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Nutrition NEWSLETTER



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Turkey and White Bean Chili

Ingredients:

- 1 Tbsp olive oil
- 1 lb lean ground turkey (93% lean)
- 1 yellow onion, diced
- 1 red bell pepper, diced
- 3 cloves garlic, minced
- 1 Tbsp chili powder
- 2 tsp ground cumin
- 1 tsp dried oregano
- 2 cans (15 oz each) no-salt-added white beans, drained and rinsed
- 1 can (15 oz) no-salt-added diced tomatoes
- 2 cups low-sodium chicken broth
- 1 cup frozen corn
- Juice of 1 lime
- Toppings: chopped cilantro, sliced green onions, plain Greek yogurt

Directions:

1. Heat the oil in a large pot over medium-high heat. Add the turkey, onion, and pepper. Cook 6 to 8 minutes, breaking up the meat, until browned.
2. Stir in the garlic, chili powder, cumin, and oregano. Cook 1 minute.
3. Add the beans, tomatoes, and broth. Simmer 20 minutes, stirring now and then.
4. Stir in the corn and cook for 5 minutes. Stir in the lime juice.
5. Serve topped with cilantro, green onions, and a spoonful of yogurt.

Chef’s Tips: Minimal prep and ready in about 30 minutes. A spoonful of Greek yogurt adds a creamy, high-protein finish.

Serves 4. Each serving: 318 calories, 8g fat, 2g saturated fat, 65mg cholesterol, 286mg sodium, 28g carbohydrates, 5g fiber, 23g net carbs, 9g sugar, 39g protein.



Best Green Bean Casserole

Ingredients:

- 3 shallots, sliced into thin rings
- 2 Tbsp olive oil, divided
- 3 Tbsp all-purpose flour, divided
- 1 1/2 lb green beans, trimmed and cut in 2-inch pieces
- 8 oz cremini mushrooms, sliced
- 1/2 yellow onion, diced
- 2 cloves garlic, minced
- 1 cup low-fat milk
- 1/2 cup low-sodium chicken broth
- 1/4 cup plain Greek yogurt
- 1/4 tsp salt, 1/4 tsp black pepper, and a pinch of nutmeg
- 1/4 cup whole wheat panko

Directions:

1. Heat the oven to 400 degrees F. Toss the shallots with 1 Tbsp oil and 1 Tbsp flour. Spread on a parchment-lined pan and bake 15 to 18 minutes, stirring once, until golden and crisp.
2. Boil the green beans 4 minutes. Drain and rinse with cold water.
3. Heat the rest of the oil in a large skillet over medium heat. Cook the mushrooms and onion 6 to 8 minutes, until browned. Add the garlic and cook 30 seconds.
4. Sprinkle in the rest of the flour and stir 1 minute. Slowly whisk in the milk and broth. Simmer 3 minutes, until thick.
5. Take the pan off the heat. Stir in the yogurt, salt, pepper, and nutmeg, then the green beans.
6. Spread in a 2-quart baking dish. Top with the panko and bake 15 minutes, until bubbly.
7. Top with the crispy shallots just before serving.

Chef’s Tips: A lighter take on the classic. Fresh green beans in a creamy mushroom sauce, topped with crisp panko and roasted shallots.

Serves 8. Each serving: 111 calories, 4g fat, 1g saturated fat, 2mg cholesterol, 40mg sodium, 15g carbohydrates, 3g fiber, 12g net carbs, 6g sugar, 5g protein.

The holidays are easier, and healthier, with a plan. Here is how to set a generous table.

November Cook's Notes: A Healthier Holiday Table

The holiday season is about gathering and gratitude, not deprivation. With a little planning you can serve a generous, flavorful table that leaves everyone satisfied, keeps your food budget in check, and sends people home with safe, delicious leftovers.

What's In Season

- Sweet potatoes, winter squash, and pumpkin
- Brussels sprouts, cauliflower, and broccoli
- Carrots, parsnips, turnips, and beets
- Kale, collards, and hardy greens
- Apples, pears, cranberries, and citrus
- Onions, leeks, garlic, and mushrooms

Host a Healthier Holiday

- Fill half the table with vegetables and fruit.
- Roast, don't fry: let the oven do the work.
- Lighten classics with broth, herbs, and citrus in place of extra butter and cream.
- Offer water and sparkling water alongside other drinks.
- Serve smaller plates and let seconds be a choice.

