Ultraprocessed Foods in the U.S.: Recommended Definitions and Policies

Healthy Eating Research

Executive Summary, May 2026

Overview

Healthy Eating Research (HER) convened an expert panel to develop evidence-informed recommendations to guide policymakers and advocates working to limit ultraprocessed food (UPF) exposure at the local, state, and federal levels. Chaired by Jim Krieger, MD, MPH and Lindsey Smith Taillie, PhD, the 14-member panel was composed of individuals with expertise in nutrition, food science, epidemiology, nutrition policy, food law, policymaking, and policy advocacy. The panel was charged with assessing evidence to 1) recommend a definition of UPF suitable for guiding policy development and 2) identify policy options to reduce exposure and consumption of UPFs in the U.S. The Technical Report details the expert panel process, analyses, and recommendations.

Introduction

According to the widely used Nova classification system, ultraprocessed foods (UPFs) are industrial formulations that contain few or no whole-food ingredients and have gone through intense physical and chemical processing methods to have a long shelf life, high sensory appeal, and high convenience to maximize profit.[1] The Nova classification system categorizes foods into four groups based on their degree of processing: (1) unprocessed or minimally processed, (2) processed culinary ingredients, (3) processed foods, and (4) ultraprocessed foods. Examples of ultraprocessed foods include most sweetened and diet beverages, flavored chips, and candy, as well as many breakfast cereals, commercial breads and bakery products, flavored dairy products, processed meats, and ready-to-eat meals.

Historically, food processing played an important role in food safety and preservation, but in the mid-20th century, the advent of modern processing techniques and a dramatic increase in cosmetic food additives led to an influx of ultraprocessed foods in the market. These "new" ultraprocessed foods were oriented towards convenience and designed for shelf-stability, palatability, and mass marketability and rapidly began to replace home- and community-based food preparation and traditional diets.

The U.S. has one of the highest levels of UPF consumption in the world.[2,3] High UPF intake poses significant public health concerns, as short-term RCTs show UPF consumption increases energy intake[4-6] and observational studies show increased risk of adverse health outcomes, including cardiovascular disease, all-cause mortality, type 2 diabetes, obesity, depression, and anxiety.[3,7] Although research on the mechanisms linking UPFs to health harms is still emerging, current evidence suggests multiple pathways through which UPFs may harm health, including food matrix degradation, hyperpalatability, high levels of nutrients of concern, energy density, addictive characteristics, and presence of xenobiotics and other contaminants.

Purpose

Despite growing interest in UPFs, there is no consensus on how to define UPFs for policy purposes. To meet this need, Healthy Eating Research (HER) convened an expert panel to develop evidence-informed recommendations for policymakers and advocates interested in advancing policies to limit UPF exposure and consumption at the local, state, and federal levels.

The panel assessed evidence to recommend a definition suitable for guiding policy development and to identify and evaluate policy options to reduce UPF exposure and consumption in the U.S. This summary presents the panel's analyses and recommendations; additional details are available in the Technical Report.

Expert Panel Process

HER convened a 14-member multidisciplinary expert panel, chaired by Jim Krieger, MD, MPH and Lindsey Smith Taillie, PhD, with expertise in nutrition, food science, epidemiology, nutrition policy, food law, policymaking, and advocacy. To support the panel's deliberations, the chairs, UNC research team, and HER conducted a scan of proposed and enacted U.S. UPF policies, reviewed published UPF definitions, modeled and evaluated alternative UPF definitions, and compiled a set of policy options.

The panel developed and refined recommendations for a UPF definition and policies to address UPFs. Recommendations were finalized using a modified consensus process, with refinements made as needed to achieve agreement. Additional methodological details are provided in the Technical Report, and a complete list of panel members is provided in the **Acknowledgements** section.

