

GOVERNOR'S COUNCIL on PHYSICAL FITNESS
KICK-OFF MEETING (DAY TWO)

DATE: Friday, August 24, 2007

TIME: 9:14 a.m. - 1:23 p.m.

LOCATION: Doubletree Hotel
1200 North Westshore Boulevard
Tampa, Florida 33607

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A G E N D A

SIGN-IN

- 9:14 - 9:19 Welcome and Roll Call
Nancy Hogshead-Makar
Co-chair designee
- 9:20 - 9:32 Physical Activity and Unhealthy
Nutrition: A State Epidemic
William Sappenfield, Sate MCH
Epidemiologist, Division of Family
Health Services
- 9:33 - 9:53 Success Story: McIntosh Middle
School
Robert Hagemann, Principal
- 9:54 - 10:04 Success Story: Winter Park High
School. Chris Watson, RN
- 10:05 - 10:30 School Wellness and Nutrition
Diane Santoro, Florida Department
of Education, Food and Nutrition
Services Program Administrator
- 10:31 - 10:41 Physical Education Bill
Representative Will Weatherford,
District 61, Pasco County
- 10:41 - 11:05 Recess
- 11:05 - 11:06 Meeting comes to Order
- 11:06 - 11:11 Success story: Windy Hills Middle
School, Clermont County
Rebecca Wilhelm, Assistant Principal
- 11:11 - 11:24 Physical Education Bill
Senator Lee Constantine, District
22, Orange and Seminole Counties
- 11:24 - 11:37 Sunshine State Standards

Kate Kemker, Florida Department of
Education, Bureau Chief, Bureau of
Innovation and Instruction

A G E N D A (CONT)

11:38 - 11:58 Success Story: Olsen Middle School
Brian Kingsley, Vice President,
Dania Beach
Frank Angelucci, Athletic Director,
Dania Beach
Kevin Evans - Shaq's Big Challenge

11:59 - 12:17 Success Story: Pinellas County
School District
Peggy Johns, Supervisor, Pre K-12
Health Education

12:17 Juggling presentation and break

1:03 - 1:04 Meeting to order - Public Comment

1:23 Meeting is adjourned

1 WELCOME

2 MS. HOGSHEAD-MAKAR: Good morning, ladies and
3 gentlemen. Is this on? Can everybody hear me?

4 I'd like to thank you all for attending the
5 second day of the inaugural meeting, the Governor's
6 Council on Physical Fitness.

7 As many of you know, the co-chairs aren't
8 here, Derrick Brooks and Shannon Miller. Shannon has
9 a wedding that, actually, I'm going to be attending
10 tomorrow in Jacksonville, Florida. So I am going to
11 co-lead this meeting today. I'm your Council
12 designee for today.

13 We're excited to continue the meeting that
14 was opened up yesterday at the Buc's training
15 facility. I see many faces here. I'm going to ask
16 our Council executive director, Jennie Hefelfinger,
17 from the Florida Department of Health, to do the roll
18 call for the Council and that little piece of
19 housekeeping information.

20 ROLL CALL

21 MS. HEFELFINGER: Please say, "present," when I
22 call your name.

23 Chairman, Brooks.

- 24 Co-chair Miller.
- 25 Chair-designee, Nancy Hogshead-Makar. Here.

- 1 Michelle Brantley. Here.
- 2 Jennifer Capriati.
- 3 Charles Castevens.
- 4 Carlos Castresana. Present.
- 5 Karen Dowd. Here.
- 6 Tom Epsky. Present.
- 7 Javier Garcia-Bengochea.
- 8 Nancy Hogshead -- I have you.
- 9 Robert Keiser. Here.
- 10 Kez McCorvey. Here.
- 11 Bill Montford. Here.
- 12 Shaquille O'Neal.
- 13 Don Rapp. Here.
- 14 Dr. Richardson.
- 15 Mary Rumburger. Here.
- 16 Julie Ryczek. Here.
- 17 Judy Schaecter. Here.
- 18 Shelia Sheridan. Here.
- 19 Amy Young. Here.
- 20 Ana Viamonte Ros. Here.
- 21 Corey Simon.
- 22 Rocco Baldelli.
- 23 Bob Greisie.

24 MS. HOGSHEAD-MAKAR: Thank you, Jennie, I
25 appreciate it.

1 So we're pleased to have such a great turnout
2 for today's meeting. I'm going to address a few of
3 the housekeeping issues before we go any further.
4 Please, everyone, take a moment to turn off your cell
5 phones and put them on silent mode.

6 Also, there is a public comment section on
7 the agenda for today. The last 30 minutes of the
8 agenda are devoted to public speaking. If you want
9 to address the Council during this time, please check
10 in at the general public check-in table prior to
11 11:00 a.m.

12 Please be advised that this Council is
13 focusing on developing a state plan of action for the
14 state, and is looking for information on best
15 practices. The number of people requesting public
16 comment will determine the timeframe for each
17 presenter. Council members have the opportunity to
18 question each presenter after the public comment
19 presentation if time allows.

20 Please be advised that this meeting is being
21 videotaped.

22 Finally, this meeting is a open meeting and
23 complies with the Government in the Sunshine laws.

- 24 All official council meeting business is done in an
- 25 open meeting in person or over the phone. All

1 official Council meeting proceedings is available on
2 the healthy Floridians website at
3 www.healthyfloridians.com.

4 We're now going to be privileged to get to
5 hear some of the state's best practices. The first
6 speaker that we're going to be hearing from has
7 already presented to the Governor, and he was so
8 impressed he wanted our -- this Council to be able to
9 hear what he had to say.

10 We need to kind of get some assistance with
11 understanding the statewide epidemic we have. We
12 have an epidemiologist from the Florida Department of
13 Health, Dr. William Sappenfield, who's a physician --
14 who is the Chief of the Office of Surveillance,
15 Evaluation and Epidemiology, the Division of Family
16 Health Services at the Department of Health.

17 As both a pediatrician and epidemiologist,
18 Dr. Bill Sappenfield has more than 23 years of
19 experience. As a nationally recognized leader in the
20 field of maternal and child health, Bill has spent
21 most of his career as a CDC epidemiologist.
22 Dr. Sappenfield, please approach the podium.

23 **PHYSICAL ACTIVITY and UNHEALTHY NUTRITION**

24 DR. WILLIAM SAPPENFIELD.

25 DR. SAPPENFIELD: Yes, I'm hard to see.

1 I'm delighted to be with you all this
2 morning. I was asked to give background on the state
3 epidemic on physical activity and unhealthy
4 nutrition; and that will not be hard to do because it
5 currently is an epidemic that we have in Florida.

6 Epidemic is a definition of a substantial
7 increase of a global background of a disease or
8 condition. To help show that this morning, I want to
9 try to use data from CDC and a survey; it's a random
10 household survey done in all 50 states at this point.
11 But to show the point, I want to go back to 1985.

12 At this time, not all states had data. We
13 didn't have data to -- if it's light blue, it's less
14 than 10 percent of obesity, BMI. By obesity, we're
15 talking about a BMI greater than or equal to 30,
16 which is roughly about 30 pounds overweight in a 5
17 foot 4 person. The darker blue is the 10 to 14
18 percent. What I'm going to do is quickly show you
19 over time what's happened in our country.

20 As you can start to see, every two years
21 we're now getting more blue states. And then all of
22 a sudden, we need to add another 5 percent category.
23 We continue to get darker and darker blue until we

- 24 now need to add other 5 percent category. We're
- 25 continuing to get higher and higher rates of obesity.

1 We now have a red category above 25 percent.
2 And as you see, we've actually reached the point
3 where in 2004 -- in fact, none of the states have any
4 of the original blue colors, so that every single
5 state is experiencing an increase in obesity; that's
6 occurring among adults not only in the United States,
7 but worldwide.

8 Here's the graph to help you see it in terms
9 of percentages. Fifty percent -- going from 0 to 50
10 percent from 1990 to 2006. The percentages are way
11 above the graph. Overweight and obese. The red line
12 is Florida. The green line is -- I'm sure that's
13 backwards. The green line is Florida and the red
14 line is the United States. And as we see our rates
15 of obesity and overweight closely -- the U.S. in
16 terms of obesity. So we clearly have that epidemic.

17 What we're talking about today is child
18 adolescents. We don't really have the same levels of
19 state data. We do have national data that supports
20 the claims of a two-thirds increase in obesity in the
21 same degree of overweight increase of children.

22 The health consequences to adults and for
23 children who stay in the obese overweight

24 condition -- not only are they increased in totality

25 due to diabetes, heart disease, stroke, blood

1 cancers, but also we have problems of high blood
2 pressure, cholesterol, diabetes, coronary heart
3 disease, gallbladder disease, osteoarthritis, sleep
4 disturbance and cancers. So the cause is there in
5 terms of health. And in terms of a recent study that
6 was done in Florida, we also know that the cost in
7 terms of medical expansion -- the state spends almost
8 \$3.9 billion in medical expenses each year. Fifty
9 percent has been funded by public sources like
10 Medicare and Medicaid. So clearly we have an
11 epidemic.

12 Clearly you have costs. How does it relate
13 to children and what can you all as a Council
14 consider doing. This looks at overweight and obesity
15 by age using Florida data. HS stands for high
16 school. We're using the Y or the S for -- by age.
17 The red bars are obesity. The green bars are
18 overweight. As you can see, as you increase with
19 age, there's a larger prevalence of obesity. There
20 is not a cohort to show that the same group is
21 increasing but, in fact, it does increase with age,
22 and the cohorts are also increasing over time.

23 But the point here to make is the trajectory

24 among children and their weight. The recognized

25 distribution, starts early. In fact, 60 percent of

1 children who are obese, about 10 to 12 years of age,
2 will be obese as adults; and if not obese, will more
3 than likely be overweight. So that if you start
4 talking about trying to address these issues among
5 children, we really have the trajectory of
6 obesity/overweight starting very early. And more
7 important, the behavior that addresses it also starts
8 very earlier. So that we really need to address the
9 issues that you are taking forward.

10 The Institute of Medicine, as we talk about
11 the epidemic and talk about it among children, talk
12 about strategies needing to look at from two
13 perspectives. One, the large amount of physical
14 inactivity that has been increasing over time and
15 also the unhealthy nutrition that is taking place.
16 And to address the issue of children and to address
17 it for the lifespan, we need to be able to address
18 both components.

19 So to give you new data this morning, which
20 you may not have seen, I want to give you data from
21 the Florida Youth Physical Activity Nutrition survey.
22 This is a random survey that is given to middle
23 school students, which really is a good part of where

- 24 to start with some of the crucial activities and
- 25 physical activities and show you where we are here

1 within Florida.

2 Let's start with physical activity. The
3 first and one of the most important is percentage
4 time in front of a screen. This is three or more
5 hours on a school day. Television -- almost half of
6 children are there three or four hours a day watching
7 Television; it was a little bit less for computers
8 and games but a combination -- almost two-thirds of
9 all children are spending three or more hours on a
10 school night in front of the Television. And more
11 than likely, many of them are actually eating at the
12 same they're sitting there and not doing something in
13 front of the Television or TV monitors.

14 Other things on physical activity is actually
15 PE classes. If you're looking back here in Florida
16 as of 2005, roughly half of the children, less for
17 females, less for Hispanics, are actually in physical
18 activity education. But more important, this does
19 not mean that they're actually active in physical
20 activity. And as they get older, they actually have
21 less physical activity even though they're in PE.

22 The other activities that they're involved in
23 are sports. And the good percentage of children are

24 involved in sports. Fifty-five percent of females,
25 63 percent of males. A little bit less among

1 Hispanics. And so that's forthcoming -- one way of
2 having outside activity outside of the school.

3 Another activity that they're not taking
4 advantage of is -- which is the idea of how do you
5 get home. Could you walk home or ride your bike home
6 and taking advantage of that. As you can see here,
7 less than one in five are actually doing that for
8 females, and about one in five for males. Much less
9 among whites and more among blacks.

10 So if you look at it from a physical activity
11 perspective, we need to find ways to move away from
12 the sedentary things or monitors and move to other
13 daily activities and things where we can increase the
14 carry out in terms of activity.

15 On the unhealthy nutrition side, there's also
16 bad news. Talk about starting your day right not
17 only in terms of nutrition, but academically. You're
18 talking about roughly half of males and a little more
19 than a third of females don't actually eat breakfast
20 every day before they go off to school; it's much
21 less among blacks and more commonly they do that
22 among whites.

23 Let's talk about fast-food. A good

- 24 percentage of them will have two or more days where
- 25 they will actually go out and eat a meal in terms of

1 fast-food. As a child, again, more common among
2 blacks, less common whites. And more importantly,
3 what we noticed is more of them will take their lunch
4 money and use it to spend on vending machines and ala
5 cart versus actually getting the healthier meal. So
6 the fast-food, they are actually getting within the
7 school environment.

8 You talk about healthy and the idea of eating
9 vegetables three or more per day -- or generally more
10 fruits and vegetables per day. We're only talking
11 about somewhere around one in five females and one in
12 four males are actually eating that much; it's more
13 common among blacks and less common among whites.

14 In terms of the vending machines, it's
15 increased to about a third of children are actually
16 buying something from vending machines in terms of
17 drinks at schools. The good news is more and more
18 vending machines are having waters or having
19 healthier alternatives that are there. But we're
20 still talking about roughly one in five children who
21 are drinking two sodas per day in their diet.

22 To address obesity and overweight together --
23 I mean, the only way to address obesity and

24 overweight is to address it from physical inactivity

25 and unhealthy nutrition -- is to visit some of the

1 issues that you would need to talk about. If there's
2 further information that you all want, otherwise,
3 that we can help update you on some of these issues,
4 please let us know and we'd be happy to work with
5 you.

6 Questions.

7 MS. HOGSHEAD-MAKAR: Any questions from Council?

8 DR. SAPPENFIELD: Yes, ma'am.

9 DR. SCHAECKER: What is your focus on middle
10 schools? What kind of data do we have for earlier
11 childhood as well as elementary schools?

12 DR. SAPPENFIELD: The only thing I'm aware we
13 have is the National Survey or Children's Health that
14 was done by the National Center for Health Statistics
15 gives us a Florida sample of about 2,100. They cover
16 all children. So as you try to break this down into
17 younger groups, the data is not as solid. So I'm
18 more skeptical about giving you that data because,
19 again, the percentages of that data.

20 So in terms of Florida data, exactly, we
21 don't have that available in a form that I would
22 highly rely on.

23 MR. MONTFORD: Doctor, do you have the same data

- 24 broken down as socioeconomic -- in other words, I
- 25 would assume that the data may be entirely different

1 for the children who are on reduced lunches; do you
2 have that data available?

3 DR. SAPPENFIELD: I do not think it has free
4 reduced lunch programs, and I think it went to just
5 the kids themselves. I don't think we asked about
6 income, so I'm not sure that we can break it down
7 that way. I will go back and look, but I will tell
8 you that I am skeptical that we can give you any
9 resources ecomanically.

10 MR. MONTFORD: I think that would be -- that
11 would be a prudent point, because we know that to
12 really eat healthy can be expensive. And also
13 availability of assistance for poor children are not
14 available in terms of the support --

15 DR. SAPPENFIELD: And part of that may depend on
16 the family. It may be also -- part of that is the
17 education level of the family. There's an education
18 effect that's also placed in there at the same time
19 as economics, and I wish we had data to look at that,
20 but I'm not sure we really do.

21 MR. MONTFORD: The school system will be more
22 than happy to collect that data about other years.

23 DR. SAPPENFIELD: Well, that may be something

24 that we can consider every other year. We've already
25 done 2007. I think we wouldn't do it again until

1 2009. But that would be good. We will consider that
2 as a possibility.

3 MS. HOGSHEAD-MAKAR: Dr. Sappenfield, I have a
4 question. You said something -- I'm just not quite
5 clear. You said there was less physical activity
6 even though they were in PE; what is that about?

