

Nutrition4Kids Podcast Transcript:

How parents can help their kids thrive at any size with Jill Castle

Kathleen: [00:00:00] Welcome to the Nutrition for Kids podcast. Our goal is simple. We wanna provide parents with practical, easy to understand nutrition advice that inspires confidence in raising happy, healthy kids. We're here to empower you with science-backed knowledge and real life strategies to help your children thrive.

I'm your host, Kathleen Zelman, a registered dietitian nutritionist. Award-winning journalists and member of the Nutrition for Kids Advisory Board. Today's podcast is about health and happiness at every size, and how we as parents can help kids build healthy habits. Feeding kids can be daunting. It can feel overwhelming even to us professionals.

Many parents struggle with getting their kids to eat a balanced diet. Especially in a world filled with ultra processed foods and kids', natural preference for sweets [00:01:00]. Research has shown us that 59% of parents worry about their kids' unhealthy eating habits, 54% stress over their lack of physical activity, and 40% are concerned about their children's mental health.

If you can relate, you are not alone. The good news is we've got expert guidance. Here to help us navigate the challenges is my friend and colleague Jill Castle, a leading pediatric nutritionist and registered dietitian with over 30 years of experience. She's a graduate of Indiana University, trained at Mass General, and has dedicated her entire career to helping families raise confident, well-nourished kids.

She's also a mom of four, which means she's lived the challenges firsthand. Her latest book of many, which I encourage you to go and get on your shelves, “Kids thrive at every size: how to nourish your big, small, and in-between [00:02:00] child for a lifetime of health and happiness.” She offers a fresh perspective, a holistic perspective on raising healthy kids no matter their size or their stage of growth.

With that whole child approach, Jill firmly believes that feeding kids isn't just about what's on their plate. It's about creating a positive, flexible approach that supports their overall development. She inspires us all to think differently about health and wellbeing in children. So welcome my friend.

So delighted to have you on the Nutrition for Kids podcast.

Jill Castle: Thank you, Kathleen, so much. It's a, it's delightful to be here.

Kathleen: Oh, good. Good. Well, let's jump right in with the, I, I love the title of your book. Thank you. And I love all those truth bombs. Um, you know, they were so inspiring and I think that, um, you know, we live in a world where parents are really struggling with their kids and their kids lack of interest in healthy foods.[00:03:00]

So what is your initial approach? If I came in with a child who, by the growth curve, says they're overweight and they have bad eating habits, bad meaning, you know, they like a handful of things and they're not necessarily the most nutritious; ie, hot dogs. How do you help me get my kids back on track?

Jill Castle: Yeah.

Well, I do have sort of a systematic approach to how I work with families and, and helping them not only just, you know, encourage their children and offer their children more nutritious foods, but also sort of setting up the environment home so that it's more structured and, um, more predictable. I find that children respond really well to having a routine with food.

So the first thing I always do is just really encourage families to build structure around meals and snacks, meaning that they are spacing those meals and snacks out between, uh, two to three hours if you have a young toddler and [00:04:00] preschooler, three to four hours in between, uh, for an older child and teenager, because I know this helps a lot with appetite control.

And one of the things that parents complain a lot about is that their children are constantly hungry and asking for food. So, strategically we can set up meals and snacks, um, from a timing perspective, but we can also then focus on some of the nutrients that we know are more satiating, uh, and include those at meals and snacks so that kids not only we have the timing down right, but we also, um, are

offering things like protein and fiber at meals and snacks so that kids feel full when they're done eating and aren't inclined to ask for more food in between those meals.

So those are the two areas I tend to tackle, um, with nearly every family I work with, because I find that structure is really hard for families in this day and age of [00:05:00] busy-ness and schedules and, uh, work demands and school demands. It's really hard to carry out a structure.

So really helping them nail that first is oftentimes our first step. Um, and then of course, you know, uh, prioritizing protein and fiber, then I tackle fruits and vegetables. Um, we know kids on average are only eating two or three servings a day, and we really do want to see them having closer to five servings of the two food groups, um, every day.

