



Evaluation Report

2021-2022

Program Year 16

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EXECUTIVE SUMMARY

Established in 2006, Let's Go! is a community engagement initiative working to improve two of the underlying health behaviors that have been demonstrated to impact overweight and obesity: healthy eating and active living (HEAL). Evidence-based strategies are used to promote policy, systems, and environmental changes that facilitate HEAL in early care and education programs, schools, out-of-school programs, and healthcare practices in Maine and Carroll County, New Hampshire.

Over the past 16 years, Let's Go! has grown through the effort and commitment of hundreds of individuals across Maine and beyond. These are the teachers, healthcare providers and their teams, early care and education directors, out-of-school staff, nurses, principals, and others identified at enrolled sites who are interested in leading Let's Go!'s HEAL work, and it is due to their efforts that environments and policies are changing. To measure these changes, Let's Go! conducts surveys with enrolled sites annually to assess implementation of strategies for increasing HEAL. Tables 1 and 2 highlight this year's key findings from surveys conducted in 2021-2022.

Table 1. Reach and Strategy Implementation in Let's Go! Community Settings

2021-2022 Program Year	Early Care and Education	Schools	Out-of-School
Enrolled sites	458	300	125
Children and youth served	17,499	87,460	7,614
Annual Survey Sites reporting	325	216	83
Strategies for sites reporting...			
Limit unhealthy choices for snacks and celebrations	93%	57%	92%
Limit sugary beverages, promote water	99%	78%	88%
Prohibit the use of food as a reward	91%	72%	83%
Provide opportunities for physical activity daily	99%	84%	100%
Limit recreational screen time	95%	57%	99%

Table 2. Reach and Strategy Implementation in Let's Go! Clinical Settings

2021-2022 Program Year	Healthcare: 5-2-1-0	School-Based Health Centers	Healthcare: Small Steps
Registered practices	143	12	38
Children and youth served	202,544	4,076	
Adults served	N/A	N/A	158,719
Annual Survey Healthcare Practices	87	5	25
Strategies for sites reporting...			
The Let's Go! message is displayed in all exam rooms and the waiting area	93%	100%	80%
All providers routinely have BMI determined for patients	100%	N/A	96%
All providers routinely counsel on healthy eating and active living using the Healthy Habits Questionnaire	95%	100%	80%

Key Findings from 2021-2022

The evaluation results reflect widespread adoption of Let's Go! strategies, demonstrating that site-level policy and environmental change can occur across multiple settings, reaching large numbers of individuals. Crucial to this success is the active engagement and support of a network of community and state partners.

Community engagement plays an important role in the regional implementation of Let's Go! programs and is key to local sustainability. Thanks to a strong partnership with MaineHealth, the state's largest healthcare system, and the Maine Center for Disease Control & Prevention, Let's Go!'s HEAL strategies are being adopted in more places and communities.

Highlights and results from the 2021-2022 program year:

- Let's Go! partnered with 1,455 sites reaching over 202,000 children and youth (82%) and 158,000 (16%) adults in Maine.
- Let's Go! reached 54% (46,000) of Maine's low-income children and youth, an increase of 6,000 compared to 2021 (46%).
- Let's Go! and the 5-2-1-0 message provided consistency, on-demand resources, and virtual trainings for sites to continue promoting healthy habits.
- Let's Go! facilitated 70 trainings with more than 1,600 professionals across six settings, and 600 more professional were trained compared to last year.
- Overall, 93% of 736 community and healthcare sites reporting still believe that partnering with Let's Go! adds value to their program or service.
- Let's Go! worked with 107 school districts on wellness policies, and 85 enrolled school districts (79%) had compliant wellness policies with the Healthy Hunger-Free Kids Act.
- Almost 450 clinicians used the Let's Go! Healthy Habits Questionnaire with pediatric and adult patients to initiate conversations around healthy eating and active living.
- Let's Go! recognized a total of 554 sites across five settings and there was an increase in the Healthcare 5-2-1-0 practices that were recognized, from 86% (last year) to 92%.
- The Family Survey showed more parents understand the purpose of Let's Go!'s, 59% (compared to 47% in 2020), and 8 in 10 parents (80%) correctly or partially identified the meaning of the 5-2-1-0.
- The prevalence of obesity among MaineHealth patients aged 2-19 decreased significantly from 20.1% (in 2021) to 18.6%.

Recommendations

- Review and align the logic model and outcomes for Let's Go!'s Programs within all community and clinical settings for children and adults.
- Pursue an updated approach to evaluate Let's Go!'s site-level strategy implementation.
- Innovate and develop methods to assess the degree Let's Go!'s Programs are working, shifting focus to more qualitative or "success stories" approaches
- Engage potential research partners in Maine to advance research in childhood obesity prevention best practices and track outcomes.
- Outreach and work with Maine policy initiatives to advocate statewide policy and systems change essential to supporting and sustaining healthy eating and active living behaviors.
- Continue assessing Let's Go! strategies using an equity lens and active community engagement to ensure they remain relevant and effective.

BACKGROUND

Let's Go! Initiative

Established in 2006, Let's Go! is a community engagement initiative working to improve two of the underlying health behaviors that have been demonstrated to impact overweight and obesity: healthy eating and active living (HEAL). Evidence-based strategies are used to promote changes that facilitate HEAL in early care and education (ECE) programs, schools, out-of-school programs, and healthcare practices in Maine and Carroll County, New Hampshire. The Let's Go! initiative includes two components: (1) initiating equity-focused policy, systems, and environmental changes across communities with local partners, and (2) deploying consistent messages to increase healthy behaviors, 5-2-1-0 for children and Small Steps for adults.

The 5-2-1-0 mnemonic represents four evidence-based recommendations to encourage healthy choices daily: 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.

See Appendix A for the Let's Go! Logic Model, which provides a framework for how Let's Go! works to improve the quality of life for the children and families served.

“Let's Go! 5210 is an invaluable program. It's so important for children to start building healthy habits as young as possible!”

Early Care and Education Parent, Let's Go! Cumberland

Partners and Champions

Through the partnership of a central office and local organizations called Dissemination Partners (DPs), Let's Go! is able to increase its capacity and reach. DPs are hospitals, health systems, public health departments, and community action agencies that share a mission of creating healthier communities. Let's Go! has 17 DPs that play a critical role in supporting and connecting all of Let's Go!'s work. Each DP employs one or more Let's Go! Coordinators to work with local Site Champions and identify new partner sites within their region. The Site Champion is the staff member identified at each enrolled site who is interested in leading the HEAL work to create healthier policies and environments for children and youth. They do this through implementing evidence-based strategies that align with national recommendations to increase HEAL.

Let's Go! Coordinators provide tailored resources and support to sites in their region. They deliver trainings to Site Champions about the importance of each strategy and how to implement the strategies at their site. The Let's Go! central office provides all the tools and professional development that Coordinators need to implement their work. In addition, central office staff support healthcare practices by providing trainings and technical assistance around adoption of Let's Go!'s clinical strategies. See Appendix B for more details about the Let's Go! dissemination model.

During 2016 to 2022, Let's Go! partnered with the Maine Center for Disease Control & Prevention (Maine CDC) to be the state's primary obesity prevention program through Maine Prevention Services. With the Maine CDC's support, Let's Go! was able to enhance programming and expand capacity by more than doubling the number of local Coordinators across Maine who promoted Let's Go! strategies.

Evaluation Framework

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 healthcare providers following Let's Go! recommended clinical strategies?
- Is parent's 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?

Annually, Let's Go! tracks implementation of program strategies by surveying Site Champions, and awareness and knowledge of the program by surveying 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 MaineHealth pediatric patients aged 2-19. To note, the data we collect and report may reflect the impact of a wide array of programs in the state to improve healthy eating and active living, including Let's Go!.

This year Let's Go! decided to partner with the newly formed MaineHealth Community Health Surveillance & Evaluation Team to support ongoing evaluation efforts. In February 2023, the two teams kicked-off a series of planning meetings to develop a new evaluation framework and update the logic model with a new set of goals and objectives. The aim is to roll out a new evaluation plan by August 2023.

EVALUATION RESULTS

Program Reach

Since it was founded in Greater Portland in 2006, Let's Go! has steadily expanded to cover more geography and work in new settings. Let's Go! has grown from partnering with sites in just two settings to working in six settings by 2016, where the program remains today. In the 2021-2022 program year, Let's Go! operated in 289 municipalities in Maine (59% of all towns and cities in Maine) across all 16 counties in Maine and in 7 municipalities (37% of all towns and cities in Carroll County, NH) in 1 county in New Hampshire.

Site retention was very high heading into the 2021-2022 program year. Nearly all enrolled sites continued their partnership with Let's Go! from the previous year: 97% of ECE programs (12 closed, 4 opted out), 98% of schools (2 closed, 3 no Champion, 2 opted out), 100% of school cafeterias, 98% of out-of-school programs (1 closed, 1 opted out), 100% of 5-2-1-0 healthcare practices (2 merged), and 100% of Small Steps healthcare practices. Table 3 shows the reach of Let's Go! programs.

This year, Let's Go! partnered with a total of 1,455 sites reaching more than 206,000 children and youth and over 158,000 adults in Maine and Carroll County, New Hampshire. Let's Go!'s programs reached approximately 82% of children and youth aged 0-18 and 16% of adults in Maine. More than 20,000 staff helped implement Let's Go! programs at enrolled sites.

Table 3. Let's Go! Program Reach by Setting, 2021-2022

Let's Go! Setting	Number of Sites	Number of Students, Patients	Number of Staff, School Nutrition Directors, Clinicians
Early Care and Education	458	17,499	3,186
Schools	300	87,460	15,652
Out-of-School	125	7,614	820
School Nutrition	391	124,507	79
Healthcare: 5-2-1-0	143	202,544	560
Healthcare: Small Steps	38	158,719	235

See Appendix C for more detail about the scope of Let's Go!'s reach

Note: Adults registered for Small Steps are 18+ according to the Small Steps sites registration form

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 54% (46,000) of Maine's low-income children and youth, an increase of 6,000 compared to 2021 (46%). Let's Go! collaborated with 96 Head Start programs, 26 21st Century Learning Centers, 27 Federally Qualified Health Centers, and 111 schools where at least half of the student population was eligible for free or reduced-price lunch. In the 5-2-1-0 healthcare setting, most sites were family practices (48%) and pediatric practices (51%). Most schools (81%) were attended by elementary and middle school students, 46% of early care and education programs were small or family programs with enrollment capacity of less than 13 children, and 26% of out-of-school programs were school-based programs. Let's Go! collaborates successfully with very small programs and schools with less than 15 children enrolled, as well as with large schools with over 1,000 students. Table 4 provides enrollment detail by setting.

