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Recent U.S. Nutrition Policy and Ultra-processed Foods: Two Avenues of Criticism

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Abstract

Recent U.S. federal nutrition policy adopts guidelines based on the concept of ultra-processed foods while disavowing a health-equity lens. The combination of these policy planks is worrisome. One issue is that ultra-processed foods are not well-defined and are subject to a still-emerging body of research; the health effects of food processing are very much still under investigation. Another issue is that by disavowing a health-equity lens, we lose a substantive critique of nutrition advice: feeding oneself is subject to systemic pressures that intersect with social identities like race and socioeconomic status. The loss of this critique is exacerbated by the "Make America Healthy Again" social media movement behind the recent federal nutrition policy changes. Therefore, we should be concerned about new federal nutrition policies like the 2025–2030 Dietary Guidelines and correlate defunding of programs like SNAP and WIC.

1. Introduction

The United States Department of Agriculture releases updated nutritional guidelines—the Dietary Guidelines for Americans (hereafter, Dietary Guidelines)— every five years. The 2025–2030 edition of the Dietary Guidelines (USDA/HHS 2026) incorporates many of the nutrition policy priorities of the Trump Administration and current Health and Human Services Secretary Robert F. Kennedy Jr. Among these priorities are reducing the consumption of ultra-processed foods (UPFs) and increasing the consumption of fresh, whole foods, with a particular emphasis on animal sources of protein and fats like beef tallow, milk fat, and butter. These recommendations coincide with a cultural zeitgeist surrounding the dangers of UPFs. Recent empirical research has claimed that consuming UPFs is associated with obesity, cardiovascular disease, type 2 diabetes, and all-cause mortality (O'Neill 2026); meta-analyses concluded that UPFs are associated with low levels of "good cholesterol", a higher risk of depression (Pagliai et al. 2021), and even childhood asthma (Elizabeth et al. 2020). Popular publications and opinion pieces in the New York Times (Grose and Holmquist 2026) wonder to what degree food manufacturers are responsible for America's UPF consumption.

The Dietary Guidelines are important because they set the standard for federal programs related to nutrition, including public school lunches and military meals. Additionally, the Dietary Guidelines help drive consumer demand. As a result, changes in the Dietary Guidelines significantly affect food manufacturers, and therefore the kinds of foods that are widely available to Americans.

I have two concerns about basing our federal nutrition policy and communication around UPFs. The first is that UPFs and related notions like hyperpalatability, food addiction, and food matrices are still very much the subject of scientific inquiry and debate. These terms currently lack scholarly consensus on their definitions, let alone their connections to health outcomes and chronic illness. Second, once we peel back the new terminologies, contested definitions, and emerging science, we find mostly classic nutritional advice: eat whole, fresh foods while limiting calorically-dense, nutrient-sparse foods. This is significant because classic nutritional advice is both well-worn and already subject to a large, existing

body of criticism from a health-equity perspective. In particular, scholars have pointed out that whole, fresh foods are often expensive, hard to obtain for people in impoverished urban areas and increasingly, poor, remote rural areas, and whole foods require significant time to prepare (which is an obstacle for working poor with multiple jobs, single parents, and so forth). As such, a health-equity lens reveals that food justice, nutrition, and body shape are intersectional issues tightly linked to race and socioeconomic status.

However, supplementary material to the new Dietary Guidelines explicitly disavows a health-equity perspective. So, I worry that centering UPFs in federal nutrition policy as it is currently being formulated threatens to reaffirm existing stigmas around fat bodies and reinforce existing racial stereotypes and inequities. In this article, I'll briefly canvas UPFs, related concepts, and their connection to new U.S. nutrition policy. First, I'll argue that it's worrisome to base our federal nutrition policy on these concepts due to their nebulousness and a lack of scientific consensus around them. Then, I'll argue for the claim that emerging nutrition policy threatens to reaffirm existing stigmas and stereotypes around fat bodies, because the new Dietary Guidelines and other nutrition policies recenter the idea that nutrition (and therefore fatness) are matters of individual choice and personal responsibility disconnected from social identities.

