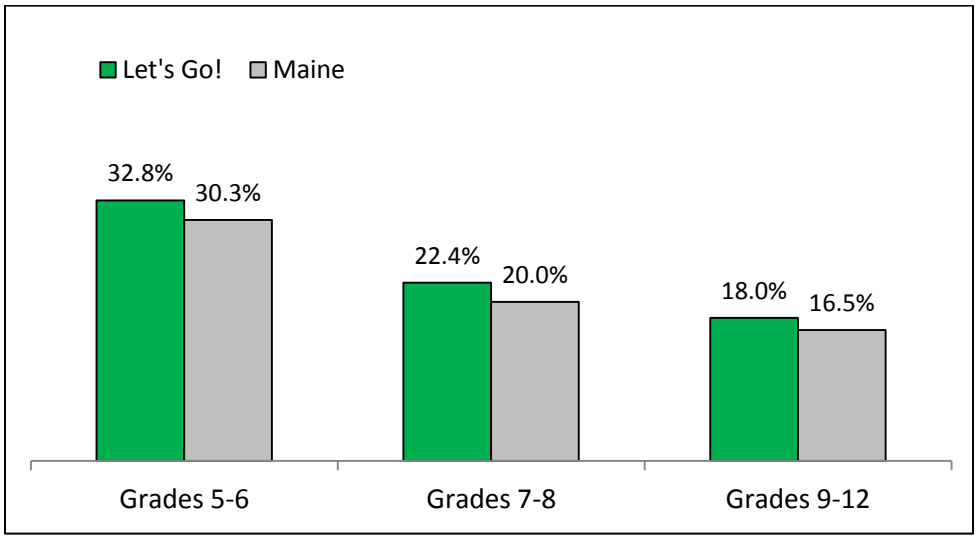
NEW RESEARCH FINDINGS

Fruit and Vegetable Consumption at *Let's Go!* Schools
Research collaboration with the Center for Outcomes Research & Evaluation

Let's Go! obtained comparison data from MIYHS using a cohort of 125 schools that were registered with the program since 2012. A researcher from the Center for Outcomes Research & Evaluation (CORE) analyzed the data using a random effects model. Data points were modeled for *Let's Go!* and statewide school averages for two different years (2013, 2015) and three different grade levels (5-6, 7-8, 9-12). The outcome being modeled was the average percentage of respondents at each school who ate at least five fruits and vegetables daily. The model effects were a fixed effect for program participation (*Let's Go!* versus statewide) with a random effect for grade level to account for the repeated measurements across years at each grade level. The results for the program participation effect indicated that *Let's Go!* schools had a significantly higher percentage of students eating five or more fruits and vegetables a day (Figure 25).

One caveat of the study is that the effect modeled is *Let's Go!* versus statewide, where statewide includes the *Let's Go!* schools, so these are not mutually exclusive as they should be because data obtained were aggregated. In theory, this should give a lower estimate of the effect. Therefore, if the *Let's Go!* schools were excluded from the statewide group the effect should increase. In the future, *Let's Go!* will obtain MIYHS school-level data for further analysis to better understand the impact of the program on healthy behaviors.

Figure 25. Two Year Average of Student Consumption of 5 or More Fruits & Vegetables Daily in *Let's Go!* versus Maine Statewide Schools, 2013, 2015



Source: Maine Integrated Youth Health Survey (MIYHS)

Predictors Associated with Implementation of *Let's Go!* Priority Strategies in Schools
Research collaboration with RTI International

Let's Go! collaborated with researchers from RTI International on a study using a cross-sectional design over three years to identify the characteristics of higher performing *Let's Go!* schools. Logistic regression was used to identify program and school characteristics, policies and practices independently associated with implementing each of the five *Let's Go!* priority strategies. Researchers analyzed the *Let's Go!* school survey dataset for 2013-2015 using the 104 schools that participated in all three years of data collection.

