

LET'S GO!

Let's Go! Program and Outcomes Overview

About Let's Go!

Established in 2006, Let's Go! is a community engagement initiative working to improve underlying health behaviors that impact overweight and obesity: healthy eating and active living (HEAL). Let's Go! is rooted in the social-ecological model of behavior change, which acts upon policy, systems, and environments to make the healthy choice the easy choice. Evidence-based strategies are used to facilitate HEAL in early care and education programs, schools, out-of-school programs, and healthcare practices across Maine and Carroll County, New Hampshire in support of the MaineHealth vision of *Working together, so our communities are the healthiest in America*.

Let's Go! Key Messages

Health behavior messaging is an important strategy of obesity prevention interventions. Multi-modal messaging (e.g. posters, print advertisements, social media) has demonstrated success in increasing physical activity and promoting fruit and vegetable consumption.

- **5-2-1-0 Every Day for children and youth:** 5 or more fruits and vegetables, 2 hours or less of recreational screen time, 1 hour or more of physical activity, 0 sugary drinks and more water.
- **Small Steps for adults:** Move more, Drink water, Eat real, and Rest up.

Four Strategic Pillars of Let's Go!

CREATE environments that support healthy behaviors

- Across responding early care and education, school, and out-of-school sites, 82% limit recreational screen time, 83% prohibit using food as a reward, 91% limit or eliminate sugary drinks, and 94% provide opportunities for physical activity daily.¹
- In FY22, 136 Healthcare 5-2-1-0 practices used Let's Go!'s Healthy Habits Questionnaire to counsel pediatric patients and their families on healthy eating and active living.

EDUCATE using evidence-based information

- Let's Go!'s message is reinforced across the places that Maine children and their families live, learn, and play. Families report seeing the 5-2-1-0 message at their child's doctor's office (86%), school or early care and education programs (59%), in materials their child brings home (17%), and on social media (19%)².
- At Let's Go! schools and early care and education programs, 59% of parents and caregivers understand the purpose of Let's Go!, and 80% of parents and caregivers correctly or partially identified the meaning of 5-2-1-0¹.
- In FY22, Let's Go! facilitated 70 trainings for 1,600 professionals who work in early care and education programs, schools, school nutrition, out-of-school programs, and healthcare practices.

¹ 2021-2022 Let's Go! Site Impact Survey. 624 total responding sites.

² 2022 Let's Go! Family Survey. 3,878 total respondents.

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COLLABORATE for greater impact

- Let's Go! partnered with 1,455 sites in 2022, which reached over 202,000 children and youth (82% of all children) and 158,000 adults (16% of all adults) in Maine.
- These sites include 50% of public schools, 64% of school nutrition programs, and 30% of early care and education programs in Maine, and sites located in 37% of towns across Carroll County, New Hampshire. Let's Go! partners with every MaineHealth primary care practice and 46% of pediatric and family medicine practices across Maine.
- Let's Go! works together with state and national organizations:
 - Maine CDC, Maine DOE, Maine SNAP-Ed, Full Plates Full Potential, Maine Public Health Association, Good Shepherd Food Bank, Maine State Breastfeeding Coalition, American Academy of Pediatrics - Maine Chapter, and others.

ADVOCATE for policy and systems change

- Let's Go! assists school districts in creating strong wellness policies; 85 of the 107 (79%) enrolled districts were compliant with the Healthy Hunger-Free Kids Act.
- Let's Go! sits on the Maine Public Health Association Obesity Committee and works with the MaineHealth Government Relations team on policy issues at the local, state, and national level.

What are families saying?

- "This is a wonderful program! I would like more information on good hiking trails in our area." – School Parent, Somerset²
- "Having this in doctor's offices is useful. We spent so much time in the waiting room that we read through all of these recommendations together." – Early Care and Education Parent, Cumberland²
- "I really love the 5-2-1-0 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, Somerset²

Let's Go! is making an impact

Children across Maine and Carroll County, NH develop healthy eating and active living habits early, and are supported throughout their life by Let's Go! and partner organizations.

