Welcome to Conversations about Care: A podcast for pediatric clinical providers.

Dr. Hassink Hi. This is Sandy Hassink and I'm the medical director for the Institute for Health Childhood Weight at the American Academy of Pediatrics. Today's conversation highlights the experience of a primary care pediatrician and Eatable Alphabet grantee, Thresia Gambon. She shares a passion for obesity prevention and how she's trying to change the way she talks to families about food. Stay tuned to hear our conversation.

 Welcome to our podcast. And today I have the distinct pleasure of speaking with Dr. Thresia Gambon who's vice president of the AAP Florida chapter and the primary care pediatrician in Hialeah. But importantly for us today, Thresia has been using the Eatable Alphabet in her practice and we're going to explore some of how she's been using the Eatable Alphabet, tell you a little bit about what the Eatable Alphabet is, and just get Thresia's frontline experience on her effort to help her patients with obesity prevention and treatment.

 So welcome Thresia to our podcast.

Dr. Gambon Thank you, Sandy.

Dr. Hassink So I wanted to ask you, how did you get interested in the -- because the Eatable Alphabet is a series of cards that help children develop nutritional literacy, they're for very young children and their families to work at together, we'll give you the resources at the end. How did -- what interested you about the Eatable Alphabet? How did that attract your attention and -- and how are you using it?

 Dr. Gambon Well, I saw an email describing what it was that had a little bit of a show and tell in that email, or the link, and I thought it would be interesting. The first time I saw it was in 2020 when we were in lockdown, and I said this would be something interesting and something different to request for our families. So I applied and received it and I thought it would be a good opportunity for the families that were home where parents were often working from home and the kids were schooling at home and the younger kids were not in daycare because everything was locked down. But something that people could do while they were in their house and at the same time be instructional showing off pictures of different fruits, vegetables, and healthy foods; in English with the words also in Spanish; with little exercises or little things to do with them. So I thought it would be a great opportunity to discuss nutrition in a different way with our families, and also to discuss really the relationship and interaction that's so important between parents and their kids during a very stressful time.

Dr. Hassink So I love that you picked it up and really looked at it from several points of view; the nutritional literacy and education, the relationship with the patients and their families; the little children and their families; and also something to maybe relieve stress in a way during -- during the Covid time.

 How has it played out for you? Have you had any feedback from your patients and -- your little kids and their families about how they liked this?

Dr. Gambon Well, when we first give it to them and it's -- it's kind of taped up and locked up and the kids immediately try to rip it open -- it's not that easy to open so we open it for them. And the kids start looking at the cards and showing the cards to their parents and they get excited. So in follow up, I've talked to several families afterwards, and they did do some of the little suggestions and menu preparations suggestions with their kids. And it was fun. A few of them have sent me videos, and I can't share them, but personal videos where they're playing with their kids but with the foods and the healthy foods and laying it all out on the kitchen counter. So they've enjoyed using it.

Dr. Hassink And I'm assuming that when they were describing that they were smiling when they were telling you about it.

Dr. Gambon Yes, they were.

Dr. Hassink So when you think about nutrition in these younger children and, you know, are toddlers and are preschools, what are some of your concerns that you're trying to get at when you're talking about nutrition and trying to help your families?

Dr. Gambon Well, I work in Hialeah which is a predominantly Hispanic population and there's a lot of Latinos, lots of different countries, but we know Miami also has a lot of Cubans. The diet tends to be heavy in carbohydrates, rice, and malanga, which is kind of like a potato, root vegetables, and meats, and beans, but not as much incorporating vegetables and fruits. There are fruits that they eat more commonly bananas, but I wanted to really show them there are other things and different things that can be incorporated in the diet. Finally, the first card that comes out is avocado, which is aguacate, which the Latino population is very familiar with, but I think it just allows us to really talk about different things in a variety of foods and a variety of different snacks that the kids can have that aren't, you know, potato chips. It's an -- it's an opportunity to discuss things so I liked that and I incorporate the cards. And we do open them up during the visit and look at a couple of them. And the kids love it and the parents are like, oh, okay, this is a good idea. So we enjoy it.

Dr. Hassink So when you're working with -- with your families and you're working with a say a traditional diet or maybe a diet that they've adopted in this country, how do you play off -- like how do you counsel them in terms of, you know, they have their traditions and they have the food that they love and yet maybe there's opportunities for them to expand their repertoire. How do you start that conversation with them without making them think that you're kind of negative on their traditional foods?

