



## Broadcast Transcript

**Broadcast:** Healthy Kids, Thriving Families – Part 2

**Guest(s):** Ali Elliott

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

**Roger Marsh:** Since the 1990s, doctors and health experts have seen a startling increase in obesity among children. Many of these kids struggle with their weight because of poor nutrition or poor exercise habits. In just a few moments, you're going to hear the conclusion of Dr. James Dobson's conversation with Ali Elliott, a registered and licensed pediatric dietician. Welcome to Family Talk, a radio ministry of the James Dobson Family Institute. I'm Roger Marsh, along with your host, psychologist and best-selling author, Dr. James Dobson.

Ali Elliott's private practice in Birmingham, Alabama works to help families develop and maintain healthy diet routines. Ali previously worked at Children's Hospital of Alabama and was on the maternal and infant team at Gerber. Today she and Dr. Dobson will continue examining the health of our kids and what proper nutrition looks like. Ali will also talk about dealing with picky eaters and why parents must monitor the sweets their kids eat. There's a lot of content today, so let's dive right in on this edition of Family Talk.

**Dr. James Dobson:** Ali as a place to begin, I'd like to know how you work with patients, with parents and with little kids. Do you in your private practice, make yourself available to parents who are having problems getting their kids to eat properly?

**Ali Elliott:** That's correct. Usually it's initiated by the pediatrician. They've heard the parent come in enough times and say, "I just need help." They've given them the practical advice, "The kid's not going to starve, it's okay." But that parent just really needs time to talk. I spend, goodness, I spend an hour and a half for my first session with the father and the mother if I can, that's always best, just to listen to them and kind of hear-

**Dr. James Dobson:** Do you have the child there?

**Ali Elliott:** No, I try to keep the child out for the first session, just because I want to hear what's going on. I want to hear how they're parenting, not just with the table. I want to hear what do you do when a ball runs out in the middle of the street

and a car is coming? Because parents, what I've found, have so many different definitions of discipline. Some think it's a very bad word, they have a bad connotation with it. Some think it's a good, but without it, you just can't be successful in moving forward and seeing any change in this process, if you have a really limited eater one with very little variety or even poor growth or too much growth because of it.

Dr. James Dobson: You build the child's diet around vegetables and fruit.

Ali Elliott: That's right.

Dr. James Dobson: And some protein.

Ali Elliott: That's correct.

Dr. James Dobson: All right, let's talk specifically about a three-year-old. What kind of protein do you give them?

Ali Elliott: Oh, that's a good question. Most three year olds by that time have teeth, most three year olds by that time have a mouth full of teeth.

Dr. James Dobson: Mouth full, huh?

Ali Elliott: They even use them for biting, don't they? They can pretty much eat anything that their parents eat. If you look culturally at other countries, usually they feed their children what they're eating. For some reason in America we don't always do that. We feed our kids mac and cheese and chicken nuggets and then we sit down two hours later to our salad and sweet potato and the things that we've learned as adults to eat.

I think it's a great thing very early on to teach the children and expose them to the flavors and the textures and foods that we also are eating. The number one study diet is the Mediterranean diet and there's really nothing all that special about it. It's just lots of fruits and vegetables. It does have really good healthy fats in it and lean proteins. It's lower on red meat and higher on fish. It does contain eggs, Dr. Dobson.

Dr. James Dobson: Oh, no.

Ali Elliott: But not many. I think it may be a few a week.

Dr. James Dobson: People don't know what I'm talking, you're talking about, because in the last program I said I don't like eggs and I haven't since I was four years old. That's a lifelong pattern. I mean, that isn't going to change.

Ali Elliott: It's okay, as long as you're eating fruits and vegetables. But the Mediterranean diet teaches about nine servings a day of fruits and vegetables. That's a lot.

Dr. James Dobson: Now, come on.

Ali Elliott: Nine servings. What I teach with the little ones-

Dr. James Dobson: How you get a kid to eat brussels sprouts, I mean, that's-

Ali Elliott: You may not get them to eat it, but I would really recommend you put them on the plate, especially if you and your spouse eat them. I put them on my kids' plate many times to sit on the plate, but they don't get supplemented. I don't go back in the kitchen and re-feed them what they wanted in the first place. I really do believe over time, and I tell parents, this is a long, we're looking way ahead, but that's most of parenting, right? You'll see that the kids will become familiar with these things, with the smells, maybe even with a small taste. Over time they will accept.

Dr. James Dobson: How often do you run into the youngster who doesn't really like food, period?

Ali Elliott: Yeah.

Dr. James Dobson: They don't eat very much.

