The New Food Pyramid and the Future of Metabolic Health Transcript

(Transcripts are generated by AI and may contain errors)

Podcast Intro and Guest Introductions

Honestly, one of the reasons why medicine is failing our patients is because you're relying on a doctor who hasn't actually taken any nutrition classes. We take one nutrition, one hour of nutrition in medical school when I was going to medical school. And that one hour is how to feed people intravenously when they're in the ICU. And then we're going to trust them as the experts on how to eat. It's silly. And so, and if you don't, if you're not working with a health coach and a physician, How are you really the day to day changes, right? I love that I get to work with Renata and send patients to her and collaborate with her on helping patients actually make the changes, right? I can give some recommendations, but it's about implementing them, right? It's sort of like saying the doctor is you bought a membership to the gym. Well, without the personal trainer, it's just a lot of equipment. So thank goodness for health coaches. They should not be underestimated and they should not be subservient to physicians and physicians as valuable as we are, we gotta quit acting like we're the only cowboy at the rodeo. Your health is shaped by more than symptoms. Through real stories and expert insights, we explore how your genetics, environment, and daily choices affect your wellbeing.

We uncover root causes and share practical tools to help you find the healing you Welcome to the Forum Health Integrative Medicine Podcast. Welcome back to the Forum Health Integrative Medicine podcast. I'm your host and health coach Amanda Grabeau, and I've got Dr. Peterson and health coach Renata joining me today to discuss the recent updated dietary guidelines for Americans, a joint effort by the US Departments of Agriculture, and the Health and Human Services. Before we dive in, let's do some quick introductions so our listeners know who they're hearing from.

Dr. Peterson, you want to tell our listeners a little bit about you? You bet. My name is Dr. Peterson. I'm a family doctor. practice integrated functional medicine in uh Orem, Utah. I've been doing this for 15 years. Prior to that, I practiced as a family doctor in a little tiny town in Wellington, Texas. I was one of two doctors in a town of 2,000.

I found in that little town that we weren't helping people be healthy. We were just managing their diseases with drugs. And so I changed to become a functional doctor. And I can tell you that The things you put in your mouth are the most important things for your health.

And that's why this is such an exciting topic to me today. It is. Thank you so much. Renata, you want to tell our listeners a little bit about yourself? Yeah. I'm an integrative nutrition health coach, national board certified recently. And I'm a very holistic, I have a very holistic approach to coaching. I try to see patients and be, you know, as a real person, everything, all the aspects that could influence someone's health. It could be not just diet, automatically, I think that's the main thing that we deal with, but it's mostly like lifestyle related things like sleep and stress, exercise.

Why Health Coaches Matter in Patient Care

mean, it could be like anything related to career, family, spirituality, anything that could be affecting a person's health. That's what I like to tackle on. And we like to meet the patients where they're at, because sometimes it's hard to make changes, lifestyle changes. We're talking about habit changing. Those can be extremely challenging for most people. So we do things gradually and we meet the patients where they're at. And it's been a great pleasure working here in the clinical setting here at Forum Health.

I love it. Thank you so much. And we appreciate all of our health coaches at Forum Health. I know they're such a powerful tool for our patients to tap into. And it's also just super, super powerful to have a coach and a provider partner together to help support the the patient's journey through their health and just have that great collaborative care team. So we really, really love having our health coaches here at Forum Health. I got to put a plug in for that before we move on. one of the reasons why medicine is failing our patients is because you're relying on a doctor who hasn't actually taken any nutrition classes. We take one nutrition, one hour of nutrition in medical school when

I was going to medical school. And that one hour is how to feed people intravenously when they're in the ICU. Right. And then we're going to trust them as the experts on how to eat. It's silly. Right. And so, and if you don't, if you're not working with a health coach and a physician, how are you really the day to day changes?

Right. I love that I get to work with Renata and send patients to her and collaborate with her on helping patients actually make the changes. Right. I can give some recommendations, but it's about implementing them. Right. It's sort of like saying the doctor is you bought a membership to the gym. Well, without the personal trainer, it's just a lot of equipment. thank goodness for health coaches. They should not be underestimated and they should not be subservient to physicians and physicians as valuable as we are. got to quit acting like we're the only cowboy at the rodeo. Thank you, Dr. Peterson. That was great. mean, it's definitely, it's been a pleasure working and collaborating with physicians. I think we as coaches play a very vital role.

on patient care, where we're filling in the gaps, we're trying to figure out, helping them implement a protocol, it's questions about supplements, whether they're making sure they're having the prescriptions refilled, whether it's explaining a protocol to them, whether it's giving them the support, just holding space when they're going through something hard. mean, the chronic patients that we see, they go through some hard times, and we're there to support them and hold the space and figuring out what can we do to improve their lifestyle even a little bit. and creating the right conditions for the body to heal. Yeah. I love it. And it's near and dear to my heart. I love health coaching. I love health coaches and I think they're a pivotal part of a patient's care plan. Where you're a tough love coach and where you're accountability partner and change is hard. Having somebody in your corner to help support that is, can be life changing for people. Thank you so much for your guys' introductions.