Dr. Gambon Well, I'm not negative on their traditional foods. I think that's completely fine, but I try to talk to them about incorporating or adjusting a little bit. Trying to, you know, expand, and not just have rice, beans, and meat, but have tomatoes on the side or the avocado or different vegetables and incorporate that. Also discuss with them, which I don't think this is more traditional, but maybe more American, is the snacks. Really talking about different kinds of healthier snacks and having more fruits than snacks and not just the little packets of the cookies or the little packets of chips that you can see in abundance these days in stores. So I reinforce their traditional meals and I know, of course, on Nochebuena there's going to be pork and rice and beans because that's what we do on -- Hispanic but that's very common New Year's Eve. So I just try to add to it and make suggestions and discuss not eating the same foods every day and expanding the children's horizons and their diets along with the parents.

Dr. Hassink Yeah, I think that's very important and I wasn't implying that you were negative on the diet but people worry about actually how to start that conversation because people worry -- you know, we get the question like how do I start the conversation with folks without them -- we make sure they know I'm not negative on their diet, but I'm trying -- I love -- I love what you said about trying to not eat the same food every day, trying to expand your horizons, trying to move it out -- are they -- have you found patients are willing to do that for the whole family or do they just key into the kids or how have you found that play out?

Dr. Gambon Well, it plays out different ways in different families. Some parents are just exhausted and they're tired so it's very hard to talk about preparation and food preparation when it's easier to drive through something. So we try it every -- I try it every well child visit and even visits in between if it's permanent to what we're seeing or what's going on or parents express concern to discuss about help -- I don't like to use the word diet all the time because they always think that means food restriction and losing weight. So eating healthy food, incorporating healthy foods, doing a variety, and of course, reinforcing physical exercise. I don't have a problem starting the conversation because we ask about everything. You know, I ask about school, I ask about food, I ask for breakfast, I ask about using the bathroom, I ask about toothbrushing, so it's just part of a conversation that I feel is back and forth. And as parents bring up stuff try to give guidance and not wait for the end of a visit to give a whole long list of instructions and this is what you need to do.

 I also think it's really important to compliment the parents when they're trying, whether they're succeeding or not succeeding or give them a break when they're having a rough time and discuss, yes, every now and then there is going to be a McDonalds or pizza run, but it's, you know, let's try and not do that all the time. Let's try and do some other things or have some healthier options when the kids are home or when you pick the kids up from school instead of doing a drive through.

Dr. Hassink Now, you did mention, you know, that -- that the families often turn to fast food or processed food because it's convenient and it's available. What -- what kinds of -- what are you seeing in the environment around your practice? Is it hard to get healthy food? How is it -- how is it for your patients?

Dr. Gambon Well, it's not hard to get healthy food but it is very easy to walk into the supermarket and the smaller markets -- I'm not talking about the big chains -- the smaller markets have like a great vegetable -- I love the vegetable section and fruits -- but the majority of the store is not that. The majority of the store is canned foods and rice and other things. So it is available. Now, a lot of those stores are smaller so it's not a huge variety of products but it is available there. So I don't know, I feel like -- I feel like I lost my train of thought. Sorry. I forgot where I was going with that.

Dr. Hassink No. That's all right because you -- I can see when you start thinking about those supermarkets or the grocery stores or the corner stores you start imaging -- in one of my lectures I have a picture of a store that's attached to, like, a gas station and there's not one fresh thing in that store. And when I start thinking of my patients going into the market I -- I start thinking that it's a -- it's availability, it's cost, it's time to prepare, it's knowledge about how to prepare food, it's acceptability, will the children accept the food that I labored over to prepare or will they just want, you know, the fast food which is easier. So I -- I really feel for our families because I think they are up against a lot of barriers here when they try to shift their diet to a healthier diet.

You know, we had a cooking class that I ran out of my clinic at one point when I realized that -- the -- these were for adolescents that they didn't know how to cook and their parents were unfamiliar with a lot of cooking techniques. And so when we were trying to get them to eat healthier it was difficult because they weren't familiar with how to prepare the food. And I've had patients where time is so crucial that the time it takes to prepare food is just time they feel they don't have. So how do you help people who are facing, kind of, multiple barriers in -- in doing this? Where do you start? Do you start with a little thing and change that or how do you start when it looks like there's a lot of barriers to doing this?

Dr. Gambon I try to discuss different things that could hopefully be feasible to see if I can have parents and kids -- well the older kids -- agreeing to one thing that they can change, or the younger kids.

From the time the babies are small, and I mean they're little babies, I tell the parents, you know, you should be talking to them while you're cooking in the kitchen and while you're chopping the vegetables or taking the stuff out. Talk to your kids, look at them every now and then when -- you know, instead of putting on the TV. Put on some music and have a conversation. Starting from infants I'm telling them that.

