



Health and Human Services Department of State Health Services

Texas Nutrition Advisory Committee

March 11, 2026

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.





The Texas Legislature added [Health and Safety Code, Chapter 119B](#), to establish the Texas Nutrition Advisory Committee (TNAC) in 2025. Statute tasks TNAC with:

- Examining the impact of nutrition on human health and the connection between ultra-processed foods and the prevalence of chronic diseases;
- Providing an independent review of scientific studies analyzing the effects of ultra-processed foods on human health;
- Providing education on the effects of ultra-processed foods on human health; and
- Developing and maintaining dietary and nutritional guidelines.

By September 1 of each year, TNAC is required to report on their work and present their nutritional guidelines and recommendations. DSHS will publish TNAC’s report and any nutritional guidelines from TNAC on this page.

Health and Safety Code, Chapter 119B, will expire and TNAC will end on December 31, 2032.

Members

| | | | | |
|------------------------|--------------|--|----------|------|
| Padmaja Patel, MD | Midland | Expert in metabolic health, culinary medicine, lifestyle medicine, or integrative medicine | 9/1/2029 | 9/10 |
| Ann M. Shippy, MD | Austin | Licensed physician certified in functional medicine | 9/1/2027 | 7 |
| Sidney C. "Sid" Miller | Stephenville | Texas Department of Agriculture representative | 9/1/2027 | 2/3 |
| Natalie Bachynsky, PhD | Lovelady | Rural community member | 9/1/2027 | 4/5N |
| Cheryl Sew Hoy | Austin | Urban community member | 9/1/2029 | 7 |
| Jaclyn Lewis Albin, MD | Bedford | Pediatrician specializing in metabolic health | 9/1/2029 | 2/3 |
| Kathleen Davis, PhD | Denton | General member | 9/1/2029 | 2/3 |



1. Call to order, welcome, introductions, roll call, and opening remarks. The meeting was convened by Jaclyn Lewis Albin.

2. Consideration of January 21, 2026, draft meeting minutes. The minutes were approved as drafted.

3. TNAC overview and timelines.

Summary Austin Hood (Deputy Director, Government Affairs, Department of State Health Services) presented an overview of the committee's enabling legislation and deliverables. He described the core duties outlined in the enabling legislation, SB 25.

- Examine links between ultra-processed foods and chronic disease/health issues.
- Conduct independent review of scientific studies related to ultra-processed foods.
- Provide education on these foods.
- Develop nutrition guidelines based on scientific evidence and committee findings.

September 1 is the deadline for the legislatively mandated annual report (first report due this year; updates due each September 1 thereafter). The report contents include summaries of scientific studies, nutrition guidelines, and any other committee recommendations. The report is to be submitted to the Governor, Lieutenant Governor, Speaker of the House, and relevant standing committees; posting to the committee webpage will be handled by the department (content is the committee's responsibility).

Downstream use of guidelines:

- Texas Medical Board, Texas Board of Nursing, and Texas Commission on Licensing and Regulation will incorporate guidelines into CME nutrition requirements; they have until end of year to create rules effective next year.
- State Board of Education to incorporate guidelines into K-8 health lessons; school districts to create a nutrition and wellness elective for high school.
- Higher Education Coordinating Board to require nutrition credits for health students; implementation targeted for the 2027 school year.

Status to date: At the January 21 meeting the committee elected the chair/vice chair, formed workgroups; call for resources posted (due in February with an extension); DSHS library team began literature searches.



Next steps: workgroups continue; department to prepare report format and administrative steps after committee completes content in August.

There was discussion about the library support (access to journals/articles; library can run searches using terms provided by the committee). A question was raised about creating a central shared hub for articles/manuscripts. DSHS will follow-up.

Presentation

The Texas Nutrition Advisory Committee (TNAC) was established by SB 25, 89(R) and consists of seven members appointed by the Governor (*but only 6 are enumerated below*):

- one expert in metabolic health, culinary medicine, lifestyle medicine, or integrative medicine;
- one licensed physician certified in functional medicine;
- one member representing the Texas Department of Agriculture;
- one member representing a rural community;
- one member representing an urban community; and
- one pediatrician specializing in metabolic health

TNAC Duties

- examine the impact of nutrition on human health and examine the connection between ultra-processed foods, including foods containing artificial color and food additives, and the prevalence of chronic diseases and other chronic health issues;
- provide an independent review of scientific studies analyzing the effects of ultra-processed foods on human health;
- provide education on the effects of ultra-processed foods on human health; and
- develop and maintain dietary and nutritional guidelines based on the consensus of available scientific studies and information concerning diet and nutrition.