Origins of the Old Food Pyramid

Let's dive in. So on January 7th, just a week ago, the new food pyramid was updated. And the food pyramid didn't flip upside down because of a trend. It flipped upside down because the old one didn't work. It was outdated. So today we're gonna be breaking down why the pyramid looked the way it did, why it changed now, and what it actually means in real life, not just on paper. So when we're talking about the… old food pyramid. For those of you out there who aren't familiar with the food pyramid, what did the food pyramid look like before January 7th, 2026? It was heavy in grains. It was heavy in light on produce and vegetables and it really created, in my opinion, a fear of fat, right? It was low-fat messaging and a focus on grains. 6 to 11 surveys of grains more precisely. That's what we're… think we need to… Before we move on, we need to explain where it came from. And I would say, first of all, it came from the US Department of Agriculture. US Department of Agriculture was founded in 1862. The purpose was to stabilize the food market, protect farmers, help insulate Americans against civil unrest and famine. That was the group. That was their job. And they were the ones that decided that they were going to make some recommendations for food. Well, if you can imagine living through this is post civil war and preceding the world war one, what was the biggest threat to Americans with respect to food? It wasn't were they eating healthy fats. was could they get food? It was access to food. so, and frankly, at that time, nutrition science was pretty primitive. People were surprisingly, if they had food, eating really healthy food. And so, there was really no data on were eggs good or bad. Eggs are always sort of the butt of the joke with the food pyramid because they're good one year and bad the next year. People were eating whole foods and it was relatively healthy. The question was, could they get it? Right? Because the USDA's job and charge is to make sure that the food industry in the United States is able to, you know, stay doing well financially, what would they promote? Well, they would promote the things that we grow and we grow a lot more grain than we grow pumpkins. Right? If you have a whole lot of excess corn, wheat, soy, what are going to say is a good thing to eat? Well, corn, wheat and soy. And that's exactly what happened. That's how the food pyramid was made. anybody that wants to argue in favor of the food pyramid, and for the first time, I do want to, because we have a good one, finally. The new one. It has to look at the history. It's not controversial. It is exactly what I just described. The food pyramid came into existence to reassure people during food shortages that it's okay. As long as you're getting enough of these things, your kids are going to be fine. I know you don't have milk. We've rationed cheese. There's no more butter.

It's all going to go over to overseas to the soldiers, but your kids are going to be fine. Just feed them what back in the old days, they called lumpy dick, which is just flour and water boiled. We don't use that term much anymore, but it turns out it wasn't that healthy to eat that, but that was the recommendation. I, in my research for the original food pyramid, there were other things in play too. What was being researched? To your point, Dr. Peterson, what was

being researched were the grains and the things we have access to. But nutrition science was also dominated by reductionist thinking, isolating single nutrients, and heavily a reliance on epidemiology and not metabolic data and the mechanisms of action. And there was also a really strong focus on heart disease prevention. And a lot of that research focused on cholesterol. at that time. Yeah. that's the research that was going on in the sixties, 50, 60, seventies. Before that though, keep in mind that what was making us healthier was actually avoiding things like the mold found in our grain if we stored it too long or not having access to fats that hadn't uh spoiled, right? Refrigeration wasn't necessarily that.

common or ubiquitous in the 30s and 40s. And fats from seed oils, right? They started to be able to make corn oil and that changed things. Now people aren't getting sick because they were eating rancid fats, right? Or people weren't getting sick because the meats weren't properly preserved. All right, that was a big deal. And quite honestly, at the time it was good recommendations to say, hey, preservation of food so they don't make us sick. We don't want to catch things from our food was a big. I'm looking forward to an excited for the moment when health and human services says, Hey, you know what? think we're beyond the day of pasteurization and that boy that's heresy for sure. Yeah. That's why we decided to pasteurize things. That's why we developed industrial seed oils. That's why we use sugar. Sugar's not going bad.

