

**Governor's Council on Physical Fitness**  
**Tuesday, October 23, 2007; 9:00 am – 3:30 pm**  
**NorthLake Park Community School & Lake Nona YMCA, Orlando, FL**  
**Meeting Minutes**

**Committee Members Present**

Ms. Shannon Miller, Co-Chair  
Mr. Dave Andreychuk  
Mr. Joshua Butler  
Mr. Charles Castevens  
Mr. Carlos Castresana  
Mr. Thomas Epsky  
Dr. Javier Garcia-Bengochea  
Mr. Kezzarrick "Kez" McCorvey  
Mr. William Montford  
Dr. Don Rapp  
Dr. Dorothy Richardson  
Ms. Mary Rumberger  
Ms. Julie Ryczek  
Dr. Judith Schaechter  
Ms. Sheila Sheridan  
Dr. Ana Viamonte-Ros  
Ms. Amy Young

**Council Members Absent**

Mr. Derrick Brooks, Chairman  
Mr. Rocco Baldelli  
Ms. Jennifer Capriati  
Dr. Karen J Dowd  
Mr. Bob Griese  
Mr. Ken Griffey Jr.  
Ms. Nancy Hogshead-Makar  
Mr. Robert Keiser  
Mr. Shaquille O'Neal  
Mr. Corey Simon

**Call to Order**

The meeting was called to order at 9:10 am.

**Roll Call and Housekeeping**

Roll was taken by Jennie Hefelfinger.

Ms. Hefelfinger made a few quick reminders, for example, that cell phones should be placed in silent mode or turned off; lunch would be served in a separate room for the Council and staff; and the Council was on a tight schedule so speakers should try not to go over. Ms Hefelfinger informed all attendees that the meeting was being videotaped and that minutes were being taken per Florida law (Government in the Sunshine).

Ms. Shannon Miller brought attention to the exhibits, and asked if members had not taken a few moments to see them, to please do so.

**Speaker:** Melissa McCreedy, Transportation Planner, City of Orlando

PowerPoint provided.

Ms. McCreedy is a transportation planner, more specifically for bikes and pedestrians. She is also a sponsor of Get Active.

Ms. McCreedy took the time to emphasize the success of the program in Orlando. She briefly reviewed the components of the program. She used Orlando as a model of how easily similar plans could be implemented in other cities, i.e. the inclusion of bike lanes and nature trails. Her main points for a successful venture were to desire and creating a goal to get the project completed.

### **Council Member Questions to Ms. McCreedy**

#### Ms. Judith Schaechter

Q: Ms. Schaechter commended Ms. McCreedy on the wonderful changes she had wrought. She then asked what worked to make the trail network happen. Was it paid for by developers? Was there a deal worked out with individual developers?

A: The new network includes existing trails and future trails as green space for developers. So, developers are including them in their plans. Also, partnerships with the department of transportation, the Florida Turnpike, and others have helped build and maintain the trail network.

Q: What else is needed?

A: Political support is crucial. Support from the mayor and former mayor of Orlando helped throughout the process. Political support is necessary for forming policies and reinforcing them.

Q: Who is responsible for continued maintenance and safety?

A: The city takes on responsibility.

Q: The city takes on what part of the development?

A: The city is responsible for the top covering of the trail.

Q: With the ride for pride, are the policemen included? Why not bring the program into schools?

A: Yes, the police department and the fire department are included. Bringing the program into schools is difficult. There is a school in Millennia near a trail, but it is fenced off like other schools because of other rules protecting the children. During school, one point has to be open, but after school it is more difficult.

Ms. McCreedy was further commended on her plan

#### Dr. Dorothy Richardson

Q: Is this program recommended for cities already set up and concrete?

A: Yes, it has been done by actions such as road resurfacing. Those cities will have to go back and retrofit by forming goals, finding funding, and obtaining political support.

Q: Are bike lanes found to be safe?