Ali Elliott: Mm-hmm.

Dr. James Dobson: The parents are terrified that something's going to be missed here. What happens?

Ali Elliott: I do see that. It's very little interest in food. I see it most of all with the children who have been diagnosed with maybe ADHD and are even on medicine for that. Oftentimes it can decrease their appetite, decrease their interest in just eating overall.

Dr. James Dobson: Yeah.

Ali Elliott: Again, that's where the parents make sure that they provide food consistently every three to four hours at the table and then the child will decide if and when they're going to eat.

Dr. James Dobson: I have observed in our family and in my own work with parents, that oftentimes food is associated with love. If you really love a child, you'll have something sweet available for him when he comes home from school or sometime during the day. Frankly, again, my family, I'm from the south and my mother was a great cake baker and pie baker and things of that nature. Every happy moment is associated with something sweet for me. I grew up with that. I had to deal with that. Talk about it.

Ali Elliott: I mean, you might be surprised at my answer, but I love that. I teach with sweets and treats that there should be a boundary. Really early on, as soon as

your kid can even identify shapes and colors, you can start to show them foods that may be, I just label them a sweet or a treat, call it what it is. They are lovely. They are to be had with friends and family. They are beautiful. The fact that your mom made a pie was a beautiful thing. Eat it as a family.

But what we see in adults, is they eat them alone and they're ashamed by it and it can sometimes stir the wheel and make it something that they want even more. We celebrate those things, but we also as parents know that any kid without boundaries and sweets and treats are going to have too many of them. What I noticed with my own kids, is that they're everywhere. Every sporting event, there's going to be a sweet or a treat. School is going to offer some sort of cake, because it's somebody's birthday and then they turn around and the ice cream truck is coming down the street. Maybe they even made it a trip over to grandma's during the day. Because they come so frequently and so often our kids do have to have limits with them or it's just not safe, it's not healthy for them.

Dr. James Dobson: In what way, explain that. What does sugar do? Why does it need to be limited?

Ali Elliott: I don't think we fully know. I think the media right now is on a big sugar is terrible and maybe so, but I do think there's, like I mentioned in the last episode, there's a morphing of the taste buds. They really like that hyper sweet and they start to eat less fruits and vegetables. We do know that it's associated with diabetes and that's something we're seeing with really early on in kids. Unfortunately, we didn't see it prior to the seventies. It was called juvenile diabetes, because it was type one diabetes.

Dr. James Dobson: Yeah.

Ali Elliott: But today we see diet related diabetes and if there are too many sweets and treats in the diet and it's not limited to one a day, there's an excess in calories over a time period which can result in excess weight.

Dr. James Dobson: You just said something, one a day.

Ali Elliott: One sweet or treat a day. Now, there's grace with that Dr. Dobson, because if there's not, it ends up being a battle again. You don't want to frame these as bad foods. They're lovely and you mentioned it before, your mother was a wonderful cook and she made pies and that's great. But we want them to start making this choice on their own and we want them to become wise. Part of that is teaching them really early on, this is a sweeter treat. If you want the sucker at the dry cleaners, that's fine, but later on when it's grandmother's birthday, we're having cake. You have to make that decision.

I tell parents, especially with overweight children, be prepared to say no and don't feel bad about it. The child made the choice. They chose the Dum Dum sucker after ballet and so later on you tell them no. What does that teach them?

Next time they go to ballet or the dry cleaners and get handed a sucker, they may turn it down and wait for that other opportunity.

Dr. James Dobson: Another issue that I've heard discussed is whether or not an obese child has that problem because they eat too much, or is it hormonal in nature, or is it both, or either?

Ali Elliott: I believe it's both. What I see is around 10 years of age, if they start to gain weight prior to puberty, prior to the onset of puberty, the growth chart will start to look very steep, upward and steep. As they approach that 95th to 97th percentile, which are indicators of overweight and obesity and comorbidities that go along with that, it's really hard to stop that ball and to turn the ship around. If we can start catching kids around before they hit the 85th percentile, when we start to see the upper trend, it's actually really easy to correct. You can change a BMI one to two points, and that changes the course of that child's health for life.

Dr. James Dobson: I think I read that in your training or in your practice someplace, you worked with obese girls and there were three of them that you worked with.

Ali Elliott: Mm-hmm, mm-hmm. Yeah.

Dr. James Dobson: Tell us about that.

Ali Elliott: The question was how I ever got interested in childhood nutrition and it took me back to not too long ago, but it was really prior to the time where our medical community started even knowing what to do with obesity. At the time we didn't have standards for it. We didn't even call children obese.

Dr. James Dobson: Yeah.