Table 4. Range of Enrollment in Let's Go! Sites, 2021-2022

Setting	Average Enrollment	Range of Enrollment
Early Care and Education	38 children	5 to 265
Schools	293 students	13 to 1,197
Out-of-School	65 children	7 to 800
School Nutrition	318 students	11 to 1,561
Healthcare: 5-2-1-0	1,534 patients	15 to 11,300
Healthcare: Small Steps	4,177 patients	50 to 14,615

Professional Development

Let's Go! is committed to providing quality professional development to Let's Go! Coordinators, healthcare champions and the staff of enrolled sites during each program year. Professional development opportunities provide consistent support to staff around the implementation of Let's Go! strategies across regions, and increase healthcare provider knowledge and awareness of their role in encouraging families to adopt and maintain a lifestyle that supports healthy eating and active living. Let's Go! offers unique opportunities to meet the needs of each target audience, including a School Symposium and Healthcare Conference.

“I loved learning about the Walking Classroom. As a school nurse I see so many students with ADHD suffer in the classroom. I think this is something our staff could incorporate into their lessons to meeting the learning needs of all students.”

-Participant, The Walking Classroom, Let's Go! School Symposium

This year, Let's Go! facilitated 70 trainings (a mix of in-person and virtual) attended by over 1,600 people, including healthcare providers and other medical staff, school nutrition and kitchen staff, early care and education providers, teachers and other school staff, and out-of-school program staff. These trainings covered a wide variety of topics including nutrition education, culinary medicine, physical activity, screen time, supporting sustainable policy changes, healthy snacks, weight management, and workplace wellness. With various programmatic enhancements and virtual events offered, Let's Go! was able to provide 22 additional events compared to 2021, and train 600 more professionals.

In August 2022, Let's Go! launched the online Let's Go! Learning platform. Let's Go! Learning offered 24 online course modules, which were completed by 93 users. Top courses included Supporting Breastfeeding Families, Moving Children to Good Health, and Eat Right Grow Strong – Nutrition for Young Children.

“This training was great. It really put some new ideas into perspective and made me think of some new questions to ask our infant parents about their feeding routines!”

-Participant, Early Identification-Crossing Percentiles Birth to Age 2, Let's Go! Learning

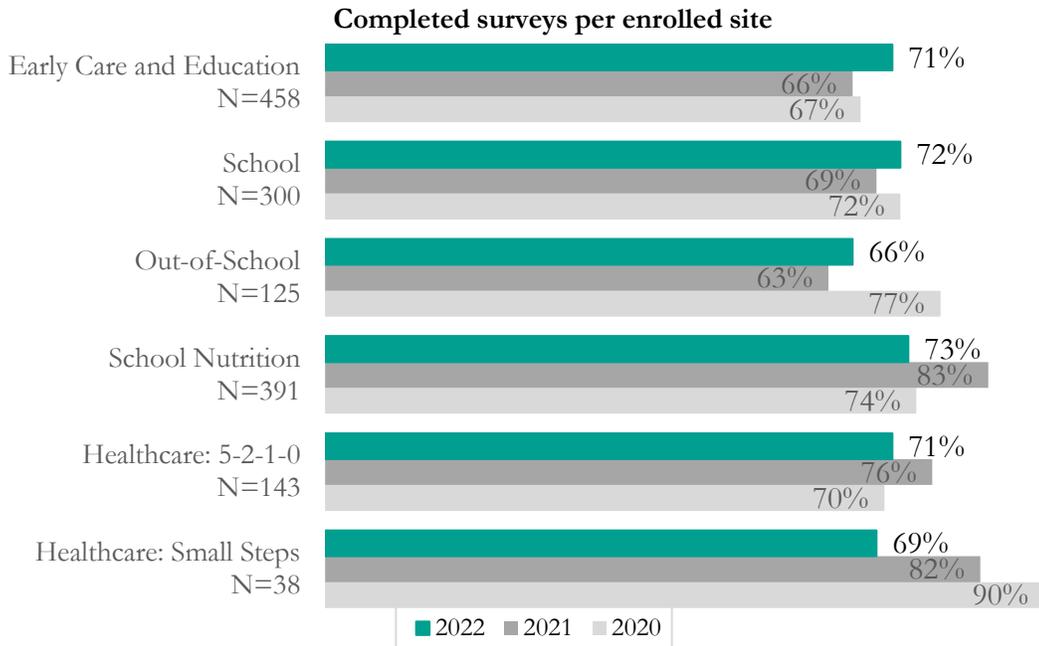
Let's Go! Annual Survey

Let's Go! surveys Site Champions annually to track implementation of strategies for increasing healthy eating and active living. Annual survey results are used to understand how sites are implementing program strategies and determine which sites will be recognized as sites of distinction. These results also help to plan technical assistance to sites for the following program year and outcomes help inform the development of new materials and trainings. Survey response is typically quite high each year though rates were consistently below 85% across settings in 2021 and 2022, possibly due to challenges from the pandemic (Figure 1). It is likely high site retention corresponds to the value Let's Go! adds to its enrolled sites. The vast majority of Site Champions agree that partnering with Let's Go! adds value to their school or program (Figure 2).

“When our parents are interviewing to see if our program is a good fit for their child, we refer to [Let's Go!] a few times while we explain our partnership with the program and what our expectations are around food and drink choices for snack and lunch.”

-ECE Leader, Let's Go! Lincoln

Figure 1. Percent of Let's Go! Sites that Responded to the Annual Survey

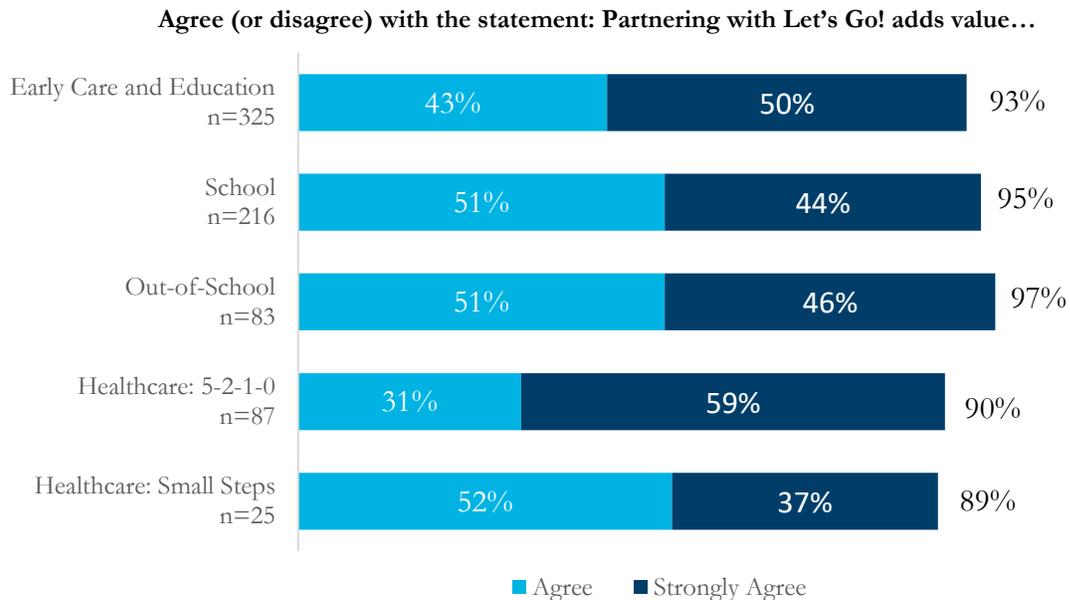


Enrolled Sites in 2022: ECE N=458, School N=300, Out-of-School N=125, School Nutrition N=391, Healthcare 5-2-1-0 N=143, Healthcare Small Steps N=38

Enrolled Sites in 2021: ECE N=562, School N=360, Out-of-School N=123, School Nutrition N=391, Healthcare 5-2-1-0 N=156, Healthcare Small Steps N=38

Enrolled Sites in 2020: ECE N=590, School N=360, Out-of-School N=141, School Nutrition N=397, Healthcare 5-2-1-0 N=155, Healthcare Small Steps N=39

Figure 2. The Value of Partnering with Let's Go! 2022



Sites Reporting in 2022: ECE n=325, School n= 216, Out-of-School n= 83, Healthcare: 5-2-1-0 n=87, Healthcare: Small Steps n=25

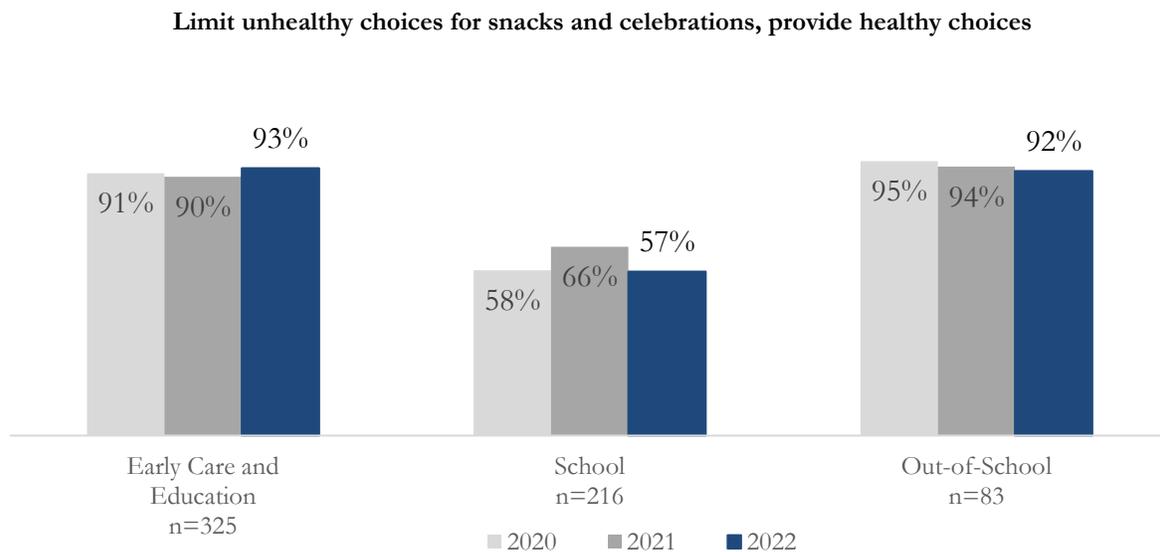
IMPLEMENTATION OF LET'S GO! STRATEGIES

Five Priority Strategies

Let's Go! Site Champions create healthy environments for children and youth in early care and education programs, schools, and out-of-school programs by using 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 that have the strongest evidence supporting efficacy in behavior change: (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 3-7 show the percentage of sites that are implementing Let's Go! priority strategies across three settings. Survey results indicate most early care and education and out of school sites are implementing most of Let's Go!'s prioritized strategies, while a smaller proportion of schools are implementing the strategies.