Recommendations for Defining Ultraprocessed Foods

Methodology and Key Findings

- A scan of U.S. policies through July 2025 showed most used narrow lists of additives to define UPFs, while a few were more closely aligned with the Nova classification system and a small number used extensive ingredient lists.
- Modeling of UPF definitions showed that the narrow lists of additives in state bills captured only 13-17% of products identified as UPF using the Nova classification system. In contrast, using a simplified Nova-based approach focusing only on cosmetic additives captured 98% of UPF products.
- The panel explored possible mechanisms for exempting selected UPFs from policy action. Modeling of a modified FDA "Healthy" definition showed substantial variation across UPF categories in the proportion of products that would be exempted as meeting both Nova 4 and "Healthy" criteria (e.g., 11% of UPF breads and 4% of ready-to-eat cereals, compared with 43% of tofu and 78% of waters).

Additional details on the modeling methodology and key findings can be found in **Appendix A of the Technical Report.**

Recommendations

Recommended Scientific Definition of Ultraprocessed Foods for Policy: The panel recommends using Nova Category 4 as the scientific basis for defining ultraprocessed foods in policy.

To develop a policy-relevant definition of UPFs, the panel identified Nova Category 4 as the appropriate scientific foundation. Nova 4 classifies UPFs based on the extent and purpose of industrial processing and the types of ingredients used. Strong evidence links products identified as UPFs via Nova to many adverse health outcomes. Its broad categorical approach also reduces opportunities for industry evasion, making it well suited for policy application.

Recommended Operational Definition of Ultraprocessed Foods for Policy: A product is a UPF if it contains at least one ingredient marker for Nova 4 UPF (i.e., a cosmetic additive and/or an ingredient of non-culinary use).

The Nova classification system uses multiple factors, including ingredients, processing techniques, and other factors to identify products as ultraprocessed. Applying Nova can require individual-level review of ambiguous products that may not be feasible when applied across the whole food supply. However, the definition of Nova 4 UPF also notes that the presence of one or more industrial ingredients– cosmetic additives

and non-culinary ingredients– operationally distinguishes UPFs from processed foods.[8] Non-culinary ingredients are industrial ingredients not commonly used in home cooking and cosmetic additives are ingredients used to create or enhance sensory qualities. Empirical evidence has found that this ingredients-based approach has high diagnostic accuracy compared to traditional methods for identifying Nova 4 foods and beverages.[9-11]

1. **Non-culinary ingredient examples:** casein, dextrose, high-fructose corn syrup, maltodextrin, modified starch, protein isolates (e.g., soy or whey), hydrogenated or interesterified oils, mechanically separated meats, lactose, lecithin, and others.

2. **Cosmetic additive examples**: flavors (natural or artificial), emulsifiers, sweeteners (both sugar and non-sugar), colors (natural or artificial), thickeners, bulking agents, gelling agents, glazing agents, carbonating agents, anti-foaming agents, and other additives recognized by FDA or Codex technical classifications.

To avoid misclassification, the panel recommends a conservative approach that excludes vitamins, minerals, herbs, spices, and yeast-derived ingredients from serving as a UPF marker, as these ingredients may have multiple technical functions in a food (e.g., riboflavin can be used for fortification or as a cosmetic additive for color). To operationalize this classification system for use in U.S. food policy, the panel recommends creating and maintaining a list of Nova UPF marker ingredients. This involves mapping the technical functions of Nova-defined cosmetic ingredients to analogous functional categories specified in FDA and WHO (Codex) ingredient databases. All ingredients associated with these technical functions, along with all non-culinary ingredients, are designated as UPF markers. Packaged foods are then classified as UPFs if their ingredient lists contain any of these marker ingredients.

Recommended Products to Exempt from Policies Targeting UPFs: The panel recommends exempting products from policies targeting UPFs if they meet a modified version of the FDA's definition for "Healthy" claims - that is, they contain adequate amounts of recommended food groups, remain below nutrient thresholds for added sugar, sodium, and saturated fat, and do not contain non-sugar sweeteners (NSS).

The panel recommends a single, standardized exemption framework for policies targeting UPF. Products should be exempt if they meet a modification of the FDA "Healthy" criteria:

- Provide sufficient food group equivalents of foods recommended for consumption, as defined by FDA;
- Fall below FDA-established thresholds for added sugars, sodium, and saturated fat; and
- Do not contain NSS (the panel's recommended modification).

