Guiding Kids To Health: Preventing Hypertension Transcript

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Introduction and Preventing Chronic Disease Early

Welcome back to the summit. And today, I'm excited to welcome a pediatrician who's a dear friend, Dr. Yami Cazorla Lancaster. How are you today? I'm doing fantastic.

Thank you so much for having me on the Summit. It's such a pleasure. Well, I think it's a really important topic that we speak to and not too many people really understand that we can do things to actually prevent hypertension from.

One, maybe getting us as young adults, teens and older, but as a pediatrician, what are some of the things that we can do as parents or grandparents or caretakers of this this wonderful blessing that we have in our care to, you know, really try to prevent the chronic disease onset?

Yeah. I'm so glad that you asked that question because a lot of people don't realize how upstream chronic disease is. And one of the very best gifts that we can give our children and our grandchild are our nieces and nephews.

And all the beautiful children in our lives is habits and behaviors that are going to set them up for health, well-being and longevity so we can get started even in pregnancy, believe it or not, with what a mother chooses to eat while she is pregnant with her unborn child.

So we can start really, really early installing and instilling in them all of these positive habits and behaviors for life. Well, that's fantastic. You're exactly right, because that epigenetics piece is so important.

Breastfeeding and Early Food Exposure

While someone is actually being caring. So like what my mother ate also probably affected my daughter because of my growth in eggs and everything. So.

Absolutely. So true. So when it comes to parenting and in instilling these healthy habits with kids, why don't we even start, especially if this is kind of a new concept, like, you know, they were going through the drive thrus and just, you know, trying to get through a day.

How does a parent even begin to start this? Okay. Well, let's start with say you just have a fresh brand new baby and you haven't done anything yet. So we'll start with that.

If you can breastfeed. Definitely do that. I know that not all people are able to breastfeed. And if not, no worries. You're still doing the best you can.

But if you can, that really helps. And while you're breastfeeding, make sure that you're eating a good diversity of plant foods, lots of green leafy vegetables, lots of beans, you know, lots of fruits.

Try to make sure that you're doing that because as you're breastfeeding, that baby is actually tasting those foods coming through your breast milk. So it's helping them get used to a familiar to those flavors.

And once your child starts to explore the complementary foods, usually somewhere between four and six months of age, really expose them to a diversity in a variety of flavors.

I like to have my patients start with green, leafy vegetables from the very beginning. I know not all physicians do that, but I like to start that first because we have this very narrow window of opportunity where the brain is particularly receptive to bitter flavors and it's between five and seven months of age.

So if we can get those bitter flavors in early, it takes less exposures for children to learn to accept those flavors. And then you just keep doing that.

You just keep offering them a diversity of foods, a diversity of whole plant foods. And you don't give up because what happens is that when they become toddlers and preschoolers, they will develop what's called neo phobia.

Suddenly the food that they love so that they were just broccoli lover, suddenly they throw it off of their highchair. And that's when parents start to panic.

They panic and they're like, Okay, my child isn't eating anything. So they'll eat chicken nuggets. I'm just going to give them chicken nuggets and mac and cheese.

And that's really where we start to kind of give in to our fears and our anxiety and the habits change. And so I'll pick up from there, from families, say, you know, you didn't know this information, you're just doing the best you can, which I know we're all just doing the best we can.

So congratulations for even just being able to parent a child. Okay. But I'm glad you're listening to this now. So if you're at that stage where we're at mac and cheese and chicken nuggets phase, then what I want you to do is I just want you to expose your child.

Now, the most important concept in this is that you expose, but without judgment and without expectation. Okay? Because if we put broccoli, like, say, we just put one piece of broccoli on that child's play, and then we're just like, okay, I got to taste it.

You had to do something.

Handling Picky Eating and Toddler Food Neophobia

You can't eat your dessert until you have broccoli or we give them the mom look or we scold them for not eating the broccoli. That's actually not helping them learn to like those foods.

We want to kind of just restrain the mom face and the judgment and just expose, expose, expose with so much patience because it can take 25 or more exposures before a child even starts to taste that food.

You don't have to put a huge amount on their plate just a little bit, just like a tablespoon of black beans and a piece of broccoli, whatever. Just start to integrate that without judgment, without expectation.

And that's called the division of responsibilities. And I talk about that more in my book, but that's what you can start doing now if you feel like you're already at that stage where you're not offering your child a variety of foods.

