



Let's Go! Evaluation Report


July 1, 2014 – June 30, 2015

Program Year 9

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Let's Go! is a program of The Barbara Bush Children's Hospital  At Maine Medical Center

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***Let's Go!* Evaluation Report, 2014-2015**

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. During the 2014-2015 program year, *Let's Go!* reached large numbers of children and staff in various community settings to promote healthy eating and active living:

- In collaboration with 230 child care programs, *Let's Go!* reached over 1,300 program staff and more than 8,000 children from birth to age 5 years;
- In collaboration with 207 schools, *Let's Go!* reached over 11,000 school staff and nearly 65,000 students in kindergarten through high school;
- In collaboration with 123 out-of-school programs, *Let's Go!* reached nearly 700 program staff and over 8,500 children and youth aged 5-18 years;
- In collaboration with school nutrition professionals in 45 school districts, *Let's Go!* reached almost 94,000 students in kindergarten through high school to help them select and consume healthy options in their school cafeterias; and
- In collaboration with 173 health care practices in Maine (147), Massachusetts (16), and New Hampshire (10), *Let's Go!* reached over 800 clinicians and nearly 384,000 pediatric patients.

This year, 170 child care programs, 103 out-of-school programs, and 62 schools received recognition for successfully implementing all five *Let's Go!* priority strategies 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, 124 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, 201 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 Program, advocates for the use of evidence-based, simple and no-cost changes to lunchrooms that can simultaneously improve participation and profits while decreasing waste.

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Let's Go! uses the Maine Integrated Youth Health Survey, or MIYHS, to track changes in 5-2-1-0 behaviors among Maine students. The survey provides state-level data, and although *Let's Go!* works with just a third of all public schools in Maine, this is the only data source available for tracking healthy behaviors. 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.

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

1. *Let's Go!* sites see the value in the program and are committed to working with us to make change happen.
2. Locally-based *Let's Go!* Coordinators continue to play a critical role in supporting sites.
3. *Let's Go!* toolkits and trainings are instrumental in helping sites implement *Let's Go!*'s strategies.
4. Senior leadership at *Let's Go!* sites play a key role in creating change around healthy eating and active living.
5. Maine schools are leading the nation on improving school lunch with the help of *Let's Go!*.

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 to increase healthy eating and active living 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 design has two major components: 1) deploying a consistent message, 5-2-1-0, across multiple community settings to remind families and children how to make healthy choices, and 2) working with a network of local partners to implement changes to environments and policies that increase opportunities for healthy eating and active living (HEAL) in the following settings: child care programs, schools and school cafeterias, out-of-school programs, health care practices, and worksites. The mnemonic, 5-2-1-0, represents four evidence-based recommendations for healthy eating and physical activity each day: eat 5 or more servings of fruits and vegetables, limit of 2 hours or less of recreational screen time, engage in 1 hour or more of physical activity, and drink 0 sugary beverages.

***Let's Go!* Evaluation Framework**

Let's Go! has a comprehensive evaluation plan to guide the collection, analysis and reporting of program data. *Let's Go!* evaluation includes the following components:

- **Implementation of Program Strategies:** *Let's Go!* surveys sites and relies on self-reports to track implementation of environmental and policy strategies for increasing healthy eating and active living (HEAL). (*annual*)
- **Changes in Awareness:** *Let's Go!* monitors parent awareness of the program and the 5-2-1-0 message via a local market research firm's statewide omnibus telephone survey. (*annual*)
- **Changes in 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*)
- **Changes in Weight Status:** *Let's Go!* uses MIYHS data to track overweight and obesity among students in kindergarten and grades 3, 5, and 7-12 (*grades 7-12 are self-report heights & weights*). (*biennial*) Additionally, patient data from health care practices are used to track overweight and obesity for children and adolescents aged 2-19 (*measured heights & weights*). (*annual*)

2014-2015 Program Year Adjustments

Let's Go! made some changes this year based on new evidence, and using feedback, insights, and lessons learned from the statewide *Let's Go!* team. The following is a summary of those changes:

- **Program Alignment:** We ensured that our message, strategies, technical assistance, evaluation, and recognition program were aligned and connected.
- **5-Step Path to Implementation:** We provided structure and a clear system for sites to follow: *Sign-up/Re-engage; Develop a Plan; Implement the Plan; Evaluate; and Recognize/Celebrate.*

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- **Strategy 1:** We shifted the focus to limiting unhealthy choices for snacks and celebrations rather than providing healthy choices for snacks and celebrations.
- **Strategy 2 & 0 Message:** We are primarily focused on the elimination of sugary drinks and the consumption of more water, so we removed low-fat milk from the message.
- **Strategy 3:** We shifted the focus to prohibiting use of food as a reward rather than using non-food rewards.

Let's Go!'s new structure and program alignment have been well received and remain focused on the core messages of 5-2-1-0 and best practices for health and nutrition.

Note: Some of the 2014-2015 program year outcomes and changes from prior years described in this report may be due in part to the adjustments mentioned above.

Let's Go! Publications

Publishing in peer reviewed journals allows *Let's Go!* to reach a larger audience while adding to the growing body of evidence around obesity prevention efforts and advancing knowledge to improve population health. See Appendix A for a list of *Let's Go!* publications.

Let's Go! 5-Year Strategic Goals, 2011-2016

Following the successful implementation of the original 5-year *Let's Go!* Greater Portland demonstration project from 2006 to 2011, the program spread throughout the state with the help of many local and statewide partners and funders. The *Let's Go!* program has completed four years of a 5-year plan that is advancing the effective practices developed for use statewide. The six strategic goals of the 5-year plan are described below.

GOAL 1: EXPAND REACH

Goal 1: From 2011 to 2016, expand the number of registered sites throughout the state and expand the number of school nutrition workgroups.

Status of Goal 1 (OFF TRACK):

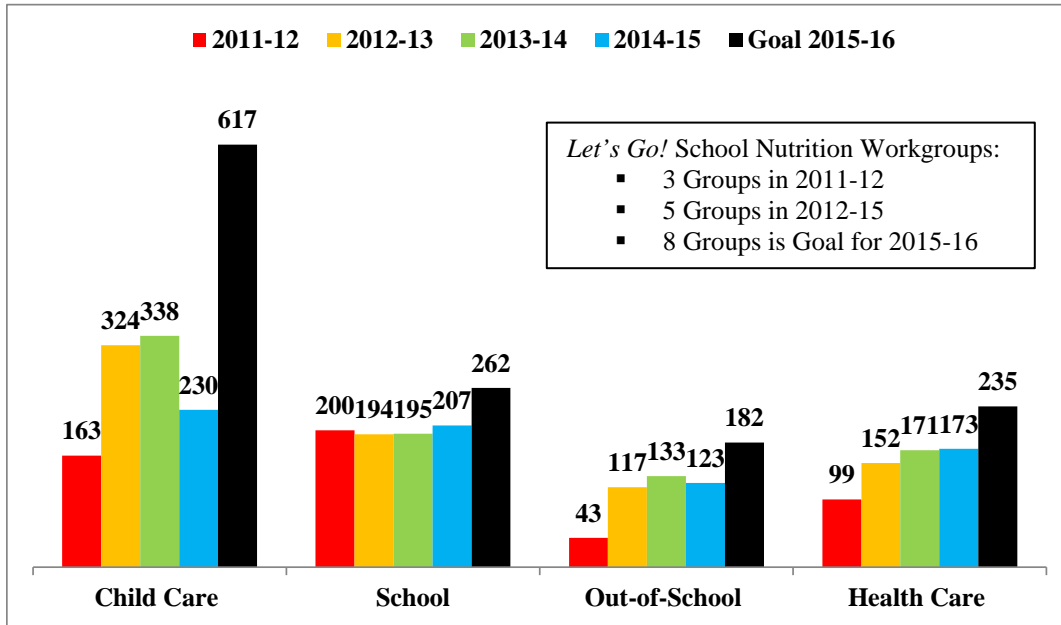
During the last two program years, *Let's Go!* requested that regional partners focus on increasing the depth of the program with each site rather than focus on registering more sites. In some settings there was only a small rise in registration numbers while in other settings there was a decrease in the number of registered sites. This reflects *Let's Go!*'s value in long-lasting sustainable change within each site. In addition, *Let's Go!* made a decision this year to sunset a few regions that were lacking one or more of the three essential components of the *Let's Go!* model—an entity, team, and *Let's Go!* Coordinator. See Appendix B for more detail on the *Let's Go!* dissemination model. This year, the program lost 109 sites due to the sunsetting of Wabakani, Penquis, and Downeast regions. Also, there was some attrition of sites across settings this year—30 sites closed, 23 sites opted out from the program, and 32 sites did not respond to local attempts to re-engage during the year.

During the 2014-2015 program year, *Let's Go!* engaged with 230 child care programs (~12% of all licensed child care programs in Maine), 207 schools (~33% of all public schools in Maine), 123 out-of-

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school programs (~34% of all out-of-school programs in Maine), and 173 health care practices (~47% 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 are working). In addition, *Let's Go!* facilitated five regional school nutrition workgroups representing 249 school cafeterias (~40% of all public school cafeterias in Maine). See Figure 1 for *Let's Go!* registration trends and goals by setting.

Figure 1. *Let's Go!* Site Registration Numbers and Goals by Setting, 2011-2015



During the 2014-2015 program year, *Let's Go!* reached large numbers of children and youth in various community settings to promote healthy eating and active living. In collaboration with child care programs, *Let's Go!* reached over 8,000 children from birth to age 5 years; in collaboration with schools, *Let's Go!* reached nearly 65,000 students in kindergarten through high school; in collaboration with out-of-school programs, *Let's Go!* reached over 8,500 children aged 5-18 years; and in collaboration with health care practices in Maine, New Hampshire and Massachusetts, *Let's Go!* reached nearly 384,000 pediatric patients, including approximately 80% of Maine's pediatric population. In collaboration with school nutrition professionals, *Let's Go!* reached almost 94,000 students in kindergarten through high school to help them select and consume healthy options in their school cafeterias. See Figure 2 for *Let's Go!* program reach by setting in 2014-2015.

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Figure 2. *Let's Go!* Program Reach by Setting, 2014-2015

Area of Reach	Child Care Programs	Schools	Out-of-School Programs	Health Care Practices	School Nutrition Workgroup Cafeterias
Counties*	12	12	13	20	11
Towns	108	121	71	96	113
Sites	230	207	123	173	249
Staff/Clinicians	1,344	11,009	728	888	45
Students/Patients	8,056	64,976	8,550	383,726	93,914

*Health care practices were located in 15 counties in Maine, 4 in New Hampshire and 1 in Massachusetts.

