



Broadcast Transcript

Broadcast: Healthy Kids, Thriving Families – Part 1

Guest(s): Ali Elliott

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Dr. James Dobson: Hello everyone. You're listening to Family Talk, the radio broadcasting ministry of the James Dobson Family Institute. I'm Dr. James Dobson, and thank you for joining us for this program.

Well, welcome everyone to Family Talk. I'm James Dobson and I'm delighted to have you all join us today. The Bible teaches us that we should take care of ourselves physically because we're a temple of the Holy Spirit and everything that we put into our bodies has an effect. So we must be mindful, in this context, of what we eat. We're going to talk about that today. I have had some bumps in the road. It's been 28, nearly 29 years since I had a heart attack. I changed everything. I changed the way I ate, I changed the way I exercised, and all these years later I'm doing well and don't have any residuals from that early experience because I played by the rules.

And that's what we're going to focus on today, you're going to love this, especially with regard to teaching kids, children how to eat right from an early age. I think it was many years into parenting before I really realized that children need good nutrition too because the things that they do to their bodies early tends to stay with them. And we're going to talk about that too. Unfortunately, many parents of young children have immense conflict at the dinner table. Man, that is a warfare that often goes on between generations. When a child doesn't like the food that mom or dad has prepared and put on the table, tempers flare up very quickly, especially for strong-willed children and their parents. And it becomes an old Western standoff with the adult waiting out the children and trying to get them to do what's right, to eat his or her vegetables, you know the drill. As funny as that picture can be, it's really not very funny because it's a nightly battle for some.

And my guest today is an authority on instructing families on implementing a balanced and healthy diet in their growing children and all the implications of it for now and for the future. Her name is Ali Elliott. Her husband's name's Edward and he's here also. And they have come from Birmingham, Alabama to be with us today. Ali has a master's degree in clinical fellowship in maternal and child health from the University of Alabama at Birmingham. Ali began a career at Children's Hospital. I was at one in Los Angeles and she was at a Children's Hospital in Birmingham. And she has worked for the maternal and infant

division at Gerber. Today, she has her own nutrition practice in Alabama. Ali is an adjunct faculty member for the Department of Nutrition at Samford University and the University of Montavello. She and her husband Edward live in Birmingham and they have two daughters, Fraser and Alice. You being a parent, you're having an opportunity to test some of the things you believe and are teaching to others. Is either of those girls strong-willed? Have you had some of those battles I talked about?

Ali Elliott: Yes, I have. Before children, I would teach this to parents and they would look at me kind of skeptical, but I didn't really understand until I had my own. And God blessed me with extremely strong-willed children. They are creative and they are smart and they are fun, but they know what they want, especially my oldest.

Dr. James Dobson: Well, let's go back to what I said in my introduction. Compare for me nutrition in families in the '70s compared to today. What's different and what's the impact on children's health?

Ali Elliott: This is a big deal. We like to think of nutrition through science, and we should, but I like to think of it historically because it tells us so much. Prior to the '70s, there was very little documentation of childhood obesity in the literature. I know not every child's going to suffer from obesity, but it is a disease that really shows where something went wrong with the diet, something went wrong with feeding.

Dr. James Dobson: You call it a disease.

Ali Elliott: It is, it's a pediatric disease. Around the 1990s, 2000, it became such an epidemic. The physicians were looking at each other having no idea what to do, how to treat it, how to prevent it, because again, they hadn't seen it prior to then in the numbers that they were seeing it come 2000.

Dr. James Dobson: What caused it, Ali?

Ali Elliott: Like I said, science will tell you many things, and I think they're valid. There was an expert committee around 2005 that got together. It was nutritionists, it was doctors, psychologists in the pediatric fields, and they got together and they started to explore this. All that they could pull out of that literature were four things. Out of that, I teach five, two, one, none. It was kids that did not eat five servings of fruits and vegetables a day tended to have a higher risk for obesity versus those that did. Two hours or less of screen time a day, one hour a day of physical activity and zero sugar sweetened beverages.

Dr. James Dobson: So that's not happening as much now as it did in the '70s?

Ali Elliott: That's all we can pull out of the medical literature. That's kind of what we say, this is a common theme of why we're seeing obesity. And I believe those foundational principles really do exist. That's from the science. But if you look at

it historically, and this is what reminds me of a lot of what you write, Dr. Dobson, is that the family started to unravel around that time. What is it about the family and how it functions that these simple principles were no longer being implemented with children? What has happened over this decade?

Dr. James Dobson: That's really interesting to me because we know that when families start to fall apart, it affects everything. I hadn't thought of it in terms of affecting what children eat, but apparently it does.

