US Ultraprocessed Food Policy: Finding Common Ground

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Increasing consumption of ultraprocessed foods (UPFs) and mounting evidence of their adverse health outcomes have accelerated calls for policies to address the harms of UPFs. A growing number of nutrition scientists and public health advocates endorse the UPF framework for classifying foods and informing policies to reduce diet-related harm (specifically, the Nova food classification system[1]). However, a minority continue to question aspects of the concept—including its validity, definition of UPF, and whether UPFs should be the target of nutrition policy. Reasons for opposition vary, including a preference for a classification system focused on nutrients, financial conflicts of interest, and legitimate questions about biological mechanisms. These differences are delaying much-needed policies to reduce UPF exposure and jeopardizing an historic opportunity to improve the quality of the US diet. In this editorial, we suggest a pragmatic path forward.

ULTRAPROCESSED FOODS ARE HARMFUL

The United States leads the world in consumption of UPFs, with over 50% of calories derived from these products.[1] UPFs are industrially produced products engineered to maximize profit through hyperpalatability, long shelf life, and use of cheap ingredients.

A large body of observational evidence has associated UPF consumption with serious health harms, including obesity, cardiovascular and metabolic disease, dementia, and mental health disorders.[1,2] Randomized trials have linked UPFs to higher energy intake and weight gain.[3] The widely used Nova UPF food classification system—which classifies foods based on the extent and purpose of industrial processing, types of ingredients, and other factors—is the foundation for this research.[1] Collectively, this body of evidence meets the Bradford Hill criteria for causality, the benchmark for warranting intervention.[1]

GROWING MOMENTUM FOR UPF POLICIES

Now is the time to take advantage of a unique political opportunity in the United States to improve diet quality by supporting policies that target UPFs. Broad public interest, robust science, and bipartisan political support have opened the policy window.[4] State policymakers have proposed and adopted numerous bills targeting UPFs, including restrictions on UPFs in schools, removing certain UPF ingredients from the food supply, and labeling UPF products. The Federal Drug Administration (FDA) is developing a UPF definition, the secretary of the Department of Health and Human Services is calling for action on UPFs, bills have been introduced in Congress, and the 2025 US Dietary Guidelines recommend avoiding highly processed foods. The city attorney of San Francisco, California has filed a lawsuit alleging industry deception and fraud, which will likely catalyze additional legal actions.[5] The public is concerned about UPFs and supports policy and legal action.[6] Finally, countries such as Colombia and Brazil are moving forward with UPF policies.

FOOD INDUSTRY IS BLOCKING UPF POLICY

The food industry is opposing UPF policy, using the tactics employed by the tobacco, alcohol, and opioid industries.[7] Industry has cast doubt on the validity of the UPF concept in comments to the FDA and through public relations efforts, enlisting sympathetic academics to buttress its attacks.[8]

Industry claims that a nutrient-based food classification system is the proper approach for healthy food policy—knowing that it can game this system through product reformulation. For example, it can substitute nonsugar sweeteners for added sugars. To block state and local UPF policies, the food industry launched the "Americans for Ingredients Transparency" campaign to preempt state and local action.[9] This industry strategy seeks to confine policy

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to the federal level, where it has the power to shape regulations and legislation to align with its interests.

ADVOCATES SHOULD UNITE

As with any field, there are legitimate differences among experts and advocates. Concerns have emerged about the UPF concept and how to define a UPF. These divisions play into industry tactics, such as casting doubt on the UPF evidence. The key question is whether advocates, policymakers, and academics can reach sufficient agreement on fundamental issues to align around pragmatic, evidence-informed policies that address the harms of UPFs. We believe they can. In Box 1, we summarize the most salient concerns and how to address them.

In particular, there has been much discussion about how to define UPFs for use in policy development. A recent Healthy Eating Research expert panel report (J. W. K. and L. S.-T. were cochairs) recommended a pragmatic, policy-oriented, operational definition of UPFs.[12] A product is ultraprocessed if it contains a cosmetic ingredient (substances that increase the product's sensory appeal, such as flavors, colors, or emulsifiers) or a nonculinary industrial ingredient (substances not used in home kitchens, such as high fructose corn syrup). If a product meets the FDA criteria for a "healthy" claim, it would be exempt from UPF policies unless it contains a nonsugar sweetener. The FDA allows a product to make a "healthy" claim if it contains adequate amounts of recommended food groups, and remains below nutrient thresholds for added sugar, sodium, and saturated fat.[11]

Such debate is to be expected in public health nutrition policy. Diffusion of Innovation Theory predicts there will be earlier and later adopters of new paradigms. When a new paradigm emerges, inevitably there are critics who support the previous framework. For example, similar concerns and differences emerged during discussions about trans fats and sodium. However, such disagreements among scientists and advocates may create the appearance of larger differences than is actually the case. They inadvertently reinforce industry narratives, allowing it to manufacture doubt and claim that the science is too unsettled to warrant UPF policy initiatives. Requiring absolute scientific consensus before adopting policies would set a standard that few public health initiatives, including regulation of nicotine products, could meet.

