

**Childhood Obesity Program Profiles  
Central Florida Region**

**March 2008**

Compiled by:



2461 W. State Road 426, Ste. 2041  
Oviedo, FL 32765

**1. Agency/Organization Contact Information:**

Contact Name: Herberta Smith, RN, PNP

Agency/Organization: American Academy of Pediatrics-Dept. of Preventive Medicine (Retired)

Address: 3570 Northgate Dr.

Address 2: #10

City/Town: Kissimmee

State: FL

ZIP/Postal Code: 34746

Email Address: rnbertfl@webtv.net

Phone Number: 407-932-5207

**2. Name of Childhood Obesity Related Program (if applicable):**

No Response

**3. In what counties is the program available (check all that apply)?**

No Response

**4. Program start date:**

No Response

**5. Please list the community partners involved with your program:**

No Response

**6. What is the program's annual budget?**

No Response

**7. Does your program currently receive outside funding?**

No Response

**8. Please describe the target population:**

No Response

**9. Does your program serve the following:**

No Response

**10. How many children are served annually through your program?**

No Response

**11. Please provide a brief description of the program:**

No Response

**12. Does your program collect the following data (check all that apply)?**

No Response

**13. Please describe any measured outcomes from the program:**

No Response

**14. Additional Comments:**

Previously employed for 25 years with the American Academy of Pediatrics-Dept. of Preventive Medicine in Pennsylvania. Also, worked for the Philadelphia School District in a two year Pilot Program where all medical records of fifth graders were reviewed; and the parent of any child in the 95th% tile was called in for counseling. The goal was that these children would not gain any weight during the two year period. Program showed some positive results.

**1. Agency/Organization Contact Information:**

Contact Name: Nancy DeVault

Agency/Organization: American Heart Association

Address: 237 E. Marks Street

City/Town: Orlando

State: FL

ZIP/Postal Code: 32803

Email Address: nancy.devault@heart.org

Phone Number: 407-843-1330

**2. Name of Childhood Obesity Related Program (if applicable):**

Alliance for a Healthier Generation / Go Healthy Challenge

**3. In what counties is the program available (check all that apply)?**

Brevard, Orange, Osceola, Seminole

**4. Program start date:**

2007

**5. Please list the community partners involved with your program:**

Boys & Girls Club, County Libraries, County Extension, DOH

**6. What is the program's annual budget?**

No Response

**7. Does your program currently receive outside funding?**

Yes

**8. Please describe the target population:**

8-12

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18		X
Ages 18+		X

**10. How many children are served annually through your program?**

No Response

**11. Please provide a brief description of the program:**

The American Heart Association has partnered with the Clinton Foundation to address childhood obesity through healthcare, industry, school programs and reaching kids directly through collaborative partners. Locally, we are striving to provide our tools and resources to strategic partners working with children.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)		X
Waist Circumference		X
Family History		X
Physical Activity		X

**13. Please describe any measured outcomes from the program:**

The Orlando AHA team can provide tools and resources. On a state level, we do have schools tracking various measurable.

**14. Additional Comments:**

If you are reaching kids, we have free tools and resources to help you impact wellness.

**1. Agency/Organization Contact Information:**

Contact Name: Lori Nelson

Agency/Organization: Brevard County Health Dept

Address: 1744 Cedar St

City/Town: Rockledge

State: FL

ZIP/Postal Code: 32955

Email Address: lori\_nelson@doh.state.fl.us

Phone Number: 321-634-6358

**2. Name of Childhood Obesity Related Program (if applicable):**

Children's Medical Services/Nutrition Clinic

**3. In what counties is the program available (check all that apply)?**

Brevard

**4. Program start date:**

September 2005

**5. Please list the community partners involved with your program:**

I work for the health dept but also work at this clinic 1-2x a month for the clinic to take place.

**6. What is the program's annual budget?**

not sure

**7. Does your program currently receive outside funding?**

No

**8. Please describe the target population:**

We usually see anyone from age 4-21 that due to their BMI is obese. We do not see those that are diabetic.

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+	X	

**10. How many children are served annually through your program?**

Possibly about 250 or more

**11. Please provide a brief description of the program:**

This clinic provides 1 on 1 counseling for children and teens with their caregivers. They see a MD and then a Registered Dietitian. During the dietary counseling a review of current eating habits takes place and then its determined where to start with the client. We discuss the basic food groups, serving sizes, eating out, physical activity, how to read food labels and answer questions. A goal is set at the end of each dietary counseling session and recorded on a tracking form for the client. We try to follow up every 3-6 months.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference	X	
Family History	X	
Physical Activity	X	

**13. Please describe any measured outcomes from the program:**

No Response

**14. Additional Comments:**

Patients are accepted up to age 21 years. Children's Medical Services clinic is located at: 1133 Seminole Dr., Rockledge, FL 32955. Additional contacts include: Jane Benton, [jbenton@pol.net](mailto:jbenton@pol.net) and Carolyn Bortz, RN, [carolyn\\_bortz@doh.state.fl.us](mailto:carolyn_bortz@doh.state.fl.us)

**1. Agency/Organization Contact Information: (\*profile combined from multiple respondents)**

Contact Name: Kristi Sands Van Sickle, Psy.D.  
Agency/Organization: Brevard Healthcare Forum  
Address: Florida Institute of Technology  
Address 2: 150 West University Boulevard  
City/Town: Melbourne  
State: FL  
ZIP/Postal Code: 32901  
Email Address: kvansickle@fit.edu  
Phone Number: 321-674-7148

Contact Name: Keith Lundquist  
Agency/Organization: Brevard Healthcare Forum  
Address: c/o Health First  
Address 2: 6450 South US Highway 1  
City/Town: Rockledge  
State: FL  
ZIP/Postal Code: 32955  
Email Address: - keith.lundquist@health-first.org  
Phone Number: 321-434-4334

**2. Name of Childhood Obesity Related Program (if applicable):**

Get Active! Brevard

**3. In what counties is the program available (check all that apply)?**

Brevard

**4. Program start date:**

April 26, 2008

**5. Please list the community partners involved with your program:**

Brevard County Parks and Recreation, Health First, Parrish Medical Center, Brevard County Health Department, Florida Institute of Technology, National Health Review, Circles of Care, Nemours Healthy Choices Clinic, American Heart Association, Children's Medical Society, physicians, retailers, food vendors

**6. What is the program's annual budget?**

15000

**7. Does your program currently receive outside funding?**

No

**8. Please describe the target population:**

Brevard County Children aged 5 - 12 and their parents

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18		X
Ages 18+	X	

**10. How many children are served annually through your program?**

Unknown - first year

**11. Please provide a brief description of the program:**

Get Active! Brevard is a festival-style event that will target children ages 5 to 12 and their parents, and will aim to address the problem of childhood obesity in Brevard County through: 1) Raising awareness about the topic and related issues including proper nutrition and the importance of physical activity 2) Connecting parents and children with related community resources 3) Prompting productive dialogue between parents and children 4) Empowering parents and children to take the first steps toward a healthier lifestyle through hands-on awareness and education activities

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)		X
Waist Circumference		X
Family History		X
Physical Activity		X

**13. Please describe any measured outcomes from the program:**

# of those in attendance. Stated intent to modify their activity level, weight, nutrition and lifestyle.

**14. Additional Comments:**

First-time event held on Saturday, April 26 at the Viera Regional Park (off I-95 and Wickham Road exit) in Brevard County. Childhood obesity is one of the three top priorities for the Brevard Healthcare Forum to address.

