

Women's Health Update

October 20, 21 & 22, 2004

As new research emerges and new diseases make themselves known, women's healthcare is ever changing and more complex. Health care providers must be able to adapt to the changes in order to provide the highest quality healthcare services for women. The annual Women's Health Update is designed to offer the most up-to-date information in the fields of reproductive and primary healthcare. This year's conference includes a pre-conference symposium on primary care to help clinicians manage common health problems such as heart disease, back pain and headaches. Thursday the focus of the conference will shift to integrating new research and evidence into medical practice. Friday's lectures and concurrent sessions will cover the essentials in contraception, family planning and reproductive health.

PROGRAM OBJECTIVES

- Describe the failure rates, contraindications, potential side effects, non-contraceptive benefits and complications of the newest contraceptive options.
- Discuss the relationship between metabolic syndrome, diabetes and heart disease.
- Discuss management of HPV infections and abnormal Pap tests.
- Describe the relationship of Pelvic Inflammatory Disease to infertility and ectopic pregnancy.
- List the benefits and risks associated with chemoprevention of breast cancer.
- Identify gender-specific manifestations of HIV infection in women.



California Family Health Council

492 Division Street
Campbell, California 95008

ADDRESS SERVICE REQUESTED

Presorted
First Class Mail
US Postage
PAID
Permit No. 47
San Jose, CA

Women's Health Update
October 20, 21 & 22, 2004



Women's Health Update

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For Nurse Practitioners
Nurse Midwives
Nurses
Physician Assistants
Physicians and Health Educators

San Francisco Airport Marriott
Burlingame, CA

SPONSORED BY:
EPA, a Division of CFHC
California Infertility Prevention Project
Kaiser Permanente, Northern California

ENDORSED BY:
Association for Reproductive Health Professionals
Community Health Partnership, Santa Clara County
Institute for Reproductive Health, Georgetown University
San Francisco Community Clinic Consortium



California Family Health Council, Inc.



HOTEL ACCOMMODATIONS

San Francisco Airport Marriott
1800 Old Bayshore Highway
Burlingame, CA 94010
650-692-9100 or 800-228-9290

A block of rooms has been reserved at a reduced room rate at the San Francisco Airport Marriott until Monday, September 27, 2004 or **until the block is full, whichever comes first**. Room rates are \$130.00 + tax, single/double per night. Reserve early as hotel space is limited.

To reserve a hotel room, call the hotel directly at 650-692-9100. Identify yourself as a participant of the Women's Health Update.

A credit card guarantee or one night's advance deposit is required. Cancellations **within 72 hours** from the date of arrival will be billed for one night room and tax. The hotel meeting and sleeping rooms are accessible to wheelchairs. If you need a wheelchair accessible room, please notify the hotel when you make your reservations.

TRAVEL

A map and directions will be included in your registration confirmation letter.

Fly into the San Francisco Airport (SFO). The San Francisco Airport Marriott in Burlingame provides a complimentary, 24-hour shuttle to and from the airport that runs every 20 minutes. Use a courtesy phone at the airport to confirm time and location of the shuttle.

Parking at the hotel is offered at a reduced rate of \$8.00 per day.

FOR FURTHER INFORMATION

For more information contact California Family Health Council, EPA Division at 800-428-5438. Ask for the Women's Health Update.

Interested in registering on-line?

Visit us on the web at

www.epahealth.org



CONTINUING EDUCATION CREDITS

	SESSION	CEU	CME/CHES
Wednesday, 10/20/04	Providing Primary Care for Women	7.2	6.0
Thursday, 10/21/04	Women's Health Update	7.2	6.0
Friday, 10/22/04	Women's Health Update	7.2	6.0

Physicians, Physician Assistants and Nurse Midwives: This is an activity offered by the California Family Health Council, Inc., a CMA-accredited provider. Physicians attending this course can earn up to 18.0 contact hours of Category I credits toward the California Medical Association's Certification in Continuing Medical Education and the American Medical Association Physician's Recognition Award. The American Academy of Physician Assistants and the American College of Nurse Midwives accept Category I CME approval.



Nurse Practitioners and Registered Nurses: Provider approved by the California Board of Registered Nursing, Provider #CEP12241 for up to 21.6 contact hours.

Health Educators: California Family Health Council is designated as a provider of Category 1 continuing education contact hours in health education by the National Commission for Health Education Credentialing, Inc. Health Educators attending this program may report up to 18.0 contact hours.

REGISTRATION (REGISTER EARLY AND SAVE)

Early registration must be postmarked by September 30, 2004.

	REGISTRATION FEES:	EARLY	LATE
Primary Care for Women — Wednesday		\$170	\$200
Women's Health Update — Thursday OR Friday — 1 Day		\$170	\$200
Women's Health Update — Thursday AND Friday — 2 Days		\$315	\$345
Special Savings Package (save \$35!) — Wed. THRU Fri. — 3 Days		\$450	\$450

All conference fees include materials and CEU, CME and CHES credits. Registration fees for all three days include continental breakfast. Lunch will be provided on Thursday only.

