

NECON 2005 Conference on Promoting Prevention Creating an Ethic of Prevention in New England

Overview

Over the past two decades, the quality of sound scientific research on healthy behaviors and societal health policies has improved significantly, yet the cost and burdens of preventable diseases are immense and escalating. Although New England is considered the healthiest region in the nation and has consistently led the nation in public health expertise, research, and premier health care institutions, we are still not operating from a prevention-based ethos. For the past 25 years, NECON has been advocating for prevention through their annual conferences of the New England region's policymakers, public health professionals and healthcare providers.

This year's conference focused, once again, on creating an ethic of prevention. This will be achieved when health promotion and disease prevention become the guiding principles of our social and built environments, our behavioral choices, and our health care enterprise. How do we accomplish this? Through creating and exercising political will. There are several ways NECON has been working toward this goal: In 1986, NECON was charged by the New England Governors Conference to submit recommendations periodically for the improvement of the health status of the region. Currently, to enhance the pertinence of the recommendations, we are building bi-partisan prevention caucuses in each the six New England state legislatures.

A primary focus of the conference this year were the issues of overweight and obesity. These challenges to the region's health and the ways in which the individual New England states have responded to attain healthy weight populations were in keeping with the NECON approach to "thinking regionally and acting locally." Healthy nutrition and increased physical activity were also specific matters around which to create a prevention ethos.

The morning panels and the afternoon breakout sessions discussed other determinants of health (the built environment, schools, worksite, disparities, etc) that must be addressed and healthcare sectors (providers, biotechnology, etc) that must be included in the equation that we seek.

Welcome

Bertram A. Yaffe, Chair, NECON

Charles Tretter, Executive Director, New England Governors Conference, Inc.

Keynote Address

Dr. Daniel Levy, the Director of the Framingham Heart Study, introduced the keynote speaker, George A. Mensah, MD, Distinguished Scientist from the Centers for Disease Control and Prevention. In this presentation, Dr. Mensah stressed that to create a culture of prevention, five strategies were necessary:

- Collaborating across the region and across disciplines

- Framing health promotion and disease prevention to facilitate its incorporation into such venues as schools, the built environment, communities, worksites and the healthcare system
- Confronting opportunities to insert health promotion into the discourse on health and disease
- Educating policymakers, the healthcare community and the general public about disease prevention
- Translating research into health promoting policies

First Panel Discussion *Components of a Culture of Prevention*

The panel, was moderated by Michael Samuelson, Executive Director of the Health & Wellness Institute and Vice President of the Health and Wellness Services division of Blue Cross Blue Shield of Rhode Island. He has been a pioneer in establishing wellness as the appropriate interface among public health, private industry, and the voluntary sectors. The panel examined opportunities in schools, the built environment, and biotechnology as well as efforts to address health disparities and the role of the healthcare provider.

At the Beginning: School Based Prevention Policies

Holly Alperin, Ed.M., CHES, Coordinator, Comprehensive School Health Education, MA Dept. of Education

All Around Us: The Built Environment

Gregory Howard, MPH, Dept. of Environmental Hlth, Boston University School of Public Hlth.

Addressing Disparities

Rickie C. Keys, Ph.D., President and Founder, National Institute to Combat Health Disparities

The Future is Here: Biotechnology, Opportunities for Prevention and Caveats

Thomas M. Finneran, President, MA Biotechnology Council

The Role of the Healthcare Provider in Forging an Ethic of Prevention

David L. Katz, MD, MPH, FACP, Director, Yale-Griffin Prevention Research Center

Networking Lunch

Walter Willett, MD, PhD, Chair, Department of Nutrition, Harvard School of Public Health

Strategic Plan for the Prevention and Control of Overweight: Progress and Scientific Update

The NECON/Harvard School of Public Health's *Strategic Plan for the Prevention and Control of Overweight and Obesity in New England*, produced under the leadership of Dr. Walter Willett, was the catalyst for an implementation strategy that was initiated at a summit conference in Woodstock, Vermont on June 2004. Dr. Willett gave an overview of the progress of the implementation activities. NECON Chair, Bert Yaffe also announced that a Center for Disease Control grant to NECON to produce forums to address overweight in the states.