**1. Agency/Organization Contact Information:**

Contact Name: Tina Harbold

Agency/Organization: Central Florida YMCA

Address: 433 North Mills Ave.

City/Town: Orlando

State: FL

ZIP/Postal Code: 32803

Email Address: harbold@cfymca.org

Phone Number: 407-896-9220

**2. Name of Childhood Obesity Related Program (if applicable):**

Club FYT

**3. In what counties is the program available (check all that apply)?**

Orange, Osceola

**4. Program start date:**

March 2005

**5. Please list the community partners involved with your program:**

Orange County Government, Osceola County Government, Orange County Public Schools, Osceola County Public Schools

**6. What is the program's annual budget?**

About \$100,000

**7. Does your program currently receive outside funding?**

Yes

*Comment:* Orange and Osceola County Government

**8. Please describe the target population:**

Middle School Students

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10		X
Ages 11-13	X	
Ages 14-18		X
Ages 18+		X

**10. How many children are served annually through your program?**

2000

**11. Please provide a brief description of the program:**

A health and wellness club that teaches children about various types of exercises, eating healthy (includes food labs), lifestyle habits, nutrition, making choices about food and other choices like alcohol, and life lessons such as peer pressure

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference		X
Family History		X
Physical Activity	X	

### 13. Please describe any measured outcomes from the program:

Results Data after session four completion (4th nine weeks and summer sessions combined):

- o 81% of the students exercise at least 15 minutes per day.
- o 70% of students exercise for at least 45 minutes per day.
- o 60 % of students exercise for over an hour per day.
- o 70% of the students participating said they feel that they have increased their physical activity since beginning the program.
- o 70% of the students increased their endurance by decreasing their running time.
- o 77% improved their upper body strength by increasing or maintaining the number of pushups they could do in 1 minute.
- o 75% improved their core strength by increasing or maintaining the number of sit-ups they could do in 1 minute. o 76% of the students improved their overall fitness.
- o 50% of the students stated they have decreased how much television they watch each day.
- o 64% decreased their junk food consumption.
- o 37% increased daily glasses of water consumption since being in the program.
- o 43% decreased the amount of soda consumption on a daily basis.
- o 35% of the students tested lost weight during the nine weeks. Some participants lost 2, 4, 7, even 13 lbs. Final Outcomes A total of 2,499 students had the opportunity to participate in Club FYT during the 2006-2007 school year and during the summer camp program. Of the students served, 2,332 were middle school students and 167 were elementary school students.

Outcome 1: Goal: 80% of the students will improve their nutritional food selection. After final session: 70% feel they are making healthier food choices since joining Club FYT.

Outcome 2: Goal: 80% of the students will increase their physical activity by 15 minutes. After final session: 81% of the students exercise at least 15 minutes per day.

Outcome 3: Goal: 80% of the students will improve their overall fitness level. After final session: 77% of the students improved their overall fitness.

#### Student Testimonials

- o I love Club FYT because it helps us keep in shape. It makes us healthy and teaches us to eat right. Club FYT is great!
- o I learned many things in Club FYT! I learned how to stay hydrated, how to take my heart rate, and my different zones.
- o Club FYT has made me stay fit and still have fun.
- o I learned about good and bad foods.
- o I liked the part where you had to do sit ups and push ups.
- o I think Club FYT is a good influence for us students.
- o Club FYT is fun and you are able to get fit and still have fun.
- o Club FYT made me think about what to eat.
- o I have only been at the YMCA camp for two days and Club FYT is my favorite rotation!
- o The snacks were good tasting and good for us.
- o I am happy because I learned a lot in club FYT this year!
- o I learned from Club FYT to eat healthy and to be active.
- o I actually got a lot out of Club FYT. We had some good food labs and fun activities.
- o Club FYT has made me aware of my health!
- o I can almost feel myself getting a new FYT body as I workout!
- o I learned from Club FYT that healthy food doesn't have to taste bad.
- o Club FYT helped me and my mom, because we use to eat junk food all of the time.
- o I learned how much sugar was in a 12 oz. can of soda.
- o I think Club FYT has had an impact on what I will do in the future.
- o I don't drink as much soda and eat a lot more fruit.
- o My favorite snack was the smoothies!
- o I learned that exercising helps your heart.
- o Club FYT is an amazing program, it showed me that even though my diet has not been that healthy I can still change and grow to be strong.

#### 14. Additional Comments:

The program was funded by the Department of Education in 2005-06 and 2006-07. Today we continue to implement it with limited funding and a very scaled down version.

**1. Agency/Organization Contact Information:**

Contact Name: Brenda R. March

Agency/Organization: City of Orlando - Families, Parks and Recreation Department

Address: 595 North Primrose Drive

City/Town: Orlando

State: FL

ZIP/Postal Code: 32803

Email Address: brenda.march@cityoforlando.net

Phone Number: 407-246-4295

**2. Name of Childhood Obesity Related Program (if applicable):**

City Recreation Athletics Program and Parramore Kidz Zone

**3. In what counties is the program available (check all that apply)?**

Orange

**4. Program start date:**

Year - round program in various sporting areas

**5. Please list the community partners involved with your program:**

Orlando Magic Orlando After-School All-Stars NIKE shoe grant EA Sports Kiwanis Club Universal Orlando PBS&J Track Shack JCB Construction AT&T Bank of America, etc. just to name a few for the PKZ community project and City partnerships

**6. What is the program's annual budget?**

N/A

**7. Does your program currently receive outside funding?**

Yes

*Comment:* Various community grants and special contributions from special projects

**8. Please describe the target population:**

Neighborhoods throughout the City of Orlando and especially the Parramore community

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+	X	

**10. How many children are served annually through your program?**

1,000 Parramore Kidz Zone, 2,000 summer camp participants and 5,000 plus serve on sports teams and leagues

**11. Please provide a brief description of the program:**

The City of Orlando's Families, Parks and Recreation Department Recreation Division provides out of school activities and programs for Orlando youth and special programs for senior at our City recreation centers and special facilities. In addition, Orlando citizens are also able to enjoy 83 parks, 17 Parks & Recreation Centers, 2 Older Adult Recreation Centers, 7 After-School All-Star locations, 4 Special Facilities and 2 Trails.