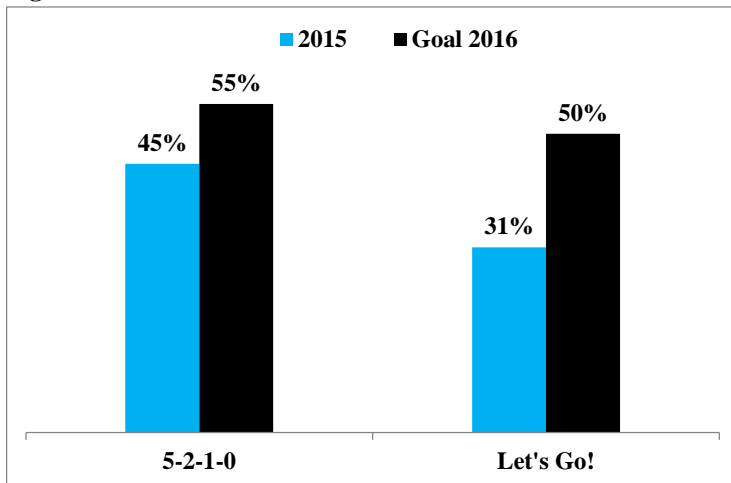
GOAL 2: INCREASE AWARENESS

Goal 2: Increase parent awareness of 5-2-1-0 and *Let's Go!* in Maine.

Status of Goal 2 (ON TRACK):

In 2014-2015, *Let's Go!* reached parents across the state through radio commercials, television ads, digital ads, bus ads, and Facebook views. In addition, *Let's Go!* sites communicated with parents about their efforts to support healthy eating and active living. Each fall, *Let's Go!* monitors awareness using a local market research firm's statewide tracking survey with a small sample of parents. Results in 2015 indicate that 45% of parents were aware of the 5-2-1-0 message and 31% were aware of *Let's Go!* (Figure 3). The most frequently cited sources for information about *Let's Go!* and 5-2-1-0 were doctors' offices, TV and schools. Because of changes in data collection methods in 2015, comparisons should not be made to parent awareness survey data from previous years and therefore trend data are not available.

Figure 3. Percent of Maine Parents Aware of 5-2-1-0 and *Let's Go!* in 2015 and 2016 Goals



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

In the 2015 Maine parent survey, we asked participants to rate the nutritional quality and healthfulness of food served in school cafeterias. A slight majority of parents (56%) rated school meals as excellent or good. This is lower than a national poll released in 2015 by the W.K. Kellogg Foundation showing that

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67% of Americans believe school meals are excellent or good. When asked if the meals have improved, declined or stayed about the same over the past four years, 46% of Maine parents said the meals improved, again a lower proportion compared to 57% of Americans who said they improved. *Let's Go!* developed a public service announcement (PSA) that ran on WCSH6, a variety of cable stations and targeted websites. In addition to these paid media placements, *Let's Go!* created a new webpage to host the PSA, partnered with Maine Medical Partners health care practices to play the PSA on their reception monitors and used the PSA as part of a public relations campaign.

GOAL 3: INCREASE PROPORTION OF RECOGNIZED SITES

Goal 3: Create sustainable environmental and policy change in all *Let's Go!* regions by increasing proportion of recognized sites.

Status of Goal 3 (ON TRACK):

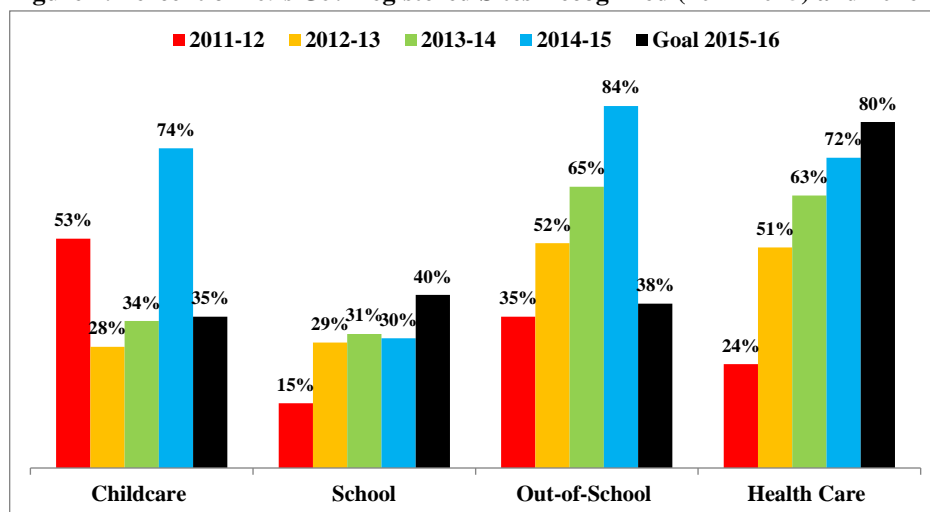
Let's Go! recognizes a child care program, school, or out-of-school program when its year-end survey results show that most or all staff at the site has fully implemented all five priority strategies: 1) Limit unhealthy choices for snacks and celebration; provide healthy choices; 2) Limit or eliminate 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) *Let's Go!* poster is displayed in the practice waiting area and all exam rooms where pediatric patients are seen; 2) At well child visits, all providers routinely have body mass index (BMI) percentile determined for patients two years and older; and 3) At 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 all settings receive a framed certificate and recognition on the *Let's Go!* website.

The percent of *Let's Go!* registered sites that were recognized in 2015 was higher than in 2014 in each setting except schools where it remains similar to last year (Figure 4). Based upon our experience working in schools for the last 10 years, here are several reasons why we think it might be more difficult for schools to fully implement the strategies and achieve recognition. In addition to having a greater number of staff to reach in schools, local school leadership and district leadership need to be aligned, schools have competing priorities and funding issues, specifically the loss of state funding for school health coordinators who were charged with developing school health policies and overseeing health education curriculums, and there is the redistricting issue that has taken priority during the last five years.

Overall, there was a 43% increase over last year in the total percentage of registered sites that were recognized. This large gain is due in part to programmatic changes and the increased engagement with our regional *Let's Go!* Coordinators. With a more active role, Coordinators became more invested in the program and were better equipped to bring their sites along to achieve recognition.

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Figure 4. Percent of *Let's Go!* Registered Sites Recognized (2011-2015) and 2016 Goals



Goal 3 also includes the *Let's Go!* school nutrition initiative—by 2016, 75% of school districts participating in the initiative will have at least one school that achieves the U.S. Department of Agriculture's Healthier US School challenge (HUSSC) award. This goal was met in 2013 when 77% of participating districts had at least one school that achieved HUSSC. Currently, *Let's Go!* School Nutrition Workgroups are focused on the new federal guidelines and evidence-based practices for Smarter Lunchrooms.

Implementation of *Let's Go!*'s recommended strategies, the focus of the next section, is a key component of our recognition program. The data we collect often reflect the impact of many efforts to improve healthy eating and active living, not just from *Let's Go!*.

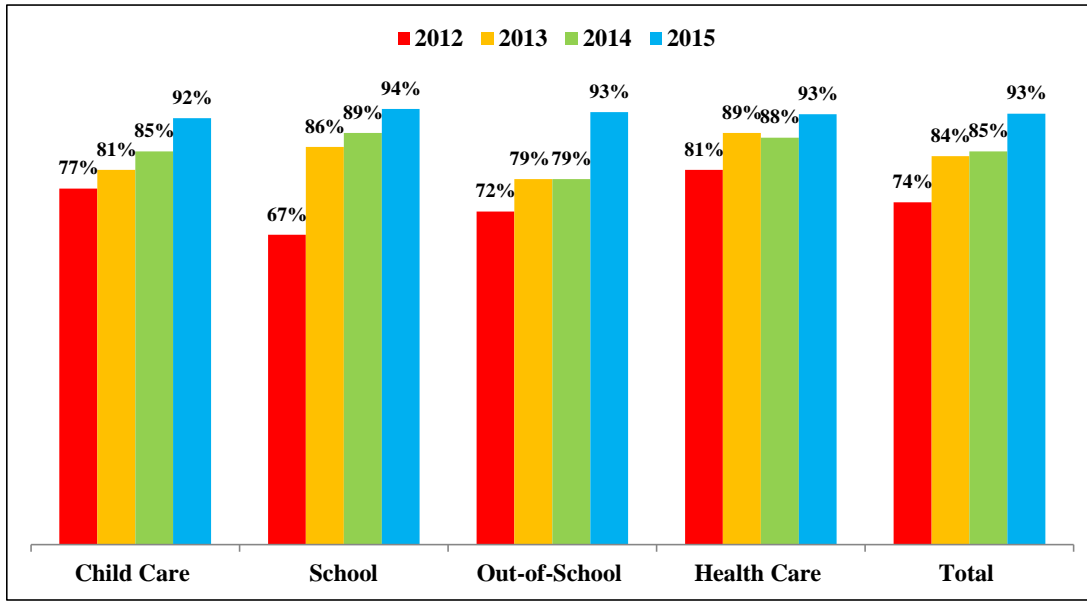
IMPLEMENTATION OF *LET'S GO!* PROGRAM STRATEGIES

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. The incentive for sites to participate annually is eligibility for the *Let's Go!* recognition program and a chance to be one of three randomly selected participants in each setting to receive a \$150 gift card. Sites that do not complete their annual survey are not eligible for recognition.

In 2015, the overall survey response rate across four settings was 93% (Figure 5), an increase from 85% in 2014. This extremely high response rate reflects the strong commitment and involvement of *Let's Go!*'s regional Coordinators and site champions who have increasingly realized the value in our evaluation and recognition program. In 2015, there were no observable differences between the characteristics of the group of 50 nonresponding sites (7%) and the group of responding sites.

Figure 5. Let's Go! Survey Response by Setting, 2012-2015



Let's Go! Child Care Programs

The early years of childhood, from birth to age 5, are a crucial time in a child's growth and development; healthy foods and lots of movement are essential. *Let's Go!* works with child care providers to influence the environments of young children and together we are increasing their chance of developing a lifetime of healthy habits. *Let's Go!* collaborates with a wide range of programs and reaches a diverse population in the child care setting. A majority of *Let's Go!* child care site champions have leadership positions in these programs, which helps enormously to facilitate and support implementation of our recommended strategies. See Figure 6 for characteristics of *Let's Go!* child care programs that completed the survey.

