

Ultra-Processed Foods

Policy Position Statement

Key messages:

Restricting the availability, promotion and consumption of highly processed, low nutritional value foods and beverages is important for promoting healthy and sustainable food systems that better support higher quality population eating patterns and associated health outcomes. The concept of ultra-processed foods can be used to incorporate such considerations related to health, sustainability, and cultural food preferences, and can highlight the potentially negative influence of large agrifood organisations on population health.

Policy actions aiming to improve the eating patterns of Australians should incorporate the level of processing of food as a consideration as part of policy design. This can ensure the development of fit-for-purpose policies and avoid the unintended consequences of relying on nutrient content alone.

Key policy positions:

- The displacement of the production and consumption of nutritious, minimally processed foods with an increasing prevalence of ultra-processed foods, has led to adverse impacts on population eating patterns, health outcomes, the food system and the environment.
- Food-based dietary guidelines and the associated translation of such guidelines into policy should consider how to incorporate the impact of food processing.
- 3. Policy actions to promote healthy and sustainable population eating patterns and food systems, such as labelling information to guide product selection, restrictions on product marketing, restricting product availability in specific settings, and setting financial incentives and disincentives, should be based on contemporary evidence-based criteria and be consistent with national food-based dietary guidelines.

Audience: Federal, State and Territory, and Local Governments, policymakers and program

managers, PHAA members, media.

Responsibility: Food & Nutrition Special Interest Group

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Policy position statement

PHAA affirms the following principles:

- 1. Dietary patterns and food systems are complex and are influenced by a variety of individual, environmental and socio-political factors.
- 2. Production of ultra-processed foods results in the significant depletion of natural resources and biodiversity as well as greenhouse gas emissions. In addition, these foods are a major source of dietary energy and contribute substantially to the global burden of disease.
- 3. Despite their negative impacts, ultra-processed foods are vastly over-represented in Australia's food supply.
- 4. Restricting the availability, promotion and consumption of ultra-processed foods is a key consideration as part of policy actions to promote healthy and sustainable population diets and food systems.
- 5. Government, public health practitioners, academics, the public and the agrifood industry need to be aware of the adverse health and environmental impacts of ultra-processed foods.
- 6. Action is needed across all levels of government, food industry and the public domain to reduce the production, consumption and consequential impact of ultra-processed foods on population and planetary health.

PHAA notes the following evidence:

- 7. Food processing has played an important role in human nutrition and evolution by helping to increase the safety, convenience, and diversity of food products. In the modern industrialised food system, changes to the extent and purpose of food processing have resulted in a dramatic increase in the availability and consumption of ultra-processed foods^(1, 2).
- 8. The NOVA classification system defines ultra-processed foods and beverages as formulations of ingredients, mostly of exclusive industrial use, that result from a series of industrial processes (hence 'ultra-processed'). Ultra-processed foods are designed to be affordable, hyper-palatable and attractive, with an extended shelf-life, and conveniently packaged to be consumed anywhere, at any time. The formulation, presentation and marketing of ultra-processed foods often promotes overconsumption and the displacement of unprocessed and minimally processed foods from population eating patterns^(3, 4). Examples of ultra-processed foods include fast food dishes, soft drinks, salty snacks, biscuits, sausages and other reconstituted meats, and mass-produced supermarket convenience foods such as ready-to-eat or heat meals, soups, dips, and desserts^(3, 5).
- 9. Ultra-processed foods comprise 42% of total energy intake in modern Australian eating patterns ⁽⁶⁾, with similarly high rates of consumption observed in other high-income countries⁽⁷⁾. Children and adolescents, people experiencing greater levels of disadvantage, and those with lower levels of education and income are the highest consumers of ultra-processed foods in Australia^(8, 9). Early-life exposure to ultra-processed foods is increasing globally and leading to long lasting negative health impacts⁽¹⁰⁾.