**12. Does your program collect the following data (check all that apply)?**

**No Response**

**13. Please describe any measured outcomes from the program:**

TBD

**14. Additional Comments:**

I look forward to the presentation and learning about "best practices" to combat the obesity crisis.

**1. Agency/Organization Contact Information:**

Contact Name: Jennifer Whittaker

Agency/Organization: Dairy Council of Florida

Address: 166 Lookout Place #100

City/Town: Maitland

State: FL

ZIP/Postal Code: 32751

Email Address: Jennifer@floridamilk.com

Phone Number: 407-628-1266x32

**2. Name of Childhood Obesity Related Program (if applicable):**

No Response

**3. In what counties is the program available (check all that apply)?**

Serve all FL counties

**4. Program start date:**

1958

**5. Please list the community partners involved with your program:**

Work with state and local depending on the county currently being served

**6. What is the program's annual budget?**

500,000-1,000,000

**7. Does your program currently receive outside funding?**

No

**8. Please describe the target population:**

School Age children

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+		X

**10. How many children are served annually through your program?**

No Response

**11. Please provide a brief description of the program:**

We are a nutrition education and marketing program encouraging school age children to eat a healthful diet that includes milk, cheese and yogurt.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)		X
Waist Circumference		X
Family History		X
Physical Activity		X

**13. Please describe any measured outcomes from the program:**

No Response

**14. Additional Comments:**

No Response

**1. Agency/Organization Contact Information:**

Contact Name: Kristin Duquaine

Agency/Organization: Florida Children's Hospital

Address: 2520 N. Orange Ave. Ste 200

City/Town: Orlando

State: FL

ZIP/Postal Code: 32804

Email Address: kristin.duquaine@flhosp.org

Phone Number: 407-303-3246

**2. Name of Childhood Obesity Related Program (if applicable):**

HIP Program

**3. In what counties is the program available (check all that apply)?**

Orange

**4. Program start date:**

Not currently being offered

**5. Please list the community partners involved with your program:**

No Response

**6. What is the program's annual budget?**

Relied on grant funding

**7. Does your program currently receive outside funding?**

Yes

*Comment:* Orlando Magic Youth Foundation

**8. Please describe the target population:**

Children with BMI > 95th percentile and their parent(s)

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+		X

**10. How many children are served annually through your program?**

We enrolled 30 children into this program

**11. Please provide a brief description of the program:**

15 week program designed to teach nutrition, behavioral and activity concepts. Topics are varied

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference		X
Family History	X	
Physical Activity	X	

**13. Please describe any measured outcomes from the program:**

Laboratory values: HBA1C, lipids, Comprehensive met. panel, C-reactive protein

**14. Additional Comments:**

No Response

**1. Agency/Organization Contact Information:**

Contact Name: Martha Lentz

Agency/Organization: The Harmony Institute

Address: 7210 Five Oaks Drive

City/Town: Harmony

State: FL

ZIP/Postal Code: 34773

Email Address: office@harmonyinstitute.org

Phone Number: 407-957-0207

**2. Name of Childhood Obesity Related Program (if applicable):**

Community Health Assessment

**3. In what counties is the program available (check all that apply)?**

Osceola

**4. Program start date:**

2008/09

**5. Please list the community partners involved with your program:**

Florida Institute of Technology, University of Miami, Purdue University, University of South Dakota

**6. What is the program's annual budget?**

No Response

**7. Does your program currently receive outside funding?**

No

**8. Please describe the target population:**

General population of the community of Harmony

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4	X	
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+	X	

**10. How many children are served annually through your program?**

No Response

**11. Please provide a brief description of the program:**

1st year assessment of community health parameters as part of a multi-year longitudinal study of health/obesity and the effects of community design on it.

**12. Does your program collect the following data (check all that apply)?**

No Response

**13. Please describe any measured outcomes from the program:**

No Response

**14. Additional Comments:**

Program parameters have yet to be set.

**1. Agency/Organization Contact Information:**

Contact Name: Joani Charles

Agency/Organization: Health Central Foundation

Address: 10000 W Colonial Drive

City/Town: Ocoee

State: FL

ZIP/Postal Code: 34761

Email Address: nursejoani@mpinet.net

Phone Number: 407-947-0136

**2. Name of Childhood Obesity Related Program (if applicable):**

No Response

**3. In what counties is the program available (check all that apply)?**

Orange

**4. Program start date:**

No Response

**5. Please list the community partners involved with your program:**

No Response

**6. What is the program's annual budget?**

No Response

**7. Does your program currently receive outside funding?**

No Response

**8. Please describe the target population:**

No Response

**9. Does your program serve the following:**

No Response

**10. How many children are served annually through your program?**

No Response

**11. Please provide a brief description of the program:**

We do not at the time have a specific obesity prevention program. The School Nurses do BMI's per the county requirements. They also provide referrals for counseling and assistance.

**12. Does your program collect the following data (check all that apply)?**

No Response

**13. Please describe any measured outcomes from the program:**

No Response

**14. Additional Comments:**

No Response

**1. Agency/Organization Contact Information:**

Contact Name: Mary Burger

Agency/Organization: Health First Health Plans

Address: 6450 US Highway 1

City/Town: Rockledge

State: FL

ZIP/Postal Code: 32955

Email Address: mary.burger@health-first.org

Phone Number: 321-434-5645

**2. Name of Childhood Obesity Related Program (if applicable):**

KIDS CAN DO CLUB

**3. In what counties is the program available (check all that apply)?**

Brevard

**4. Program start date:**

September 2005

**5. Please list the community partners involved with your program:**

Specific for Health First Health Plan members

**6. What is the program's annual budget?**

No Response

**7. Does your program currently receive outside funding?**

No

**8. Please describe the target population:**

Ages 5-12 who are => 85%, those who are "at risk" of becoming overweight or who are "overweight."

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18		X
Ages 18+		X

**10. How many children are served annually through your program?**

The program has the potential of serving ~2200 children who are HFHP members in the age range of 5-12 years of age. We have had 4 children complete the program, 3 are currently active in the program.

**11. Please provide a brief description of the program:**

Telephonic counseling for child and parent/family to help them make small, but very effective choices, which will result in gradual and healthy weight loss over time.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference		X
Family History	X	
Physical Activity	X	

**13. Please describe any measured outcomes from the program:**

The children are mailed a satisfaction survey after completion of the program. There are also follow-up calls made at 3, 6 and 12 months post completion. Measured outcomes are related to their health, daily activities, self-esteem.

