



# Diabetes Wellness Newsletter

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*As we enter 2026, I hope this latest newsletter finds you all warm, healthy, and ready to absorb some NEW information! In this issue, you'll hear about the recently released Dietary Guidelines for Americans, new recommendations for blood pressure management, and the latest research on intermittent fasting. As always, we hope you will share this information with others, let us know if there are other topics of interest to you, and contact us with any questions!*

## **DIETARY GUIDELINES FOR AMERICANS - WHAT'S NEW?**

*By Zachary Chomicki, MS, RD, CNSC*

Every 5 years, the United States Department of Agriculture (USDA) creates a refresh of the Dietary Guidelines for Americans (DGA). This document has historically been an evaluation of current evidence regarding various nutrition topics to make/adjust recommendations that aim to meet the health needs of the average American. This review of evidence, along with the recommendations that follow, help guide policies and messaging regarding nutrition.

### **What's the Same?**

Largely speaking, the DGA continues to recommend the same “big picture:” Eat primarily minimally processed, whole, nutrient-dense foods. These include fruits, vegetables, whole grains, healthy fats and protein sources.

The DGA continues to recommend meeting calorie needs based on the individual, noting that needs change depending on different variables such as height, weight, sex, and activity level.

“Eating the rainbow” may be a term you’ve heard before, referring to eating a variety of colors of fruits and vegetables. This continues to be recommended, as different colored produce provides different nutrients, helping to meet our needs of vitamins, minerals and phytochemicals that support health.

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## DIETARY GUIDELINES FOR AMERICANS - WHAT'S NEW?

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Fresh, frozen, and canned produce are all still recommended options. When choosing between these, remember to try and choose options without added sugar or sodium. Aim for 3-5 servings of fruits and vegetables each day.

Healthy fats are important for supporting health and reducing the risk of chronic diseases such as heart disease. The new DGA continues the recommendation to keep saturated fats (e.g. red meat, cheese, coconut oil), as less than 10 percent of your daily calories.

Healthy unsaturated fats come from plant sources such as olives/olive oil, avocados/avocado oil, nuts, seeds, and fatty fish.

Whole grains should be chosen as often as possible, as they provide many beneficial nutrients, including fiber. Minimizing intakes of highly processed and refined grains is recommended, as the refining process can remove some nutrients. In general, aim to eat 2 to 4 servings of whole grains per day.

### What's Changed?

While the new guidelines are overall similar to the last, there are several changes/differences. The new DGA places a larger and more straightforward emphasis on its position on ultra-processed foods. While prior guidelines recommended limiting them, the new guidelines directly say to avoid them. Additionally, all grains are now recommended to be from whole grain sources.

The guidelines continue the recommendations for saturated fats, however, they now categorize butter, beef tallow, and full-fat dairy as healthy fats. These foods contain high amounts of saturated fats. Utilizing low/non-fat dairy and cooking with oils such as olive oil, avocado oil, canola oil can be beneficial swaps to maintain saturated fat intakes less than 10 percent of total calories.

The new DGA also suggest that prior recommendations in the original food pyramid were contributing to the growing rates of chronic disease in the country. However, the pyramid model has not been used since 2011 as it was found to be confusing and difficult to translate into daily eating practices. The MyPlate model has been in use since 2011 and has been well-accepted and understood by the public. The pyramid imagery has now returned to replace MyPlate, though the new pyramid does not completely reflect the new written guidelines.

### The Big Picture?

Overall, to consume a nutritionally adequate diet, the big picture remains the same: eat more minimally processed, nutritious foods from food groups including fruits, vegetables, whole grains, lean proteins, and healthy fats.

For diabetes management, following the plate method is still an appropriate way to eat healthy while being mindful of the portioning of carbohydrates to support blood sugar maintenance.

For more information or assistance, please reach out to a Registered Dietitian.