A: Their safety is a personal choice. Some people feel safer in a bike lane; others feel safer on a trail. Riders should ride where they feel comfortable. Having bikers on the road does make roads safer by slowing down traffic and increasing truck turning radius.

Dr. Garcia-Bengochea

Q: In regard to this new urbanism movement, are their numbers reflecting the median income, is this amount a good measure of Florida?

A: Roughly \$42,000. The cost of the project is almost nonexistent if the road is already being resurfaced. In Orange County, grants were given for the project.

Q: Where did the inertia for this body come from, citizenry or city?

A: Both. First it was of political importance and then community began supporting. There is a large cycling community here.

Q: Is there any competition?

A: Some competition exists from communities because they do not want trails, etc.

Q: What about developers?

A: No. One developer who recognized the network as a resource and that it raised property value. A savvy developer would recognize trails as a resource.

**Speakers:** Julianne Price and Tina Zayas, Wabasso Community

PowerPoint provided

Ms. Price and Ms. Zayas briefly discussed protocol for assessing community influence. They highlighted changes in Wabasso Community, and demonstrated how working together could bring big changes. Ms. Price and Ms. Zayas stated that a project might cost a lot, but with time, community support, and interagency communication it could be done. The grant given them was for \$30,000, but the total fiscal amount of changes was \$1.5 million.

There were no questions for Ms. Price and Ms. Zayas.

**Speaker:** Kevin Sherin, Administrator, Orange County Health Department

PowerPoint provided

Mr. Sherin apologized for arriving late. He was sent to the wrong location.

Mr. Sherin introduced templates of planned communities. These communities portray a livable, walkable community design. The communities are compact so that they may be utilized in cities. On the roadways, traffic is at a minimum. There are bike trails and sidewalks. All of these are features promoting an active lifestyle. Mr. Sherin briefly discussed the history of population growth, and how to accommodate more people without using up desirable resources. He used Disney World as a good model of a walkable design. Then, Mr. Sherin ran through a public health wish list including having health services within walking distance. He finished by listing some recommendations for the council, i.e. safe parks and playgrounds and increasing public transportation.

**Council Member Questions to Mr. Sherin**

Dr. Schaechter

Q: For council: Implementation of planning and transportation changes do not seem to be in the executive order. Is this part of active lifestyle planning?

A: (Ms. Rumberger) Yes, awareness of green parks, beaches, trails, and healthy ways to get to these resources is part of our task.

Q: So, this is done as part of public awareness? Dr. Schaechter expressed that she felt the council was looking beyond what was asked of them, but they needed to as changes, such as the increase in bicyclers, continue increasing.

A: Mr. Epsky interpreted their responsibility as making policy recommendations in general for safer roadways and environments.

A: Ms. Rumberger was in agreement with both Dr. Schaechter and Mr. Epsky.

A: Ms. Hefelfinger continued to clarify responsibility by saying part of the task was to create a community support system and to look at land use to see that it helped promote an active community.

#### Dr. Viamonte-Ros

Commended Mr. Sherin for the partnerships he has made, all he has done in the community, and proclaimed him to be a model for others.

#### Mr. Castresana

Q: Is this public-private partnership made for communities to be built, or can an existing community be retrofitted?

A: Communities can be retrofitted. To do that, a community would need to be looked over. An inventory should then be taken of what is needed and what needs to be done. Then, the community would be fitted to a template. Lastly, all players would be brought to the table, for example: companies, families, developers, to begin.

#### Mr. Montford

Q: What is the relationship between the Orange County Health Department and its nurses?

A: Nurses are provided by the department, but the department is not the sole provider. The current effort is to have a nurse in every school. This has almost been done for all elementary schools. High schools will be filled next, and then middle schools.

Q: Can this model be used elsewhere?

A: Dr. Gledditch is an expert and can provide further information. There are models that can be used across the state.

