



September 25, 2024

2025 Dietary Guidelines Advisory Committee

VIA ELECTRONIC SUBMISSION

Re: Recommendations regarding ultra-processed foods in the Dietary Guidelines for Americans (DGA) 2025-2030 (Docket No. OASH-2022-0021)

Dear 2025 Dietary Guidelines Advisory Committee members:

Consumer Federation of America appreciates the opportunity to submit these comments on the next edition of the Dietary Guidelines for Americans. Established in 1968 to advance the consumer interest through research, advocacy, and education, CFA represents over 250 non-profit consumer organizations who participate in the federation and govern it through their representatives on the organization’s Board of Directors. We write here to urge you to follow the lead established in nearly a dozen other countries’ dietary guidelines and recommend that consumers limit consumption of ultra-processed foods (UPFs), particularly those high in salt, sugar, and fat.

A growing body of research makes clear that diets high in UPFs cause health problems for reasons that go beyond their typically poor macronutrient content. Acknowledging this evidence is not tantamount to “demonizing” UPFs, nor does it run an unreasonable risk of confusing consumers. Rather, the Committee has a critical opportunity in its upcoming report to alleviate the considerable confusion around UPFs. The committee should recommend a move away from past DGAs’ rigid adherence to nutrient-based messaging and fulfill its mandate to educate policymakers and the public by squarely addressing UPFs. In doing so, it will exert a positive influence on the U.S. food system, and greatly improve the DGAs’ contribution to public health.

Background

The toll of diet-related disease on the U.S. is hard to overstate. U.S. consumers now spend hundreds of billions of dollars—more than a trillion dollars according to some estimates¹—treating

¹ Lehner, P. (2016, August 15). The Hidden Costs of Food. Earthjustice. <https://earthjustice.org/article/the-hidden-costs-of-food>

diet-related disease. Compared to adults with normal weight, those with obesity incur an average \$2,505 in higher annual medical care costs.² Yet obesity rates show little sign of abating. The latest data out of the Centers for Disease Control and Prevention (CDC) indicates that 41.9% of U.S. adults aged 20 and over suffer from obesity, and when the “overweight” designation is added, some 73.6% of adults are affected.³ Tragically, a child in the U.S. today has a one in five probability of suffering from obesity.⁴ This epidemic disproportionately affects historically disadvantaged groups, including consumers with lower levels of education and Black, Hispanic and Native American consumers.^{5,6}

While diet-related disease has claimed an increasing number of lives, U.S. consumers’ and particularly U.S. children’s UPF consumption has also risen. According to one recent analysis of data from 1999 to 2018, the percentage of children’s calories from UPFs increased from 61.4% to 67.0%, while the percentage of calories from unprocessed or minimally processed foods decreased from 28.8% to 23.5%. As the Committee’s research has shown, diets high in UPFs “are associated with greater adiposity,” and a growing body of research indicates that this association does not simply reflect high levels of sugar, salt and fat in UPFs.

Even without formally considering the one randomized clinical control trial comparing a UPF diet and a less processed diet matched for macronutrients—perhaps the most famous nutrition study of the 21st century—the Committee should acknowledge that UPFs appear to cause disease for reasons that go beyond their nutrient profiles. The Committee need not attempt to specify these reasons. UPFs’ contribution to America’s diet-related disease epidemic is likely overdetermined by factors including their soft texture⁷; compromised food matrix⁸; suggestive marketing and hyperpalatable design⁹; the impact of additives like emulsifiers on the microbiome¹⁰; other additives’

² Cawley, J., et al (2021). Direct medical costs of obesity in the United States and the most populous states. *Journal of Managed Care & Specialty Pharmacy*, 27(3), 354–366. <https://doi.org/10.18553/jmcp.2021.20410>

³ Obesity and Overweight. (2023, December 27). National Center for Health Statistics.