7 DR. SAPPENFIELD: The question that we posed
8 was: Do you have PE? Then we asked about how much
9 activity do you actually have during PE. And what it
10 looks like is there is actually less activity taking
11 place during physical activity -- actually, taking
12 place during PE; meaning, something else is taking
13 place during that time slot; and that seems to have a
14 gray effect as your sixth graders will likely be
15 physically active than if you're in eighth grade,
16 you're less likely to be physically active.

17 DR. SCHAECKER: To follow up on your point,
18 Counselor. Bill referenced, I think produce -- fresh
19 produce availability in the inner-city areas where
20 there is a big discrepancy. Some of that may be
21 useful in terms of -- (inaudible.)

22 MS. HOGSHEAD-MAKAR: Well, thank you,
23 Dr. Sappenfield. I appreciate that.

24 We're now going to hear from Robert Hagemann.

25 He's been involved in the McIntosh Middle School in

1 Sarasota. Robert Hagemann has been in the school
2 district since 1971 and has been the principal of
3 McIntosh Middle School since 1991. And in 2002, he
4 was recognized as a Healthy School By Action for
5 Healthy Kids. And in 2004, he was named Florida
6 Administrator of the year. He is a member of the
7 Florida Department of Health and Education Consortium
8 and has presented the Coordinated School Health
9 Approach to student success at several national
10 conferences.

11 Principal Hagemann, will you please approach
12 the podium. And there you are.

13 SUCCESS STORY: McINTOSH MIDDLE SCHOOL

14 PRINCIPAL, ROBERT HAGEMANN

15 MR. HAGEMANN: Is that the right level?

16 Number one, I just want to say how pleased I
17 am to be here today to have this opportunity. Also, I
18 concur with everything the doctor just shared. I live
19 that situation every day.

20 In 1998, a transformation took place in my life.
21 Physical education became something that was very, very
22 meaningful for the education of the whole child. And the
23 reason that that occurred is I became involved in the

- 24 Coordination of School Health Approach, which is a
- 25 combination of eight factors that makes up an incredible

1 difference in the lives of children, families and the
2 welfare of staff. I had been an advocate of that because
3 of what it did in McIntosh Middle School for my learning
4 community.

5 So one of the first things I what to share with
6 you is there is an approach that makes a difference in
7 education, in the lives of the community. The second
8 thing is that this is not negotiable. This is a
9 compelling need for the youth of Florida; it has
10 everything to do with the designee of our children and
11 the legacy that you're going to leave behind. And
12 resources really aren't the issue. We have the capacity
13 to accomplish what we need to do in physical fitness and
14 physical education for the of youth Florida if we set our
15 minds on the goal and we live to our convictions.

16 One of the concerns that I have is that there's a
17 tendency to take the best intentions and dilute them very
18 rapidly to find loopholes. I think a key person is every
19 school administrator and every health team at the school
20 that will be relentless and perseverance because all the
21 challenges are given to us by the national and state
22 government, and we must protect physical fitness in our
23 youth.

24 I asked my -- well, I asked a number of educators,
25 not just those that are at McIntosh Middle School, but

1 those in my community and those that I have outside
2 correspondence with, What is it that you really want to
3 see happen? And I was very pleased with the result.
4 They wanted accountability. They want accountability
5 built into their work. And I asked them, How do we
6 accomplish that? They said, Give us assessment tools.
7 Let us track how well we're doing. Let us be part of
8 the, No Child Left Behind, Florida A-Plus, Plus
9 Accountability movement, and we will be able to infuse
10 all the things that are necessary for student success.

11 Years ago I read the book, Healthy Academic, and
12 that captured so much of what we're meeting about today.

13 Success in schools and success in the community are
14 instrumental with the help of children and obviously the
15 welfare of the people who serve them in the learning
16 community.

17 I am aware -- in Sarasota County, I'm aware in my
18 school. I'm aware for the State of Florida and obviously
19 nationally, that we are in a chronic situation. I have
20 the opportunity -- this actually takes place every day.
21 I arrive at Starbucks at 5:30 in the morning and there
22 are physicians there on their way to work. And over
23 time, as a professional educator, we've gotten into

24 conversations about the welfare of young people. And

25 they have shared this with me. There's an imbalance that

1 has happened. America is one of the most unhealthy
2 nations in the world but has these great medical
3 resources. But these medical resources are keeping
4 people from going in a life pattern and lifestyle that
5 has been greatly compromised because the medical
6 professional cannot keep up with all of its sensational
7 resources and expertise with the habits of the American
8 public. Unless we begin to change the habits and begin
9 to educate them better on what they need to do to care
10 for our young and what they need to do to prepare for
11 their continuing life, we have a dilemma.

12 I recently -- I'm sharing this personally. My
13 approach today was that this would be a physical
14 fitness drive-by. I'm in. And I'm out. I left my
15 school and I'm going to need to get back. But I wanted
16 to take an opportunity to share with you one of the
17 things that I noticed.

18 My mother is 87, and she's just gone through some
19 illness that has caused her great distress, and so I
20 spent a month with her in a nursing facility, a rehab
21 facility. And I saw people that modern medicine was able
22 to keep going, but they had no purpose in their life.
23 They had no meaning. They had gotten to a stage

24 physically, emotionally, where they could not live out

25 their dreams and aspirations; and it was because in many

1 cases that throughout their lives, they had lived without
2 an understanding of what they ate, how they exercised and
3 what they observed had influenced them in a negative way.
4 And it really began to speak to my heart. And when I
5 brought it to the physicians that I'm talking about, they
6 recognized that we need to keep these people going. But
7 if they had compromised their way as young people -- if
8 they hadn't given them a quality of information, then by
9 the time they become adults and they reach their senior
10 years, their life is going to be compromised. So I share
11 that from my heart in a personal experience and now I can
12 speak to that with my staff, with my children and my
13 family because I have lived it.

14 McIntosh Middle School is very, very fortunate.
15 We have a tremendous physical education staff, and we
16 have a complete population of people that are dedicated
17 to the whole child. And by that I mean the emotional,
18 social, physical and spiritual well-being of youth. We
19 embrace them, we care for them, we speak with them. But
20 we know when they leave McIntosh Middle School and they
21 go home into their neighborhoods and into their family
22 environment, a lot of the things we share begin to
23 unravel. And we have to re-build that.

24 So instrumentally over ten years, we have been
25 trying to make a real difference to our children. And

1 what we have done at McIntosh Middle School is not only
2 use this in Healthy School Approach but to lend expertise
3 and to talk to each other. We've begun to set up
4 training centers. Such things as, horizontal or vertical
5 walls, a fitness center with true education and a patriot
6 trail for the students, doing things during the day to
7 make physical education more relevant and meaningful. We
8 don't just depend upon sports. Many athletes are not
9 really physically fit, and we know that. They have
10 skills, but those skills and the impact on their life is
11 greatly limited.

12 We're looking at lifetime of leisure activities.
13 We're looking at giving them experience. When I talk to
14 the children, the best time of the day is when they are
15 physically active, when they're engaged in their
16 environment. There's great discipline that takes place
17 in sports, in physical education and physical fitness
18 programs that you cannot get anywhere else. And we need
19 a balance.

20 I understand the academic needs of children. I
21 understand and my highest calling and obligation to the
22 children. But as a senior principal in Florida, I don't
23 want to walk away leaving a voided legacy. I'm looking

24 for children that can lead and have choices and have
25 information to make the right decisions. As my staff

1 said to me, We need hardware. We need software, and we
2 need training facilities in addition to what is provided
3 for reading, math, writing and science. The consensus of
4 my staff was, investing in the heart of youth, will
5 change the beat of McIntosh Middle School.

6 And I thank you for the opportunity to share my
7 personal thoughts with you this morning.

8 MS. HOGSHEAD-MAKAR: Thank you, principal
9 Hagemann. Do we have any questions?

10 MR. HAGEMANN: Yes, ma'am.

11 MS. RYCZEK: I loved your presentation. You
12 mentioned children. As a middle school in Sarasota
13 County, is physical education a required course in
14 the sixth, seventh and eighth grade?

15 MR. HAGEMANN: Yes. We require all our students
16 to have physical education; that is correct. And I
17 want to put -- an editorial comment. The public
18 doesn't entirely agree with that because they really
19 don't understand what our initiative and purpose is.
20 So we're continuing to educate them on the value of
21 physical education, physical fitness program.

22 The children obviously really enjoy it at
23 middle school. As you can understand, they have some

24 personal restraints. They have difficulty sometimes
25 in dressing out and participating, and we work with

1 them to get over those inhibitions. The other thing
2 I heard was how much physical education really takes
3 place. One of the problems is that there are a lot
4 of management issues in working with large groups of
5 children. Getting them in the locker room, out of
6 the locker room, getting them lined up, supervising
7 them, getting down into the activity, creating
8 activities that they all can engage in so that there
9 is no seat time, there is no stand time. And the
10 other thing is that physical education is considered
11 a nonquarter, therefore, we actually have more
12 minutes in the core area than we do on core area. So
13 every student at McIntosh has two oncores a day. But
14 noncores are 45 minutes, where the core classes are
15 anywhere from 55 to 60 minutes.

16 MS. RYCZEK: So is this a magnet school?

17 MR. HAGEMANN: McIntosh Middle School?

18 MS. RYCZEK: Yes.

19 MR. HAGEMANN: No. McIntosh Middle School
20 serves a very diverse population. We're right at the
21 threshold of becoming a title one school. We are
22 not. We have a large Hispanic population doing very,
23 very well. We have a large African-American

24 population doing well, and we serve all the needs of
25 the children. And our children range from all the

1 way from education deficient, to gifted from the Napa
2 Valley area to -- we have from the James Polk area.

3 MS. RYCZEK: Are you seeing an increase in your
4 FCAT scores --

5 MR. HAGEMANN: Absolutely. Without a doubt.

6 MS. RYCZEK: How long have you had this program?

7 MR. HAGEMANN: Well, we've been working on our
8 program since 1998 with the State of Florida. The
9 credit I give to the Coordinated School Approach is
10 that up until that point in time, I managed my school
11 entirely different. When I had this Epiphany, this
12 awakening, the state provided me information and
13 really challenged me as an individual. And my staff
14 readily embraced it, and it began to permeate all of
15 our students.

16 MS. RYCZEK: Wonderful.

17 MS. DOWD: Karen Dowd. Executive director for
18 Florida Alliance. Just two points and a question.
19 The information that Dr. Sappenfield gave us about --
20 as children age, the amount of physical activity is
21 reduced. And I think that that has been borne out in
22 these comments that as the children get older, class
23 sizes increase and the amount of time allocated to

24 physical education decreases.

25 MR. HAGEMANN: That's correct.

1 MS. DOWD: And given the fact that these tools
2 are self-reporting data, the natural outcome is going
3 to be less activity. If there were more children
4 increased management time and that's just a natural
5 outgrowth when the classrooms are doubled up in size
6 in terms of math, science or other classes.

7 And second is a question. I commend you for
8 this incredible practice. First and more most it
9 sounds wonderful. I have to ask a question, however.
10 Is health education mandated for six-, seven- and
11 eight-year-olds?

12 MR. HAGEMANN: It is through our science and
13 family consumer program. We had a health teacher.
14 As a matter of fact, she was recognized three years
15 ago as the Florida Health Teacher of the year. And
16 she still works for my school, but because of the
17 decline in resources and new mandates, it is a
18 program that I had to eliminate. And we've had to
19 pick it up in the physical education and other
20 oncourses. And when the science fair comes to
21 deliver that type of information -- to counteract
22 that, there's one thing that every school can do, and
23 that is to build a wellness code in your school. So

24 this doesn't escape our attention. When you require
25 that of a district and you require that of schools,

1 suddenly it becomes a priority again.

2 MS. HOGSHEAD-MAKAR: Kez.

3 MR. McCORVEY: Kez McCorvey. I have a quick
4 question about -- actually, what are your guys
5 wellness goals and do you have anyway of quantifying
6 or measuring the success of a tandem school?

7 MR. HAGEMANN: We do not have a wellness goal
8 right now. We had a wellness goal and now we are
9 provided the goals that we must address and that's
10 not one of them. So I don't have that flexibility
11 anymore. We have what we call the MASH team.
12 McIntosh Alliance for School Health, which is now our
13 replacement to the Coordinated School Health
14 Approach, and we build our own internal goals. When
15 you continue to do that, basically you're protecting
16 the longevity of your program, and it's becoming
17 institutionalized. We do that on our own. So we do
18 establish our personal goals.

19 As far as information, other than a youth
20 behavior survey, which my entire staff goes through,
21 we look for trends, we look to patterns. We discuss
22 that with our partners in the health industry in
23 Sarasota County and, therefore, we build

24 partnerships, we have specialized programs; and that

25 has transformed actually the school environment

1 because of some of the things we have there.

2 But my staff has been very, very clear. If
3 you want us to be accountable, you need to give us
4 successful tools. There is no formalized procedure.
5 We're still kind of pencil and paper in physical
6 education, and I'm looking at those resources right
7 now and trying to build a partnership. But basically
8 they said, Hold us accountable and we'll give you the
9 information that you need to show that health is
10 academic and can transform a community.

11 MS. HOGSHEAD-MAKAR: I have one more question,
12 and we have to cut the questions off and break here.
13 Bill.

14 MR. MONTFORD: Bill Montford. First of all,
15 congratulations on your recognition.

16 MR. HAGEMANN: Thank you very much.

17 MR. MONTFORD: That's certainly an honor.

18 You said you had a complete -- (inaudible).
19 I know you had to have encountered some challenges
20 and roadblocks, physical roadblocks. And you
21 mentioned a minute ago you had to elimination some of
22 the resource. What were some of those challenges you
23 had? How did you address them? How did you overcome

24 those and have a model program that you have now?

25 MR. HAGEMANN: Well, the coordination of the --

1 well, first of all. Putting out a poster that said
2 that you believed in the welfare of the whole child
3 brings the community to a response. Advocating
4 consistently and passionately for the whole child in
5 our district allows me a certain degree of
6 flexibility. I have latitude that perhaps a younger
7 administrator who is under a closer watch might not
8 have.

9 I'm a seasoned veteran. And overcoming
10 standardization and centralization and coming --
11 overcoming the initiatives that are put forth for the
12 good by the government, you have to be pretty crafty.

13 Another piece of the pie was taken away this
14 year. Now we're in the unit approach of allocation.
15 So everything is in a salary line, everything is
16 classified and everything has to be justified. But
17 in Sarasota County, we do have the benefit of a
18 citizen referendum and put forth the next generation
19 initiatives.

20 And so what we do in quoting that referendum
21 is you look at those initiatives and you find fresh
22 ways to enable children and staff to bring this in.
23 You have to infuse it in your conversation. You have

- 24 to make it part of your FCAT studies. You have to
- 25 talk it all day long. You have to encourage the

1 children. You have to challenge them all the time.
2 You have to give them exciting ways to experience
3 wellness. Wellness. Care, bringing in people from
4 the community that have sterling reputations and
5 knowledge. Taking the kids on field trips.

6 I have a son who is in middle school; not in
7 mine. I asked him, What's the most important thing
8 that happens all year long? He said, Field trips.
9 Well, you know, I looked at that and I started to
10 talk to my own children. And, basically, they look
11 at programs where they can have new engagements and
12 new enticements and new experiences; that brings it
13 back into the school and makes it an exciting
14 conversation. But, again, after 32 years of being an
15 administrator, you become wily.

16 MS. HOGSHEAD-MAKAR: Thank you.

17 MR. HAGEMANN: Thank you.

18 MS. HOGSHEAD-MAKAR: We really appreciate you
19 sharing your experience and your passion.

20 MR. HAGEMAN: It's very kind of you to invite me
21 and give me this opportunity. Thank you so much and
22 God bless you all.

23 MS. HOGSHEAD-MAKAR: Okay. Thank you.

24 Somebody on our panel here has a BlackBerry

25 that is interfering with systems. You'll want to

1 make sure that your BlackBerry is off the table away
2 from the microphones. That's very appreciated.