And as the kids get older talk to them about having the, you know, toddlers in the kitchen next to you, give them something to do with you, work with them in a safe space.

And as the kids get older I talk a lot about cooking with the kids when available. Now, a lot of times parents are working, by the times you get the kids after care, it's late so we discuss, well, maybe this is something you could do on Saturdays and Sundays.

You know, I always try to reinforce as much as I can, trying to have the kids have dinner with the parents most nights a week. The younger kids, the kids -- not the teenagers who are out with their friends. But the younger kids, most nights a week. Whatever it is you're eating, hopefully you're eating something healthier and something that's a better choice, but to have that time as a family time together.

So -- and I try to make -- I also speak to -- I speak to a lot of parents too where the kids refuse to eat anything that the parents want them to eat and the kids only want to eat Oreo cookies or, you know, potato chips, or whatever. And I'm like, okay, that's not the best idea. They should be eating what you're eating. Why don't you try to sit down at a meal and eat the same foods? If they're not going to eat what you're eating because maybe they don't like the types of beans you made today, try and give them a different option but something that's not potato chips, ice cream, or, you know, something a little bit healthier.

Very much in the Latino culture they always think that the children are never eating enough. So they're always starving, they don't want anything to eat, they won't eat anything I make and -- but I'm always like, but will they eat French fries? They're like, yeah, okay, they'll eat French fries. Then we know that they don't have a problem eating. They just need to be exposed; they need to have it in front of them -- potatoes chips I'm like if the kids can chew potato chips they can chew. It's not a chewing problem. But I also explain to them growth spurts, you know, there's times where kids are going to eat more and times where they're going to eat less. And I say if they're only going to eat a little bit let's try and make that little bit something a little bit healthier.

Dr. Hassink So what I love so much about what you said is the participatory nature of food and cooking and eating and I think that we kind of know that instinctively that eating should be or could be social and -- but in the business of life, you know, family meals get disaggregated and people are eating in different spaces and places and at different times and children, as you said, are watching TV while the mother -- while mom or dad are cooking. So trying to re-ground cooking and eating as a participatory activity I think is so important because modeling is so important. And, you know, I think those kinds of strategies, asking the family to have a family meal. You know, you're ambitious, you'd say most nights. Some of them in my families I would say could you eat together one night a week, you know, because -- but I think that starting with those kinds of strategies which are both social and nutritional are so important because then the benefit of being together starts to come out. You know, they can enjoy their children and they can maybe enjoy the participation. So I think that participatory nature -- and I think that's where the Eatable Alphabet cards kind of help you too because they encourage that participation with the parent and the child.

So when you have -- often families have more than one child and children have different styles and children have different growth curves, how do you -- how do you deal with the fact that maybe one child the mother really is concerned that they're not eating enough and, you know, they're -- they're -- and another child the parent maybe concerned about their BMI. How do you deal with that, multiple children with different styles and growth curves in the same family?

Dr. Gambon Well, it's interesting because I do have several families where the parents -- like this child doesn't eat anything and he's super skinny and this one's super overweight, but the one who's overweight has better labs and is more active and is playing sports and the skinny one is eating potato chips and sitting on the video games. So it's not one for all. Every kid is different. All the children are different and I try to talk to the parents about what -- to me I'm always about a conversation. I can't just tell you what to do. You have to tell me what you can do, I give you suggestions, and we've got to work back and forth. If you're not willing to work back and forth I can give you some suggestions, think about it, and when you come back we'll discuss it a little more. Because it's not an easy thing especially if the mom is working, the father's working, you know, grandma's taking care of the kids, grandma's older, she can't move around much, she's just going to give them whatever is there and let them watch TV until mom gets home from work. There's a lot of situations and each one I think has to kind of be individualized and the kids are all different. So I try to talk to them and see what they can do and try to make small changes because yeah, you're not going to make a whole huge change in a day.

 One thing I do talk to the parents a lot about because of course the mom always blames the dad if the dad's not there, the dad blames the mom if the mom's not there, or they blame grandma because grandma's not there, or grandpa and grandpa is the one who always brings all the cookies in the house. And I talk to them and I say it's very hard, children don't know a lot about restraint, most adults don't know a lot about restraint, in terms of diet and if stuff is in front of you you're going to want it. So if you're going to buy soda don't buy five 2 liters. Buy one for the week and when it's gone try and drink other stuff and try and learn a little bit of limits because it's not just for the kid, it's for the whole family.