Figure 3. Sites Limit Unhealthy Choices for Snacks and Celebrations, Provide Healthy Choices



Sites Reporting in 2022: ECE n=325, School n=216, Out-of-School n=83
 Sites Reporting in 2021: ECE n=371, School n=247, Out-of-School n=77
 Sites Reporting in 2020: ECE n=396, School n=259, Out-of-School n=108

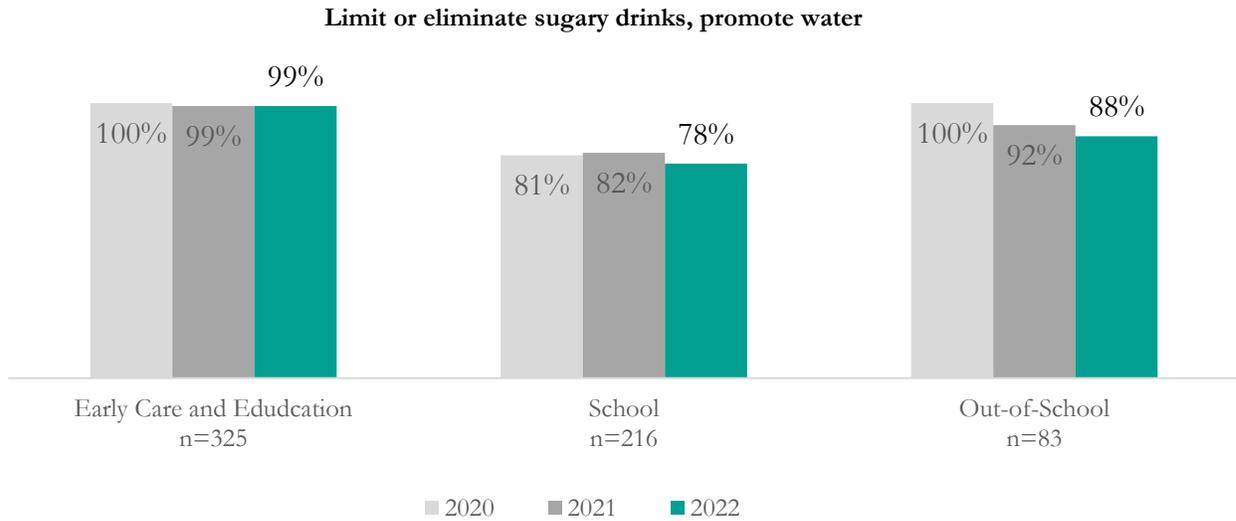
On the annual survey, Site Champions were asked to share additional comments related to how they may limit unhealthy snacks and provide health choices. Below are some ways they shared with Let's Go!:

- ECE: policy handbook, set aside food from home
- School: develop new policies, share menus with families, reminders home
- Out-of-school: limit celebrations, cup of fruit/veggies

“We try to be creative when it comes to celebration. Offering fun fruit bowls or trail mix is always popular.”

-YMCA Director, Let's Go! Knox & Waldo

Figure 4. Sites Limit Sugary Drinks and Promote Water



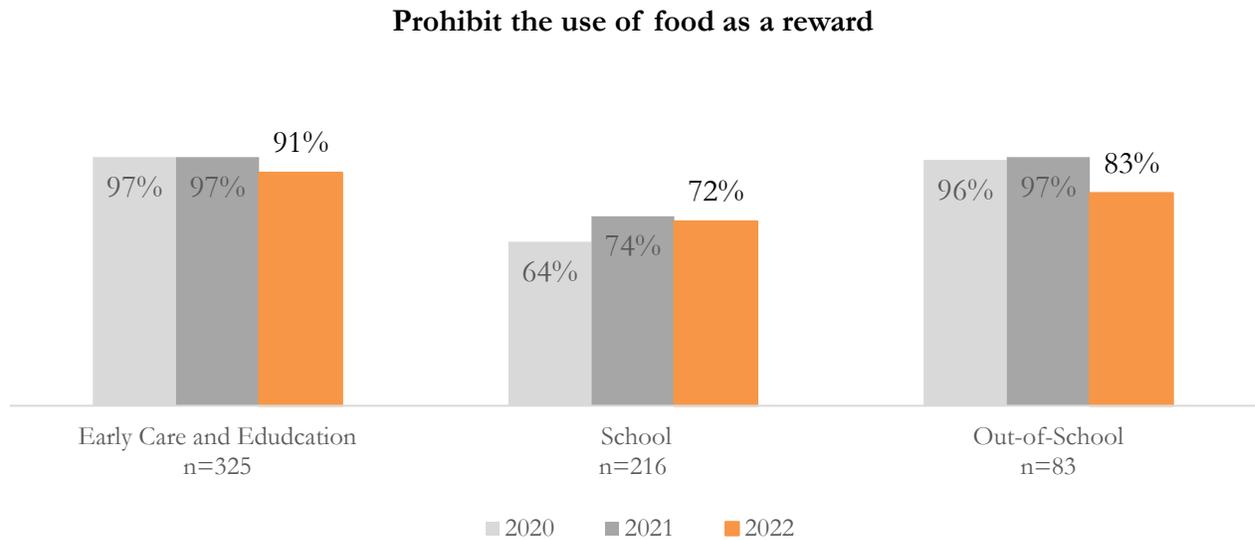
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 Sites Reporting in 2020: ECE n=396, School n=259, Out-of-School n=108

On the annual survey, Site Champions were asked to share additional comments related to how they may limit sugary drinks and promote water. Below are some ways they shared with Let's Go!:

- ECE: offer only water or unflavored milk, provide water bottles or cups
- School: water only policy, install water refill stations
- Out-of-school: working water fountains, offer flavor packets for water, as a juice alternative

“We have a water fill station in our school. Parents are advised to send the students in with water bottles - if they forget we have cups in the clinic for kids to use!”
-School Nurse, Let's Go! Cumberland

Figure 5. Sites Prohibit the Use of Food as a Reward



Sites Reporting in 2022: ECE n=325, School n=216, Out-of-School n=83
 Sites Reporting in 2021: ECE n=371, School n=247, Out-of-School n=77
 Sites Reporting in 2020: ECE n=396, School n=259, Out-of-School n=108

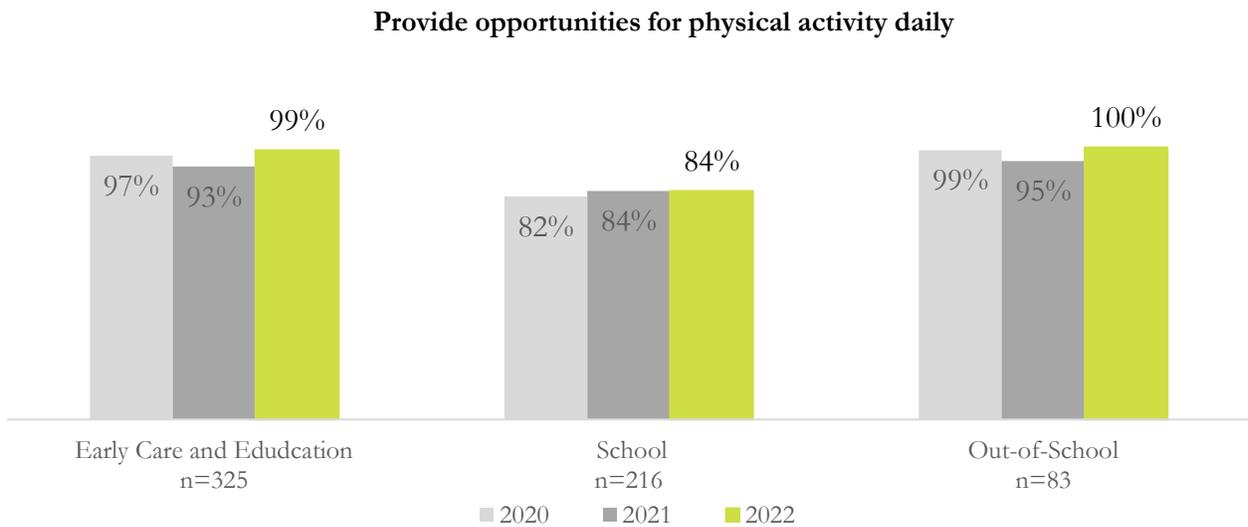
On the annual survey, Site Champions were asked to share additional comments related to how they may prohibit using food as a reward. Below are some ways they shared with Let's Go!:

- ECE: stickers, toys, occasional fruit popsicles
- School: vote to select class reward, fruit or fun activity
- Out-of-school: earn points for store, prize boxes, leader-of-the-day

“Some staff provide rewards like clementines, bananas etc. that have faces drawn on them, water bottles etc. ...”