Ali Elliott: But even in clinical terms, you didn't write it as obesity. I was assigned three students in Mississippi, in undergraduate, all three of them, I believe they were in middle school, but they neared 300 pounds.

Dr. James Dobson: Oh, my.

Ali Elliott: They suffered greatly. I mean, they couldn't tie their shoes, they weren't able to sit in desks with the other children. It was very embarrassing and they didn't have energy. They had no energy to even get up a hill, very hard.

Dr. James Dobson: Ridicule by peers has to be the most difficult.

Ali Elliott: Oh, horrible, horrible ridicule. Even hygiene becomes very difficult when obesity is manifesting itself.

Dr. James Dobson: Yeah. How did you help them?

Ali Elliott: Oh, goodness. Well, I just learned how to relate to them and connect with them. For me, it was just to see that God had designed their bodies to function and have purpose, but because of their condition of obesity, they were unable to function according to design. I mean, that's just sad. Again, and what I see now is if it gets to that point, it's so difficult to reverse, other than bypass surgery, which we are doing in kids these days.

Dr. James Dobson: Mm-hmm. That's kind of a last resort, isn't it?

Ali Elliott: Mm-hmm. Quite common.

Dr. James Dobson: What in the meantime do you do?

Ali Elliott: Again, I always go back to just the basic principles, fruits and vegetables. Right? Now, they're expensive and it's hard and you see obesity definitely plague the lower socioeconomic groups, Hispanic, African American. In our own home, it's expensive to eat healthy. It is hard to buy fruits and vegetables.

Dr. James Dobson: Have you seen what I've seen in restaurants, where if a family comes in and mom and dad are overweight, the kids tend to be also?

Ali Elliott: Yes. It does run in families and there's probably a genetic component to that. But I like to try to think again of this two year old, eight month old, they're eating food at the table. An eight month old starting it very early. We know breastfeeding, breastfeeding, infants, every mother can do that. Now we have so many resources and support to do it.

Dr. James Dobson: Well, not all women can do it, some can't.

Ali Elliott: Yeah, there's a small number that can't, but there are resources that have and are really helping mothers to do that and provide that benefit to their baby. We know from the science that it's very beneficial in keeping a healthy weight.

Dr. James Dobson: In your practice, do you get satisfaction from seeing a family that's dysfunctional at this level and learns to deal with it and the children learn to eat better? Is that a goal professionally?

Ali Elliott: Oh, it's the best thing you see. It really is. I like to follow them for six sessions over three months and that gives us enough time to actually see a child grow. They will grow in three months, many of the children I work with. Then, really see a difference in what we call a BMI, a body mass index, and just see the change of trajectory for them. Sometimes they have labs that have come out abnormal and those go back to normal. It is really exciting to see.

Dr. James Dobson: We talked last time about something you call a 5-2-1 principle. Some people didn't hear that. Repeat it.

Ali Elliott: 5-2-1 principle came out of the American Medical Association obesity task force, early 2000. They started to dig through the literature and try to figure out common themes, what we could really say might prevent children from becoming obese or help healthy families to not ever have to struggle with that. Five stands for five servings a day of fruits and vegetables. To make that even more simple, I just say half the plate every time you feed your child, probably feed your child breakfast, lunch and dinner, maybe two snacks of a fruit or a vegetable. The two is for two hours or less of screen time. That should be monitored by parents. It's a big deal. Dr. Dobson-

Dr. James Dobson: Two hours.

Ali Elliott: There are so many ways for them to get screen time-

Dr. James Dobson: How do you get enforce that one?

Ali Elliott: It's a hard one and the schools use so many devices and screens.

Dr. James Dobson: Yeah.

Ali Elliott: The literature says two hours or less, but it actually, it came out of literature prior to the invention of the iPhone or the access to iPhone.

Dr. James Dobson: Yeah.

Ali Elliott: It's a big bear and I just tell parents to get a good baseline of where you are now and try to scale back two hours. If your kid's on screen for six hours at home, try to go to four.

Dr. James Dobson: Yeah. Well, my advice to parents is to keep electronic equipment out of the child's bedroom or their part of the house.

Ali Elliott: That's right.

Dr. James Dobson: Put it where you can see it.

Ali Elliott: That's right.

Dr. James Dobson: You not only can monitor how much time they're on a screen one way or another, but also what it is.

Ali Elliott: That's correct.

Dr. James Dobson: Because you can stumble onto pornography and all kinds of things, if you're not careful.

Ali Elliott: I think it can abduct the heart and the soul of a young child. It does me, when I notice that my screen time is up, it's not good for the nourishment of the soul. It's just not a good thing.