**14. Additional Comments:**

No Response

**1. Agency/Organization Contact Information:**

Contact Name: Dr. Toni Moody

Agency/Organization: Health Masters Club, Inc.

Address: 522 Hunt Club Blvd., #153

City/Town: Apopka

State: FL

ZIP/Postal Code: 32703

Email Address: drtmoody@aol.com

Phone Number: 407-342-0303

**2. Name of Childhood Obesity Related Program (if applicable):**

Health Masters Camp, Step Up to School Wellness, Take the Team Nutrition Challenge and Safe Routes To School

**3. In what counties is the program available (check all that apply)?**

Orange, Osceola, Seminole, Lake

**4. Program start date:**

Annual Summer Day Camp since 2004, Annual Year round School Program since 2006

**5. Please list the community partners involved with your program:**

Orange County Department of Health, Orange County Public Schools, Orange County Community Action, Orange County Head Start, Osceola County Public Schools, Orange and Seminole County Food & Nutrition Services, City of Orlando, City of Apopka, City of Ocoee, East Central Dietetic Association of Central FL, Orange County Healthy Start Coalition, UF Orange County Extension, Hispanic Health Initiative, Florida School Nutrition Association, FL Dietetic Association, FL Dept. of Transportation, Children's Safety Village, Teen Xpress, MicheLee Puppets, Orlando School of Cultural Dance, Center for Multicultural Wellness & Prevention, Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Orlando & Altamonte Springs Links Chapter, Orange County Home Visitors, FL WIC Program, USA Triathlon National Training Center (Lake County), Tabernacle House of Prayer Church, Center of Faith Church

**6. What is the program's annual budget?**

\$100K

**7. Does your program currently receive outside funding?**

Yes

*Comment:* Private Donors, Grants, In-Kind

**8. Please describe the target population:**

Health Masters Camp- youth ages 9 - 13y, at-risk for obesity, Step Up to School Wellness- pre -K and school age children, and their families

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4	X	
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+	X	

**10. How many children are served annually through your program?**

>10K

**11. Please provide a brief description of the program:**

Health Masters Camp is a week-long day camp providing education, training, and skills for youth to adopt a healthy lifestyle. Step Up to School Wellness is an energy balance equation intervention which encourages children to improve their lifelong nutrition and physical activity habits.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference		
Family History	X	
Physical Activity	X	

**13. Please describe any measured outcomes from the program:**

pre/post surveys, experiential data.

**14. Additional Comments:****No Response****1. Agency/Organization Contact Information:**

Contact Name: Pam Flaherty

Agency/Organization: Healthcare Providers of Florida

Address: 1120 Citrus Oaks Run

City/Town: Winter Springs

State: FL

ZIP/Postal Code: 32708

Email Address: pamflah@aol.com

Phone Number: (407) 716-6443

**2. Name of Childhood Obesity Related Program (if applicable):****No Response****3. In what counties is the program available (check all that apply)?**

Orange

**4. Program start date:**

1996

**5. Please list the community partners involved with your program:**

Orange County Public Schools, Orange County Health Department, Winter Park Health Foundation, Orange County Citizens' Commission for Children

**6. What is the program's annual budget?**

450,000

**7. Does your program currently receive outside funding?**

Yes

*Comment:* State of Florida, Winter Park Health Foundation, Citizens' Commission for Children**8. Please describe the target population:**

Orange County Children

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4	X	
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+		X

**10. How many children are served annually through your program?**

Varies 14,045 last school year

**11. Please provide a brief description of the program:**

Nurse Practitioner services to include physical examination, diagnosis and treatment of childhood illness including writing of prescriptions, health and developmental screenings, referral to specialty providers, health education

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference		X
Family History	X	
Physical Activity	X	

**13. Please describe any measured outcomes from the program:**

Return to class percentages primarily. Monthly reporting to funders of number of children served and for what type of services. Annual report which includes the value of the service, numbers served at each school site.

**14. Additional Comments:**

Our services are free to the children. Each grant may require different types of reporting of data.

**1. Agency/Organization Contact Information:**

Contact Name: Denise Lucich

Agency/Organization: MicheLee Puppets, Inc.

Address: PO Box 574704

City/Town: Orlando

State: FL

ZIP/Postal Code: 32857-4704

Email Address: denise@micheleepuppets.org

Phone Number: 407-898-7925

**2. Name of Childhood Obesity Related Program (if applicable):**

EXTREME Health Challenge

**3. In what counties is the program available (check all that apply)?**

Other (please specify) - Statewide in Florida

**4. Program start date:**

7/2005

**5. Please list the community partners involved with your program:**

Aetna Foundation, Blue Cross Blue Shield of Florida, The Chatlos Foundation, Community Foundation of Central Florida, Darden Restaurants Foundation, Edyth Bush Charitable Foundation, Florida Department of Health, Florida Hospital, Health Foundation of South Florida, The Martin-Gracia Andersen Foundation, Mattel Children's Foundation, Pinellas County Food Service, Publix Super Markets Charities, SunTrust Bank, Walt Disney World Company, Winter Park Health Foundation

**6. What is the program's annual budget?**

\$286,000

**7. Does your program currently receive outside funding?**

Yes

*Comment:* Same list as community partners**8. Please describe the target population:**

Children in elementary grades K-5.

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13		X
Ages 14-18		X
Ages 18+		X

**10. How many children are served annually through your program?**

More than 57,000

**11. Please provide a brief description of the program:**

MicheLee Puppets created EXTREME Health Challenge in response to the epidemic rise in childhood obesity and related health problems. This live theatrical production features wacky puppet characters who, along with students, learn the answers to questions regarding nutrition and physical activity. Through the use of puppetry, students are empowered to Take The Challenge to lead a healthy life.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)		X
Waist Circumference		X
Family History		X
Physical Activity		X

**13. Please describe any measured outcomes from the program:**

Pre/post testing shows that students are learning about health. Year one post-test results ranged from 85-94% for desirable responses. During year two the pre/post test was revised to measure an intention to change and improve behavior as it relates to diet and exercise. Post-test results were at 88% and above for desirable responses. In year two, we established a fee-for-service to assist with sustainability. 38% of schools paid at least \$300.

**14. Additional Comments:**

MicheLee Puppets is seeking organizations that would like to incorporate the EXTREME Health Challenge program into their childhood obesity initiatives to promote healthy lifestyles to elementary school children. MicheLee Puppets continues to seek funding partners for the EXTREME Health Challenge program.