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Recognition of Legislative Champions for Prevention in attendance
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Report from Region I, US DHHS, Betsy Rosenfeld

Second Panel Discussion
*New England States Address the Overweight
and Metabolic Syndrome Challenges to Health*

Each of the New England states submitted extensive written reports and gave brief oral presentations of their activities over the past year. Here we focus on those that addressed overweight, obesity and/or physical activity

Connecticut

Christine Parker, Program Director of the Obesity Program for the State of CT, presented the following. According to the recent United Health Foundation State Health Rankings, Connecticut's overall ranking for health status is eighth in the nation for 2004 from sixth in 2003. Notable indicators included the prevalence of obesity (ranked sixth in the nation from fifth in 2003).

The department of Public Health (DPH) implemented CONNECTIFIT, a Workplace Wellness Program for DPH employees.

The Connecticut School Health Survey, which asks a representative sample of students from Connecticut public middle and high schools questions about tobacco use and behavioral health issues, was successfully implemented.

Maine

Lori Kaley, Coordinator of the Edmund Muskie School of Public Service at the University of Southern Maine, discussed changes implemented in the schools. Several health policy initiatives were implemented in 2005 including rules that rid school vending machines of candy and soda, and disallow all "junk" food on school grounds unless a school board votes for some exceptions such as certain non-school activities.

Massachusetts

David Blackburn, Executive Director of Nutrition & Health Partnership in Wellesley Hills, Massachusetts, spoke of a number of initiatives implemented by the Massachusetts Department of Public Health following the recommended strategies laid out in the Massachusetts Partnership for Healthy Weight statewide action plan.

Schools: Partnered with Blue Cross and Blue Shield of MA to implement Healthy Choices, a nutrition and physical activity intervention designed to improve student knowledge and improve school policies to support healthy eating and physical activity. In 2004-2005 70 middle schools began implementing Healthy Choices. 46 additional schools were funded to implement the program in the 2005-2006 school year.

Communities: Partnered with Rails to Trails and the National Park Service to implement a two-year neighborhood physical activity campaign and community mobilization intervention to increase access to physical activity in the city of Springfield.

- Partnered with the YMCA Alliance and UMASS Boston to implement and evaluate an after school nutrition and physical activity program for youth, ages 10-13 at risk for overweight in four communities across the state. Partner organizations also support local community nutrition and physical activity efforts.
- Collaborated with Tufts University on the development of a database of physical activity resources on a community-by-community basis. In FY06, this database will be made into a searchable website with will be housed on the Partnership for Healthy Weight Web site and linked to other relevant sites.
- Partnered with the Executive Office of Elder Affairs (EOEA) and ABCD, Boston to pilot and evaluate a health initiative to promote healthy eating and physical activity and reduce overweight and obesity amongst seniors in Council on Aging sites across the state. The Action for Community-Centered Elder Nutrition Training (ACCENT) program developed by ABCD, Boston is designed to address six health promotion areas: nutrition, five stages of behavior change, increasing physical activity, injury prevention and home safety, medication and doctor/patient relationships, and barriers to a healthy lifestyle.

Worksite: Implemented a pilot program in 5 police and fire departments across the state designed to address opportunities for increasing police/fire staff access to healthy foods and physical activity opportunities while on the job. Results from these pilot programs will guide us in making recommendations for wellness programs in this setting.

Healthcare: Partnered with the Progressive Providers Network, a network of providers serving individuals and families with disabilities, to collaborate on the development and evaluation of a pilot nutrition and physical activity education program for adults and youth with disabilities. This intervention will be implemented in FY06

The Department is also working to better integrate nutrition, physical activity and overweight/obesity prevention programs across departmental programs. The Division of Health Promotion and Disease Prevention has been working to coordinate these efforts across the various chronic disease prevention and control programs as well as help facilitate coordination with its non-state partners through the work of the Cancer, Heart Disease and Stroke, Diabetes, Asthma and Overweight and Obesity coalitions.

