



Eat Your Greens with Dr. Black | plant-based nutrition for the whole family

Eat Your Greens Inaugural Episode

Welcome to the very first episode of the Eat Your Greens with Dr. Black podcast. This podcast is for you if you are interested in learning strategies for healthy eating, particularly if you want to learn more about how the power of a plant-based diet can affect your health and the health of your family.

If you're a parent who's worried about How your kids are eating, how to feed them, how to navigate picky eating and how to ensure that they live the healthiest life possible. You've come to the right place. Also, if you have diabetes or heart disease, or if those diseases run in the family and you want to know how to prevent them.

This is the podcast for you today, I'll introduce, eat your greens with Dr. Black, and I'm going to give you a little background information about me and why I'm so passionate about helping families develop healthy lifestyle habits. I'll tell you about why I became a pediatrician, and I'm going to share some experiences that motivated me to come up with innovative ways to help my patients.

You'll get to hear from two of my colleagues, Dr. Michelle Miller and Dr. Nikki Hartman. They're going to talk about things like their favorite foods. They will share some advice that they give regularly in the office on child nutrition and Feeding kids and they'll help me discuss a little bit of the concerning trends that we're seeing these days in pediatric health.

I'm excited to launch this podcast series and Dive into all of the different ways that a plant-based diet and other healthy Lifestyle habits can really have such a huge impact on your quality of life, your overall health, how long you live and how much you enjoy those years of living with excellent health.

So, let's get started.

All right, so let me just introduce this baby of mine here, the Eat Your Greens with Dr. Black podcast. I've been working on it for a while. It's been in my brain as something that I've wanted to do for quite a while, and I've, I finally managed to put it into motion. I have spent hours researching, reading, and learning about ways that I can help a greater audience.

Learn about the importance of nutrition and healthy lifestyle habits. Eat Your Greens with Dr. Black will focus on promoting these healthy lifestyle habits for families with kids of all ages. My goal here is to give your kids the best chance possible for a long life, free of the chronic diseases that plague our society.

My motivation for creating this podcast is rooted in the reason I became a pediatrician in the first place. So let me tell you a little story about when I was a third-year medical



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student. The third year of medical school is your first year in the hospital, seeing patients, learning about how to Actually care for patients and you go through different rotations in the various specialties, right?

So, I was on the internal medicine rotation. I at the time I thought maybe I wanted to be a doctor who works with adults, maybe a cardiologist or something like that. So, I was very interested in this internal medicine rotation. And what I discovered was. That much of what I was seeing, much of the, the diseases and the problems that the patients were having were related to unhealthy habits.

Maybe they smoked or they drank too much, maybe they didn't exercise regularly, they ate an unhealthy diet with lots of fat and junk food, and all these things were causing the health issues that they were coming to the doctor for. And I really felt. A sense of powerlessness to help these patients. I felt like, you know, here's a 60, 70-year-old.

They are set in their ways. I knew how hard it was even for me personally to change my habits. I knew that trying to eat healthy, especially as a medical student, I didn't have a lot of time I was eating in the hospital cafeteria a lot, which. Honestly, it was not that healthy. So how hard is it for me to change my own habits?

And why do I think that I'm going to be able to change the habits of somebody much older than me? Of course, I was in my twenties at the time. So, I thought. You know, 60 was ancient. And how, how am I going to have any power to affect the health of my patients? And I really didn't like that feeling. I wanted to do something where I had the potential to really make a difference in the health of my patients.

So, a few months later, I found myself on. My pediatric rotation and lo and behold, there it was, I had parents who were genuinely interested in learning more about what they could do. They have this young baby, this young child and doctor, how can I feed my child or what can I do to help them live a healthy, a long, healthy life?

They're just starting out and we want to give them the best chance possible. So, in pediatrics, I've just, I really felt like I had that opportunity to make a difference. Now, fast forward over 20 years to today. Yikes. I don't even like saying that, but it's true. I have been practicing pediatrics since about the year 2000, the turn of the century.

So here I am 20 plus years later, and I have come to see that what I've been doing all this time has not been as effective as I'd hoped. You know, it turns out that just telling parents and kids in the office that they need to eat more veggies at their well check has very little impact. So, I've encountered growing numbers in the, in these two decades, I have encountered growing numbers of kids who have high cholesterol.

high triglyceride levels, even high blood pressure, they might be at risk of or have actually developed type 2 diabetes. So, when I started training, we still called type 2



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diabetes, adult-onset diabetes. It only occurred in adults. Well, guess what? Now I may diagnose kids as young as 10 with quote unquote adult onset.

diabetes. This is what has changed over these two decades that I've been practicing pediatrics. So, one of these patients, and we're going to call him Javier because, you know, HIPAA and privacy. So, Javier was a patient of mine, and he had the typical, uh, Late childhood, early adolescent diet, right? It was all chicken nuggets and pizza and takis, fast food, processed food.

Um, I think, you know, he may have done P. E. or pre athletics. He wasn't completely sedentary. But he was definitely overweight, and his cholesterol was high. And one day he came in to see me feeling really bad. I checked his blood sugar, and it was over 400. He had diabetes. I admitted him to the hospital. I referred him to the endocrinologist.