2. Ultra-processed Foods and Related Notions

Discussions about the dangers of processed food first came to prominence in the 1980s, but the phrase "ultra-processed food" in its contemporary usage originates from a series of journal articles from 2009 and 2010 (Monteiro 2009 and Monteiro et al. 2010 respectively). Those articles led to what we know as the NOVA classification system today. The NOVA system classifies foods into four categories based on their level of industrial processing and their use of ingredients (Monteiro et al. 2019, Petrus et al. 2021):

Group 1: unprocessed or minimally processed foods

Group 2: processed culinary or food industry ingredients

Group 3: processed foods

Group 4: ultra-processed foods

The classification system is meant to be intuitive: group 1 foods are the best for one's health whereas group 4 foods are the worst. Group 1 foods encompass whole foods (like raw fruits or vegetables) along with foods minimally altered through cleaning, drying, crushing, boiling, and so forth, without adding salt, sugar, oils or fats to them (Monteiro et al. 2019, 937). Group 2 foods are processed ingredients one would still recognize in one's kitchen, like butter, olive oil, or maple syrup. Group 3 foods combine group 1 and group 2 foods to create processed foods; techniques include adding sugar and salt for shelf-life in canned vegetables, salting, curing, or smoking meats, baking homemade breads, and culturing cheeses. Group 4 foods include ingredients that have been heavily altered by industrial processes and

reconstituted into largely unalterable (i.e., difficult to modify), ready-to-eat products, including most packaged sweets and salty snacks, chicken nuggets, hot dogs, frozen microwavable dinners, and carbonated soft drinks. UPFs now account for over half the calories consumed by Americans age one or older, with youths and lower-income adults consuming the most (Williams et al. 2025).

One purported boon of the NOVA classification system is that it tracks consumer intuition about the nutritional value of food (Ares et al. 2016, Hässig et al. 2023), implying that public education about nutrition might be easier if nutritional advice were based in part on levels of food processing. However, questions remain about how best to define UPFs. Some foods that would count as UPFs according to the NOVA system are both nutritionally dense and valuable from a public health perspective (Guess 2024). For example, refined flours that have been enriched with vitamins and minerals (e.g., the kind of flour used in a loaf of Wonder Bread) are nutritionally beneficial (Kaim and Goluch 2023) while being widely available and affordable.

Defining UPFs is important for Robert F. Kennedy Jr. and the Trump Administration beyond the term's use in the 2025–2030 Dietary Guidelines because Kennedy has proposed bringing "traffic light-style" packaging to foods in the United States. In Ireland and the U.K., for example, red, yellow and green labels on foods indicate whether a food is a good source of nutrients. There is some limited evidence that such a scheme may impact consumer choice (Evans et al. 2026) and the amount of salt, fats, and sugars manufacturers add to foods (Freire et al. 2017). Kennedy's proposal to require color-coded labels for U.S. foods would indicate which food products are UPFs. However, at the time of writing, the U.S. Food and Drug Administration does not have an official UPF definition (Witley 2026). Lacking a definition of ultra-processed food is significant since the entirety of the revised federal nutrition policy centers the concept of UPFs and Kennedy wants to label foods on this basis. Again, let me emphasize: federal nutrition policy and federal communication about nutrition are currently focused on a concept with no governmental definition. And even if the U.S. government does adopt a definition of UPFs in coming months as Kennedy has promised, it's unlikely the definition will avoid the pitfall of being too broad.

Notions related to UPFs are also currently the subject of scientific inquiry and scrutiny. One such notion is "hyperpalatability". Palatability literally means how agreeable something is to one's tastes, i.e., its tastiness. Hyperpalatability is a hallmark of UPFs; the term describes foods that combine salts, fats, and sugars in ways not found in nature to enhance food's palatability. Indeed, popular literature has promoted the idea that food manufacturers manipulate the ratio of salts, fats, and sugars in foods to reach a "bliss point": the point at which food becomes irresistible (Moss 2014). Like UPFs, hyperpalatable foods are usually defined descriptively, i.e., by example. My concern here is that hyperpalatable foods, like UPFs, are often defined by appealing to a kind of a folk intuition: foods that seem unhealthy because they taste "unnaturally" good. However, some foods that intuitively would not count as hyperpalatable combine multiple palatability-inducing ingredients. A slice of avocado toast—raw avocado mixed with salt and other spices and spread on a refined white bread—combines fats and carbohydrates that aren't found together naturally. In response to this criticism, some researchers have attempted to quantify what makes a food hyperpalatable (Fazzino, Rohde, and Sullivan 2019). But this

seems fraught to me for two reasons. Firstly, the proposed quantitative definition of hyperpalatability is ultimately based on correlating subjective reports of the hedonic pleasure and satiety provided by foods and the macronutrient profiles of those foods. It's unclear to me whether this effort can yield a meaningful taxonomy. And secondly, as I will explain below, the notions that UPFs are addictive and that some processed foods bypass physiological satiety mechanisms are themselves still the subject of emerging research.

