MINUTES

School PTA Minutes

May 14, 2011

The meeting was called to order by Terry Adams at 7:00 p.m.

In attendance

[Attendees List]

Approval of Minutes

The minutes were read from the [month] meeting and approved.

Board

The Board, new principal, and guests were introduced in this meeting. Kim Abercrombie was nominated as the new Secretary. A motion to elect John was made by Michael Wang and seconded by David Jaffe. John Abercrombie was confirmed as the new Secretary.

Advisory Committee

There are a number of parent openings on the Advisory Committee. These openings were listed in the most recent newsletter. Three parents showed an interest in serving on the committee. Mark Bell will follow up with those parents and do some supplementary recruiting to fill these openings.

Budget

The budget for the current school year was distributed by Richard Miller, PTA Treasurer, and reviewed by the board and PTA members at the last meeting. In tonight's meeting, Steve Watson made a motion to approve the budget which was seconded by Harry Anderson. All presents voted in favor of approving the budget as presented.

Principal's Report

Principal Samuel Pattison presented his report.

New Business

- Recap of Back to School night – May 9
- Parent Education Programs – Counselors
- Teacher Grants Application Process – [School Name]

Committee Reports

- Membership
- Volunteers
- Newsletter
- Computer Support

Announcements

Next Meeting

October 14, 2011, at 7:00 p.m., school cafeteria

Motion to adjourn was made at 9:00 p.m. and was passed unanimously.

Meeting Minutes Template

Table 4 Lipid panel data of men and women before and after a 21 day Daniel Fast

Variable	Pre	Post
Cholesterol (mg·dL^{-1})*	171.1 ± 4.6	138.7 ± 4.4
Triglycerides (mg·dL^{-1})	85.1 ± 4.8	75.3 ± 3.6
HDL-C (mg·dL^{-1})**	55.6 ± 2.5	47.6 ± 2.2
VLDL-C (mg·dL^{-1})	17.0 ± 1.0	15.0 ± 0.7
LDL-C (mg·dL^{-1})***	98.4 ± 3.9	76.1 ± 3.5
Total:HDL-C	3.3 ± 0.1	3.1 ± 0.1

Values are mean ± SEM.

* $p < 0.0001$

** $p = 0.02$

*** $p = 0.0004$

No other statistically significant differences noted ($p > 0.05$).

blood pressure, 2) significantly reduces total, LDL, and HDL cholesterol, 3) reduces insulin, HOMA-IR, and C-reactive protein in a clinically meaningful, although statistically insignificant manner, 4) does not cause any negative effects on blood count or metabolic panel values, 5) is well-tolerated, and 6) may be useful as a nutrition education tool for men and women. To our knowledge, this is the first scientific investigation of the Daniel Fast. Subsequent statistical analyses indicated no interactions between normal weight and overweight/obese subjects, men and women, and exercise trained and untrained subjects (as discussed below). This suggests that a wide variety of individuals may benefit from a dietary approach in accordance with the Daniel Fast. As we were not concerned with weight status, sex, or

Table 5 Dietary data of men and women before and during the final seven days of a 21 day Daniel Fast

Variable	Pre	During	P value
Kilocalories	2185 ± 94	1722 ± 85	0.0005
Protein (g)	92 ± 6	62 ± 5	0.0003
Protein (%)	17 ± 0	13 ± 0	0.004
Carbohydrate (g)	287 ± 14	269 ± 17	0.41
Carbohydrate (%)	53 ± 0	62 ± 0	0.0002
Fiber (g)	26 ± 2	40 ± 3	< 0.0001
Sugar (g)	95 ± 7	86 ± 6	0.37
Fat (g)	74 ± 5	54 ± 4	0.003
Fat (%)	30 ± 0	27 ± 0	0.20
Saturated Fat (g)	24 ± 2	9 ± 1	< 0.0001
Monounsaturated Fat (g)	14 ± 2	14 ± 2	0.89
Polyunsaturated Fat (g)	8 ± 1	9 ± 1	0.47
Trans Fat (g)	1 ± 0	0 ± 0	0.006
Omega 3 (mg)	711 ± 163	798 ± 202	0.77
Omega 6 (mg)	2510 ± 327	3341 ± 345	0.10
Cholesterol (mg)	225 ± 19	28 ± 20	< 0.0001
Vitamin C (mg)	70 ± 9	119 ± 12	0.002
Vitamin E (mg)	8 ± 2	11 ± 1	0.36
Vitamin A (RE)	404 ± 60	435 ± 70	0.70

Values are mean ± SEM.

training status comparisons in this initial study, coupled with the fact that no interactions were noted for any of the above-mentioned comparisons, only pooled data are presented in the tables and discussed within this manuscript.

It is important to note that our findings are in reference to relatively healthy, young to middle age men and women (age range: 20-62 years), with a wide BMI range (18.0 kg·m^{-2} to 40.6 kg·m^{-2}), and varied regular exercise and dietary habits. Interestingly, we noted similar findings in all subject groups (as discussed below). For example, similar *percent changes* in all measured variables from pre to post fast were observed in subjects who are of normal weight and low body fat (e.g., < 10% for men and < 20% for women), who exercise regularly for 4+ hours per week and eat a very "clean" diet on a regular basis (including vegetarians), as compared to overweight/obese, sedentary subjects who consume a relatively poor diet. However, it should be noted that while the percent change in outcome measures was similar between such individuals, the absolute values were better for the normal weight, exercise enthusiasts compared to the overweight/obese, sedentary subjects (discussed below). Based on our collective findings, it is possible that individuals with diagnosed metabolic and cardiovascular disorders may experience clinically meaningful results on such a dietary regimen. Future work should consider the inclusion of such patients, as this diet may be considered an anti-inflammatory, anti-atherogenic, anti-hypertensive, non-pharmacologic approach to disease risk management.

While we did note a reduction of blood pressure, as well as a decrease in total (19%) and LDL cholesterol (23%) with the Daniel Fast in just three weeks, findings similar to those noted for other plant-based diets [19-21], we also noted a decrease in HDL-C (14%). While the total:HDL-C was improved slightly (Table 4), the drop in HDL-C remains a concern. If this eating plan is to be viewed as "heart healthy" in all aspects, future studies involving the Daniel Fast may include specific food choices (e.g., almonds, *plantago ovata* husks, walnuts) [22-24] and/or dietary supplements [25,26] noted to increase HDL-C, in an effort to maintain HDL-C while decreasing both total and LDL-C. Aside from HDL-C, although insulin (24%), HOMA-IR (26%), and C-reactive protein (49%) decreased during the 21 day fast, these decreases failed to reach statistical significance. A *post hoc* power analysis indicated that a total of 57 subjects would be needed to demonstrate statistical significance for insulin and HOMA-IR, while 65 subjects would be needed for C-reactive protein. Future studies may include a larger sample size in order to improve the chance of achieving statistical significance for these variables. Of course, inclusion of individuals

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