

**REGISTRATION
NOW OPEN!**
www.cceo.net

CHILDHOOD OBESITY

TIPPING THE SCALES TOWARD PREVENTION

Target Audience:
Pediatricians,
Neonatologists,
Neonatal/Pediatric/Family
Nurse Practitioners,
General Medicine,
Pediatric
Gastroenterologists,
Dietitians, RNs, LPNs,
APRNs, Physician
Assistants and Pharmacists

THURSDAY, NOV. 10-FRIDAY, NOV. 11, 2016
BLOCKADE RUNNER RESORT, WRIGHTSVILLE BEACH, NC

Eventbrite



Supported by



Joint Providership by



CONFERENCE SUMMARY

Childhood obesity has both immediate and long-term effects on health and well-being. Obesity increases a child's risk for cardiovascular disease, diabetes, bone and joint problems, sleep apnea, and social and psychological problems. This conference will feature national experts who will focus on nutritional impacts, genetic causes, systemic effects, and treatment of obesity in children and adolescents. Through a multidisciplinary approach, attendees will benefit from learning about key conditions, improvements in treatment and the long-term impact of obesity on these patients.

Conference Agenda

Thursday, November 10, 2016

- 1-1:15 pm Registration
- 1:15-1:30 pm **Welcome and Overview**
Robert "Chip" Williams, MD
- 1:30-2:30 pm **Sleep and Weight**
Sasidharan Taravath, MD
Pediatric Neurologist, Coastal Children's Services
Medical Director of Pediatric Sleep Disorders, Pediatric
Epilepsy Monitoring Unit & Pediatric Neurodiagnostics Program
- 2:30-3:30 pm **Fatty Liver Disease in Children:
What Can One Practitioner Do?**
Rohit Kohli, MBBS, MS
Liver Transplant Program, Co-Director, Steatohepatitis
Center, Attending Physician, Liver Care Center, Associate
Professor, Department of Pediatrics, Cincinnati Children's
Hospital Medical Center
- 3:30-3:45 pm Break
- 3:45-4:45 pm **Can "Omics" be Used to Stem the Childhood
Obesity Epidemic?**
Karen Edwards, PhD, MS
Affiliate Professor, Epidemiology
University of California (Irvine), Department
of Epidemiology
- 4:45-5:00 pm **Review Summary and closing statements**
- 6:00- 8:00 pm **Welcome reception at Blockade Runner**

- 10:15-10:40 am Break
- 10:40-11:40 pm **Pediatric Vascular Health: Growing up**
Donald R. Dengel, Ph.D., FAHA, FACSM
Professor, Exercise Physiology, School of Kinesiology
University of Minnesota
- 11:40-12:40 pm Lunch
- 12:40-1:40 pm **How Nutrition Can Affect Gut Microbiome:
The Celiac Disease and Gluten Sensitivity
Paradigms**
Alessio Fasano, MD
W. Allan Walker Professor of Pediatric Gastroenterology
and Nutrition Chief of the Division of Pediatric
Gastroenterology and Nutrition
Director of the Center for Celiac Research and Treatment
Director of the Mucosal Immunology and Biology
Research Center
Associate Chief, Department of Pediatrics, Basic, Clinical
and Translational Research
MassGeneral Hospital for Children
Pediatric Gastroenterology and Nutrition
- 1:40-2:40 pm **Childhood Obesity: How Much is
in the Genes?**
Cynthia M. Powell, MD
Center for Genome Sciences,
Associate professor, Departments of Genetics
& Pediatrics
University of North Carolina at Chapel Hill

Friday, November 11, 2016

- 7:30-8:00 am Breakfast and Registration
- 8:00-8:15am **Welcome and Overview**
Robert "Chip" Williams, MD
- 8:15-9:15am **Obesity Comorbidities: It's About Your
Health, Not Your Weight**
Elizabeth Estrada, MD
Chief, Division Pediatric Endocrinology, Director,
Pediatric Endocrinology Fellowship Program, Clinical
Professor of Pediatrics, University of North Carolina at
Chapel Hill
- 9:15-10:15 am **The Role of Infant Feeding in Weight
Management: Benefits of Breastfeeding**
Lindsey N. Hurd, MS, RD, LDN, IBCLC, CD(DONA)
Registered Dietitian (RD), International Board Certified
Lactation Consultant (IBCLC), Certified Birth Doula
through DONA international CD(DONA), and owner of
Angel Food Nutrition