The MDPH is a collaborator of the Massachusetts Partnership for Healthy Weight. The Partnership developed a burden document and action plan to guide state and local groups develop and implement plans to address overweight and obesity in Massachusetts. Over 100 public and private organizations from public health, education, academia and industry and coalitions and other groups were involved in the development of the state plan. State and local groups Partnership members implement initiatives that help meet the objectives outlined in the state plan. Key focus areas include improving policy and systems that support individual and family access to healthy foods and opportunities for physical activity. This is accomplished by implementing initiatives at the state, city and town, organization and individual level. Examples of communities that have community-wide initiatives include Attleboro, Boston, Cambridge, Somerville, Needham, Newton, Norwood, Springfield, and Waltham. The Partnership has developed a website which will include highlights of partner initiatives that address state plan objectives.

New Hampshire

Lisa Bujno, Bureau Chief of the New Hampshire Department of Health & Human Services, discussed how New Hampshire is addressing overweight and obesity prevention through a variety of efforts within the Bureau of Prevention Services. A recent assessment of statewide activities in schools, worksites, healthcare settings and communities will serve as the foundation for a strategic planning process to prevent and control and obesity in New Hampshire. Obesity prevention activities include the following:

- Web-based Worksite Wellness Toolkit: Initial components of the toolkit are currently available on the NH DHHS website; the complete toolkit is expected to be available by late fall 2005.
- Adult pedometer and activity log: Pilot to begin early fall 2005.
- KidPower! Walk and Wheel Safely: School based program designed to increase child and family physical activity using a two-prong approach: combined use of a pedometer and 4 week activity log to track walking and other types of physical activity, and encouraging walking and bicycling to school where it is safe and accessible. During the 2004-05 school year, nearly 2000 school children participated in KidPower! A KidPower! train the trainer program for teachers and school nurses was held in August 2005.
- NH DHHS Employee Wellness: Interventions include stair prompts, monthly electronic newsletters, a wellness related bulletin board, and a vending and cafeteria assessment for employees.
- Department of Transportation (DOT) Bike/Ped Advisory Board: Collaborative participation between DOT, Public Health Services and statewide regional planning committees address bike safety issues, bike lane accessibility, and promotes state and regional walk and bike events.

The primary focus of the Health Promotion Program is on high-risk groups and prevention of overweight and obesity through physical activity and education. Health Promotion develops, coordinates, and monitors health risk factor reduction projects across the state in schools, worksites and communities. Major focus areas are:

1. Community based physical activity interventions for children and families
2. School based physical activity programs
 - a. walk and bike to school materials
 - b. pedometer and 4-week activity log
 - c. quarterly newsletter for parents
3. Worksite Wellness Program
 - a. web based materials
 - b. activity log and pedometer program
4. Integration of physical activity and obesity prevention efforts into state chronic disease programs
5. Coordination of a statewide Obesity Prevention and Control Plan for New Hampshire

The Nutrition Services Program administers a variety of federally funded nutrition programs designed to improve the health and nutritional status of pregnant women, new mothers, infants, preschool children, and low-income elderly as well as to provide population-based nutrition education services, including:

The programs work cooperatively to promote messages of healthy eating, breastfeeding promotion, and diets rich in fruits and vegetables in an effort to reduce increasing rates of overweight and obesity among the populations served. FitWIC, an initiative to promote age-appropriate physical activity for preschoolers, will be implemented in early 2006.

The Maternal and Child Health Section (MCH) of the Division of Public Health Services identified childhood obesity as one of its ten priorities in its recent five year needs assessment. MCH will be working in collaboration with the Health Promotion Program and the WIC Program on activities for its contract agencies that serve low income, underinsured families, and on the Health Promotion Program's statewide obesity and prevention planning.