The registration fee is refundable (less \$35.00 processing fee) if your cancellation is received by **5:00 PM, October 8, 2004**. Cancellations received after this date will not be refunded.

We prefer that full payment accompany your registration. If there is a timing problem with your agency's accounting system, **please send your registration form ASAP**, indicate when the payment will arrive and enclose a purchase order or PO# if possible.

Stipends Available for CFHC Delegate Title X Providers: If you are a **Title X provider**, stipends are available to support conference registration fees and lodging (room rate + tax). If you would like to apply for a stipend, please mark the Title X option under **form of payment** on the registration form and complete a supplemental stipend form (adjacent to registration form). These stipends are provided **exclusively to CFHC Title X Delegate Agency Staff** on a **first-come, first-serve** basis. Please note, if you are awarded a Title X stipend, CFHC will make your hotel reservations for you.

Once all funding has been awarded, this offer will be concluded. If you have questions about Title X stipends, please contact EPA at 800-428-5438 and ask for the Women's Health Update.

PROVIDING PRIMARY CARE FOR WOMEN IN AN OB/GYN SETTING

Wednesday, October 20, 2004

- 7:30 AM REGISTRATION
- 8:15 AM WELCOME
- 8:30 AM **The Annual Exam: The Clash of Evidence-Based Medicine and the Conventional Wisdom**
Michael Policar, MD, MPH, *UC San Francisco, Northbay Medical Group*
- 9:15 AM **The Hidden Epidemic: Depression & Anxiety in Women**
Speaker to be announced
- 10:00 AM BREAK
- 10:15 AM **Day After Day: Chronic Headache and Migraine Management**
Michelle Geller, MD, *Harbor-UCLA, LA BioMed*
- 11:00 AM **Dull, Sharp and Shooting: Treating Back Pain**
Kristin Wingfield, MD, *Sports Medicine Fellow, Stanford University*
- 11:45 AM LUNCH (ON YOUR OWN)
- 1:00 PM **Wheezing and Sneezing: Managing Asthma and Seasonal Allergies**
Speaker to be announced
- 1:45 PM **Changing the Fate: Diagnosing & Treating Cardiovascular Disease in Women**
Michelle Geller, MD
- 2:30 PM BREAK
- 2:45 PM **Disordered Eating or Eating Disorders? Helping Women Achieve Health**
Shelly Ball, LCSW, MPH, *Berkeley High School Health Center*
- 3:30 PM **West Nile, SARS, Influenza & Others: Treating Emerging Infectious Diseases**
Sam Stebbins, MD, *San Mateo County Health Services Agency*
- 4:45 PM ADJOURN

WOMEN'S HEALTH UPDATE CONFERENCE PROGRAM

Thursday, October 21, 2004

- 7:00 AM REGISTRATION / EXHIBITS /
CONTINENTAL BREAKFAST
- 8:00 AM Welcome and Introductions
- 8:15 AM Nutrition, Weight Management, & Obesity:
Connections to Heart Health
*Seleda Williams, MD, MPH, Office of Clinical
Preventive Medicine, CA DHS*
- 9:15 AM Standing Strong: Prevention and Treatment
of Osteoporosis
Michael Policar, MD, MPH
- 10:15 AM BREAK
- 10:45 AM Chemoprevention of Breast Cancer
Michelle Geller, MD
- 11:45 AM LUNCH
- 1:55 PM Evidence Based Pre-Natal Care
Michael Policar, MD, MPH
- 2:00 PM Integrating Research into Practice: A New
Look at Pelvic Inflammatory Disease
Gail Bolan, MD, STD Control Branch, CA DHS
- 3:00 PM BREAK
- 3:15 PM Routine Pap Smear: Annual Screening
Necessary or Not?
*Ed Wiesmeier, MD, Arthur Ashe Student Health
& Wellness Center, UC Los Angeles*
- 4:15 PM HIV in Women: Trends & Treatment
*Maureen Shannon, CNM, FNP, MS,
UC San Francisco*
- 5:15 PM ADJOURN



Friday, October 22, 2004

7:00 AM REGISTRATION / EXHIBITS / CONTINENTAL BREAKFAST

8:00 AM Welcome and Introductions

8:15 AM Contraceptive Update
Ed Wiesmeier, MD

9:15 AM Case Studies in Contraceptive Management
Michael Policar, MD, MPH

10:15 AM BREAK

10:45 AM CONCURRENT SESSIONS

A1 Finding What's Right for Them: Counseling Teens on Contraception

LaRhonda Crosby Johnson, Baruti Enterprises Consulting

A2 Blood, Sweat & Tears: Managing Menopausal Symptoms

Rebecca Pinto, PA-C, Private Practice

11:45 AM LUNCH (ON YOUR OWN)