The strongest predictors associated with significantly increasing the odds of a school implementing *Let's Go!* priority strategies were: 1) having a team that oversees the *Let's Go!* work at the school, 2) having a district policy on the priority strategy that was enforced within the school, and 3) educating families in adopting and maintaining a lifestyle that supports healthy eating and active living. In January 2017, an article based on this study entitled "Policies and Practices of High Performing *Let's Go!* Schools" was submitted for publication consideration in *Journal of Pediatrics*. See Appendix C for a list of *Let's Go!* publications and manuscripts.

Barriers and Solutions to Implementation of *Let's Go!* Priority Strategies in Schools
Research collaboration with a Tufts University dual-degree MD-MPH graduate student

A Tufts University MD-MPH graduate student, and former teacher, completed her capstone project in collaboration with *Let's Go!* in 2016. The objective was to help *Let's Go!* learn more about the *Let's Go!* school site champion's experience implementing the program to better understand what works well and what challenges they face around their *Let's Go!* efforts. In-depth interviews were conducted with nine site champions including school nurses, physical education teachers, and a classroom social studies teacher. Interviews were held in five elementary schools, three middle schools, and two high schools located in seven *Let's Go!* dissemination regions.

Site champions reported a wide range of factors that they felt influenced the implementation of *Let's Go!'s* strategies in their school community. They cited the value of school-wide events in defining the culture of the school and promoting healthy habits in staff and students. In contrast, champions said there are times when the school culture actually promotes unhealthy habits. For example, fundraisers have sometimes promoted unhealthy habits and continued because of the profits they generated. Some champions said their district wellness policy had a huge influence on the healthy culture at their schools, while others described their policy as "not one I would brag about," or that it was unenforced or unknown to staff. Both time constraints and academic priorities were mentioned by most interviewees as factors preventing successful and consistent implementation of *Let's Go!* strategies.

In all nine interviews, site champions emphasized how administrative support is essential to successful implementation. Most described their administrators as supportive in theory, but not always involved in practice. One principal continued to hold pizza parties for the top students ignoring the *Let's Go!* strategy to prohibit food as a reward. Another principal was described as close-minded to the role of wellness in

the school and had commented to the champion that "kids aren't getting fat at school!" Teachers were cited as either supportive and serving as positive role models for students or not supportive of wellness policies and resistant to change around classroom celebrations. At one school, high school students served as role models to the elementary students and came to the classrooms to teach students how they could incorporate the 5-2-1-0 messages into their daily lives. The site champion found this to be extremely impactful in promoting healthy habits in the younger students.

The *Let's Go!* toolkit was identified by site champions as containing invaluable resources for promoting the message throughout the school. They also stated that the *Let's Go!* Coordinator had been essential in supporting their role as site champion and providing guidance. Outside support from other community organizations was also noted as important to the site champions in supporting their *Let's Go!* work at the school. In addition, support from parents and guardians was cited in several interviews as an important factor, with one site champion describing parent support and involvement as, "hugely instrumental in embedding the message in the school community." Having media and print tools, sending reminders to staff, discussing the message in the classroom, and having signage throughout the school to promote the message were also important factors. Several site champions emphasized the importance of setting goals at the start of the year to effectively implement *Let's Go's!* strategies throughout the school year.

NEW 5-YEAR STRATEGIC GOALS, 2017-2021

Goal 1: Expand Reach (annual target)
By September 30, 2017 increase the number of registered sites by 5%, and increase the number of school nutrition workgroups by one.

Goal 2: Increase Awareness and Knowledge of *Let's Go!* and 5-2-1-0 Behaviors (annual target)
Our goal is to conduct a comprehensive statewide survey with parents in the spring of 2017 and use those results as a baseline for setting new targets.

Goal 3: Create Sustainable Environmental and Policy Change (annual target)
By September 30, 2017 increase the percentage of recognized sites by 10% for schools, by 5% for child care programs, by 2% for out-of-school programs, by 5% for health care practices, and by 10% for school cafeterias.

Goal 4: Increase Healthy Eating and Active Living Behaviors (5-year target)
By FY21, increase from 2015 levels the percentage of students who consume 5 or more fruits & vegetables daily by 10% for all grades.