<https://www.cdc.gov/nchs/fastats/obesity-overweight.htm>; These figures are based on body mass index, a measure that is both under- and over-inclusive. Nevertheless, as better measures of adiposity gain traction, they are likely to reveal similar trends. See also <https://www.nytimes.com/2024/09/06/health/body-roundness-index-bmi.html>

⁴ Childhood Obesity Facts. (2024, June 4). Centers for Disease Control. <https://www.cdc.gov/obesity/php/data-research/childhood-obesity-facts.html> (“From 2017 to March 2020, the prevalence of obesity among U.S. children and adolescents was 19.7%1. This means that approximately 14.7 million U.S. youths aged 2–19 years have obesity.”).

⁵ Caprio, S., et al (2008). Influence of Race, Ethnicity, and Culture on Childhood Obesity: Implications for Prevention and Treatment. *Diabetes Care*, 31(11), 2211–2221. <https://doi.org/10.2337/dc08-9024>

⁶ Some researchers argue that overweight and obesity, defined solely in terms of body-mass index or BMI, should not alone be classified as a disease; see <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3934493/>. However, large epidemiological studies have found that even metabolically healthy individuals with obesity are at an increased risk for stroke, heart failure and other adverse events compared to “individuals who are normal weight with no metabolic risk factors,” see <https://www.jacc.org/doi/full/10.1016/j.jacc.2017.07.763>

⁷ Teo, P. S., et al (2022). Texture-based differences in eating rate influence energy intake for minimally processed and ultra-processed meals. *The American Journal of Clinical Nutrition*, 116(1), 244–254. <https://doi.org/10.1093/ajcn/nqac068>

⁸ Aguilera, J. M. (2019). The food matrix: Implications in processing, nutrition and health. *Critical Reviews in Food Science and Nutrition*, 59(22), 3612–3629. <https://doi.org/10.1080/10408398.2018.1502743>

⁹ Calcaterra, V., Cena, H., Rossi, V., Santero, S., Bianchi, A., & Zuccotti, G. (2023). Ultra-Processed Food, Reward System and Childhood Obesity. *Children*, 10(5), Article 5. <https://doi.org/10.3390/children10050804>

¹⁰ De Siena, M., et al (2022). Food Emulsifiers and Metabolic Syndrome: The Role of the Gut Microbiota. *Foods*, 11(15), 2205. <https://doi.org/10.3390/foods11152205>

impacts on endocrine function¹¹; chemical flavorings' and sweeteners' disruption of flavor-nutrient learning processes¹²; low fiber content, and yes, UPFs' typically high levels of salt, sugar, and fat.¹³ Advice to limit salt, sugar, and fat remains valid, but without any consideration of processing, that advice will lead Americans down a road to poor health.

Uncertainty as to why UPFs cause disease does not justify ignoring the evidence.

Causal indeterminacy should not foreclose good public policy. Quarantining travelers, boiling water, use of herbs and spices with antimicrobial properties—these and many other practices took root long before a modern understanding of microbiology clarified their need.¹⁴ Throughout history, societies have adopted protective behaviors based on observed patterns of disease even when the mechanisms were poorly understood.

Today, UPFs are like a swamp in the ancient Roman empire. Back then, people avoided or drained swamps and wetlands because of their “bad air” (mal aria in Italian) thought to cause fevers. We now understand that mosquitoes cause malaria, but a policy of avoiding swamps served the purpose of preventing the disease. Better understanding undoubtedly helps reduce the cost of prevention. With knowledge of mosquitoes' role in disease transmission, the ancient roman subject might not give the swamp such a wide berth in winter. But imperfect information should not foreclose cost-effective action.

During its previous meeting, several Committee members expressed concerns that the UPF category includes a wide variety of foods, with dramatically different macronutrient profiles and degrees of processing. Indeed, the Nova classification system affixes the UPF label to seemingly healthy foods—such as plain yogurt containing the emulsifier pectin¹⁵—as well as less healthy products, such as Cap'n Crunch's Oops All Berries cereal¹⁶ laden with synthetic dyes, preservatives, and 15 grams of added sugars per serving. Without saying as much, some committee members seemed to suggest that criticism of UPFs might lead some consumers to replace UPFs with favorable macronutrient profiles, like the yogurt with pectin, with less processed foods containing high levels of salt, sugar, and fat. Alternatively, consumers might throw up their hands, throw out their pectin-laced yogurt, and console themselves with a bottomless bowl of Oops All Berries.