Figure 6. Characteristics of Let's Go! Child Care Programs, 2014-2015 (n=212)

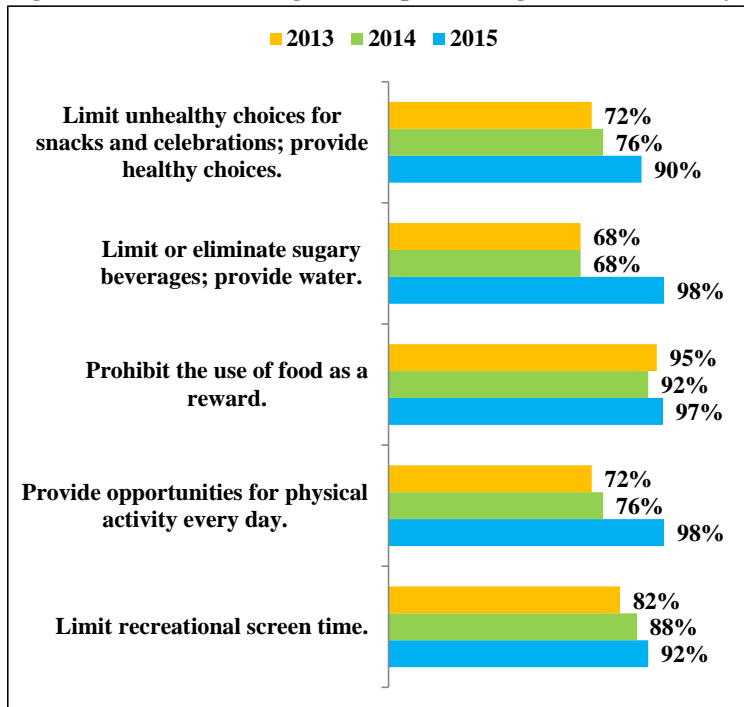
Registration Status	
85%	Continued from previous year
15%	New this year
Program Type	
34%	Child Care Center
28%	Head Start
25%	Family Child Care
13%	Other
Enrollment	
Mean=36; Range= 4 to 210 children	
33%	<14
23%	14-20
21%	21-49
23%	50+
Site Champion Role	
43%	Director/Manager/Supervisor
31%	Owner
17%	Teacher/Coordinator
10%	Other (Food Service, Nurse, Specialist)

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The 2015 survey results indicate that the vast majority of *Let's Go!* child care sites are fully implementing all five priority strategies (Figure 7) and a majority are implementing each of the five supporting strategies (Figure 8). *Let's Go!* prioritized five strategies in 2011 because they are thought to have the greatest impact on healthy eating and active living activities. *Let's Go!* also works with sites on policy development and implementation so that the changes implemented around the recommended strategies become routine and part of the culture, thus creating long-lasting sustainable change. In 2015, 70% of child care programs adopted the *Let's Go!* Policy Addendum into their program policy or they wrote or edited their program policy by following the *Let's Go!* Policy Checklist. The following statement from a *Let's Go!* child care provider shows the importance of these policy efforts:

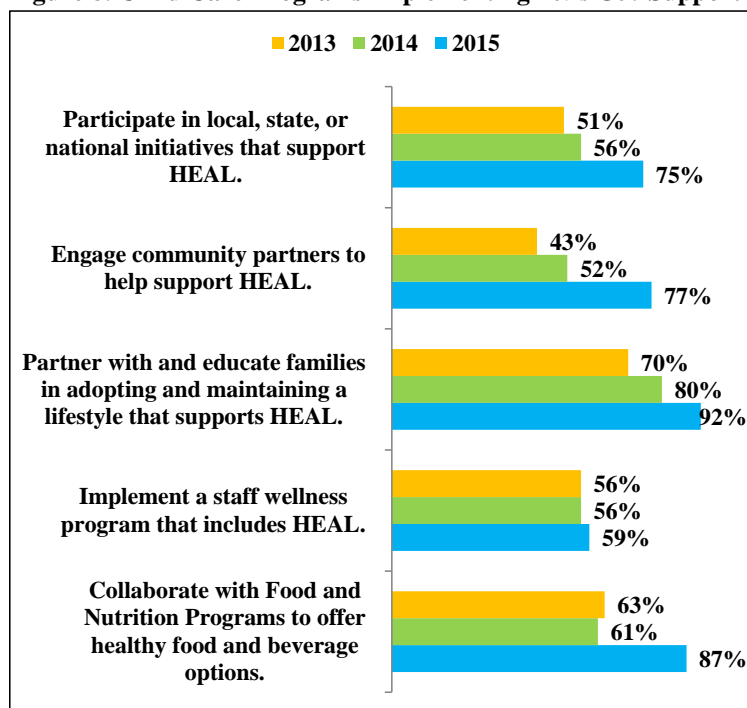
“Let's Go! has really helped our center to become a healthy, active place for children. We shared many of the same core values as 5210, but never had the policies in place to back it up. Our center has always provided a multitude of physical activity for the children, and screen time is almost nonexistent, but thanks to Let's Go! our celebrations are much healthier and parents are more receptive to following our healthy guidelines.”

Figure 7. Child Care Programs Implementing *Let's Go!* Priority Strategies, 2013-2015



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

Figure 8. Child Care Programs Implementing *Let's Go!* Supporting Strategies, 2013-2015

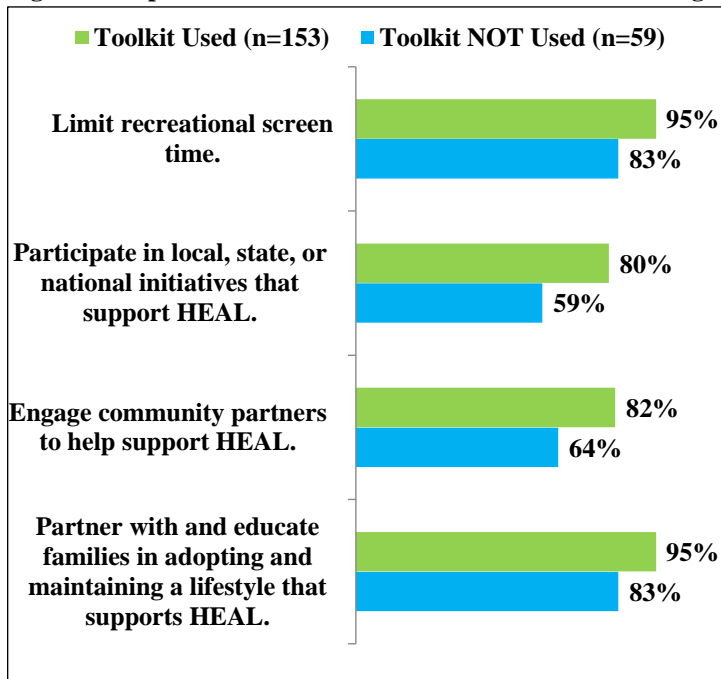


Note: Percent represents implementation program-wide. In 2013 n=261, in 2014 n=288, in 2015 n=212. HEAL: healthy eating and active living.

This program year, substantial modifications were made to the child care survey instrument used previously in 2013 and 2014. In 2013, *Let's Go!* adapted a survey based on the Let's Move Child Care checklist and the original Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) survey instrument to facilitate *Let's Go!*'s collaboration with the Maine Center for Disease Control's Community Transformation Grant (CTG) program. The CTG work ended in September 2014 prompting us to simplify the annual survey. In 2015, the *Let's Go!* child care survey aligned with questions in the *Let's Go!* action plan, and the survey length was reduced from 102 to 33 questions. Survey outcomes may have been impacted by this change, as well as by program adjustments mentioned previously.

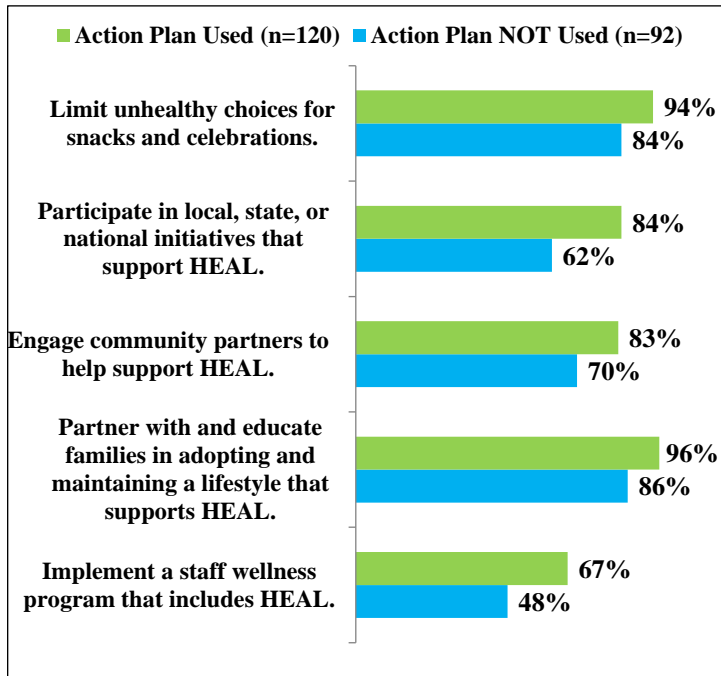
Use of *Let's Go!* tools and the size and type of the child care program can make a difference and impact a program's successful implementation of *Let's Go!* strategies. After conducting several subgroup analyses, we found that child care programs that used the *Let's Go!* toolkit or action plan were significantly more likely than other child care programs to implement some of the strategies (Figures 9 & 10). In addition, Head Start programs (n=59) were significantly more likely than other child care programs (n=153) to limit unhealthy choices for snacks and celebrations (100% vs. 86%) and were more likely to limit recreational screen time (100% vs. 89%). Small child care programs, those with less than 14 children in their care (n=70), were significantly less likely than other child care programs (n=142) to limit recreational screen time (81% vs. 98%), engage community partners to help support healthy eating and active living (63% vs. 84%), and were less likely to implement a staff wellness program that includes healthy eating and active living (46% vs. 65%). Statistical significance was set at p<.05 for the subgroup analyses.

Figure 9. Impact of *Let's Go!* Toolkit Use on Child Care Programs Implementing *Let's Go!* Strategies, 2015



HEAL: healthy eating and active living.

Figure 10. Impact of *Let's Go!* Action Plan Use on Child Care Programs Implementing *Let's Go!* Strategies, 2015



HEAL: healthy eating and active living.

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Let's Go! Schools

Let's Go! has partnered with about a third of Maine's public schools to increase access to healthy snacks and boost movement during the school day. Research has shown that students who eat healthy foods and are physically active perform better academically. Let's Go! works in any school environment, large or small, urban or rural, and in both lower and higher income areas. See Figure 11 for characteristics of Let's Go! schools that completed the survey.

Figure 11. Characteristics of Let's Go! Schools, 2015 (n=195)

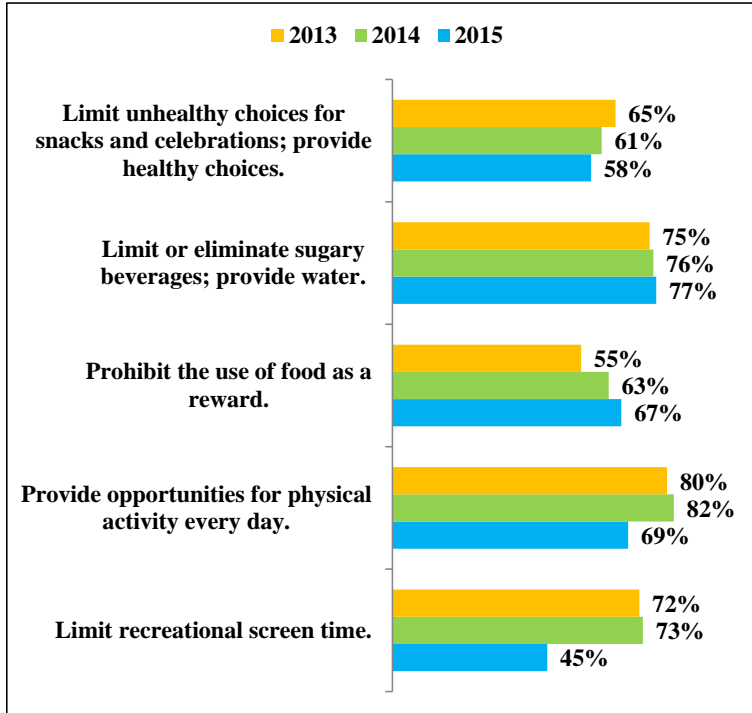
Registration Status		School Type	
86%	Continued from previous year	87%	Elementary/Middle School
14%	New this year	13%	High School
Free or Reduced-Price Lunch (n=189)		96%	Public
Eligibility rate: Mean=48%; Range=6% to 85%		4%	Private
Enrollment		Site Champion Role	
Mean=307; Range=27 to 923 students		7%	Principal/Assistant Principal
12%	<100	30%	Nurse
32%	100-249	29%	Phys Ed/Health Teacher/Coordinator
28%	250-399	18%	Classroom Teacher
28%	400+	16%	Other (Food Service, Ed Tech, etc.)