Rhode Island

Dr. David Gifford, Director of Health for the RI Department of Health, shared the various initiatives being implemented in the state of Rhode Island. In 2001, the Rhode Island Department of Health (HEALTH) was one of the first six states to receive funding from the U.S. Centers for Disease Control and Prevention to respond to the obesity epidemic. HEALTH established the Initiative for a Healthy Weight (IHW) obesity prevention program to build the state's capacity to reverse the obesity epidemic. The program has completed a state plan based on the data about obesity in our state, the literature on best practices and the input of over 100 community partners. Staff is currently developing an intervention protocol to implement multi-systems interventions in the City of Central Falls, Rhode Island, a predominantly Hispanic city in the Blackstone Valley. They are working closely with NECON to implement in Rhode Island the common goals and objectives of their two complementary plans, with an initial priority of childhood obesity. Finally, they led the state in establishing a weekly Farmers' Market at the state offices

complex, making fresh produce readily available to state employees, and they continue to participate as the Department's representative on the state Transportation Advisory Committee, ensuring advocacy for bicycle and pedestrian transportation infrastructure.

Dr. Gifford has declared childhood obesity as one of the Department's top priorities. His goal is to propel the state forward with a clear goal in mind – to eliminate childhood obesity. The emphasis on childhood obesity fits well with the work done in the Healthy Weight Initiative and will be the initial priority for action in the state's Health Eating and Active Living plan. Three goals have been set related to childhood obesity:

- By 2015 reduce by 50% the proportion of children entering kindergarten overweight or at risk of overweight.
- By 2015 reduce the proportion of children entering 7th grade who are overweight or at risk of overweight.
- Graduate the class of 2018 healthier than they started school.

To reach these goals, workgroups (early childhood period, school age children, community level initiatives) will develop action plans focusing on the following four target behaviors: improve nutritional quality of diets, increase physical activity, reduce screen time (TV, Video, and computer), and increase breastfeeding rates and duration.

The Rhode to Health Coalition (RTHC) is a collaboration of HEALTH and fifteen hospitals in Rhode Island. RTHC's intent is to promote the objectives of two Healthy Rhode Island 2010 leading health indicators: Overweight and Obesity and Physical Activity. RTHC has created fast food decision prompts which provide information on the caloric counts of menu items at several fast food restaurant chains, stairway decision prompts to encourage people taking the stairs rather than escalators or elevators, and a healthy shopping list that contains essential information for improving nutrition by making informed choices at the grocery store. All materials are available in English and Spanish. Lastly, a program called Walk the Rhode to Health was launched in March 2005. This program's goal is to encourage more Rhode Islanders to take up walking as a safe, easy, low-to-no cost, and convenient way to be physically active. The walks are offered in a different location around the state each month and are hosted by a different hospital each time.

In Rhode Island, HEALTH served as the catalyst to bring together a broad-based coalition representing the business community, health professionals, insurers and government to create a new organization geared toward improving the health and well-being of Rhode Islanders. Organized to work specifically with employers, the Worksite Wellness Council of Rhode Island (WWCRI) is affiliated with a similar national organization known as The Wellness Councils of America (WELCOA). The mission of the WWCRI is to improve the health and safety of working Rhode Islanders by promoting and supporting worksite health promotion initiatives. Leaders from across the state have come together to establish the goal for Rhode Island to become officially designated as the first "Well State" in the country. Although a few cities have achieved the "Well City" designation, the Ocean State has set its sights on a more lofty goal, a

statewide designation. To achieve this distinction, 20 percent of all workers in the state must have access to health promotion and disease prevention activities in a workplace which has been designated a “Well Workplace” by WELCOA. Rhode Island is well on its way to achieving this goal as business leaders realize good health is good business. A number of large and small businesses and organizations are already participating and offering their employees a variety of workplace wellness activities. To qualify and be counted toward the goal, organizations must apply for and meet the requirements of WELCOA’s Bronze, Silver, or Gold Well Workplace Awards.