He was put on metformin and insulin. I mean, he had full blown diabetes. I think he was maybe 13 or 14 at the time. So, he goes off to follow with the specialist, and I didn't really see him that much for a while. And a year or two later, Javier comes back to see me for his routine checkup, and I walked into the office.

I didn't even recognize him. Honestly, it took me a minute to figure out who this patient was. He had turned his life around. He'd started working out more. He was eating healthier. He got off his insulin. I mean, here's what he was this overweight. ill appearing, unhappy kid two years ago to this, like, vibrant, muscular dude that I didn't even recognize.

And I was so shocked when I figured out who it was that I almost started crying. I mean, Javier legit thought his doctor was crazy because I just kind of broke down. I was like, you, you don't understand how rare this is. What, how, Amazing it is that you were able to do this because honestly, it never happens.

I never see it. I never see kids change things like this. And, and it really motivated me. Like, what did he do? How did he manage to do it? And if he could do it. Why can't other people do it? And how can I motivate my other patients who are in similar situations to make those changes? Because I could see with Javier that it's possible to change your life and change your health.

So, I began to think, what can I do? I want to develop a program that moves me from the sick care model that I had been practicing to health care. I want to focus on promoting these healthy lifestyle habits at all ages. So, I'm returning to my original vision of making a real difference in my patient's health from infancy all the way to early adulthood.

That's why I'm so excited to bring Eat Your Greens with Dr. Black to life. Together. We're going to explore a variety of topics like the health benefits of a plant based diet,



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healthy eating on a budget, how to manage a busy schedule, we're going to learn a little bit more about what is a plant based diet, what is the standard American diet, what are processed foods, all of these questions that I just I don't have enough time to really delve into in the office, and I really want to be able to communicate better.

There are so many important things to talk about when it comes to the complex and often confusing world of feeding our kids and feeding ourselves. So, my driving motivation is to help you and your family establish healthy lifestyle habits and raise kids who genuinely want to eat delicious. Healthy plant-based foods.

Please be aware that this podcast provides general health information about nutrition and feeding of infants and children, and is meant for educational purposes only. It's not intended to replace the important relationship between a parent, child, and pediatrician. If you have concerns about your child's nutrition, health, or growth, please consult your doctor.

Now that you know more about me and how I ended up at the end of a microphone creating a podcast, let me introduce you to two of my colleagues. First off, you get to sit in on a conversation I had with Dr. Nikki Hartman, who's going to share some gems specifically for busy parents with picky eaters. Also, some great tips for breastfeeding moms.

Next, you'll hear all about Dr. Miller's experiences growing up with food insecurity. She also shares what it's like to have a vegetarian in a family of meat eaters. And how she helps her patients who are struggling with their weight and other related issues. So, let's get on with it.

So, I'm sitting down with my colleague, Dr. Nikki Hartman today to have a conversation about the practice of pediatrics and feeding children and her experiences. So, I'm really grateful that you're here today to talk to me. Thank you very much for taking time out of your busy schedule because I know it's busy and your family's waiting for you to come home.

So, thanks a lot for coming and talking to me. It's my pleasure. Thank you very much. So, let's just start. Tell me a little bit about yourself. Tell me about your training and how you ended up in pediatrics. Well, I like to describe myself as a, um, full bred Texan. And so, Texas born, raised, and educated. And so, I grew up in a small town, um, just west of San Antonio and, um, ended up there.

going to undergrad at Texas Tech University and then did my medical training, including both medical school and residency at Baylor College of Medicine in Houston. I spent quite a bit of time, um, with my residency training at Texas Children's Hospital, which was a fantastic experience. And, um, and I ended up staying on there for a chief



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resident year, um, and then worked in a patient centered medical home for a year after that as well before I moved here to San Marcos where I now work with you.

Great. So, you did your training there in Houston and you've been practicing now since about 2012 when you graduated. Why pediatrics? I have always gravitated towards working with children, and so, um, I was a daycare kid, so I spent a lot of time in daycare. I was one of the first kids dropped off in the morning and the last kid to be picked up, um, because my parents had a very long commute to work.

Um, consequently I ended up working in daycare for a little bit when I was in, in high school and did a lot of babysitting. Um, I've always also been interested in medicine. My parents both worked in EMS. And so, my father was a paramedic, mom, um, was an EMT, and so I, I grew up kind of around that medical environment as well.

And so, it seemed like the perfect melding, um, of my interests and my upbringing, um, to go into pediatrics. It was just a natural fit. So, tell me a little bit about, you said you grew up in a small town and, you know, specifically tell me about, with two busy parents working, uh, what were meals like in your house?

What sorts of foods did you eat? And, and tell me a little more. So, I, I like to say my parents are my biggest heroes. And I really mean that I do not know how they made all of the magic happen all of the time, but they really did. Um, so their commute to work was 45 minutes to an hour each direction. And yet somehow, we always had a full sit-down meal all together, um, every night for dinner after work, um, breakfast were a little bit more touch and go, and so it might've been something as simple as oatmeal or, or cinnamon toast, which was basically cheap white bread with butter, cinnamon, and sugar on it, um, staple of my childhood.