Let's Go! often identifies opportunities for quality improvement and this year there were some notable changes made to the school survey. For the first time, 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. Lastly, school survey response categories in 2015 referred to staff rather than classrooms, an adjustment that was made to more accurately reflect the unit of change and the actual work that was being implemented by school staff

Given these survey changes and the program adjustments mentioned earlier, it was not surprising to see a decrease or very little movement in the proportion of schools that were fully implementing some of the priority strategies (Figure 12). One of the reasons it takes schools longer than sites in other settings to implement a change is because there is a large number of staff to educate around the strategies, as this quote from a Let's Go! school champion emphasizes:

“I have worked very hard to promote health and nutrition in our K-6 building. I strongly believe in the message of 5-2-1-0 Let's Go! and can see that others are joining the movement. Change takes time and needs to be cultivated. This year three additional staff members became active in our team. The culture of our school is changing one step at a time!”

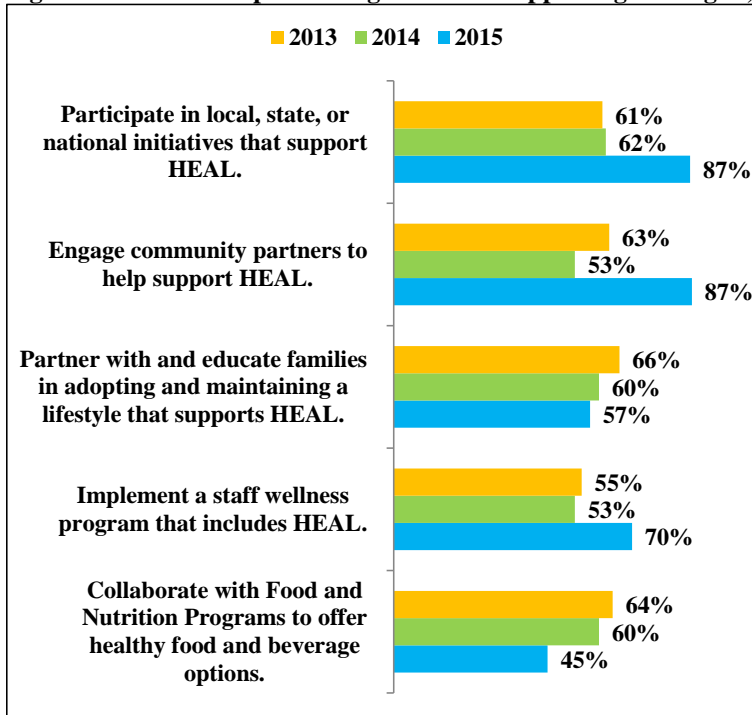
Figure 12. Schools Implementing *Let's Go!* Priority Strategies, 2013-2015



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

Figure 13 shows the percentage of *Let's Go!* schools that implemented *Let's Go!* supporting strategies. This year, when we asked schools about their participation in local, state, and national initiatives and about their engagement with community partners, we provided a pre-coded list of initiatives and partners for respondents to check-off. This change may have influenced the dramatic increases in 2015 for these two supporting strategies. There was also a substantial increase from 2014 to 2015 in the proportion of schools that implemented staff wellness programs, not surprising because last year, 21% of site champions told us their school had started working on a staff wellness program. This year, there was a large decrease in the percentage of schools that collaborated with Food and Nutrition Programs. Previously, collaboration with Food and Nutrition Programs focused on offering healthy food and beverage options. This year, the focus shifted to hosting educational food opportunities for students, such as Eat Your Way through the Rainbow, taste testing and kitchen tours. Again, these changes were identified as opportunities for quality improvement.

Figure 13. Schools Implementing *Let's Go!* Supporting Strategies, 2013-2015



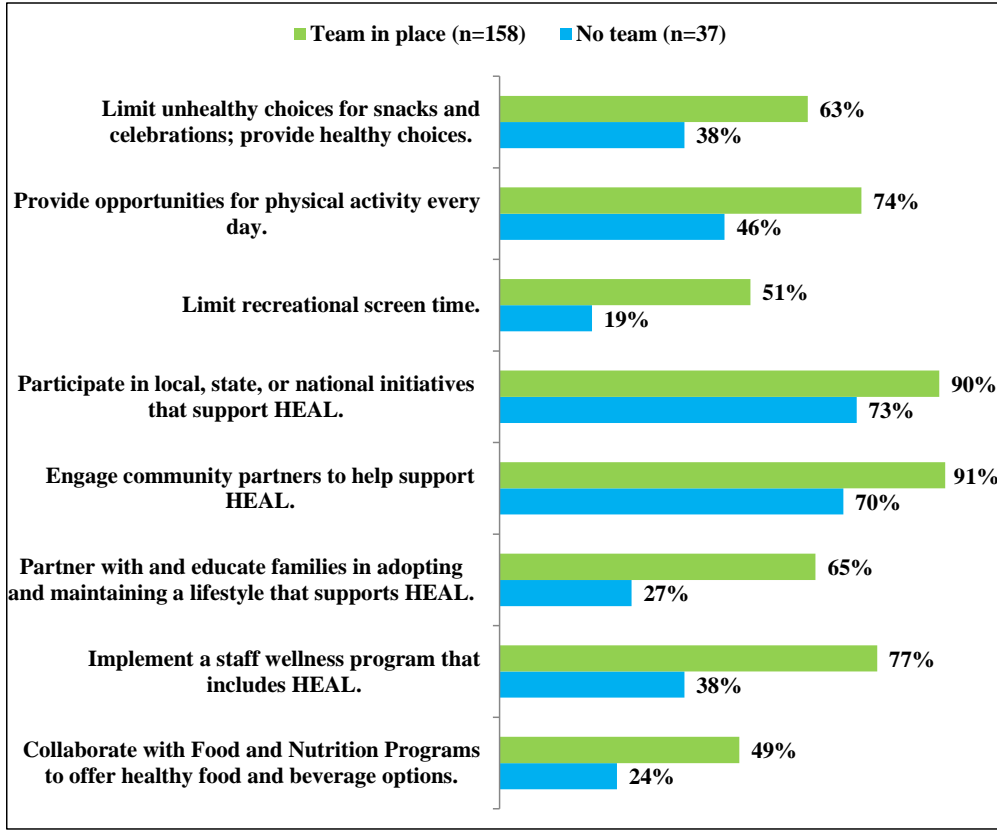
Note: Percent represents implementation by most staff or school-wide. In 2013 n=166, in 2014 n=174, in 2015 n=195.) HEAL: healthy eating and active living.

Let's Go! also provides schools with guidance on creating strong district wellness policies so that the changes implemented around the recommended strategies become routine and part of the school culture, thus creating long-lasting sustainable change. In 2015, 53% of *Let's Go!* schools reported that a member of their school was an active participant on their district wellness committee, and another 16% of schools said their district adopted the *Let's Go!* Policy Addendum into their wellness policy or wrote or edited their district policy by following the *Let's Go!* Policy Checklist.

A large majority (81%) of engaged schools had a 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 8 of 10 *Let's Go!* strategies. The differences are wide-ranging, reaching over 30 percentage points in several cases as shown in Figure 14.

Let's Go! Evaluation Report, 2014-2015

Figure 14. Impact of a Team to Oversee *Let's Go!* Efforts on Schools Implementing *Let's Go!* Strategies, 2015

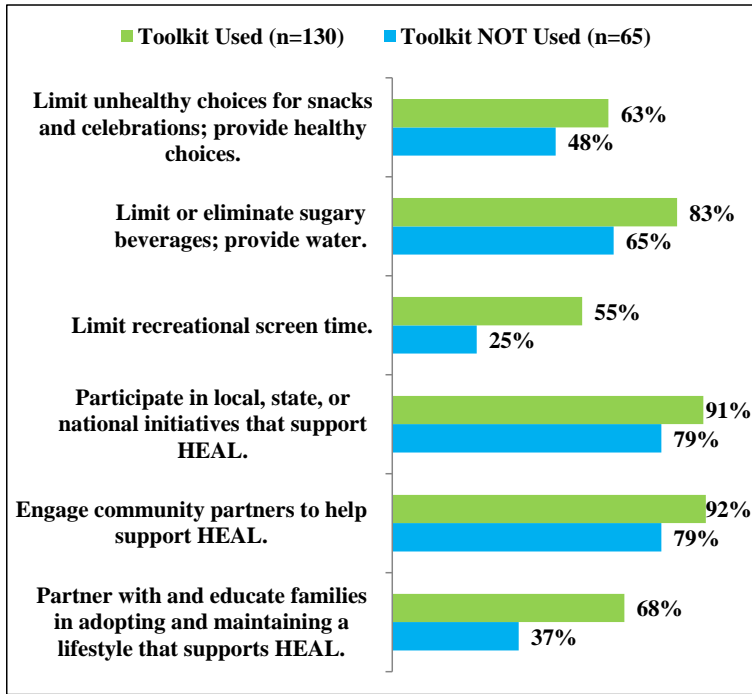


HEAL: healthy eating and active living.

In addition, schools that used the *Let's Go!* toolkit were significantly more likely to implement six of the recommended strategies (Figure 15). Furthermore, while only 16% of site champions reported attending school trainings provided by their local *Let's Go!* Coordinators, the training made a significant difference in the implementation of several strategies (Figure 16).

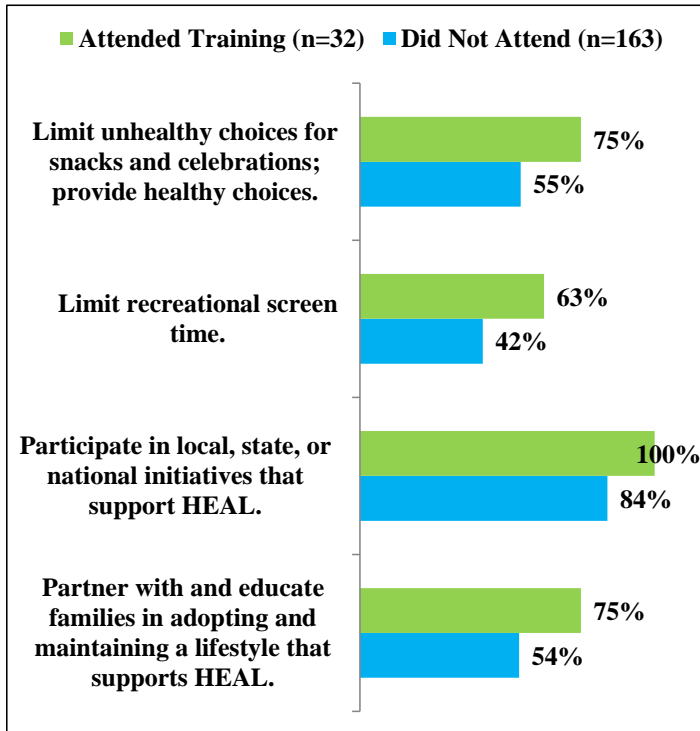
Let's Go! Evaluation Report, 2014-2015

Figure 15. Impact of *Let's Go!* Toolkit Use on Schools Implementing *Let's Go!* Strategies, 2015



HEAL: healthy eating and active living.