1:15 PM CONCURRENT SESSIONS

B1 Cycle Beads and the Standard Days Method of Family Planning

Kimberly Aumack Yee

B2 Urinary Tract Infections

Maria Mangini, PhD, FNP, CNM, Holy Names College

2:15 PM BREAK

2:25 PM CONCURRENT SESSIONS

C1 Treating the Dastardly Demons of the Dermis and Epidermis

Todd Anhalt, MD, FACP, Stanford University, Private Practice

C2 Benign Breast Disease

Anita Nelson, MD, Harbor-UCLA Medical Center

3:25 PM BREAK

3:45 PM CONCURRENT SESSIONS

D1 Counseling Women on Elective Induction of Labor

Linda Walsh, CNM, PhD, University of San Francisco

D2 Colposcopy Case Studies

Anita Nelson, MD

4:45 PM ADJOURN

REGISTRATION FORM

ONE FORM PER PERSON: Please TYPE or PRINT your name exactly as you would like to see it on your name badge.

Name _____

FIRST NAME

LAST NAME

Please specify whether you are: NP PA RN CNM MD Other

(SPECIFY) _____

Mailing Address (HOME WORK) _____

City _____ State _____ Zip _____

Place of Employment _____

Work Phone (_____) _____ Home Phone (_____) _____

Email _____

Send me emails about upcoming events? Yes No

Professional License Number: _____

Vegetarian Lunch? Yes No (LUNCH IS PROVIDED THURSDAY ONLY)

If you are visually or hearing impaired please indicate your needs: _____

YES! I WILL ATTEND

One Day Wednesday Thursday Friday \$ _____

(PLEASE CHECK DAY YOU WILL ATTEND)

Two Days Thursday **and** Friday \$ _____

Three Days Wednesday **through** Friday \$ _____

(SPECIAL SAVINGS PACKAGE)

Promotional Code CODE# _____ \$ _____

\$ _____

TOTAL FEES

If you are attending Friday 10/22/04, please indicate your concurrent session choices:

CONCURRENT WORKSHOP CHOICES

A1 **or** A2

B1 **or** B2

C1 **or** C2

D1 **or** D2

FORM OF PAYMENT

Enclosed is my \$ _____ registration fee. (PAYABLE TO CFHC, WHU)

My Purchase Order # is _____ (ATTACH COPY OF PO IF POSSIBLE)

Charge my \$ _____ registration to: VISA M/C

Card # _____ Exp. Date _____

Name on card (PRINT) _____

(SIGNATURE) _____

Title X Stipend applicant (PLEASE COMPLETE TITLE X SUPPLEMENTAL STIPEND FORM)

**CFHC TITLE X DELEGATE AGENCY
— SUPPLEMENTAL STIPEND APPLICATION —**

Complete this form **ONLY** if you qualify and are applying for Title X stipend.

Name _____

AS IT APPEARS ON CONFERENCE REGISTRATION FORM

Agency Name _____

Title X Clinic Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

NOTE: This form MUST be attached to your conference registration form.

I am applying for: Registration Fees \$ _____ (TOTAL FEE AMOUNT)

Housing (YES! I WILL REQUIRE LODGING)

Please make a hotel reservation for: Tuesday Wednesday Thursday

(PLEASE NOTE: A HOTEL ROOM CAN BE PROVIDED FOR THE NIGHTS PRECEDING EACH CONFERENCE DAY YOU ATTEND, CFHC WILL MAKE HOTEL RESERVATIONS FOR YOU. PLEASE DO NOT CONTACT THE HOTEL DIRECTLY)

Room Type: Single Double
 Smoking Non-Smoking
 Wheelchair Accessible

Roommate _____

(IF YOU WOULD LIKE TO SHARE A ROOM WITH ANOTHER TITLE X APPLICANT, PLEASE LIST HIS/HER NAME. ONLY ONE DOUBLE-OCCUPANCY ROOM WILL BE RESERVED)

CFHC AGREEMENT AND EXPECTATIONS

I understand that the CFHC will waive conference registration fees and provide hotel accommodations on a first-come, first-serve basis for CFHC delegate Title X agency staff. CFHC will cover the cost of the sleeping room rate of \$130.00 plus tax **ONLY** for the night preceding each conference day that I am attending.

I agree that any costs not associated with the room rate or room tax will be incurred by me at checkout. These costs include, but are not limited to: room service, parking, in-room movies (or other entertainment charges), gift shop charges, mini-bar purchases, restaurant charges, and telephone charges.

I agree to leave a credit card with the front desk at check-in to cover any personal expenses incurred during my stay.

I agree that this registration **cannot** be transferred to another person, but can **only** be utilized by the individual listed above.

Signature _____ Date _____