Ali Elliott: If a grandmother comes into my office with their child, I'll oftentimes look at them and say, "Describe to me your childhood in regards to what you ate and what you did." And they will oftentimes say, and of course I live in Alabama, but they'll say they lived on rural property, the pantry maybe had four or five items, and then they ate what was in stock from the land. They will talk about playing outside until it got dark. They will say that they ate what their mother served and their mother served three meals a day. Statistically, we know that in the '70s, children were fed 3.9 times a day. Today we feed our children 5.6 times and they get an additional 108 calories from snacks. So that tells me that there's a difference in structure, there's a difference in flow in how the parents feed and when they feed and how they feed.

Dr. James Dobson: Is it true that in those days parents gave children a plate with the prescribed food and they ate it?

Ali Elliott: They ate it.

Dr. James Dobson: Because there wasn't an alternative sitting in the kitchen that was sweet or a little more interesting. That has definitely changed. Is that right? Children are demanding different foods.

Ali Elliott: That's right. Resources were not then what they are today. Families were on a budget and what the mother cooked either was eaten or there was not an alternative. Parents were not afraid to tell their children no versus today. Today, parents, if the child does not like what they're served, at a very early age, even as early as four to six months, if they start saying no to Gerber green beans, the mother no longer puts it into the grocery cart, she no longer prepares it at home and the child is never exposed to it on the plate. So what that looks like as a two year old, three year old, four year old, is about five menu items, chicken fingers, mac and cheese, Chips Ahoy cookies, and maybe if they're lucky, some grapes.

Dr. James Dobson: Maybe a hot dog.

Ali Elliott: Maybe a hot dog. Sometimes that's a little tricky too. I see common themes with the picky eaters even in what they eat, what they choose. It's interesting.

Dr. James Dobson: Having a picky eater is a real trial for a family, isn't it? Believe it or not, I was a picky eater. I was simply not going to eat many foods. And my mother did

everything. Everything. She sat me at the table and said, "You will not move till you eat." So I didn't move.

Ali Elliott: Just hung in there.

Dr. James Dobson: I've seen this battle between parents and kids and the kid will take you because that's the one thing where he can control the relationship is by refusing to eat certain things. My mother told me one time about the disease of rickets. I didn't know what rickets was and she made it sound like the end of the world and that I was going to get it if I didn't eat better. And I've since learned how to eat and I love to eat, as a matter of fact. But boy, not in those days.

Ali Elliott: We cannot make our children eat and we shouldn't make them eat. That's their choice. It's their choice how much they're going to eat on the plate, and it's their choice what they'll choose on the plate. It's our responsibility to provide the plate and make sure it's nutritious. Parents do not need to be concerned with what they eat on the plate. They will make up for it later. But the parent has to be consistent with the methods. I teach, just very simply, half the plate fruits and vegetables, a carbohydrate or a grain that's best if not highly processed, and then a protein, plant protein or a meat on the other fourth side of the plate. Feed three meals a day, breakfast, lunch and dinner. And one snack, maybe two snacks consisting of a fruit or vegetable.

Dr. James Dobson: You're not opposed to snacks?

Ali Elliott: No, not opposed to them. But I also think they should be structured at the table with purpose going into the plate and the preparation and the thought that goes behind it. Reason why is because if you give a child celery and carrots and some hummus for snack and they turn their nose up at it, well, what does that mean?

Dr. James Dobson: That means they don't eat a snack. Is that right?

Ali Elliott: Or they weren't hungry.

Dr. James Dobson: You don't go get candy.

Ali Elliott: Yeah. They weren't hungry. And so that allows them to use their intuitive, innate ability to sense hunger and fullness and decide when and when not to eat. But the parent still has the responsibility to choose what it is and the timing of it.

Dr. James Dobson: Should a parent be afraid to let a child get hungry if he doesn't want to eat?

Ali Elliott: No. That's one of the biggest concerns a parent has when we start to talk about structure and boundaries and the discipline of everything, and choice. Their kids are strong or they would not be in my office, they just wouldn't be. If they show

up in my office, they have really, really strong kids who have held out in the past. Most of what I'm teaching them is extreme common sense, and they know it, and they've tried some of it and then they get nervous because they're really afraid that little Sally's going to go to daycare hungry and she might starve. And they just aren't quite equipped to think through how that's going to look. Very beneficial if a father and a mother can be involved in the process. There's a lot of training involved and consistency and making sure that the child feels really safe and can trust them that they're going to feed them every three to four hours.