Figure 16. Impact of a School Training on Schools Implementing *Let's Go!* Strategies, 2015



HEAL: healthy eating and active living.

Let's Go! Out-of-School Programs

Out-of-school programs are a transition time for children and youth between the lessons learned 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. Like the child care setting, nearly three-quarters of *Let's Go!* out-of-school site champions are in leadership positions, which helps to facilitate and support the implementation of our recommended strategies. See Figure 17 for characteristics of *Let's Go!* out-of-school programs that completed the survey.

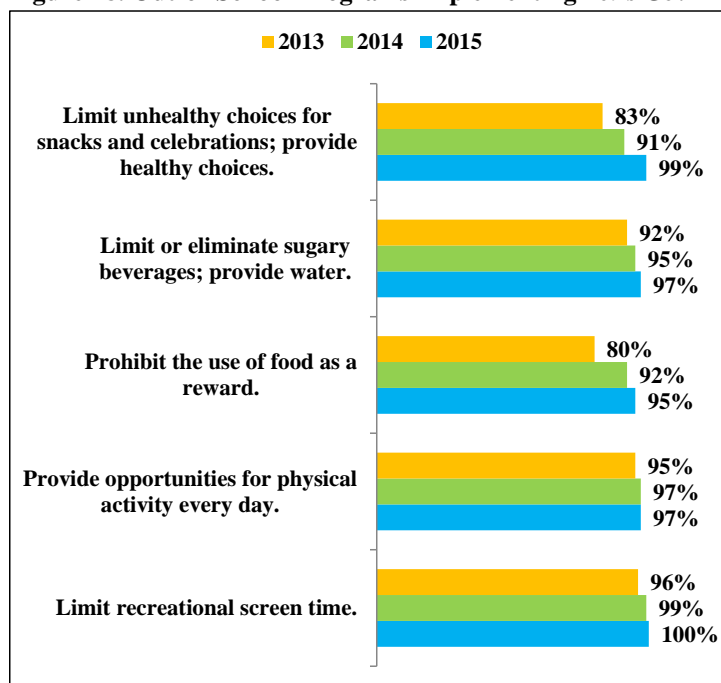
Figure 17. Characteristics of *Let's Go!* Out-of-School Programs, 2015 (n=115)

Registration Status	
83%	Continued from previous year
17%	New this year
Program Type	
26%	School-based program
24%	21st Century Community Learning Center
21%	Community Services/Parks and Recreation
20%	YMCA/YWCA
9%	Other
Enrollment	
Mean=69; Range=4 to 600 children and youth	
19%	<25
37%	25-49
24%	50-99
19%	100+
Site Champion Role	
58%	Director/Owner
15%	Manager/Supervisor/Leader
19%	Coordinator/Facilitator/Teacher
8%	Other (Administrator, Support Staff, etc.)

Let's Go! out-of-school programs are doing fantastic work to increase healthy eating and active living! Nearly all sites are fully implementing the five priority strategies (Figure 18) and a large majority is implementing each of the supporting strategies (Figure 19). In 2011, the National After School Association adopted standards for healthy eating and physical activity (HEPA) in out-of-school time and many of our strategy questions align with the national standards. Here's what one out-of-school program administrator had to say about their *Let's Go!* experience:

“Let's Go! added an additional level to our after-school programs, providing our counselors with tools, tips, and educational resources to better serve our children and their families. We have seen a year over year increase in participation and the kids love what they have learned and look forward to coming back again!”

Figure 18. Out-of-School Programs Implementing *Let's Go!* Priority Strategies, 2013-2015



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

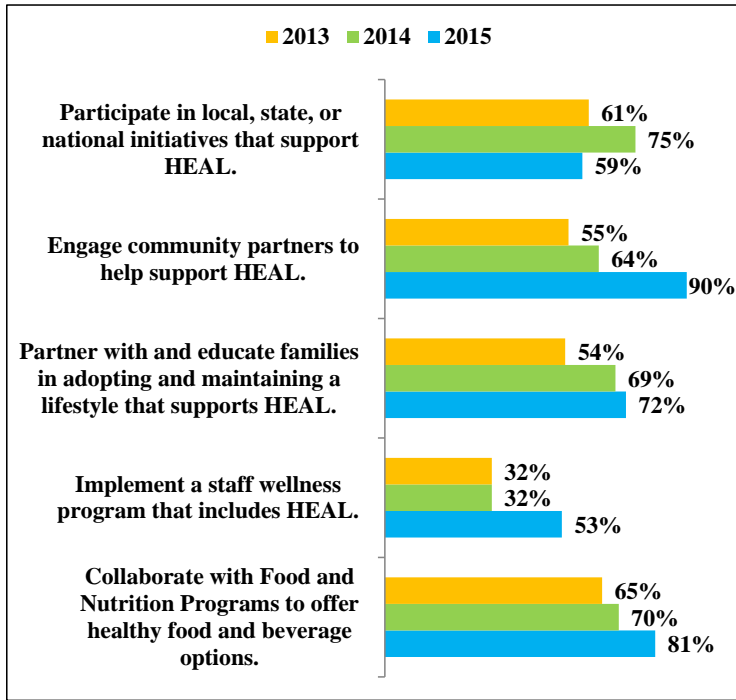
This year, when we asked programs about their engagement with community partners, we provided a pre-coded list of partners for respondents to check-off. The substantial increase from 64% in 2014 to 90% in 2015 may have been impacted by this change in the survey. There was also a large increase in the proportion of programs that have implemented staff wellness programs, from 32% in 2014 to 53% in 2015. Last year, 30% of out-of-school sites reported that they were working on implementing a staff wellness program, so this increase is not surprising (Figure 19).

Again, the use of the *Let's Go!* toolkit made a significant difference. Nearly half of out-of-school programs said they used the toolkit this year and this group was much more likely to fully implement 4 of the 5 supporting strategies (Figure 20).

Let's Go! also works with out-of-school programs on policy development and implementation so that the changes implemented around the recommended strategies become routine and part of the program culture, thus creating long-lasting sustainable change. In 2015, 65% of out-of-school programs adopted the *Let's Go!* Policy Addendum into their program policy or they wrote or edited their program policy by following the *Let's Go!* Policy Checklist.

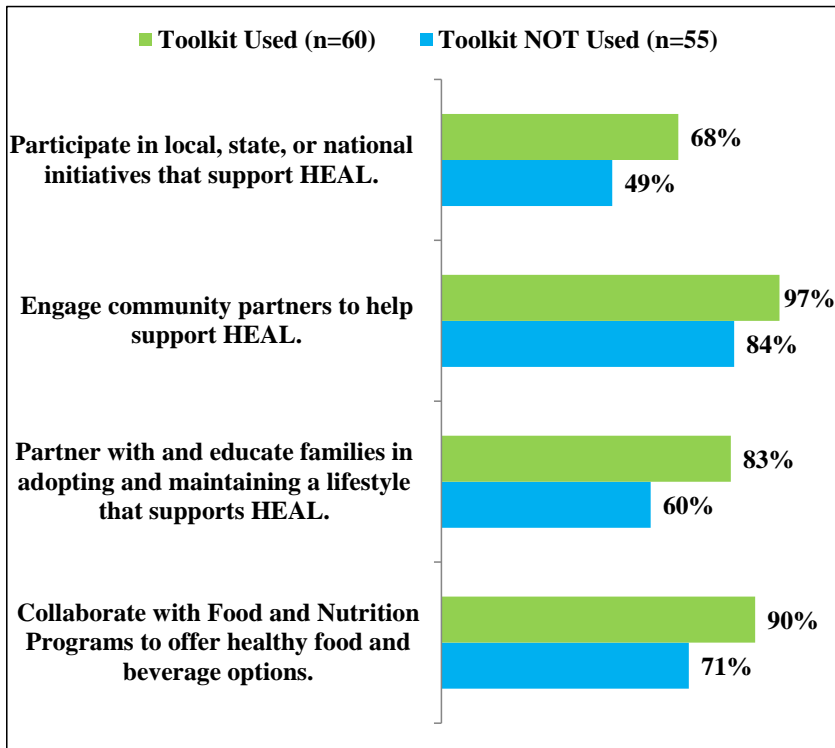
Let's Go! Evaluation Report, 2014-2015

Figure 19. Out-of-School Programs Implementing *Let's Go!* Supporting Strategies, 2013-2015



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

Figure 20. Impact of *Let's Go!* Toolkit Use on Out-of-School Programs Implementing *Let's Go!* Strategies, 2015



HEAL: healthy eating and active living.

Let's Go! Evaluation Report, 2014-2015

Let's Go! Health Care Practices

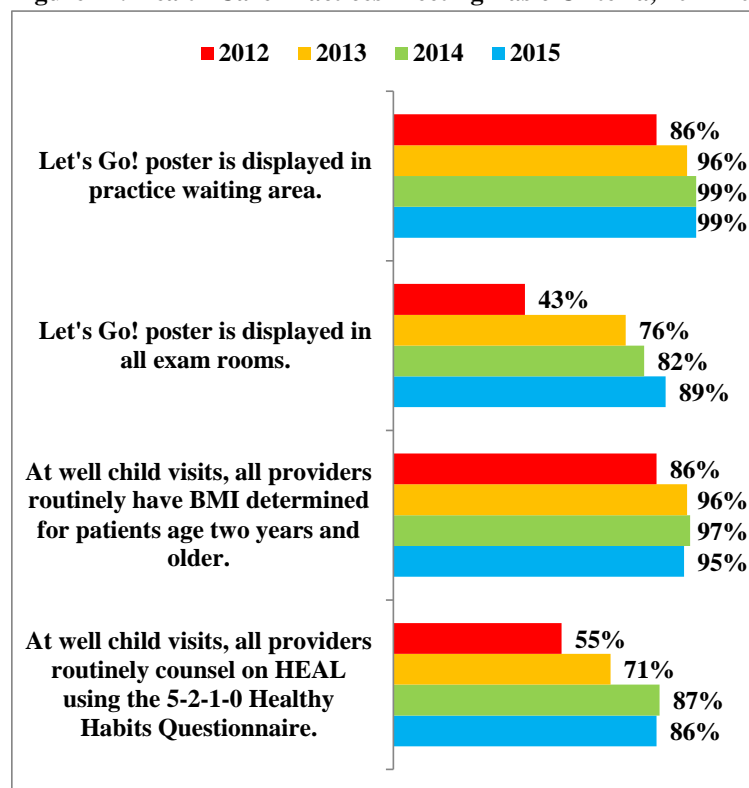
Health care practices across the state of Maine and in areas of New Hampshire and Massachusetts are helping to influence change in their communities by reinforcing the importance of 5-2-1-0 in their offices and following evidence-based clinical strategies. The *Let's Go!* health care team engaged with a variety of practices this year, reaching over 800 clinicians in both large and small practices. See Figure 21 for characteristics of health care practices that completed the survey.