This approach avoids capturing UPFs that offer meaningful nutritional benefits and are commonly recommended by nutrition experts or included in federal nutrition programs (e.g., whole-grain breads, low-sugar cereals, yogurts), while maintaining their classification as ultraprocessed. Products containing NSS are not eligible for exemption due to a growing body of evidence suggesting potential harms associated with NSS consumption. In addition, allowing NSS would enable products to meet FDA thresholds for added sugars through sweetener substitution rather than meaningful reformulation.

Importantly, exempting a product from policy action does not alter its classification as an ultraprocessed food.

Implementation Considerations

The ingredient-marker approach performs well across key policy-relevant criteria, including alignment with evidence-based research, diagnostic accuracy, reproducibility, practicality, independence from conflicts of interest, transparency, and flexibility. However, implementation challenges remain, particularly related to creating, maintaining, and updating ingredient lists in a large and rapidly evolving food supply and addressing potential industry reformulation to evade classification as UPF. The Technical Report outlines strategies to address these challenges and support implementation of a strong UPF definition.

In brief, updated data on ingredients in the food supply, coupled with updates on ingredients' technical functions from the FDA's Substances Added to Foods Database and Codex Alimentarius, can be used to update UPF markers as the food supply evolves. The panel recommends that a government agency or a consortium of government agencies and researchers should oversee list creation, assign technical functions to new ingredients, and regularly update markers. The panel also recommends the FDA improve ingredient disclosure and require the technical function of ingredients to be stated on food packages to inform consumers and aid in this process, as required in the United Kingdom, Australia, and countries in the European Union.[12,13]

Recommended Policy Options to Limit Exposure and Consumption of UPFs

Methodology and Key Findings

- To prioritize policy options to reduce UPF exposure and consumption in the U.S., the chairs and HER developed a list of 26 policies and panel members assigned each to tiers based on impact and feasibility. In addition, the panel discussed the extent to which a policy could reduce disparities in UPF consumption and address differential impacts on people with low incomes.
- As a result, policy recommendations are presented in four tiers:
  - Tier 1 recommended policies (high impact/high feasibility): Policies with a high likelihood of adoption and successful implementation, and likely high impact on reducing potential harms from UPFs.
  - Tier 2 recommended policies (high impact/low feasibility or low impact/high feasibility): High-impact, less feasible policies may be pursued over a longer time frame, while lower impact, high-feasibility policies can serve as early policy wins to build momentum.
  - Tier 3 policies (not recommended at this time): Did not have the support of a majority of panel members for placement in Tier 1 or Tier 2.
  - Complementary policies (recommended in combination with Tier 1 or 2 policies): Policies aimed at reducing UPF consumption but that may have limited impact on their own. This category also includes policies designed to increase consumption of minimally processed foods.

Additional details on the methodology and key findings can be found in **Appendix B of the Technical Report**.

Recommendations

Table 1 summarizes the panel's recommended policies to reduce harms from UPFs, including strategies to decrease their affordability, acceptability, and accessibility. The Technical Report provides additional context for each policy, including its rationale, available evidence about its effectiveness, precedents, and key implementation considerations. The Technical Report also examines potential effects on socioeconomic disparities, highlighting how well-designed policies may reduce inequities in UPF exposure and intake, while noting that some approaches could have unintended consequences if not carefully designed.

Policies to reduce exposure and consumption of UPFs are an important strategy for improving the healthfulness of the food supply; however, UPF classification captures only one dimension of a food's healthfulness. Thus, UPF policies are intended to complement, not replace, traditional nutrient- and food group-based approaches to nutrition policy.

Table 1.