#### **Nutrition Panel**

**Speaker:** Tami Cline, Executive Director, *Got Breakfast?*

Ms. Cline focused on the promotion of school breakfast. She stated links between breakfast and improved health and physical fitness, breakfast and reduced tardiness, and breakfast and improved behavior in school. She informed the council that school breakfast was widely available, but sorely underused in schools. One of the problems being worked on presently is the preconception of the students eating the school

breakfast. Ms. Cline encouraged the governor to support the legislation currently being drafted. Some goals of *Got Breakfast?* include: offering breakfast in all middle and high schools by 2010; offering a universally free breakfast if a school is offering 70% free or reduced breakfast; and encouraging the provision of incentives to schools for doing a good job.

**Speaker:** Dr Lloyd Werk, Florida Pediatric Society

PowerPoint provided.

Dr. Werk discussed the Florida Improvement for Kids program and the Nemours program. The Florida Improvement for Kids program works toward obesity prevention in children. Kids in the program meet with a clinician to obtain data including BMI calculation which has resulted in thirty new referrals to a dietician. BMI and health activity are also tracked. The second program covered was the Nemours program. This program involves a comprehensive medical physical of kids, community involvement, shared resources, and target goals known as the triple E. Patients in this program are very overweight and had some comorbidity. Dr. Werk finished by including a list of recommendations which included reasonable reimbursement, mandated obesity coverage, and decreased gym cost for individuals who are morbidly obese.

**Speaker:** Dr. Lee Sanders, Miller School of Medicine, University of Miami

PowerPoint provided

Dr. Sanders began his presentation with a list of acknowledgements. Next, Dr. Sanders addressed the issue of maternal perception and childhood obesity. He showed the disconnect that exists between how the mother viewed her child and the child's weight. To combat this, Dr. Sanders created focus groups. He demonstrated there was an increased risk of obesity if a child was overweight at five. Dr. Sanders briefly gave overviews of two programs developed in New York and Chicago to combat childhood obesity, Brocodile the Crocodile and Hip Hop to Health Jr. These programs were models for the Miami-Dade program HI-HO. Dr. Sanders described the program, where it was located, and the program's goals. The motivation of this program was based on the idea that habits established at preschool age do work.

### **Council Member Questions to the Nutrition Panel**

Ms. Julie Ryczek

C: Ms. Ryczek commended Ms. Cline on the *Got Breakfast?* program. She then recommended that they add minutes to the school day. She suggested if buses were late to have the cart to bring breakfast to the kids. Ms. Ryczek would like to add more minutes to the school day and make it mandatory.

C: Ms. Ryczek recommended that Dr. Werk frame obesity as a disease and have obesity screenings along with other health problems. This will help track obesity. Lastly, she recommended that physical therapy to combat obesity be incorporated.

Ms. Ryczek finished by commending the speakers and applauding their efforts.

Mr. Carlos Castresana

Q: Mr. Castresana shared with the panel that their testimonies were moving. He agreed with their weight loss concerns and the stigma of free breakfast. What should be done?

A: (Ms. Ryczek) If the breakfast is free to everyone then the stigma is removed since everyone can have it. If there is not time, then time should be given.

Q: What about the reference of breakfast becoming a social time?

A: The only ones going currently are those receiving free breakfast, but by incorporating breakfast as a social time the stigma is further removed.

#### Dr. Judy Schaechter

Q: Dr. Schaechter began by commending the speakers. She mentioned that she had heard of some staff resistance and asked how to overcome that hurdle.

A: The first resistance was over changing the menus because of cost increase. Some work was done to free up money. Then, resistance was formed against what was being offered. So, effort was concentrated on cultural conservation.

Q: For Dr. Werk: There is so much mandatory information with physicals, can reporting obesity be mandated?

A: Pediatrics is coming out with a policy that all children need to be educated on healthy nutrition. In this way, more than recording a number will be done. Comprehension of the information will be achieved.

#### Mr. Charles Castevens

Q: Is cost so prohibitive that nothing can be done?

A: Obesity causing health costs, both direct and indirect, costs more to productivity and the economy than the cost of preventing obesity.

#### Ms. Amy Young

Q: Ms. Young first commended Ms. Cline on what she was doing, and then asked if she had any funders.