Dr. James Dobson: Talk about gluten.

Ali Elliott: Oh, goodness. Don't make me do that.

Dr. James Dobson: This is an important one, because all of a sudden, it's faddish.

Ali Elliott: Yeah.

Dr. James Dobson: It seems that everywhere you're hearing about gluten. I never knew what it was 10 years ago.

Ali Elliott: That's right.

Dr. James Dobson: All of a sudden, it's everywhere. I'm not sure that all of that makes sense. Do you think so?

Ali Elliott: 10 years ago I worked in a GI clinic and we might have one celiac diagnosis every three to six months. I would walk in that room-

Dr. James Dobson: That means you're not able to tolerate.

Ali Elliott: You are not and that is true. I mean, you should not have gluten if you have the diagnoses of celiac disease, it can be very abrasive.

Dr. James Dobson: But the thought now is everybody should eliminate it.

Ali Elliott: That everybody. What's interesting is by the time I left and even today, it was like the beeper was going off every 30 minutes with a new diagnoses. Not that many, but it did increase. I do think we have seen a rise in celiac disease for whatever reason it's probably autoimmune. I have theories of that that happened really on early on in infancy and how we feed our children, but it is an indication in the event of celiac disease. What I see parents jump on this-

Dr. James Dobson: But that's a very small number.

Ali Elliott: It's a very small number. Very small number.

Dr. James Dobson: Well, what is this with adults particularly who think they can't tolerate a bite or two of gluten?

Ali Elliott: Well, the way I think of it is if you take gluten off of the plate, you're going to be eating more fruits and vegetables, just because what else are you going to be eating? I think they feel better, I mean.



Dr. James Dobson: Is it not true though that if you're compulsive about that, you also will not be eating some of the nutritious foods that you should?

Ali Elliott: That's correct. I do think when you give up a major food group like grains, okay, you're missing out on fiber, folate, key nutrients, iron, B vitamins that the body desperately needs. I will walk alongside a parent and support them if they want to trial it for something like autism or ADHD or even GI issues, but we have to make sure that it's really complete and that they've thought it out, because it's restricting from a child. It really is. It's pulling a major food group out. I'm not opposed to it, but the science doesn't support.

Dr. James Dobson: Do you see self-diagnoses that don't make sense?

Ali Elliott: Lots. Yes, lots. I also see doctors, adult doctors in particular that sometimes I think have no other answer and so they'll say, "Try it." Maybe it's a placebo effect.

Dr. James Dobson: It does not help ADHD.

Ali Elliott: We have no studies that it does, no.

Dr. James Dobson: Or autism.

Ali Elliott: No. No studies.

Dr. James Dobson: Let's emphasize that.

Ali Elliott: No studies.

Dr. James Dobson: That's kind of a hot button for me.

Ali Elliott: I have to be careful, I have friends who are following these diets. No, I don't judge.

Dr. James Dobson: We're going to get beat up. I want to tell you something.

Ali Elliott: I would try anything myself, if I had a child who, you know, I would try any diet to help. I'm all for that. But there is not scientific grounds for it and I can't say that I've noticed it anecdotally either, that it helps to take that food group out and in fact it is a big gap and kids need carbohydrates for brain development, for growth.

Dr. James Dobson: Some people, I think particularly need it and I think I'm one of them. I tried the Atkins diet one time and by two o'clock that afternoon I was so weak that I couldn't hold my head up. I was doing a radio program and I was just slumped in the chair.

Ali Elliott: Love it.

Dr. James Dobson: Because I was flat out hungry. I don't know if I'm like other people, but I need a certain amount of carbohydrates to function.

Ali Elliott: That's right.

Dr. James Dobson: Have you ever seen that before?

Ali Elliott: Carbohydrates help the body to function. They are a form of fuel. They're the body's primary form of getting fuel and converting it to energy. They're necessary. I think our world has become so fixated on diet and nutrition and health and really helping a parent to see what is the definition of health and what are we looking for here.

Dr. James Dobson: Ali, I want to tell you something. I've done over 9,000 radio programs through the years and there are two or three topics that will get me beat up big time and this is one of them. I'm expecting all kinds of wrath for talking about this, because everybody's got this all figured out.

Ali Elliott: You might get in trouble and I might too. It's frustrating as a registered dietician, because you've studied this and I'm teaching this to students in a classroom setting that are going to become registered dietitians, and we have to go based on science and good science. We can't just come up with theories, because if we do that, there's really no truth in what we're saying. It's just not grounded. It can change.

Dr. James Dobson: Well, we're almost out of time. I've got a minute or two. I'm going to really fast track you, okay?