Dr. Hassink No, I -- I often -- I so like what you said because I would often say to the parent, well, how many decisions do you really want to make in a day. So if you have a cabinet stocked with snacks and a fridge stocked with sugar beverages then every time the kid passes it they're going to want something. And you have to -- you have to make a decision, yes I'm going to give it to the kid or no I am not, a hundred times a day or you cannot have it in the house or have it in a limited amount. And that keeps you from having to make hundreds of decisions a day. If it's not there it's not going to be asked about. So I think the idea of just trying to -- to make the environment, at least in the house, as nutritionally healthy as we can because we know as soon as the kid steps outside there's food everywhere. And, you know, you can buy a candy bar at a hardware store and, you know, it's just everywhere. So to make the house as -- as healthy as we can is really important.

 Do you find any pushback with parents? I mean, you're -- you clearly love your patients and are conversing with them. Do you find any pushback from families when you start this nutritional conversation? Do families seem pretty open to you or how does that go?

Dr. Gambon I think both ways. You know, I mean there are some parents that are just completely overwhelmed. There are some parents that are like, I can't control the kids. They do whatever they want because some of the parents are overwhelmed. And, you know, some of the parents just don't have the time or don't have the energy. I'm not going to say they don't have the will. Many of them, of course, want their kids to be healthy and they want their kids to do well, but they don't lay down as many rules as they should. Not only in terms of eating but in terms of everything else. But the majority of parents are pretty receptive to different ideas. I worry about sometimes the parents, you know, you give them advice and they turn to the kid and they say, did you hear that? The doctor says, this is what you got to do and that's it. And I'm like no, that's not the best way. You know, we are deciding together and as the kids get older we start, you know, I try to incorporate the kids. Even when the kids are little I try to incorporate the kids. Do you like bananas? I love nananas. Okay. Eat more bananas. You know, so it -- there's always a lot of the parents telling me I have all the fruit and they never touch it. And the kid's going, I eat apples every day. So just trying to get the conversation.

 I mean, I'm there to try and give advice. I'm not there to snap the whip and, you know, yell at parents. I do, as the kids get older, if the, you know, obesity is getting very out of control, the kids are just on games all day or they're just eating potato chips all day long and ice cream, I mean I try to get a -- I do get a little strict on some of them because I start talking about things that can happen. And then when the labs start coming back abnormal, if we do labs, and they start coming back with high liver function tests because they're getting fatty liver at 8, high cholesterol at 5, then the parents when they see the numbers a lot of times get a little bit more concerned because they're like, oh wait. No grandma has that and grandma takes all kinds of pills. Is my baby going to have to take pills? Well, you know, trying not to scare them but they need to know there's some consequences to this.

Dr. Hassink Right. Well, something you said I really resonated with is a nonjudgmental attitude and I remember very clearly having a mom come to clinic and she -- with an older boy and, you know, at some point in the visit I just offhandedly said, you know I'll never judge you, and she bursts into tears. And she said, I have felt judged every time I've taken him to a doctor because of his weight. So I think that nonjudgmental attitude while you're trying to engage the family in their own desire to have healthy children, and their own capability of having change, it brings me to some other things that I often felt that I was helping parents with parenting 80 percent of the time. That getting into a routine or talking about, you know, how to parent in a way that -- that, like you said, that you communicated with the child but you set boundaries. That parenting was such a big part of what -- of what we did. Do you find that too that you're always sort of trying to help with -- with the parenting aspect of this.

Dr. Gambon Yes, I do. I mean I have a whole spiel about -- because degeneration of family because, you know, a lot of my patients come from countries and areas where, you know, they have 10 to 20 relatives living within two miles. And then you come to America and everybody's all spread out, and grandma's, you know, in a different country, and your sister's in a different state, and so now, it's you raising your kids. Maybe two people with you helping you adults. So I have a whole spiel about how if people really were all closer -- you know, it takes a village to raise a child and families need support. So I try to, you know, work with them and -- and participate with them and help them and give them guidance as much as possible, give them good websites to look up information because we know on the internet you can find a lot of disinformation. So I promote the healthychildren.org, which is the AAP site, the American Academy of Peds site that gives a lot of good information. You know, it's the parent area. Not for the providers but for the parents or some other good websites so that they can get some information. You know, if we have a lot of problems I work in a company that is really behavioral health company that added on primary care. Primary care is like booming now. We have a lot of pediatrics so we also have a lot of availability for psychology, for parent child interaction therapy as needed if we see things that need to be addressed. And to help the parents. And we also have, of course, parenting classes. So --

Dr. Hassink Well, what a benefit for you to have that kind of resource available for you and your patients. That's terrific. I just wanted to talk a little bit about -- you know, your mentioning the laboratory -- you know, liver disease and cholesterol in very young children. Have you been surprised at how young these labs are coming back abnormal?