UPF FOOD POLICY OPTIONS ARE AVAILABLE

There is more agreement about the types of policies for improving diet quality based on years of experience addressing nutrients of concern such as added sugars and sodium, harmful products like sweetened beverages, and unhealthy food additives. These

BOX 1— Concerns About Using the Ultraprocessed Food (UPF) Approach for Nutrition Policy and How to Address Them

Concern	Response
More research is needed: additional clinical trials, studies on the mechanisms linking UPF exposure to health outcomes, better exposure measurement.	Current evidence provides an empirically sound foundation for policy action and has the necessary rigor to survive judicial scrutiny.[1–3] Understanding mechanisms is not necessary for advancing policy. Policies to address trans fats, tobacco, and lead exposure were implemented despite scientific uncertainties, based on the overall weight of evidence and recognition that inaction threatens health.
The leading UPF definition (Nova) is overly inclusive, simplistic, and classifies healthy products such as some whole-grain breads, low-sugar cereals, and yogurts as UPFs.	Nearly all studies examining the association of UPFs with health outcomes have used the Nova approach.[1,2] Other definitions have not been validated with respect to predicting disease. Products that meet the criteria for the FDA "healthy" claim could be exempted from UPF policies.[11] All food classification systems categorize some foods as healthy that some may view as unhealthy, and vice versa.
Nova was developed as a research method and is not practical for use in policy applications.	An expert panel convened by Healthy Eating Research concluded that an operational Nova definition that uses the presence of cosmetic additives and nonculinary ingredients as markers of UPFs has high diagnostic accuracy and is feasible for implementation in the US food supply.[12]
Policies should focus on nutrients or specific additives, not UPFs.	UPF and nutrient food classification approaches are complementary. Many studies have demonstrated that the association between UPFs and disease remains after adjustment for nutrients. Reducing intake and exposure to UPFs also reduces exposure to saturated fats, added sugars, sodium (FSS) and harmful additives because UPF products are the primary sources of these ingredients of concern (90% of US products high in FSS are UPFs). A nutrient-only approach misses many unhealthy items (39% of UPFs are not high in FSS) and creates a loophole for industry to reformulate products while maintaining their ultraprocessed status.
Alternative terms such as "highly processed foods" or "harmful processed food" are more appropriate than the term "UPF."	Agreement among policymakers, advocates, and educators on a uniform term avoids confusing the public and creating uncertainty that could affect litigation. The UPF term is by far the most widely used term and is readily recognized by consumers.[6]

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policies could be applied to UPFs. Examples, drawn from the Healthy Eating Research expert panel report[12] and also found in other expert policy recommendations,[10] include the following:

- Impose an excise tax on selected UPFs (e.g., sweetened beverages, processed meats).
- Restrict the amount of UPFs that can be purchased and provided in publicly funded settings, including schools, early learning and childcare sites, and government facilities.
- Publicly fund countermarketing initiatives to denormalize UPF consumption and reduce consumer demand (e.g., campaigns modeled on the tobacco Truth campaign).
- Include guidance to limit UPF consumption in dietary guidelines developed by the federal government, other regulatory bodies, and health professional organizations.
- Require a warning label on the front of UPF packages indicating that the product is a UPF.

CONCLUSIONS

A unified coalition of nutrition advocates, policymakers, and researchers is essential to advance evidence-based UPF policies and counter industry opposition. The UPF approach to identifying unhealthy foods efficiently targets both the novel harms of ultraprocessing and long-standing concerns regarding saturated fats, added sugars and sodium, and specific harmful additives, as the vast majority of foods containing these ingredients are classified as UPFs.

Now is the time to identify common ground around a pragmatic definition of UPFs and policies to reduce UPF exposure, even as scientific discussion and refinement continue. Given the scale of UPF health harms, we cannot afford to wait. We have the tools to act now: strong evidence of harm, an operational definition of UPFs, and a set of evidence-based policies. AJPH

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