-School Teacher, Let's Go! Wabanaki

Figure 6. Sites Provide Opportunities for Physical Activity Daily



Sites Reporting in 2022: ECE n=325, School n=216, Out-of-School n=83
 Sites Reporting in 2021: ECE n=371, School n=247, Out-of-School n=77
 Sites Reporting in 2020: ECE n=396, School n=259, Out-of-School n=108

On the annual survey, Site Champions were asked to share additional comments related to how they may provide opportunities for physical activities. Below are some ways they shared with Let's Go!:

- ECE: play outside, yoga, nature walks
- School: movement/brain breaks, dance, recess
- Out-of-school: gym time, Zumba, movement-songs

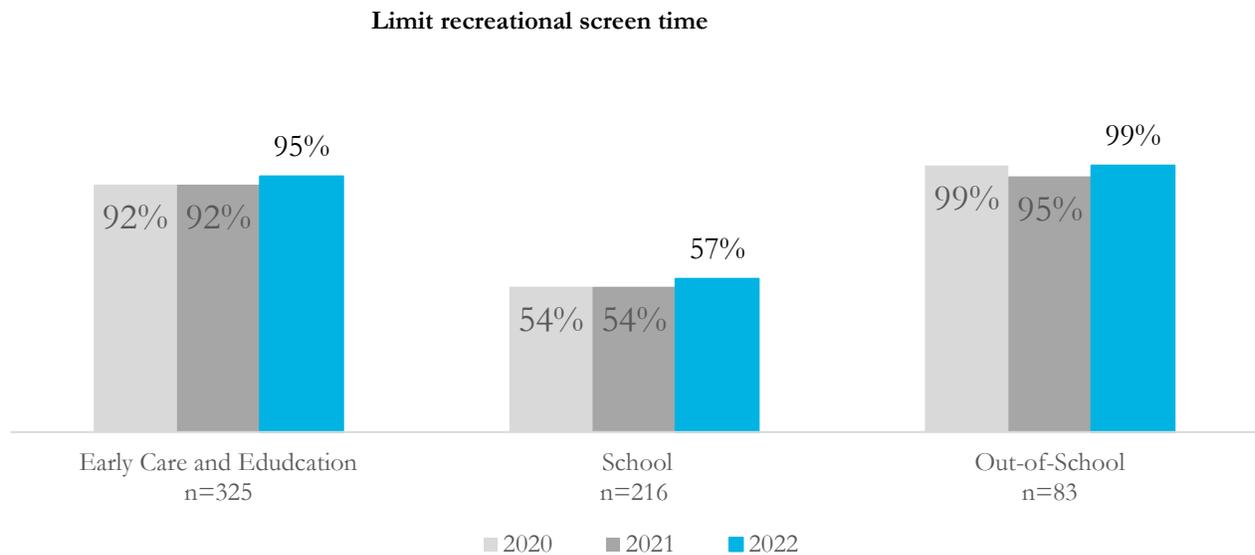
“Our program is focused primarily on physical activity. We walk or run each time we meet to earn miles for the 100 Mile Club. The remainder of our meetings are spent playing indoor and/or outdoor games and recreation.”

Out-of-School Program Director, Let's Go! Somerset

“Our Spanish class has regular dance time! Most classes take walking breaks.”

-School Principal, Let's Go! Downeast

Figure 7. Sites Limit Recreational Screen Time



Sites Reporting in 2022: ECE n=325, School n=216, Out-of-School n=83
 Sites Reporting in 2021: ECE n=371, School n=247, Out-of-School n=77
 Sites Reporting in 2020: ECE n=396, School n=259, Out-of-School n=108

On the annual survey, Site Champions were asked to share additional comments related to how they may limit recreational screen time. Below are some ways they shared with Let's Go!:

- ECE: mini-education sessions, dance or sing-a-long shows
- School: screen-free-week, outdoor learning, mindful activities
- Out-of-school: no screen allowed, exceptions only for bad weather

“We celebrated screen free week with a week of activities and contests for students. Our staff dressed in 80’s workout wear to kick-off the week and encourage students to choose physical activity instead of screen time....”

-School Nurse, Let's Go! Southern Kennebec

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, 231 early care and education programs and out-of-school programs reporting (57%) 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. In 2022, at least one staff member from 136 schools reporting (63%) participated on their district wellness committee.

Let's Go! also provides 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. Let's Go! worked with 107 of Maine's 178 school districts (60%) on wellness policies to help them meet or exceed the national

standards for healthy eating and physical activity. This year, 85 of the 107 enrolled school districts (79%) had compliant wellness policies with the Healthy Hunger-Free Kids Act.

School Nutrition (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! provides training to school nutrition staff on evidence-based strategies that naturally guide students toward healthier selections in the school cafeteria. Let's Go! tracks implementation of these strategies through the annual survey.

This year, survey question response options were modified to account for the changes in the way meals were prepared, packaged and served to students due to the pandemic. We included a "Not applicable due to COVID" option to several questions. However, we learned that not all strategies were impacted by challenges during the pandemic. Let's Go! school cafeterias were able to continue serving healthy meals that include local products and scratch cooking. A few highlights among the 285 of 391 school nutrition sties reporting include the following best practices:

- 90% say the menu includes at least one made from scratch item per week
- 73% use local meats, produce or products in school meals
- 71% offer two kinds of sliced or whole fruit daily with breakfast
- 93% offer raw vegetables with healthy dip (e.g. ranch, hummus, or salsa)
- 62% do not offer flavored milk at breakfast
- 86% share information about the benefits of school meals with parents/caregivers
- 53% students and staff provide feedback to inform menu development (e.g. informal polls, raise your hand, suggestion box, surveys)

"More hot breakfast meals, and making food fun! Whether it be watermelon sharks on salad bar, or simply writing positive messages on bananas."

-School Nutrition Team Leader, Let's Go! Somerset

On the Let's Go! School Nutrition Survey, kitchen managers and school nutrition directors provided comments on how they implemented each of the Let's Go! strategies for healthier cafeterias. The following are the main themes from their collective feedback for each of the 5 strategies:

- Developing the school meals menu: use feedback results, offer taste testing, limited due to pandemic challenges
- Promoting school meals (local foods): plant gardens or grow own fruit or veggies, use local farm produce more often, use local meat or seafood 2x per
- Boosting Reimbursable meals: new focus for the 2023 school year, apply new signage and posters, offer share table/grab-n-go
- Increase School Meal Participation: offer a variety of menu options, ask and listen to students, grab-n-go lunches
- Serve Healthy School Breakfast and Lunch: offer breakfast for late arrival, provide healthier cereals (low sugar), new salad bar options

“A big part of my focus has been on developing relationships with the students, they love having attention from our lunch staff. We ask them questions, like if they enjoyed their lunch or how their day is going.

School Kitchen Manager, Let's Go! Androscoggin

When asked for suggestions on future culinary trainings the majority indicated afternoon trainings or webinars are preferred. Respondents offered a variety of recommendations for future topics, such as sessions on developing creative menus, making homemade meals, enhancing knife skills, addressing dietary needs, food prep or batch cooking and fun salad bar ideas. When asked to share what was the most valuable kitchen equipment or tool necessary to support healthy school meals the most common items included oven, steamer, knives, skillet, food processor/blender, warmer and cooler, fridge/freezer, and dish washer.

“We have a very small school, I know each student by name and since lunch has been offered at no cost almost all of my students eat daily. I'm constantly trying to encourage kids to try new foods!”

School Kitchen Manager, Let's Go! Mid-Coast

Healthcare Strategies (5-2-1-0 and Small Steps)

While children are making healthy choices in 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 healthcare provider. Whereas schools and programs create spaces full of healthy choices, 5-2-1-0 healthcare practices encourage children to embrace those healthy choices every day. Let's Go! healthcare practices, reaching approximately 80% 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 children and their families encounter in other places in their community. The poster and its messaging engages children and their families, stimulates conversation, and encourages healthy behaviors.

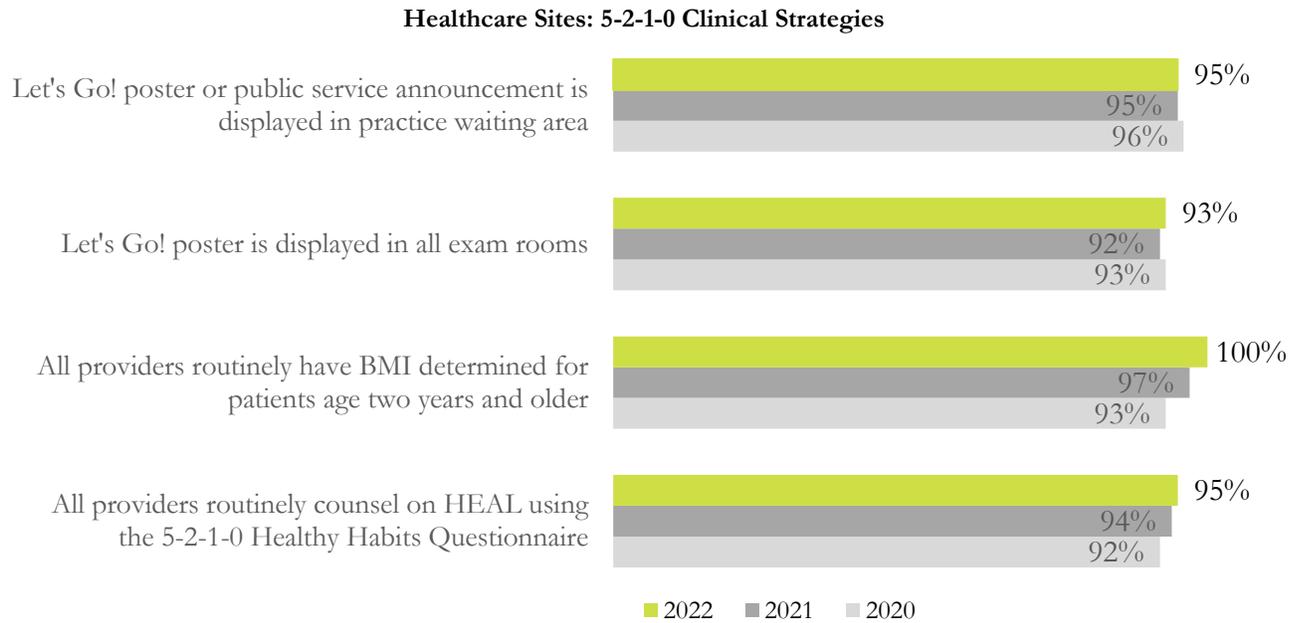
This year, overall 103 clinical practices, representing at least 448 clinicians, reported they routinely used their Healthy Habits Questionnaire with their pediatric and adult patients to initiate respectful conversations around HEAL. Figure 8 shows widespread implementation of Let's Go!'s recommended strategies in clinical practices with pediatric patients. With these clinical strategies, providers are fulfilling an essential role in Let's Go!'s multi-setting approach.