Now, I think that's fantastic advice. Could you speak to your book just a little bit and share more about that, please? Sure. Yeah. So I wrote a book, A Parent's “A Parent’s Guide to Intuitive Eating: How to Raise Kids Who Love to Eat Healthy”.

And the reason I wrote this book in particular is because what I would see in my practice over and over again is that I think parents intellectually know what they want to feed their kids.

They know that they want their kids to eat more fruits and vegetables. I mean, every parent knows that, but they just don't know how to do it. And like I said before, the stress and anxiety of raising kids between the ages of one and five in particular.

So the majority of parents are going to classify or categorize their children as picky between the ages of one and five. Which means what? Which means it's normal.

Okay, so all kids go through this, and when parents start to panic, that's when they're like, okay, fine, we're just

going to give them whatever they want to eat.

And it turns it to just goldfish crackers and fruit snacks and chicken nuggets and mac and cheese, and then they're feeling really desperate. How am I going to get my child to eat more fruits and vegetables?

So I wrote the book specifically to help hold the hands of parents who are feeling anxious, because, believe me, I had to make all the mistakes in order to learn what to teach other parents and just to really help them relax and enjoy the process and to reassure them that children, their metabolism, they're actually really smart.

So if we offer them the right foods, they're going to eat the amounts that they need to grow and to support their specific genetic potential. So we can get away from there are starving children in Africa eat everything that's on your plate.

Yes, please. That's definitely something we don't want to do. We really just don't want to force or cajole our child when it comes to food in any way.

We want to be empowered and make the decisions. Yes, I'm going to cook this meal. It's going to be a healthy, nutritious meal. I'm going to offer it to my child.

But once that offer is made, that food is placed on the child's play, your job is done. And then they take over and they have the autonomy. And so whenever we start crossing into the autonomy of the child, that's when things start breaking down.

They actually become pickier. They start rejecting food more, we get more stressed. And it's just like this vicious cycle. And everybody ends up crying at the dinner table with, Believe me, I've done before.

I've been there, done that.

Book Overview and Division of Responsibility

So I know exactly how it goes. Oh, my goodness. Yeah, absolutely. So when we speak to kiddos, especially because you we're talking pregnancy, you know, neonates to 18, let's say in general, are there any specific guidelines that we need to pay attention to making sure certain nutrients or maybe there's supplementation that we need to be paying attention, especially during those pictures?

Like how do you generally guide folks to, you know, focusing on what nutrients they need the most? Yeah, that's a great question. So all exclusively breastfed babies from the beginning.

I am going to want them to be on vitamin D supplementation and that can be done either by giving the baby drops or through mother super supplementing herself with at least 6400 international units of vitamin D per day.

So that's first and foremost. Some pediatricians may also start iron drops between four and six months of age to kind of make up for any losses that are happening.

I tend to try to just steer them towards the right nutrients to eat once they start complementary foods. And then we check for anemia when they're one year old.

But then once your baby, as we know from the breast or formula, I like to get kids on a multivitamin that has vitamin D B12 and then also Omega-3 DHA, EPA.

Sometimes that has to come in a separate product because most multivitamins don't have all three of those in there. But the reason is, is because we are seeing more and more evidence that children are just not getting enough of these Omega-3 fatty acids in their diet and especially plant based eaters.

But I will say that generally you're just not going to have little kids that are eating salmon and anchovies, you know,

like it's just not what if they're having fish?

It's like fried cod, which is very low in Omega-3 So really, I think all kids and I supplement all of my patients. And if you are going to raise your child exclusively plant base, which I support, and I think that they can absolutely thrive with that kind of diet, you just want to make sure that they are getting sufficient amounts of B12, vitamin D and Omega-3, DHA, EPA, and then depending on if there's any differences in the diet like allergies, nut allergies or legume allergies, there might be some other ones that are important.

But those are the basic three that I want to make sure pretty much all of my patients are supplementing. Perfect. And then as far as when you're mentioning, you know, variety of foods, let's say kids love fruit because it's sweeter and parents may be pushing more of the fruit.

Key Nutrients and Supplements for Children

How do they know to do it? A kind of a balanced approach. So what are one of the important pieces to look at it all the different food categories. Yeah, well, I will say fruit is incredibly healthy and thankfully fruit is probably saving a lot of our patients from getting scurvy because I do treat patients that have autism and they're just very restricted and they qualify as having a restrictive eating disorder.