Figure 21. Characteristics of *Let's Go!* Health Care Practices, 2015 (n=161)

Location	
85%	Maine
9%	Massachusetts
6%	New Hampshire
Registration Status	
93%	Continued from previous year
7%	New this year
Practice Type	
38%	Pediatric practice
35%	Family practice
16%	Federally Qualified Health Center (FQHC)
9%	School-based health clinic (SBHC)
2%	Multidisciplinary clinic
Clinicians	
Mean=5; Range=1 to 40; Total=834 clinicians	
31%	1-2
35%	3-4
34%	5 or more
Pediatric Patients	
Mean=2,296; Range=12 to 20,000; Total 369,579 patients	
25%	<250
29%	250-999
29%	1,000-4,999
17%	5,000 or more

The vast majority of health care practices connected to their communities by displaying the *Let's Go!* 5-2-1-0 poster in their practice waiting area and in all exam rooms. This simple step is actually quite important because it reinforces the message that kids and their families encounter in other community settings. In addition, nearly all providers routinely had body mass index (BMI) determined for their patients aged two years and older at annual well child visits. Over the past four years, *Let's Go!* efforts led to a large increase in the number of practices initiating respectful conversations with their patients and families around healthy eating and active living using the 5-2-1-0 Healthy Habits Questionnaire at well child visits, from 55% in 2012 to 86% in 2015 (Figure 22).

Figure 22. Health Care Practices Meeting Basic Criteria, 2012-2015



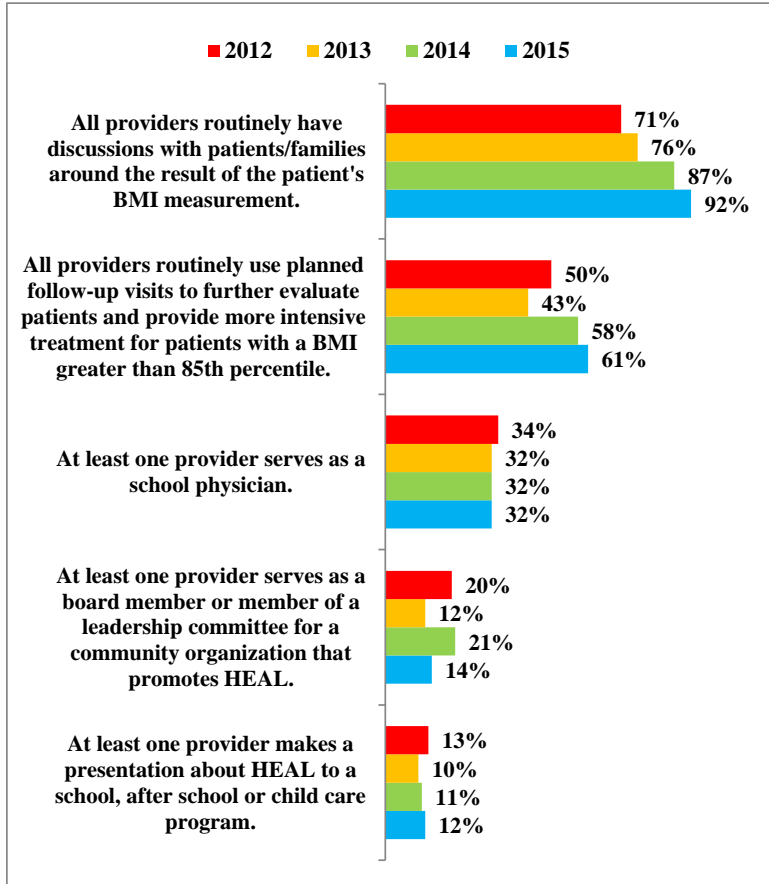
Note: In 2012 n=80, in 2013 n=135, in 2014 n=150, in 2015 n=161. HEAL: healthy eating and active living.

Let's Go! practices are encouraged to adopt several best practices beyond the basic criteria, although there has not been much emphasis on them to date. Figure 23 shows the percentage of practices that are meeting advanced criteria. Over the past four years, there have been increasing numbers of providers having discussions with patients about their BMI measurement, from 71% in 2012 to 92% in 2015. In addition, all providers in 61% of practices are seeing patients with overweight and obesity in planned follow-up visits. *Let's Go!* provides practices with education and training on conducting these follow-up visits.

Children with Intellectual and Developmental Disabilities

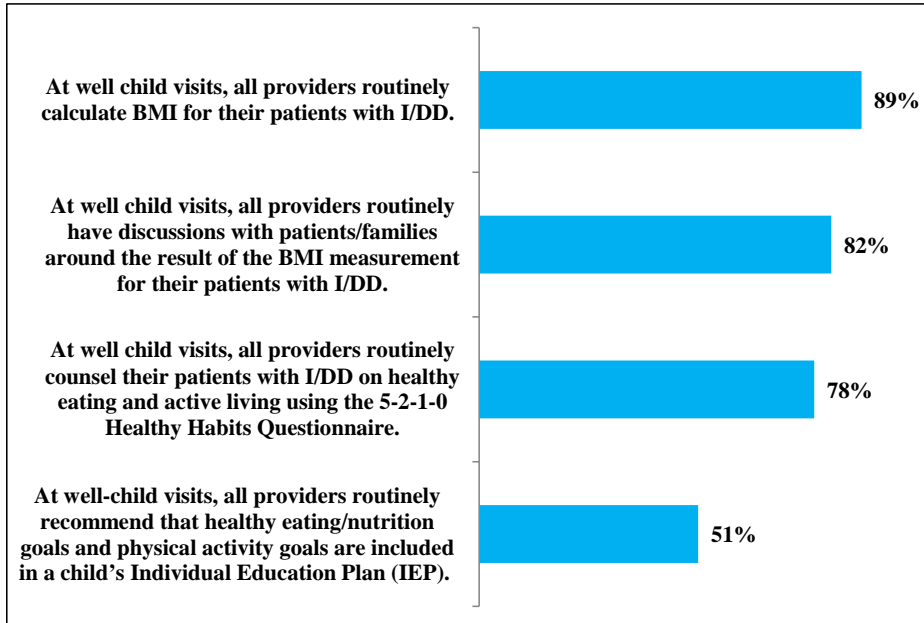
Rising demand from *Let's Go!*'s staff and partners for strategies to increase healthy eating and physical activity for children with intellectual and developmental disabilities (I/DD) led *Let's Go!* to launch the Children with Intellectual and Developmental Disabilities Project in January 2015. *Let's Go!*'s decision to focus on obesity prevention for children with I/DD reflects growing national concern regarding the prevalence of overweight and obesity among this population. One small part of this new project was to include a new set of questions on the annual survey of health care practices to help us better understand how 5-2-1-0 and *Let's Go!* applies to pediatric patients with I/DD. We learned that *Let's Go!* clinical strategies can work for children with I/DD and most providers are using the same strategies with this patient population. However, only 51% of practices reported that all providers routinely recommend that healthy eating and physical activity goals are included in a child's Individual Education Plan (IEP) (Figure 24). This is an area we can work on in the future.

Figure 23. Health Care Practices Meeting Advanced Criteria, 2012-2015



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

Figure 24. Health Care Practices Implementing Strategies with Children with Intellectual and Developmental Disabilities (I/DD), 2015 (n=159)



Let's Go! Evaluation Report, 2014-2015

Let's Go! Smarter Lunchrooms

Cafeterias that nudge kids toward nutritious foods are called Smarter Lunchrooms, a movement started in 2009 by the Cornell Center for Behavioral Economics in Child Nutrition Program. The Smarter Lunchrooms Movement advocates for the use of evidence-based, simple and no-cost changes to lunchrooms that can simultaneously improve participation and profits while decreasing waste. Simple changes to food presentation and cafeteria layout can naturally guide students toward healthier selections while preserving freedom of choice. For example, giving menu items creative, descriptive names can almost triple consumption, and making healthier options more convenient can increase sales of healthier options by 18% and decrease grams of less healthy food sold by 28%.

Researchers at Cornell created a tool, the Smarter Lunchroom Scorecard, and a recognition scoring bracket to help evaluate lunchrooms on 100 best practices. The focus is on incremental change rather than adoption of all 100 practices at once. Some of the practices can be adopted immediately with very little effort, while others, like those that require student involvement, require more time and effort. This year we tried something new, and on May 1, 2015 the *Let's Go!* home office mailed the Smarter Lunchroom Scorecard to 573 public school cafeterias in Maine to find out how many were following the best practices and where they might be having challenges. The Scorecard was also intended to be a valuable tool for kitchen staff to review even if they did not complete and return them to us.

Let's Go! received completed Scorecards from 201 schools spread across Maine's 16 counties, a 35% response rate. The average number of best practices adopted was 61 out of 100, and the range was 30 to 89. A minimum of 30 best practices was required for recognition. All 201 schools that returned their completed Scorecards achieved recognition and received a *Let's Go!* Smarter Lunchroom poster to hang in their cafeterias as well as recognition on the *Let's Go!* website. This seemingly small acknowledgement is actually quite meaningful to the folks that are creating these changes in their cafeterias. Here is what one kitchen manager said upon hearing that her cafeteria would be recognized:

"We truly work hard to break the stereotype cafeteria that so many make fun of. We make it fun to eat in the cafe, instead of make fun of the cafe! The kiddos, who are our customers, are the winners here! Thank you for the acknowledgement of this award! I will display that poster with PRIDE!!!"

Let's Go! Workplaces

Recognizing that parents play a critical role in helping children develop lifelong healthy habits, *Let's Go!* helps worksites integrate the 5-2-1-0 message into existing workplace wellness programs. *Let's Go!* advocates a workplace that helps employees make healthy choices and offers guidance on introducing easy changes such as walking meetings, stand and stretch breaks, and healthy foods at meetings. Currently, much of these efforts are placed directly in the hands of our dissemination partners who determine their own local and regional needs around workplace wellness. Workplace sites have access to the *Let's Go!* toolkit, but they do not register with the program.

GOAL 4: INCREASE HEALTHY EATING AND ACTIVE LIVING BEHAVIORS

Goal 4: By 2016, increase Healthy Eating and Active Living (HEAL) behaviors by 5% from 2011 Maine Integrated Youth Health Survey (MIYHS) measurements for each grade.