3 Thank you.

4 Well, we have another success story to share
5 right now. We have Chris Watson from Winter Park
6 High School. Chris is a registered nurse and has
7 been employed with the Orange County Public Schools
8 for 12 years. She's going to be sharing with us a
9 success story of Winter Park High School.

10 SUCCESS STORY: WINTER PARK HIGH SCHOOL

11 CHRIS WATSON

12 MS. WATSON: Good morning.

13 MS. HOGSHEAD-MAKAR: Good morning.

14 MS. WATSON: This is my seventh year as a school
15 nurse at Winter Park High school, and my fifth year
16 as a coordinator leader of our health school team.

17 You can see, we are a big high school. We
18 have a lot to be proud of in our high school. We
19 have won numerous awards in all kinds of different
20 areas. And one that thing that really gets peoples
21 attention is that for the five out of the last eight
22 years, we have been in Class 6-A, awarded by the High
23 School Athletic Association, the all Sports Award;

24 and that's a huge deal because our teams are winning
25 teams. But I have to tell you, as a school nurse,

1 what gets my attention far more is all the other kids
2 that I see in my office who aren't on a team or who
3 aren't participating in physical activity; and that's
4 the vast majority of what we have in our school.

5 There a lot of different reasons for that.

6 Sometimes they're not a good enough athlete. You can
7 imagine in other school districts winning in the
8 sport arena -- and you have to be a pretty good
9 athlete to get on one of our teams, and we don't have
10 intermural teams. Our facilities are being used at
11 all times from 5:30 in the morning until 10:39 at
12 night by a sports team. The kids that aren't on a
13 team can't even get into participate in the gym or do
14 some other things. Maybe their GPA isn't good
15 enough, and I see that a lot. If you don't have a
16 2.0 GPA or higher, you can't be on a team. Maybe
17 they can't get to practices early in the morning or
18 late in the evening. They have transportation issues
19 or there are socioeconomic issues; that they have to
20 have a job to help support their family. There is no
21 way they can compete. They're overweight. They're
22 out of shape. They're not even going to try or they
23 just have no interest. Sports is not their thing.

24 And there's a lot of kids that that's true of.

25 Five years ago, Winter Park Health

1 Foundation, which is a nonprofit group in our area,
2 came up with the idea of putting some healthy school
3 teams into our high school, the two middle schools
4 and the nine elementary schools that fed into our
5 high school. And we've been doing this for the past
6 five years; it's Coordinated School Health, CDC model.
7 And they also provided some funding to initiate these
8 healthy schooling teams.

9 You can see the eight areas that a health
10 school team -- or that our healthy school team and
11 coordinated programs address. These are eight
12 different areas that impact kids health. I'm going
13 to talk a little bit about how our team had
14 addressed -- some of our successes in physical
15 activity and nutrition. But I want you to know that
16 all of these eight areas are equally important
17 because we know how much it's all connected.

18 Our team at the high school is cognizant of a
19 lot of different participants. You can see some of
20 the people that are on our team. And students are at
21 the end of my list. And I feel that this is
22 something that having students on a your team at the
23 high school level is crucial and here's why.

24 They consistently come up with some of our
25 best ideas. And I want to say, we meet monthly. All

1 the teams in our schools. They are always coming --
2 students are always coming up with things that we
3 haven't thought of. They know their peers. They
4 know what works. They know how to get their
5 attention. They are the first to say as we're
6 talking about projects or ideas, That's a great idea.
7 And the first to say, That is totally lame; that is
8 never going to work for high school kids. And high
9 school kids are a difficult group to motivate. We
10 have found that to be essential.

11 And lastly they've given us a lot of insight
12 into some of the issues going on campus that the
13 staff has been unaware of. For instance, we have a
14 large international baccalaureate program; that is a
15 program that draws some very highly motivated
16 students. And we were told by some of our student
17 team members last year that there were a lot of kids
18 in IVS that were totally stressed out. And among
19 this group of students what we were able to do is --
20 myself and our mental health counselor on campus --
21 were able to get into all those classes and talk
22 about stress. What is it. What does it look like.
23 What are some strategies for dealing it. When is it

24 too much and when do you guys need to seek help. And

25 finding with this group of student, it was important

1 to talk take about me or maybe the expectations.

2 Maybe you don't have to go to Harvard to be a
3 successful human being.

4 Here is a list of some of the projects that
5 we've evaluated as a consortium of schools. One
6 thing that we did at the high school level was we had
7 a Y-night in partner with the YMCA. We had a lot of
8 different classes that were fun where kids got to
9 rotate through them like hip-hop, salsa dancing. And
10 we'll be doing that again.

11 This summer we used some of our money for --
12 and we purchased fresh fruit for free in the
13 lunchroom to kids, and they loved it. And one of the
14 stories is as a young lady came in and she was
15 standing in front of this big bowl that we have and
16 asked one of the teachers there, Well, what is that?
17 Well, that's a pear. She said, Oh, I thought they
18 only came in cans. She said, No, that's fresh pear.
19 And she picked it up and said, How do you eat it,
20 like an apple?

21 You know, the governor said yesterday that
22 living in Florida with good weather all year long we
23 should really have the healthiest people because of

24 the opportunity for physical fitness. Well, we grow
25 so much fresh fruit and vegetables, we should also be

1 able to do a lot better job of getting this stuff
2 into the lunchrooms. Some districts have done well
3 with that. We've had a lot of roadblocks with that.
4 Even with this whole approach in the last five years,
5 that's been one of the hardest things to change is
6 what they're receiving in our lunchrooms and on our
7 campuses.

8 So the challenges at the high school level I
9 would have to say, as much as some of it is physical
10 activity, events have been erased. The truth is,
11 they're optional. Kids who are overweighed or
12 disinterested aren't going to participate in them.
13 For a large number of our schools, PE seems to be the
14 only way we're going to impact the fitness level at
15 high school.

16 Again, a young man presented in my office.
17 He had already completed his senior year but he had
18 never taken the PE requirement because he had been
19 avoiding it. So he waited four months and he came
20 back during summer school when he decided to deal
21 with it in summer school because it is only 10 days
22 of PE, so that's what he did.

23 He walked in the first day of summer school

24 about halfway through the day -- and I initially
25 thought this is going to be a 911 call. Get ready.

1 He was about 100 pounds overweight. He was extremely
2 short of breath. His heart rate was elevated. His
3 blood pressure, because I could monitor him closely
4 and use his vital signs to -- I mean, because I could
5 get ahold of his dad right away, he called and got
6 him into his doctor immediately. He came back the
7 next day and the doctor said he could not participate
8 in PE until it was cleared by a cardiologist.
9 Luckily he had insurance and could get into a
10 cardiologist.

11 He came back the following day with a note.
12 He was cleared to participate but on a restricted
13 basis. So I went out and talked to the coach that
14 was teaching the course to tell him what his
15 restrictions were going to be. And he didn't really
16 like the fact that he wasn't going to be able to run
17 the track with the other kids, and he was going to
18 have to kind of tone it down. And I used the analogy
19 with him, and I will with you too. We don't start
20 our kids in high school on the math track starting
21 them with calculus. If you start out that way,
22 you're not going to be successful. We start them in
23 algebra I. And then get geometry and then algebra

- 24 II, pre-calc, calculus. We have to be able to do
- 25 this with our kids in Florida with regards to PE,

1 too. We don't start with one semester of PE. You
2 know, every year kids have got to have some PE.
3 Because the kids that I saw that I'm talking about --
4 I've seen so many of those kids over the years.

5 The -- I'm sorry. I was better at this then
6 I thought it was going to be; that's why I have all
7 these notes. But -- so what I just want to say is in
8 closing. The school health index is another part of
9 the Coordinated School Health program which is an
10 awesome tool. Kids, again, from the CDC and the
11 Department of Education came into our school to show
12 us how to use it; it's a collection of worksheets and
13 questionnaires on -- that focus on all these eight
14 areas of school health. And it really gives you a
15 snapshot of your individual school, your strengths,
16 your weaknesses related to health. We can see -- we
17 only scored a 38 percent in PE this year. We better
18 make that our priority area. And every year we do a
19 health school index. We you can see us getting
20 better in what other areas we might want to focus on.

21 In summary, I'd just like to say our biggest
22 success is partly because of our healthy school
23 teams. Orange County public schools last year

24 mandated that there be a healthy school team in every
25 single school in the county, which has been great.

1 And I would like to see that in the State of Florida.

2 I'll leave you with a powerful quote and it
3 says: Students who are hungry, sick, troubled or
4 depressed, cannot function well in classrooms no
5 matter how good the school, and that's from the
6 Carnegie Council & Adolescents Student Development.

7 Thank you for allowing me to share my part of
8 Orange County.

9 MS. HOGSHEAD-MAKAR: Thank you, Chris,
10 appreciate it.

11 Do we have questions?

12 Okay. Thank you very much.

13 We're going to move onto school wellness and
14 institution. We're going to hear from Diane Santoro.
15 Diane is another food and nutrition service
16 administrator in the Florida Department of Education.
17 She has a degree in food and nutrition from Rochester
18 Institute of Technology. She's a member of the
19 American Dietetic Association and Dietary Practice
20 Group for School Nutrition, Advisor to Florida School
21 Nutrition Association. She has 29 years in school
22 food service, ten of which were as a school food
23 director. Diane will share with us today the state

- 24 perspective for the school wellness policies and
- 25 school nutrition policies.

1 SCHOOL WELLNESS AND NUTRITION

2 DIANE SANTORO

3 MS. SANTORO: Good morning, everyone.

4 School nutrition is my mission, and I think
5 it is the mission of Florida Department of Education
6 and Food and Nutrition Management. Thank you for
7 allowing me to speak today on behalf of the school
8 nutrition workers and service people that deal with
9 our children on a daily basis.

10 I have provided specific information relating
11 to the program in your binders, as well as a glossary
12 of terms that you're probably going to be hearing
13 through your meetings as far as the program is
14 concerned. So we many times talk in acronyms and
15 know what we're saying, so I thought it wouldn't be a
16 bad idea to have those added.

17 What are child nutrition programs? Actually,
18 they're federally assisted. I think everyone is
19 fully aware of that. And there's almost 100,000
20 schools throughout the country, over 36 million
21 students and it was established under the National
22 School Lunch Act in 1946.

23 I was asked to address the nutritional role

24 that school meals play and barriers that may provide
25 some unattractive meals to students and the

1 availability of snacks and options in vending
2 machines.

3 So why school meals? I did want to let you
4 know, all of these programs have been taken
5 throughout the State of Florida. So I always say, a
6 picture is worth a thousand words. Hungry children
7 do not learn. They're likely to get sick, they're
8 likely to be absent from school. As a former
9 director, many times I have seen students actually
10 come in for lunch. And I'd say, What are you doing
11 'here, you're absent? But I'm hungry. So it is a
12 very, very important part of their lives. Studies
13 have shown -- and we do have that information for you
14 statistically -- that eating lunch at school and a
15 breakfast does show that they do perform academically
16 better than those that do not eat nutritionally sound
17 meals. And I think most nurses will agree if they do
18 eat, there are less visits to the nurse's office.

19 School meals have come a long way. I think
20 it's interesting to see that health is becoming
21 something that we believed in many years ago as the
22 forefront. We're seeing just the bottom line. And I
23 think today what you're seeing are many whole grains

24 being offered. Those of you who do eat whole grains
25 know that they're very dry. And when you substitute

1 them in a product, you have to be very careful to
2 gradually incorporate these items because they're not
3 going to be acceptable to the students. So this is
4 one area that most reps are working with.

5 If you have a pizza today in many of the
6 schools, you will be having a whole-grain pizza;
7 meaning, that the crust was made with whole grains
8 and the cheese is low fat. There are now chicken --
9 someone mentioned yesterday chicken nuggets. Chicken
10 nuggets that are served in many of the schools today
11 have a whole-grain crust with white muscle meat.
12 They are not fried; they're baked. The nutritional
13 analysis that is available -- if you go on any of the
14 district websites, many times, will show you exactly
15 what these ingredients are.

16 Currently, when you go into the schools,
17 you'll see signature salads. Signature salads are
18 Chef salads, Cesar salads, Asian salads, Western
19 salads, wraps, parfait; meaning, the yogurt parfaits.
20 Fruits and breakfast parfaits. A variety of
21 different things that are happening right now.
22 They're balanced and healthy. I know many of you
23 think that's not true, however, that really is.

- 24 The National School Lunch Program must have
- 25 their meals appropriate in portion sizes for age

1 grouping. They have to be balanced and provide
2 protein, dairy, whole grains, fruits and vegetables.
3 Moderation however is the key balance. Therefore,
4 what we do in our program is average out, over the
5 period of five days, the basics that need to be
6 accomplished. This way, if there is a day that might
7 have something like a cheeseburger, the next day
8 normally is going to have a Chef salad or a turkey
9 wrap. This is the way you try to balance what's
10 being offered. The other side of that is that there
11 are usually, at least, three or four entrees that a
12 student can choose from.

13 Studies have shown -- and, again, we have
14 this documentation -- that students who eat during
15 the school year, a school breakfast and lunch, are
16 less likely to gain weight than those that do not.
17 This also includes those students during the summer
18 months. And this is if weight testing -- testing was
19 done at the beginning of the school year. Now in
20 August, many times -- because those students have not
21 had nutritionally balanced meals during the summer,
22 many times you will see a weight gain. So these are
23 studies that have been accomplished, and we do have

24 information that we can provide you with that.

25 No super sizing. One of the major complaints

1 that I receive as the food service administrator from
2 parents and from the students is, Those portions
3 aren't big enough for us. And what it is is we have
4 what's called now, portion distortion. For those of
5 you who are out eating in restaurants today, notice
6 the size of your plates. They are twice as large as
7 they used to be and the portions that are there
8 usually can feed three people. And so the
9 expectation many times with our -- with student meals
10 is that they're not getting enough. But, actually,
11 what they are receiving is what is a balanced meal.

12 Factors to consider. And this is not what I
13 call barriers. These are challenges. And challenges
14 provide opportunities where we have to be -- I mean,
15 as a food service director, these are some of the
16 areas that we have to deal with on a daily basis.
17 You just don't create a menu. You have to understand
18 first and foremost the nutritional requirements that
19 have to have -- have to be available. You have to
20 understand that taste is important.

21 The menus need to have variety. The
22 acceptance of the student is primary, we don't feed
23 trash cans. One of the key things that I have always

24 believed in, in my humble 30 years -- I actually
25 started when I was 12. But that is plate waste. I

1 would stand at the trash cans, and I would look to
2 see what the children were eating. And if it was
3 going in the trash, I wanted to know why. Well, one
4 of the points that was interesting -- someone
5 mentioned a pear. I can also relate to that. One
6 day I had the bright idea to serve apple cider; not
7 the clear kind that you buy in the grocery store but
8 the real thing. And a number of the students
9 wouldn't take it because it was cloudy. And so I
10 asked them -- I said, Well, have you never had apple
11 cider? Well, not like this. And I said, Why don't
12 you try it. And so, you know, as we had them trying
13 it -- and when I'm saying trying, I ended up using
14 those little one ounceers -- they'd come back and say,
15 Wow. This is really good. And I didn't want to tell
16 them if they left it for a while -- we know what
17 would happen. But, anyway, they did enjoy it.

18 Another piece that was interesting is we
19 talked about apples. How many of you -- have ever
20 been in an elementary school with first through third
21 graders and have seen apples being thrown away?
22 Well, there's a reason for that. They don't have
23 front teeth. And that's one of the ideas that we

- 24 offered in a workshop for our food service worker
- 25 this past summer called Fruits and Vegetable Galore;

1 that they need to cut them up. Oranges. Students
2 will eat fresh fruit and vegetables if they're
3 accessible and easy to consume.

4 Another thing we found out was that I was
5 seeing these fruits being thrown away because they
6 take too much time to chew and they wanted to go out
7 and play. And so they also were told that they can't
8 take their food outside; they can only eat it in the
9 cafeteria. They disposed of it. So these are some
10 of the things that are little challenges that
11 directors have to deal with on a daily basis.