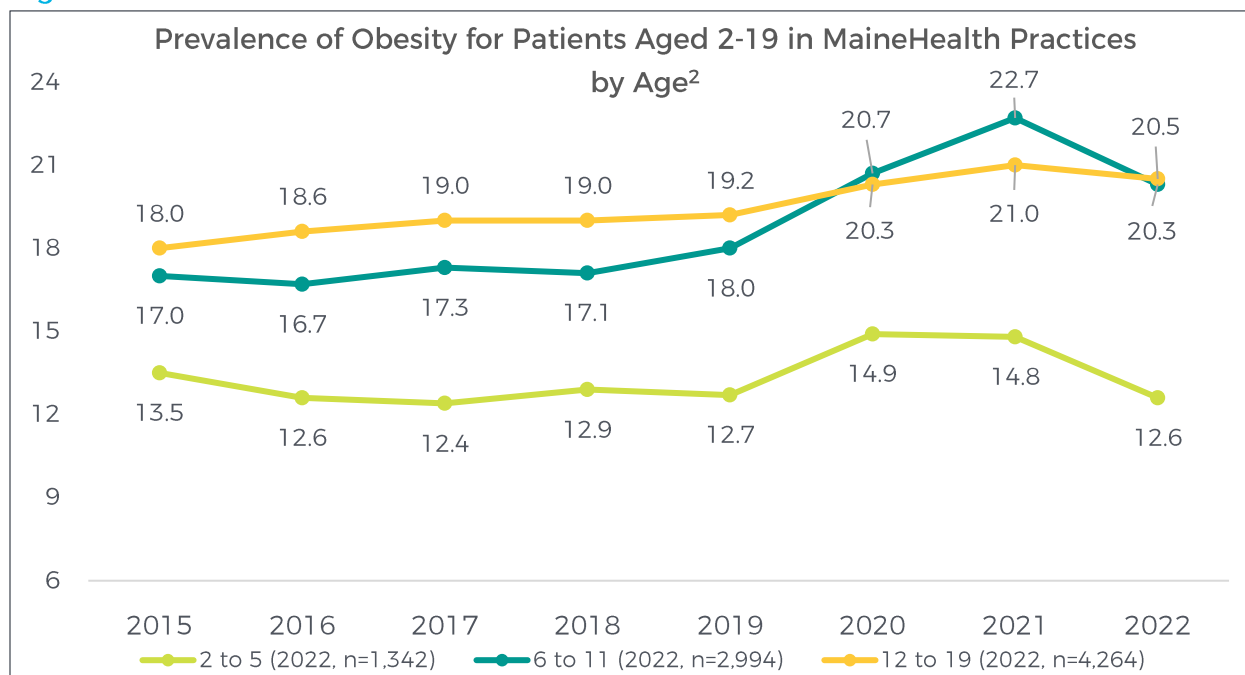
- The prevalence of obesity among MaineHealth patients ages 2-19 decreased significantly from 20.1% in 2021 to 18.6% in 2022. Compared to 2021, the rate of obesity declined or was not significantly different across all age, sex, county, and insurance type subgroups.³ (See graph on page 3.)
- In 2021, among children ages 1-5, Maine had the lowest rate nationally of children ages 1-5 who had 1+ sugar-sweetened beverage in the preceding week, and the third and second lowest rates of young children who eat fruit and vegetables less than daily, respectively. New Hampshire has the third lowest rate of sugar-sweetened beverage consumption.⁴ (See table on page 3.)

³ Let's Go! Childhood Obesity Study, 2022. Includes 46,168 patients across 59 MaineHealth practices.

⁴ 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.

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Figures and Tables



Unhealthy Levels of Fruit, Vegetable, and Sugar-Sweetened Beverage Intake Among Young Children, by State – United States, 2021⁴

Measure	Maine Rate % (95% CI)	Range - All States	N States with rate significantly worse than ME rate
% drank sugar-sweetened beverages at least once weekly	38.6 (32.5-45.1)	38.6-79.3	36
% ate vegetables less than daily in the preceding week	33.9 (27.7-40.8)	30.4-64.3	24
% ate fruit less than daily in the preceding week	20.0 (14.8-26.8)	16.3-49.9	21