Policy Recommendations to Reduce Harms from UPFs

Tier 1 Policies: High Impact, High Feasibility
Impose taxes on selected UPFs - Impose an excise tax on selected UPFs (e.g., sweetened beverages, processed meats). • An excise tax on UPFs would likely increase the shelf price of taxed products, reduce sales, encourage substitution to non-taxed products, and lower consumption. A tax could raise revenues to support access to healthy foods and other health-promoting interventions. Revenues from a UPF tax should be invested to benefit lower-income communities whose health is negatively and disproportionately harmed by UPFs. Sweetened beverage taxes offer a model for a UPF tax.
Restrict procurement of UPFs in institutional settings - 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. • Procurement policies could limit access to UPFs and/or increase the availability of healthier minimally processed foods in these settings, which collectively provide food to millions of people. Restrictions on UPFs should be accompanied by the provision of technical assistance and financial support for the provision of fresh or minimally processed items. Procurement policies governing the foods acquired and provided in federal child nutrition programs, in government food service guidelines, and local Good Food Purchasing Programs could be adapted to regulate UPFs.
Fund UPF countermarketing campaigns - Provide public funds for campaigns that use countermarketing methods to reduce the desirability of and demand for UPFs (e.g., modeled on tobacco Truth campaign, use organic media channels/social media). • Countermarketing reduces the consumption of unhealthy products by exposing and denormalizing industry marketing. Messages should center on industry actions including the design, production, marketing, and sale of UPFs, rather than on individual consumption choices. National tobacco countermarketing initiatives such as the Truth campaign and the many state and local tobacco countermarketing campaigns provide examples of how a UPF campaign could be designed.
Limit UPFs in Dietary Guidelines - Include guidance to limit consumption of UPFs in dietary guidelines provided by the federal government, other regulatory bodies, and health professional organizations (e.g., DGA, guidelines for foods provided by institutions, and organizational policy and position statements or clinical practice guidelines). • Inclusion of UPFs in federal nutrition standards and guidelines could influence the food provided by multiple federal nutrition programs and, to a lesser degree, shape consumer food choices. Health professional organization guidelines for clinical practice and nutrition policy statements could affect the nutritional guidance clinicians offer their patients and influence nutrition public policy. Guidelines have long recommended limiting or restricting consumption of unhealthy foods and beverages, and could be expanded to include UPFs, as some have begun to do.
Require UPF identity labels on the front of food packages - Require a label on the front of UPF packages indicating that a product is UPF. For example, the label may state, "This product is ultraprocessed." It may or may not include a warning icon or text (inclusion of these elements likely increases impact but decreases feasibility). • Labels could inform consumers that a product is a UPF, helping them make healthier choices, and may provide an incentive for product reformulation. Interpretive nutrition front-of-package labels offer a promising model for a UPF label design.

Tier 2 Policies:
High Impact, Low Feasibility OR Low Impact, High Feasibility

Restrict UPFs in food retail settings - Limit the promotion and placement of UPFs in food retail settings (groceries, supermarkets, convenience stores, dollar stores, etc.), such as in checkout aisles, on end caps, and/or in front of store displays.

- Limiting UPF product placement could reduce impulse purchases driven by in-store marketing. Adopted healthy checkout aisle policies restricting foods high in added sugars, sodium, and saturated fats offer a model for restrictions on UPFs. The panel rated this policy as lower impact and higher feasibility.

Restrict procurement of UPFs in Food is Medicine programs - Restrict the amount of UPFs that can be purchased and provided by Food is Medicine (FIM) programs (i.e., health care-based FIM programs like medically tailored meals or groceries, Medicare Advantage grocery programs).

- Removing UPFs from FIM medically tailored meals and foods allowed for purchase in FIM grocery programs could reduce UPF purchases and consumption. Some states have issued guidance to restrict UPFs from state FIM Medicaid programs. The panel rated this policy as lower impact and higher feasibility.

Require and fund UPF topics in nutrition education programs - Require and provide funding for nutrition education focused on UPFs (what they are, how to identify, why to limit consumption, what products are healthy substitutes) in USDA nutrition education curriculum, such as SNAP-Ed, the Expanded Food and Nutrition Education Program (EFNEP), and school health and nutrition education curricula.