It's understandable that food manufacturers would manipulate food products to taste good: consumers are less willing to buy food that tastes bad. But concerns about hyperpalatability aren't *merely* that food manufacturers are making food that tastes good. Rather, concerns about hyperpalatability are that food manufacturers are making *addictive* foods that contribute to chronic conditions like obesity, diabetes, and more.

Research on food addiction is still emerging, though. Sensory-specific satiety (SSS) refers to "the process by which the pleasantness of a food being consumed declines during an eating occasion, which is a mechanism that regulates feeding cessation" (Fazzino, Rohde, and Sullivan 2019, 1762). Hyperpalatable foods may activate a weaker SSS response, therefore delaying satiety and leading to overconsumption. Some scholars are working to explain how hyperpalatable foods might thereby use the brain's reward mechanisms to enable food addiction (Hough et al. 2026). However, others have argued that drug addiction is dissimilar to food addiction insofar as drugs are far more disposed to induce compulsive consumption (Rogers 2017). In short, defining hyperpalatability and food addiction and establishing the existence of food addiction are still in early stages.

Finally, one characteristic of UPFs critics point to is that they disrupt the "food matrix": the physical and chemical structure of a food and the bioavailability of its nutrients. Some emerging evidence supports a relationship between a food's matrix, its disposition to induce satiety, and its nutritional value. For example, pulping carrots may be more effective for releasing carotenoids than cooking them (Hedrén, Diaz, and Svanberg 2002, cf. Weaver and Givens 2025). UPFs are heavily characterized by their unnatural food matrices. An ultraprocessed snack like a Pringle is made from an extruded potato matter, combined with spices and preservatives and formed into the shape of a potato chip. One might infer from the research on UPFs and food matrices that altering ingredients and processing them in this way enhances a Pringle's palatability and its capacity to bypass normal satiety signals. This is notable with respect to Hall et al.'s widely-cited and highly influential research on UPFs and overconsumption. In a clinical and controlled setting, Hall et al. (2019) fed participants alternating diets composed mainly of UPF foods for two weeks and a diet of minimally-processed foods the following two weeks (or vice versa). An example of a UPF lunch from the study is a hot dog on a bun with condiments, baked potato chips, yogurt, and juice, whereas an example of a minimally-processed food lunch from the study is a baked fish fillet, a baked potato, steamed broccoli, and a side salad of raw vegetables. The study found that participants consumed more when they ate the UPF meals. However, as one can see from the example meals, the UPF meals offered to participants differed greatly from their minimally-processed counterparts in texture. Some have argued that a "degraded" food matrix can lead to a softer and therefore easier to

consume food (Dicken and Batterham 2024). But others have shown that softer meals were consumed faster than meals composed of harder foods generally, regardless of the level of processing (Teo et al. 2022).

Interestingly, Hall et al. state in the 2019 study that the experimental design was not designed to identify the cause of increased energy consumption when participants ate UPF meals. A recent meta-analysis of randomized control trials trying to determine the health effects of consuming ultra-processed foods found that "available data from randomized controlled trials indicate that the "ultraprocessed food" label places undue emphasis on the processing methods of food. Therefore, the current evidence base suggests that policy guidance should distinguish nutritionally poor, calorie-dense, and rapidly consumed foods regardless of their degree of processing" (Magkos, Forde, and Robinson 2026).

Overall, there is some evidence that consuming ultra-processed foods affects one's health adversely, but we're currently unsure what specific nutritional or physical properties of ultra-processed foods have these effects. However, it does not seem to be the case that food processing *itself* is causing adverse health effects. Given the trouble with defining UPFs overall, and the lack of scientific consensus around associated concepts, UPFs and food processing seem like a poor foundation for federal nutrition policy at the present.