A: No, the program is brand new.

Q: For Dr. Werk: With the majority of your patients on Medicaid, what obesity related diseases are covered by insurance?

A: All services not considered medical are not paid for.

#### Dr. Dorothy Richardson

Q: With more than \$360 billion spent annually on co-morbidities related to obesity, what have you heard as a rebuttal from insurance companies about decreasing premiums for those granted discount gym memberships?

A: That they're not a reimbursable expense.

Q: Why is there not some benefit to premium costs if going to the gym saves so much money?

A: It is difficult to do.

#### Mr. Carlos Castresana

C: Mr. Castresana commended Dr. Werk, attributing the stepping up of private companies to his efforts. His plan is forcing rethinking of the whole system, and systems with the best outcomes are doing what is being suggested.

#### Mr. McCorvey

Q: Mr. McCorvey expressed his desire to see the results and any information that Dr. Sanders had on his program.

A: Dr. Sanders informed the council that Hip Hop to Health had two years of documentation, and he would be able to get the report to the subcommittees.

C: Mr. McCorvey said he would like to follow up with the group on *Got Breakfast?* in regards to the stigma associated with school breakfast.

#### Mr. Montford

Q: Keeping in mind that it is expensive to eat healthy, are children and families assisted over the weekend?

A: Dr. Sanders answered that he did not know of any coordinated effort in the system. Some preschools are open over the weekend. A general effort is made to pay attention to children who typically go without.

C: Addressing Ms. Shannon Miller, Mr. Montford said that when there was a need for reading or math in the schools, time was set aside for more reading or more math. Now that there is a need for nutrition education, the same action should be taken.

C: Dr. Schaechter commented that there have been price comparisons showing that eating healthy does not always cost more.

C: Dr. Richardson rhetorically asked if kids were really being taught the importance of physical activity. She used after-school sports as an example. If a student does not like sports, they have nothing to keep them active.

### **Mid-Morning Break**

#### **Active Lifestyle Panel**

**Speaker:** Deb Watson, Winter Park Health Foundation, America on the Move in Florida

PowerPoint provided.

Ms. Watson is a part of the Winterpark Health Foundation, a private, non-profit organization.

Ms. Watson expressed an interest in the health of older adults, children, and youth. The idea for the foundation came from the first Health Summit on Obesity, held in Williamsburg. America on the Move was brought back at this time and changed to fit Florida. Thus, the name became Florida on the Move. Ms Watson took time to describe the program and what it had already done for Floridians. Florida on the Move is an interactive online program set up to make healthy active living more fun. There are tools

for everyone. Participants have increased their physical activity and eaten healthier. Each individual has a personalized page that includes important information for the program. Then, as steps are entered every day an individual can follow a nationally renowned trail and see pictures taken of the trail. Groups can also enroll. Ms. Watson finished by discussing the successes of the program and showing how the program could be added on to other projects.

**Speaker:** Loretta Goggin, Brevard City Health Department, Step Up, Florida!

Ms. Goggin spent 24 years in the Air Force, and is a part of Step Up, Florida.

Ms. Goggin mainly focused on what Brevard County has done with Step Up, Florida. The county challenged the entire school system including public, private, charter, and home schools to commit to a monthly Step Up, Florida plan. Fifty-four schools participated and forty-five schools committed. The next year more schools committed and each school wrote a letter committing to include at least one daily physical activity a week. Brevard County took a collaborative approach to encourage physical activity at an early age. Ms. Goggin spoke about future efforts being made to improve the program, and suggested doing a similar project on a larger scale. If physical activity can be promoted early, it could last a lifetime.

**Speaker:** Debbie Mitchell, President and Founder Geofitness, Inc.

PowerPoint provided.