12 Standards. We are required by federal
13 standards to provide one quarter of the RDA at
14 breakfast and one-third at lunch. We have to have
15 our calories appropriate for all age groups. I have
16 attached that information for you so we don't have to
17 spend a lot of time with it. And that there be only
18 10 percent of calories of which 10 percent will be
19 saturated fats. Now, this is over a period of five
20 days. So, again, you're going to look at some days
21 that might be 9.6 percent. There may be days that
22 have 10.2 percent. But when it's averaged over five
23 days, that's normally -- we want to keep it at that

24 percentage point.

25 Just a plug right now, and this one I'm

1 really excited about. I believe in breakfast.
2 Excellence begins with breakfast; it is something
3 that we are not taking advantage of in the State of
4 Florida. Breakfast week nationally is celebrated in
5 March. Now, what happens in the State of Florida in
6 March? FCATs. You cannot do anything. You can't
7 breathe during that week, as we well know. And if
8 you wanted to do something special to celebrate, it's
9 not allowed. And we understand the reasoning behind
10 it. But there's also another parallel here. What do
11 principals want during FCAT week? Breakfast. But it
12 doesn't seem to be an issue the rest of the year. So
13 our idea was, let's start it earlier. Let's get the
14 students excited and happy about having breakfast at
15 the beginning of the year so that it becomes a habit.
16 So, please, mark your calendars. September 17th to
17 the 21st is the very first Florida school breakfast
18 week. Governor Crist has signed a proclamation and
19 we're really excited. So just contact your school.
20 And we're going to have a media event in Tallahassee.
21 We'd love to have you there. But I have to plug that
22 one. That one is kind of really exciting for me.
23 There's a menu planner; it is available to

- 24 all food service directors. Again, we are a
- 25 complicate program and it would take me probably

1 three days to explain all of it. But I did want you
2 to be aware that this is available to all your
3 directors; it just gives them the basic information
4 on the healthy information plan that we have which
5 are five, and also suggestions on how to make them
6 healthy. We also provide technical assistance and
7 support from our department, and I have five
8 registered dietitians besides myself on staff. So we
9 do have experts and the availability to support
10 anything that any of the directors would like to do.
11 So I did want to share that with you.

12 This is our web site. And, of course, I also
13 included it in your packet, the information
14 specifically, the one-pager, on the wellness
15 policies. Nationally, it was instituted in 2004 with
16 the Reauthorization Act; and that meant that by July
17 of 2006, all districts have to have -- or all
18 sponsors, local sponsors. Have to have a wellness
19 policy. In addition do that, the State of Florida
20 also has a statute that stated that by December 2006,
21 all wellness policies must be on our web site. So if
22 you go to our web site and you're interested in your
23 district, it will give you the wellness policy.

24 Now, the interesting thing about the wellness
25 policy is that, again, we partnered with Action for

1 Healthy Kids and Coordinated Health, and we worked
2 really closely with them so that it ties in all
3 the aspects of what needs to be done. And we have
4 this wonderful partnership. We've actually had the
5 best year of our lives. I think many can attest to
6 that; that we've been able to move very, very closely
7 together in that.

8 However, the monitoring of these wellness
9 policies, as well far as the nutritional side, are
10 left with our department. So when our department
11 goes to a school for a review, the first thing we ask
12 is we want to see your wellness policy. Now,
13 districtwise, a very nice binder, lovely. But when
14 you go into a school and you talk to the principal,
15 similar to what you just said, they're not
16 coordinating it. And that is one of the findings
17 that we are writing up; that the wellness policy has
18 to be brought down to the school level; it doesn't
19 really help to have it at the district level. So I
20 just wanted to let you know that this is one of the
21 areas that we do look at.

22 You were looking for data-based information
23 on wellness policies. Well, we contracted with the

- 24 Florida State University, Dr. Joy Peru [phonetic],
25 who actually went through all our wellness policies.

1 Now, one of the things we did last year, we did not
2 renew an agreement for our program unless the
3 wellness policy was included, and we read and
4 reviewed every single one. So if you're curious to
5 find out what and where you are, I have that
6 information also available for you. And what we did
7 was covered 14 categories: Nutrition/education, PE,
8 physical activity before lunch, instruction, how it
9 was being monitored, what they were doing to restrict
10 ala carte, offering/promoting choices, time for
11 lunch, what they were doing with their plan, how they
12 were going to evaluate and what they were using for
13 baseline tools. So each of those areas we do have
14 those -- this information available.

15 Partnerships. I just mentioned that. Last
16 year we worked very closely with Coordinated Health,
17 Action for Healthy Kids, the American Heart
18 Association and ourselves, to provide the training
19 tools for all sponsors so that they can understand
20 what was at stake and what they can do to make a
21 difference. And we had them in -- we started with
22 our symposium. We actually presented that K through
23 12 done last October. We also presented it the

- 24 school board association and shareholders, and then
- 25 we had five regional workshops that ended the end of

1 July -- or the end of January.

2 Local. This is where the state has very
3 limited input. So as a result, at the local level,
4 vending, fundraisers, time for meals, those wellness
5 policies we talked about, financial practices,
6 staffing and menu planning, all of these are only on
7 the local level. So as a result, the intentions
8 might be great, but this is the area that, in my
9 mind, has to be looked at very carefully.

10 When I'm talking about staffing, it's very
11 difficult when a manager in a school food service
12 program -- evaluation is dependent upon the
13 principal, not the food service director. Because if
14 the principal doesn't have buy-in, it's very
15 difficult to have that accountability. The word
16 "accountability" is not -- in my mind, also might be
17 considered when they are being evaluated; that the
18 nutrition programming be part of the evaluation of
19 the schools and that might help to show that we are
20 very serious about what we're doing.

21 When we look at cost -- and just to let you
22 know, the programs themselves are self-sustaining.
23 By that it means the revenue that they generate pays

24 all the expenses. As a result right now, I don't
25 know if you know about low prices, however, the

1 districts are incurring, as I speak, an increase in a
2 carton of milk anywhere from 4 to 7 cents above last
3 year. Now, that can amount to almost half a million
4 dollars to say somebody line Pinellas County more so
5 than Hillsborough or Orange Counties and those are
6 dollars that were not budgeted. So they have to now
7 come up with ways because -- to actually cover these
8 costs. And being that milk is part of the
9 reimbursable meal, it's simply not an option. So
10 that's just one indication.

11 We talked about fresh fruits and vegetables.
12 If you meet that USDA -- and this is under the Office
13 of Budget & Management, has a procurement role; that
14 procurement rule says we cannot have geographical
15 programs. So as a result of that, even though there
16 may be fruit and vegetables in the State of Florida,
17 we have to be very careful how they are spent because
18 we cannot proclaim the geographic preference to
19 fruits grown in Florida; and that's nationwide that's
20 just not here. But it's one of those -- again, areas
21 that we're hoping to see that change.

22 Fundraisers. Again, as the rest of you
23 know -- I mean, I finally became a grandparent. But

- 24 having three children, I think we sold more candy
- 25 bars and every type of goodie you can think of

1 because it was the easy way to go to get those
2 dollars that -- my son wanted to go on a field trip
3 -- or their group wanted to go to a field trip to the
4 Statute of Liberty. Well, he ended up selling the
5 most Nestle bars. I'm not kidding; it was like 5
6 pounds. That was 25 years ago. Yet, we're still
7 doing the same thing. So it's one of those things
8 that we really have to look at.

9 Vending is another. Again, it's local.
10 Students health is not for sale. Just remember that.
11 This pamphlet is also available for you; it's one
12 from USDA and it says, Always working together can
13 help children to learn and enjoy healthy eating.

14 Any information you need, there is our web
15 site, and we'd be happy to help you in any way we
16 can.

17 MS. HOGSHEAD-MAKAR: Thank you, Diane.

18 Any questions?

19 MS. SHERIDAN: You're familiar with the school
20 youth plan?

21 MS. SANTORO: Yes.

22 MS. SHERIDAN: What do you think of the
23 requirements that wellness be based in that school?

24 MS. SANTORO: I think if it were addressed, it
25 would make the credibility of nutrition part of the

1 learning environment.

2 DR. SCHAECTER: Diane, really nice presentation.

3 I thank you all for the reports and the packet as

4 well. Among them, you put down the amount of

5 reimbursement for the government --

6 MS. SANTORO: Right.

7 DR. SCHAECTER -- at the different levels. And

8 as I understand it, for those who are paying, we end

9 up losing money on reduced lunches because the

10 reimbursement at the government level. County by

11 county, what is the range in percentage of what

12 per-paid lunch -- what kids are paying? Is that set

13 at the county level?

14 MS. SANTOS: That's set at the district level

15 and it ranges anywhere from -- at the lower range

16 level probably about 1.25 to \$2. At the high school

17 level, anywhere from 1.50 to probably almost \$3.

18 DR. SCHAECTER: And the geographic preference is

19 a procurement. So if Florida producers wanted to

20 actually give as a commodity or such to the school

21 systems, that would happen in terms of --

22 MS. SANTOS: No, they can't do that.

23 DR. SCHAECTER: They can't do that.

24 MS. SANTOS: No. We would have to -- and this
25 is being -- we're done with USDA, because it's become

1 an issue throughout the country. There is a program
2 called the Department of Defense, Fresh Fruit &
3 Vegetable Project and it is currently in 27 states;
4 Florida is not one of them. They are working hard to
5 see if they can extend that to all states.

6 If we have any legislative friends that would
7 like to lobby for it, that would be wonderful. And,
8 I think, that would be one way that we can certainly
9 incorporate more in the State of Florida.

10 MR. KEISER: Thank you for joining us. I'm a
11 high school student in Fort Lauderdale. And, I think
12 you said -- I believe that you said meals are
13 balanced according to grade and age --

14 MS. SANTOS: Yes.

15 MR. KEISER: -- is that right? Well, I'm going
16 to ask you and -- I think sometimes I eat more than a
17 normal student would eat just because I need my
18 energy for classes and to compete the rest of the
19 day; is that taken into account in the meals?

20 MS. SANTOS: Actually, once again, with the
21 requirements -- and I know what you're talking about.
22 We're limited to the amounts. However, many
23 districts will work, and I know Sheila can probably

- 24 help you out in this area with a term called "a
- 25 coaches table." And what they try to do there is

1 increase and balance what their needs are for the
2 athlete. And each athlete group is a little
3 different. But working with them is how normally a
4 district will incorporate those needs. You know,
5 with the lower grades, obviously K through 3, the
6 requirements are a lot less. And then they increase
7 at the high school levels, but that can be away that
8 we can work around it.

9 MR. KEISER: Thank you.

10 MS. SANTOS: And if you can't, let me know.

11 MS. HOGSHEAD-MAKAR: Diane, thank you so much
12 for your time and the resources that you've given us
13 today.

14 Today with us -- we're going to go a little
15 bit out of order right now. We have Representative
16 Will Weatherford who's from District 61 in Pasco
17 County. He is the main sponsor of the PE Bill. One
18 of the emphasis that got us all together here.

19 So, Counselman, welcome and we look forward
20 to hearing your remarks.

21 PHYSICAL EDUCATION BILL

22 REPRESENTATIVE WILL WEATHERFORD

23 DISTRICT 61, PASCO COUNTY

24 MR. WEATHERFORD: Thank you very much . I

25 appreciate the introduction. And, first of all, let

1 me say it's an honor to be here. There are a lot of
2 new faces on the Council. And I think, from the
3 beginning -- first of all, it is very historic that
4 the governor -- and I commend Governor Crist for
5 putting the Council together to really take a look at
6 the crisis that we're facing, this obesity crisis.
7 And you all have a very broad scope and I honor --
8 it's going to take a little while and a lot of
9 effort, but I think the recommendations that you come
10 up with and the results you come up with will produce
11 a lot of results in the State of Florida.

12 To give a little bit of history. The reason
13 why I think I'm hear today might be to talk about the
14 bill that we have this year in the legislature that
15 deals with PE. First of all, I come from a family of
16 nine kids; seven boys and two girls. And activities
17 and athletics play a large part in my family and
18 still do. As a matter of fact, last night I went to
19 watch my brothers play in a high school football
20 game, so I'm still kind of living through it. And
21 like Mr. McCorvey, I've got a brother at Florida
22 State and I'll be watching him play. And so
23 athletics has always been a big part of what my

24 family does and has kept us out of trouble, number
25 one, and in shape number two. But I think it plays

1 an important role not just for my family but for a
2 lot of people in the state and the country.

3 But what we're seeing is an interesting
4 trend. And I know there's been a lot of people
5 talking about this, so I won't get in to depth as
6 much. But, as you all know, obesity among kids from
7 the ages of 6 to 18 have tripled since 1980 and that
8 is staggering. In 26 years, 27 years, that those
9 numbers could triple. They tripled. And anybody who
10 has spent any time in the schools -- and there are
11 probably educators in this room, if you've spent time
12 in the school system and you've seen some of these
13 young kids, you know what I'm talking about. And
14 I've even had teachers, principals, administrators
15 come to me and say, We can tell the difference.

16 You know, I saw my old philosophy teacher the
17 other day and she's been teaching at my old high
18 school for 30 some years, 35 years, and she said, the
19 difference I've noticed in the fitness level of the
20 kids is staggering in that time. So it really is an
21 epidemic. And I think they say if a child is obese
22 by the time he's eight years old, there is a three
23 times greater chance that he'll be obese in his

24 adulthood and for the rest of his life. And so it's
25 a real challenge and then to -- so people always ask

1 me, why didn't you start at the elementary school
2 level? Why is it necessary to instruct their
3 students that control -- what I tell them me is, we
4 took the time to prevent them from becoming that
5 statistic. We're trying to prevent them from getting
6 there. So that's a big thing.

7 You know, before we passed this legislation,
8 there were already 36 states that had a mandatory PE.
9 A lot of the times anywhere from 120 minutes all the
10 way up to -- some states 180 minutes per week. So
11 those were kind of some reasons of why we thought it
12 was important to do a bill. In fact, it was a
13 campaigned issue that the governor used and talked
14 about a lot in his campaign; it was something very
15 close to my heart and Senator Constantine's heart.
16 So we kind of put our heads together and said, Look.
17 We came up with a good idea. A lot of folks in this
18 room -- which was 150 minutes of physical activity a
19 week, which basically equates to 30 minutes a day of
20 physical activity. And to me that is kind of a
21 backbone and the fiber of what we need to be trying
22 to do in our schools is physical activity; it should
23 be a daily occurrence. It can't be something you do

- 24 on Monday, you take Tuesday, Wednesdays off and maybe
25 go out there and play on Thursdays and Fridays.

1 Every day, particularly kids from the ages six
2 through twelve -- you know, for other reasons, if I'm
3 six or seven years old, I don't want to be locked up
4 in a classroom for eight hours a day doing nothing
5 but studying for tests and for the FCAT and other
6 thing. These are kids. You know, they need to get
7 out there and release some of that energy. And so --
8 and probably for the sanity of some of these teachers
9 in the classroom. But it's important that we do
10 something that is daily.

11 I think part of the bill -- and what we tried
12 to do in this -- it's a very simple bill. We thought
13 that about every school could to have 150 minutes of
14 PE, but we gave it a lot of flexibility. And we
15 said, you know, you could have 45 minutes one day and
16 15 minutes another day. We'll allow you to
17 incorporate types of other activities. For example,
18 if there's a dance class -- you know, when you're
19 dancing, you're doing some physical activity. We'll
20 that counts towards PE. If there's a structure --
21 and I really focus on the word "structured recess."
22 You know, we just don't want to let out kids outside
23 and count that a PE. But if there is a structure to

- 24 it where they're focusing on making sure everyone is
- 25 participating and getting their heart rate levels up

1 and moving, then we'll allow you to count that.

2 The reason the flexibility was important is
3 because every school district is different and it's
4 important to have them reach their goals. I think
5 Mr. Montford has a lot experience and can tell you if
6 you try to mandate too much at the local level, it
7 will end up backfiring on you. So it's important for
8 us at the legislator to be very flexible.