So we really work on getting those worked into those meals and snacks and navigating some of the challenges that go along with eating fruits and vegetables. For example, you know, a lot of kids don't care about vegetables that much. They really don't want to eat them, but I always remind parents that we still have to offer them and still, you know, present them in ways that are appealing and tasty.

So it might be pairing dips for veggies or yogurt or [00:06:00] cheese with fruit, um, and also emphasizing that fruits and vegetables are always a yes. I, I find

Kathleen: mm-hmm.

Jill Castle: I find, I say to my families a lot, I, I, I've never met a child that's going to gain weight on fruits and vegetables, so, if they're coming to you and asking and telling you they're hungry, they can always have fruits and vegetables and, we're adding nutrients and fiber, and we're getting closer to those five servings a day.

Kathleen: Excellent. And do you firmly believe that you shouldn't have anything in the house then that's not filling the healthy needs of a child?

Jill Castle: No, no, no, no. I, I think, um, I think that we want to have those, uh, foods in the house because it neutralizes them a little bit and doesn't put them on a pedestal and make them so enticing to children. But I think the thing with sweets and treats, uh, is that there's too much unpredictability [00:07:00] in children's lives around these foods. They show up, they show up a lot, and then all of a sudden they never show up. And I really encourage families to make them predictable, like

set a regular time if you're offering them every day, or your children are eating them every day anyways, offer them at a regular time each day.

Now, that being said, there are families that don't want their children to eat sweets and treats every day, and I completely respect that. Uh, but I still encourage them to pick their days of the week where sweets are allowed and let their children enjoy them. Don't put too many strings attached to them. Let them completely enjoy them.

Kathleen: Do you feel fine about having the sweets and treats as a dessert once you finish your meal? Or does that set it up to be on that pedestal?

Jill Castle: It can set it up for some children to be on that pedestal, and I think, here's the thing that we have to [00:08:00] remember. Every family has a different history with sweets and treats.

I have families I work with that never let their kids have sweets and treats, and the kids are, you know, acting like they're very fixated on them or. Yeah, lose control when they're around them. So I always want to understand what the relationship with and the history is around sweets and treats before I make my recommendations.

Um, that being said, I really, you know, I like to, and here's how I raised my own kids. We didn't have sweets and treats during the school week because we were eating, quote unquote brain food. Yeah. I didn't pack sweets and treats in the lunchboxes. Um, but on Friday, every Friday we went out for ice cream after school.

When I picked him up from school, it was just, that's what we did. They knew it was predictable. They knew that we were going to the yogurt, frozen yogurt shop or the ice cream store. And, um, it was predictable. They looked forward to it. I didn't police them. I gave [00:09:00] them a budget to stay in. 'cause I had one kid who would load up all the little candies on top of the ice cream.

So I had to put a, a budget on everybody's ice cream. Um, but. And I also, on the weekends, my kids played a lot of sports and I didn't police sweets and treats on the weekends because I You really can't control.

Kathleen: Yeah. And did you have 'em in your house?

Jill Castle: Oh, of course I did.

Kathleen: So not just like go out for ice cream. So, okay, so it was there for them? Yes.

Jill Castle: Yes. And I could take you down to my pantry right now. I have a little section that's all chocolate and candy. And I eat, I eat chocolate every day. Yeah. I mean, I, I don't have, you know, um, I don't have restrictions on sweets and treats. Now, when they were younger and uh, I was raising them, I knew that I was the person in charge of them, and I think that that is something that is valuable for parents to be in charge of, but we have to be careful not to be so tightly controlling of them [00:10:00] because, and then then children just psychologically can feel deprived. Or those foods can be feeling like they're too controlled and kids can really act out and act in opposite ways that we want them to act.

Kathleen: I agree. I grew up with a cousin, well, I had an aunt who was a health nut as she described herself, and so she would have nothing in the house that had any sort of added sugar.

And my cousin, um, just craved it. And so every dime she got, she spent, you know, going to the candy store or sneaking around candy, and it became an obsession and she gained more weight than you could have even imagined because of that total denial, so it, I, I saw how that didn't work.