Right, yum. So that's pretty good. Right. But, um, but dinners, you know, did generally did pretty well. Um, my parents always had their quick go to meals or what my mom would call a throw down meal, um, which might be a one skillet thing with some sort of protein, usually ground beef, um, maybe pasta or rice and like a gravy or cheese mixture or something like that.

And then we always had a vegetable on the plate. That being said, you know, we had a deep fryer at home. And so, dad would bust out the deep fryer usually several times a month, you know, on the weekend. Um, and I kind of joke that a lot of what we ate growing up either had butter cheese or gravy on it. Did you do the bacon grease?

Oh yeah. We completely grew up doing that. Yeah, absolutely. Yes. What were your favorite foods growing up? I like to tout myself as being, um, one of the least pickiest people that I know. I will eat literally anything that you ask me to try, um, at least once. Um, I may not love it, but I will eat it. Um, but yeah, that's a difficult question.



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So, you weren't picky at all. No. Do you think that's a generational thing? I remember my mother commenting, my sister and I, neither one of us were really picky growing up and my children, well, my oldest especially, super picky. Wouldn't, you know, eat We had to have chicken nuggets in the microwave for her with all this great food on the table.

So, it just makes me wonder, like, do you think something has changed? Do you think picky eating is more common or is that just me, like a bias? No, I do think it is more common, and my hunch is that it is related to advertising being one of the issues, and so as a child of the 80s and 90s, advertising was king.

And so, I remember all the commercials for the junk food, like Gushers and Capri Suns and Kool Aid. I think that was the heyday of all of that. Um, that being said, I have a sister, she's five years younger than me, and she was definitely a much pickier eater, um, from the get-go, um, and so on vegetables, everything.

Um, my parents like to tell stories about me asking actively to go to a restaurant to eat at a salad bar when I was a toddler, and I would eat. You know, spicy foods, everything. Yeah, all the things. I ate escargot as a kid. All right. We would go to these fancy restaurants and, uh, yeah, I would, I would eat snails as a kid.

And now I have kids who won't eat carrots as patients. Although. My, my own daughter was that kid. That's really who I'm talking about. She was horrible, uh, growing up. So, it took a, it took a lot of years of me trying to overcome that. Well, and is she a less picky eater now? Yes, yes. She's 23 now. I always tell the story to my, my parents of picky eaters to sort of give them hope that, you know, she and I battled for 13 years.

She wouldn't touch anything. I had to ban ramen from the house because given her choice, that's the only thing she would have eaten. And 13 years. So finally, as a teenager, she started accepting new things. And then by high school, she had a period where she would not set foot in a fast-food restaurant.

She went vegetarian with me and, uh, ate very healthy. Now she's in college and I think she's back to eating ramen all the time, but hey, you know. It's a rite of passage. I don't, you know, I don't buy her groceries anymore, so what am I going to do? So yeah, if I could get her to eat her vegetables, anybody can do it.

There is hope. You know, on that note, my husband always says that he was a very picky eater. You know, evidently, he loved hot dogs and Cocoa Puffs, and you get the idea. But he said what changed for him was going into the Marines, so Marine boot camp. And he said, you know, if you are hungry, you will eat. And after that, he has not been a picky eater.



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Tell me, so in your pediatric practice, just changing subjects here a little bit, what, what are some concerns that you find from families when it comes to trying to feed kids healthy meals? And, you know, what are your tips? I think I get a lot of questions about how to manage picky eating in general, like we already alluded to earlier in the conversation.

Um, and I think my biggest tip to people is to be persistent. And I've seen this. Personally, with my own children, so I have a now four-year-old and an almost two-year-old, and they love to make a liar out of me. And so, um, you know, what I mean by that is, is that I will put something on their plate ten times, they might refuse it, and then the eleventh time, that's all they want to eat.

And so, I think sometimes people get discouraged when their child turns down, you know, the vegetable or the protein, you know, of whatever sort, um, multiple times, and so they stop. And I think, you know, to me, that's the number one thing I recommend is just to be persistent. Be persistent. Yeah, don't assume it's permanent.

I have families tell me that, oh, you know, he doesn't like that. It's like, well, don't assume it's permanent. Things change. Oh, yeah. Keep offering it and you might be surprised. Yes. And that's, and that's something, you know, in my own life I've seen too, you know, there are a lot of foods that weren't my favorite growing up, you know, I would eat them reluctantly and now they're some of my favorite things in the world, like olives and anchovies and, and, you know, some of the stuff that people typically turn their nose up at.

Mature flavors, right? Yes. Strong flavors. Yes. And I, and, and that's a good point. You know, I, I tell people there is science that shows that your taste buds change, right? Children have many more taste buds and are a lot more sensitive to those strong flavors. And so, you know, over time, a few years later, something that was too, you know, pungent for them, that might be something that they like later on.

Um, but I, I always like to encourage people to try putting things out in different preparations as well. So just because their child doesn't like boiled broccoli, maybe try it roasted. Roasting is one of my favorite tricks for vegetables. I agree. Yes. It just brings out a magic in them that you just...