Why the Dietary Guidelines Changed

Why flowers not going bad. And so the, the origin of this actually precedes the cholesterol studies and the single ingredient look at this. And so that's our foundation. Our foundation is foods that don't go bad. They're shelf stable and that's good for you. Right. And we had that mindset for at least two, if not four generations. And that's why, you know, when I was growing up Kellogg's cornflakes, I mean, there's a whole industry about why Kellogg's cornflakes are healthy for you. Well, the biggest reason they don't go bad. not because they're actually healthy, but because you can leave it on the shelf for six, eight, 12, 14 months, right?

So that's a big deal. But that does get us up to where you had talked about with the research on cholesterol, the research on heart disease and these obesity, diabetes, and these things were starting to increase. Well, why were they increasing? They were increasing because we were eating a lot of grains and these industrial seed oils, right? And then we had the food pyramid era of this compromise of, oh we're no longer getting any advice just to support, can we grow enough wheat and corn? We're now gonna start to give some advice that has to do with your health. And so let's pay attention and let's do these studies. And so that's where the pushback is coming that we talked about in our uh short conversation before we got started is from cardiologists who are saying, wait a minute, but the data says we shouldn't be eating saturated fats. Well, that's because the data, the studies on saturated fats were done on Crisco. Crisco is a disaster for human health, but that's what was studied. And so to say saturated fats is such a big umbrella term that it means nothing. We can't use that data and say that it's meaningful. And I think scientists need to, and physicians especially, need to admit that the studies we're relying on are being misinterpreted or are poorly designed studies because we didn't study saturated fats with animals because those are hard to standardize fats. So they used seed oil saturation, which is Crisco. Yep. And one of the big areas that is causing a lot of this controversy is the dramatic shift, right? When we start talking about the new food pyramid, it's completely flipped upside down. And in my research prepping for this, every five years, the guidelines are reviewed. And it's this year that everything flipped upside down. So it's not that every year this got modified, it's every five years the guidelines are reviewed and they're not rebuilt from scratch. so parts of why this didn't happen sooner or why this shift we didn't see more gradually is I think goes back to the studies that we didn't have five years ago. had other larger industries investing in clinical research and studies, which I think did not help our industry or did not help the food industry because I think that's biased. you've got pharmaceutical companies or if you've got big grain companies or Kellogg's who are investing in the trials, they're doing that because they want to push these mass trials out. And when the people who review the science, they look at big studies. At Forum Health, we uncover the why behind your symptoms. With advanced lab testing, hormone optimization, and cutting edge therapies, we help you heal and perform your best. And now, through shopforumhealth.com, you can access physician-grade supplements trusted by our providers, supporting everything from adrenal health to focus and longevity.

Learn more at forumhealth.com and explore supplements at shopforumhealth.com. And there hasn't been a lot of large studies, volume studies, to support the new food period up until about five years ago. Well, there still probably

aren't very large ones. And that's because there's not enough, I would say, commercial inertia. are the… know, grass fed beef farmers going to do a large study. There's not enough of them as it is. Are the pumpkin growers going to do a study? Not really. And so these large studies that we say they are better because they're big. Well, I suppose that's fair, but they are also worse because if you're comparing, if the two arms of the study are both bad choices and one is less bad, then that becomes the recommendation. You've made a bad recommendation because you compared two bad choices. That's what we've had, right? so I think that the argument that we need to rely on these studies seems a little bit, it's like we're intentionally putting our heads in the sand. The least healthy Western country is the United States. And we are the ones that have been pushing this narrative that grains should be at the heart of our food and that Seed oils are just fine and that saturated fats are bad because we looked at it, you know, big studies on Crisco.

How the Old Model Failed Diabetic Patients

And yet the retrospective look at this, makes it very clear we're wrong. We've been wrong for 50 years and we need to have humility to say, okay, regardless of what those studies say, they must be wrong because we're all overweight. We have diabetes, we have dementia, we have heart disease, we have strokes.

And strangely the people in everywhere from Croatia to Argentina don't have the problems we have. Why? Well, because they're not eating the packaged industrialized foods that we're And wherever they follow our food patterns, they follow our disease patterns. That's what they've finally admitted. so I don't, any organization that's saying, where are the studies?