Dr. James Dobson: So you don't deal with this with anger. You don't start yelling at the kids if they don't take another bite and so on. Because again, if you let nature take its course, they will eat. They will eventually get hungry.

Ali Elliott: That's right. So one of the big things I say is you cannot make the child eat. There's a funny comic where the mom says she holds the child's nose and waits until they gasp for air and then she shoves a spin full of squash in their mouth. And I don't recommend that at all. That's not a good idea. Again, it's the child's choice, what they will eat and how much they will eat of the food that's prepared. It's really good in regulating the amount that they take in over the day. They will intuitively do that early on, if you start early in preschool age.

Dr. James Dobson: I got a letter from a parent who talked about this very issue and she was determined. You talked about vegetables, they got to eat vegetables and this kid absolutely wouldn't, she hated them. And so the mother was determined to see that her child ate peas, green peas. She selected that as something where she was willing to take a stand. And they fought about it all evening, and finally she got her child, I don't know how old the kid was, he must have been pretty young, but she got his mouth open and put peas in his mouth and sent him to bed. She got up the next morning, there was a little pile of peas.

Ali Elliott: He made them out.

Dr. James Dobson: He spit them out after she got out. It's really a tough issue.

Ali Elliott: It is hard. What I see parents doing today is they do a lot of negotiation. They have rules around bites and I've even had a mom promise her child a trip to Disney World if she would eat so many bites. It's just crazy. I always say, never negotiate with a terrorist. It's a bad idea. And these little tiny ones, as early really as eight months, 12 months, they start to know how to play you in this role. It's the most basic thing we do as parents. We feed our children three times a day, 21 times a week if we do feed them their meals. But even in infancy, it's the very first relationship a mother has with their baby. A baby will actually crawl and breastfeed on their own even if the mother doesn't pick them up. So it's an innate thing and it matters. It matters a lot to moms. They really deeply care how they feed their children. It's just a struggle as to how to actually get them to do what they're wanting them to do.

You cannot make a child eat, but you can make them sit. And I love that. I teach that to parents. I'm like, "So what would they do if you served them what you're eating?" And they look at me and they say, "Well..." And they kind of get embarrassed, but I know the answer because I've seen it with my own children. They'll wiggle out or their chair or the little tiny ones will push their plate off the table. The older ones will hurl insults at their parents, "You hate me. You don't love me. I can't do this. I hate this. It's disgusting." And the parent has, for some reason, not drawn a boundary there. Boundaries are loving, discipline is loving. But for some reason at the table, parents fear that.

Dr. James Dobson: All right. Dos and don'ts. If a child doesn't like what's on that plate, you do not go into the kitchen and recook a meal that's probably less healthy than what you were trying to get him or her to eat.

Ali Elliott: No, the strong willed kids are really smart and they know good and well that their parent will do that when they charge them with that. So just basic, what is cooked is what's served. The larger the family, the more difficult that becomes. Parents are preparing five to seven different meals just to cater to preferences and schedules and times. It's just too much on a parent. It's daunting. It makes the meal preparation just too difficult.

Dr. James Dobson: What does the typical tough kid that we're talking about want to eat that you don't think he should be fed in a moment of conflict like that?

Ali Elliott: Oh goodness. It varies. It just depends on, I call them their crutch foods. It's like the parents have to have what they know their child will eat. They'll travel to 10 different grocery stores to make sure that that child has certain brands. They'll be particular about the certain type of pizza roll. They're very particular. These are usually high sensory kids. We can call it that, but they do have high senses, which I think is a wonderful thing. It's a beautiful.

Dr. James Dobson: Tell me that word again, high sensitive?

Ali Elliott: Their ability to sense taste and texture is very sharp. That's just something I've noticed with the really extremely picky ones, the kids who only eat four or five things. So they're very particular with brands and what types and how it looks and if it touches something else. And so I think that you have to be sensitive to that. At the same time, if they're not exposed to it over and over, the research says sometimes 30 times, then they'll accept. It's a long process. It doesn't happen overnight.

Dr. James Dobson: I'm sensitive to this because I was a picky eater and there's some things I decided very, very early that were not intended to be eaten and I hate them. And I to this day hate eggs. When I was four years old, I thought that whole thing through and I decided that there's something wrong here.

Ali Elliott: Oh, I love it.

Dr. James Dobson: I should not be eating eggs. And I paid a price for it. I really have, because when I was four, I got invited to a birthday party with four year olds and there were about 12 kids there. And the mother served us all scrambled eggs. And I tried to tell her discreetly that I didn't like eggs. This was Texas, , and she said, "Boy, what's wrong with you? You don't eat eggs?" And all the kids were staring at me. It embarrassed the daylight out of me. And it's always been a sensitive thing for me to this day because people don't understand that. Now, how could my mother accommodate those kind of passions without creating World War II, or III in this case?