Won't find otherwise. I think brussels sprouts are the number one example of that. You know, mushy, boiled, frozen. Brussels sprouts? Terrible. Roast them with a little balsamic vinegar? Amazing. So different. I agree. And so, I think thinking outside of the box and, you know, on the note of being a busy parent, roasting is so quick.

Most of these vegetables you could roast in 10 to 20 minutes. You just, you know, throw it in a bowl with some olive oil, salt, pepper, roast, and you're done. And so, um, yeah, that's one of my favorite tricks to recommend. Do you just do it in your oven, or do you



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have one of those? So, I do have an air fryer, and we use that, that's um, yeah, but it's essentially the same as our oven.

Now, our oven does technically do both the regular function and convection roasting. I still haven't quite figured out how to master that difference. That's on the agenda for the future, but most things we do in the oven. I have a toaster oven. That's my number one best kitchen appliance that I love. I use it more than my big oven.

But of course, my kids are grown now, so I'm not making meals for a huge family. Um, so, especially if it's just me or me and Sarah, I, you know, the toaster oven is... big enough. So, I love my toaster oven. I don't own an air fryer. I'm a kitchen minimalist. Well, yeah, and that's one thing. We've been gifted a lot of kitchen items, some of which we use more than others.

But the air fryer has actually grown on me. Um, even, you know, comparing the convection roasting option on our oven to the air fryer, because it's a smaller volume, it does actually cook things slightly faster, which gives it an edge on those. busy weeknights when we have 20 minutes to get food on the table.

And so there are times that, that I'll opt for that. Um, but lately I try to minimize the amount of dishes that I need to wash. And so again, using foil on a baking sheet, throw it in the, in the trash can afterwards. It doesn't get easier than that. Your kids aren't old enough for. manual labor yet? No, well, so they do try to help unloading the dishwasher, but that help is a variable efficacy help with quotes around it.

Quote help. Yeah. So, you know, on that note, you're talking about tips that you use to make. getting a healthy meal on the table after a busy day at work more effective for your family because you work long hours, and you have a bit of a commute to from the office. So, what, you know, how do you do it? That's a great question.

Some days it works out better than others. Um, I will So, um, I'll say, you know, on workdays, I'm usually sliding in sideways into the parking lot at daycare right before 6 p. m. to pick up my girls. And then it's a miracle if we're home before 6. 20. And so we have very little time, you know, to get things done.

Um, my husband and I, um, we try to be planners. Sometimes it works out better than others, but typically we're good about cooking one big meal on a Sunday, usually where we have leftovers. And so, we are huge leftover fans. And so that's something I recommend to people is not being afraid to do leftovers. I know meal planning is a big Push right now with people we are not those people we do not chop up all of our vegetables and things in advance meal prep.

No, not in that sense, but we will make say like a large roast or some sort of casserole and then have options ready for, you know, a quick fresh vegetable or, you know,



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options for fruit on the side, especially for the girls. Um, and so we do that. Um, my husband, he does, um, cook as well, but his meals are, um, more utilitarian, you might say, and so he's more of a, an easy protein guy, so he'll put something on the grill and then, um, you know, a quick vegetable or maybe a bean or something like that.

Um, and, and one other starchy side, like potato salad, so, um, his meals aren't quite as involved, but they actually end up being reasonably healthy and, and very quick to get to get on the table. I do have a number of recipes in my back pocket that are my on the table in 30 minutes or less list. Yeah.

What's your number one? What do you, what do you do? Like, what's your, uh, my husband's family actually has a recipe that they got. So, both of his parents are from New York. Um, his father grew up in Brooklyn and they live next to a first-generation immigrant family from. Italy. And they got a spaghetti sauce recipe from that family, and it's been passed down to us.

And so, we will periodically make a huge vat, I would say, of the spaghetti sauce. Because you have to, right? I mean, it doesn't work in small portions. It does not. It does not. And so it is, um, it's insanely large, but, um, we will, we'll make that up and then we'll actually freeze portions of it into Ziploc bags.

And so, it's a grab and go. You thaw it out and basically you can have dinner on the table within the amount of time it takes to boil water and cook your pasta. And so, we'll do that with a salad. We are big salad people, um, or, you know, a vegetable. So, for my girls right now, peas are all the rage. And so, peas are the go-to if there's nothing else that we can get them to eat, they will eat peas.

Tell me, do you have any, like, a funny story from a patient, uh, from, you know, I mean, kids are so fun. Do you have a funny story? Do you have an anecdote? This is not a specific patient anecdote, but in general when patients, um, sometimes, um, minimize the amount of junk foods and things that they're consuming and tell me that their favorite snacks, for instance, are, you know, fruits and vegetables or, you know, healthy things, and I look at them on exam and say, See bright fluorescent orange fingertips and see that, you know, hot Cheeto or talky sign.

Um, I always like to, to, to point that out, but that, that typically, um, gets the conversation going as well. That gives me a chuckle to see that, that sign. That brings back a memory for me of. My internship in San Antonio, I did my internship down in San Antonio, and at the time, there was, uh, the clinic that we did our rotation, our, our primary care rotation, was this big building, and the waiting room was actually downstairs in the lobby, and they might be there for a couple hours, and there were vending machines.