- Education should cover what UPFs are, how to identify them, why limiting consumption matters, and how to identify healthier substitutes. It is important to note that individual-level nutrition education interventions are unlikely to lead to lasting improvements in dietary behavior or health outcomes when implemented as a standalone approach. Rather, they are more effective when paired with policy and systems changes to improve the food environment, such as Tier 1 recommendations. The panel rated this policy as lower impact and higher feasibility.

Require UPF health warning labels on the front of food packages - Require a front-of-package warning on UPF packages that identifies the product as UPF and warns about the adverse health effects of consumption.

- Warning labels could inform consumers about the health risks associated with consumption of UPF products. Health warnings on sugary drinks, red and processed meat, and tobacco offer models for UPF labels. The panel rated this policy as higher impact and lower feasibility.

Restrict UPF product price and volume promotions in food retail settings - Restrict price promotions of UPF products in food retail settings - e.g., 2 for 1 promotions.

- A ban on price and volume promotions for UPFs could increase the price of these products, likely leading to reductions in sales and consumption. Restrictions on tobacco price promotions in the U.S. and on less healthy foods in the UK offer precedents that can inform similar UPF policies. The panel rated this policy as higher impact and lower feasibility.

Eliminate tax breaks for marketing of UPFs - Disallow tax deductions for marketing and advertising of UPFs in the U.S. tax code.

- Marketing costs are generally deductible under U.S. tax code. Elimination of this deduction could increase marketing costs for companies, potentially leading to reduced marketing activities and decreases in sales and consumption of promoted UPF products. An Ecuadorian tax rule offers a model. The panel rated this policy as higher impact and lower feasibility.

Prohibit nutrition or health claims on UPF product packages - Prohibit health claims or nutrient-content claims on the packages of UPF products.

- Prohibiting misleading nutrient content, structure/function (e.g., "supports digestive health"), and health claims on UPF product packages could reduce consumer confusion about the healthfulness of UPF products, leading to fewer UPF purchases. The panel rated this policy as higher impact and lower feasibility.

Restrict the marketing of UPFs - Restrict the marketing of UPFs to children, including via advertising (TV, digital, in-store), as well as using child-directed appeals on UPF products (e.g., cartoon characters).

- Restricting UPF marketing to children could reduce brand recognition and product desirability, leading to decreased child purchase requests, and ultimately influencing parental purchasing behavior. Even when considering First Amendment constraints, it may be possible to restrict marketing in child-centered settings (e.g., schools, childcare, government facilities) and establish data privacy protections limiting the collection, use, and sale of children's data. The UK and Chile have restricted child-directed marketing of foods high in nutrients of concern, providing a model for UPF marketing restrictions. The panel rated this policy as higher impact and lower feasibility.

Fund UPF public awareness campaigns - Publicly fund nutrition education campaigns to educate the public about UPFs.

- A UPF public awareness campaign could provide neutral, educational, and advisory messages about the health effects of targeted products. While such campaigns may have limited impact on changing UPF purchasing and consumption behaviors, they may educate the public about UPFs and build support for more impactful policy and systems changes. The panel rated this policy as lower impact and higher feasibility.

Tier 3 Policies:

Policies lacking sufficient agreement among panel members for assigning to Tier 1 or Tier 2. These policies are not recommended for action at this time.

Restrict the purchase of UPFs using SNAP benefits - Restrict the purchase of UPFs using Supplemental Nutrition Assistance Program (SNAP) benefits.

- Disallowing the purchase of UPFs with SNAP benefits could reduce UPF purchases and eliminate use of public funds to generate food industry profits from UPF sales. Currently, 22 states have implemented policies to restrict the use of SNAP benefits for the purchase of non-nutritious products like sweetened beverages and candy, and this approach could be extended to UPFs. However, the panel expressed concerns about this policy's potential inequitable impacts and preferred to wait for evaluations of recently adopted SNAP restrictions before recommending this policy.

Impose taxes on all or most UPFs – Impose an excise tax on all or most UPFs.