By FY21, 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.

By FY21, increase from 2015 levels the percentage of students who are physically active for 1 hour or more daily by 5% for grades K/3 and by 10% for grades 5-12.

By FY21, increase from 2015 levels the percentage of students who drink zero sugary beverages by 2% for grades K/3 and by 5% for grades 5-12.

Goal 5: Decrease Childhood Obesity (5-year target)
By FY21, decrease from 2015 levels the percentage of students who have obesity by 5% for all grades.

CONCLUSION AND TAKEAWAY MESSAGES

After 10 years in operation the *Let's Go!* program has grown by leaps and bounds, having touched the lives of hundreds of thousands of kids and families in Maine and elsewhere. In the last five years alone *Let's Go!* significantly expanded its reach in each of the original four settings and began evaluation efforts in a new setting (school cafeterias to track Smarter Lunchrooms). Each year, as an increasing number of sites are recognized for implementing *Let's Go!*'s recommended strategies, the 5-2-1-0 message is increasingly becoming part of the local culture in the communities we serve. While our program evaluation results are encouraging, and obesity rates have flattened, more work remains to be done.

Our new 5-year strategic goals for 2017-2021 demonstrate we are well-poised to achieve further progress in expanding our reach and increasing awareness of the program, implementation of our strategies, and adherence to the 5-2-1-0 message. In the next 10 years, we will continue to work toward sustainable environmental and policy change in all *Let's Go!* regions and settings in our effort to increase healthy eating and active living behaviors and improve the lives of children and their families.

Key Takeaway Messages

The key messages emerging from year 10 of the *Let's Go!* program are as follows:

1. *Let's Go!* is working—environments and policies are changing at nearly 1,000 sites, healthy behaviors are increasing, and childhood obesity rates are levelling off.

2. *Let's Go!* Coordinators continue to play a crucial role in making change happen in their communities.

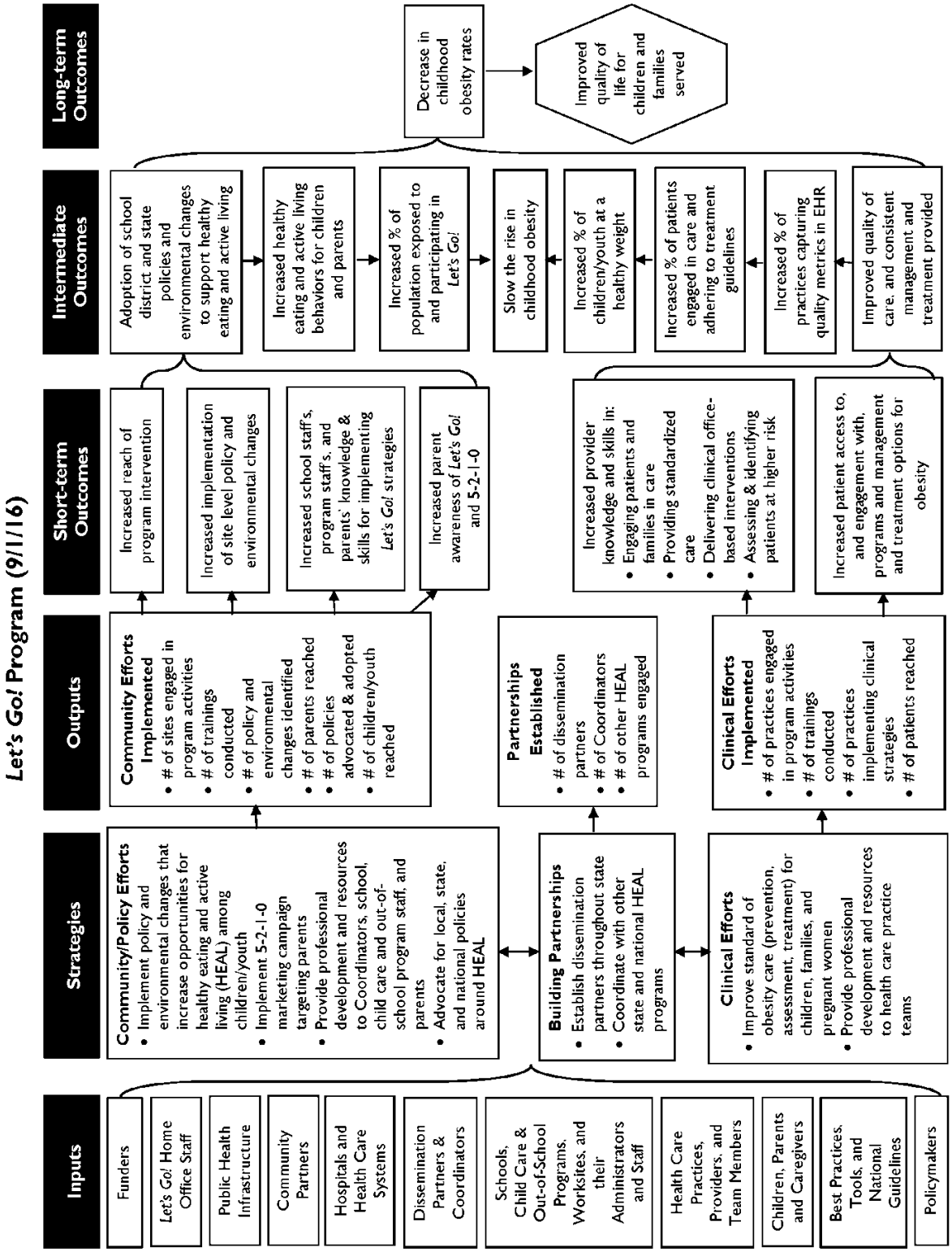
3. Fruit and vegetable consumption is higher among students at *Let's Go!* schools.