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And the parents would bring their kids in, you know, for some stomach virus and, oh, they've been throwing up all night and they can't eat or drink anything. They can't keep anything down. And you look and they have orange fingers and a red mouth. And it was the Cheeto and big red sign. And you just look, take one look at them, what they've been eating in the waiting room, and you're just.

They're fine. I think they're going to be fine. I think they're over it. If they can keep that down, they're good to go. No worries. Uh, my favorite answer, because I ask the same question at my checkups, what is your favorite, you know, vegetable? My favorite answer ever. Oreos. It was the best day of my life. I did not know Oreos were a vegetable.

They are vegan. They are vegan, right? The best news ever. Yes, my favorite vegetable is also now Oreos. To be sure. That is fantastic. Forever. Yes. The kids are great. They are. They make me smile every day, and that's how I know I'm in the right career. Exactly. Yeah. It's a joy. It truly is. So just a couple more things.

You know, they're a joy, but they're a challenge, especially raising them. Raising children, you know, it's great in the office, but then we get to send them home. But you go home every night to toddlers, and you're still... Nursing? No. No. And so recently weaned. Yeah, I recently weaned. And so, I made it to about 21, 22 months with my youngest.

And that's about the amount of time I did with my first. And how as a, I mean, you can't do that at work with our job because we are, you know, talking to people in rooms with people. So, what are your tips for moms who are trying to breastfeed and juggle their careers? That's a great question. You know, it's very challenging.

And one thing I can say is I do think that American society in general is becoming a little bit more supportive of breastfeeding. And, um, and as you know, the American Academy of Pediatrics recently adjusted their official statement on breastfeeding to actively promote it through H2, um, which is a great step in the right direction.

Um, my biggest thing is I like to just provide some support to moms who are breastfeeding, and so I encourage them, I congratulate them, you know, when they make it to a year of breastfeeding. That being said, I also give them grace on things and let them know, hey, it's okay if this doesn't work for you, if it's too stressful, if it's too many things, it's okay to step back.

Um, I did pump for both of my girls and I'm thankful that we work, um, in a business that is very supportive of breastfeeding mothers and no questions asked, provides accommodations. for pumping. Um, but I know not every job does. And so, um, I typically will ask moms how things are going before they even get to the two-month checkup.



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If they're looking at, you know, a more brief maternity leave, I ask what their plan is and if they think their employer will be supportive of pumping or not. If they're not sure, I offer to write them a letter, you know, of medical necessity of support, essentially, to indicate how important it is. Right. Oh, that's good.

And so, and that's something that I never thought of doing before I became a mom myself. Um, but I think there's, there's several things about becoming a parent that made me a much better pediatrician, but the lactation support component I think is, is a big one. Um, but I, I try to take. You know, again, an approach of being supportive but not militantly, you know, breast is best because I think that does some real harm to, to moms psychologically if they feel.

Right. I mean, it is best, and we support them, but we never guilt. or shame moms who can't, either can't or don't want to, it's a personal choice, right? It is. Um, so we support it and encourage it, yeah. I also tell moms, you know, it's one of the things, one of many things, it's not an all or none thing, right?

Any breast milk that the baby gets, they're getting the benefit, and if you have to, Do a combination of breast milk and formula. Fine. Absolutely. And I think, you know, people focus on that exclusive breastfeeding, and I like inclusive breastfeeding. Right. And I'll admit, you know, with my, my first daughter, I was very militant about wanting to be, you know, a breastfeeding only mom.

And that's what we did. You know, but it. It was stressful. I was counting out the last little drops, milliliters of breast milk trying to get the bottle size as appropriate and doing battle with the woman who was taking care of her because she wanted to give her larger volumes and I didn't have more, and it was It was stressful.

With my second, um, I ended up supplementing with formula probably about nine or ten months in and it was a much easier experience all around and, and she's still wonderfully healthy and developing beautifully and, and again, I think it was just a self-imposed limit and stressor that didn't need to be there and a learning experience for me too.

I do remember one mom that I talked to about breastfeeding and, and career. And, you know, she said, well, I'm going to have to formula feed because there's no way with my career that I can breastfeed. And I said, oh, what do you do? She was an exotic dancer. Oh my. I was like, Hmm. Okay. I, yes, I can see that that would be incompatible.

I mean, there might be a market for it. Can you imagine in the middle of your show suddenly letting down and like dripping everywhere, right? I. I. I. You know, again, I, I surmise there will be a market for it. You're right. There's somebody out there who would be into that, but yeah, I was like, Oh, okay. Yeah.



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Formula. It is for you. Good plan. You never know what you're going to get when you go into that room, right? The exam room. So as a closing question, I like to ask, do you have a motto? So yes, this actually comes from my mother, and so growing up, she always told me to do the right thing, and that is a motto that has just rung in the back of my head throughout my life, and so I find that that motto really Um, comes in handy for me at times when, when things are hard, um, and I think generally doing the right thing is, is not always the easier path and hearing my mom's voice saying that in the back of my head really helps me to, to do the right thing, um, and, and I'm never sorry for, for following that advice.

Thank you so much for joining me tonight, Dr. Hartman. I really appreciate it. It's been a pleasure speaking with you and I look forward to seeing you in the office. Likewise. Thank you very much. This was, this was very fun.