9 However, with that being said, I can also
10 tell you that I'm hearing some rumors already. In
11 fact, the governor and I had a quick conversation
12 about it the other day; that there are some schools
13 that are trying to get around the law. And, in fact,
14 I heard one rumor where, in fact, they're trying to
15 count the time that they're walking to and from
16 portales, okay, towards the PE requirement. Now
17 that's insanity to me.

18 I can tell you there's two ways we can handle
19 it. Number one, they can go and implement the intent
20 of the law, which is that they all do 30 minutes of
21 physical activity a day or nutrition learning. They
22 can take time learning about nutrition. I think
23 we're going to come back to the legislator next year

24 and we're going to tighten it up and it's not going
25 to be as flexible. You know, we don't want to do

1 that. We want to give the schools and the districts
2 the ability to make this work for their individual
3 circumstances. But if they're going to count things
4 like, you know, walking to and from portals, what's
5 to say that they're not going to try and find out
6 where a kid lives and then count the time from his
7 house to his bus stop. Are we going do count that
8 towards his PE. It just didn't make sense.

9 So we're going to be -- I can tell you,
10 between now and session, I'm going to keep a very
11 close eye on the implementation that this bill has.
12 Because if I don't think that they're living up to
13 the intent of what we anticipated, then I think this
14 needs re-visited.

15 So it's not a complicated bill; it's pretty
16 simple, but it's an important bill and it's an
17 important issue. And the reason that -- I'm just
18 really excited about the Council. I think you've got
19 a lot of folks on here. Some great athletes, some
20 great educators, superior administrators and people
21 from a wide variety. We've got my friend down there
22 who's a high school football player. In fact, Joe
23 did you play yet?

24 MR. KEISER: Yeah, we played last night.

25 MR. WEATHERFORD: How did you do?

1 MR. KEISER: We won.

2 MR. WEATHERFORD: Did you get any tackles?

3 MR. KEISER: I had two sacks.

4 MR. WEATHERFORD: Good for you. See what I'm
5 saying. And he was our poster child. He's spoken in
6 front of every committee -- and showed a picture of
7 him playing baseball. He's was an overweight kid,
8 and he put a lot of hard work and worked out and he's
9 had a lot of success on the football field. I'm so
10 proud of you. But it's stories like that and we have
11 the opportunity to create more of them.

12 So I'm excited to be a part of this issue. I
13 hope that we're going to do more. I think this is
14 something that's important to the governor, and I
15 think that's why he created the Council.

16 I'm here to answer questions and take
17 suggestions and just be a good listener for the rest
18 of the day. So --

19 MS. HOGSHEAD-MAKAR: Does anybody have any
20 questions for Representative Weatherford?

21 MR. WEATHERFORD: Yes, ma'am.

22 DR. SCHAECKER: Thank's Representative for your
23 hard work on issues of importance. Would you speak a

24 little bit as to the law being for children K through

25 5 and what additional barriers they have and do they

1 extend that to middle schools and highly school
2 students.

3 MR. WEATHERFORD: Yeah, that's a very good
4 question and some people have actually brought that
5 up. Why does it only go K through 5. I mean,
6 doesn't it go through middle school and through high
7 school. And first we had thought about -- you know,
8 the legislature -- you know, when you try to bite off
9 more than you can chew in one year, it wouldn't
10 happen. I think everyone recognizes that elementary
11 school students need to be outside and need to be
12 getting physical activity. But so do middle school
13 students through high school students. The problem
14 we run into and the challenges we face is -- and
15 Mr. Montford knows this better than anybody. We had
16 a state mandated allotment to schools and there's a
17 lot of requirements; that you have to make FCAT
18 requirements, be it, you know, English requirements,
19 math requirements as for particulars of studying.

20 So what happens is it's a timing issue. The
21 day literally isn't long enough. And so we really
22 struggle in trying to grasp for how do we squeeze in
23 -- how do we make sure that we're educating our

24 children but it's not to the detriment of their
25 health. What I say is, Look. I want my job -- my

1 wife, we're expecting our first child, so I'm having
2 a school system that hasn't gone through it. And it
3 wasn't too long ago for me -- I can tell you that I
4 don't care if my kid is getting straight As. If he
5 is obese by the time he's eight years old and has,
6 you know, serious health problems, I mean, that's a
7 bigger issue. I feel -- you know, it's not that I
8 want my kids to get Cs, but, I mean, I would prefer
9 that he's well-round. If he's going to get Bs -- and
10 there's going to be some middle ground there. I'd
11 rather him be a healthy kid and not just one or the
12 other. I don't want him to be an expert at the FCAT,
13 but be overweight by the time he's eight years old.
14 You know, that doesn't make sense.

15 So we have to find the middle ground. And,
16 of course, that's -- the devil is in the detail, as
17 we say. I think the governor has made it priority
18 over these next few years to start to appropriate
19 more requirements of PE in the middle school and high
20 school. I agree with him. I think I'll be working
21 with him on it. But exactly how we're going to do,
22 it's a little too early to tell because we have to
23 navigate all those requirements. I know that's a

24 long answer, but that is the answer.

25 DR. SCHAECTER: May your wife have a safe and

1 easy pregnancy.

2 MR. WEATHERFORD: Thank you very much.

3 MS. HOGSHEAD-MAKAR: Do you have a question?

4 Thank you very much for being here and thanks
5 for all your hard work. And we'll be very
6 supportive. And if there's anything we can do, this
7 Council stands behind you in what you're trying to
8 do.

9 MR. WEATHERFORD: Well, thank you. It's an
10 honor to be here. I'm excited. Like I said, I'm
11 excited that the Governor has made this a priority,
12 and I'm excited about the people he's put on here.
13 Some really qualified folks. And I'm just looking
14 forward -- and hopefully we can help. If it takes
15 legislative approval, I look forward to being a
16 champion for you in the legislator.

17 MS. HOGSHEAD-MAKAR: Thank you.

18 I think we're going to take this opportunity
19 now to take a break and hopefully be able to stand up
20 and stretch and do a little activity ourselves.

21 (A short recess is taken.)

22 MS. HOGSHEAD-MAKAR: I'd like to call this
23 meeting back to order.

24 I'd like -- our next presenter was supposed
25 to be Judy Harrison. She had to leave. And our next

1 speaker is going to be Rebecca Wilhlem.

2 Rebecca is the assistant principal at Windy
3 Hill Middle School in Clermont, Florida. She's been
4 a leading -- she's been leading her school health
5 team for four years teaching students how to make
6 healthy eating choices and encouraging students to
7 become more physically fit.

8 Windy Hill Middle School's program, Making
9 Healthy Choices, has been featured on Connect with
10 Kids: The Biggest Generation, presented at the 2007
11 Florida School Nutrition Conference and published in
12 the Florida Coordinated School Health Program: A
13 Healthy School Program Guide.

14 Rebecca, we look forward to your
15 presentation.

16 SUCCESS STORY: WINDY HILLS MIDDLE SCHOOL

17 REBECCA WILHELM

18 MS. WILHELM: On of the things we noticed at the
19 middle school level is that kids already have their
20 bad habits when they get to us. So with nutrition,
21 one of the things we did with our program was we
22 wanted to retrain our students how to start eating
23 healthier so we started this within our cafeteria.

24 What did we do? We encouraged our kids to
25 eat healthy at school. With our students and we're

1 doing it now because we can't wait any longer. We
2 need our kids to make healthy choices.

3 Our objective is to encourage kids to choose
4 and eat healthy foods. Kids have so many choices on
5 a daily basis. They can choose pizza, hot dogs,
6 snacks, and they can choose salads on a daily basis.
7 What would you choose? Most kids choose the pizza or
8 the snack.

9 But how do we get them to choose the
10 healthier choices? We approach them with incentives.
11 Every time a student buys a salad, they will get a
12 coupon. The students places their name on the coupon
13 and then they place the coupons in a basket. And
14 once every nine weeks, the students are rewarded for
15 making a healthy choice. They don't know what
16 they're getting rewarded with, so it's kind of a,
17 what's going to happen. They really don't know. I
18 won't tell them.

19 They are rewarded for every salad they eat.
20 They get a pencil for every salad they eat. Some
21 kids will walk away with 50 pencils. Some will walk
22 away with one or two. They are recognized for making
23 their healthy choices. The coupons they fill out are

24 put up on the bulletin board for the next nine weeks.

25 We fill three bulletin boards every nine weeks. It

1 does make a difference.

2 In the first week of when we started this
3 program, there were 735 salads sold in the school
4 cafeteria. In the first year of the program, over
5 2,800 coupons were collected from salad purchases;
6 that didn't include the kids who didn't turn in their
7 coupons.

8 Before the program, the school cafeteria
9 would prepare 20 to 30 salads a day mostly eaten by
10 teachers. They now prep anywhere from 50 to 70
11 salads per day; it does make a difference.

12 Samantha tells us that Salads taste good and
13 make her feel good. They are better -- she feels
14 better after she eats a salad then when she eats a
15 slice of pizza or a hamburger.

16 Anthony tell us he never ate a salad before.
17 He just knew he could get a wristband if ate one. He
18 didn't get a wristband because that was the first
19 nine weeks. He got a pencil, but that's okay because
20 now he eats a salad every week. I watched Anthony
21 walk through the line last week and get his salad.

22 Chelsea used to order chicken fingers and
23 fries when she ate at restaurants. Then she started

- 24 eating salads at school because she could get cool
- 25 stuff. Now she orders a salad when she goes out.

1 Her mom is proud. Chelsea is in high school now and
2 over the summer, her mom e-mailed me thanking me for
3 getting her on a healthy eating choice.

4 It does make a difference. Last year I had
5 the kids come down to the auditorium and all I
6 announced on the PA was, If you ate a salad this
7 year, come down. I couldn't fit all the kids in this
8 picture who ate a salad last year.

9 You need to understand something. I'm the
10 mean administrator in our school. When I get on the
11 PA, the kids know they are in trouble. I only get on
12 the PA when they are in trouble. We have six
13 administrators in our school, and I only get on when
14 it's an emergency or they know that something big is
15 happening. Everybody else does the nice
16 announcements. So when I said, If you ate a salad
17 last year come to the gym, they thought they were
18 coming because it was serious. All I wanted to do
19 was take their picture and congratulate them. They
20 all showed up.

21 Any questions?

22 MS. HOGSHEAD-MAKAR: Thank you so much, Rebecca.

23 MS. WILHELM: Thank you.

24 MS. HOGSHEAD-MAKAR: We're out of order just a
25 little bit. We've got Senator Lee Constantine here

1 who is one of the co-sponsors of the bill in the
2 Senate who's going to talk a little bit about the
3 legislation and where the legislation is going to be
4 going with this.

5 Thank you for being here.

6 SENATOR LEE CONSTANTINE, DISTRICT 22

7 ORANGE AND SEMINOLE COUNTIES

8 MR. CONSTANTINE: I guess I just wanted to thank
9 you all for being here and doing this.

10 I'm going to turn the podium around, if you
11 don't mind, because I want to talk to both sides.

12 This has been a time coming, and I want to thank the
13 Governor for his foresight in establishing this group
14 and let you know that we've got, in my opinion, a
15 long way to go.

16 I've been in the legislature since '92, and I
17 was elected in November of '92. I've been in the
18 Senate since 2000. But in 2003, as part of being
19 chairman of education at the time, and before, I
20 guess when it became cool, we started looking at this
21 and saying, This is crazy. I mean, we're going to 24
22 percent of our children possibly being obese. The
23 numbers are just exploding since the '70s and the

24 '80s.

25 And, you know, at the same time, we're taking

1 physical education out of the classroom and out of
2 the schools. And, in my opinion, it is probably the
3 greatest opportunity for our young children to stay
4 activity, alert, involved, by allowing them to go out
5 and just run around for a few minutes. To stay awake
6 and be prepared for the next part of their day.

7 In 2003, it was my privilege to put together
8 a fee for the legislation that would start requiring
9 the school districts to make it apart of their master
10 plan. In 2004, as part of a greater package, that
11 legislation passed. In 2005, realizing that we had
12 not seen the movement that we wanted, we put in a
13 stronger piece of legislation. Also part of a bigger
14 package in that case, 2005, was part of the middle
15 school form package which was also a bill that I
16 sponsored.

17 In 2006, as part of Bill 772, we made PE
18 requirements even stronger. And then this year with
19 the help of the governor, obviously in his leadership
20 and with the help of Representative Weatherford, we
21 were able to pass this piece of legislation which for
22 the first time, you know, in the last number of
23 years, requires putting PE in the classroom.

24 And I will just tell you that I see this not
25 as the end, but as the beginning. I truly believe

1 that we need to have PE in all levels -- requirements
2 of PE in all levels of schools. Because the fact of
3 the matter is that we have to show, you know, a
4 positive healthy lifestyle for all of your children.
5 And I certainly believe that physical education,
6 lifelong physical education, is something that's
7 extremely important to the total development of any
8 human being and the positive lifestyle of that human
9 being.

10 So, again, I applaud you for this. I think
11 it's not only part of just physical education and
12 education but also, again, as a healthy lifestyle.
13 And I see this as the beginning.

14 Just like when we were doing education
15 re-form, we started in the K through 3, and then we
16 went onto the remainder of elementary schools and
17 then we went to the middle schools and now we're
18 getting ready to start at the high school level.

19 And, I think, I see that the same way in this -- just
20 as important -- you know, we're talking about, I
21 think, being safe. One of the things that -- and I
22 would like you all to take into consideration in your
23 deliberations that you put forth your

24 recommendations.

25 But one of the things in the bill originally

1 that I had put in. And this was not part of the
2 house bill, was that we put in ADFs in every school.
3 A requirement. We put that in -- the defibrillators,
4 every high school; that was part of the high school
5 federation -- athletic federation last year; it was
6 part of Bill 772 that I mentioned.

7 This year, I had it in this bill to begin
8 with. In every school in the State of Florida, one.
9 Just one. They have become so inexpensive that they
10 will not -- in fact, I had the school board
11 administration agree with the Florida Association
12 School Board and the Florida Association School
13 Superintendent agreed and wrote a letter stating that
14 we would not have a negative impact on their budget.
15 And do you know why? The insurance. The insurance
16 would cost less just by having a single defibrillator
17 in every school. Their district insurance cost;
18 based upon the cost between that and the fibrillator.

19 But we also put in the bill -- in the budget
20 this year a grant. I think the grant was \$1.5
21 million. Unfortunately, with the Governor doing such
22 a great job in vetoing so many things, he slipped and
23 that red pen went over to a line item that I'm sure

24 he didn't mean to do; that 1.5 million got vetoed.

25 In talking to the staff of the Governor, I feel

1 confident that the money can be found. And, you
2 know, we're not in good shape right now. We're going
3 to find it to put that back in and get that fixed.

4 But it wouldn't hurt. It wouldn't hurt if
5 this organization and this Council considers that as
6 part of a positive healthy physical education
7 lifestyle as to all the kids. Because you can have
8 that whether it be a teacher or even a student or a
9 staff member of a school, you know, have -- and most
10 schools have done it. I want you to know that;
11 that's why it's not going to cost that much. Most
12 schools have already taken the initiative. In fact,
13 it happened in my district that a school teacher
14 actually fell and because the school didn't have a
15 defibrillator, went into a coma; and it could have
16 been easily rectified. But most schools have them.
17 And now most in the small rural areas. You would be
18 able to get one fibrillator in the schools of
19 Florida.

20 Other than that, I just wanted again to thank
21 you for the opportunity to be here. I wanted to be
22 at your meeting just to applaud you all because being
23 in so many different groups, I know what a sacrifice

24 it is personally and professionally to take the time

25 and opportunity to do what you're doing; it's so

1 important that we come up with a real long-term
2 vision for physical activity, physical education in
3 schools for a healthy lifestyle. For not just our
4 children, but for all Floridians. And thank you very
5 much.

