



## On the Issues Speaker Series Melody Barnes

Wednesday, July 22, 2009

10:00 AM – 3:15 PM

Des Moines University

Student Education Center

3200 Grand Avenue, Des Moines, IA

## Agenda

9:30am – 10:00pm

### REGISTRATION

10:00am – 10:10am

### WELCOME

**Governor Terry Branstad**

*President, Des Moines University*

10:10am – 11:40am

### KEYNOTE SPEECH

**Melody Barnes**

*Director, White House Domestic Policy Council*

**Description:** Director Barnes will be discussing issues of critical importance to Iowans, including the national health reform debate, as well as the Administration's efforts to reduce unintended pregnancies.

**Learning Objectives:** (1) Develop a better understanding of the national health reform debate and the effect it will have on family planning. (2) Gain a better understanding of the Administration's positions on and efforts to reduce unintended pregnancies and reduce the need for abortions in America.

11:45am – 12:55pm

### LUNCH AND NETWORKING

1:00pm – 2:00pm

### SESSION ONE

**Mary Mincer Hansen**

*Faculty, Des Moines University Global Health*

**Jenell Stewart**

*DO/MPH Student, Des Moines University*

**Description:** Dr. Mary Mincer Hansen will provide an overview of the current global landscape of maternal and child mortality; including scope, causes, prevention and WHO Millennium Development Goals

[MDG] related to this issue. She will discuss health strategies to address this problem and current and potential partnership activities between DMU and WHO related to maternal and child health.

**Learning Objective:** Gain a better understanding of health issues faced by women and children on the world stage and the current efforts underway to address them.

2:15pm – 3:15pm

### SESSION TWO

**Julie McMahon**

*Director, Division of Health Promotion & Chronic Disease Prevention, Bureau of Family Health, Iowa Department of Public Health*

**Description:** Julie McMahon will discuss Iowa's health reform and its efforts to reduce unintended pregnancies. She will be connecting policy to service delivery and discussing the alignment of family planning services with Public Health Modernization and compliance with the Iowa Public Health Standards. She will also discuss the importance of public-private partnerships in assuring access to family planning services.

**Learning Objective:** Discuss the role of health care reform on family planning service delivery in Iowa.

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**Impact Statement:** Participants will increase their knowledge and understanding of health reform and family planning policy at the state, national, and international levels.

**Intended Audience:** This event is designed for nurses, nurse practitioners, physicians, physician assistants, family planning clinic administrators, educators, advocates, and anyone interested in women's healthcare and family planning policy.

**Registration fees:** There is no registration fee for this event.



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Registration Form (You can also register online at [www.iowainitiative.org](http://www.iowainitiative.org).)

Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please check the box in front of the activities you will attend.

- Keynote Speech - 10:10am
- Lunch - 11:45am Special dietary needs: \_\_\_\_\_
- Session One - 1:00pm
- Session Two - 2:15pm

You can return your registration form by email, fax, or mail to the Iowa Initiative office at:

The Iowa Initiative  
300 E Locust Street, Suite 245  
Des Moines, IA 50309  
Fax: 515-243-0452  
[iowa@iowainitiative.org](mailto:iowa@iowainitiative.org)

Nurses Only

The Family Planning Council of Iowa is an Iowa Board of Nursing Approved Provider, No. 262. This is a 0.35 CEU program. The IBON requires that a participant attend in full for CEU credit. Partial credit may be awarded in extreme emergency circumstances.

- Yes, I would like to receive CEUs.  
(There is no individual CEU fee for this training.)

Name (as shown on license): \_\_\_\_\_  
Profession: \_\_\_\_\_  
License # and State: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_