**1. Agency/Organization Contact Information: (\*profile combined from multiple respondents)**

Contact Name: Jane Benton MD

Agency/Organization: Nemours Children's Clinic

Address: 1717 Orange Ave

City/Town: Orlando

State: FL

ZIP/Postal Code: 32806

Email Address: jbenton@pol.net

Phone Number: 407-650-7219

Contact Name: Lloyd Werk, MD, MPH

Agency/Organization: Nemours Children's Clinic

Address: 1717 Orange Avenue

City/Town: Orlando

State: FL

ZIP/Postal Code: 32806

Email Address: LWERK@nemours.org

Phone Number: 407 650 7000

**2. Name of Childhood Obesity Related Program (if applicable):**

Healthy Choices Clinic

**3. In what counties is the program available (check all that apply)?**

Clinic located in Orange County

**4. Program start date:**

August 2006

**5. Please list the community partners involved with your program:**

Center for Multicultural Wellness, Early Childhood Learning Coalition YMCA

**6. What is the program's annual budget?**

>200k

**7. Does your program currently receive outside funding?**

Yes

*Comment:* Medical insurance; minimal from a few small grants

**8. Please describe the target population:**

BMI > 95%ile, ages between 3 and 17 years old, family willingness to participate in a multidisciplinary clinic

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4	X	
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+	X	

**10. How many children are served annually through your program?**

150-200

**11. Please provide a brief description of the program:**

Multidisciplinary clinic (physician, counselor, dietitian) working with children with BMI >95%. Comprehensive medical, nutritional and psychosocial evaluation with goal setting using motivational interviewing attempted at each visit. Currently a medical-based model, with intentions to move to some group sessions with more emphasis on behavioral interventions.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference	X	
Family History	X	
Physical Activity	X	

**13. Please describe any measured outcomes from the program:**

BMI % ile; waist and neck circumference; Blood pressure % ile; Attendance metrics; Laboratory test results

**14. Additional Comments:**

The Nemours Children's Clinic - Orlando Healthy Choices Clinic is one service among a larger integrated, cross campus effort to combat childhood obesity including community outreach, prevention, legislative advocacy, biomedical & clinical research, subspecialty and interdisciplinary services.

Dr. Benton is also involved in the Children's Medical Services' nutrition clinic for indigent, obese children in Rockledge, FL (Brevard county). See profile listed under "Agency: Brevard County Health Dept., Program: Children's Medical Services/Nutrition Clinic."

**1. Agency/Organization Contact Information: (\*profile combined from multiple respondents)**

Contact Name: Yolanda G. Martinez  
Agency/Organization: Orange County Health Department  
Address: 6101 Lake Ellenor Dr.  
City/Town: Orlando  
State: FL  
ZIP/Postal Code: 32809  
Email Address: yolanda\_martinez@doh.state.fl.us  
Phone Number: 407-858-1457

Contact Name: Audrey Alexander  
Agency/Organization: Orange County Health Department  
Address: 6101 Lake Ellenor Drive  
City/Town: Orlando  
State: FL  
ZIP/Postal Code: 32809  
Email Address: Audrey\_Alexander@doh.state.fl.us  
Phone Number: (407) 858-1464

**2. Name of Childhood Obesity Related Program (if applicable):**

Girls on the Move

**3. In what counties is the program available (check all that apply)?**

Orange

**4. Program start date:**

03/26/08

**5. Please list the community partners involved with your program:**

Centro de la Familia Cristiana, Jossie Alvira (personal trainer) OCHD Nutrition Department Center for Multicultural Wellness and Prevention, Inc.

**6. What is the program's annual budget?**

**No Response**

**7. Does your program currently receive outside funding?**

Yes

*Comment:* Florida Department of Health/Hispanic Obesity Prevention Education Program

**8. Please describe the target population:**

Overweight and obese Hispanic girls between 14-18 years of age.

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys		X
Ages 0-4		X
Ages 5-10		X
Ages 11-13		X
Ages 14-18	X	
Ages 18+		X

**10. How many children are served annually through your program?**

We are targeting 12 for a 3 month pilot period

**11. Please provide a brief description of the program:**

Girls on the Move is a ten-week program targeting overweight and obese Hispanic girls between the ages of 14 and 18 to provide information on starting and maintaining physical activity and healthy eating habits. The program utilizes the Eight Weeks to Wellness curriculum along with physical activities.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference	X	
Family History		X
Physical Activity	X	

**13. Please describe any measured outcomes from the program:**

Program will start 3/26/08

**14. Additional Comments:**

This is a pilot 3 month program implemented with additional funds (\$1,000) received from the Hispanic Obesity Prevention Education Program. The original program Mejor Peso, Mejor Vida was implemented with adults. The additional funds will be used to pilot a program with adolescent girls.

**1. Agency/Organization Contact Information:**

Contact Name: Lora Gilbert

Agency/Organization: Orange County Public Schools

Address: Food & Nutrition Services

Address 2: 6501 Magic Way

City/Town: Orlando

State: FL

ZIP/Postal Code: 32809

Email Address: gilberl@ocps.net

Phone Number: 407-317-3963

**2. Name of Childhood Obesity Related Program (if applicable):**

School Health Advisory Council

**3. In what counties is the program available (check all that apply)?**

Orange

**4. Program start date:**

2006

**5. Please list the community partners involved with your program:**

All County Health Department, Social Services, Health Nurses, all Public Organizations involved with student health, Food Bank - about 50 in all

**6. What is the program's annual budget?**

Each organization has their own budget

**7. Does your program currently receive outside funding?**

Yes

*Comment:* USDA

**8. Please describe the target population:**

Pre-K - 12th grade

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4	X	
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+	X	

**10. How many children are served annually through your program?**

135,000

**11. Please provide a brief description of the program:**

Breakfast, Lunch, Afterschool snacks

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)		X
Waist Circumference		X
Family History		X
Physical Activity	X	

**13. Please describe any measured outcomes from the program:**

Number of meals served, status of students with free, reduced, and paid meals, nutrients served and taken.

**14. Additional Comments:**

Food & Nutrition Services strongly believes that students who eat meals and snack with us receive better nutrition with nutrient-dense foods.

**1. Agency/Organization Contact Information:**

Contact Name: Kathy Bowman

Agency/Organization: Orange County Public Schools

Address: 445 W. Amelia Street

City/Town: Orlando

State: FL

ZIP/Postal Code: 32801

Email Address: bowmank@ocps.net

Phone Number: 407.317.3200 x2791

**2. Name of Childhood Obesity Related Program (if applicable):**

Health Education Curriculum K-12

**3. In what counties is the program available (check all that apply)?**

Orange

**4. Program start date:**

Each school year

**5. Please list the community partners involved with your program:**

Orange County Health Department School Health Advisory Committee

**6. What is the program's annual budget?**

0

**7. Does your program currently receive outside funding?**

No

**8. Please describe the target population:**

Students K-12

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+		X

**10. How many children are served annually through your program?**

170,000

**11. Please provide a brief description of the program:**

Students receive health education instruction which includes nutrition education as required in the Orange County Local School Wellness Policy.