4. Sugary drinks have been limited or eliminated by the vast majority of *Let's Go!* sites and students are consuming less.

5. Recreational screen time has been limited by most *Let's Go!* sites and students' screen time habits are moving in the right direction.

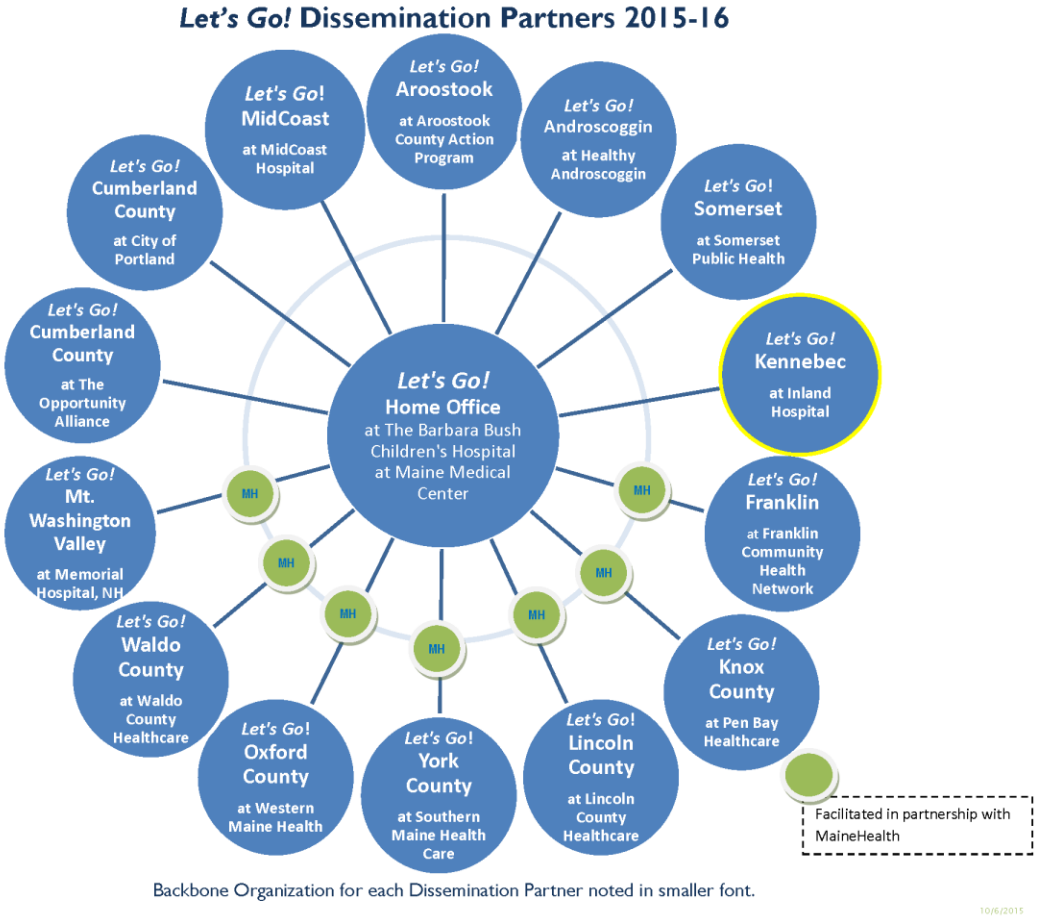
6. Physical activity levels have declined among Maine students, making this a priority focus in the coming years.