- This tax, in contrast to the targeted tax included as a Tier 1 recommendation, would broadly tax all UPFs. The panel expressed concern that a tax on most UPFs would increase the price of an excessively large proportion of packaged foods, leading to reduced affordability and potentially negative impacts on equity. Though, some panelists suggested that there may be net health and economic benefits of a comprehensive tax on UPFs because as UPF consumption decreases, health improves, leading to lower health care spending and increased wages.

Complementary Policies:
Policies aimed at reducing UPF consumption or harm but that may have limited impact on these UPF-related outcomes on their own. These policies may be useful and synergistic when paired with another policy.

Restrict food additives - Ban specific additives associated with adverse health outcomes from the general food supply.

- While this policy does not directly target UPFs, eliminating additives known to cause harm could restrict manufacturers' ability to produce some UPFs if those additives are integral to product formulation. These policies could also help elevate broader discussion of UPFs or reinforce other UPF-related efforts. Removal from the food supply could also provide health benefits independent of effects on UPFs. Several states have banned selected food additives due to concerns about their health effects, and the FDA has also recently become more active in banning additives of concern.

Fund policies and programs to support serving fresh or healthy foods in schools, early childhood sites, and congregate meal settings - Provide support for farm-to-school programs and/or cooking from scratch programs via increased meal reimbursements, funding for kitchen infrastructure, and program workforce development (e.g., training, technical assistance).

- Policies to support the provision of healthy, less processed foods in these settings could complement procurement restrictions. Policies restricting UPFs in these settings are more likely to succeed when accompanied by support for kitchen equipment and facilities, training for staff, and funding for procurement costs.

Fund healthy food incentive policies and programs - Expand nutrition incentive programs like Double Up Food Bucks for fruits and vegetables.

- Nutrition incentive programs subsidize the purchase of healthier foods (generally fruits and vegetables) for people with lower incomes and can increase fruit and vegetable intake. The federal Gus Schumacher Nutrition Incentive Program (GusNIP) is a prominent example. Incentives could complement a tax on UPFs by reducing the price of healthy foods while the tax increases the price of UPFs.

Fund Food is Medicine programs - Food is Medicine (FIM) programs should be established, expanded, and adequately funded to increase the availability and affordability of healthy foods for people with chronic health conditions.

- Expansion of FIM programs could complement FIM procurement restrictions by increasing access to less processed foods while the procurement policy restricts access to UPFs.

Research Recommendations

Throughout the expert panel process, the panel identified numerous opportunities for research to support UPF policy development. UPF research recommendations are detailed in the Technical Report, and include:

1. Better understanding the issues related to the effects of UPF subgroups, processing methods and ingredients, and the mechanisms of how UPFs cause adverse health outcomes;
2. Documenting the availability of UPFs across federal nutrition assistance programs, specific settings, and programs;
3. Understanding the impact and effectiveness of policies to limit availability and/or consumption of UPFs; and
4. Furthering methods-based research to advance policies to reduce harms from UPFs.

Conclusions

UPFs make up a substantial share of the U.S. diet and are linked to higher energy intake and increased risk of adverse health outcomes, yet policymakers lack a clear, evidence-informed approach for defining UPFs for policy. To address this gap, HER convened an expert panel to develop recommendations to guide policy actions to limit UPF exposure at the local, state, and federal levels. The panel's recommendations include using Nova Category 4 as the scientific foundation to inform the development of an operational UPF definition based on ingredient-level markers available on packaged food labels, an exemption for nutritionally desirable products based on the FDA "Healthy" claim criteria, and a set of policy options to reduce UPF exposure and consumption.

To effectively implement UPF policies, the FDA and other agencies will need to take steps to monitor the introduction of new ingredients into the U.S. food supply, improve ingredient disclosure, and develop mechanisms to reduce industry circumvention of these policies. Continued research is needed to better understand how UPFs affect health, their availability across settings, and the impacts of policies designed to reduce UPF exposure and intake. UPF-focused policies are an important complement to nutrient-based food policy approaches and deserve serious consideration by policy makers, regulators, and advocates.