I think they're just too married to their to their own mistakes. More specific, 70 % of adults in America are currently obese, right? And almost one out of three children have started pre-diabetes. So when you think about the result of all these policies, it's time to start a conversation. I think the main thing that has been great about this food pyramid is this started a great conversation, regardless of some people are agreeing with it or not and shortcomings with it or not that we can discuss. Yeah, defense, just so everybody knows, in defense of organizations like the USDA and farmers, this is not a conspiracy. They didn't all get into a room and say, hey, let's make everybody fat. This is just institutional inertia and um unforeseen consequences, right? So I don't think anybody intentionally was trying to make us sick. I do think that unless we change our ways and we just have as of a week ago yesterday, we're going to stay sick. Yes. And to your point, Renata, with obesity, I think that there's a few things that I think was the final forced shift that happened now.

One was chronic disease has exploded. Despite our decades of following the pyramid, obesity has increased to your point. Type 2 diabetes has skyrocketed. Fatty liver disease became common. Hormone and metabolic dysfunction has rose dramatically. So that's one of the big points of why the shift happened now and so dramatically. And then two, our metabolic science has matured. Now, we now understand calories are not metabolically equal. We know that insulin resistance drives disease and inflammation is a root cause and not a side effect. And ultra-processed foods alter satiety, hormones. and gut bacteria. So all of those things are known now. So that's component of why the shift happened now. And then third is the ultra processed foods are impossible to ignore now. We've gotten so processed that we can't ignore this anymore.

The science is now focused on the chemical exposure, the food structure, the processing of it. So we can't, we can't ignore those things anymore. So the shift happened and it happened now and so dramatic because one, it's five years for guidelines to be updated and we have all of this new information that we've known, functional medicine has known this because we are outcomes driven and we treat complex chronic patients. We look at systems, not silos, and we've adapted faster because we're not tied to federal programs. And so I think all of that's come together for change now. And I'm super excited that we've been doing this for, and we've known this and in our niche of the industry for so long. And it's, it's nice to see society catching up.

Yeah, it really is. And I mean, we, when you say we've known this, I think you could have asked a naturopathic physician and integrative functional physician, MD or DO, just a health coach 20 years ago, and they would have told you most of these things. They wouldn't have as much. data to back them up, but this isn't a surprise that eating things that are single ingredient foods, that are whole foods that came the way that they grew, whether it was a chicken or a grain, whole foods are healthier for us. And I mean, my mom knew this and she was born in

1947. And when I was a kid growing up, she was like, no, we're going to grind our own wheat and make our own bread. And I thought, well, can't I have the Wonder Bread?

I think it tastes… But no, answer was, know, unequivocally, no, you may not have the Wonder Bread. And, you know, it's sort of, it's nice to see the, finally, these people who have been healthy and have stayed healthy in spite of, you know, getting bad advice and not, they just said, we're not following that bad advice. Finally, now no longer being, you know, told that they're wrong. You know, they've been gaslighted for so long, it's ridiculous.

So, one thing that you didn't mention that I think is worth mentioning that's changed, and this again is maybe the most controversial part, there's two areas that seem really controversial, but that's, we now understand that digesting fats, it's not a question of are they saturated or not saturated with respect to digesting them. It's a matter of how processed they are. And you can digest fats that exist in nature like animal fats, tallow, lard, butter, avocado, coconut, olive oil. Those are things that are greasy in their natural form. But you'll never run across a greasy feeling soybean or grain of corn, a kernel of corn. Those things don't feel greasy. you have to make that industrially. And then to make it go from corn oil to Crisco, you have to hydrogenate. You have to add a bunch of hydrogen. Right. that is ultra processed.

I think everybody that's eating any form of vegetable oil, corn oil, canola oil, safflower oil needs to realize that's an ultra processed food. Just like gasoline is ultra processed from crude oil, corn oil is ultra processed from corn. And they're not drinking motor oil is not quite as bad for you as drinking corn oil, but they're both ultra processed.

Yeah. And it disrupts the ratio of omega-3 and omega-6. Well, and that's why, because those are the kind we need to digest. And those ratios are found in naturally occurring foods.

What the New Pyramid Emphasizes

I have a fun question for you, Dr. Peterson. Can you share one clinical example of how the model, the old food pyramid model failed patients in practice? Oh, sure. I mean, look at the number of diabetics that we have. And they were doing their very best to count their calories. Right?

They would just come in and they'd say, I'm keeping my calories under 1600. I pay attention. I watch my glucometer, but I keep having these spikes every time I eat. And so I take more insulin because that's what I'm supposed to do. And what does insulin do? It tells you that you're going to move fuel into the cells. Well, what kind of fuel was it? It was sugar.