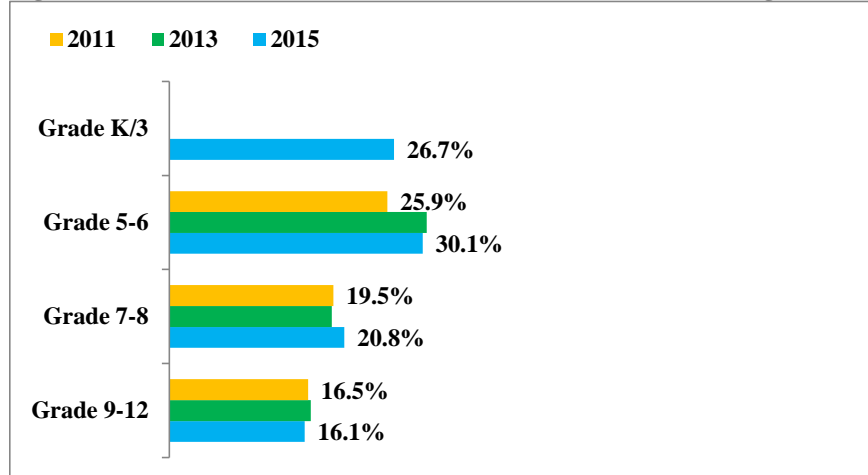
Status of Goal 4 (ON TRACK):

Let's Go! uses the Maine Integrated Youth Health Survey, or MIYHS, to track changes in 5-2-1-0 behaviors among Maine students. The survey provides state-level data, and although Let's Go! works with just a third of all public schools in Maine, this is the only data source available for tracking healthy behaviors. 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.

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 25-28 show MIYHS point estimates for 5-2-1-0 behaviors by grade for each year that data are available.

For national comparisons, we turn to the national Youth Risk Behavior Survey (YRBS). According to 2013 YRBS results, Maine high school students spent less time on computers and less time watching television than the national average. In Maine, 37% of high school students (vs. 41% nationwide) used computers three or more hours per day, and 23% of Maine high school students (vs. 33% 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 is lower than the national average (22% vs. 27%). YRBS data for daily consumption of fruit and vegetables and sugary beverages are not available for Maine. The CDC is planning to release 2015 YRBS data in June 2016.

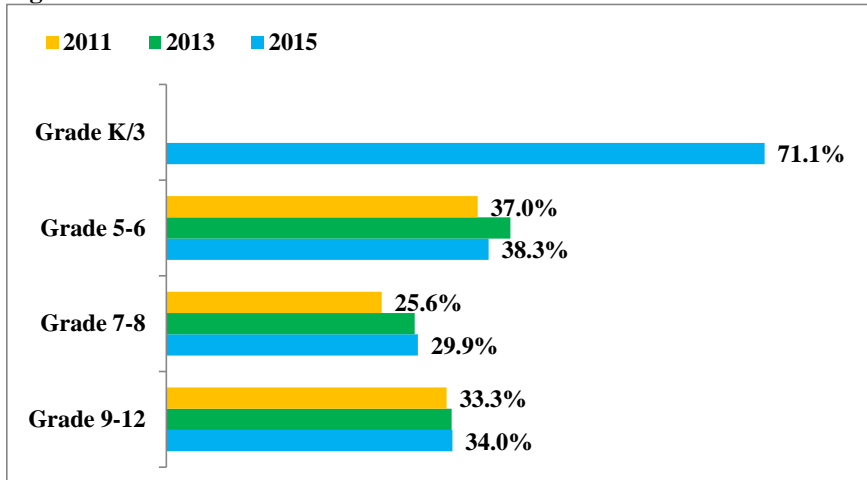
Figure 25. Maine Students Who Consumed 5 or More Fruits & Vegetables Daily (2011-2015)



Source: Maine Integrated Youth Health Survey (MIYHS).

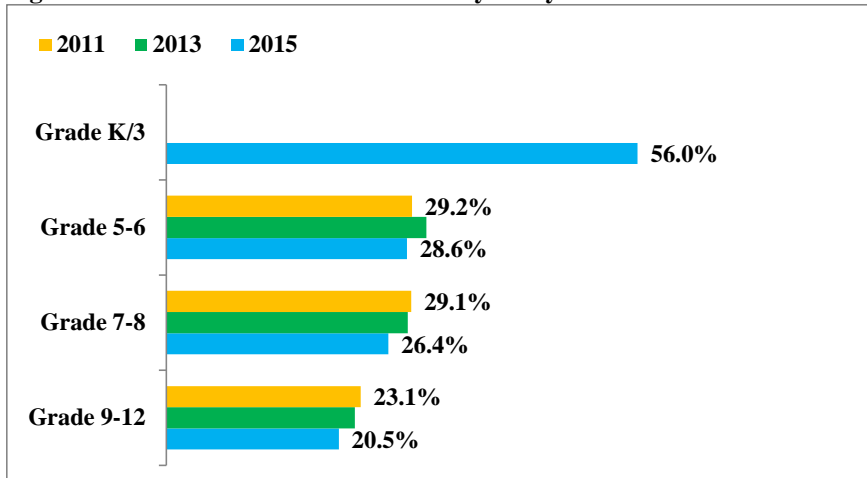
Let's Go! Evaluation Report, 2014-2015

Figure 26. Maine Students Who Watched 2 or Fewer Hours of Screen Time Daily (2011-2015)



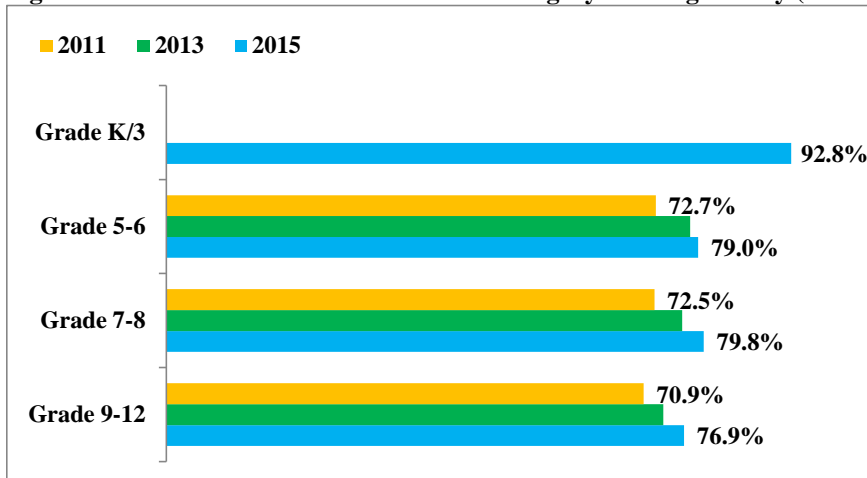
Source: Maine Integrated Youth Health Survey (MIYHS).

Figure 27. Maine Students Who Were Physically Active for 1 Hour or More Daily (2011-2015)



Source: Maine Integrated Youth Health Survey (MIYHS).

Figure 28. Maine Students Who Drank Zero Sugary Beverages Daily (2011-2015)



Source: Maine Integrated Youth Health Survey (MIYHS).

GOAL 5: STABILIZE OVERWEIGHT AND OBESITY RATES

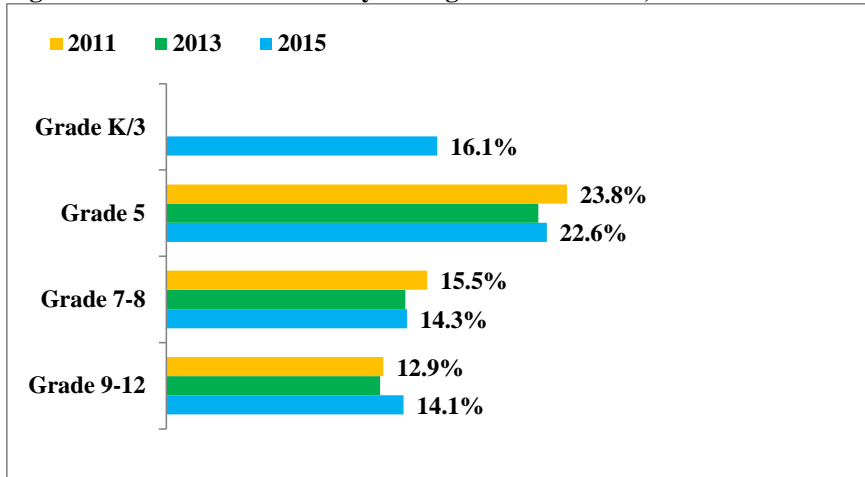
Goal 5: By 2016, overweight and obesity prevalence among children will not increase from 2011 levels.

Status of Goal 5 (ON TRACK):

Over the 4-year period from 2011 to 2015, there was a flattening trend in obesity rates for Maine students (Figure 29). There was a decrease in the prevalence of overweight for 7th and 8th grade students and no significant change in overweight rates for other grades during the same period (Figure 30).

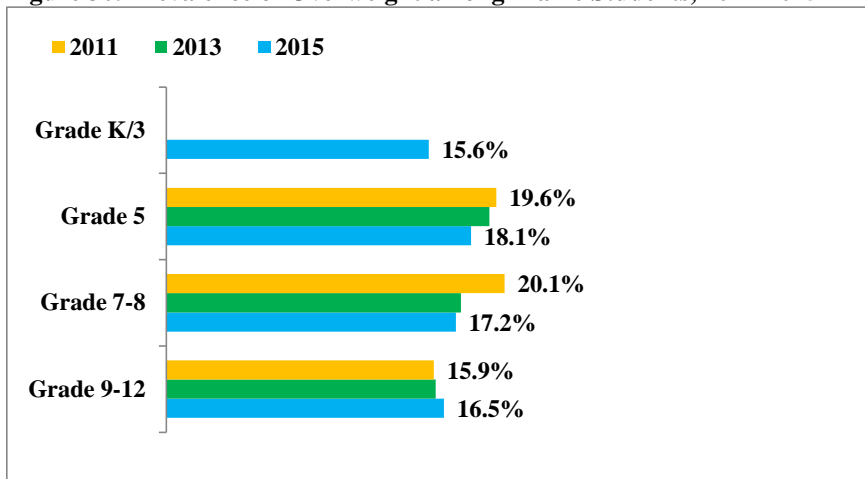
Looking to national comparisons from 2013 Youth Risk Behavior Survey data, the percentage of Maine high school students with obesity is lower than the national average (12% vs.14%). Moreover, the proportion of Maine high students who are overweight is lower than the national average (14% vs.17%).The CDC is planning to release 2015 YRBS data in June 2016.

Figure 29. Prevalence of Obesity among Maine Students, 2011-2015



Source: Maine Integrated Youth Health Survey (MIYHS).

Figure 30. Prevalence of Overweight among Maine Students, 2011-2015



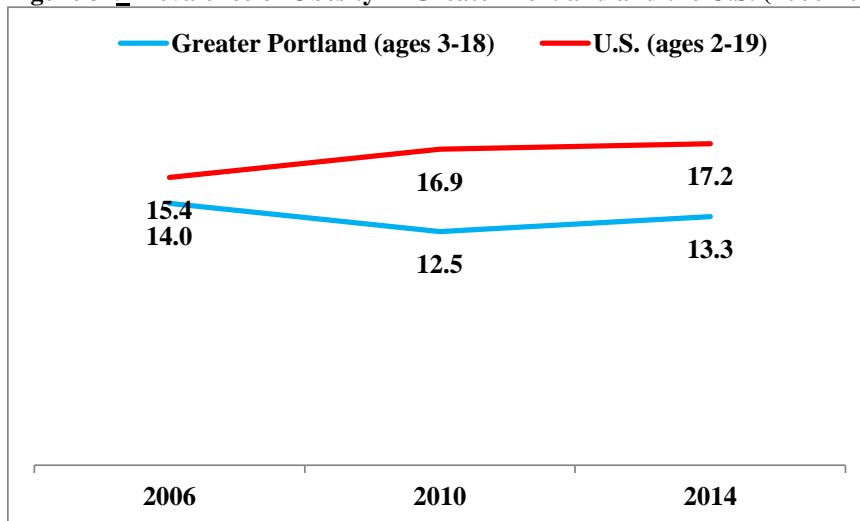
Source: Maine Integrated Youth Health Survey (MIYHS).