So, I'm really happy to welcome Dr. Michelle Miller to the episode. Thanks for joining me today. Thank you so much for having me. It's really, truly an honor. Dr. Miller is a wonderful pediatrician. She's a lovely person and also a very good friend. You're so kind. So, tell me a little bit about yourself. So, I did my medical school training at Baylor College of Medicine in Houston, Texas.

And then my pediatric residency training was at, uh, the University of North Carolina in Chapel Hill. How long have you been with Corridor? I am on my 18th year now. Tell me a little bit about why you chose pediatrics. You know, there's something about the, um, hope and the optimism associated with someone who is just starting out in their life.

There's so much potential. There's so much innocence. They say funny things. Um, and I think they keep me young, so there's an added benefit to that. You've done some international travel, right? I have. Tell me a little bit about that. Well, let's see. I spent a semester in France, uh, when I was in college, high school to college, and then I spent a couple of years in Costa Rica.

That sounds really amazing. What were you doing in Costa Rica? I was supposed to be there for two weeks so that I could do an immersive course in Spanish. At the time, I spoke French and Latin. But I figured since I was going to attend medical school in Houston, it would be helpful if I could communicate with my patients who spoke Spanish.

So, I went for a two-week immersive course, fell in love with the country, and decided to stay for two years instead. Wow, that takes courage. I think I knew that, um, there was a part of that, of my journey that needed to take place in a, in a different place, um, in a culture that was completely different from my own, um, where I could kind of redefine, uh, who I was.



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Or I guess find out who I was, and a lot of those principles have stuck. What a great story. Tell me a little bit about your childhood, about your background. So, I grew up in Detroit, Michigan, right in the middle of the city. I grew up with a single mom and my brother. What were your favorite subjects in school?

I would say, uh, reading. Anything related to, uh, liberal arts was my favorite. Very much so over math. Although science was, was pretty neat. What kind of food did you grow up eating? Well, so it really depended on, you know, what stage we were in. So, we had some food insecurity issues. Growing up, my mother worked several jobs and also was going to school.

It was important to her to provide us with some opportunities that were probably outside of our budget. And so, as a result, sometimes, um, there were days where we had to get really creative with our nutrition. So, my mother was a health educator at a high school where she taught. And so, she had a great understanding of what ideal nutrition might look like for us.

And so, she would try to provide that to the best of her ability, but, uh, sometimes, as we found out, it was a lot more expensive to try to eat fresh fruits and vegetables. Um, and also at the time, you know, the kind of assistance programs that were available did not provide. fresh fruits and vegetables. So, she did the best she could.

And I think she did a pretty great job at it. Um, in terms of just fostering a positive attitude in us about when we had access to things, but we couldn't be picky. So, we loved hot dogs, for example. So, she would say, all right, go ahead and finish your hot dog. And if you eat all of it, you can have Brussels sprouts.

Yay. Did you fall for it? Absolutely fell for it. We loved Brussels sprouts to this day, and we'd fight over the Brussels sprouts or the green beans or, you know, whatever was on sale, uh, and whatever we could get our hands on. So, it was very important to her that we did not eat a lot of sugary foods. You know, uh, I think our choices for cereal included Raisin Bran and Grape Nuts.

Oh, wow. Hardcore. I, I love healthy cereal and even I won't eat grape nuts. Grape nuts was a rough one and it wasn't eat one of those two or don't eat breakfast. You had to eat breakfast because she felt that was important. You had to pick one and you had to eat it. So, you mentioned, you know, that you grew up with some food insecurity and I know here in our community, we definitely see patients in our practice who struggle with that.

And I wonder. what sort of, um, experience you see and, and what advice you give them. For example, something that I've even noted just around San Antonio is the availability of fresh produce in one grocery store versus another of the same grocery store but in a different neighborhood. So, in some of the more upscale neighborhoods,



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you'll go into a grocery store, and you'll see Just wonderful rainbows of every fruit or vegetable imaginable.

You don't have to search very long to find one that's acceptable to you. You can fill up your plastic bag of produce without working too hard. You don't have to scrutinize the quality of the fruits and vegetables because pretty much whatever you put your hand on, although it may blemish, it's going to be good.

And then you can travel 15 minutes down the road to an area that's That has less wealth go into the same grocery store and struggle to find acceptable produce. And then you look even at, um, other items and there's a good chance that if you check the expiration date, it has already expired or will be expiring shortly.

And the prices are the same. So, if you have a family. on a budget who is trying to make good nutritional decisions. It's a lot harder to do that in the grocery store that is in the, the neighborhood without as much wealth. And why should they devote that portion of their wealth to that? If the quality is subpar, you know, because who wants to eat it?

Even if you can spend the time and money to find. If you're going to buy barely adequate quality food, it's not going to last long enough for it to make a difference in your home. And so, it's going to be cheaper, faster, easier to go to a fast-food restaurant and buy something that at least tastes good and feels good in that moment.

Although it may not offer nearly the nutritional value for those patients. And I have, you know, when I give my kind of my anticipatory guidance to patients in that situation, we talk about some alternatives where they can still achieve nutrition without always going to fast food. One option is buying frozen vegetables.