### References:

1. [https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary\\_Guidelines\\_for\\_Americans\\_2020-2025.pdf](https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf)
2. <https://cdn.realfood.gov/DGA.pdf>
3. <https://www.myplate.gov/eat-healthy/what-is-myplate>
4. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4744652/>

# WHY BLOOD PRESSURE MATTERS SO MUCH WHEN YOU LIVE WITH DIABETES

By Carmen Eucker, BSN, RN, CDCES

Diabetes and long-term high blood sugar levels can gradually affect the lining of blood vessels. When blood pressure is also high, that extra force pushes on vessels that are already more vulnerable to damage.

Over time, this increases the chance of small blood vessel damage. The kidneys' tiny filtering vessels are especially sensitive to damage, as diabetes weakens them and high blood pressure can scar them. Together they're the leading cause of chronic kidney disease. The eyes and nerves can also be affected by elevated blood sugar, leading to diabetes retinopathy, vision loss and/or neuropathy. Eyes and nerves are also impacted more quickly with elevated blood pressure.



Keeping blood pressure within goal range slows these processes dramatically. Larger blood vessels are also impacted by long-term high blood sugar and blood pressure. Damage to larger blood vessels can lead to heart attack, stroke, heart failure, and cognitive decline. Hypertension (high blood pressure) affects more than 115 million U.S. adults and remains a leading risk factor for heart disease, stroke, and cognitive decline. Unfortunately, only about 1 in 4 people with hypertension have their blood pressure adequately controlled. This is why your provider or diabetes educator may request that you monitor your blood pressure, keep a record of readings, and perform a return demonstration of the process to ensure the most accurate results. This data will better enable strategic discussions with your healthcare team.

## Know your number and know your target goal to improve overall health.

New Blood Pressure Guidelines by the American Heart Association (AHA) and the American College of Cardiology (ACC) define the ideal blood pressure for most adults to now be considered as less than 120/80mmHg.

- **New Categories:** Normal (<120/<80), Elevated (120–129/<80), Stage 1 (130–139/80–89), and Stage 2 (≥140/≥90).
- **Treatment:** Stage 1 requires lifestyle changes and medication if your 10-year cardiovascular risk is ≥7.5% (via the PREVENT calculator). Stage 2 recommends immediate medication, often single-pill combinations.
- **Lifestyle:** The DASH diet, reducing sodium (<2,300 mg daily), 150+ minutes of weekly exercise, 7–9 hours of sleep, and avoiding smoking are essential.
- **Medication Advances:** For those with diabetes or high risk, GLP-1 RAs (e.g., Ozempic, Mounjaro) and SGLT-2 inhibitors (e.g., Jardiance, Farxiga) are now recommended for heart and kidney protection regardless of A1C levels.

*“New guidelines emphasize earlier, more aggressive management of high blood pressure to lower the risk of heart attacks, stroke, kidney disease, and dementia. Lifestyle changes remain essential, but many people also benefit from combination medication therapy. Newer diabetes treatments also offer additional heart and kidney protection. Discuss any questions about your blood pressure goals or medications with your healthcare team.” You can’t change genetics or the fact that you live with diabetes – but blood pressure is something you can influence with lifestyle, medications, and monitoring. When BP is controlled, the risk of complications drops in a meaningful way.”*

-New BP guideline: 5 things physicians should know | American Medical Association

Reference:

[https://www.heart.org/-/media/Images/Health-Topics/High-Blood-Pressure/blood-pressure-readings-chart-English.jpg?sc\\_lang=en](https://www.heart.org/-/media/Images/Health-Topics/High-Blood-Pressure/blood-pressure-readings-chart-English.jpg?sc_lang=en)

# TO FAST OR NOT TO FAST? THAT IS THE QUESTION

By Alicia Pabilona, RD



Fasting has been practiced by different cultures around the world for thousands of years. The two primary reasons people fast are for religious and/or health purposes. This article will briefly review the health-related impacts of fasting, specifically intermittent fasting, as it relates to diabetes management.