But even they usually like fruit. So it's okay to give your child fruit. Fruit is not bad. It's not like, you know, say recently, Jerry, you've heard people saying don't eat fruit because it's got too much sugar, things like that.

But really, fruit is a very health, promoting food high in antioxidants. It's got fiber, it's really health promoting. So when it comes to variety, what I tell parents is that the variety doesn't need to be meal to meal or even day to day.

I'm thinking a variety more week to week, month to month, because as we see, seasons lasts usually a few weeks. So here, you know, we're an agricultural valley, we have lots of fruit and fresh apples are going to last a few months.

Cherries are going to last a month, you know. So we're going to have the seasonality of foods, but it's not usually just one day. So it's okay if your child is really into apples right now, are really into bananas right now.

You know, change it. Up next week or next month, but don't be stressed that the variety has to be like every single hour of the day. Perfect. Now, I think that's that's wise decision for everybody because everyone's like, I need to have 30 varieties of this in one day.

And I'm like, no, no, no, just let's just week to week is a great way to approach that. Absolutely. So when it comes to, let's say, nondairy milks, do you have a preference for most young children to be consuming?

Yeah. So for our kiddos that are under the age of two, what are the things we have to be careful about is that their stomachs are just really small, so our stomach is typically just the size of our fist.

And so, you know, a little one, they don't have very big tummies, so we don't want to fill them up with things that don't have enough calories and nutrients because literally when it comes to toddlers, their job is to explore their world and to play.

They're not all about having long, drawn out gourmet meals and, you know, sit and then having a big large volume of food. So we do want to make sure that what they eat has a good bang for their buck.

And so that applies also to our nondairy, our plant milks. So I want to make sure that the milk that they're drinking has sufficient calories and that a good choice is going to be unsweetened soy milk.

There's also so many new products out there that I like, but one of them would be like a pea protein milk because it's got enough calories. It also is a little bit higher in protein.

So is soy milk. I think soy milk is a great choice. But now they have all these other really just very delicious milks such as like not milk or next milk, which are really good choices.

But even then your child should not be deriving the majority of their calories from milk. Okay, like I really like to limit it in my family's to no more than 16 ounces total per day and preferably sitting down at snack time or meal time.

Balanced Food Variety and Healthy Milk Choices

I don't want them skipping it in between their meals and snacks because that's not good for their teeth or their metabolisms. So it's very good advice and I love every bit of that.

But let's see that we have older kids. Let's say they're 12 to 13, 14, 15, and me, you know, 20%. I'm assuming that's the same most recent data that I recall of kids are overweight or obese, which is quite remarkable.

But, you know, parents are worried. Right. Maybe they're they're having a little bit of high blood pressure when they're checking it at the doctor's office or they're worried about prediabetes, diabetes or other things might be developing.

How do we start those and engage these older children that have more autonomy and be respectful at the same time, but also lead them into a better pathway?

Because it's such a it's a it's a difficult it's a difficult path to walk regardless. But now we're worried about their chronic health issues. Absolutely.

It's so stressful and it can be very difficult. I especially see it being just kind of a difficult situation when children are living in more than one household.

So when there's parents that are separated, divorced and, you know, one parent is trying really hard, but then half of the time the child's going to another household where the lifestyle is completely different.

So really, I don't like to put the pressure on the child at all. Now, if a child is older, like they're about to graduate high school, going to college, they're nearly an adult.

That's different. But for these children, even though they're older children, their school age, they depend upon mom and dad. So really, it's our responsibility.

It's our job to change the lifestyle at home and do as much as we can to control. Now, this is not to say that you're going to watch every single morsel that your child eats and tell them every few seconds, don't eat so much, stop eating.

It's more about how can we change what we're offering at the house and how can we remove those things that we see as becoming a problem? I recently had a patient and I saw a big jump in their weight and body mass index, and even though I don't usually call attention to that at the visit, I ask What habits have changed?

Have there been any habits that have changed in regards to food and eating? This is a toddler. He like literally never stops moving. So I know that he's very active.

And so Mom said, yes, Dad, move back in the house. Dad loves to snack, he has his snacks out and then the child wants to snack with dad. And mom already knew that that was a problem.

So I told I talked to mom. Okay. Can we talk to Dad and tell Dad how important this is? Because we are basically influencing these children with our own habits.

So we have to take responsibility into our own hands, be the role model. And we sometimes have to make the change in order for that to trickle down to children.