TNAC Annual Report – due 9/1/2026

Content:

- a summary of the scientific studies;
- nutritional guidelines incorporating any new scientific findings; and
- any other recommendations the advisory committee considers appropriate based on new scientific studies.



submit to DSHS, Governor, Lt. Governor, Speaker of the House, and standing committees of the legislature with primary jurisdiction over health and safety and DSHS will post the report on the TNAC webpage and assist with disseminating the report

Who will use TNAC Nutritional Guidelines

Agencies such as the Texas Medical Board, Texas Board of Nursing, and the Texas Commission on Licensing and Regulation must:

- create required continuing medical education regarding nutrition and metabolic health
- Adopt rules by 12/31/2026 for licenses renewed on or after 01/01/2027

Beginning in the 2027-2028 School Year

- State Board of Education for essential knowledge and skills for health classes for grades K through 8
- School districts and open-enrollment charter schools to create an elective course for students grades 9 through 12 on nutrition and wellness

July 1, 2027

- Texas Higher Education Coordinating Board shall require institutions of higher education to offer a course on nutrition education for students
- Health-related institutions of higher education to develop nutrition curriculum requirements for all students in health-related fields

Report due to DSHS for routing, publication and dissemination by 8/3/2026 and the Publication Deadline is 9/1/2026.

Discussion

Is there a way to have a central hub for access to library materials? DSHS stated they will get a response back to the committee.

4. Report on findings from Workgroups on the following topics:

Define ultra-processed food; Refine research questions for potential rapid systematic reviews and literature analysis; Identify possible external collaborators; Outline/framework for evidence review

Summary

Workgroup 1 (Davis, Shippy, Patel) presented progress on defining ultra-processed foods and framing review questions. There is no single universally accepted scientific definition of “ultra-processed foods.” NOVA (Monteiro et al., 2009; updated 2019) identified as the most commonly used classification system (used in Brazil’s dietary guidelines and by multiple organizations).

Practical classification buckets were proposed to support guideline development:

- Whole foods / unprocessed or minimally processed foods (including some frozen/canned/dried/pressed/ground foods without added substances).
- “Healthier processed foods” (more processed but with healthier nutrient profiles), acknowledging criticisms of NOVA collapsing nutritionally different foods into the same category.
- Ultra-processed foods (aligned to NOVA UPF concept) with poorer nutrient profiles.

Regarding additives and dyes, the FDA legal definitions already exist. It was suggested the group ask an expert group to conduct an umbrella review to identify additives/dyes with clear safety profiles vs. those needing further investigation.

Research questions were proposed to clarify mechanisms and confusion

- Relationship between whole-food dietary patterns vs. UPF-reliant patterns and chronic disease risk (e.g., Mediterranean, DASH, MIND, Blue Zones, vegetarian).
- Relationship between nutrient-dense/high dietary quality diets and chronic disease risk regardless of processing.
- Dietary displacement effects (whether UPF intake displaces whole/nutrient-rich foods; possible threshold effects).
- Health effects of adding whole foods (e.g., produce prescription programs, medically tailored meals).
- Daily intake patterns (fasting/snacking patterns) and health outcomes.

There are constraints however:

- Custom committee definitions may be hard to use for rapid/systematic reviews because existing studies won’t use them.
- USDA has used “highly processed” terminology; FDA definition of UPF is still in development and is anticipated possibly for the June timing.

Commissioner Miller and Chair Albin emphasized aligning with federal definitions where possible to reduce public confusion.



Chair summarized the discussion: use established research/regulatory definitions (e.g., NOVA, forthcoming federal definitions) for evidence review, while potentially using simpler language for public-facing dietary guidelines.

Workgroup 2 (Albin, Su Hoy, Bakinski) shared a draft report framework:

- Planned sections include: intro/mandate, nutrition & chronic disease (national and Texas context), scientific evidence review, dietary/nutrition guidelines, implementation considerations for education bodies, public communication strategy, food systems/local produce considerations (including Texas agriculture), and research gaps for iterative future reports.
- They proposed evidence based organization by health domains/disease states (human studies only), mechanisms of potential harm (nutrient displacement vs. ingredients/processing; microbiome impacts mentioned), and evidence strength tiers (stronger, emerging, limited).
- Timeline was proposed: quickly assign topics to volunteer subject matter experts; receive draft inputs for review at the next two meetings; working groups to standardize/edit into the full report; educational integration recommendations to follow after evidence review and guidelines are drafted.