- 2:40-3:00 pm Break
- 3:00-3:15 pm **'Strong for Life' Video**
- 3:15-4:15 pm **Childhood and Adolescent Obesity:
What Makes an Effective Treatment
Program? Lessons from the Field**
Shelley Kirk, PhD, RD, LD
Associate Professor, Director
HealthWorks! Center for Better Health and Nutrition
The Heart Institute, Cincinnati Children's Hospital
Medical Center
- 4:15-4:30 pm **Review Summary and closing statements**

CONFERENCE OBJECTIVES

1. Identify current evidence-based nutritional impacts and treatment on childhood obesity
2. Describe the effect of obesity on systemic disorders
3. Describe genetic disorders linked to obesity



THURSDAY WELCOME RECEPTION

Join us for a welcome reception Thursday, November 10 from 6-8 pm on the grounds of the Blockade Runner Resort. Enjoy the beautiful fall views of the sun setting on the Intracoastal Waterway in Wrightsville Beach while you network with your peers, meet the distinguished faculty and enjoy a low country seafood boil. Reception included with your 2-day registration or attend separately for a \$25 registration fee.

Registration Deadline: Wed, Nov. 9, 2016

CONTINUING EDUCATION CREDIT STATEMENTS AND DISCLOSURES:

SEAHEC adheres to NCMS and ANCC Essential Areas and Policies regarding industry support of continuing medical education and continuing nursing education. Commercial Support for the program, and faculty relationships within the industry will be disclosed at the activity. Speakers will also state when off-label or experimental use of drugs or devices is incorporated into their presentations. Participation in an accredited activity does not imply endorsement by SEAHEC, NCMS or NCNA of any commercial products displayed in conjunction with an activity.

ANCC:

SEAHEC is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Attendance of the entire program is required to receive credit. No partial credit will be awarded; you must attend the entire day to receive credit.

Thursday Nursing Contact Hours: 3.5

Friday Nursing Contact Hours: 6.5

Total Number of Nursing Contact Hours: 10.0

CME:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the North Carolina Medical Society (NCMS) through the joint providership of South East Area Health Education Center (SEAHEC) and INFANTS. SEAHEC is accredited by the NCMS to provide continuing medical education for physicians. SEAHEC designates this live activity for a maximum of 10.0 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

REGISTRATION INFORMATION



Thursday only 1-5 pm 3.5 credits
\$100 MD
\$75 Non-MD
\$25 Welcome Reception (optional)

Friday only 8-4:30 pm 6.5 credits
\$200 MD
\$125 Non- MD
\$25 Welcome Reception (optional)

Both Thursday & Friday
\$250 MD
\$150 Non-MD
(Welcome Reception included in 2-day registration)

Payment methods: Full payment must accompany your registration. Payment may be in the form of: cash, check (payable to INFANTS), Visa or MasterCard.

Mail: INFANTS - Attn: Elizabeth Harris
2212 S 17th St • Wilmington, NC 28401
Phone: 910-667-4379
Fax (credit card only): 910-667-7390
Online: www.ccneo.net

Refunds/Cancellations:
If notification is received at least two business days prior to the start date, you may receive a refund, minus a 25% processing fee or provide us with the name of a substitute who will attend the program in your place.

For online registration, go to
www.ccneo.net



For special services, assistance, or information call Coastal Carolina Neonatology at (910) 667-4379

Course Name: _____ Childhood Obesity: Tipping the Scales to Prevention _____ **Date:** Thurs. Nov. 10- Friday, Nov 11, 2016 _____

Registration Fee (check one): Thursday only \$100.00 (**Physicians**) \$75.00 (**Non-Physicians**) Reception \$25.00

Friday only \$200.00 (**Physicians**) \$125.00 (**Non-Physicians**) • Thurs & Friday \$250.00 (**Physicians**) \$150.00 (**Non-Physicians**)

Name: _____ Last Four Digits of SS#: _____

Degree/Cert.: _____ Title/Occupation: _____

Preferred e-Mail Address: _____ Home Phone: _____

Home Address: _____

Home City/State/Zip: _____

Workplace/Dept.: _____ Work Phone: _____

Work Address: _____

Work City/State/Zip: _____

Payment method: Cash Check VISA MasterCard

Credit Card Account #: _____ Expiration Date: _____

Print Name as it Appears on Card: _____

Cardholder's Signature: _____

Cardholder's Address (if different than above): _____