3. The New Dietary Guidelines and Justice

The research described above has been hugely influential on popular conceptions of nutrition and the wellness movement, a politically-diverse constituency of people concerned with holistic approaches to health. In turn, the wellness movement, and particularly the *Make America Healthy Again* (MAHA) movement have propelled Robert F. Kennedy Jr. into his position as HHS Secretary and influenced U.S. nutrition policy initiatives, including the new Dietary Guidelines. As I've argued, though, significantly more research must be done on UPFs, hyperpalatability, food addiction, and food matrices before scientific consensus can be reached. Moreover, these notions tend to become polemical when they reach popular culture and are amplified by nutrition "gurus" and social media influencers. For example, the term "bliss point" was coined by a food marketer and psychologist, not a nutritionist. Popular media transforms research on hyperpalatability and the food matrix into the erroneous claim that food is "pre-digested". Such foods are allegedly disassembled into their basic, constituent parts and rebuilt into fake, addictive "frankenfoods": processed food products that are easy to overconsume because they are digested more easily and therefore delay satiety (see, e.g., LaMotte 2024).

Once we strip away the buzzy rhetoric, still-emerging science, and contested definitions, the new Dietary Guidelines offer mainly classic nutritional advice: eat mostly whole, fresh foods while limiting foods that are calorically-dense but nutritionally-lacking. And, as I'll argue below, this well-worn nutritional advice is already the subject of a large body of criticism. Moreover, by putting classic nutritional advice in a shiny new veneer, the new Dietary Guidelines and U.S. nutrition policy may reaffirm existing stereotypes and stigmas in the same way as classic nutritional advice. And this stigmatization is worse because without

the health-equity lens of the former Dietary Guidelines, the new Dietary Guidelines obscure the connection between one's ability to access and consume whole foods and one's race and socioeconomic status. These stereotypes and stigmas are unjust. So, we should view the new Dietary Guidelines and other nutrition policies with caution.

At its core, the message of the new Dietary Guidelines is simple, even according to the U.S. government: the USDA Food and Nutrition website announcing the release of the 2025–2030 Dietary Guidelines (USDA/FNA 2026) and realfood.gov encourage us to "eat real food" rather than "highly processed foods, added sugars, and refined carbohydrates." Specific nutritional guidance includes prioritizing protein (and in particular, animal sources of protein), avoiding "highly processed" foods, avoiding added sugars, consuming omega-3 rich fats, using nutrient-dense fats like olive oil in cooking, and eating whole grains while avoiding refined carbohydrates (HHS 2026). However, many of these recommendations mirror longstanding nutritional advice. For instance, the USDA first began addressing the relationship between chronic health conditions and salts, sugars, and fats in 1979 (USDA/ERS 1999, 36); the 1985 Dietary Guidelines promoted a diverse diet of fruits, vegetables, whole-grain, complex carbohydrates, fish, lean meats, and low-fat dairy products (USDA/ERS 1999, 41). The only difference between this nutritional guidance and the new Dietary Guidelines is that the new Dietary Guidelines encourage consumption of full-fat dairy products. The classic food pyramid, introduced in the early 1990s, was presented to the public along with a guide booklet that indicated how to choose foods low in fats, saturated fats, added sugars, and salt (USDA/ERS 1999, 44). The only difference between this guidance and the new Dietary Guidelines is that the new Dietary Guidelines promote fats containing omega-3 and nutrient-dense fats for cooking. So, for the most part, the 2025–2030 Dietary Guidelines aren't revolutionary.