A comment was made suggesting ensuring diabetes/prediabetes be included under metabolic health.

“Structural barriers” framing was suggested to include environmental, social economic, access and educational supports and barriers. The use of external experts for the literature review was discussed.

Presentation/Report

Status of UPF Definition We acknowledged that there is no scientifically accepted definition of ultra processed food (UPF). Given that, we propose that any scientific groups assisting us in assessing the science use the following definitions for food classifications:

Proposed Definitions

- Whole foods definition (Foods in their natural form and those that are minimally processed—fresh, frozen, canned, dried, pressed, ground, etc. without added fat, oil, sugar)

- Healthier processed food definition (Foods with more extensively processed ingredients that include healthy nutrient profiles) (examples: infant formula, whole food ingredient food combinations).
- Ultra-processed food definition (Foods composed of industrial ingredients with less healthy nutrient profiles) (examples include cheese puffs, Jell-O, etc.)

Regarding scientific reviews of the literature surrounding additives and dyes, we suggest the following:

- Use legal definitions of additives/artificial colors.
- Ask for an umbrella review of these additives/dyes to identify any with clear safety profiles and any that need further investigation or are suspect in terms of safety.

Possible Questions to Assess the Science

- What is the relationship between dietary patterns rich in “whole foods” (unprocessed/minimally processed) compared to those reliant on processed and ultra processed foods and risk of chronic disease (metabolic) such as hypertension, cardiovascular disease, diabetes? (dietary patterns could include Mediterranean, MIND Diet, Blue Zones, vegetarian, others)
- What is the relationship between nutrient-dense diets or high dietary quality diets and chronic disease risk (regardless of level of processing)?
- What are the dietary displacement effects of consumption of more UPFs?
- What are the health effects of adding whole foods to the diet? (prescription produce, medically tailored meals, etc.)
- What is the relationship between daily patterns of dietary intake and health and disease? (fasting patterns, snacking patterns)

Evidence Review of Ultra-processed Food & Health TNAC Working Group 2

TNAC Draft Report Sections

- I. Introduction
- II. Background: Nutrition and Chronic Disease in Texas
- III. Independent Review of Scientific Evidence
- IV. Dietary and Nutritional Guidelines
- V. Educational Integration Recommendations
- VI. Population Communication Strategies
- VII. Food System and Policy Recommendations
- VIII. Stakeholder Engagement & Coalition Building
- IX. Research Gaps & Future Directions

I. Introduction

- A. Committee Mandate and Scope
- B. Defining Ultra-Processed Foods

II. Background: Nutrition and Chronic Disease in Texas

- A. Historical Context of Chronic Disease in the US and Texas
- B. The Texas Food Environment
- C. Structural Barriers to Dietary Change
- D. Economic and Healthcare System Impact

III. Independent Review of Scientific Evidence

- A. Nutrition Science Evidence Considerations – strengths, limitations
- B. Categories of Health Consequences for UPF
 1. Metabolic Health (eg. CVD, CKD, Obesity)
 2. Cancer (eg. Prevention, Treatment, Secondary Prevention)
 3. Gastrointestinal Disease (eg. IBD, IBS)
 4. Mental Health (eg. Anxiety, Depression, Insomnia, ADHD)
 5. Immune System Health (eg. Inflammation, Allergy, Autoimmune)
 6. All-cause Mortality
- C. Mechanisms of Harm

Evidence Presentation

- Divided by related health domains
- Subject-matter expert recruitment by topic to assist with reviews
- Organize review by level of evidence
- Strong – systematic reviews, meta-analyses, RCTs, dose-dependence
- Emerging – moderate to weaker associations, short-term, poorly controlled
- Limited – small studies (minimal power, not repeated), extrapolation, biases
- Human studies only, favor reviews and newest science
- Consider population impact/magnitude of effect

Process & Timeline

- Committee to receive draft reviews for discussion at next 2 meetings
 - April 16
 - May 27



- Working to groups to assess, edit, and finalize reviews
- Develop TNAC Dietary Guidelines (based on reviews)
- Develop educational integration suggestions

Discussion Occurred below in item 6.