Ms. Mitchell introduced herself and reviewed her background and qualifications. She was a teacher, trainer for physical education teachers, and founder of the program Geofitness. She briefly discussed physical education and Geofitness. She focused on what to do for obese children. She reemphasized the cost of obesity is costing more than prevention. Next, she described what actions needed to be taken to fight obesity in children. The three core elements were: physical education, fun activities, and parents and community. In describing these actions she gave some recommendations as to how to implement those efforts.

### **Council Member Questions to the Active Lifestyle Panel**

Ms. Mary Rumberger

Q: For Deb Watson: What is the funding for America on the Move?

A: It is sponsored by different corporate entities. There is minimal funding involved because it is mostly website. An integrated website could be put together, and after the initial cost it would cost minimally to maintain it.

Dr. Dorothy Richardson

Q: Is this program a partner of the president's challenge?

A: Yes

C: Dr. Richardson encouraged Ms. Watson to continue what she was doing and to add in other activities such as swimming and weight lifting. In response, Ms. Watson said Orange County added cycling so an individual could bike from Maine to Key West.

Q: For Debbie Mitchell: Can schools capitalize on parental involvement?

A: Ideally no, but children are active everyday. The program cannot continue without trained individuals.

Mr. Charles Castevens

Q: How can this message be driven home?

A: There needs to be a media blitz so that everyone is on the same page.

Mr. Bill Montford (addressing the council)

C: Mr. Montford began by saying that there were not enough hours in a school day. He used marching band as an example of how tight time in a school day is. He said that the music and art department had also been neglected, and the only way for them to be important is to place them on the FCAT. Mr. Montford went on to say that the root cause for expelling and suspending youth was lack of cultural understanding. Therefore, cultural exposure is needed. He finished by explaining how messy budget and policy would be financially and emotionally if more time was added to the school day.

**Speaker:** Ms. Rosemary Rose, Vice President for Food and Beverage Merchandise Operations, Disney

PowerPoint provided.

The presentation gave an overview of resources, set up, and size of Disney's Health and Wellness programs. The effort to educate and accommodate the eight major food allergies was also described. Special diets were also worked with in the program. The foundation of the program was the desire to be very involved and sensitive to customer's needs. For every employee four R's were applied to guests: refer, review, remember, and respond. Ms. Rose gave a rundown of the changes in menu, and then showed their effectiveness. Major efforts included working to eliminate trans fat and revamping the children's menu.

In the retail department, Ms. Rose worked on portion size, trans fat, and packaging of offerings. In closing, Ms. Rose summarized the efforts made to promote physical activity among employees including: offering weight watchers and discount gym memberships to national gyms.

### **Council Member Questions to Ms. Rose**

Ms. Julie Ryczek

Q: Has this program been adopted by all Disney's?

A: This has been done across segment meaning from Disneyland Paris to Disneyland Hong Kong. This is a stronger portrayal of the effort made because food trends and visitors are different in each location.

Q: Is the cost ever made up or equaled out?

A: That is the choice that has to be made. In the end this was done because it was the right choice.

Dr. Ana Viamonte-Ros

C: Dr. Ros began by first commending Ms. Rose on what she had done. Then, speaking to the council, she discussed some measurements regarding BMI were being revised and if the council members had any suggestions to let her know. The suggestions would change forms that would be given to providers. The providers would in turn contact the parents if something was wrong.

Dr. Javier Garcia-Bengochea

Q: Dr. Garcia-Bengochea first commended Disney for taking such a leadership position. He then asked what had been done to the adult menu. He also asked would he be able to stay within 3,000 calories if for three meals he just chose food by the pictures in the menu.

A: Choosing food from the photos would allow an individual to eat less than 3,000 calories. The adult menu ranges from options like fried chicken and mashed potatoes to fish grilled in lemon sauce. Every menu item has been paired with a well-balanced option.

Ms. Shannon Miller

Q: Has portion size been dealt with?

A: That is being done now. Different sized plates are also being given. More changes will be made for children's portion size by the end of the year.

**Adjourn for Lunch**

**Presentation:** Florida Children's Hospital Superfit Family Challenge

**Speaker:** Gretchen Penton, Florida Children's Hospital

PowerPoint provided.