One important change in the history of the Dietary Guidelines, though, was an increased emphasis since 2010 on "dietary patterns", i.e., the pattern of eating certain foods over a lifespan, as well as the cultural and social environment that might give rise to certain dietary patterns (Mickler 2023). This change paralleled an academic discussion occurring at the same time about the role of personal choice and responsibility in relation to one's health and weight. For example, in 2007, geographer Julie Guthman criticized popular food writers Michael Pollan and Marion Nestle for positioning themselves among the thin, responsible elite who resisted unhealthy processed foods through sheer willpower (Guthman 2007a, 2007b, Dean and Liebow 2022). Guthman's 2011 book *Weighing In* argues that food choices and body shape in America are moralized because of healthism, a kind of Puritan ethic of responsibility that holds us morally culpable for our choices and their consequences as they relate to health. Through arguments like Guthman's, nutrition scholars and public health advocates began coming to a consensus about the barriers to consuming whole, fresh foods over the past 20 years. After all, fresh, whole foods require substantial time to prepare compared to ready-to-eat or -heat UPFs. Convenient UPFs are often cheaper and more widely available to many people compared to fresh, whole foods. This tracks what we know about UPF consumption: although members of every income bracket consume UPFs, they are consumed the least among the wealthiest Americans (Liu et al. 2022).

The academic consensus made its way into official nutritional guidance. Most recently, officials under the Biden administration recommended viewing nutritional advice through a health-equity lens that accounts for things like one's environment and socioeconomic status (USDA/DGAC 2024). In particular, federal policy moved away from things like nutrition education among impoverished groups and exhorting people to make healthier choices to instead providing material support for more nutritionally-dense foods. For example, under the Biden administration, SNAP benefits increased, as did the nutritional credit for Women, Infants, and Children (WIC). In the latter case, evidence suggests that the WIC increase directly led to an increase in fruits and vegetables among recipients, and largely increased satisfaction particularly among non-Hispanic Black and Hispanic English-speaking recipients (Tsai et al. 2024). Moreover, many eligible recipients for these benefits were enrolled in relevant programs automatically, lowering barriers to access. The cost for enrolling people in programs automatically was borne by the federal government, ensuring wide uptake. Overall, these measures increased nutritional equity among vulnerable groups that tend to have greater barriers to eating whole, fresh foods. By automatically enrolling beneficiaries, these programs also worked to reduce stigma among recipients. These programs and their material and social effects effectively changed federal nutrition policy to be more just. The Biden-era moves from nutrition education programming to material support for buying food signal that the state and society have a significant responsibility for what foods people consume. By acknowledging this responsibility, shifting blame from individuals, and materially supporting the purchase of foods, including whole foods, society is made more equitable, and therefore just.

However, the Trump administration has contravened the academic consensus that spurred these policy initiatives. Supplementary material to the new Dietary Guidelines claims that:

"Embedding an equity framework within a document intended to provide unbiased scientific assessment risks allowing existing policy challenges to shape scientific conclusions….We recognize and share concerns regarding the affordability and accessibility of healthy food, particularly for disadvantaged populations. However, these challenges are best addressed by first establishing clear, unbiased scientific guidance on the optimal diet for Americans. That science can then serve as the foundation for effective downstream policy solutions" (USDA 2026 ii).

Unfortunately, without a health-equity lens, the new Dietary Guidelines threaten to reinforce existing stereotypes relating to the moralization of food choices. Why? Because the MAHA movement, despite criticizing food manufacturers for their formulations of food, still upholds the myth that virtuous choices (supported by one's ability to purchase their way out of the industrial food system) are what make a healthy diet. The MAHA movement is composed of, among others, a politically-diverse constituency of "wellness babes" and "MAHA mamas": women who favor a holistic, "natural" approach to wellness. This constituency is largely responsible for Robert F. Kennedy Jr.'s current employment as Health and Human Services Secretary and his influence over federal nutritional policy—it's no secret that Kennedy is connected to high-profile MAHA social media influencers and nutrition gurus who helped grow his recognition as a public figure (Carbonara 2025). These influencers promote wellness-oriented choices that depend on one's knowledge of esoteric behaviors and substances. For example, many MAHA

influencers are also “tradwives”: heterosexual stay-at-home moms who seemingly cleave to traditional gender roles. These women grow their social media followings by performing as stay-at-home moms for millions of followers. Some tradwife influencers make their income in part by selling cookbooks for “dupes”—duplicates—of UPFs made using whole, fresh ingredients. One MAHA momfluencer offers a recipe for a dupe of Cinnamon Toast Crunch breakfast cereal made from einkorn, an ancient grain (Labong 2025). Others have built a following around avoiding artificial dyes and preservatives (Ramaswamy 2025).