But once those habits change, you do see an effect.

Guiding Older Kids and Family Food Habits

So I just I want families to take that responsibility on themselves. And really, you want to change the whole household, not point the finger at one child and try to make them change because that's not the responsibility of the child.

This has been fabulous. So let's say you have a young school aged kid or older child, and they're embracing these healthier habits. What type of advice can we give them as they go out into the world and they have peer pressures and discussions?

And how do we help them learn to navigate a, you know, outside of our four walls? I think one of the best things that we can do is teach our children about flexibility, because when we get to black or white, all or nothing, it's it's hard for it's hard for us as adults, but it's definitely hard for children's brains.

And then that can lead to, well, fine, I'm not going to do nothing and I'm just going to eat whatever I want, whenever I want. So the way that I raised my kids, which, you know, you can choose, of course, how to raise your own children, but we a whole food plant based at home.

And when they were out at, you know, events and gatherings and things, then they could make their own choices. However, because I wasn't forcing them or telling that they were bad for making certain choices, they were actually able to tune into their own bodies so that they could make those decisions, knowing that, Hey, if I decide I'm going to have cheese pizza, I know I'm not going to feel great afterwards.

So maybe they would have the cheese pizza every once in a while. But the majority of the time they wouldn't because they wanted to feel good. And so when we empower our children and give them that autonomy and teach them the foundations at home without judgment and without pressure, they do really, really well.

So I would have to echo that completely. So I went 12 years ago. The kids were 13, 15 and 18, and now they're almost 30, 27 and 25. And there was that transition piece, right?

So they would go at home. I'm like, This is what all got. But outside the walls, they made choices that over the course of a year or so, you start seeing them make different choices even when they had other options.

One, because they didn't feel well. And I had another patient who was seven when her family went plant based and they did the same thing. But so she'd go to birthday parties and she'd have birthday cake and ice cream and she did not feel well.

And now she's promoting plant based eating to her buddies because she's like, I'm not eating because I didn't feel good and you shouldn't be. So they advocate for their own health and that of others.

And so that's fantastic. So when you come to I mean, a final this this discussion here, a question would be when we are looking at chronic disease across childhood, can you give us some things to be paying attention to as parents that, you know, for example, hypertension in adulthood is difficult to diagnose because so many people, you know, don't pay attention to it or don't go to the doctor very often.

Are there any clues or things that we need to be paying attention to for any chronic disease for our kids? Is it change in behavior or different things like can you help us with that?

Yes. So first of all, as a pediatrician, I'm a big advocate for getting into those well-child exams because there are some things, just like you said, they're silent.

Nobody knows until it's checked in the office. And we get that blood pressure and we get those vital signs.

Flexibility, Peer Pressure, and Long-Term Health Monitoring

But I'll say if you've noticed a change in your child and I don't want to just focus on body size, but you've seen either rapid weight gain or rapid weight loss or just changes in their habits.

Like maybe they seem to be sneaking food or hoarding food or even just completely avoiding food. I'm kind of going on both ends of the spectrum here, then bring them in for an evaluation.

If you feel like you can't have that discussion with them at home, bring them in. We can talk about it. We can talk to them about it and determine if if there's an issue that's happening.

Because like you said, a lot of these things, especially in childhood, they're completely silent now when it comes to things like diabetes. If a child's developing diabetes, you may see, especially if it's like type two diabetes, you may see some changes with, you know, excess thirst, excess urination.

But sometimes even that because the body adapts so well, you may not see it as well. So I would say if you're noticing rapid weight gain, a change in eating habits, change in lifestyle habits, it's better to come in and get it checked.

And, you know, if we're also agreeing with that, we usually run labs and make sure that there's not a metabolic syndrome that's brewing. And when I see kids, if they have one, they often have more than one.

So if they're going to have high blood pressure, I usually see that their insulin levels are high or that their hemoglobin A1 C is high. You know, so I'm seeing more than one thing.

Usually by the time we see that there's one chronic condition. Mm. That's a really good point. These don't typically run by themselves, they run in pairs or gangs.

So to speak. So sure. Well this has been very enlightening and helpful and I hope it encourages the parents among us or grandparents to have more conversations with kids and help educate them to make better decisions for their current health and their future generations of health and whoever they may have, children or friends or whatever.

So thanks again. We so appreciate your time today. Thank you so much. Dr. Marbas.