Well, how about fluids? How about, you know, I mean, I know you talked about I love the routine 'cause I think everybody functions better on a routine. But how about water and fluids in terms of filling that belly [00:11:00] and mm-hmm. And getting to that sense of fullness?

Jill Castle: Yeah. So I generally encourage families to serve either milk or a fortified non-dairy substitute at meal times and water the rest of the day. If children are drinking juice, um, we, we talk about the limits around that, the healthy limits around that, which is, you know, for an older child, no more than a cup a day of 100% juice. More and more kids today though, are drinking beverages that really don't contribute to their nutritional status.

Things like, I don't know, coffee drinks from one of the popular coffee shops. Um, some of them are drinking energy drinks. Uh, some of them drink, uh, sports drinks. Yep. And so we kind of go through all of those and I like to define the role

of those in the everyday diet and figure out how they can work in and making sure and make sure that when they are part of a child's diet, that they're there for a [00:12:00] reason, they have a purpose, um, and they're additive.

Either to pleasure or to nutrition.

Kathleen: So otherwise it is milk or a comparable type of non-dairy beverage that's fortified with calcium, I'm thinking.

Jill Castle: Yep. Calcium, a little bit more protein, um, and water. Yeah. Vitamin D. Yep. And water. Yes.

Kathleen: Good. Well, so, okay. These are all great tips, great advice, but how about how can you help parents feel comfortable about their child who's growing too fast on the growth curve? And you know, they're trying to do this, but yet, you know, the appetite or, you know, the kids just keep eating or they're not into physical activity. What's a parent to do?

Jill Castle: Yeah, it's a great question. I think it's a great question for professionals too. We live in a world where, uh, kids are supposed to be fit and trim and sporty and you know, more and more less kids fit into those categories and there's a lot of pressure on [00:13:00] parents to raise kids like that.

That's why I wrote the book because even as a professional, I struggled with this hyper focus on physical health. And while at the same time watching children get more anxious about food, get depressed about their bodies, and, um, I really found the path to me, what makes a lot of sense after working with families for, I, I'm on my 34th year now, um, habit, having an approach that incorporates habits that, um, you know, eating habits are part of those habits. Uh, feeding kids and being great positive feeders are also part of those habits. Sleep, movement, um, approaching health and, uh, and that's what we're really talking about is optimizing health and preventing health conditions. Um, I, I really believe that the safest way that we can do that is through [00:14:00] habit formation. Lifestyle habit formation. Uh, it is easy to justify all the habits because we have a bounty of research behind each pillar of wellness that tells us how it impacts the child's physical health and their emotional wellbeing. But the reality is there are lots of obstacles and that is the reason why children aren't participating in all these lifestyle habits, like getting enough physical activity, for example.

And so helping families sort of understand the importance of these habits and navigate the obstacles that inevitably they will face, um, so that they can raise kids who develop these habits or they rehabilitate these habits and kids can grow up feeling, um, feeling proud about their bodies, but also being healthy in their bodies.

Kathleen: And that feels good. Well, you're talking about the pillars. I loved the eight pillars of wellness in your [00:15:00] book, and I was particularly taken by family, culture and self-love. So why don't you share with our audience what those eight pillars are of wellness that, um, they can learn a lot more about when they buy your book.

Jill Castle: Yes, yes. So the first pillar is family culture, and, um, honestly, Kathleen, I, you know, the, the two pillars that you mentioned, family culture, and self-love, I cried when I write the, wrote those chapters because when you read the research and you understand how powerful, um, the culture that you're building around your children when it comes to health and food and eating and bodies, it is so powerful.

It affects their self-esteem. It affects their body satisfaction. Uh, it affects their motivation to, to engage in these health habits. And so I spent a lot of time on family culture. Um, the next pillar is sleep. And uh, following that is movement. Then we get into more of the nutrition [00:16:00] pillars like feeding.

That's the interaction between the parent and child, uh, around food, um, eating habits, which, I learned a lot myself. I thought I knew a lot about eating habits. I learned even more during the research around that in terms of appetite traits and um, children's executive functioning skills and how that really informs how they eat.