6 Anybody want to ask me a question, I'm happy
7 to do that. I just spent an hour and a half stuck in
8 traffic on I-4, eight miles before I got to 75. So
9 the normal hour and a half took me three hours. So
10 I'm not looking forward getting back on the road
11 because that's what I'm doing. I'm going straight
12 back to Orlando.

13 MS. HOGSHAED-MAKAR: Sheila.

14 MS. SHERIDAN: I applaud you for your work.
15 This has been great.

16 One quick questions. When you said the
17 prices of fibrillator have gone down and the --
18 (inaudible) -- what kind of money do they have to
19 come up with?

20 MR. CONSTANTINE: And I've never bought one
21 myself. But, I think, the latest that I saw with
22 defibrillators was around 1,000. And the fact of the
23 matter is, there isn't a school in the State of

24 Florida, I don't believe, that doesn't have one
25 parent that's a -- that isn't a doctor. They get a

1 discount. The booster's programs can get those. And
2 we didn't hear a whimper when we did this for the
3 high schools. You know, all we said was, Do you want
4 to be a part of the association in high school
5 athletics, you have to have a fibrillator. We didn't
6 say, at every location. We didn't say, at every
7 event. We said, you have to have one in your school.
8 And we assume they take it to the football games, the
9 softball games.

10 But the fact of the matter is that, you know,
11 most places can easily, easily handle that through
12 just, you know, a parent, their boosters association,
13 a doctor. A used one -- I mean, you know, used ones
14 are even less expensive.

15 MR. MONTFORD: Bill Montford. Senator, thank
16 you for your initiative, especially with ADAs.

17 MR. CONSTANTINE: Did I say ADA? I'm sorry. I
18 mean, ADD. Thank you.

19 MR. MONTFORD: And I want you to feel
20 comfortable when you come to Tallahassee. Because of
21 your efforts, that we have met with the Mayor and
22 we're putting one in every other building -- downtown
23 building in Tallahassee, as a matter of fact.

24 So it is a very, very inexpensive procedure

25 to combine, and I'm sure you will see those in every

1 schools in Florida.

2 MR. CONSTANTINE: Thank you.

3 MR. MONTFORD: And more than one, because if you
4 look at the high schools, obviously you need more
5 than one in large high schools. But it's
6 certainly -- we anticipate it to be like fire
7 extinguishers. Thank you again.

8 MR. CONSTANTINE: And, again, thank you, sir.

9 And that I agree with you. High schools -- I
10 mean, cities and counties have done that now and have
11 just taken an initiative upon themselves. Our
12 population is -- you know, our working population,
13 because of those of us who are still, you know, from
14 the generation, the baby boomers, is getting older.
15 And we -- you know, frankly I kidded this about -- we
16 do have -- our teacher population is getting older
17 itself, and they booed me, actually, in kind of a fun
18 way. But the fact of the matter is that I think that
19 it just makes. So simple. It's so easy.

20 Anything else we have now, the science and
21 the technology for healthcare is just, you know,
22 incredible. And if we can take advantage of that,
23 especially -- you know, it's just a small part of

24 your -- of what I think is your responsibility. But

25 it is a part, and I just wanted to bring that up.

1 Defibrillators have so much to do, I think, with the
2 healthy lifestyle that we have.

3 MS. HOGSHEAD-MAKAR: Thank you very much for
4 being here. And as we develop our recommendations as
5 a Council, we all look forward to referring to you.

6 MR. CONSTANTINE: And I will look forward to do
7 that with you also. If you ever want to go out there
8 and have a day in Tallahassee -- I think the American
9 Heart Association had me out there two years ago --
10 had me out there and started making -- you know,
11 jump -- not the Jumping Jacks. The jumping rope.
12 And I think that was the first time I had done it in
13 a long time, and it was fun. You know, I'd forgotten
14 how wonderful and healthy that is.

15 But I would love to see you all come out to
16 Tallahassee as much as you can and visit our
17 legislative session. I think that you're going to
18 see -- the Representatives and I will probably be
19 expanding upon this. We need your recommendations.
20 As I said, I just throughout one, the defibrillators.
21 But also, I think, a positive approach as far as
22 having some sort of event during, you know, the
23 legislative session to promote whatever you're

24 suggesting and what your recommendations are with --

25 you know, with bills that you're supporting; it

1 wouldn't be bad and kind of having a little bit of,
2 you know, health-related day. Get some of us out of
3 our office and down into the courtyard, I think would
4 be a lot of fun too. Thank you very much.

5 MS. HOGSHEAD-MAKAR: Thank you very much.

6 We are moving on now to talk about the
7 State's Sunshine Standards. We have Kate Kemker with
8 us. Kite is the Bureau Chief of the Bureau of
9 Innovation and Instruction at the Florida Department
10 of Education.

11 SUNSHINE STATE STANDARDS

12 KIM KEMKER

13 MS. KEMKER: Good morning. I'm really excited
14 to be apart and come to speak to you all about what
15 we're doing as far as the standards and the revisions
16 that are happening within the Sunshine State.

17 As you know, and I'm not sure you're aware,
18 we have standards that teachers were not knowing what
19 to be doing with their students at different grade
20 levels. These were established back in 1996 and they
21 have been apart of what teachers have been dealing
22 with. The one thing that was done, though, is that
23 they were pretty much guidelines and they weren't

- 24 real rigorous and they went unassessed in terms of
- 25 what needed to be done. There were also grouping of

1 clusters. They had groups with clusters of grade
2 2 -- (inaudible) -- different things. So it was not
3 pinpointed for every grade level. And beyond that,
4 you had grade level expectations that would develop
5 later.

6 So essentially it was two different things
7 equaled that grade level expectation and also the
8 Sunshine State Standards. Well, it was in 2006 that
9 there was a House bill that was produced in which it
10 stated that we were to do -- have a plan of how we
11 were to revise each of the standards and each of the
12 subject areas. And so with that, we began to move
13 down that path of a variety of standards looking at
14 them all and started with reading and language arts.
15 And as you go through this process in revising the
16 standards, you also have to outline all of the
17 courses, you also have to realize all the instruction
18 materials. There's a lot of things that go along
19 with what you're trying to do. So it's not like you
20 can just change them and everything goes great.
21 There are a lot of things have to be done; and it's
22 also a matter getting the districts to be aware of
23 the standards that just changed. So there's a lot of

24 processes involved in this.

25 So one of the things that was done was to say

1 we've got to streamline the process. In streamlining
2 the process, we wanted to make sure that we were
3 having less standards; that they were much more
4 focused and very statistical on what needed to be
5 done. They were also to be ensured across all the
6 grade levels. So there's like a very good crosswalk
7 so they can kind of -- and I can tell you who --
8 I'm highly involve in the reading and language arts.
9 Just level them all up and look across levels of the
10 progression of what the standards is going to do.
11 And we worked with a lot of different experts in
12 looking at those things.

13 Right now the reading and language arts are
14 all available for teachers to see, and we are making
15 all those resources available for the teachers to
16 download and see what's going on. But there's a very
17 in-depth process of doing this. And also what has
18 happened this past year is there has been a lot of
19 discussion of world class education. What's
20 happening internationally. And I think this is a
21 great move that we need to continue to look at,
22 what's happening internationally. We continue to
23 look at China. But the world class education is

- 24 looking at what we are doing with our students to
- 25 prepare them for the future so that they can produce

1 in international competitions; that they can be
2 ready. That they can be communicators and can move
3 that way. So that we can -- (inaudible) -- world
4 classification, and that was part of the legislation
5 last year that did not get passed, was to say, how do
6 we develop world class standards and world class
7 education for our students. So there were two things
8 going on at the same time. The submission of the
9 standards themselves and then by making sure we were
10 revising them or making sure kids were globally ready
11 to compete.

12 So what was done is we looked at what was
13 happening internally, what's happening across the
14 world. It's pretty interesting to start to see. I
15 mean, you look at China where every student is now
16 learning English; it's very interesting to see that.
17 They now have courses for creativity and
18 communication. You've got -- within Scotland, you
19 actually have physical education which is part of the
20 focus of expressive arts which are dance, music and
21 art. And then you also have -- in Finland just
22 scores incredible -- (inaudible) -- that are called
23 PIZA. And PIZA is an international study. They look

24 at all of the different assessments in areas of the
25 world and -- (inaudible) -- and literally look at

1 what they're doing and what are the things that's
2 happening in their school. And it's not just you can
3 focus on one subject area, you've got to look at all
4 the subject areas; and that's one thing we're trying
5 to do as we revise the standards is not just focus in
6 on just the language arts or just math, but try to
7 coordinate with all the subjects and look at that.
8 And so that's where we are in the standards.

9 So what did we do. In the standard process,
10 the way we revise is we start with an expert panel.
11 And we bring in that expert panel to speak with a
12 group of trainers. And the trainers then establish
13 the framework for how the standards should be done.
14 How you should have -- for example, we just met with
15 social studies. What are the main areas that we want
16 to look at in benchmarks of the social studies area.
17 So like what used to be the history was together, we
18 now grouped history to U.S. history and world history
19 so that we can focus in and make sure we meet all
20 those benchmarks. And so that's part of what they
21 do.

22 From that, we bring in a group of writers.
23 Those are teachers and stakeholders that come in and

24 take that framework to re-do and re-write the

25 benchmarks to much -- (inaudible). They work in

1 different groups and it's a interim process; it's not
2 going to be done in a week. Because it takes a long
3 discussion. And I can tell you with the social
4 studies process, it's a very good discussion and it
5 involves a lot of different things.

6 We've been looking at physical education and
7 increasing that. We've been having discussions that
8 we're going to add in ethics within physical
9 education. So there's a number of things that we
10 really look at. When you listen and look at what's
11 happening not just in the United States but
12 internationally -- what is Singapore doing with their
13 standards. They have some great guidelines for the
14 math. What's happening within China. What's
15 happening with all this different curriculum
16 discussions so that we can look to see what we can do
17 for Florida.

18 So the recent ones in the past are reading
19 and language arts, in which -- there were some major
20 changes in that. We have now the exact process
21 within the reading process for the reading. We also
22 have literary analysis. We have added -- which is a
23 great celebration among library and media -- we've

24 added information to media technology, now are apart
25 of the reading and language arts. So we're really

1 excited about those. And they were actually adopted
2 in January and are started to be implemented over a
3 slow process and will have an impact about 2011 on
4 the FCATs. (Inaudible) -- having your way, you have
5 to go through the processes of introducing new
6 standards.

7 The math standards. They were based on the
8 curriculum focal point. We were very -- it was a
9 very good timing that the focal point came from
10 the -- prior to the standards and the revision
11 process. We were able to go through those. There's
12 a variety of changes in there. There's less
13 benchmarks and more focus and we're looking for --
14 that the student can master that topic before they go
15 into the next grade level. And so we're working on
16 that in making that available for all of the
17 educators.

18 The next part that was really exciting within
19 the standards was we had to add because of -- there
20 are certain requirements you have to make. And in
21 some of those, we have an alternative assessment. So
22 that meant we had to have benchmarking standards for
23 students with cognitive disabilities, and so those

- 24 have been added to the benchmarks. So each benchmark
- 25 is a coordinating access point. So when a teacher

1 now gets the standards for a fourth grader, they now
2 see what the writing applications should be in the
3 benchmarks, but they also get the access points. And
4 there has been quite a few people offended about that
5 because now you're really assigning the whole
6 classroom.

7 And there is something what we have called
8 ELPE. English language proficiency employment
9 indicators. So there a lot -- again, they are within
10 the standards now because of the requirements we have
11 to do. So we don't do just the regular benchmarks
12 because we've gotten beyond that. And so it's quite
13 a process.

14 So the next step is what we're doing right
15 now. We are now in the process of revising the
16 sciences. We're are also -- have started the social
17 studies. And we will begin the physical education
18 benchmarks and revisions. We're hoping to work very
19 closely with this council on how we can do that and
20 how we make sure we're getting the best standards for
21 our student.

22 The other thing we're also doing is, I think,
23 part of what can be addressed in what we're looking

- 24 at with physical education becoming a daily part of
- 25 everything, is looking at the course description.

1 The course description has not had a major change for
2 quite some time. And so we're working on a new
3 system which we can change the course descriptions
4 because. Again, when you change the standards, it
5 effects your courses. So there is a lot of that
6 going on right now.

7 And finally within the Bureau of Innovation
8 and Instruction -- let me explain what the bureau is.
9 The Bureau has within all the pertinent
10 instructions -- instruction material, instructional
11 technology, library media and Coordinated School
12 Health; it's kind of like all put together. And I
13 had the opportunity to have coordinators that will
14 help as part of a new bureau. It's very exciting. I
15 can tell you, when we talk about healthy lifestyles.
16 I stopped going to McDonald's and now I eat a lot of
17 fruit. But it's the influence of what you're doing
18 and the way you're working with them, I think it's a
19 fabulous resource that's not being tapped into
20 enough. And the things that they're doing -- I was
21 able to have the opportunity to participate Tuesday
22 in the Governor's -- Tuesday morning. We actually
23 taped it because we want to make it into a broadcast.

- 24 We want to start getting those best practices and
- 25 looking to find these best practices that we can show

1 the better parts of limitations and make it be more
2 of a carrot, not a stick that people are going to be
3 in trouble for. But understand. The benefits of
4 this whole bill and what we need to do. Any
5 questions?

6 MS. HOGSHEAD-MAKAR: Any questions?

7 MS. KEMKER: Yes.

8 UNIDENTIFIED SPEAKER: Thank you for your
9 presentation. Am I correct in saying that in October
10 you will be looking at the standards for physical
11 education?

12 MS. KEMKER: We're planning on starting the
13 process in which we'll have the expert panel come in
14 and get that going. So the plan is to start in
15 October.

16 UNIDENTIFIED SPEAKER: As well as change the
17 course descriptions?

18 MS. KEMKER: That comes after we do the
19 standards. So there's two parts that go along with
20 that. But the plan is to start the process in
21 October. Because once we get the benchmarks done, we
22 have to put them up for public input for 60 days. So
23 we're anxious to get it going so that we can start to

24 have those up by January to get those adopted.

25 UNIDENTIFIED SPEAKER: Wonderful. Thank you.

1 DR. SCHAECTER: Your explanation of working
2 toward world class instruction is really very
3 exciting. I'm looking forward to that and I
4 appreciate your leadership in that. In your
5 international comparison, you spoke about China,
6 Singapore and Finland, I believe it is. How do they
7 compare to us in terms of the length of day, total
8 content and depth?

9 MS. KEMKER: I can get some of that data for
10 you, because I don't have that right off. But it's
11 actually quite hard to find. Because I asked to look
12 at those different situations that you're talking
13 about. You can find some of that information, but I
14 also have to find a direct contact. Just to tell
15 you, the Finland standards, I actually had to pay
16 Euro dollars so I could get them. Because, it's
17 interesting, they don't make them readily available.
18 And some of the information and some of the
19 terminology they use is very different. They use
20 syllabus and they don't always use standards. So
21 it's understanding what they're talking about. But
22 there's some comparative tables that I can point you
23 to with what's called the OECD; it's the economic

- 24 council. And they have a lot of comparative tables
- 25 for education and what's going on in that timetable.

1 And I can get that for you.

2 DR. SCHAECKER: Thank you.

3 Ms. Sheridan: I have a quick question. One of
4 concerns that several of us have had that worked with
5 the standards over a number of years is that one of
6 the concepts that seems to be missing or isn't
7 addressed adequately -- and that is energy balance.
8 And we see a lot of reference to physical education,
9 a lot of reference to nutrition and that relationship
10 between input and output.

11 MS. KEMKER: Okay. And that's something we can
12 address. One thing we're finding in the standards
13 process is it's really like revitalizing what hasn't
14 happened for a while. Working with educators, again
15 revisiting -- putting together external groups. And
16 we're getting -- it's sharing again; it has not
17 happened for a while only because of -- there hasn't
18 been a commonality. When you come in and talk about
19 the standards, you're looking at that, you're having
20 those discussions. But also at the DOE. We're
21 trying to find many answers the best we can and as
22 many best practices of what's going on.