¹¹ Steele, E. M., Khandpur, N., Louzada, M. L. da C., & Monteiro, C. A. (2020). Association between dietary contribution of ultra-processed foods and urinary concentrations of phthalates and bisphenol in a nationally representative sample of the US population aged 6 years and older. *PLOS ONE*, 15(7), e0236738. <https://doi.org/10.1371/journal.pone.0236738>

¹² Veldhuizen, M. G., et al (2017). Integration of Sweet Taste and Metabolism Determines Carbohydrate Reward. *Current Biology*, 27(16), 2476-2485.e6. <https://doi.org/10.1016/j.cub.2017.07.018>

¹³ Crimarco, A., Landry, M. J., & Gardner, C. D. (2022). Ultra-processed Foods, Weight Gain, and Co-morbidity Risk. *Current Obesity Reports*, 11(3), 80–92. <https://doi.org/10.1007/s13679-021-00460-y>

¹⁴ History of Public Health. ScienceDirect. <https://www.sciencedirect.com/topics/social-sciences/history-of-public-health>

¹⁵ Organic Plain Yogurt (Low Fat), 32 oz at Whole Foods Market. Whole Foods Market. <https://www.wholefoodsmarket.com/product/365-by-whole-foods-market-organic-plain-yogurt-low-fat-32-oz-b074h64byn>

¹⁶ Cap'n Crunch's OOPS! All Berries®. Cap'n Crunch. <https://www.capncrunch.com/products/cap-n-crunch-s-oops-all-berries>

Nevertheless, most consumers, and policymakers, respond to accurate information in a rational manner. With respect to advice on UPFs and macronutrients, the Committee should trust their audience to “walk and chew gum” so to speak. The preponderance of the evidence supports both macronutrient guidelines, and advice to reduce consumption of ultra-processed foods. To be sure, that advice may present a conflict for many consumers. A vegetarian may have little choice but to rely on UPFs to meet their protein needs. A low-income consumer in a food desert may have few options other than UPFs to eat at all. But this very ubiquity of UPFs in the American food environment is precisely why this Committee—the nation’s foremost authority on diet and nutrition—must acknowledge the relevance of processing to a healthy diet.

An exclusive focus on macronutrients will compromise American diets.

Neglecting the role of processing in healthy diets leads to regrettable substitutions. School meals provide an illustration. On April 25, 2024, USDA finalized a rule limiting added sugars in school meals.¹⁷ In comments on the rule, CFA and many others pointed out that, without addressing low- and no-calorie sweeteners (LNCS), the new added sugars limits will lead many school meal providers to increase the already concerning levels of these additives in school meals.¹⁸ Yet USDA explained in its final rule that “there are no restrictions on sweeteners in school meals, such as the use of sugar substitutes and nonnutritive sweeteners,” because “this approach aligns with current FDA guidance for sweeteners.”¹⁹

This approach does *not* align, however, with longstanding guidance from other public health authorities. The American Academy of Pediatrics (AAP), for example, issued a 2019 policy statement recommending that FDA require stricter labeling for NNS ingredients.²⁰ The AAP’s statement points out that animal studies as well as observational studies of adults and children, have shown an association between LNCS consumption and obesity, and that “the long-term safety of [LNCS] in childhood has not been assessed in humans.” Similarly, the American Heart Association issued a 2018 Science Advisory finding that “there is a dearth of evidence on the potential adverse effects of [LNCS] beverages relative to potential benefits,” and concluding that “it is prudent to advise against prolonged consumption of [LNCS] beverages by children.”²¹

This more cautious approach is arguably more consistent with the current DGAs’ recommendation against giving LNCS to children under 2. For older children, however, the