Um. Pillar six is the food pillar. And I really tried to reframe and just as an aside, that's the hardest pillar to write. I don't know why it's so hard to write about food, but to make it interesting, um, and different, um, but I really tried to sort of downplay the food shaming and the polarization around food and just really focus on the name of the game in childhood is building a nutritious diet and really looking at food through a lens of nutrients. 'cause all kids [00:17:00] need good, good development, right?

Kathleen: Yes, exactly. Exactly. Growth and development and, you know, I think we eat food, be, and we forget that this food is... food's a vehicle to deliver all of these nutrients that provide that growth and development.

Jill Castle: Mm-hmm. Exactly. And then the last two pillars are screens and self-love as you, as you mentioned. Yes.

Kathleen: Yes. And the screens, that's an, you know, an obvious one when I think most parents understand the challenges they deal with screens. The minute a kid gets a cell phone, there's nothing more important in their lives, you know? It pretty much ends right there. But self-love, I mean, there are so many psychological issues of the overweight child who doesn't get picked on the playground or is made fun of. Um. You know, I mean, they, they need to learn, learn how to love themselves, but yet there are mean kids out there.

Are there any, any advice you have on how to bolster up and, and deal effectively with those bullies?

Jill Castle: Yeah, I, I mean I [00:18:00] think bullies are, we've had bullies. I mean, I, there were bullies when I was a kid and of course, and um, I think the screen, the addition of screens really, we have a lot of cyber bullying going on that I don't think a lot of us are even aware of. And when you look at the research on children who carry extra weight. Um, those kids, over 90% of those kids are experiencing some level of stigma, bullying either from their own families, their peers, other adults in their lives, healthcare providers... It's, it's very, um, abundant in their lives. And so I think that part of the motivation for me in writing this was to really open parents' eyes so that they can do everything they can within their own homes and their own families to really help children feel good about themselves, no matter the type of body they're in, but also, [00:19:00] um, create this uh, almost advocacy, awareness of advocacy because there's, it's not just, you know, parents and their children that, that our culture should be worried about. It's, it's all children. And when you look at the data and you see that pretty much any child who's ever carried extra body weight is getting bullied, is getting stigmatized every time they turn around, it's on all of us to really be aware of that and start changing the language that we use about, um, health conditions related to extra weight.

Also changing the way we work as professionals, bringing more sensitivity to, to these kids because at the end of the day, um, you know, how they grow up feeling

about themselves really determines, you know, their impact on the rest of this world as they go out [00:20:00] into the world.

Kathleen: Absolutely. That emotional wellbeing is, is the one of the most important things you can do other than help guide them towards these healthier habits. Um, I'm, Yeah, I know that when parents want their kids to lose weight, so how do you deal with the parents who feel like my child is at a higher risk for developing diabetes or hypertension?

And you know, I know health at every size is a mantra, but yet there are absolutely health concerns associated with carrying too much weight, so, how do you tease that out and manage, help parents manage that very sensitive area?

Jill Castle: Yes. Um, it's a good question. I really try to differentiate body functioning from size.

So I do work with families who are raising kids in larger bodies, and we do look at, You know, how is this body functioning in the world? Is it, [00:21:00] does this body have hypertension or high blood pressure? Does this body have high cholesterol? Is this child experiencing sleep apnea? Do they have gastroesophageal reflux disease?

These are the conditions that go with carrying excess body weight. And, uh, if those conditions exist, we do have approaches. Uh, nutrition or dietary approaches. There are medication approaches that can help these kids. Um, but I'm also careful not to assume a child has a health concern or a body functioning problem just because they're larger.

And, um, so the conversation with parents is really, again, around, you know, there are things we can do to optimize function, right? If your child can't run and keep up with their friends, um, or is out of breath or is waking [00:22:00] all, you know, night, after night, after night. We do know that getting into getting to a healthier place with movement, with nutritional intake, with sleep, these all help the body function better.

And so my take is not, let's go on a diet. Because that has been the traditional take. Healthcare providers see a child in a larger body. They make the assumption they have health concerns and conditions, and we're gonna put 'em on a weight loss diet. I don't take that track. Um, I am more curious...