Suggested Citation

Lott ME, Taillie LS, Krieger J, Reed L, Ananthan S, D'Angelo Campos A, Story M. Ultraprocessed Foods in the U.S.: Recommended Definitions and Policies. Executive Summary. Durham, NC: Healthy Eating Research, 2026. Available at http://healthyeatingresearch.org.

*MEL, LST, and JK are joint co-first authors.

Acknowledgements

This expert panel was supported by Healthy Eating Research with funding from the Robert Wood Johnson Foundation. We would like to express our gratitude and appreciation to our panel co-chairs for their leadership throughout this project, as well as to the expert panel members who provided input on the methodology, reviewed the evidence, and actively engaged in panel deliberations. Individuals were invited to serve on this panel based on their subject-matter expertise. The recommendations in this report do not necessarily reflect the views of the organizations with which panelists are affiliated.

We would also like to thank the Global Food Research Program at the University of North Carolina Gillings School of Global Public Health for conducting the policy scan and definition modeling, which informed the panel's deliberations. Finally, we would also like to thank the individuals listed under panel support for their assistance throughout the project.

Panel Chairs

Jim Krieger, MD, MPH
Executive Director, Healthy Food America
Clinical Professor Emeritus, Health Systems and Population Health
University of Washington School of Public Health

Lindsey Smith Taillie, PhD
Professor and Associate Chair of Academics, Department of Nutrition
Co-Director, Global Food Research Program
Gillings School of Global Public Health, University of North Carolina at Chapel Hill

Panel Conveners

Mary Story, PhD, RD
Director, Healthy Eating Research
Professor, Family & Community Health and Global Health
Duke University

Megan Elsener Lott, MPH, RDN
Deputy Director, Healthy Eating Research
Duke University

Panel Members

Emily M. Broad Leib, JD
Clinical Professor of Law
Director, Center for Health Law and Policy Innovation
Director, Food Law and Policy Clinic
Harvard Law School

Scott Faber, JD
Senior Vice President of Government Affairs, Environmental Working Group
Adjunct Professor of Law
Georgetown University Law Center

Jessie H. Gouck, MUP
Health Program Manager, Equity and Strategic Alignment
Nutrition and Physical Activity Branch
California Department of Public Health

Thomas Gremillion, JD, MA
Director of Food Policy
Consumer Federation of America

Alyson E. Mitchell, PhD
Professor and Food Chemist
Department of Food Science and Technology
University of California, Davis

Carlos A. Monteiro, MD, PhD
Professor Emeritus
University of São Paulo, Brazil

Alyssa J. Moran, ScD, MPH, RD
Deputy Director
Center for Food & Nutrition Policy
University of Pennsylvania

Dariush Mozaffarian, MD, DrPH
Director, Food is Medicine Institute
Dean Emeritus, Distinguished Professor
Tufts University

Aviva A. Musicus, ScD
Science Director, Center for Science in the Public Interest
Adjunct Assistant Professor of Nutrition
Harvard T.H. Chan School of Public Health

Jennifer L. Pomeranz, JD, MPH
Associate Professor of Public Health Policy and Management
School of Global Public Health, New York University

Neena Prasad, MD, MPH
Director, Food Policy Program and Maternal & Reproductive Health Program
Bloomberg Philanthropies

Stephanie Scarmo, PhD, MPH
National Senior Policy Analyst
American Heart Association

Marlene Schwartz, PhD
Director, Rudd Center for Food Policy & Health
Professor, Human Development and Family Sciences
University of Connecticut

Johan B. Ubbink, PhD
Professor and Head of Department
Department of Food Science and Nutrition
University of Minnesota

Panel Support

Senthil Ananthan, MPH, MBA
Research Analyst, Healthy Eating Research
Duke University

Lindsey Reed, MPH
Senior Research Analyst, Healthy Eating Research
Duke University

UNC Global Food Research Program Team

Bridget Hollingsworth, MPH, RDN
Project Manager, Global Food Research Program
Gillings School of Global Public Health, University of North Carolina at Chapel Hill

Donna R. Miles, PhD
Director of Research Programming Services, Global Food Research Program
Gillings School of Global Public Health, University of North Carolina at Chapel Hill