**12. Does your program collect the following data (check all that apply)?**

No Response

**13. Please describe any measured outcomes from the program:**

No Response

**14. Additional Comments:**

No Response

**1. Agency/Organization Contact Information:**

Contact Name: Candice S. Roberson

Agency/Organization: Osceola County Health Dept.

Address: 1875 Boggy Creek Road

City/Town: Kissimmee

State: FL

ZIP/Postal Code: 34744

Email Address: candice\_roberson@doh.state.fl.us

Phone Number: 407-343-2076

**2. Name of Childhood Obesity Related Program (if applicable):**

Healthy Communities, Healthy People Program

**3. In what counties is the program available (check all that apply)?**

Osceola

**4. Program start date:**

JULY 2005

**5. Please list the community partners involved with your program:**

N/A

**6. What is the program's annual budget?**

100,000.00

**7. Does your program currently receive outside funding?**

No

**8. Please describe the target population:**

Osceola County Residents with chronic diseases and those at risk for chronic diseases.

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4	X	
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+	X	

**10. How many children are served annually through your program?****No Response****11. Please provide a brief description of the program:**

This county health dept. program/position goals are to mobilize community resources and partnerships to target communities, schools, worksites, health care, faith-based organizations and other groups to implement policies and environmental interventions that will impact Osceola residents health behaviors with a primary and secondary focus around healthy 2010 objective areas: Nutrition/Overweight, Physical Activity and Tobacco.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)		X
Waist Circumference		X
Family History		X
Physical Activity		X

**13. Please describe any measured outcomes from the program:**

N/A-Liaison position

**14. Additional Comments:****No Response**

**1. Agency/Organization Contact Information: (\*profile combined from multiple respondents)**

Contact Name: Deborah Brintley  
Agency/Organization: Osceola County District Schools  
Address: 817 Bill Beck Blvd.  
City/Town: Kissimmee  
State: FL  
ZIP/Postal Code: 34744  
Email Address: brintled@osceola.k12.fl.us  
Phone Number: 407-870-4675

Contact Name: Susan McKay  
Agency/Organization: School District of Osceola County  
Address: 817 Bill Beck Blvd.  
City/Town: Kissimmee  
State: FL  
ZIP/Postal Code: 34744  
Email Address: mckays@osceola.k12.fl.us  
Phone Number: 407-870-4672

**2. Name of Childhood Obesity Related Program (if applicable):**

Osceola County School Wellness Program

**3. In what counties is the program available (check all that apply)?**

Osceola

**4. Program start date:**

July 2006

**5. Please list the community partners involved with your program:**

Educators, Local Business, Health Department, Community Agency, School Board, Local Government, American Lung, University of Florida, Faith Based

**6. What is the program's annual budget?**

NA

**7. Does your program currently receive outside funding?**

No

**8. Please describe the target population:**

District school students, parents, faculty and staff

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4	X	
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+	X	

**10. How many children are served annually through your program?**

53,000

**11. Please provide a brief description of the program:**

Provide education and training in physical and nutrition and health related areas to our students, staff and parent to promote a healthy lifestyle; wellness initiatives created by wellness coordinators at each school.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference		X
Family History		X
Physical Activity		X

**13. Please describe any measured outcomes from the program:**

**No Response**

**14. Additional Comments:**

BMI data is required for Florida Department of Health. BMI are ongoing, limited data available for Secondary Schools

**1. Agency/Organization Contact Information:**

Contact Name: Jessica Schwartz

Agency/Organization: Parrish Health and Fitness Center

Address: 2210 Cheney Hwy

City/Town: Titusville

State: FL

ZIP/Postal Code: 32780

Email Address: Jessica.Schwartz@parrishmed.com

Phone Number: 321-268-6200

**2. Name of Childhood Obesity Related Program (if applicable):**

We Can- Youth Fitness and Parents Curriculum

**3. In what counties is the program available (check all that apply)?**

Brevard

**4. Program start date:**

A few years ago for YF- June 07 for We Can

**5. Please list the community partners involved with your program:**

Spirit of Women

**6. What is the program's annual budget?**

Not sure

**7. Does your program currently receive outside funding?**

No

**8. Please describe the target population:**

8-12 year olds, the community and parents

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18		X
Ages 18+		X

**10. How many children are served annually through your program?**

30-40

**11. Please provide a brief description of the program:**

Youth Fitness meets for 6-8 week session, two nights a week and spends the time being active doing various activities. We may also have visitors such as dietitians/nurses and make healthy snacks together.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference		X
Family History		X
Physical Activity		X

**13. Please describe any measured outcomes from the program:**

None yet

**14. Additional Comments:**

We are just in the beginning of extending our family/youth wellness programs. We are looking forward to seeing what other organizations are doing.

**1. Agency/Organization Contact Information:**

Contact Name: Deborah Kirby

Agency/Organization: Seminole County Health Department/School Health

Address: 132 Sausalito Blvd

City/Town: Casselberry

State: FL

ZIP/Postal Code: 32707

Email Address: deborah\_kirby@doh.state.fl.us

Phone Number: 407-665-3430

**2. Name of Childhood Obesity Related Program (if applicable):**

BMI Testing in Public Schools Grades 1,3,6, and Provide Nutritional Counseling to at Risk Students

**3. In what counties is the program available (check all that apply)?**

Seminole

**4. Program start date:**

Beginning of each school year; ongoing program

**5. Please list the community partners involved with your program:**

Seminole County School Board Nurses

**6. What is the program's annual budget?**

249,000

**7. Does your program currently receive outside funding?**

Yes, *Comment:* Federal Tobacco Grants

**8. Please describe the target population:**

School Age Children Grades 1, 3, 6 and any referrals from teachers , school nurses, or request from parents

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18		
Ages 18+		

**10. How many children are served annually through your program?**

15,000

**11. Please provide a brief description of the program:**

We conduct Height, weight, screenings in grades 1,3, 6 in all public schools of Seminole County for BMI determination. We also conduct Dental screenings and Blood pressure screenings on the same children. Any other students are screened upon request from school personnel or parents. A letter is sent to the parents of each child screened with the results of the above screenings and explanation of BMI and their child's status. Each parent is also given a copy of the brochure: "Weight keeping a healthy balance in children, positive parenting healthy eating physical activity. If a student is found to be overweight, at risk for being overweight, or underweight, the parents are offered free nutritional counseling sessions.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference		X
Family History		X
Physical Activity		X

**13. Please describe any measured outcomes from the program:**

Approximately 15% of students screened were referred for being overweight

**14. Additional Comments:**

Approximately 15% of students screened were referred for dental caries, and 88 students referred for elevated blood pressure readings.