Healthy Schools/Healthy Kids (HS/HK) is a CDC financed initiative to build an infrastructure for Coordinated School Health Programs. HEALTH works in partnership with the Department of Education to integrate school health into the Rhode Island education reform agenda and district and school reform plans, especially in core cities where the majority of communities of color and youth at risk are located. HS/HK works to improve nutrition, increase physical activity, decrease use of tobacco products, create food safe schools and improve HIV/AIDS education through partnerships among schools, families, and communities.

Vermont

Mimi Benedict, Project Director of Coordinated School Health for the VT Department of Health, discussed a number of programs that impact children’s health as well as a built environment survey. Fit and Healthy Kids is a coordinated comprehensive approach to promoting healthy eating and increasing physical activity among children and their families. This initiative began in the fall of 2003 and includes interventions for individuals, schools, communities, and state infrastructure. Below are some of the many activities that are part of the initiative. All activities work towards the ultimate objective of reducing the prevalence of obesity. To reach that end Vermont will measure behaviors including: physical activity levels, fruit and vegetable consumption, and reduction of television time among youth. Measures will utilize existing data sources and create new ones as needed to monitor progress towards outcome objectives.

Governors Spring and Fall Daylight Savings Challenge - Approximately 1,500 youth participate in the bi-annual challenges. Children and youth of all ages are challenged to Eat More Colors, Turn it Off and Move More (more fruits and vegetables, less television and more activity) Ten “winning” children are chosen to take a walk with Governor Jim Douglas and a local sports figure at the state house. Schools and preschools are encouraged to find creative ways to incorporate the challenge into their curriculum and rewarded with a visit from the Governor.

Fit WIC - The Fit WIC activity guide provides activities to help foster children’s health and development through daily active physical play. The guide gives caregivers of children 3-5 a “grab bag” of play activities that they can do anytime and anyplace. Additional parent guides have been printed for distribution: through public health clinics at VDH district offices and outlying sites; through community coalitions and local projects (for example, St. Johnsbury select board subgroup on health requested them for a

project); and through health care providers who see children. Trainings are being conducted with childcare providers to encourage use of the activity guide in centers across Vermont.

Run Girl Run program - Run Girl Run is a year-round program designed to give middle school girls the information, training, confidence, and support to make healthy lifestyle choices. In 2005 there are 26 sites offering the program to over 400 girls ages 9-13. Girls train over the course of the summer for a 5K race and meet throughout the school year to reinforce the healthy behaviors learned.

SPARK (Sports, Play and Active Recreation for Kids) - To complement Run Girl Run the Vermont Department of Health is partnering with the Vermont Out of School Time Network to implement an after school based activity program for boys and girls ages 9-13. SPARK is an evidence based program shown to increase physical activity. The program philosophy is: include All youth, All youth Active and All youth learning to enjoy movement. SPARK will be piloted in 6 after school sites beginning in January of 2006.

School Food Policy Guidelines - the Department of Health, Department of Agriculture and Department of Education collaborated to develop a model policy for all foods served and sold in schools. Comprehensive guidelines with recommendations for foods sold in vending machines and a la carte areas are available to all schools working to make healthy changes. The Department of Health and Department of Education will provide technical assistance to schools implementing changes based on the policy guidelines.

Vermont Safe Routes to School - the Department of Health in partnership with the Agency of Transportation, Public Works Department, Department of Education, Chittenden County Planning, and local agency representatives piloted the Safe Routes to School program in three schools from 2004-2006. The SR2S Coordinator works closely with volunteers from each school to encourage students to bike or walk to school on a regular basis, educate students on safety skills, implement improvements to the infrastructure around the schools, and work with local law enforcement to ensure drivers obey traffic laws. Results of this pilot project (successes and challenges) will be used to expand the program statewide.