“I will continue efforts to try to discuss unhealthy habits and growth patterns earlier with patients/families and bring them back for follow-up visits.”

Physician, Let's Go! Obesity ECHO Series

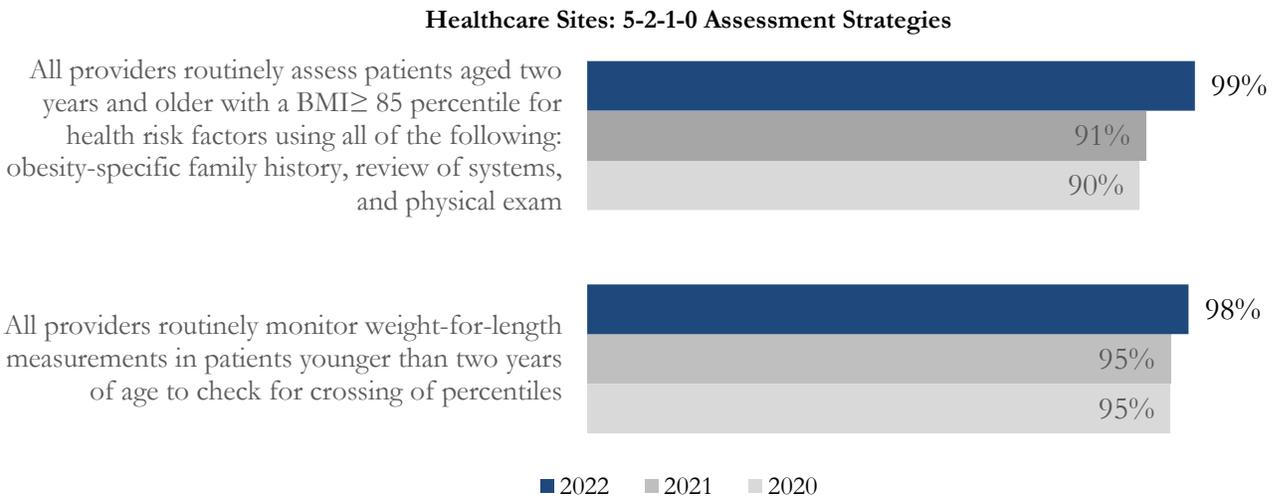
In addition to the basic recommended clinical strategies, Let's Go! also encourages providers in clinical practices to implement more advanced assessment strategies. Figure 9 shows that in nearly all reporting practices, providers assess patients 2 years or older with obesity for health risk factors, and routinely monitor patients younger than 2 years to check crossing of BMI percentiles.

Figure 8. Healthcare 5-2-1-0 Sites Implement Clinical Strategies for Pediatric Patients



Sites Reporting in 2022: Healthcare 5-2-1-0 n=87
 Sites Reporting in 2021: Healthcare 5-2-1-0 n=106
 Sites Reporting in 2020: Healthcare 5-2-1-0 n=108

Figure 9. Healthcare 5-2-1-0 Sites Implement Assessment Strategies for Pediatric Patients

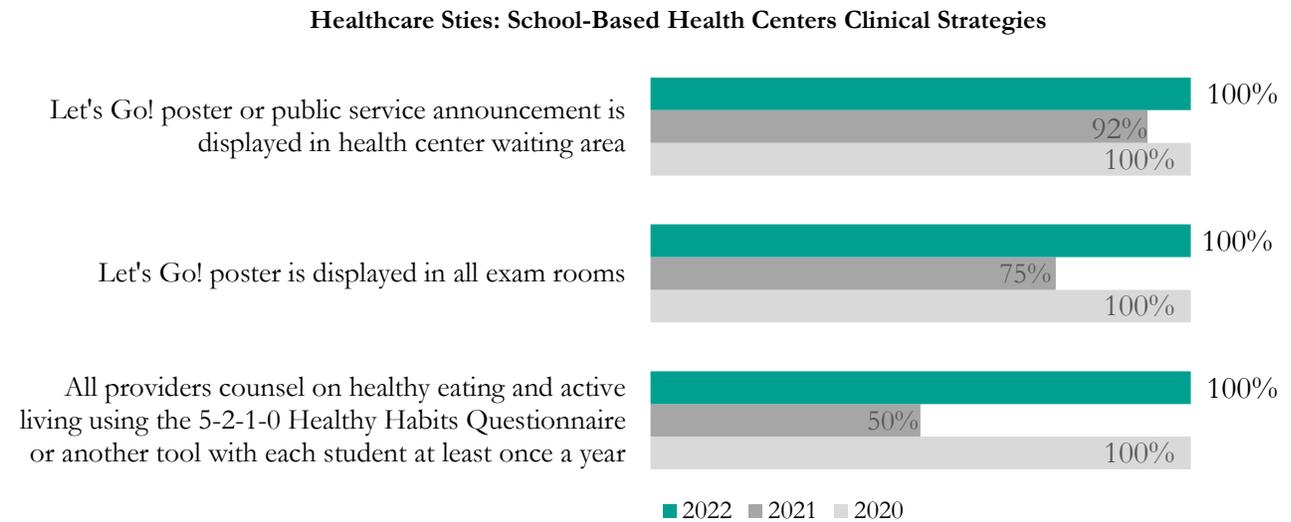


Sites Reporting in 2022: Healthcare 5-2-1-0 n=87
 Sites Reporting in 2020: Healthcare 5-2-1-0 n=105
 Sites Reporting in 2021: Healthcare 5-2-1-0 n=108

This year, all of the school-based health centers that responded to the survey implemented Let's Go!'s strategies (Figure 10). All 5 health centers reported all providers had used the 5-2-1-0 Healthy Habits Questionnaire or another tool to counsel students on HEAL. School-based health centers also reported that Let's Go! posters were hung in the health center waiting area and all exam rooms, increasing student exposure to HEAL principles. While 100% of school-based health centers implemented assessment strategies this year, actual improvement is unclear since in the previous year there were 12 sites that responded.

**“We also have the health teacher on the wellness team [and] 5-2-1-0 messages on nurse web.”
School Nurse, Let's Go! York**

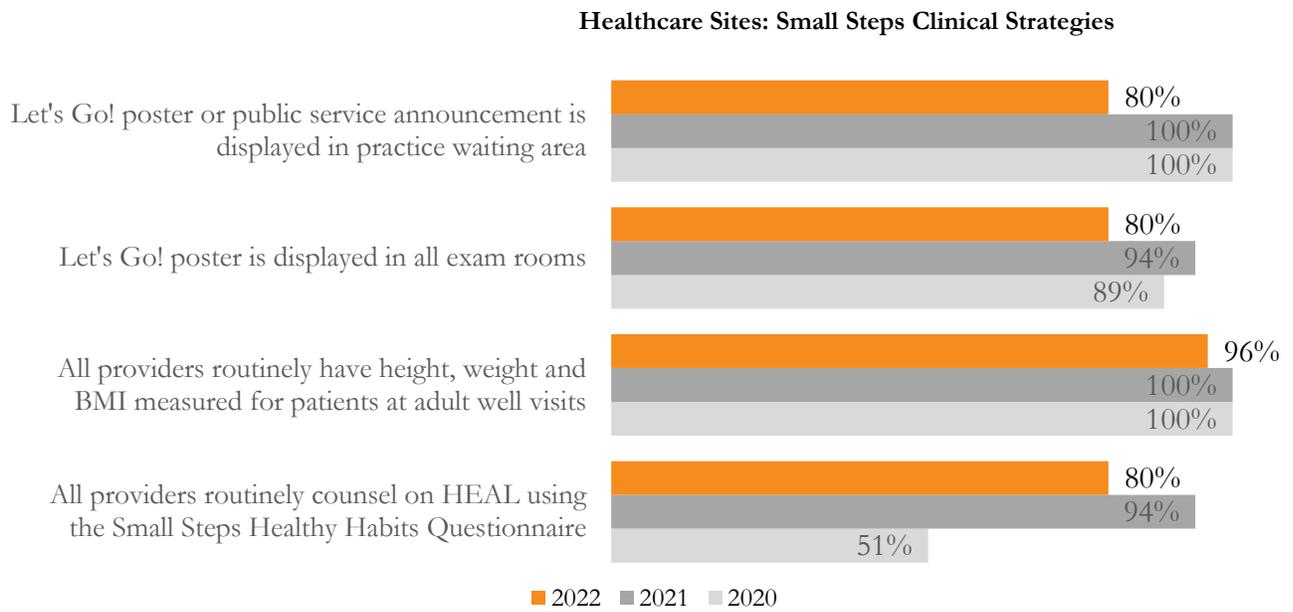
Figure 10. School-Based Health Centers Implement Let's Go! Strategies



Sites Reporting in 2022: School-Based Health Centers n=5
 Sites Reporting in 2021: School-Based Health Centers n=12
 Sites Reporting in 2020: School-Based Health Centers n=2

The Small Steps program uses similar strategies as 5-2-1-0, emphasizing messaging for adults around behavior change. This year, 20 Let's Go! Small Steps practices, representing at least 124 providers, reported they routinely used the Small Steps Healthy Habits Questionnaire with their adult patients to initiate respectful conversations around HEAL. Figure 11 shows implementation of Let's Go!'s recommended strategies in the clinical setting with adult patients.