Budget-Friendly Thanksgiving

- Plan the menu and shop with a list.
- Buy a whole turkey and use every part, including the carcass for broth.
- Lean on in-season produce and dried beans and grains.
- Cook once, serve twice: plan leftovers into next-day meals.
- Potluck the extras so no one host carries the whole cost.

Keep It Safe at Home

- Thaw the turkey in the refrigerator, about 24 hours per 4 to 5 pounds.
- Cook turkey to 165 degrees F, checked with a thermometer.
- Refrigerate leftovers within 2 hours (1 hour on a hot day).
- Use leftovers within 3 to 4 days, or freeze.
- Reheat leftovers to 165 degrees F; bring gravy to a boil.
- Wash hands, produce, and surfaces often.



Test your holiday nutrition know-how. Circle your answers, then check the key.

Quiz: How Much Do You Know About Turkey & Thanksgiving?

1. A 3-ounce serving of roasted turkey breast provides about:
a) 5 g protein b) 15 g protein c) 26 g protein d) 50 g protein

2. The leanest part of the turkey is usually the:
a) Skin b) Dark meat c) Skinless breast d) Wing

3. Safe internal temperature for cooked turkey is:
a) 145 degrees F b) 155 degrees F c) 165 degrees F d) 185 degrees F

4. Thawing a frozen turkey is safest:
a) On the counter b) In the refrigerator c) In a warm oven d) In the sink overnight

5. Cranberries are a good source of:
a) Protein b) Antioxidants and fiber c) Calcium d) Healthy fat

6. Leftovers should go in the fridge within:
a) 2 hours b) 4 hours c) 6 hours d) The next morning

7. A more fiber-rich swap for white dinner rolls is:
a) Whole-grain rolls b) Croissants c) Cornbread d) Biscuits

8. Sweet potatoes are especially rich in:
a) Vitamin C only b) Vitamin A (beta-carotene) c) Vitamin B12 d) No vitamins

9. To lighten mashed potatoes, try:
a) Extra butter b) Low-sodium broth and roasted garlic c) Heavy cream d) More salt

10. Leftover turkey is safe in the fridge for about:
a) 1 day b) 3 to 4 days c) 10 days d) 2 weeks



Answer Key

1-c · 2-c · 3-c · 4-b · 5-b · 6-a · 7-a · 8-b · 9-b · 10-b

Diet quality may help protect the aging brain

Diet Quality and Dementia Risk in Older Adults With Alzheimer Pathology

While the US government grapples with a formal definition of ultra-processed foods (UPFs), health professionals easily picture soft drinks, potato chips, and frozen pizza as prime offenders. Prior research supports the idea that UPFs are linked with poor mental health. New research takes a closer look at how diet quality affects older adults at higher risk of Alzheimer's disease (AD).

The Study

Researchers set out to identify the link between diet quality and the risk of dementia in people with biomarker levels of AD. These biomarkers included phosphorylated tau at threonine 217 (p-tau217) and markers of other neurodegenerative and glial processes: neurofilament light chain (NFL) and glial fibrillary acidic protein (GFAP).

The cohort included 1,865 adults over age 60 without AD. Participants came from the population-based Swedish National Study on Aging and Care in Kungsholmen, which enrolled subjects from March 2001 to August 2004 and evaluated them up to six times, through February 2016 to November 2019.

How the Research Was Done

Researchers evaluated compliance with three different diet patterns: the Alternate Mediterranean Diet (AMED), the Alternative Healthy Eating Index (AHEI), and the reversed Empirical Dietary Inflammatory Index (rEDII). Data were analyzed between September 2024 and August 2025 and reanalyzed in March and April 2026.

Serum p-tau217, NFL, and GFAP concentrations at baseline, and repeated adherence over six years to the AMED, AHEI, and rEDII dietary patterns, were examined. The main outcome was all-cause dementia, found through medical records, clinical diagnosis, and death records. AD-related dementia was the secondary outcome. Risk for dementia was evaluated using adjusted Cox regression models. Probabilities of 10-year dementia and restricted average time lost due to dementia were also evaluated.

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Lisa Andrews, MEd, RD, LD

What They Found

In the cohort of 1,865 subjects, 60.3 percent (1,125) were female, and the average baseline age was 70.5 years. Two hundred and forty subjects developed dementia over a mean follow-up of 8.4 years.