There are three main types of intermittent fasting patterns that have been studied. These are alternate day fasting (energy restriction to 500-600 calories/day on alternating days with usual intake the other days),

the 5:2 pattern (energy restriction to 500-600 calories/day on 2 consecutive or nonconsecutive days with usual intake the other 5 days), and time-restricted eating (calorie restriction based on only eating during a specific window of time each day, usually between 8-15 hours). Research has previously shown that each of these eating patterns resulted in mild to moderate weight loss when done over short timeframes (8-12 weeks), but none lead to significantly more weight loss than overall calorie reduction, suggesting that either form of dietary change would be acceptable.

A new study published in January 2026 compared time-restricted intermittent fasting (fasting for a 12-hour window each day) with calorie restriction versus calorie restriction alone, and their effects on weight, HbA1C levels, waist and hip circumference, and overall body fat in individuals newly diagnosed with type 2 diabetes. Both groups showed improvements, however, those in the intermittent fasting and calorie restriction group had significantly greater improvements in all areas, compared to those in the calorie-restriction-only group. Since all the participants were newly diagnosed with diabetes, these results may not be generalized to those who have had diabetes for longer. Another explanation for the improvements may be that participants received individualized diabetes nutrition counseling in contrast to previous studies.

The 2026 Standards of Care for Diabetes Management acknowledge that time-restricted eating has been shown to be safe. However, they go on to say that those using insulin and/or certain medications that increase the body's own insulin production (such as Sulfonylureas like Glipizide and Glimeperide) should be medically monitored during periods of fasting. Adjustments to medication type, dosage, and/or timing may be needed to decrease risk of low blood sugar (hypoglycemia) episodes.

As with most changes to eating patterns for disease management, there is not a one-size-fits-all approach for long-term benefit. It is important to work with your health care team to create the best plan for your specific situation. And always check with your medical provider before making major changes in your eating patterns.

## References:

<https://www.healthline.com/nutrition/fasting-benefits#blood-sugar>

<https://www.sciencedirect.com/science/article/pii/S2666970624000532>

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## EASY TACO SOUP

*Veggie-loaded, wholesome, hearty, and full of flavor, this taco soup is a quick and tasty weeknight meal with endless topping possibilities. Make and eat right away, or meal prep a batch to save!*

**Servings: 6**

### Ingredients

- 1 lb. lean ground beef, ground chicken, ground turkey (or vegetarian protein alternative)
- 2 teaspoons olive oil or avocado oil
- 3 large garlic cloves, minced
- ½ medium onion, diced
- 1 bell pepper, diced (any color)
- 1 small zucchini, diced
- 2 medium carrots, diced
- 2 tablespoons chili powder
- 1 tablespoon ground cumin
- 1 teaspoon dried oregano
- 1 (15-ounce) can tomato sauce + 1 can full of water or broth
- 1 (14.5-ounce) can fire roasted-tomatoes
- 1 (15-ounce) can black beans, drained and rinsed
- 1 cup frozen corn
- 3 tablespoons fresh-squeezed lime juice (1 large lime or 2 small)
- ¾ cup sour cream or Greek yogurt (may want more for optional toppings)
- Salt and pepper, to taste
- Optional Taco Toppings: Diced avocado, fresh cilantro (chopped), green onion, shredded cheese, tortilla chips, sour cream or Greek yogurt, and/or lime wedges for serving



### Directions

- In a large pot or Dutch oven over medium heat, add the oil.
- Once the oil is hot, add ground meat, garlic, onions, bell peppers, zucchini, and carrots.
- Sauté for 7-9 minutes or until the meat is cooked and no longer pink.
- Add all of the seasonings, the tomato sauce, diced tomatoes, beans, corn, and water.
- Bring to a boil over medium-high heat.
- Reduce heat to low.
- Cover and simmer for 15 minutes or until carrots are tender.
- Stir in sour cream and lime juice. Add salt and pepper to taste.
- Serve with toppings of choice.

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