Coordinated School Health - the Departments of Health and Education continue to work in partnership to strengthen the infrastructure supporting coordinated school health. A School Health Council comprised of state level decision makers meets regularly to strengthen communication and collaboration among agencies. This group has been directing their attention to the state recommendations for schools on physical activity and nutrition practices. Many of the approximately forty coordinated school health teams across the state are writing wellness policies and action plans addressing physical activity and nutrition in their schools. Approximately 200 individuals have recently attended regional trainings to become skilled at implementing the School Health Index, CDC's self-assessment tool and planning guide for schools, which looks at health policies, health education and health services, around physical activity and nutrition.

Vermont Obesity Prevention Program - funding from the Centers for Disease Control began July 2004. Vermont's obesity prevention program has created a burden of obesity report, and is in the process of finalizing Vermont's obesity prevention plan that relies heavily on strategies from the NECON plan. Activities of the Fit and Healthy Kids initiative will be part of a comprehensive approach to addressing obesity across the lifespan. The obesity prevention program also incorporates Vermont's Blueprint for Health as well as chronic disease coordination to assure continuity across health department premiere initiatives.

Built Environment Survey - the Department of Health, in collaboration with University of Vermont's Center for Rural Studies, conducted a statewide survey to inventory the built environment for all 244 cities and towns in Vermont. The survey was developed with input from the Vermont Agency of Transportation and the Vermont Association of Planning and Development Agencies. As of September 15, 2005, over 85 percent of towns had responded. A report on findings will be produced by UVM's Center for Rural Studies this Fall and will be used for obesity prevention planning.

Luncheon Speaker

Walter Willett, MD, Chair, Dept of Nutrition, Harvard School of Public Health
Strategic Plan for the Prevention and Control of Overweight:
Progress and Scientific Update

The luncheon presentation was delivered by Walter Willett, MD. Dr. Willett is Professor of Epidemiology and Nutrition and Chairman of the Department of Nutrition at Harvard School of Public Health and Professor of Medicine at Harvard Medical School. He is Principal Investigator or Co-Investigator of the Nurses' Health Studies I & II and the Health Professionals' Follow-up Study. He is author of the textbook, *Nutritional Epidemiology* and more recently the author of the best seller, *Eat, Drink, and Be Healthy: The Harvard Medical School Guide to Healthy Eating*. He is also chair of the New England Healthy Weight Initiative.

He focused on the controversy over recent reports questioning the contribution of overweight and obesity to mortality. The report in the April, 2005 *Journal of the American Medical Association* by Flegal et al led to numerous articles in the popular press about the relationship of overweight and obesity to mortality. In this article, the authors concluded that underweight and obesity, particularly higher levels of obesity, were associated with increased mortality relative to the normal weight category. Their analysis of data from NHANES surveys suggested that the impact of obesity on mortality may have decreased over time, perhaps because of improvements in public health and medical care. These findings are consistent with the increases in life expectancy in the United States and the declining mortality rates from ischemic heart disease.

Dr. Willett presented the results of a recent analysis of the 120,360 women enrolled in the Nurses Health Study (NHS) from 1976- 2002 that was led by Dr. Frank Hu. The research questions that were posed included:

- What is the impact of excluding baseline illness and smokers on estimates of obesity and mortality?
- Has the impact of obesity on mortality decreased over time?
- Is there a major difference in the relationship between obesity and mortality in different age groups?
- Does weight gain during adulthood affect mortality risk?

This study found that it is essential to exclude baseline illness, smokers, and the first several years of follow-up (to reduce the impact of preexisting conditions or diseases) simultaneously to conduct the types of analyses and draw the conclusions made by Flegal and her colleagues. Analyses of the NHS data found no evidence of a substantial decline in the impact of obesity on mortality over time and clear evidence of increased mortality in the overweight group. Finally, the NHS demonstrates that weight gain during adulthood is directly associated with increased mortality.