Dr. Gambon Absolutely. I mean I've been doing pediatrics for over 25 years and I sit down sometimes and I think, did I just not do all of this lab work in the past? But I mean, the obesity crisis is huge. I mean, it's just way different than what it was, you know, even 15 or 20 years ago. I think the smart phones and the kids that can actually sit -- young kids sit with a phone or a tablet for two or three hours without moving is -- is just -- it shocks me that kids can do that. And there doing it and a lot of the parents don't think it's abnormal because they think it's so awesome the kids can use a computer or what -- so I do talk about that also a lot because I really promote, even if it's not physical activity, outdoors running, not being sitting looking at a device. The numbers that I'm seeing now, the elevated high -- I mean, fatty liver? I mean, like, I never even heard of that in a kid, you know, except for some kids 15 years ago, 20 years ago. And so it's really scary to me as to how this is going to be in the future. You know, the high cholesterol, the high triglycerides, it's just really scary to me. You know, it worries me a lot for the future for the kids and their families and I'm hoping that some -- I know that -- I wanted to talk a little bit about the one-on-one interaction, but I do also think that, you know, there needs to be a public health drive which I know is happening, you know, to a certain extent. But everybody needs to be involved in making these changes, including the food chains and the food suppliers. I know some of the restaurants and fast food restaurants have started making changes incorporating healthier foods healthier options, decreasing -- you know all these extra things that are going into the foods that some of which carry calories and are just fillers. But I do think there needs to be an overall change in some of the food supply and production in order to assist because one-on-one on a continuous basis all the time is not going to be the only move. It's part of it, but it's going to take everybody to make these changes.

 I read two articles that, I think, changed my mind a little bit. One was about the food processing and how the one-on-one conversation is never going to win in this world because there's just so much more that needs to happen that's not just the one-on-one.

 And the other one was about -- it was -- it was a parent who wrote about how every time they go to the doctor the doctor tells them everything they do wrong with their child. And I was like, wow, is this really what it sounds like to them? Okay. I want to -- not that I felt like I did that all the time, but, you know what, they're right. We do tell them what they're doing wrong. So in trying, educate, so just trying to change the way I speak with patients. Plus now I've worked in this behavioral health company for 10 years so -- but it's always a lot about interactions and -- and, you know, we get training with the psychologist on a monthly basis on different things. So I think of (indiscernible 0:29:01.

Dr. Hassink Well, you know, Thresia, that's really, I think, where I got my start in advocacy was realizing that -- that if there are -- you need to step outside your office and really become an advocate because the environment is so abusagenic and so obesity promoting that we're basically teaching the family how to survive and adverse environment. And unless the environment changes it's just -- like you said, it's a constant battle for the families to really remain healthy in this environment.

 Well, I want -- as we're wrapping up I wanted to thank you so much for sharing your time and experience with us. Is there anything else that -- that maybe we didn't get to that you'd like to share with our audience today?

Dr. Gambon No. I don't think so. I think we covered everything. I mean, at -- this is great. It's been a great addition to our clinic to give out the cards and to talk about the kids and something -- something different. A different way to communicate with the families and especially during Covid. I'm grateful that we've been able to get these packs that -- they're fun. They're fun to talk about with the parents than just talking about Covid.

Dr. Hassink Yeah. Yeah. And you know I think --

Dr. Gambon -- which we also talk about.

Dr. Hassink Right. But, you know, and I think that, you know, the beauty of being a pediatrician is the children and the fact that we want to have fun with our kids, we want to see those smiles in clinic, we want to see families light up when they talk to each other. I mean, that's such an important part of what, sort of, fees my soul, and feeds all of our soles. And I think anything everything that we can do to sort of see that positive interaction is worthwhile.

 So again, Thresia, thank you so much for being here with us today and we really appreciate you being on the podcase.

Dr. Gambon Well, thank you, Sandy. It's been a pleasure.

Thank you for listing to my conversation today with Dr. Gambon. I hope you were able to also think about the small ways you can change the way you talk to families about health and weight concerns. In addition to using fun tools like Eatable Alphabet, these professional education resources might also be helpful. The Early Feeding Module on healthy snacks; Bright Futures Nutrition, 3rd addition and pocket guide.

The Conversations About Care podcast, episode 5: Cultural Considerations for Obesity Care; The Chop Chop Quick Bites poster, and the Chop Chop Finger Foods poster. Thank you for listening today.

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