Figure 11. Small Steps Sites Implement Clinical Strategies for Adult Patients



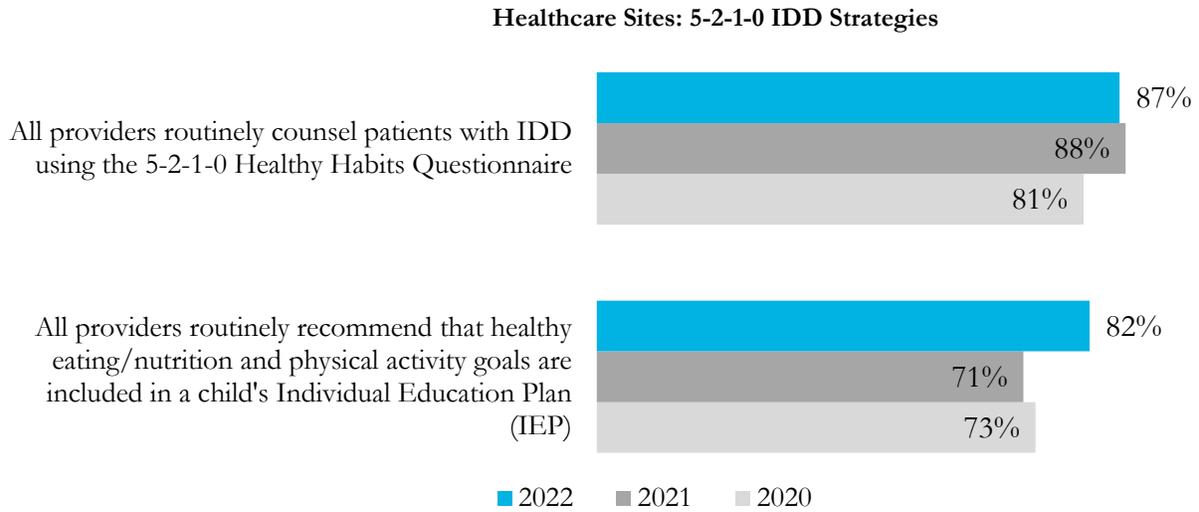
Sites Reporting in 2022: Small Steps n=25
 Sites Reporting in 2021: Small Steps n=31
 Sites Reporting in 2020: Small Steps n=35

Children with Intellectual and Developmental Disabilities

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. Let's Go!'s inclusive obesity prevention model addresses the critical need for programming that can reduce the risk of obesity for children with IDD.

In 2022, use of the Healthy Habits Questionnaire to counsel patients with intellectual and developmental disabilities was consistent at 87% (Figure 12), but still less frequent use compared to its use with typically developing patients of 95% (Figure 8). Notably, there was an increase in providers recommending that HEAL goals be incorporated into student's Individual Education Plan, from 71% last year to 82% in 2022.

Figure 12. Healthcare 5-2-1-0 Sites Implement Strategies for Patients with Intellectual and Developmental Disabilities (IDD)



Sites Reporting in 2022: Healthcare 5-2-1-0 n=87
 Sites Reporting in 2021: Healthcare 5-2-1-0 n=105
 Sites Reporting in 2020: Healthcare 5-2-1-0 n=108

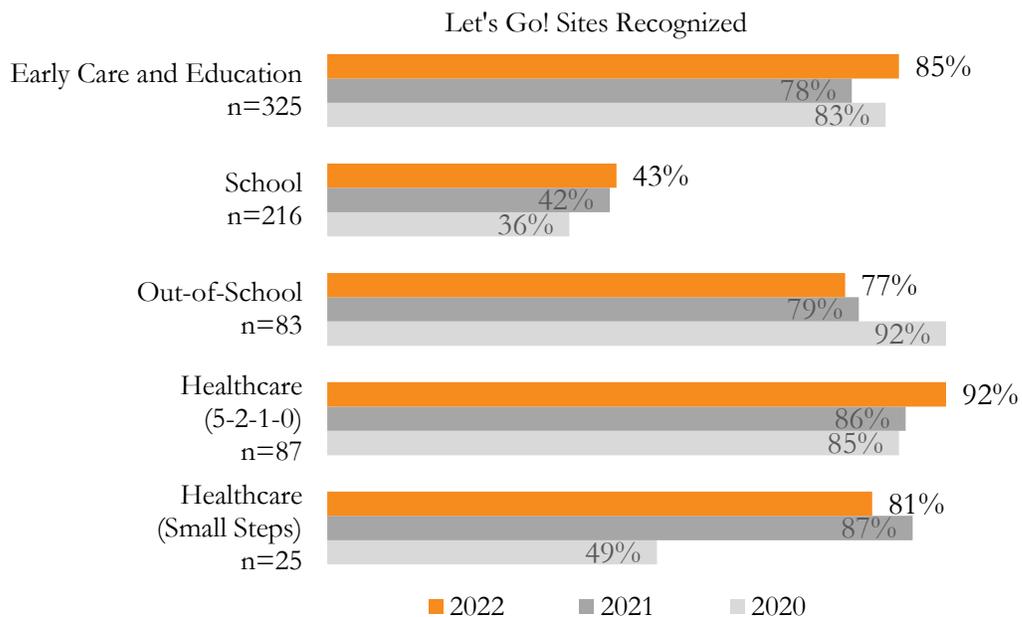
Recognition Program

One way that Let's Go! celebrates success at the site level is through the site recognition program. We recognize enrolled sites based on the implementation of strategies in each setting, and we used the annual surveys to track this information. Let's Go! recognizes an early care and education program, school, and 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 healthcare practice when its survey results show that the practice has successfully implemented recommended clinical strategies practice-wide. Recognized sites receive a 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 healthcare practices.

Similar to last year, for the School Nutrition survey respondents could still respond with "Not applicable due to COVID", given the changes in the way meals were prepared and served during the pandemic. Let's Go! continued the practice of sending each of the enrolled cafeterias a poster thanking them for their extraordinary efforts to provide healthy meals for all students.

In 2022, Let's Go! recognized a total of 554 sites across five settings displayed in Figure 13. Recognition rates were generally similar to 2021, though there was an increase in the Healthcare 5-2-1-0 practices that were recognized, from 86% to 92%. In addition, we recognized a slightly larger percentage of schools in 2022, 43% compared to 42% in 2021. 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 compared to other settings do not reflect the significant amount of work that so many school staff members accomplish each year.

Figure 13. Percent of Reporting Let's Go! Sites that are Recognized



Sites Reporting in 2022: ECE n=325, School n=265, Out-of-School n=83, Healthcare 5-2-1-0 n=87, Healthcare Small Steps n=25
 Sites Reporting in 2021: ECE n=371, School n=247, Out-of-School n=77, Healthcare 5-2-1-0 n=118, Healthcare Small Steps n=31
 Sites Reporting in 2020: ECE n=396, School n=259, Out-of-School n=108, Healthcare 5-2-1-0 n=108, Healthcare Small Steps n=35

STATUS OF LET'S GO! STRATEGIC GOALS

A status report of Let's Go! 2022 Annual Goals is presented below.

Increase Environmental and Policy Change

By June 30, 2022, increase the percentage of survey responding community sites implementing Let's Go! priority strategies by 2%.

- Limit unhealthy choices for snacks and celebrations, from 82% to 84%. (Goal not met, 81%)
- Limit or eliminate sugary drinks and promote water, from 92% to 94%. (Goal not met, 91%)
- Prohibit the use of food as a reward, from 89% to 91%. (Goal not met, 84%)
- Provide opportunities for physical activity daily, from 90% to 92%. (Exceeded goal, 94%)
- Limit recreational screen time, from 79% to 81%. (Exceeded goal, 83%)

By July 31, 2022, Increase the percentage of survey responding 5-2-1-0 healthcare sites implementing Let's Go! clinical strategies by 2%.

- Let's Go! poster or public service announcement is displayed in the practice waiting area, from 95% to 97%. (Goal not met, 95%)
- Let's Go! poster is displayed in all exam rooms, from 92% to 94%. (Goal not met, 93%)
- All providers routinely have BMI determined for patients age two years and older, from 97% to 99%. (Exceeded goal, 100%)
- All providers routinely counsel on HEAL using the 5-2-1-0 Healthy Habits Questionnaire, from 94% to 96%. (Goal not met, 95%)
- All providers routinely monitor weight-for-length measurements in patients younger than two years of age to check for crossing of percentiles, from 95% to 97%. (Exceeded goal, 99%)
- All providers routinely assess patients two years and older with a BMI \geq 85 percentile for health risk factors using all of the following: obesity-specific family history, review of systems, and physical exam, from 91% to 93%. (Exceeded goal, 98%)

Increase Healthy Policies

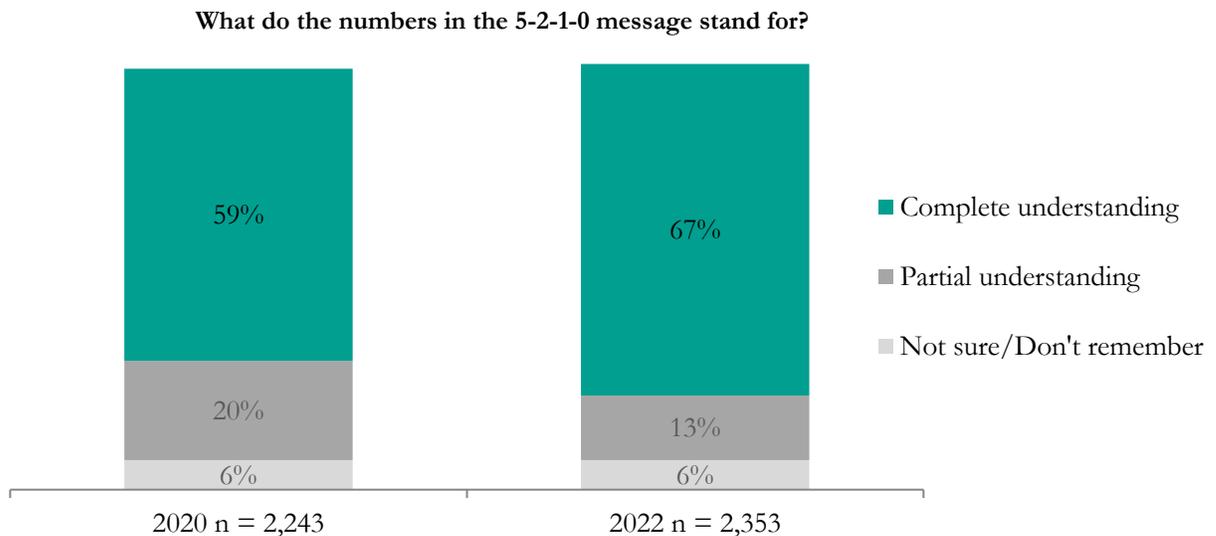
- By June 30, 2022, increase the number of enrolled SAUs that have school district wellness policies that meet or exceed national standards following Healthy Hunger Free Kids Act (HHFKA) 2010 Standards to 99. (MPS) (Goal not met, 86 compliant policies)
- By June 30, 2022, increase the percentage of early care and education programs that adopted the Let's Go! Policy Addendum into their program policy or that wrote or edited their program policy by following the Let's Go! Policy Checklist by 10%, from 67% to 74%. (Exceeded goal, 79%)
- By June 30, 2022, increase the percentage of out-of-school programs that adopted the Let's Go! Policy Addendum into their program policy or that wrote or edited their program policy by following the Let's Go! Policy Checklist by 10%, from 62% to 69%. (Goal not met, 64%)

LET'S GO! FAMILY SURVEY

Let's Go! conducted a survey among parents of children in Let's Go! schools and ECE programs asking about awareness and knowledge of Let's Go! and 5-2-1-0. A standard email was created explaining the purpose of the survey, the incentive, and how to complete the survey. Let's Go! school and ECE Site Champions were asked to share this information with their families as often as they wanted through the survey field period, October 10 through November 4, 2022. Parents who completed the survey were entered into a drawing, and 10 winners across the state received a \$100 gift card for their personal use and their child's school or program received \$1,000 to support Let's Go! efforts at that site. In 2022, a total of 3,878 parents (68% School parents, 32% ECE parents) responded to the survey.