It's not the same as fresh, but they sure last longer, and they are pretty close to nutritional value. Sometimes better because they are packaged when they're at the peak of ripeness, you know, because they don't have to be transported first. They can be packaged right there. They could be frozen or canned pretty close to where they were harvested and not transported hundreds of miles first.

So sometimes it's the better option. And, and families tend to be very open to that. Interestingly though, and this will be in a later episode, I actually will talk about how to budget, how to try to buy healthy foods and when you have a tighter budget. And a report was just published, um, they did a study and they published it in one of the, it was one of the JAMA, the Journal of the American Medical Association offshoots.

There's like 50 different JAMAs now, I guess. So, one of the offshoots published that when they surveyed or they've tallied up costs, a low-fat vegan diet actually costs up to 16 percent less per year. than a conventional Western standard American diet, which was really surprising. But it definitely takes some finesse and to know how to do it.



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And I think one of the things that gets people is the protein. So, the meat, especially now, costs a lot more than a plant-based protein like beans. So, I think that's still something that people who struggle to make ends meet are still going to have a hard time. But certainly, having that know how makes a big difference.

Now you have a family, you have three children, and their ages are, remind me. I have 17-year-old twins, um, Marcus and Mia, and then I have a 19-year-old daughter. And I understand that Mia is a vegetarian, is that right? She is a pescatarian. And how do you handle that? How, how, what do mealtimes look like in your house?

It's a little bit chaotic. I think because we're so busy. And because meal prep is nonexistent, and we tend to get home and then scramble to figure out what we're going to eat, that it's not as much fun as it could be. So, I think there is the desire to, um, for all of us to eat this way, but Marcus, my son, does not like fish.

That does make it harder to be a pescatarian. Yes, it does. Now, my oldest, Michaela, the 19-year-old, is probably the most willing to try everything. And so, we finally got to the point where we could create a vegetarian meal, and Michaela would be very much willing to, uh, enjoy that with Mia. But then Marcus, Mia's twin, who is more of a carnivore, would grumble, and um, he would always be very suspicious that the meat he was being served was not actually Meat based, but it was plant based.

And so, Mia would often enjoy preparing dinner and. Not letting him know whether he was eating meat or something plant based reminds me of my dad He's the same way whenever he comes over to eat suspicious. What's in it? What are you? What are you giving me? And he acts like he hates tofu and then he eats every single bite, you know because I'm honest. He knows I don't cook with meat at all, so he knows he's not getting meat and he'll complain the entire time and then and ask for more.

Yeah. He, he just, he likes tofu. He just won't admit that he likes tofu. Well, we, we have evolved in our home, um, especially, I don't know, for some reason over the past month where we will set out and I think it's because we, uh, we'll pick recipes together as a family. And I also think that my family now knows.

How tired I am and that I would rather not prepare multiple meals, you know, it's funny. I refused to do it when they were toddlers. I didn't prepare multiple meals to accommodate their taste. I made what was for dinner and people ate it or they didn't. Now nutrition is really important to me for the teens, especially so I want them to eat good meals, which means I'm doing a little more accommodating than I might.

Otherwise, so, um, I think out of consideration for the effort that it takes to do this, everyone has been willing to try more plant-based meals. That's encouraging because often families will tell me that they would like to cook more healthy meals, but they don't think Anybody will eat it or they don't think their kids will eat it.



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So, it's encouraging. There's hope. Well, since we made it a group project, and everyone has input, and we always have an emergency meet on standby just in case. I think it makes it less scary and they're finding that the adventures in exploring plant-based food is worth it and actually fun and actually delicious.

Shocking. It's actually delicious. So, you're a few years younger than me. We've been in practice, though, a similar amount of time. And I wonder if you could talk a little bit about how has the practice of pediatrics changed over the last 15 to 20 years? What have you seen? What trends have you seen over the course of your practice?

Well, just speaking about my specific practice, I think that the Emphasis has increased in terms of holistic medicine, so we don't treat in street, in other words, the anticipatory guidance. Part of the visit is prioritized. And so, I think that families are being better equipped. To have a broader range of tools, so to speak, to help raise their children and their families.

Uh, and nutrition has certainly become a much bigger part of that as we've seen problems with childhood obesity and the health issues that go along with that, like high blood pressure and diabetes start to creep into the practice of pediatrics, which by the way, I initially chose pediatrics to try to avoid some of those issues, but we can't because particularly in this country, for...

A lot of different reasons. This has become a very common challenge. Addressing exercise and nutrition in the visit is a top priority. And just to go back and define, you said that we emphasize anticipatory guidance more now. So, people who don't know what that is, that is basically the advice that we give on things like safety and prevention.

You know, are you using a car seat? We, you know, we recommend you take your kids to the dentist every six months, things like that. That falls under the umbrella of anticipatory guidance, you know, which, which is, you're right. It's a more holistic approach and not just focused on the problem, the diagnosis, but more on the prevention side.

How often do you see, this is something I've noticed more recently that I don't remember seeing so often, even five, ten years ago. How often are you seeing increases in the liver enzyme when we order blood tests? One of the things that we look at is the health of the liver. How often are you seeing elevated liver enzymes now?