- 10. Evidence from over 500 studies across more than 14 countries and summarised in 23 systematic reviews published to date, shows consumption of ultra-processed foods is a major contributor to the global burden of disease (11-13).
- 11. Large-scale population and experimental studies demonstrate a direct association between ultra-processed food consumption, poor quality eating patterns and negative health outcomes such as weight gain, non-communicable diseases (e.g., type 2 diabetes, cardiovascular disease, and cancer), impaired mental and cognitive health and increased mortality⁽¹¹⁻¹³⁾. In Australia, for example, those who consume higher levels of ultra-processed foods have a 61% higher risk of being classified as obese compared with those who eat fewer ultra-processed foods ⁽¹⁴⁾.
- 12. Poor health outcomes associated with ultra-processed food consumption result from both: a) the poor nutrient profile of ultra-processed foods which typically include added sugars, salt and industrial trans fats; and b) non-nutrient mediated mechanisms such as deconstruction of the food matrix or the presence of cosmetic additives and contaminants that may impair endocrine function and gut-brain satiety signalling^(15, 16).
- 13. Emerging evidence indicates the manufacture, distribution, and disposal of ultra-processed foods results in significant environmental degradation through the depletion of natural resources (such as land and water), biodiversity loss and greenhouse gas emissions^(17, 18).
- 14. The vast majority of ultra-processed foods are produced and consequently marketed by a small number of powerful transnational agri-food corporations, using pervasive marketing techniques⁽¹⁹⁻²¹⁾. Such companies have used their power to re-shape food systems whereby traditional and culturally appropriate dietary patterns are rapidly being displaced by the consumption of ultra-processed foods. This has enormous social, cultural and economic costs, as well as political implications⁽²²⁾.
- 15. Despite mounting evidence and recognition by the United Nations that government policies must focus on reducing the consumption of ultra-processed foods^(4, 23, 24), Australia lacks a strategic and coordinated policy approach to address this issue. Some minor measures include using evidence from ultra-processed food studies to support recommendations about reducing 'unhealthy foods' within the National Preventive Health Strategy and the National Obesity Strategy^(25, 26). However, stronger and more explicit action is needed.
- 16. Professional associations and advocates across Australia are calling for recognition of the human and planetary health impacts of ultra-processed foods to inform recommendations in the next iteration of the Australian Dietary Guidelines (ADGs)⁽²⁷⁻²⁹⁾. The definition of 'unhealthy foods' in the ADGs (i.e., 'discretionary' foods), only captures 54% of ultra-processed foods^(30, 31). This indicates a large proportion of ultra-processed foods are currently recommended for consumption in the Australian population. Including considerations related to the level of processing of foods as part of the ADGs would help to align Australia's national dietary advice with recent dietary guidelines issued globally⁽³²⁾.
- 17. Overseas, policy actions have been implemented through front-of-pack labelling (Brazil, Mexico, Chile, Peru, Uruguay and Israel), and complementary and reinforcing policies across multiple food system leverage points (Chile)⁽³³⁾. While ultra-processing is not the sole basis of classification schemes used in these policies, such foods and beverages have been captured within these policy actions. The Australian Government's primary food labelling scheme, the Health Star Rating, and product reformulation targets within the Healthy Food Partnership Reformulation Program, currently do not consider or capture the level of processing of foods and beverages. Failing to consider the impact of food processing within these initiatives may have unintended consequences, including inadvertently

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permitting ultra-processed foods to display a higher Health Star Rating than warranted, or reformulating products that might increase the current supply of ultra-processed foods (e.g., by replacing sugar with non-nutritive sweeteners)⁽³⁴⁻³⁶⁾.

PHAA seeks the following actions:

- 18. Recognition by Federal, State and Territory, and Local Governments, Food Standards Australia New Zealand, the agri-food industry and the public domain of the impact of ultra-processed foods on population and planetary health.
- 19. Synergistic actions across government, industry, not-for-profit and academic sectors to reduce the impact of ultra-processed foods, including:

Policy and regulatory actions

- 20. Inclusion of considerations related to the level of processing of foods as part of the next iteration of the *Australian Dietary Guidelines*.
- 21. Consideration of how the level of processing can be incorporated into government funded food provision policies, including:
 - a. departmental food procurement policies.
 - b. food provision guidelines for government funded settings (e.g., childcare centres, school canteens, hospitals and health services, sport and recreation facilities, correctional facilities, and other public settings).
- 22. Inclusion of considerations related to the level of processing of foods in national, state, and local public health and wellbeing policies and strategies, including in a new National Nutrition Policy.
- 23. System-wide mandatory regulatory actions to discourage production and consumption of unhealthy foods, should consider the level of processing. For example:
 - c. marketing restrictions on unhealthy foods and beverages, particularly to children, including digital and point-of sale marketing and price promotions.
 - d. food labelling policies such as front of pack labelling that incorporates the level of processing.
 - e. fiscal policies to disincentivise the production and consumption of highly processed, low nutritional quality foods and beverages.
 - f. corporate regulation such as transparency of lobbying and political donations and incorporating consideration of public health outcomes in competition assessments for new food industry mergers and acquisitions.
 - g. Trade policies to address the pervasiveness of highly processed, low nutritional quality food availability, such as tariff-rates and tariff-rate quotas, and limits on imports of such foods.