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: *LET'S GO!* PUBLICATIONS

Journal Articles:

1. Rogers VW, Motyka E. 5-2-1-0 goes to school: a pilot project testing the feasibility of schools adopting and delivering healthy messages during the school day. *Pediatrics*. 2009;123 Suppl 5:S272-6.

2. Polacsek M, Orr J, Letourneau L, Rogers V, Holmberg R, O'Rourke K., . . . Gortmaker S L. Impact of a primary care intervention on physician practice and patient and family behavior: keep ME Healthy—the Maine Youth Overweight Collaborative. *Pediatrics*. 2009;123 Suppl 5:S258-S266.

3. Rogers VW, Hart PH, Motyka E, Rines EN, Vine J, Deatrick DA. Impact of Let's Go! 5-2-1-0: A community-based, multisetting childhood obesity prevention program. *J Pediatr Psychol*. 2013; 38(9):1010-1020.

4. Polacsek M, Orr J, O'Brien LM, Rogers VW, Fanburg J, Gortmaker SL. Sustainability of key Maine Youth Overweight Collaborative improvements: a follow-up study. *Childhood Obesity*. 2014;10(4): 326-333.

5. Gortmaker SL, Polacsek M, Letourneau L, Rogers VW, Holmberg R, Lombard KA, Fanburg J, Ware J, Orr J. Evaluation of a primary care intervention on body mass index: the Maine Youth Overweight Collaborative. *Childhood Obesity*. 2015;11(2):187-93.

6. Kessler HL, Vine J, Rogers VW. Let's Go! school nutrition workgroups: regional partnerships for improving school meals. *J Nutr Educ Behav*. 2015;47(3):278-282.

Online Publications:

1. Kessler HL, Vine J. *Smarter Lunchrooms and Let's Go! Maine – A Perfect Match.* http://articles.extension.org/pages/73962/smarter-lunchrooms-and-lets-go-maine-a-perfect-match. eXtension Healthy Food Choices in Schools. October 6, 2016.

Manuscripts:

1. Dedekian MA, Vine J, Fanburg JT, Schucker, NA, Rogers VW. *Using physician champions to extend the reach of the 5-2-1-0 Let's Go! obesity prevention program in clinical practice*.

2. Capogrossi KL, Wiecha J, Vine J, Rogers VW. *Policies and Practices of high performing Let's Go! schools*. (submitted to *Journal of Pediatrics*, January, 2017)

3. Hart PH, Madden PA, Nelson ZC, Marks KJ, Littlefield-Gordon DL, Vine J, Charles J, Rogers VW. *Compliance with healthy eating and active living recommendations in an intervention in Maine's licensed childcare programs.* (target journal: *Preventing Chronic Disease*)