Ms. Penton apologized for Des Cummings who was unable to be there.

Ms. Penton began her presentation with a short video that announced Disney's partnership with Florida Children's Hospital. She spoke of the development of the *Super-Sized Kids* book which challenged families to become super-fit families. Over 250 families, the community, and Orlando Mayor Buddy Dyer participated in the program. The super-fit challenge was then extended to east Orange County schools. BMI was monitored closely in the super-fit challenge. Ms. Penton briefly discussed Health Intervention and Prevention Program (HIP). This program was a Nap Ford program. Participants in this program had a BMI over the 85<sup>th</sup> percentile.

**Speaker:** Jennifer Porter-Smith, Executive Director, Nap Ford Community School

Ms. Porter-Smith informed the council that Nap Ford Community School was a health and wellness focused charter school. An overview of the history of Nap Ford and outlined the purpose of the charter school was provided. The purpose of the school was to think outside-the-box to make a lasting impact on the students and their families. One effort to combat obesity was to increase the school day by one hour. This allowed for

physical education everyday, an increase in recess time, and a period for nutrition every week. She acknowledged that the extension cost money. The money was provided through fundraising and partnerships. The vision of the school is to extend its influence, increase awareness of healthy living and healthy lifestyles. Ms. Gretchon Penton shared that close collaboration with Nap Ford was desired by Florida Children's Hospital.

**Speaker:** Dr. Michelle Dolske, Clinical Neuropsychologist, Florida Hospital

Dr. Dolske briefly described Health Intervention and Prevention Program (HIP). CDC has recommended their program. HIP focused on many things along with weight so that participants would not develop complexes about their weight. HIP emphasized nutritional factors, increasing water intake, increasing fruits and vegetables, decreasing caloric food, decreasing screen time, increasing exercise, and increasing family physical activity. Dr. Dolske said the program had three checkpoints. One was a pre-checkpoint which included a child physical. The second and third checkpoints were child physicals done at the end of the program and at the end of the school year. Measurements were taken of the parents as well as the children. The program was geared to the child and the child's immediate family. This made parent participation crucial, but also helped build a good environment for the child. Dr. Dolske finished up by describing what family activities were done to meet these goals.

**Speaker:** Roniece Weaver, Executive Director, Hebni Nutrition Consultants

Ms. Weaver emphasized the need to meet on a culturally sensitive platform. The program that Hebni Nutrition worked on was set up to create a culturally sensitive nutrition program for blacks. In the black family, the role and importance of tradition is emphasized. Food is a big part of that tradition. Ms. Weaver said that the program focused on portion size, creating a pyramid to fit soul food habits, healthier ways of cooking the food, and making the food label front and center so that food would tie into tradition in a healthy way. Ms. Weaver stated that the biggest step for her program was putting in test kitchens so that food could be tried before advertised. Other points of emphasis were understanding portion distortion and the concept of drinking one's calories. Activities such as food exchange were done with children to help them understand what they are eating. A daily data log was also made to include physical activity. One last effort described was the hunger tank. The hunger tank was set up for children to learn to understand their physiology.

### **Council Member Questions to the Speakers**

Mr. Bill Montford

Q: First Mr. Montford admitted that he stood corrected on the cost of eating healthy. How can this be done on a larger scale?

A: More people are needed in volunteer positions as counselors and facilitators.

Ms. Sheila Sheridan

Q: Babies double birth weight by six months, people chastise others if their kids appear too thin, and parents are insulted when they receive the "fat" letter. How can social perceptions be dealt with?

A: Thus far, those concerns have not been worked with, but will be worked with more in the disability program. Only effort currently made has been to show kids what will happen down the line and teach warning signs.

Dr. Ana Viamonte-Ros commended the ladies on their programs and efforts.

### **Sub-Committee Breakout**

#### **Public Comments**

Ms. Mary Peterika is the program manager for The Steps to a Healthier Florida in Hillsborough County School District. In Hillsborough County, teachers scored lower than high school students on nutrition exam. There should be healthy school teams using the Coordinated School Health Model. A future council to establish the value of a school nurse was recommended so that there would be someone to address the value of school health.