¹⁷ Child Nutrition Programs: Meal Patterns Consistent With the 2020-2025 Dietary Guidelines for Americans, 89 Fed. Reg. 31,962 (April 25, 2024). <https://www.regulations.gov/document/FNS-2022-0043-96124>

¹⁸ Letter from Consumer Federation of America to Stacy Dean, Deputy Under Secretary at U.S. Food and Nutrition Service on Proposed Rule on Child Nutrition Programs: Revisions to Meal Patterns Consistent with the 2020 Dietary Guidelines for Americans (May 10, 2023). Available at: <https://consumerfed.org/wp-content/uploads/2023/05/Consumer-Federation-of-America-comments-on-USDA-FNS-school-meal-standards-proposed-rule.pdf>

¹⁹ *Id.*

²⁰ Baker-Smith, C. M., De Ferranti, S. D., & Cochran, W. D. (2019). The Use of Nonnutritive Sweeteners in Children. *Pediatrics*, 144(5). <https://doi.org/10.1542/peds.2019-2765>

²¹ Johnson, R. K., et al. (2018b). Low-Calorie Sweetened Beverages and Cardiometabolic Health: A Science Advisory From the American Heart Association. *Circulation*, 138(9). <https://doi.org/10.1161/cir.0000000000000569>

Guidelines say nothing. As a result, when determining how much LNCS to allow in children’s meals, USDA explained in its rulemaking that it “relies on FDA expertise . . . because FDA is the Federal agency responsible for assessing the safety of food additives, food ingredients, and sweeteners, including artificial sweeteners and nonnutritive sweeteners.” And because FDA has determined that these additives “are safe for their intended use,” they can sweeten every item on the menu in America’s schools.

This binary approach to LNCS is outdated, as it is for so many other UPF additives. The available evidence may not support a ban on artificial sweeteners, but it surely supports some limit, particularly in children’s diets. Acknowledging the evidence linking UPFs to disease, and advising consumers to avoid UPFs where possible, will help to avoid letting a focus on macronutrients crowd out common sense dietary guidance.

Examples from other nations’ Dietary Guidelines should inform the Committee’s guidance on UPFs.

The appendix to these comments contains excerpts from ten countries’ national Dietary Guidelines that specifically refer to UPFs. Another five refer more generally to “processing” in advising consumers on foods to avoid. Most of these guidelines emphasize the need to avoid UPFs that also contain high levels of salt, sugar and fat. Some guidelines, such as Belgium’s, expressly acknowledge that UPFs may have desirable nutritional characteristics, but still recommend limiting their consumption.

The Nova classification system plays a central role in these guidelines. Some countries’ guidelines restate the Nova definition of UPFs, others refer to it, and others leave the association implicit. However, no guidelines seek to redefine UPFs from their original meaning under Nova. Refinements to the “ultra-processing” concept, such as the French SIGA (Système d’Information Nutritionnelle) classification, which differentiates foods based on the degree of processing and the presence of certain additives, may eventually support more tailored dietary advice. For now, however, the Nova classification represents the dominant method for defining UPFs.²² A growing body of research links various diseases to diets high in UPFs, *as defined under NOVA*, not under some other classification.²³ The Committee’s recommendations should reflect this reality, and help to foster a shared vocabulary around UPFs.

Conclusion

This Committee has an unprecedented opportunity to influence the American diet and improve the nation’s public health. The tidal wave of research connecting UPFs to the nation’s rapidly

²² See Crimarco, A., Landry, M. J., & Gardner, C. D. (2022). Ultra-processed Foods, Weight Gain, and Co-morbidity Risk. *Current Obesity Reports*, 11(3), 80–92. <https://doi.org/10.1007/s13679-021-00460-y> (noting “Most of the literature to date still utilizes the original NOVA criteria; there have not yet been many studies published utilizing the Siga criteria.”).