So what did they do? They started putting on more and more and more fat. So you can almost guarantee if someone's using insulin and we did this to type two diabetics for I think 30 or 40 years. We eventually didn't control their blood sugar. So we put them on insulin.

just made them get fatter and fatter and fatter. Well, it's crazy, right? A type one diabetic actually tends to get skinnier until we figure out they have diabetes. Then we give them insulin and they start getting fat again. So the type two diabetics that we were still letting them eat all the carbohydrates they wanted were we were making them sicker all along the way.

were controlling their blood sugar, but we were not controlling their inflammation. So they still ended up with strokes and diabetes. They still ended up with cancer and dementia. And we're responsible for it because either we were too proud to look around our own advice or we were too blind to say, this isn't working, let's just, regardless of what the guidelines show, let's try something different. My first diabetic patient that I quote unquote, curative type two diabetes, had a hemoglobin A1C at his first visit over 12. And this was when GLP-1s had first come out. I think, I want to say it was Bayetta, and that might be the first GLP-1.

I don't remember what the brand name was, but it was the one that's the very first, right? So this is probably 2014. No, it had to be earlier than that. 2011, I can't remember. But I just said, hey, here's what you're going to do. You're going to fast for 36 hours once a week. And you're going to start doing this injection and I want you to eat no more carbohydrates. I don't care what you eat, just no carbohydrates. And that's, I'm to go extreme here. That means no

vegetables or fruits either. Right? So all you can eat are fats and proteins. And his hemoglobin A1c was down below seven within six months. He lost like 60 pounds. At that point, I'm like, yeah, go ahead, start eating fruits and vegetables again. And, you know, I saw him for another four or five years before we moved and he was never diabetic again. Right.

But this was the guy that came to me on insulin and metformin and glyburide, which another disastrous drug. And this is all because of our advice in the food pyramid. That's how we created his disease. Well, the old pyramid wasn't built. on bad intentions. It was built on incomplete science. Functional medicine, integrative medicine saw the cracks early because we were treating real people, not averages. And policy takes longer because it has to work for millions at once. And what we're seeing now, it's not a trend. It's the moment where the evidence finally outweighed the inertia. And it's super exciting. So Now we're looking at a food pyramid that's visually almost flipped upside down. Protein and fat are explicitly elevated. Ultra processed foods are openly discouraged. Alcohol guidance has softened towards less is better, which I have an opinion about that also. And hydration is explicitly called out as well. So lots of fun things happen. And I'm actually going to share for our listeners a visual on what the differences look like. So if you're watching and you can see, you'll see on the left-hand side, the old food pyramid where bread and cereal and grains and pasta, pasta was its own group, are all recommending six to 11 servings per day. And if we look at the new food pyramid, the way that it's flipped, it's low. It's not as high. The proteins and the veggies, they're all there. It looks beautiful. One great thing, think the best for me overall, I think it was a positive change, that's my opinion. And I think the main thing is the message, it's eat real food. I think that's the one thing that stuck with me when I first saw this. was like, how do I feel about this? I'm still not 100 % sure how I feel about the whole organization, especially the visual representation. Because the written guidelines are slightly different than what's depicted. But I think the message of eating real food, it's very powerful. And, uh you know, when we talk about meat on there, if you go back to that picture, it has shrimp, it has fish, right? It's not, when we say eat meat, that doesn't necessarily mean just eat red meat. And I have patients to do better with poultry. I have patients that have low energy if they don't eat beef.

Closing Thoughts and Part Two Preview

Certainly we should all be eating as much fish as we can because it's got all those omegas that we need. So we've just generalized things in a way that actually makes sense. And I think that if people follow this, they're going to figure out, yeah, don't, the dairy doesn't agree with me or what have you. That's, that's unique to them, but broadly, this is the best advice I think I've ever seen the government give.

All right. This was a big topic to discuss and we keep this conversation going. So stay tuned for the ending to this episode. The big takeaway so far is the new pyramid is really a eat real food message. And it's a major shift from the old grain heavy model and certainly shifts us into a protein focused model. In part two, we're going to get practical. Does this mean keto? How much fruit and fiber do we actually need? What does quality look like for produce, meat and fish? And we'll even get into alcohol and hydration. If you found this episode helpful, be sure to subscribe, leave a review, and share. Thanks so much for listening, and we'll see you next time on the Forum Health Integrative Medicine Podcast. Thank you for joining us on the Forum Health Integrative Medicine Podcast. Each episode, we help you understand your health from every angle and inspire your lifelong wellness journey. Follow the show, share it with someone who needs hope, leave a review, and take the next step toward feeling your best at forumhealth.com.