Kathleen: Because it doesn't work, does it?

Jill Castle: It doesn't work, and it can be stigmatizing to the family and to the child to make those assumptions. And so we do look at lab values. We do look at functional indicators of how this body is doing in real life and, and also looking at things like emotional wellbeing, anxiety, depression, body satisfaction, [00:23:00] like I am looking at all of those things and what I know from the habit angle is we, we can optimize diet and nutrition, we can optimize physical activity, we can optimize sleep, and those are very actionable, positive steps forward, forward for families that they can wrap their hands around. Put your kid on a diet sounds like impossible 'cause nobody really does well with that.

But telling them, okay, let's get the sleep hygiene optimized and, and these are the five things we can do to do that. Let's do that. Let's work on that for the next two weeks. And boom, all of a sudden the kid's sleeping a lot better. Okay, let's now let's work on movement. And, and you know, that can be a big topic to move or to work on because not every kid's motivated to move. We really have to sort of figure out what they like to do, what they want to do.

Kathleen: What's [00:24:00] fun, what exactly what doesn't feel like exercise or a chore, but yet is engaging and, you know, kick 'em off the couch and maybe go outside and play a little. Especially with warm weather coming. I mean, it, it's certainly a time to be more active.

So, I love, I love your approach. I really do because I just, back in the day I was a pediatric dietician. And you saw Yeah. Um, it was my very first career in dietetics. I, um, I saw that putting kids on diets, I mean, it was like the worst thing you could do to them. And then they just felt they craved the foods that they couldn't have because they weren't on their diet, and it just was hard for the whole family.

But I do think that the image. I mean, I see how the shaming of adults has become less and less. I just got back, I was in Paris with my sisters for a celebration trip and I was amazed at the figures in the [00:25:00] windows. That the models, they weren't all little skinny models like we've long associated with, you know, this is what we wanna aspire to.

But they were bigger and they were larger. And it seemed as though, you know, we're moving towards that size acceptance. That with adults. Now, I'm not sure

where we are with children, but, um, it was, it was really nice to see, you know, that clothes are coming in all kinds of sizes, not just, you know, zero to two to four.

Jill Castle: Mm-hmm. Mm-hmm. Yeah. And I think we, we have a ways to go with children because... Uh, I think, I think that, you know, there's so much, um, potential and impact that you can make with families and children, but we don't have the resources, uh, to tackle it. So a, a lot of children still are flying under the radar.

Families are not getting nutrition education at an early stage. [00:26:00] Um, oftentimes kids are well down the road with some of these habits that are not health supporting before they, you know, they get quote, unquote caught and addressed. And, uh, we really need to be much more proactive, I think, in terms of prevention, this kind of education, lifestyle behaviors, uh, good nutrition, feeding interactions, all of this.

I mean, I wish parents were front loaded with all this information and had resources early on. Um, so from a childhood pediatric perspective, we're still behind the eight ball, I think. Um. There's lots of room for improvement.

Kathleen: Jill, why is childhood the best time to help kids develop those lifelong healthy habits?

Why? Why as parents do we need to really focus on early on to, you know, get it right?

Jill Castle: Yeah. Well, the younger the child, the more willing they are to do exactly what you [00:27:00] show them to do. Uh, your leadership by example is very impactful for young children. So if children grow up having a regular bedtime and a regular wake time every day, it's not a, it's a habit that they've adopted early on, and it's the norm for their lives. Same with physical activity. Same with healthy, you know, healthy, balanced meals. Um, same, same with positive body talk and being neutral about bodies. When children learn this at the ages of 3, 4, 5, 6, 7, 8, 9, 10, they, this is their norm. They don't, you know, it's just their norm and it's so much easier when they learn it early on, versus being 15 or 16 and having to adopt the habit of moving your body or adopt a new habit of going to bed at a reasonable hour and getting up at a reasonable hour. It's much harder later.