Relatively speaking, much more frequently than I ever have before, really at an alarming rate. And also, there's a difference in, uh, what we do with that information. There are far too many cases now to refer everyone to a specialist for this, and so... That's where that, uh, conversation about nutrition and exercise becomes even more important.



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And that's, it's important because when the liver enzymes are trending up, assuming that they don't have, say, a virus inflaming their liver or some other reason for them to be elevated. The reason that they're going up is that there is already fat being deposited in the organ of the liver, which causes inflammation.

And over time, that's going to cause cirrhosis and cancer of the liver over time. So, it's an important thing. I, I'm, I also am alarmed by how often I see even, you know, they may be small elevations, but we're talking about teens here. And so, this is something that's going to be occurring over decades. And I really feel like 20, 30 years from now, we're going to have a crisis of liver disease.

And that's going to go along with our high blood pressure and our diabetes and all of the other things that go along with obesity. Yeah. And the heart, heart disease. How, when you, when you talk to families, about nutrition. Do you feel like they're listening? Do you feel like they're interested and want to make changes?

I think that each family is kind of at a different phase of being able or willing to listen. So, um, some families when they come in and I show them their child's growth chart and why we need to make some changes can feel a little bit defensive. And I mean, that makes sense. You don't want to feel like you've done something incorrect in your parenting.

And so, I try to approach it gently. Um, just kind of showing them the growth chart and asking them some questions. I explain how the growth chart works, the third percentile, the 99th percentile, and then I show them sometimes how their child isn't on the chart at all. And that's kind of a wakeup call. At that point, they are usually interested in getting a little bit more information.

And so, the first thing I do is try to figure out how much they have thought about this and how willing they might be at that moment to receive information. And I try to meet them where they are. So, if they say to me, well, we only have soda twice a day, then that's where we start. And I usually will choose along with the family.

One or two things to work on until I see them again in three to four weeks. So, if they're really at the beginning of this journey, then I see them more frequently for follow-up so that we can see how our one or two changes are working and then they can return. We can see. What success they had with it, make adjustments if we need to, and if they've been having some success, then we'll add the next one or two things to work on.

And they seem to be open to kind of taking those small steps. Other families will come in already having the knowledge they need to make changes and they're motivated to do it quickly. So, we can move. Faster with them and maybe do three or four changes right now. Some have already been starting to work on things, but with just like some,



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uh, encouragement and support, or they want me to tell the teens what they've been telling them.

So that's nice because that opens the conversation with the team. And I can figure out what the teen is willing to do because really none of this happens in a vacuum. The entire household really has to be and should be involved in making these changes. And I always like to, when I have a family that, where I'm concerned about their health, when they have nutrition related disorders, there, there is a concern.

That, I never want to come across as fat shaming or body shaming my patients. I really want to approach it from the standpoint of overall health and long-term trends because we know that in and of itself having a higher weight or an elevated body mass index is not really a disease. It's a symptom. It's what's called a comorbidity, right?

It's a comorbidity is. It is a symptom, it's a disease process that goes along with other things. And in this case, it's a result of malnutrition, bad nutrition, right? And I do worry sometimes, I never want to cause a, an eating disorder. I never want to approach it in a manner that shames or blames and could potentially trigger an eating disorder.

So, it can be a little bit of a fine line there. that we have to walk, where we see it as a symptom of the, you know, the overall picture of the environment and what's going on. And it's, it's the easiest thing to show them, right? You can look at a graph and see, here you are. I can show them the lab results and the liver enzymes, and it really doesn't mean anything, right?

It doesn't have quite the same power as, you know, here's your child's weight, height, and body mass index on a chart, and so I, I find that that's challenging, right, to not come across as solely being focused on weight, but still being able to have the conversation when I have a concern. I actually ask families to, um, remove the scales from their homes.

So that we can focus on being our healthiest, our fittest. When I'm dealing with athletes, I find that conversation to be a little bit easier because we want to fuel our bodies in a way that gives us optimum energy and agility and stamina. And often My teenagers will buy into that. Thank you so much for joining me today.

Do you have a motto? I guess you could call it a motto. It may be more of a philosophy, but I would say always do the best you can in that moment. So, the idea is that nobody can really expect you to do better than the best you can. And if you practice doing the best you can as often as you can, you'll find that the best you can often exceeds your expectations.

So, you can raise your own bar. But to give yourself grace in the meantime because you're doing the best you can that's beautiful. I like that I really appreciate your time and



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energy. I enjoyed it. Thank you for having me This is such an important topic and I'm so excited and happy that you are taking this on.

Thank you

I hope you enjoyed this first episode of Eat your greens with Dr. Black. I'm just getting started on this journey and I still have a lot to learn. I sincerely hope that you will come along with me as we explore more about healthy lifestyle habits, child feeding, plant-based nutrition, and the abundance of resources out there to help you and your family achieve and maintain optimal health.

Be sure to check out episodes two and three. Where I continue this journey by discussing what the standard American diet is, what it's doing to our health, and then I move on to lay out how a whole food plant-based diet can address many of these issues. Thanks for listening, and don't forget to eat your greens.