Ali Elliott: There're going to be reasonable foods that kids don't like. I've even gone to the extent of using the you get three likes and three dislikes, and beyond that, we're not going to cater to it. So it's okay if you didn't like eggs, I don't like shrimp. Don't ask me to eat it. It makes me gag. I just don't want to do it. And that's okay. It's just that when it becomes such a problem that the kid can't go to camp or the mom goes and picks them up after the first or second day because they're going to faint or their health's at stake or they're afraid to send them to camp in the first place. It's humiliating to a child. Spending the night can be very difficult. I have kids who cannot go over to other people's houses because of this, or the mom runs over and provides a hot meal right in time for dinner. And I'm like, "Oh, don't do that." Because usually in camp or church dinners or Wednesday night church, there's going to be something that's palatable to a kid, within reason. It's okay that you didn't like eggs and don't like now, I think that's fine.

Dr. James Dobson: Let me tell you about shrimp. I wouldn't eat shrimp. I was just so picky. And we were on our way to a fish restaurant on a Sunday afternoon, and my dad was really disgusted with me because I was unreasonable in the way that I ate. And my dad said to me, "I want to tell you something, son." When he called me that, I knew that something was coming. He said, "Today you're going to eat one shrimp. One shrimp. And if you don't do that, I'm going to spank you. But you're going to eat one shrimp." And I said, "No, no, no." And we got to the restaurant and he ordered shrimp and he put one shrimp on my plate. And man, I complained. I don't remember all that went on, but there was a very tense moment. He said, "You better do it." And I ate that shrimp and I have loved shrimp ever since.

Ali Elliott: You ended up liking it. I love that. I see that and the parents get frustrated. It's frustrating. They know what's best for their child. Fruits and vegetables, if I'm working with an overweight child, it's very likely that they do not like the smell of them, they don't like to see them, they don't like to taste them. I've even had children I'll take to the grocery store and I'll put the blueberries and I'll ask them to smell and they'll kind of do their face like that. And it really makes me think that just their taste buds have been morphed in a way because of all the sweets and sour and all the foods that the food companies have been very genius in making. It can make fruit a little less desirable, not as sweet as what they're used to. And so it can be challenging. And we know that fruits and vegetables

are a big factor in what's going to make a child healthy in later on years and currently even.

Dr. James Dobson: Well, Ali, we're out of time for today. And I know that there are parents out there that are saying, "No, no, don't stop the program now because you haven't answered all my questions. I am having great difficulty with my children and I really need concrete help." Let's get into the specifics of it next time and talk about how to handle those nose to nose confrontations, how you avoid them in the first place and why it's sometimes important to let a child leave a table without having finished a meal and haven't eaten. He will eat eventually. Right?

Ali Elliott: He will. He will, and they know that.

Dr. James Dobson: And things start to taste a whole lot better when you are hungry, right?

Ali Elliott: We're created to have sharp senses in those cases. So yes, that's true.

Dr. James Dobson: Yeah. Will you be with us again?

Ali Elliott: Yes.

Dr. James Dobson: And we'll pick up with some specifics. This is really interesting to me and I think it will be to our listeners as well. So you come prepared. We're going to talk about the how-tos in those difficult moments and why it's important to understand this area. Well, I guess it's been Ali Elliott, who is an authority on instructing families on implementing a balanced and healthy diet, specializes in nutrition for children. There's a whole lot more for us to talk about here, and Ali's agreed to come back and we will do that tomorrow. Hope our friends out there will be with us. Thank you, Ali.

Ali Elliott: Thank you, Dr. Dobson.

Roger Marsh: Well, what an informative broadcast of Family Talk featuring Dr. Dobson and his guest, pediatric dietician Ali Elliott. I'm Roger Marsh and want to thank you so much for joining us today. I pray that you parents listening in heard some practical advice regarding the nutrition of your kids. Visit our broadcast page at drjamesdobson.org to learn more about Ali Elliott and her thriving practice. Again, that's drjamesdobson.org, and then click onto the broadcast page. Well, I hope you'll join us again tomorrow as Dr. Dobson concludes this conversation with our guest, Ali Elliott. The two will be exploring the problems with childhood obesity and what her practice is doing to help families. That's coming up next time right here on Dr. James Dobson's Family Talk.

Announcer: This has been a presentation of the Dr. James Dobson Family Institute.

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