Kathleen: Absolutely. And, and moms, you know, like I hear so many moms saying, oh, I'm so fat. Or [00:28:00] they talk about their own bodies and these children that are around them are sponges. They're hearing that. And they're looking at their own bodies and they're forming opinions because they heard their mom say it. So parents, the role modeling is so critical. You mentioned earlier medications.

Now, I'm not sure what medications you were referring to, but is there a role for weight loss medications for kids?

Jill Castle: That's an interesting question and a tough one to answer. Um, here's, here's sort of the approach that, um, I use in talking with my families because they ask me this question. Um. No matter the decision, so, so weight loss medications, GLP1, medications for children are out there.

Kathleen: Those are the ozempic, yeah.

Jill Castle: Yep. The Wegovies, uh, they're out there. They are being used, um, in children who have significant metabolic dysfunction. [00:29:00] So, significantly, you know, pre-diabetes, for example. That being said, that is a decision that's a very personal decision between families and their medical team. When that decision is made, the medical team will ask a family to participate in what they call intensive health behavior and lifestyle treatment. That are, that is the health habits and the nutrition optimization, physical movement, optimizing sleep. That is everything.

Kathleen: Eight pillars.

Jill Castle: Uh, eight pillars of wellness is everything in my book because we still don't know long-term effects of these medications on growing bodies. And ideally, we don't want kids to be on these medications for their life. We want them to, you know, learn health behaviors and learn how to eat well and move their bodies and get to a [00:30:00] healthy place where their body is functioning optimally without these medications.

And so it's really interesting. I had, um, Dr. Bob Dubin on my podcast and he is a body composition specialist, and we talked about this whole idea of, you know, do you see GLP1 medications being sort of a temporary, um, having a temporary role for children because their bodies change so much during childhood.

There there's a lot of growth and a lot of, um, forgiveness. When you get those habits in the right place, you can really turn your health around. Um, and he said, you know, I, he said it's such a, it's so unknown right now with those medications in children. So my answer is always, this is a conversation with your healthcare provider.

My job is to help you with these lifestyle behaviors, and that's the role that I see for [00:31:00] myself when I work with families. And it's to motivate them, keep them motivated, keep them accountable to all these lifestyle behaviors that we know from the evidence they are effective at building physical health and emotional wellbeing in children.

Kathleen: They work. And I'm glad to hear that when and if children are put on these medications, that there is an intensive lifestyle piece of it, because adults who are going on these drugs, um, they can become malnourished because their appetites are, what mostly happens is they lose their appetites, they don't eat as much, and they start losing weight and they love it and, but yet they can be wasting away. So it really requires a vigilance, you know, if you're on these medications, it's not just a panacea to weight loss and happily ever after. It really requires still attention to eating healthfully.

Jill Castle: Mm-hmm. Yes.

Kathleen: So, Jill, we're at the end of our time. I [00:32:00] just love your perspective that Healthy doesn't have a size.

I love your eight pillars and it's so empowering for parents, so, parents who are frustrated, just having tools, having these guidelines, thinking about that, the routines and the structure and the timing and, and the nutrients and, and helping your kids grow. Uh, it's so powerful. So I'll give you the last word if you'd like to add anything or, or inspire anyone.

Um, and I also wanna send everyone to your website, "The Nourished Child," where you get the, she has all kinds of great articles and resources and links to her podcast and all her other books. So parents have additional information, as do we on Nutrition4Kids. But I give you the last word.

Jill Castle: What I would say to any parent out there listening is that, um, you have a lot of power and a lot of influence, and there are resources out there to

support you and your family, uh, in building [00:33:00] healthy bodies that are also happy bodies. Uh, you don't have to succumb to the social pressures that state your child needs to look a certain way or that state that, you know, uh, you don't have to do anything.

There's no, you know, this do some, do everything versus do nothing. There's a middle ground and there's a, a positive, nurturing way to go about this whereby you protect your child's emotional wellbeing, but you help their physical health.

Kathleen: Outstanding. Absolutely fabulous advice. No wonder you're so successful and sought after in all capacities. I loved having you on the podcast today. Thank you so much for your time,.

Jill Castle: Kathleen, thank you. I enjoyed it.