Promoting fresh and minimally processed foods

- 24. Policies to increase the production and consumption of whole foods e.g., fruits and vegetables, nuts, cereals, and legumes), including:
 - a. fiscal policies that make whole foods and nutritious meals more affordable.

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- b. setting minimum standards for the amounts of whole foods required to be served via food procurement policies.
- c. setting standards for sale and promotion by food retailers and food service outlets.
- 25. Encouraging "wholefoods reformulation" whereby food innovations focus on supplying new convenient and affordable minimally processed foods to the Australian public.
- 26. Incentives for smaller-scale and mixed farming and shifting away from sole, large-scale commodity crops (such as corn and wheat), which tend to be the base ingredient for many ultra-processed foods.
- 27. Providing the food literacy skills needed to support quick, easy and nutritious home food preparation.

Public education and communication

- 28. Inclusion of the concept of ultra-processing within the wider education system, including:
 - d. Health-related tertiary education (e.g., nutrition and dietetics, medicine, oral health and allied health courses).
 - e. Food service training and education (e.g., standard childcare and aged care food provision courses).
- 29. Public education and communication (e.g., through funded social marketing campaigns) designed to support improved levels of food literacy and education about food and nutrition and incorporating the associated human and planetary health impacts of highly processed foods.

Research and innovation

30. Investment in research to examine foods systems, human and planetary health impacts of highly processed foods, and modelling the potential and actual benefits of integrated policy solutions when using ultra-processed food classifications.

PHAA resolves to advocate for:

31. The above steps to be taken based on the principles in this position statement.

First adopted 2023

References

- 1. Monteiro CA, et al. The need to reshape global food processing: a call to the United Nations Food Systems Summit. BMJ Glob Health. 2021;6(7).
- 2. Baker P, et al. Ultra-processed foods and the nutrition transition: Global, regional and national trends, food systems transformations and political economy drivers. Obes Rev. 2020;21(12):e13126.
- 3. Monteiro CA, et al. Ultra-processed foods: what they are and how to identify them. Public Health Nutr. 2019;22(5):936-41.
- 4. Monteiro CA, Cannon G, Lawrence M, Louzada MLC, Machado PP. Ultra-processed foods, diet quality, and health using the NOVA classification system. Rome: Food and Agriculture Organization of the United Nations Report; 2019. p. 44.
- 5. Pulker CE, Farquhar HR, Pollard CM, Scott JA. The nutritional quality of supermarket own brand chilled convenience foods: an Australian cross-sectional study reveals limitations of the Health Star Rating. Public Health Nutr. 2020;23(12):2068-77.
- 6. Machado PP, et al. Ultra-processed foods and recommended intake levels of nutrients linked to non-communicable diseases in Australia: evidence from a nationally representative cross-sectional study. BMJ Open. 2019;9(8):e029544.
- 7. Martini D, Godos J, Bonaccio M, Vitaglione P, Grosso G. Ultra-Processed Foods and Nutritional Dietary Profile: A Meta-Analysis of Nationally Representative Samples. Nutrients. 2021;13(10).
- 8. Machado PP, et al. Ultra-processed food consumption drives excessive free sugar intake among all age groups in Australia. Eur J Nutr. 2020;59(6):2783-92.
- 9. Marchese L, Livingstone KM, Woods JL, Wingrove K, Machado P. Ultra-processed food consumption, socio-demographics and diet quality in Australian adults. Public Health Nutr. 2022;25(1):94-104.
- 10. Baker P, et al. First-food systems transformations and the ultra-processing of infant and young child diets: The determinants, dynamics and consequences of the global rise in commercial milk formula consumption. Matern Child Nutr. 2020:e13097.
- 11. Taneri PE, et al. Association Between Ultra-Processed Food Intake and All-Cause Mortality: A Systematic Review and Meta-Analysis. Am J Epidemiol. 2022;191(7):1323-35.
- 12. Lane MM, et al. Ultra-Processed Food Consumption and Mental Health: A Systematic Review and Meta-Analysis of Observational Studies. Nutrients. 2022;14(13).
- 13. Pagliai G, et al. Consumption of ultra-processed foods and health status: a systematic review and meta-analysis. Br J Nutr. 2021;125(3):308-18.
- 14. Machado PP, et al. Ultra-processed food consumption and obesity in the Australian adult population. Nutr Diabetes. 2020;10(1):39.
- 15. Srour B, et al. Ultra-processed foods and human health: from epidemiological evidence to mechanistic insights. Lancet Gastroenterol Hepatol. 2022;7(12):1128-40.
- 16. Fardet A, Rock E. Ultra-processed foods: A new holistic paradigm? Trends in Food Science & Technology. 2019;93:174-84.
- 17. Anastasiou K, Baker P, Hadjikakou M, Hendrie GA, Lawrence M. A conceptual framework for understanding the environmental impacts of ultra-processed foods and implications for sustainable food systems. Journal of Cleaner Production. 2022.
- 18. Kesse-Guyot E, et al. Environmental impacts along the value chain from the consumption of ultra-processed foods. Nature Sustainability. 2022;6(2):192-202.
- 19. Moodie R, et al. Ultra-Processed Profits: The Political Economy of Countering the Global Spread of Ultra-Processed Foods A Synthesis Review on the Market and Political Practices of Transnational Food Corporations and Strategic Public Health Responses. International Journal of Health Policy and Management. 2021.