Based on these outcomes, Dr Willett presented “the bottom-line” on the JAMA report as:

- The NHANES datasets are not large enough and the follow-up is not long enough for the types of comprehensive analyses Flegal et al attempted to address the obesity and mortality question.
- Their statistical methods are not adequate to address reverse causation due to baseline prevalence rates of chronic illness and smoking associated with leanness.

Recognition of Legislative Champions for Prevention

The behavioral, environmental, and societal changes that are needed for an ethic of prevention can only be accomplished by nourishing political will and leadership in our communities, towns, cities, and especially in our state legislatures. Several of these leaders attended the conference and were recognized for their commitment and contributions to creating such an ethic in their respective states.

Representative Catherine Cook, serving her seventh term in the Connecticut State Senate, is Chief Deputy Leader of the Senate and Chair of the Program Review and Investigations Committee. She also serves on the Public Health Committee, Appropriations Committee, and Environment Committee. One of her concentrations is on healthcare reform; she has authored landmark legislation in the area of healthcare for women.

Representative Susan Emerson, who is a member of the Health & Human Services and Elderly Affairs committees of the New Hampshire House of Representatives. She also served on the Bio-Ethic and Ethic Committees of the Visiting Nurses Association as well as on the Board of Directors of the American Hospital Association

Representative Lisa Miller, a freshman legislator in the Maine House of Representatives who for the past eight years served as Senior Program Officer for The Bingham Program, a Maine foundation dedicated to the improvement of health. She serves on the legislature's Joint Standing Committee for Health and Human Services and currently chairs the Board of the Maine Health Information Center. Representative Miller serves on the boards and commissions of: the Maine Center for Economic Policy, Maine Quality Forum Advisory Committee, Maine Philanthropy Center, and the Family Planning Association of Maine.

New Hampshire *Representative Bonnie Mitchell* is a freshman legislator with extensive experience as an insurer. She holds degrees from Harvard and Suffolk Universities and an abiding interest in health care.

Rhode Island *Representative Eileen Naughton* serves as Chair of the House Finance Health Committee, Chair of the House Rules Committee, and Chair of the Legislative Aquaculture Commission. She also serves on the Special Commission to Develop and Promote a Comprehensive Plan for Visually Impaired and Blind Children. Representative Naughton has been a very focused advocate for stroke prevention and treatment legislation, early intervention for children, and health care for the elderly and disabled.

Rhode Island *Senator Juan Pichardo* is Deputy Majority Leader and very much involved in the Latino Political Action Committee, the Dominican American National Round Table, the Black and Brown Summit, and the Young Democrats. He is employed by the Rhode Island Hospital and the Air National Guard as a Patient Representative.

Michael Sockalexis is the Penobscot Tribal Representative to the Maine House of Representatives. He was formerly the Health Information Liaison for Indian Health Services and the 24 federally recognized United South and Eastern Tribes out of Nashville, Tenn. Representative Sockalexis has held positions of Assistant Health Director with the Passamaquoddy Tribe in Maine and was the Administrative Health and Human Services Planner for Mashantucket Pequot Tribe in Connecticut.

Representative Susan Story of Barrington represents Rhode Island District 66 and is a member of the House Health, Education and Welfare Committee. She is also a member of the Permanent Commission on Child Care, the House Separation of Powers Committee, and has served on the Committee on Education Accountability as well as the Economic Development Committee. She became aware of the overweight and childhood obesity issues early on and is actively involved in policies that will abate those challenges.

Afternoon Breakout Sessions

The major afternoon sessions were a series of breakout sessions organized around the theme of *Ethics in Action—Best Practices*. The topics for these sessions were:

- The Role of the Voluntary Sector in Primary & Secondary Prevention
- Disparities: The Ultimate Ethical Challenge
- Incentives to Promote Prevention
- Initiatives that will Remove the Barriers to Prevention Among Clinicians, Insurers and Patients

Ralph Fucillo, MA, Executive Director of the Harvard Pilgrim Health Care Foundation and President of the Massachusetts Health Council delivered the Closing Remarks.