How is this connected to healthism? After all, the MAHA movement does criticize food manufacturers for creating and perniciously marketing allegedly addictive foods. That seems like a systemic critique. But the MAHA movement promises that avoiding UPFs is still largely a matter of choice: making the healthy (and therefore virtuous) choices for oneself and one’s family. Good moms don’t feed their kids cereal from the cereal aisle. Instead, they make it, and everything else from scratch. They shop in organic food stores and intentionally seek (often expensive) alternatives to the industrial food system. MAHA moms are simply an updated version of Michael Pollan and Marion Nestle for a digital and increasingly conservative age: virtuous parents who put in the required time, effort, and care to protect their families from the dangers of UPFs and artificial dyes and sweeteners. Of course, glitzy social media videos on TikTok belie the real labor and material cost of cooking whole, freshly prepared meals for an entire family every day. But this critique of MAHA moms is unintelligible without a health-equity lens that emphasizes the importance of environment, culture, and socioeconomic status on dietary patterns.

Moreover, I worry that the MAHA movement behind the current Administration’s nutritional policies reifies and reinforces existing racial stigmas surrounding eating behaviors and fatness. Many of MAHAs most influential voices are white, thin, and espouse conservative social and religious values (Carbonara 2025). For many, that’s the image of the contemporary virtuous eater: a white, thin, conservative, heterosexual mom (or alternatively, the white, muscly male podcast host who espouses “clean eating”). In contrast, lower-income people of color are often stigmatized for their dietary patterns (Dean and Liebow 2022). This is especially troubling given that UPFs are consumed most among the obese, people of color, and the poorest Americans (Liu et al. 2022). But without an understanding of the complex social and cultural dynamics that explain dietary patterns, i.e., a health-equity lens, stigmatizing social narratives about eating and fatness go unchallenged. Furthermore, the hypervisibility of MAHA and its advocates in the social media age make individualist food practices seem so ubiquitous, threatening to worsen the demonization of UPFs and those who consume them. That makes the new Dietary Guidelines and more broadly, new federal nutrition initiatives, squarely a justice issue.

By rolling back Biden-era nutrition policies and disavowing a health-equity lens, the Trump Administration and the new Dietary Guidelines reduce material support for purchasing whole foods while simultaneously shifting moral responsibility to individuals for their own nutrition. Thus, we risk returning to an era where poor people, people of color, and others who cannot access whole foods are blamed for their immoral eating and therefore things like their overall health and body shape. Meanwhile, thin, white women (or muscly social media podcasters) sell the idea of "clean eating". These images of virtuous

eaters and their nutritional notions are inescapable and broadly given uptake within American culture; they pervade social media but also the traditional news media, given the relationship between the Robert F. Kennedy Jr. and social media influencers. Returning to a society that stigmatizes those who cannot afford or prepare whole foods, poor people, people of color, and fat people, along with a resurgence in popular representations of virtuous eaters as thin and white (or, now, muscly and white) is unjust. This injustice follows directly from the Trump Administration's focus on ultraprocessed foods, which itself has been propelled by the MAHA movement. The new Dietary Guidelines are symptomatic of MAHA influence, and the new federal policies that have resulted from that influence will harm marginalized people.

Officials under the Trump administration have reduced SNAP benefits, eligibility, and participation. The Trump administration has also attempted unsuccessfully to reduce WIC benefits, although their 2027 fiscal proposal reintroduces a WIC benefit reduction. Finally, the Trump administration (along with a Republican Congress) has reduced the programs that provide streamlined eligibility and enrollment for these programs while increasing reporting requirements and shifting administrative costs to states. Overall, these policy changes combined with the Trump Administration’s rhetoric around food and nutrition have the following effects: they re-emphasize individual choice as the central driver of good (and therefore virtuous) nutrition while simultaneously undermining the policy initiatives that could both increase access to whole, fresh foods among vulnerable populations and reduce stigma around fat bodies.

In sum, the new Dietary Guidelines and related nutrition policy and communication are worrisome for two reasons: they lack a solid scientific foundation and they threaten to reinforce stigma related to social identities, fatness, and food choices. Therefore, we should be concerned about these new federal policies.

Declarations

Author Contribution

All authors whose names appear on the submission made substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data; or the creation of new software used in the work;drafted the work or revised it critically for important intellectual content;approved the version to be published; and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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