Ali Elliott: Yeah.

Dr. James Dobson: How about fried foods?

Ali Elliott: Fried foods, they have their place. Okay, they're not evil. In fact, if we, again, look at the '70s, no childhood obesity, I'm pretty sure families were eating fried chicken. It's okay, but within limits and it's of course better to eat lean meats that are grilled, and broiled, and even plant-based proteins. Very healthy. Limited but not forbidden.

Dr. James Dobson: Fruit has a lot of sugar in it.

Ali Elliott: Yeah.

Dr. James Dobson: Do you have a problem with that?

Ali Elliott: No. Fruit has fructose sugar in it. It's a different molecule than sucrose sugar or even high fructose corn syrup, which is manmade, but I believe God has made fruit. It is wonderfully perfect. I've never pointed my finger at an obese child and been like, I know what it is. You're eating too many carrots and too many grapes or too much salad. It's just not those things that are causing the problem. In fact, it's the opposite. Kids who eat fruit and eat a lot of it tend to have very healthy lives.

Dr. James Dobson: When it comes to vegetables, green leafy vegetables-

Ali Elliott: Yes.

Dr. James Dobson: Is that what you want? Why?

Ali Elliott: Yes. The idea is that it not only provides good nutrition when they eat salads and green leafy vegetables, but it also helps control the other side of the plate from growing too large.

Dr. James Dobson: Yes, and less calories too.

Ali Elliott: Yeah. It really has its place and then we know if you eat the rainbow, if you eat colorful foods, there are antioxidants.

Dr. James Dobson: Yeah.

Ali Elliott: They're usually fiber rich, really healthy.

Dr. James Dobson: Ali Elliott is our guest and it's fun talking to you and obviously this is a subject as specifically related to children, that I don't think we've dealt with before.

Ali Elliott: Mm-hmm.

Dr. James Dobson: Last thing you want to say to parents?

Ali Elliott: I think one thing I did want to say is just, and I was asked this earlier, it can be difficult to feed your child and no matter what your circumstances is, if you're a single mom with limited time, or if you have limited resources or a limited budget, it can seem daunting to feed your family and to feed them healthy foods. The number one thing that you can do for your children if you are a family of faith, is to feed them at the table together as much as possible. It doesn't always work that way, and that's okay, have grace, on dad coming in late and not being able to get there. But as much as you can find time for the table, I really do think that things will fall in place.

Dr. James Dobson: Now, that's not only a nutritional issue, but that's relational.

Ali Elliott: It is. It's relational.

Dr. James Dobson: Research on that is really clear.

Ali Elliott: It's where we show our children that we're committed to them. It's where we connect with them. It's where we pray together. It is where fellowship happens and community happens. Because of that, worship happens. Neighbors see it. They see when the family goes in consistently, over time. They see that the kids are a little bit different, have different behaviors. They see other people coming into the home. It's a very obvious thing when families make that commitment to eat together.

Dr. James Dobson: Ali, I appreciate your being here. You've flown all the way from Birmingham with your husband, Edward, and it's fun getting acquainted with you. We've never met before. I'm going to give you an assignment.

Ali Elliott: Okay.

Dr. James Dobson: All right. This is a must do.

Ali Elliott: Okay.

Dr. James Dobson: Go home and write a book. You have not yet written a book on this subject, and I think there's a lot of interest in what you have to say and in that whole area. Now, next time I see you, you bring your book. Okay?

Ali Elliott: Yeah. Thank you. I will do that.

Dr. James Dobson: Okay. Thanks for being with us.

Ali Elliott: Thank you, Dr. Dobson.

Roger Marsh: That is really incredible insight from today's guest on Family Talk, Ali Elliott, talking about how nutrition factors into our children's development. You've been listening to Dr. James Dobson's conversation with Ali Elliott, registered and licensed pediatric dietician. You can learn more about her practice by going to our broadcast page at [drjamesdobson.org](http://drjamesdobson.org). You'll also find a link there for part one of her conversation with Dr. Dobson, that we featured on yesterday's broadcast.

Now, if you felt you learned something from these programs over the past couple of days, we would love to hear from you. Call us at 877-732-6825. Once you're connected, you can choose the feedback line option to let us know what you appreciated about these programs. Or if you'd like, you can tell one of our representatives here in Colorado Springs, they'll be happy to pray for you as well, or to help you find any of the useful resources that we have in our library.

Again, our number here at Family Talk is 877-732-6825. Thank you for making us a part of your day and for listening to another edition of Family Talk. I'm Roger Marsh, God's richest blessings to you. Please join us again next time.

Announcer:

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