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- 20. Pulker CE, Trapp GSA, Scott JA, Pollard CM. Global supermarkets' corporate social responsibility commitments to public health: a content analysis. Global Health. 2018;14(1):121.
- 21. Wood B, Williams O, Baker P, Sacks G. Behind the 'creative destruction' of human diets: An analysis of the structure and market dynamics of the ultra-processed food manufacturing industry and implications for public health. Journal of Agrarian Change. 2023.
- 22. Monteiro CA, et al. The UN Decade of Nutrition, the NOVA food classification and the trouble with ultra-processing. Public Health Nutr. 2018;21(1):5-17.
- 23. Food and Agriculture Organization of the United Nations & Food Climate Research Network. Plates, Pyramids, Planet. Developments in National Healthy and Sustainable Dietary Guidelines: A State of Play Assessment. FAO/University of Oxford; 2016.
- 24. UNICEF. The State of the World's Children 2019. Children, Food and Nutrition: Growing well in a changing world. New York2019.
- 25. Commonwealth of Australia 2022. Health Ministers Meeting. The National Obesity Strategy 2022-2032. 2022.
- 26. Commonwealth of Australia. Department of Health. The National Preventive Health Strategy 2021-2030. Right Vision Media; 2021 12/16/.
- 27. Public Health Association of Australia. Public Health Association of Australia submission on Review of the Australian Dietary Guidelines Stakeholder Scoping 2021.
- 28. Nutrition Australia. Australian Dietary Guidelines Review Stakeholder Scoping Survey. 2021.
- 29. Dietitians Australia. Australian Dietary Guidelines Scoping Survey. 2021.
- 30. Lee A FB, Cullerton K, Herron L, Harrison M, Wilson A,. A rapid review of evidence: Discretionary food and drinks (Phase Two): Definition of 'unhealthy' choices and review of food classification systems. . The University of Queensland; 2019.
- 31. Dickie S, Woods J, Machado P, Lawrence M. Nutrition Classification Schemes for Informing Nutrition Policy in Australia: Nutrient-Based, Food-Based, or Dietary-Based? Curr Dev Nutr. 2022;6(8):nzac112.
- 32. Koios D, Machado P, Lacy-Nichols J. Representations of Ultra-Processed Foods: A Global Analysis of How Dietary Guidelines Refer to Levels of Food Processing. Int J Health Policy Manag. 2022.
- 33. Popkin BM, et al. Towards unified and impactful policies to reduce ultra-processed food consumption and promote healthier eating. The Lancet Diabetes & Endocrinology. 2021.
- 34. Dickie S, Woods JL, Baker P, Elizabeth L, Lawrence MA. Evaluating Nutrient-Based Indices against Foodand Diet-Based Indices to Assess the Health Potential of Foods: How Does the Australian Health Star Rating System Perform after Five Years? Nutrients. 2020;12(5).
- 35. Scrinis G, Monteiro CA. Ultra-processed foods and the limits of product reformulation. Public Health Nutr. 2018;21(1):247-52.
- 36. Russell C, Baker P, Grimes C, Lawrence MA. What are the benefits and risks of nutrition policy actions to reduce added sugar consumption? An Australian case study. Public Health Nutrition. 2022;25(7):2025-42.