23 And I think when you're talking about the

- 24 energy balance -- you know, things you address in
- 25 other areas too, we have to look at signs. But also

1 the physical education and all the different parts
2 use as much as -- and that's what came out of the
3 meeting we had Tuesday with the Governor. Because
4 it's not just physical education individually, but
5 who is responsible for this; it's a voluntarily
6 school effort and how we can get first grade teachers
7 talking to the second grade teachers I think is
8 really important.

9 MS. HOGSHEAD-MAKAR: Thank you, Kate. We really
10 appreciate your presentation. And look forward to
11 more.

12 Now I would like to introduce a concept of a
13 wellness wheel from Olsen Middle School. We have
14 three presenters. We have Brian Kingsley, Frank
15 Angelucci and Kevin Evans. Brian Kingsley is serving
16 as the assistant principal at Olsen Middle School in
17 Dania Beach, Florida for the past three years. He
18 started serving at the Olson community -- serving the
19 Olson community ten years ago as a mathematics
20 teacher, athletic director and soccer coach.

21 Frank has been serving for eight years at
22 the Broward County schools. He's board certified in
23 physical education and psychology, 6 through 12. He

24 also works for the South Broward High School as an
25 assistant varsity baseball coach.

1 Kevin, who is one of Shaquille O'Neal's Big
2 Challenge success stories -- So we look forward to
3 hearing about this. Welcome.

4 SUCCESS STORY: OLSEN MIDDLE SCHOOL

5 WELLNESS WHEEL

6 BRIAN KINGSLEY, FRANK ANGELUCCI, KEVIN EVANS

7 MR. EVANS: Good morning, ladies and gentlemen.

8 Today I have some very pressing issues that I think
9 should be addressed. The first one is PE. I think
10 PE is very important because it gives kids time to
11 get fresh air, you know, breath instead of being
12 cramped up in a classroom, time to feel alive, to get
13 their hearts pumping, their blood flowing, brain.
14 I think it is very important because it gives them
15 time to burn calories, you know, release their energy
16 that they have from being cooped up in class all day.
17 I think that's very important.

18 Another issue is lunch. Lunch is good
19 because, you know, you get energy back. But what
20 they serve at lunch is what matters. If they serve
21 nutrition, then it's better. But what they serve at
22 lunch is fast-foot like cheeseburgers, hot dogs,
23 pizza, French fries. And now they sell you on

24 deserts like ice cream now; and it's like real cheap
25 and so kids buy two or three of them. And, you know,

1 the kids double their portions; it's called doubles.
2 You can buy double the portion. And now I heard a
3 kid buying triples. He got a hamburger, a
4 cheeseburger, hot dog and pizza and then he went back
5 and got desert. And they don't stop them.

6 And he -- you know, we don't have no PE
7 because it's not mandatory. So they take art or
8 whatever and those calorie just sits there and it
9 just builds up and after awhile, you know, they get
10 overweight; that's how it starts. They get
11 overweight. Then after that, it's obesity and then
12 morbid obesity. And I learned through Shaq's show,
13 morbid obesity is death; it is. And that's not good.

14 My other issue is like -- my other issue is
15 about how I feel now after the Shaq show. I feel
16 really good. I mean, I lost the weight. I feel
17 great. And I really want, you know, other kids to
18 feel how I feel. And I think that if we introduce
19 salads into lunch, water, you know, and greens -- you
20 know, greens like broccoli, vegetables, carrot and
21 things like that, I think it will really help the
22 kids out, you know.

23 And I think, you know the wellness wheel

24 they're going to introduce is a very smart idea. So

25 I'm going to let them elaborate.

1 MR. KINGSLEY: Good morning, everybody. My name
2 is Brian Kingsley. I'm the assistant principal at
3 Olsen Middle School in Dania Beach.

4 And I was blessed with the opportunity to be
5 a part of the reality Television series on ABC,
6 Shaq's Big Challenge. As an administrator, as an
7 educator. What that really brought to the table to
8 me is -- it brought accountability. Whereas an
9 administrator, as an educator. My primary concern
10 for ten years has been reading, writing, math,
11 academics. How about holistic -- the whole child.
12 Health. If they're healthy, maybe they'll learn. It
13 forces to look at ourselves. Take a look at things
14 in a different way. So we had to have an idea of
15 where we were headed.

16 Governor Crist's mission stated -- he wants
17 to provide each of the citizens a world-class
18 education system. He wants Florida to be elite. He
19 wants it to be the national leader in health and
20 physical fitness.

21 In our county school district, Olsen Middle
22 School, we wanted to meet the individual needs of
23 children like Kevin. We want to support Governor

24 Crist in his mission. The Shaquille O'Neil running
25 school was our solution to doing so; it is not a

1 Band-Aid on a growing epidemic on childhood obesity,
2 it is something that, in our program, we considered
3 to promote a lifestyle change not only for our
4 students, but for their families as well.

5 The foundation for a healthy body and a
6 healthy mind is based on three concepts. Physical
7 activity, the knowledge of ones health and the
8 awareness and application of good nutrition. The
9 great thing is that those concepts are probably being
10 taught at our schools at some level, but the problem
11 is that they're not part of our solution.

12 The Shaquille O'Neal Running School brings us
13 to a common ground and teaches them collectively. We
14 agreed to this arrangement and TV serious of what
15 they would be offering and our schedule was based on
16 if a child wanted PE or physical education, they
17 could do it for a quarter of the year. And if they
18 were interested, they could do it for a semester and
19 if they were really interested, they could do it for
20 a whole year.

21 Well, we got a little flexible. We took PE,
22 health and nutrition and put it in a three-day wheel
23 where a kid could be exposed to all three concepts

24 within a week. Not only -- what's the strengths of
25 that? Well, it makes the connection. They start to

1 see the correlation between healthy eating habits and
2 a healthy lifestyle.

3 Let me tell you how it works. Day one. The
4 child enters healthy home economics. Learns what a
5 13-year-old needs to do. You know, this is the first
6 time in their life that they're trying to be
7 independent and they're really, really trying hard to
8 be independent, and they're trying to make decisions
9 for themselves.

10 So let's teach them how to cook. You know,
11 all of them. Now, let's start off with a cheese
12 omelet. They love cheese omelets with lard. Their
13 family is probably making it every Sunday, at least
14 we hope so. Let's teach them how to make a healthy
15 egg white omelet that's nutritious, that's tasty. A
16 healthy alternative. Let them eat it.

17 Day two. Let them go into our team health
18 nutrition class. Let them learn about the impact of
19 that healthy egg white omelet had on their body. Let
20 them know what the impact of the cheese omelet had on
21 their body. Let them -- educate them about portion
22 control.

23 Day three. The same students go into PE and

24 they do a workout specifically designed to burn the
25 caloric intake of that cheese omelet. And the next

1 time they're in PE, they do a workout that is
2 specifically designed to burn off all the caloric
3 intake of the healthy egg white omelet and compare
4 and track the difference; and they realize the impact
5 that it had on their body.

6 The teachers were the strength of this
7 program. It brought three groups of people that had
8 never really made a connection, and they started
9 working together. They took a concept that was
10 designed in a boardroom and ran with it. And now a
11 kid who -- normally 20 kids that had never been in
12 PE, are now exposed -- we had 60 kids that were
13 exposed. Three groups. We did this as a pilot
14 program. We're doing it schoolwide this year; it's
15 ongoing in the interest the kids lives, it's brought
16 everybody together in such a great way.

17 I really want you -- I'm trying to tell this
18 to you. I want to introduce you to my athletic
19 director and one of my PE teachers, because he not
20 only helped create this concept, but he was in the
21 trenches on a day-to-day basis. Here his testimony.
22 This is Frank Angelucci.

23 MR. ANGELUCCI: Thank you, Council for letting

24 me be here.

25 When a 7 foot 1 basketball player approaches

1 you and says, Hey, I'm going to give you 60 kids, get
2 them in shape in 18 weeks, you get kind of
3 intimidated just a little bit. But we were up for
4 the challenge.

5 We started off with 60 kids. Thirty boys, 30
6 girls from the ages of 13 to 14. They were all very
7 out of shape. Within the five-fit test that we did,
8 situps, pushups, a mile run, sit and reach, BMI, and
9 we gave them a healthy test, which makes up the 7
10 point standardized test, which I'll get do that in a
11 little bit, they were below the national average
12 across the board as a class. Their GPA was 2.3 as a
13 class. And through this process, this Shaq O'Neal
14 wellness process, they were able to learn the
15 important aspects that they needed to know in order
16 to lose weight in order to be healthy.

17 Also in physical education, they were
18 learning more about themselves. More about how they
19 note within themselves that they can motivate
20 themselves. At first it was very extremely
21 motivational. We started off with baseline tests.
22 The teachers pushing them. They might not have the
23 best time. Then it goes to a middle test. A

24 midpoint test.

25 At that midpoint test, it is almost

1 imperative that they chose success. Because when
2 they chose success, then that helps with
3 reinforcement -- is given to them through that
4 success and then that motivation become intrinsic.
5 When the motivation is intrinsic, they'll go home and
6 they'll exercise on their own. They will do things
7 on their own. They don't want -- they don't want
8 someone behind them all the time saying, you've got
9 to do this, you got to do this. They want to believe
10 in themselves. And through positive reinforcement, I
11 was able to do that for these 60 kids.

12 At the end, the class tested at the national
13 average for three out of the five tests, and they
14 were above. For two of the five, they were at the
15 national average and their BMIs went from 23.2, as a
16 class, to 22.1. 23.2 puts them in the 85th
17 percentile, which the CDC considers 85 to 95 percent
18 being at risk for obesity. So they went from at risk
19 for obesity, to below normal weight as a class.

20 And of the kids that were obese in the
21 program, 23 of them were obese. They all lowered
22 their BMIs at least one point. So we stopped the
23 class up -- we stopped the class up -- I'm corrected.

24 Excuse me. We stopped the rise. We not only
25 plateaued, but we combatted it and that's very

1 important.

2 But one of the things I wanted to talk about
3 is when I was compiling all this data -- and it is a
4 very data-driven assessment. I said to myself, Why
5 can't every teacher do this? Why can't every teacher
6 just test their kids, compile data and give it to the
7 children? And that brings me to the standardized
8 testing. It is almost important that we are together
9 on standardized fit tests for this state. I can
10 almost guarantee you, if you went back to your rooms
11 tonight and tried to do ten pushups, a lot of you
12 would be very challenged. That's ten pushups; that's
13 not even close to the national average for your age
14 or your gender. And you need to think about that
15 because in all importance, if you're not fit, you're
16 not healthy, you're not whole. And it's good to see
17 a student step on a scale, look down at it and smile
18 because there's no more powerful thing in this world
19 then a student that's smiling because they did
20 something. And that was something that I was able to
21 see firsthand and it just drives me so much to want
22 to be here today and to want to make a change.

23 And I plead with the Council to look into

24 standardized fit testing. There's -- California does
25 one. Sixty-three percent of our schools in Florida

1 do it. FITNESSGRAM is what California does.
2 Miami-Dade does FITNESSGRAM. FITNESSGRAM is a test
3 that was backed by the -- (inaudible) -- it was
4 developed by the Cooper Institute in Texas; it is
5 something to look at. It might not be what we're
6 looking for. There might be something simpler; it
7 might be the President's test. We might need
8 something -- I developed a 7-point test; it's very
9 simple. Very simple. But every school can do it.

10 And from the time school starts to the time
11 school ends, we need to measure the students. There
12 is no measurable data for fitness and there is no
13 accountability for the teachers. I want to be
14 accountable. I want you to make me accountable for
15 my students in physical education class because that
16 drives me to go harder, to go further, to go faster.
17 It drives me as a teacher and it will spread within
18 our students. Thank you.

19 MS. HOGSHEAD-MAKAR: Thank you.

20 You said you started with a 2.3 GPA and I
21 was wondering, did that change?

22 MR. ANGELUCCI: It did start off at 2.3 in the
23 beginning. At the end of the school year, they

24 tested at a 2.5 GPA. So they went from the first
25 semester, 2.3. At the end of the year, I compiled

1 their GPA and it was a 2.5; it did increase.

2 MS. DOWD: Kevin, how many days a week did you
3 all workout during the Shaq --

4 MR. EVANS: Five days a week.

5 MS. DOWD: So, I guess, I'm trying to connect
6 the pieces here. So why is the wellness wheel only
7 physical activity once every three days?

8 MR. KINGSLEY: The wellness wheel was our
9 approach at our school to increase -- the goal to
10 increase physical activity at any level. And the
11 connection that those three concepts made, nutrition,
12 healthy eating, team health and PE -- you know, we
13 have to encourage, you know, those kids to increase
14 their activity outside of school as well. We're
15 limited with the amount of time -- Kevin and the
16 other five superstars -- you know, all of their
17 training did not take place within a school day; that
18 was all outside training that they were able to
19 complete.

20 But, you know, I think the power of you guys
21 as a Council is exactly what -- to say as a teacher,
22 and to be his administrator, hold me accountable,
23 that's the power that you all have. Because the

24 beauty of the wellness wheel is it costs nothing; it

25 forced us -- you know, the TV show to look at the

1 resources that we already had currently available and
2 restructure it. So if you make us accountable, you
3 know, we'll make it happen. We'll find a way. Just
4 make us accountable.

5 Thank you for your time. We really
6 appreciate it.

7 MS. RYCZEK: Kevin, you look fantastic. And I
8 did watch every episode and want to commend both of
9 you, as an administrator and as a teacher, also to
10 say with the GPA rising, didn't you see a big rise in
11 their self-esteem?

12 MR. KINGSLEY: Well, in terms of motivation,
13 their self-esteem is automatically increased. And
14 some of the students came back to school this year --
15 and I was curious to see how they were, and everyone
16 of them said they exercised all summer long. So that
17 is the goal; that is the key for lifelong physical
18 activity. Thank you all so much.

19 And in the concept -- you know, what it does
20 is if you look at -- you know, if you direct these
21 problems with the children, you're building future
22 stories. You know, if you met Kevin a year ago --
23 his future has been traumatically changed by what has

24 happened to him through this program and through the
25 opportunity he had with Shaquille O'Neal. To build a

1 future for a child can completely change themselves
2 is unbelievable.

3 MR. EVANS: You know, honestly, before this
4 program, I was like -- I didn't like to talk a lot.
5 And one thing I did that my mom would always help me
6 out with, I did this a lot. I held my head because I
7 just -- I didn't like the way I looked. I didn't
8 like the way I felt. And like whenever I tried to do
9 something, I couldn't do it because I didn't have the
10 energy or I went -- I didn't have the stamina to do
11 it. And after a while, it really hurts. You know,
12 I'm going to be honest with you, it does. Like there
13 were certain things that just hit you real hard and
14 it's like, ah. You know, you feel it. And it's like
15 when you get a pain, you can put some medicine on it,
16 but when it's in your heart it's like -- you can mend
17 it like you can mend a scratch. And it's really hard
18 to mend it. And I mended it, and I feel very good
19 about myself.

20 MS. HOGSHEAD-MAKAR: It's great that you learned
21 that now because a lot of adults that didn't find
22 that in their hearts have become alcoholics and drug
23 addicts and all kinds of other addicts trying to run

24 away from that kind of pain. So you learned it at a
25 young age and that's just fabulous.

1 MR. EVANS: Thank you. And I want to leave you
2 guys with something to think about. We kids, we're
3 the future, right? How can we lead the future from a
4 hospital bed or from a wheelchair; that's why we have
5 to put nutrition in and make PE mandatory so we don't
6 have to face the problems of more obesity or obesity
7 as a problem; it will be something of the past.

8 MR. KEISER: I went through a similar thing. I
9 was overweight as well when I was younger. I played
10 competitive games every day and like I lost actually
11 like 30 pounds working without a trainer and
12 everything. And like you said, self-confidence is
13 huge. Like I wouldn't be able to be up here to speak
14 on behalf of this Council and everything if it wasn't
15 for myself confidence. Because when you're
16 overweight, you're subject to ridicule like you said.
17 And once you lose that weight, you have more
18 self-confidence. And it helped me dramatically. My
19 grades went from a 3.4 to like a 4.3; that's how
20 dramatic it was just because you have that much
21 self-confidence.