Ms. Susan Baker is a mother of an obese son and worked in a school cafeteria for three years. Her son via her own plan has become health normalized. Ms. Baker shared her own plan with the council. She labeled it "Four Steps to Fitness Express". The steps are: 1. fast track-more activity 2. rewards for miles walked 3. eat healthy 4. reach destination. She advised that the principal and faculty of the schools should be included. Incorporated into the Fitness Express were plans for cooking presentations, veggie gardens, and a food of the month that would be taught and sampled.

Mr. Eric Stern is a father of three daughters. He let the council know he believed that their goals would be accomplished, and that he desired a year-round healthy lifestyle for his three children. Mr. Stern then volunteered his services to the council if they needed any help in the way of fitness training or nutrition. He supplied his credentials to show he was capable.

Ms. Lisa Bloter expressed her concern for physical fitness specifically for senior citizens to the council. She used some programs and efforts made at Westminster to show how important seniors were in community involvement. She outlined two major problems with getting seniors active; their own bias of being too old and doors closed to seniors for certain activities. Ms. Bloter also gave a few reasons why including senior citizens is important, i.e. fewer individuals in beds in hospice and nursing homes.

Ms. Shannon Miller thanked the public for their input and Lake Nona YMCA for hosting the council. Mr. Wayne Humphrey then said a few words on behalf of Central Florida YMCA.

**Meeting Adjourned at 3:30 pm**

#### **Addendum**

#### **Additional Electric Comments to Public Comments**

Greetings, Ladies and Gentlemen of the Governor's Council on Physical Fitness:

My name is Nadine Pazder RD, LD/N and I am the President-Elect of the Florida Dietetic Association.

Licensed and Registered Dietitians are professionals uniquely qualified through both education requirements and post-graduate professional training to provide the services to meet the nutritional needs of the people of Florida. Our members are employed in hospitals, public health, school foodservice, long term care, in research and in academia. We applaud Governor Crist for his interest in health promotion, disease prevention and improved nutrition for all of our citizens. We are grateful for his action in appointing this council.

As a visitor to this meeting and after listening intently to the various speakers and comments from the council members, there are several points that I would like to offer for your consideration:

- ✓ There have been significant improvements to school foodservice menus as a result of the School Wellness Policy. Our district foodservice directors need support to maintain these changes.
- ✓ Research shows that hungry children do not learn or test to their full capability. When a child does not eat breakfast at home and breakfast is not available at the school, lunch takes on a whole new significance.
- ✓ It is not nutrition if the child will not eat it.
- ✓ Children are not fat as a result of the school lunch program. Most calories are consumed away from the school lunchroom.

Which means that we need to engage the entire family. The program demonstration at the Nap Ford school is a wonderful project, but do we really want our schools in the business of treating diseases? Obesity is a disease and has been designated as such by the Centers for Medicare/Medicaid Services. Let us just assume that we decide that this is an appropriate role for our schools. What about the children who are not old enough to attend school? I had an appointment just last week with the family of a 3 year old who already weighs 50 pounds. I will not see her again because staywell does not cover medical nutrition therapy.

- ✓ Our schools are the perfect venue to teach healthy habits like daily physical activity and to enjoy fruits and vegetables frequently.
- ✓ Many of our overweight/obese children already have adult co-morbidities such as adult-onset diabetes, high blood pressure and hyperlipidemia. While they will certainly benefit from physical activity and health education components provided by the neighborhood school, these families really need access to Medical Nutrition Therapy provided by registered and licensed dietitians. For this to happen Medicaid, Medicaid HMOs and private insurance needs to provide coverage for MNT (97802, 97803, 97804).

Members of the Florida Dietetic Association would welcome the opportunity to partner with state agencies and other stakeholders in the development of a response to the obesity crisis in Florida. Thank you for your attention.