**1. Agency/Organization Contact Information:**

Contact Name: Mary Lane

Agency/Organization: Seminole County Public Schools

Address: 400 E. Lake Mary Blvd

City/Town: Sanford

State: FL

ZIP/Postal Code: 32779

Email Address: Mary\_Lane@scps.k12.fl.us

Phone Number: 407 320-0192

**2. Name of Childhood Obesity Related Program (if applicable):**

Physical Education for Progress grant

**3. In what counties is the program available (check all that apply)?**

Seminole

**4. Program start date:**

July 1, 2007

**5. Please list the community partners involved with your program:**

UCF, Seminole County Health Department

**6. What is the program's annual budget?**

\$250,000.00 grant funds

**7. Does your program currently receive outside funding?**Yes, *Comment:* US DOE**8. Please describe the target population:**

Students K-12

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+		X

**10. How many children are served annually through your program?**

20,000+

**11. Please provide a brief description of the program:**

1) Teacher training to make the PE programs focus more on engaging students in moderate to vigorous physical activity 2) Nutrition training for school staff so that they may impart accurate information to the students 3) Summer institute for PE teachers on using technology to enhance fitness such as heart rate monitors, pedometers and Fitnessgram reporting software 4) Family/student pedometer program in conjunction with Step Up, Florida 5) CATCH curriculum for K-5 PE

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference		X
Family History		X
Physical Activity	X	

**13. Please describe any measured outcomes from the program:**

BMI's are collected on students in grades 1,3,6 and Personal Fitness courses. At the 6 targeted schools, students are keeping activity logs on the amount of physical activity they engage in per week both in school and out of school. Fitnessgram software will be used to assess the fitness levels of the students and results shared with parents.

**14. Additional Comments:****No Response**

**1. Agency/Organization Contact Information:**

Contact Name: Michael Kehoe, PhD.

Agency/Organization: University of Central Florida

Address: 1250 N Hancock Rd

City/Town: Clermont

State: FL

ZIP/Postal Code: 34711

Email Address: mkehoe@mail.ucf.edu

Phone Number: 352-536-2179

**2. Name of Childhood Obesity Related Program (if applicable):**

TUFF Kids

**3. In what counties is the program available (check all that apply)?**

Lake County

**4. Program start date:**

February 2007

**5. Please list the community partners involved with your program:**

Lake County Schools Food Service, Leesburg Regional Medical Center, University of Central Florida, Lake Sumter Community College

**6. What is the program's annual budget?**

Unsure

**7. Does your program currently receive outside funding?**

Yes

*Comment:* Lake County Schools Food Service; Leesburg Regional Medical Center**8. Please describe the target population:**

Elementary school students

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18		X
Ages 18+		X

**10. How many children are served annually through your program?**

500-750

**11. Please provide a brief description of the program:**

Nutrition and Physical Activity intervention in an after school setting that focuses on family dynamics.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference	X	
Family History	X	
Physical Activity	X	

**13. Please describe any measured outcomes from the program:**

Currently being revised. Pilot year included pre- and post-test fitness and nutrition knowledge compared with parental post-test knowledge survey.

**14. Additional Comments:**

Pilot program last year was introduced in three high, free and reduced lunch schools during Spring term. Program has been accepted district-wide for the current year and expanded to all 23 elementary schools in the district as well as moved to the summer format to expand enrollment and avoid competition with standardized testing.

**1. Agency/Organization Contact Information:**

Contact Name: Dr. Debby Mitchell

Agency/Organization: University of Central Florida

Address: Sports and Fitness

Address 2: 4000 Central Blvd.

City/Town: Orlando

State: FL

ZIP/Postal Code: 32816

Email Address: mitchell@mail.ucf.edu

Phone Number: 407 823-6598

**2. Name of Childhood Obesity Related Program (if applicable):**

GeoFitness, Inc.

**3. In what counties is the program available (check all that apply)?**

Other (please specify) - National

**4. Program start date:**

2002

**5. Please list the community partners involved with your program:**

Promote to schools, daycare, after school, and community programs

**6. What is the program's annual budget?****No Response****7. Does your program currently receive outside funding?**

No

**8. Please describe the target population:**

All Ages - but predominately underserved of children, adolescents, non-exercisers, and seniors

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4	X	
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+	X	

**10. How many children are served annually through your program?**

In over 7,000 schools

**11. Please provide a brief description of the program:**

GeoFitness, Inc. is dedicated to being an innovative fitness leader, providing fun, safe and easy methods and products to encourage learning, physical activity and fitness. GeoFitness, Inc. headquarters are located in the University of Central Florida Technology Incubator with a world-wide presence on the web at [www.geofitness.com](http://www.geofitness.com) Fitness curriculum and products for all ages.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)		X
Waist Circumference		X
Family History		X
Physical Activity		X

**13. Please describe any measured outcomes from the program:****No Response****14. Additional Comments:**

My research interests include obesity and the latest brain research. I also am Founder and President of GeoFitness, Inc. that produces product and programming for all ages.

**1. Agency/Organization Contact Information:**

Contact Name: Wendy Berry

Agency/Organization: University of Central Florida and Lake Sumter Community College

Address: 1250 N Hancock Rd.

City/Town: Clermont

State: FL

ZIP/Postal Code: 34711

Email Address: berryw@lsc.edu

Phone Number: (352) 536-2134

**2. Name of Childhood Obesity Related Program (if applicable):**

TUFF Kids

**3. In what counties is the program available (check all that apply)?**

Lake

**4. Program start date:**

June

**5. Please list the community partners involved with your program:**

Lake County School Board Leesburg Regional Medical Center Lake County Food Services

**6. What is the program's annual budget?**

No Response

**7. Does your program currently receive outside funding?**

Yes

*Comment:* Lake County Food Services - Partners

**8. Please describe the target population:**

Elementary - High Free and Reduced Lunch Schools All Elementary Age Students

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18		X
Ages 18+		X

**10. How many children are served annually through your program?**

500 - 750

**11. Please provide a brief description of the program:**

Youth obesity intervention utilizing physical activity and nutrition interventions.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference	X	
Family History	X	
Physical Activity	X	

**13. Please describe any measured outcomes from the program:**

Under development

**14. Additional Comments:**

No Response

**1. Agency/Organization Contact Information:**

Contact Name: Lynn Crespo, Ph.D.