Let's Go! Evaluation Report, 2014-2015

Let's Go! has been tracking the prevalence of overweight and obesity in Greater Portland since 2006, the year prior to full implementation of *Let's Go!*. The *Let's Go!* Greater Portland Obesity Study includes a sample of pediatric patient data from seven health care practices in Greater Portland representing approximately 35,000 children and youth, aged 3-18. There were no statistically significant changes observed in the prevalence of overweight and obesity between 2006 and 2014. During the study period, obesity levels stabilized among 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. A comparison of Greater Portland and national obesity rates is shown in Figure 31. From 2006 to 2014, the prevalence of childhood obesity in Greater Portland trended down from 14% to 13%, while the national average trended up from 15% to 17%.

Let's Go! will continue to track obesity rates for pediatric patients in Greater Portland and will expand the scope of the study to include Maine patients outside the Greater Portland area using electronic medical records. Pediatric patient BMI data will be provided to *Let's Go!* annually in January by the MaineHealth Accountable Care Organization.

Figure 31. Prevalence of Obesity in Greater Portland and the U.S. (2006-2014)



Source: Greater Portland Data were obtained from a sample of pediatric patient medical records from seven health care practices in Greater Portland, Maine. National data are from the National Health and Nutrition Examination Survey (NHANES).

GOAL 6: MANAGEMENT INFRASTRUCTURE

Goal 6: 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.

Status of Goal 6 (ON TRACK):

The following plans have been developed and updated:

- ✓ Financial plan with fundraising targets
- ✓ Evaluation plan
- ✓ Dissemination plan

***Let's Go!* Evaluation Report, 2014-2015**

The Dissemination team developed an outreach binder for hospitals and health systems, which delineates the steps that organizations can take to adopt *Let's Go!* in their region. Through a collaboration with the Maine Hospital Association, the Director of *Let's Go!* has met with several hospital executives throughout the state to discuss these potential partnerships.

Let's Go! has been fully integrated into The Barbara Bush Children's Hospital (BBCH) at Maine Medical Center. 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.

CONCLUSION AND NEXT STEPS

Let's Go!'s new structure and program alignment have been well received and remain focused on the core messages of 5-2-1-0 and best practices for health and nutrition. Each year, as an increasing number of child care programs, out-of-school programs, schools, and health care practices are recognized for implementing *Let's Go!*'s recommended strategies for increasing healthy eating and active living, the 5-2-1-0 message is increasingly becoming part of the local culture. While our program evaluation results are encouraging, and obesity rates have flattened, more work remains to be done.

In the coming program year, *Let's Go!* will roll out new tools and resources, and will conduct more trainings in conjunction with *Let's Go!* Coordinators. In addition, *Let's Go!* will develop a plan to identify and engage key leaders in all settings. We will continue to work toward sustainable environmental and policy change in all *Let's Go!* regions in our effort to increase healthy eating and active living behaviors and improve the lives of children and their families.

KEY TAKE AWAY MESSAGES

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

1. *Let's Go!* sites see the value in the program and are committed to working with us to make change happen.
2. Locally-based *Let's Go!* Coordinators continue to play a critical role in supporting sites.
3. *Let's Go!* toolkits and trainings are instrumental in helping sites implement *Let's Go!*'s strategies.
4. Senior leadership at *Let's Go!* sites play a key role in creating change around healthy eating and active living.
5. Maine schools are leading the nation on improving school lunch with the help of *Let's Go!*.

Appendix A

Let's Go! Publications:

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(Supplement 5):S258-S266.
3. Rogers VW, Hart PH, Motyka E, Rines EN, Vine J, Deatrck 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.
5. 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.

Working Paper:

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.*

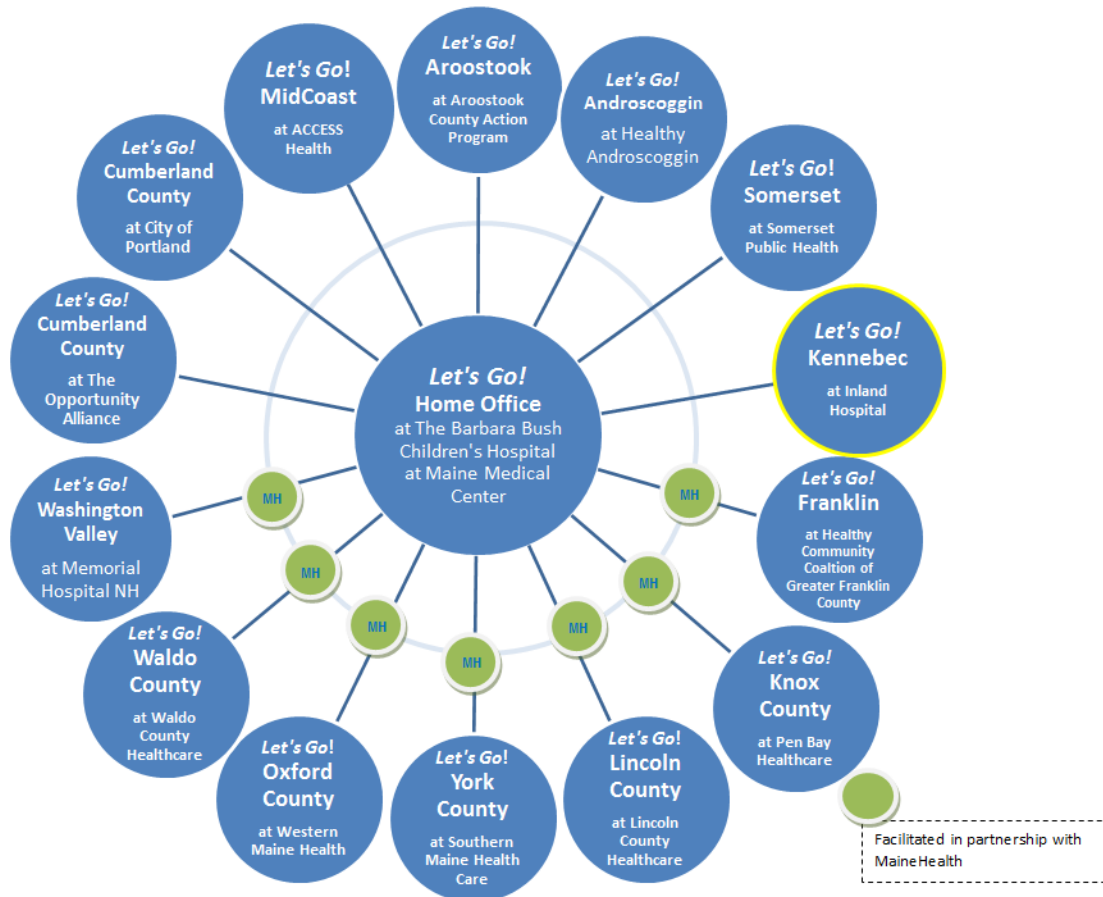
Let's Go! Evaluation Report, 2014-2015

Appendix B

The Let's Go! 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 sector, and provides technical assistance to help each site change environments and policies to support healthy behaviors. In addition to going deep with each of their sites, the Coordinator also 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! Dissemination Partners 2015-16

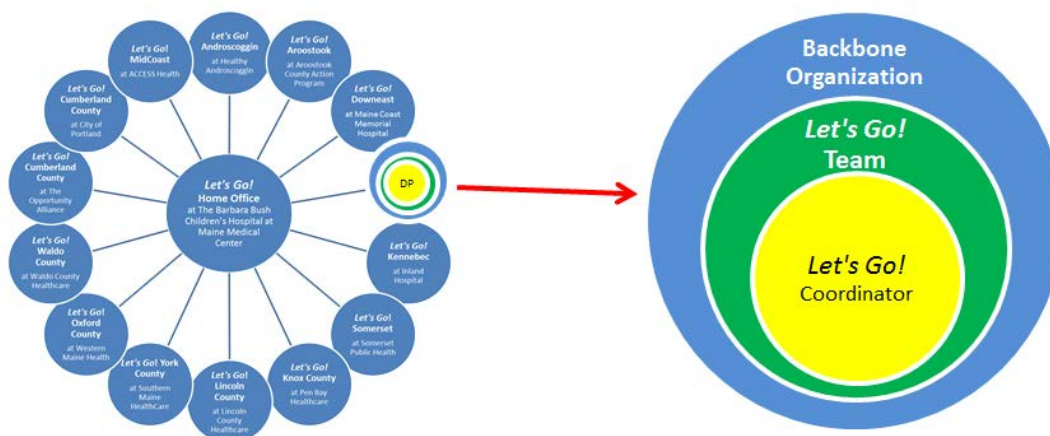


Let's Go! Evaluation Report, 2014-2015

The *Let's Go!* Dissemination model allows for replication of the 5-2-1-0 programs within the multi-setting, community framework. Through the partnership of a central Home Office and local backbone organizations, called Dissemination Partners, *Let's Go!* can be adapted to meet regional needs.

The formation of a sustainable Dissemination Partner requires two essential components:

1. A *Let's Go!* Coordinator to implement the program;
2. A backbone organization with strong community connections and stable infrastructure.
(A team tends to be a natural outcome of the Coordinator's work in their community, but is not required.)



Once a Dissemination Partner has been identified, the Home Office fulfills the following roles:

***Let's Go!* Home Office**

- Provides Dissemination Partners with a ready-made obesity prevention program and ongoing technical assistance around implementation.
- Provides Coordinators with scheduled trainings, site visits, conference calls, and technical assistance to successfully work with sites in their community.
- Conducts yearly statewide evaluation, and provides annual regional reports to each Dissemination Partner.
- Updates program resources and trainings to align with emerging evidence.
- Coordinates the statewide marketing and media campaign.
- Connects Dissemination Partners to a national network of childhood obesity experts.

Essential Components of a Dissemination Partner

Let's Go! Coordinator

- Implements the program locally, tailors the program to meet community needs, and becomes the local face of *Let's Go!*.
- Receives ongoing technical assistance from the Home Office, including monthly phone calls, quarterly on-site meetings, yearly site visits, and other trainings provided by *Let's Go!* Home Office staff.
- Connects with leadership at the backbone organization through designated staff.

Let's Go! Team

Members may include:

- Community organizations with healthy living as part of their mission (eg: local SNAP-Ed coordinators, Healthy Maine Partnership staff).
- Community organizations that support child development and learning (eg: Head Start or YMCA directors, school superintendents, town councils, etc.)

Backbone Organization

- Commits to provide leadership and supervision to the *Let's Go!* Coordinator.
- Agrees to become a stable, consistent representative of *Let's Go!* in the community.
- Seeks to leverage and maintain funding for a dedicated *Let's Go!* Coordinator.
- Has a mission and vision that aligns with *Let's Go!*.
- Dedicates Coordinator capacity to meet the needs of local population -- approximately 1 FTE per 10,000 youth.