Lower dementia risk was linked with higher adherence to healthier dietary patterns in those with higher AD and neurobiological risk markers. For rEDII, lower dementia risk was seen in those with elevated p-tau217, NFL, and GFAP levels for each 1-z score increase in dietary compliance. In subjects with lower biomarker levels, the AMED and AHEI patterns were associated with lower dementia risk. Similar outcomes were noted for AD-related dementia.

The Takeaway: A Lower Inflammatory Diet

Adherence to a lower-inflammatory diet was linked with lower risk of dementia in those with AD pathology and other neurobiological risk. This research supports the value of focused dietary dementia-prevention interventions, not just for the general population, but also for those already at higher risk. Below are tips you can share for reducing dementia risk.

- Limit highly processed foods, especially processed meats, fried foods, and refined carbohydrates like chips and pastries.
- Eat plenty of colorful vegetables, especially leafy greens, broccoli, peppers, tomatoes, citrus, and berries.
- Choose fatty fish: salmon, sardines, trout, and mackerel provide anti-inflammatory omega-3 fats.
- Use extra-virgin olive oil as your primary cooking or salad oil.
- Enjoy nuts and seeds: walnuts, almonds, chia, and flaxseeds are good choices.
- Choose whole grains: oats, quinoa, brown rice, and whole-grain bread instead of refined grains.
- Include beans and lentils regularly for fiber and plant-based nutrients.
- Consider structured exercise programs; recent research suggests they may have more impact than independent activity.
- Stay connected. Being social is linked with lower rates of depression and dementia.

References: 1. FDA Ultra-Processed Food Definition: Current Status (2026). 2. Mrhar A, Carballo-Casla A, Grande G, et al. Diet Quality and Dementia Risk in Older Adults With Alzheimer Pathology. JAMA Netw Open. 2026;9(6):e2620254. 3. Baker LD, Espeland MA, Whitmer RA, et al. Structured vs Self-Guided Multidomain Lifestyle Interventions for Global Cognitive Function: The US POINTER Randomized Clinical Trial. JAMA. 2025;334(8):681-691. 4. Sommerlad A, Kivimaki M, Larson EB, et al. Social participation and risk of developing dementia. Nat Aging. 2023;3(5):532-545.

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Eat to Protect Your Brain

The big idea: What you eat may help protect your brain as you age. A large study found that people who followed healthier, less-inflammatory eating patterns had a lower risk of dementia, even those already at higher risk.

Why It Matters

Diet is one of the few dementia risk factors you can act on every day. Colorful, minimally processed meals built around vegetables, whole grains, beans, fish, nuts, and olive oil support both your brain and your heart.

Simple Ways to Eat for Brain Health

- Fill your plate with colorful vegetables and berries.
- Choose whole grains over refined grains.
- Eat fatty fish like salmon or sardines twice a week.
- Cook with extra-virgin olive oil.
- Snack on nuts and seeds.
- Add beans and lentils to meals often.
- Cut back on processed meats and fried foods.
- Stay active and stay connected with others.

“A colorful, whole-food plate is one of the best things you can do for your brain.”



Source: JAMA Network Open, 2026. Content by Lisa Andrews, MEd, RD, LD

A new tool looks beyond BMI to gauge risk

OBSCORE to Stratify Obesity Risk: Beyond BMI

Over the years, I have heard clients say that “BMI doesn’t matter” or is “just a number.” While it is true that BMI does not measure body composition, health professionals still recognize it as an indicator of health and disease risk. A recent scoring system that could be used alongside BMI was published in Nature Medicine. It may help identify people with overweight or obesity who carry the highest risk for obesity-related conditions and poor health outcomes.

OBSCORE is a new integrated machine-learning model that uses a range of health factors to predict the future risk of obesity-related illnesses. It may offer a way to prioritize those at high risk for earlier intervention.

BMI Alone Isn’t Enough

The study was designed by Kamil Demircan, MD, PhD, a postdoctoral researcher at the Precision Healthcare University Research Institute, Queen Mary University of London. He noted, “Our study developed and validated a risk-prediction model that can stratify individuals into high- and low-risk groups based on their likelihood of developing 18 obesity-related health conditions, including type 2 diabetes, heart disease, or kidney disease.”