²³ See, e.g., Lane, M. M., Gamage, E., Du, S., Ashtree, D. N., McGuinness, A. J., Gauci, S., Baker, P., Lawrence, M., Rebbholz, C. M., Srouf, B., Touvier, M., Jacka, F. N., O’Neil, A., Segasby, T., & Marx, W. (2024). Ultra-processed food exposure and adverse health outcomes: Umbrella review of epidemiological meta-analyses. *BMJ*, 384, e077310. <https://doi.org/10.1136/bmj-2023-077310>.

deteriorating health has exposed the folly of exclusively nutrient-based dietary guidance. U.S. consumers, and particularly children, need relief from a food system oriented around the industry's profit imperative. This Committee can bring such relief, dispelling the myth that food processing has no impact on dietary quality, and setting the stage for federal agencies to enact common sense standards, like limits on artificial sweeteners in school meals.

Thank you for your consideration of these comments.

Sincerely,

Thomas Gremillion
Director of Food Policy
Consumer Federation of America

Appendix 1: Excerpt from national dietary guidelines mention ultra-processed foods

Country	Guidelines	Definition of UPF	Excerpt
Ecuador	Food-based Dietary Guidelines of Ecuador (2021)	n/a	“Let's protect our health - avoid the consumption of UPFs, fast food and sugar-sweetened beverages.” ²⁴
Brazil	Dietary Guidelines for the Brazilian Population (2014)	UPFs are industrial formulations made entirely or mostly from substances extracted from foods (oils, fats, sugar, starch, and proteins), derived from food constituents (hydrogenated fats and modified starch), or synthesized in laboratories from food substrates or other organic sources (flavor enhancers, colors, and several food additives used to make the product hyper-palatable). Manufacturing techniques include extrusion, molding, and preprocessing by means of frying.	“Avoid UPFs: Because of their ingredients, UPFs—such as packaged snacks, soft drinks, and instant noodles—are nutritionally unbalanced. As a result of their formulation and presentation, they tend to be consumed in excess and displace natural or minimally processed foods. Their means of production, distribution, marketing, and consumption damage culture, social life, and the environment.”
Peru	National Dietary Guidelines (2019)	n/a	“Prefer and choose natural foods as the basis of your diet and avoid UPFs.” ²⁵
Uruguay	Food Guide for the Uruguayan Population (2019)	n/a	“Base your diet on natural foods and avoid the regular consumption of ultra-processed products with excessive contents of fat, sugar and salt.” ²⁶
Israel	Nutritional Recommendations by the Israeli Ministry of Health (2019)	Foods that have been processed by several industrial processing processes. These foods frequently contain additives that are not natural such as salty and fatty snacks, soft drinks, breakfast cereals, chicken nuggets and more.	“UPFs containing large amounts of additives such as salt/sugar or their non-natural substitutes. These foods damage the taste and nutritional balance of the original food. As a result, these foods are characterized by excessive consumption, which is at the

²⁴ Source only published in Spanish. Excerpt from FAO English translation: *Food-based dietary guidelines—Ecuador*. Food and Agriculture Organization of the United Nations. <https://www.fao.org/nutrition/education/food-dietary-guidelines/regions/countries/ecuador/en/>

²⁵ Source only published in Spanish. Excerpt from FAO English translation: *Food-based dietary guidelines—Peru*. Food and Agriculture Organization of the United Nations. <https://www.fao.org/nutrition/education/food-dietary-guidelines/regions/countries/peru/en/>

²⁶ Source only published in Spanish. Excerpt from FAO English translation: *Food-based dietary guidelines—Uruguay*. Food and Agriculture Organization of the United Nations. <https://www.fao.org/nutrition/education/food-based-dietary-guidelines/regions/countries/uruguay/es/>