Almost half of parents (47%) reported hearing of Let's Go! and the majority (69%) said they had seen or heard of the 5-2-1-0 message (Figure 14). 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. In 2022, the most common places parents reported seeing or hearing of this information was in their school or ECE program, and at a doctor's office or clinic. Nearly 8 in 10 parents (80%) who heard of 5-2-1-0 had correctly listed all 5-2-1-0 recommendations, or partially recalled the items correctly. Parents still agreed or strongly agreed (79%) that partnering with Let's Go! adds value to the school or ECE program their child attends.

Figure 14. Parental Knowledge of what the numbers in 5-2-1-0 message stand for



In FY22, new marketing related questions were included on the survey to better understand how families engage with Let's Go! through social media and other communications. Most parents reported low engagement with Let's Go! via Facebook, and prefer to get their communication about Let's Go! electronically from their school or ECE program. Of the Let's Go! resources parents reported they would use, the most common were recipes, activity ideas and healthy eating tips.

“I really love the 5210 Let's Go! program. I feel it teaches kids how to eat healthy and the importance of exercise. I really enjoy the recipe ideas that are sent home with my child.”
-School Parent, Let's Go! Somerset

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 2022 monitored practices represent about 18% of Maine's population aged 2-19. Practices are located in 32 towns across 11 counties. Table 5 shows the number of patients in the study each year between 2015 and 2022. This study does not include patients from practices outside of the MaineHealth system and therefore does not provide statewide results.

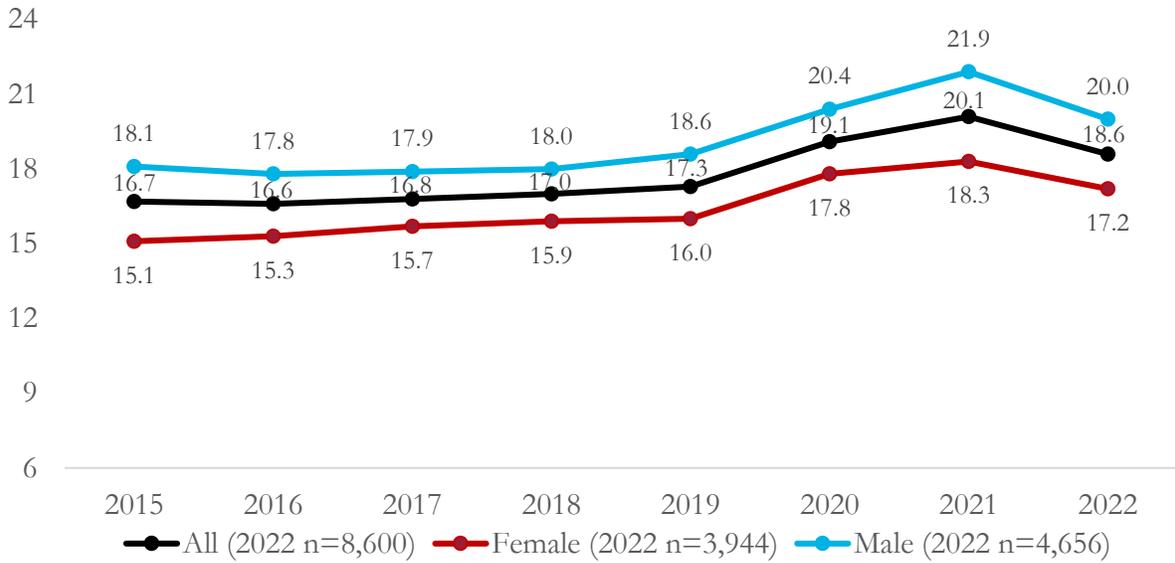
Table 5. Number of Patients in MaineHealth Monitored Healthcare Practices, by Age

Age, y	2015 56 practices	2016 59 practices	2017 62 practices	2018 52 practices	2019 53 practices	2020 52 practices	2021 59 practices	2022 59 practices
2 to 19	36,739	38,706	48,974	47,883	51,160	44,105	49,269	46,168
2 to 5	8,282	8,918	11,415	10,941	11,834	10,498	11,272	10,645
6 to 11	13,288	13,471	16,674	15,703	16,916	14,102	15,879	14,705
12 to 19	15,169	16,317	20,885	21,239	22,410	19,205	22,118	20,818

Source: MaineHealth

From 2021 to 2022, the prevalence of obesity decreased significantly overall, for males and females, and for children ages 2 to 5 and 6 to 11 years old. (Figures 15 & 16). Within the monitored practices each year, the prevalence of obesity has been significantly higher for patients with Medicaid (MaineCare) than for patients with other insurance, though both groups had significant decreases in obesity from 2021 to 2022 (Figure 17).

Figure 15. Prevalence of Obesity for Youth Aged 2-19 in MaineHealth Practices, by Gender



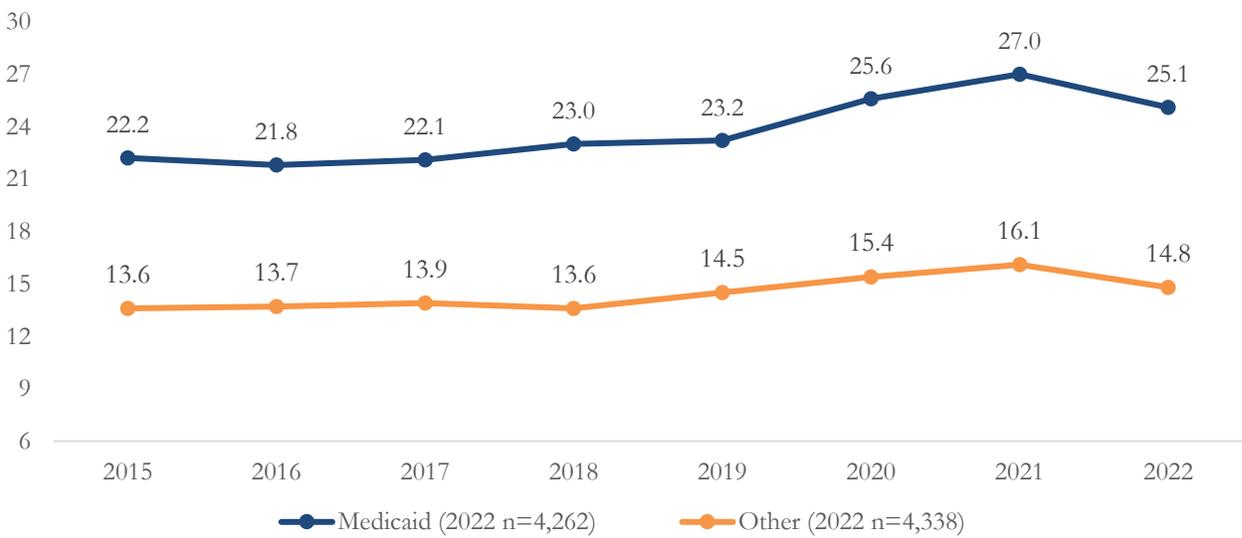
Source: MaineHealth

Figure 16. Prevalence of Obesity for Youth Aged 2-19 in MaineHealth Practices, by Age



Source: MaineHealth

Figure 17. Prevalence of Obesity for Youth Aged 2-19 in MaineHealth Practices, by Insurance



Source: MaineHealth

The decrease in childhood obesity across MaineHealth patients in 2022 comes after U.S. children and teens and Maine youth saw significant weight gain during the first years of the COVID-19 pandemic. In a large, longitudinal cohort of youth aged 2–19, the rate of weight gain approximately doubled during the early pandemic (measured at August 2020) compared to a prepandemic period. Those with overweight or obesity and younger school-aged children experienced the largest increases, according to the CDC.^[1]

The decrease in childhood obesity for MaineHealth patients warrants additional research into contributors to the change, and whether similar trends occurred statewide, or nationwide. In 2022, most pandemic-related restrictions has been lifted and most children had returned to in-person schooling. This may have created opportunities for increased physical activity, provided children with free and nutritious school meals, and opportunities to learn HEAL strategies from organizations that partner with Let's Go!. For the youngest age group, a recent study of children age 1-5 years found that Maine had the lowest rate of children who drink sugar-sweetened beverages weekly (38.6%) compared to all other states, and that 80.0% of Maine children eat fruit and 66.1% eat vegetables at least daily^[2]. While there is progress among the youngest children in Maine, childhood obesity rates for those aged 6 and older remain above pre-pandemic rates, so we must continue this great work to drive change and promote healthy eating and active living behaviors.

LET'S GO! FUTURE PUBLICATIONS

This year, Let's Go! submitted a paper to two peer reviewed journals on the impact of the 5-2-1-0 school program participation on childhood obesity outcomes, using data from the Maine Integrated Youth Health Survey (2019). The journal editors ultimately rejected the paper mainly due to lack of clarity on study design. However, based on reviewer feedback Let's Go!'s will reconvene key project stakeholders in April, begin a new IRB process, gather updated data and revise the paper.

Original Citation: Impact of the Let's Go! 5-2-1-0 school program on obesity and obesity related behaviors. Vine J, Lucas FL, Pow K, Rogers VW.

^[1] Lange, S. J., Kompaniyets, L., Freedman, D. S., Kraus, E. M., & Porter, R. (2021). Longitudinal Trends in Body Mass Index Before and During the COVID-19 Pandemic Among Persons Aged 2–19 Years—United States, 2018–2020. *Morbidity and Mortality Weekly Report*, 70(37), 1278.