Overweight and obesity affect roughly 60 to 70 percent of adults in many Western countries, with prevalence continuing to rise. But chronic-disease development can vary quite a bit among people with similar body weight or BMI. Demircan and his team argue that BMI by itself is not a complete measure of health risk, and that evaluating weight should include additional measures of health status and disease risk. Currently, there is no data-driven method to guide intervention based on risk.



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Development of OBSCORE

OBSCORE is a single, integrated model built to predict the future onset of 18 important cardiovascular, metabolic, and physical complications linked with obesity. Data came from 197,264 UK Biobank participants with a BMI of 27 or higher (average age 58). Using machine learning, more than 2,000 demographic, lifestyle, clinical, biochemical, and health-related factors were considered.

The final model included 20 health-related features typically collected in clinical practice, such as age, sex, waist-to-height ratio, blood pressure status, cholesterol levels, hemoglobin A1C, kidney-function markers, and smoking status. Other variables included family history of heart disease, self-reported health status, gamma-glutamyl transferase, chronic illness, pain, and current smoking. Outcomes ranged from type 2 diabetes, hypertension, and coronary artery disease to chronic kidney disease, gout, sleep apnea, fatty liver disease, osteoarthritis, obesity-related cancers, and all-cause mortality.

A Complement to BMI

Subjects were divided into five risk quintiles using OBSCORE predictions. Even those in the lowest-risk quintile had a high BMI. OBSCORE showed significant risk stratification in 12 of the 18 outcomes, with rate ratios above 10 when comparing the highest- and lowest-risk groups. The biggest differences were seen for chronic kidney disease, gout, and type 2 diabetes. The rate ratio was 47 for cardiovascular mortality: a 10-year event rate of 5.7 percent in the highest-risk quintile, compared with 0.1 percent in the lowest. Demircan noted that once OBSCORE is validated in further studies, it could help clinicians target high-risk individuals earlier for prevention, monitoring, and treatment. Until OBSCORE is available, other measures can help identify obesity-related risk.

- Waist circumference: below 35 inches in women and below 40 inches in men.
- Waist-to-hip ratio: generally below 0.85 for women and below 0.90 for men.
- Blood pressure: normal is about 120 over 80; clinicians watch the trend.
- Hemoglobin A1c: normal is below 5.7 percent.
- Liver function tests: elevated levels may signal MASLD (formerly NAFLD).
- Uric acid: a high level raises the risk for gout.
- Blood lipids: lipids often rise with age and menopause.
- Sleep: snoring, poor sleep, or chronic fatigue may point to sleep apnea.

References: 1. Demircan K, Carrasco-Zanini J, Williamson A, et al. Data-driven prioritization of high-risk individuals for weight-loss interventions. Nat Med. 2026;32:2117-2127. 2. Jastreboff AM, et al. Tirzepatide Once Weekly for the Treatment of Obesity. N Engl J Med. 2022;387(3):205-216. 3. Heart Foundation. Waist measurement and heart health. 4. Waist-to-hip ratio reference. 5. AASLD. New MASLD Nomenclature. 6. Ko SH, Kim HS. Menopause-Associated Lipid Metabolic Disorders. Nutrients. 2020;12(1):202. 7. Nokes B, et al. Weight loss and obstructive sleep apnea. Sleep. 2026;49(7):zsag116.

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Beyond the Number on the Scale

The big idea: Two people with the same BMI can have very different health risks. Researchers built a new tool called OBSCORE that looks at many health factors at once to spot who is most at risk, so care can start earlier.

Why It Matters

BMI is a useful starting point, but it does not tell the whole story. Simple measures your clinician already tracks can add important detail about your real risk and where to focus.

Numbers Worth Knowing

- Waist size: under 35 inches (women) or 40 inches (men).
- Waist-to-hip ratio: under 0.85 (women) or 0.90 (men).
- Blood pressure: aim for around 120 over 80.
- Hemoglobin A1c: normal is under 5.7 percent.
- Liver tests: ask about MASLD if they are high.
- Uric acid: high levels raise gout risk.
- Cholesterol and triglycerides: know your lipid panel.
- Sleep: tell your doctor about snoring or fatigue.



“Your weight is one data point. The fuller picture is where your real health risk shows up.”

Source: Nature Medicine, 2026. Content by Lisa Andrews, MEd, RD, LD