Aline D'Angelo Campos, PhD, MPP
Post-Doctoral Fellow, Global Food Research Program
Gillings School of Global Public Health, University of North Carolina at Chapel Hill

References

1. Monteiro CA, Cannon G, Levy RB, et al. Ultra-processed foods: what they are and how to identify them. *Public Health Nutr*. 2019;22(5):936-941. doi:10.1017/S1368980018003762
2. Marino M, Puppo F, Del Bo' C, et al. A Systematic Review of Worldwide Consumption of Ultra-Processed Foods: Findings and Criticisms. *Nutrients*. 2021;13(8):2778. doi:10.3390/nu13082778
3. Monteiro CA, Louzada ML, Steele-Martinez E, et al. Ultra-processed foods and human health: the main thesis and the evidence. *The Lancet*. 2025;406(10520):2667-2684. doi:10.1016/S0140-6736(25)01565-X
4. Hall KD, Ayuketah A, Brychta R, et al. Ultra-Processed Diets Cause Excess Calorie Intake and Weight Gain: An Inpatient Randomized Controlled Trial of Ad Libitum Food Intake. *Cell Metab*. 2019;30(1):1. doi:10.1016/j.cmet.2019.05.008
5. Hamano S, Sawada M, Aihara M, et al. Ultra-processed foods cause weight gain and increased energy intake associated with reduced chewing frequency: A randomized, open-label, crossover study. *Diabetes Obes Metab*. 2024;26(11):5431-5443. doi:10.1111/dom.15922
6. Dicken SJ, Jassil FC, Brown A, et al. Ultraprocessed or minimally processed diets following healthy dietary guidelines on weight and cardiometabolic health: a randomized, crossover trial. *Nat Med*. Published online August 4, 2025:1-12. doi:10.1038/s41591-025-03842-0
7. Lane MM, Gamage E, Du S, et al. Ultra-processed food exposure and adverse health outcomes: umbrella review of epidemiological meta-analyses. *BMJ*. 2024;384:e077310. doi:10.1136/bmj-2023-077310
8. Martinez Steele E, Khandpur N, Batis C, et al. Best practices for applying the Nova food classification system. *Nat Food*. Published online June 2, 2023. doi:10.1038/s43016-023-00779-w
9. Grilo MF, Nunes BS, Duran AC, et al. Applying the Nova food classification to food product databases using discriminative ingredients: a methodological proposal. *Front Public Health*. 2025;13. doi:10.3389/fpubh.2025.1575136
10. Popkin BM, Miles DR, Taillie LS, Dunford EK. A policy approach to identifying food and beverage products that are ultra-processed and high in added salt, sugar and saturated fat in the United States: a cross-sectional analysis of packaged foods. *Lancet Reg Health – Am*. 2024;32. doi:10.1016/j.lana.2024.100713
11. Zancheta Ricardo C, Duran AC, Grilo MF, et al. Impact of the use of food ingredients and additives on the estimation of ultra-processed foods and beverages. *Front Nutr*. 2023;9. doi:10.3389/fnut.2022.1046463
12. Additives. Food Standards Australia New Zealand. Accessed April 1, 2026. https://www.foodstandards.gov.au/consumer/additives/additiveoverview
13. Food additives. Food Standards Agency. Accessed April 1, 2026. https://www.food.gov.uk/safety-hygiene/food-additives

About Healthy Eating Research

Healthy Eating Research (HER) is a national research program with funding provided by the Robert Wood Johnson Foundation. Technical assistance and direction are provided by Duke University under the direction of Mary Story, PhD, RD, program director, and Megan Lott, MPH, RDN, deputy director. HER supports research to identify, analyze, and evaluate environmental and policy strategies that can promote healthy eating among children and prevent childhood obesity. Special emphasis is given to research projects that benefit children and adolescents and their families, especially among lower-income and racial and ethnic minority population groups that are at highest risk for poor health and wellbeing and nutrition related health disparities. For more information, visit ***www.healthyeatingresearch.org***.