22 MR. EVANS: Like when I lost the weight, I found
23 myself -- it was easier to think. You know, I can do

24 my homework without being tired and still go outside
25 and play. And now my grades are really good. I got

1 5 As and a B. I'm aiming for all As. I'm trying.

2 It's tough, but I'm going to get it. I'm going to
3 get it.

4 MS. HOGSHEAD-MAKAR: Okay. Tough act to follow.

5 We have -- Peggy Johns is next. Peggy is
6 from the Pinellas County School District. She has
7 been a supervisor of Pre-K health education for
8 Pinellas County Schools for the last 12 years. She's
9 a health and physical education teacher. She was
10 recognize by the Florida Alliance for Health Physical
11 Education Recreation Dance and Sport as the Health
12 Educator of the year. She's part of Karen's group.
13 So we look forward to hearing your presentation.

14 SUCCESS STORY: PINELLAS COUNTY SCHOOL DISTRICT

15 PEGGY JOHNS

16 MS. JOHNS: I provided you some material that
17 was not in your notebook. So if you'd look at the
18 top of your table, my PowerPoint presentation is
19 there, and then there's a improving academic
20 achievement for a quality school health program.
21 This is recent resources available from the
22 conference in Hawaii. And then we've also given you
23 some of our educational materials that we use in our

24 district to a healthier you. So I wanted to make
25 sure those are available to you.

1 I am honored to be here today and I know -- I
2 think, I'm the last speaker before you guys break
3 again and -- so I know you're anxious to move on. So
4 let's just talk about -- I'm glad I'm here because I
5 get to really talk about the summation of what
6 everybody else is mentioning. Because I was trying
7 to look at all of the good things that we're doing
8 but also address the barriers.

9 The glass is half full. We're not there yet.
10 We've got a ways to go. But I'm very proud of the
11 things that we have be doing. And one of the pieces
12 that we need to really focus on, as many of the
13 others talked about, is the Coordinated School Health
14 problem. There are many of you who may not actually
15 know what this really is, so I wanted to look at the
16 eight components very quickly.

17 If we're going to address the issue of
18 fitness and wellness for our students, then we have
19 to do it in a comprehensive integrated management
20 approach and that's what this is.

21 You can't just look at PE in isolation. You
22 can't just look at nutrition in isolation. You can't
23 just look at health in isolation. The school nurse

24 has to be in there. The school psychologist and
25 behaviorist and guidance counselors need to be

1 involved in this. The families need to be involved
2 in this. The people that are in the environment that
3 create this have to be there. So we all have to come
4 together to make this work. So I'm going to focus on
5 a few things that I have time to share on what we're
6 doing in Pinellas County that addresses some of these
7 folks.

8 I want to talk about historically where we
9 are in our nation. In the past, physical education
10 was really about training for military service;
11 that's where it kind of started out. And so it was
12 competitive and it was also looking at -- you had to
13 be fit for military service. We found that over the
14 years, we're really transitioning and we're looking
15 for people to maintain health for life. So a quality
16 physical education program today really needs to be
17 addressed with the education skills necessary to
18 maintain personal health and promoting lifelong
19 wellness.

20 So what does some of this look like? It
21 looks like plain sequential instruction that promotes
22 lifelong physical activity. I'm going to move very
23 fast because I have a lot to say. Physical activity

24 among adolescents is consistently related to higher
25 levels of self-esteem, and we just heard that. So

1 I'm just repeating what many of the speakers are
2 saying.

3 MS. HOGSHEAD-MAKAR: It's nice it's supported by
4 research.

5 MS. JOHNS: Right. There is research out there.
6 I put some of this in here. So what's another spoke
7 in the wheel. One other spoke in the wheel is
8 comprehensive education. And I think you need to
9 understand that -- I was wanting to emphasize the
10 difference. Physical educators, many of them who are
11 college trained, certified PE teachers, of which I
12 was, are not certified as a health education teacher.
13 And many of them are not. I had to take additional
14 coursework to become certified as a health education
15 person. And many of our colleges are turning out
16 people with just health education specialties. These
17 are the ones that are looking at a particular
18 approach to health in a more comprehensive way. So
19 we need to make sure they're included in this mix;
20 that it's not just the PE teacher. I am responsible
21 for all the K through 12 teachers at our middle
22 school that teach health issues.

23 This last week with school starting on

24 Tuesday, I have been out too many, many schools with
25 PE teachers who have been put in middle schools to

1 teach a health class for the first time. They don't
2 have the backbone like a regular -- because they want
3 to do a good job. They are concerned. They need the
4 resources. Many of them do not have the expertise
5 and comfort level to do instruction in the classroom.
6 And we just need to take that into consideration.

7 So we're looking at nutrition services. This
8 is also a big piece. We've heard wonderful things
9 about what the state has put out there that are
10 available for districts, but the results prove
11 challenging. I'm going to be talking about this a
12 little bit more.

13 We also know that a breakfast program is
14 essential. We've got to start kids off eating
15 healthy. I collected data in my district. I will
16 tell you that the data that I get back is huge when
17 our students do not eat breakfast. I'm just going to
18 share with you very briefly about the physical
19 education policy. I'm going to talk about what's
20 working in Pinellas. I'm going to talk about health
21 education policy. Why are we able to achieve some of
22 these things in Pinellas County? It is not just
23 because, yes, we have some resources available. But

24 I really, really, really want to emphasize, it is

25 community partners helping; it is finding outside

1 funding through federal grants or local funding
2 agencies or foundations and that's what makes the
3 difference. Because the budget from the state does
4 not cover all the things we need in place.

5 Elementary physical education. One of the
6 things that you need in Pinellas County is -- for
7 years and years, we've had 150 minutes of PE for our
8 students with certified physical education teachers
9 or teacher's assistants who work under them. Why do
10 we have this? Because it was put into policy that
11 that's the planning time for the classroom. So when
12 Ms. Ryczek is there and she has her planning time
13 during the week, it is because there's a PE teacher
14 out there taking her students at that time. So
15 that's not going away.

16 The other piece we have is the fitness
17 grants. And we have undertaken a real challenge
18 because it is a school-based instrument; it was meant
19 to be created for a PE teacher at the school level to
20 be tracking their students. And we can now collect
21 data and get a profile of students academic abilities
22 to connect with their physical activity tables. And
23 there's some preliminary data that we have.

24 So from 2003 to 2006/07 -- and I'm sorry

25 that that didn't -- it is clearer on your handout

1 here, so I'll read it. There are several different
2 areas that we're looking at in basic fitness. I want
3 you to understand the fitness grants and some other
4 fitness assessments. There are other systems that
5 you can use. The fitness grant doesn't have to be
6 one to state. But what it looks at is minimal
7 requirements for lifelong fitness; it's not looking
8 athletic performance; it's not the top athlete and
9 only the top 10 percent are going to get there award
10 because you're the best; it's not looking at being
11 competitive; it's looking at, what are the skills
12 necessary and the performance levels necessary for
13 every student to achieve health and fitness. And
14 these types of assessments work.

15 Health education. We have integrated health
16 this next year, this year right now. Instead of
17 purchasing textbooks, we decided that if we were
18 going to make fitness an instructional day -- I have
19 wonderful resources in every elementary school. They
20 sit on the shelf. There is not enough time to really
21 talk about nutrition. Not enough time to talk about
22 safety and care and nutrition and making good
23 choices. So what did we do? Instead of buying a

24 textbook, we're buying little readers. And we've had

25 teachers find wonderful, wonderful resources and

1 we're integrating it into the reading program. Now,
2 I would not say it's cutting edge or the best health
3 education ever but it's a way to make it fit. And
4 that's what we're trying to do.

5 I'm going to share one thing that we're doing
6 right now in sequence. Organ Annie is part of our
7 nutrition education program; that's been a part of
8 our food service. We've partnered with food
9 services. And we have a wonderful collaboration
10 within our district food service education. And so
11 instead of putting service educators under funding,
12 which eventually go away, we're buying Organ Annie.
13 And if you've never seen Organ Annie, her body comes
14 open. And all these organs of the body are in there.
15 Lungs, heart, kidneys, liver. And there are cartoon
16 characters that are in their textbooks that talk
17 about how we need to support health. There's a video
18 series that goes with it.

19 And then in our lunch line, what we do is
20 take hearty heart and he is on the lunch line for
21 kids to understand what the healthy choices are for
22 lunch; that label is there on the food line so that
23 they can learn what the healthy choice are. So

24 that's one of the things that we're collaborating on.

25 I also want to talk about -- we do have

1 required health education in middle school. Broward
2 County said it's optional for the kids to take it if
3 they're in a year-long elective. So they get to
4 waive out art and music as competing issues. But
5 just as he said, they looked at a wheel that worked.
6 I believe, that it's an exploration of how can we
7 make this all fit. Is it essential that music
8 students try to -- there are ways that we can look at
9 this to make it work and be creative.

10 In Pinellas County, we are doing a HOPE
11 course, which stands for health opportunity through
12 physical education. It is a course that is
13 integrating health in PE. But because we're doing
14 that, students have less physical activity time. If
15 we've taken one and a half credits of PE and health
16 that were the old requirement and now condensed them
17 down to one credit, we've taken time away from health
18 and physical activity for the students; and that
19 needs to be replaced.

20 We also have multiple partnerships between --
21 the icing on the cake go into our classrooms and
22 provide fabulous hands-on learning experience for the
23 kids with modules and materials that cost \$25,000.

24 Things that we can't replicated. They go in and do
25 one classroom at a time. Last year they taught

1 62,000 students on a variety of topics that are often
2 medically related on health issues. But they all
3 come at customized matter levels for our students.

4 We also developed an award winning program
5 called -- this was one of the awards from a national
6 network because we have created 40 videos of about
7 five minutes each with local chefs pairing up with
8 our middle school students to do a healthy cooking
9 eating show. And they're tied to our health -- they
10 are already on our web, and they are already posted
11 in our schools. And the team also produced a
12 wonderful cookbook with all the recipes that they
13 created together, and there's a lot of good safe
14 things up here too.

15 Food service. I'm very, very proud of
16 Pinellas County's food service program. Ms. Miller
17 is an outside leader in our district. And the
18 guidance we get from Tallahassee is being well
19 deployed in our district. We have removed French
20 fried potatoes from our main menu in all of our
21 schools, and we've increased the variety of fruits
22 and vegetable choices. We have kid friendly lunch
23 boxed salads, calcium fortified orange juice. We

- 24 have low fat, low sugar flavored milk or white milk.
- 25 Those are available at every school every day. And

1 we've remove all fried snacks. We only have baked or
2 whole wheat in their place.

3 We have to understand what the standards are.
4 And I know these were referenced before. We talked
5 about the limits on calories. If you're trying to
6 make this fit -- I know when people want talk about,
7 well, who is doing this and who is doing this. They
8 are oftentimes between a rock and a hard place to try
9 to make all of this work. And you have to have 30
10 percent of the calories, no more than that from fat,
11 and saturated fat, less than 10 percent. They have
12 to have reduced cholesterol, less sugar, increased
13 consumption of fiber and average it out over the
14 week. But as you're going to see here, the calorie
15 count for those meals have not changed for many,
16 many, many, many years. So they still have to build
17 in enough calories for those students out of those
18 food choices. So if they're cutting the fat out,
19 then you have to add something back in. So this
20 really creates a hardship when people say, well, it
21 has too many carbohydrates in it or this or that in
22 it. And it's looking at how they can be creative.
23 And, I believe, Pinellas County has done an

24 outstanding job.

25 In 2006, we won the Golden Carrot Award for

1 our program in our district. And just last week we
2 were announced as the top school district in the
3 nation for the Physicians Committee for Responsible
4 Medicine on our healthy lunch program. We were the
5 only district in the nation to receive an award. Our
6 school lunch report card is an attribute to that.

7 Our salad program, we want to increase the
8 number of schools with prepackaged salads. Our
9 salads that we create -- there are 17 of them and
10 they are the salads -- the salads we come up with are
11 used in the USDA publication nationally. And we won
12 the best practice award for our constructive salad
13 program as well. We bring farmers markets out to the
14 students to sample food. I don't know about you
15 guys, but when I go to the grocery store and I get
16 produce going through the check-out line -- and how
17 many times does the person not know what you're
18 buying and they're holding the produce up, What is
19 this? Well, we're trying to teach the kids what they
20 are. I'm running out of time.

21 I just wanted to show you that we have
22 addressed all of these items in our guidelines. The
23 PowerPoint presentation does have information in

24 there. We have a snack-wise program as well, and we
25 have lots of challenges. And I will end it with

1 that.

2 MS. HOGSHEAD-MAKAR: Thank you. Any questions
3 for Peggy?

4 DR. SCHAECTER: I heard about this, the caloric
5 need and how you balance nutrition and those number
6 of calories -- (inaudible.) What's being done on a
7 national level?

8 MS. JOHNS: I don't know. That's an excellent
9 question, and I'm unaware. Those are the questions
10 we keep asking at the local level, Who's in charge of
11 this and when is this going to be changed? Some
12 children don't need -- you know. If these are
13 children who really depend on the school lunch
14 program for their main substance for the day, they
15 really do need those.

16 MS. HOGSHEAD-MAKAR: Thank you. That concludes
17 the formal presentation part of our program. We're
18 going to -- we've got two things coming up. One is a
19 quick juggle break with Dr. Rapp here, and then
20 everybody is going to move on to their tables where
21 we're going to break out into our subcommittees.

22 We have three separate committees. They are
23 education, which is going to be right here. We have

24 health and nutrition, which is going to meet over
25 there. And we have the active lifestyles, which is

1 going to be at that third table over there.

2 I know there are some people sitting there,
3 if you could please move now so we can conduct our
4 business on those tables. There's going to be a fact
5 person at each table to assist each tables.

6 And here are the committees. First of all,
7 the education committee is going to be myself, Bill
8 Montford, Shaquille O'Neal, Rob Keiser, Kez McCorvey,
9 Shannon Miller, Julie Ryczek and Karen Dowd.

10 Health and nutrition committee is going to be
11 Ana Viamonte Ros, okay. Judy Schaecter, Michelle
12 Brantley, Carlos Castresana, Javier Garcia-Bengochea,
13 Shelia Sheridan and Amy Young, over here.

14 And the active lifestyle committee is going
15 to be co-chaired by Dot Richardson and Mary
16 Rumburger, over there, with Jennifer Capriati,
17 Charles Castevens, Tom Epsky and Don Rapp.

18 So -- first we are going to have our juggle
19 break. I actually know how to juggle; it's pretty
20 basic stuff.

21 (Juggling demonstration.)

22 MS. HOGSHEAD-MAKAR: I'm going to call the
23 meeting back to order. We have a number of speakers

24 who are going to be -- your comments are going to be
25 limited to two minutes.

1 Now, I don't like being the bad guy, I really
2 don't. And I'm a parent of three children under the
3 age of six so, you know, that I -- you know, I have
4 to enforce this rule. We're going to have to cut you
5 off after two minutes because we really want to hear
6 from everybody, and we're not going to be able to if
7 we don't get through this.

8 Our speakers are in the order that they
9 applied in the front here.

10 (Public comment)

11 MS. HOGSHEAD-MAKAR: Okay. Our next
12 face-to-face feeling is on September 27th in
13 Jacksonville, Florida. I'd like to thank you for
14 coming. Have a great day, and I look forward to
15 seeing everybody in person on September 27th.

16 Thank you all.

17 (Council meeting concluded at 1:23 p.m.)

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REPORTER'S CERTIFICATE
WITH ACKNOWLEDGEMENT

STATE OF FLORIDA :

COUNTY OF HILLSBOROUGH:

I, Lisa Adkins, certify that I was authorized to and did stenographically report the Governor's Council on Physical Fitness; and that the transcript is to the best of my ability and a true and accurate record of the meeting so taken by me.

Lisa Adkins