			expense of healthier foods. The consumption of such foods is harmful to culture, social life, and the environment.”
France	The National Nutrition and Health Program (2023)	We refer to the NOVA classification.	“We call for the implementation of measures to reduce the consumption of ultra-processed products by 20% between 2018 and 2021.”
Belgium	Dietary guidelines for the Belgian adult population (2019)	These foods are formulated mainly or entirely from substances extracted from foods, usually involve little or no whole foods, and often contain additives (coloring agents, sweeteners, emulsifiers, flavor enhancers, etc.) or flavorings that enhance their organoleptic qualities. They are convenient, ready-to-eat or ready-to-heat and are very attractive – we refer to the NOVA classification.	“Most UPFs should by no means replace basic foods. Yet some UPFs may have an acceptable nutritional quality or beneficial nutritional density (e.g. omega-3- enriched minarine).”
Malaysia	Malaysian Dietary Guidelines (2020)	Industrial formulations generated through compounds extracted, derived or synthesized from food or food substrates. Ultra-processed foods also commonly contain artificial substances such as colors, sweeteners, flavors, preservatives, thickeners, emulsifiers and other additives used to promote aesthetics, enhance palatability and increase shelf life (we refer to the NOVA classification),	“Limit intake of processed and UPFs.”
India	Dietary Guidelines for Indians (2024)	UPFs refer to food and beverage products that have undergone extensive industrial processing and contain a high number of additives such as preservatives, sweeteners, coloring, flavorings, emulsifiers, and other substances that are not commonly used in culinary preparations.	“Balanced diet: avoiding UPFs and foods high in fat, sugar, and salt.”
Maldives	Food Based Dietary Guidelines for Maldives (2019)	Industrial formulations which, besides salt, sugar, oils and fats, include substances not used in culinary preparations, in particular additives used to imitate sensorial qualities of minimally processed	“Highly processed food and junk foods are usually very high in saturated fat, salt and sugar, all of which should be limited in our diet. Mostly, these foods provide only high amounts of energy and little or no micronutrients,

		foods and their culinary preparations.	as they contain less fruits and vegetables. Limit consumption of fast food and processed food and try to cook healthy and eat homemade food most days.”
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Appendix 2: National dietary guidelines that refer to processing more generally

Country	Guidelines	Excerpts
Canada	Canada’s Dietary Guidelines (2019)	“Processed or prepared foods and beverages that contribute to excess sodium, free sugars, or saturated fat undermine healthy eating and should not be consumed regularly”.
Panama	Dietary Guidelines for Panama (2013)	“Limit your intake of processed products high in sodium, such as artificial sauces and seasonings, dry soups, cans and jars.” ²⁷
Colombia	Food-based Dietary Guidelines for the Colombian Population over 2 years of age (2015)	“To maintain a a normal blood pressure, reduce the consumption of salt and foods high in sodium like processed meats, canned foods and packaged products.” ²⁸
The Netherlands	Food-based Dietary Guidelines for the Netherlands (2016)	“Limit consumption of processed meat” ²⁹
Norway	Norwegian Guidelines on Diet, Nutrition, and Physical Activity (2014)	“Choose lean meat and lean meat products. Limit the amount of processed meat and red meat you consume.” ³⁰

²⁷ Source only published in Spanish. Excerpt from FAO English translation: *Food-based dietary guidelines—Panama*. Food and Agriculture Organization of the United Nations. <http://www.fao.org/nutrition/educacion-nutricional/food-dietary-guidelines/regions/panama/es/>

²⁸ Source only published in Spanish. Excerpt from FAO English translation: *Food-based dietary guidelines—Colombia*. Food and Agriculture Organization of the United Nations. <https://www.fao.org/nutrition/education/food-dietary-guidelines/regions/countries/colombia/en/>

²⁹ Source only published in Dutch. Excerpt from FAO English translation: *Food-based dietary guidelines—The Netherlands*. Food and Agriculture Organization of the United Nations. <https://www.fao.org/nutrition/education/food-based-dietary-guidelines/regions/countries/netherlands/en/>

³⁰ Source only published in Norwegian. Excerpt from FAO English translation: *Food-based dietary guidelines—Norway*. Food and Agriculture Organization of the United Nations. <https://www.fao.org/nutrition/education/food-dietary-guidelines/regions/countries/norway/en/>