APPENDIX A

25TH ANNUAL NECON CONFERENCE ON PROMOTING PREVENTION

CREATING AN ETHIC OF PREVENTION IN NEW ENGLAND

FRIDAY - OCTOBER 28, 2005
Royal Plaza Hotel & Trade Center
Marlborough, MA

- 8:30am Welcome
Bertram A. Yaffe, Chair, NECON
The Honorable Donald L. Carcieri, Governor, State of RI
Chair, New England Governors' Conference, Inc. (invited)
Introduction: Charles Tretter, Executive Director, New England Governors
Conference, Inc.
- 9:00am Keynote Address
George A. Mensah, MD, Distinguished Scientist
Introduction: Daniel Levy, MD, FACC, Director, NHLBI, Framingham Heart
Study
- 10:00am Components of a Culture of Prevention
Panel Moderator: Michael Samuelson, VP Health & Wellness Services, BCBS of
RI
- At the Beginning: School Based Prevention Policies
Holly Alperin, Ed.M., CHES, Coordinator, Comprehensive School Health
Education, MA Dept. of Education
 - All Around Us: The Built Environment
Gregory Howard, MPH, MS, Dept. of Environmental Health, BU School
of Public Health
 - Addressing Disparities
Rickie C. Keys, Ph.D., President and Founder, National Institute to
Combat Health Disparities
 - The Future is Here: Biotechnology, Opportunities for Prevention and
Caveats
Thomas M. Finneran, President, MA Biotechnology Council

- The Role of the Healthcare Provider in Forging an Ethic of Prevention
David L. Katz, MD, MPH, FACP, Director, Yale-Griffin Prevention Research Center

11:15am The New England States Address the Overweight and Metabolic Syndrome Challenges to Health

- Christine Parker, MPH, Program Director, Obesity Program, State of CT, Dept of Public Health
- Lori A. Kaley, MS, RD, LD, MSB, Coordinator, Edmund S. Muskie School of Pub Svc, Univ. of So. Maine
- David G. Blackburn, MALD, Executive Director, Nutrition & Health Partnership, Wellesley Hills, MA
- Lisa Bujno, MSN, ARNP, Bureau Chief, NH Dept. of Health & Human Services
- David R. Gifford, MD, MPH, Director of Health, RI Department of Health
- Mimi Benedict, RN, MPH, Project Director, Coordinated School Health, VT Department of Health

12:30pm Networking Lunch
Strategic Plan for the Prevention and Control of Overweight: Progress and Scientific Update
Walter Willett, MD, Chair, Dept of Nutrition, Harvard School of Public Health

Recognition of Legislative Champions for Prevention in attendance

2:00pm Ethics In Action—Best Practices (breakout sessions)

The Role of the Voluntary Sector in Primary & Secondary Prevention

- David Day, VP of Advocacy, American Heart Association, NE Affiliate
- Joanne Bean, R.N., M.B.A., B.S.N., Senior Market Director, American Diabetes Assn, NE Affiliate
- Kathleen O'Connor, Director of Cancer Prevention, American Cancer Society, NE Division
- Dana Palit, MCSW, LICSW, American Cancer Society, NE Division

Disparities: The Ultimate Ethical Challenge

- Rickie C. Keys, Ph.D., President and Founder, National Institute to Combat Health Disparities
- Janet Scott-Harris, Regional Consultant for Minority Health, Office of Minority Health

Incentives to Promote Prevention

- Barry G. Zallen, MD, FAAP, Medical Director, BCBS of MA

Initiatives That will Remove the Barriers to Prevention Among Clinicians, Insurers and Patients

- David L. Katz, MD, MPH, FACP, Director, Yale-Griffin Prevention Research Center

3:30pm

Closing Remarks

Ralph Fuccillo, MA, Executive Director, Harvard Pilgrim Health Care Foundation

President, MA Health Council