Agency/Organization: UCF College of Medicine

Address: 12201 Research Parkway

Address 2: 3rd Floor

City/Town: Orlando

State: FL

ZIP/Postal Code: 32816

Email Address: crespo@mail.ucf.edu

Phone Number: 407-823-4066

**2. Name of Childhood Obesity Related Program (if applicable):**

No Response

**3. In what counties is the program available (check all that apply)?**

No Response

**4. Program start date:**

No Response

**5. Please list the community partners involved with your program:**

No Response

**6. What is the program's annual budget?**

No Response

**7. Does your program currently receive outside funding?**

No Response

**8. Please describe the target population:**

No Response

**9. Does your program serve the following:**

No Response

**10. How many children are served annually through your program?**

No Response

**11. Please provide a brief description of the program:**

No Response

**12. Does your program collect the following data (check all that apply)?**

No Response

**13. Please describe any measured outcomes from the program:**

No Response

**14. Additional Comments:**

We are interested in learning about the community programs addressing childhood obesity in order to partner for future education and research. At present the UCF College of Medicine is submitting a proposal for Orange County to be included in the National Children's Study. This study will collect environmental and genetic data in order to determine the influences leading to many childhood disorders, including obesity.

**1. Agency/Organization Contact Information:**

Contact Name: Mary Beth R. Salisbury

Agency/Organization: University of Florida/IFAS- Osceola Extension Service

Address: 1921 Kissimmee Valley Lane

City/Town: Kissimmee

State: FL

ZIP/Postal Code: 34744

Email Address: mbsal@ufl.edu OR msal2@osceola.org

Phone Number: 321-697-3000 ext 73001

**2. Name of Childhood Obesity Related Program (if applicable):****No Response****3. In what counties is the program available (check all that apply)?**

Osceola

**4. Program start date:**

Ongoing education

**5. Please list the community partners involved with your program:**

University of Florida, Osceola County Government, Osceola County Health Department, Osceola County School Board, Expanded Food and Nutrition Program, United States Department of Agriculture, Health Task Force

**6. What is the program's annual budget?**

NA

**7. Does your program currently receive outside funding?**

No

**8. Please describe the target population:**

Youth ages 5-18 and adults

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+	X	

**10. How many children are served annually through your program?**

1,000

**11. Please provide a brief description of the program:**

EFNEP provides multi contact education to school age youth within our public schools which have a population of 51% or more being eligible for free and reduced lunches. 4-H youth are ages 5-18 involved in community clubs or schools.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)		X
Waist Circumference		X
Family History		X
Physical Activity	X	

**13. Please describe any measured outcomes from the program:****No Response****14. Additional Comments:****No Response**

**1. Agency/Organization Contact Information:**

Contact Name: Susan R. Mulligan

Agency/Organization: WIC Program/Seminole Co. HD

Address: 400 West Airport Blvd

City/Town: Sanford

State: FL

ZIP/Postal Code: 32773

Email Address: susan\_mulligan@doh.state.fl.us

Phone Number: 407-665-3334

**2. Name of Childhood Obesity Related Program (if applicable):****No Response****3. In what counties is the program available (check all that apply)?**

Seminole

**4. Program start date:**

3/3/08

**5. Please list the community partners involved with your program:****No Response****6. What is the program's annual budget?**

\$1 M

**7. Does your program currently receive outside funding?**

No

**8. Please describe the target population:**

8700

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4	X	
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+	X	

**10. How many children are served annually through your program?**

1700

**11. Please provide a brief description of the program:**

WIC provides nutritious food nutrition education breastfeeding promotion and support referrals to health care

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference		X
Family History		X
Physical Activity	X	

**13. Please describe any measured outcomes from the program:**

Higher participation rate: First trimester prenatal, breastfeeding women lower rate: overweight children enrolled in WIC

**14. Additional Comments:****No Response**

**1. Agency/Organization Contact Information: (\*profile combined from multiple respondents)**

Contact Name: Shellene Mazany

Agency/Organization: Winter Park Health Foundation

Address: 220 Edinburgh Drive

City/Town: Winter Park

State: FL

ZIP/Postal Code: 32792

Email Address: smazany@wphf.org

Phone Number: 407-644-2300

Contact Name: Tori Sheahan

Agency/Organization: Winter Park Health Foundation

Address: 2900 Upper Park Road

City/Town: Orlando

State: FL

ZIP/Postal Code: 32814

Email Address: tori.sheahan@ocps.net

Phone Number: 407-623-1415 ext 256

Contact Name: Christine Watson, RN

Agency/Organization: Winter Park Health Foundation

Address: 2100 Summerfield Road

City/Town: Winter Park

State: FL

ZIP/Postal Code: 32792

Email Address: watsonc3@ocps.net

Phone Number: 407-622-3200

**2. Name of Childhood Obesity Related Program (if applicable):**

Coordinated Youth Initiative (though not solely related to obesity issues)

**3. In what counties is the program available (check all that apply)?**

Orange

**4. Program start date:**

Started in 1998

**5. Please list the community partners involved with your program:**

Orange County Public Schools, School Health Advisory Committee, PTA's, Healthcare Providers of Florida, Healthcare Providers & Associates

**6. What is the program's annual budget?**

\$1.3 million

**7. Does your program currently receive outside funding?**

No

**8. Please describe the target population:**

Kindergarten through 12th grade in the Winter Park Consortium Schools (8 elementary schools, 2 middle schools, WP 9th Grade Center & Winter Park High School -- all feeder schools into WPHS)

**9. Does your program serve the following:**

	Yes	No
Girls	X	
Boys	X	
Ages 0-4		X
Ages 5-10	X	
Ages 11-13	X	
Ages 14-18	X	
Ages 18+		X

**10. How many children are served annually through your program?**

No Response

**11. Please provide a brief description of the program:**

The Coordinated Youth Initiative (CYI) is comprised of the CHILL Counseling Program, School Nursing Initiative, Student Health Centers w/ 2 full-time Nurse Practitioners and Healthy School Teams. Each CYI component is placed at every Winter Park Consortium school; so there is one mental health (CHILL Counselor) at every school, school nurse and HST leader at every school. The CYI helps to target a wide variety of issues including but not limited to health & wellness, healthy eating, wise cafeteria choices, physical activity, BMI's, mental health issues w/ regard to weight management, eating disorders, etc.

**12. Does your program collect the following data (check all that apply)?**

	Yes	No
Body Mass Index (BMI)	X	
Waist Circumference	X	
Family History	X	
Physical Activity	X	

**13. Please describe any measured outcomes from the program:**

School year data has been collected and evaluated annually by folks with whom the WPHF has contracted (such as UCF, the Health Council of East Central Florida); their recommendations help guide future programmatic direction -- goals and focus areas are established and/or maintained per recommendations from evaluations and as it relates to the CYI.

**14. Additional Comments:**

No Response