^[2] Hamner HC, Dooyema CA, Blanck HM, et al. Fruit, Vegetable, and Sugar-Sweetened Beverage Intake Among Young Children, by State — United States, 2021. *MMWR Morb Mortal Wkly Rep* 2023;72:165–170. DOI: <http://dx.doi.org/10.15585/mmwr.mm7207a1>

CONCLUSIONS AND RECOMMENDATIONS

Overall, in 2021-2022 there was widespread adoption of Let's Go! strategies, demonstrating that site-level policy and environmental change can occur across multiple settings, reaching large numbers of individuals. Crucial to this success is the active engagement and support of a network of community and state partners. Community engagement plays an important role in the regional implementation of Let's Go! programs and is key to local sustainability. Thanks to a strong partnership with MaineHealth, the state's largest healthcare system, and the Maine Center for Disease Control & Prevention, Let's Go!'s HEAL strategies are being adopted in communities, healthcare practices and families.

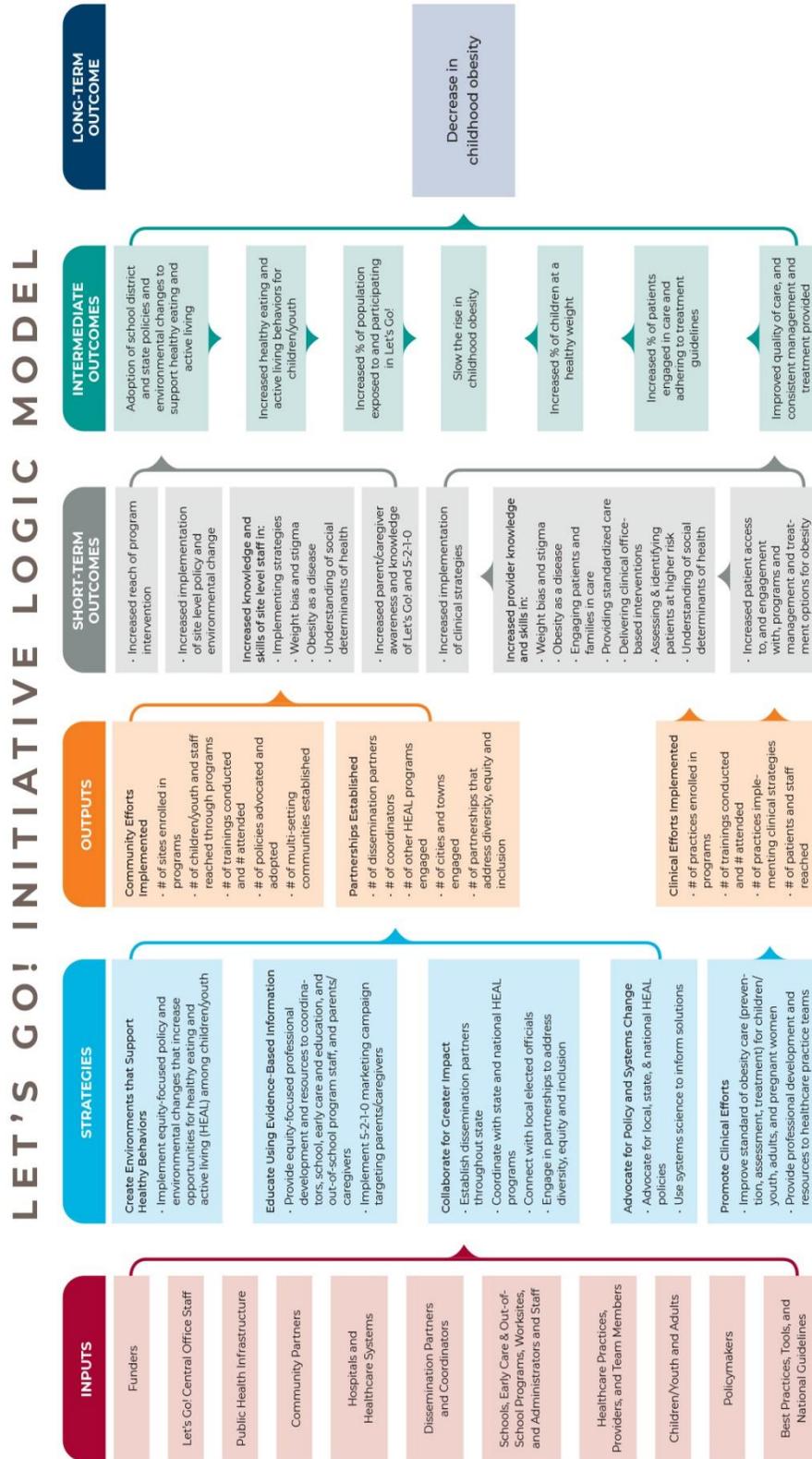
Highlights and results from the 2021-2022 program year:

- Let's Go! partnered with 1,455 sites reaching over 202,000 children and youth (82%) and 158,000 (16%) adults in Maine.
- Let's Go! reached 54% (46,000) of Maine's low-income children and youth, an increase of 6,000 compared to 2021 (46%).
- Let's Go! and the 5-2-1-0 message provided consistency, on-demand resources, and virtual trainings for sites to continue promoting healthy habits.
- Let's Go! facilitated 70 trainings with more than 1,600 professionals across six settings, and 600 more professional were trained compared to last year.
- Overall, 93% of 736 community and healthcare sites still believe that partnering with Let's Go! adds value to their program or service.
- Let's Go! worked with 107 school districts on wellness policies, and 85 enrolled school districts (79%) had compliant wellness policies with the Healthy Hunger-Free Kids Act.
- Almost 450 clinicians used the Let's Go! Healthy Habits Questionnaire with pediatric and adult patients to initiate conversations around healthy eating and active living.
- Let's Go! recognized a total of 554 sites across five settings and there was an increase in the Healthcare 5-2-1-0 practices that were recognized, from 86% (last year) to 92%.
- The Family Survey showed more parents understand the purpose of Let's Go!'s, 59% (compared to 47% in 2020), and 8 in 10 parents (80%) correctly or partially identified the meaning of the 5-2-1-0.
- The prevalence of obesity among MaineHealth patients aged 2-19 decreased significantly from 20.1% (in 2021) to 18.6%.

Recommendations

- Review and align the logic model and outcomes for Let's Go!'s Programs within all community and clinical settings for children and adults.
- Pursue an updated approach to evaluate Let's Go!'s site-level strategy implementation.
- Innovate and develop methods to assess the degree Let's Go!'s Programs are working, shifting focus to more qualitative or "success stories" approaches
- Engage potential research partners in Maine to advance research in childhood obesity prevention best practices and track outcomes.
- Outreach and work with Maine policy initiatives to advocate statewide policy and systems change essential to supporting and sustaining healthy eating and active living behaviors.
- Continue assessing Let's Go! strategies using an equity lens and active community engagement to ensure they remain relevant and effective.

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 enrolls 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.

Let's Go! reviewed the program dissemination model with the intent of evolving it for sustainability, ensuring program fidelity and increasing efficiencies, while also maintaining effective community partner engagement. After a multi-year roll-out, the new centralized program model was fully launched in January 2023.

Figure 18. Let's Go! 2021-2022 Dissemination Model



APPENDIX C: SCOPE OF LET'S GO!'S REACH BY SETTING

Program Year 2021-2022

Denominators:

- 1,516 early care and education programs
 - Source: Kids Count Data Center, Licensed child care centers and family child care providers in Maine, 2022
- 602 public schools
 - Source: Maine Department of Education website School Search results, all Public Schools, 2/15/2023
- 363 out-of-school programs
 - Source: Maine Afterschool Network list (178) and 21st Century Community Learning Centers list, July 2013
- 312 healthcare practices (5-2-1-0)
 - Source: 2021 Raising Readers, MaineHealth (284), School-Based Health Centers (25), and the region we are working with in NH (3)
- 38 healthcare practices (Small Steps)
 - Source: MaineHealth member adult primary care practices, Fall 2020
- 490 municipalities in Maine
 - Source: Maine Department of Education: <https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/SAUByMunicipality2019.xlsx>
- 19 municipalities in Carroll County, New Hampshire
 - Source: Carroll County Government Website: <https://www.carrollcountynh.net/about-carroll-county/pages/towns-we-serve>

During the 2021-2022 program year, Let's Go! partnered with:

- 458 early care and education programs (454 in ME, 4 in NH) (~30% of all licensed early care and education programs in Maine)
- 300 public schools (294 in ME, 6 in NH) (~50% of public schools in Maine)
- 125 out-of-school programs (121 in ME, 4 in NH) (~34% of all out-of-school programs in Maine)
- 143 5-2-1-0 healthcare practices (141 in ME, 2 in NH) (~46% 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).
- 38 Small Steps healthcare practices (37 in ME, 1 in NH) (All of MaineHealth member primary care practices).
- 391 school nutrition programs (383 in ME, 8 in NH), (~64% of schools in Maine).

These programs, schools and healthcare practices were located in 289 municipalities in Maine (59% of all cities and towns in Maine) and 7 municipalities in New Hampshire (37% of all cities and towns in Carroll County, NH).

APPENDIX D: 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. Centers for Disease C, Prevention. CDC grand rounds: childhood obesity in the United States. *MMWR. Morbidity and mortality weekly report*. Jan 21 2011;60(2):42-46.
4. 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.
5. 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. *Child Obes*. 2014;10(4): 326-333.
6. 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. *Child Obes*. 2015;11(2):187-93.
7. 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.
8. Giombi K, Wiecha J, Vine J, Rogers VW. Policies and practices of high-performing Let's Go! schools. *Am J Health Educ*. 2018;49(5):280-288.
9. 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. *Journal of Maine Medical Center*. 2019:1(1), Article 7.
10. Curtin C, Hyman S, Boas D, Hassink S, Broder-Fingert Sarabeth, Ptomey Lauren , Dreyer Gillette M, Fleming R. Weight management in primary care for children with autism: expert recommendations. *Pediatrics* 2020; 145; S126.

White Paper

1. Boas D, Vine J, Rogers VW, Walters E. Let's Go!'s Children with intellectual and developmental disabilities project. White Paper. 2021, MaineHealth.

Working Papers

1. Impact of the Let's Go! 5-2-1-0 school program on obesity and obesity related behaviors. Vine J, Lucas FL, Pow K, Rogers VW.