5. Overview of the Texas A&M Agriculture, Food, and Nutrition Evidence Center

Summary. Texas A&M Agriculture Food and Nutrition Evidence Center (Kelly Cassavaugh and Maureen Spill) presented capabilities and rapid review methodology. They provided a Center overview. The Center was founded in 2022 within Texas Agricultural Experiment Station (AgriLife Research) and conducts commissioned, paid evidence-synthesis studies using small state base funding. The focus includes relationships among agriculture/food systems/nutrition and human health, environmental resources, and economic outcomes.

They described the use of rapid review:

- Systematic reviews are gold standard but typically take 18–36 months; rapid reviews intentionally restrict scope and/or methods to reduce time.
- They emphasized the need for justification and transparency about methodological concessions.

Rapid Reviews use a protocol step (define PICO, inclusion/exclusion, databases/date ranges, planned restrictions) starting with existing systematic reviews (including work informing Dietary Guidelines for Americans) where applicable.

Minimum considerations for rapid reviews: explicit inclusion/exclusion criteria, search at least two databases, conduct risk-of-bias assessment, and provide a list and synthesis of included studies. They use AI-enabled screening tools that can prioritize likely-includable studies to shorten screening (as a method option).

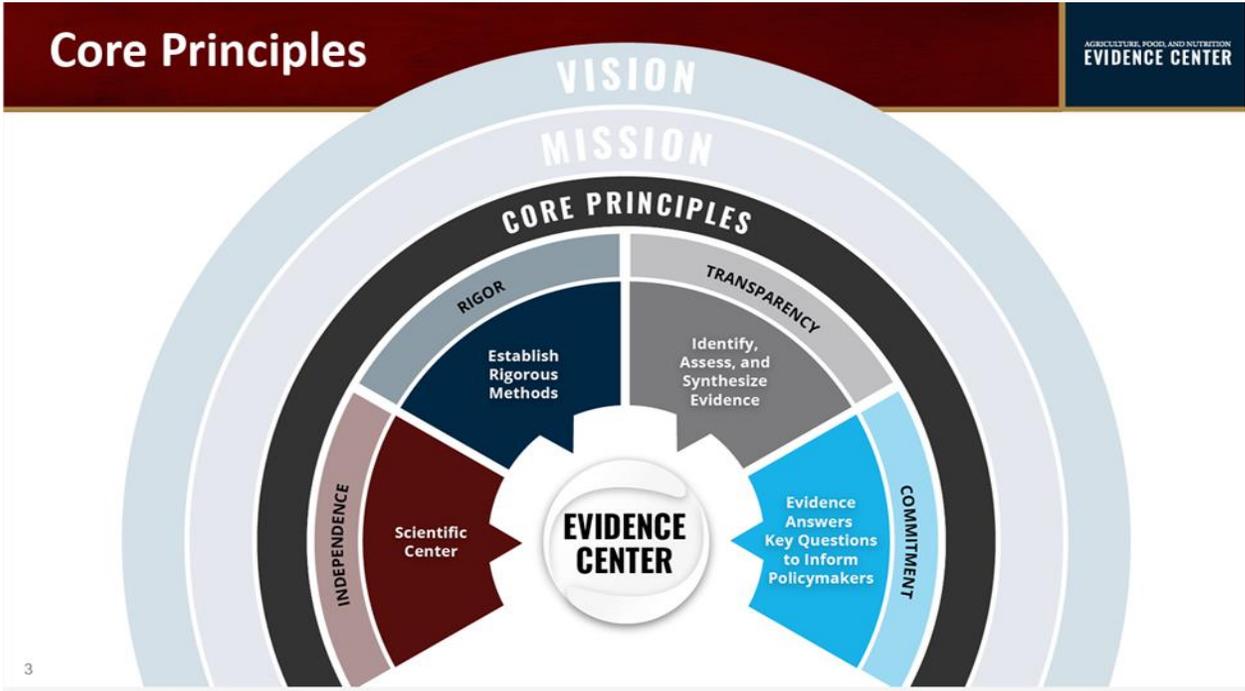
Committee Q&A included:

- How the Center could support the committee and the Center stated their work is via commissioned studies requiring funding.

- The Chair clarified the committee has no appropriations and operates in a volunteer capacity; suggested leveraging existing Evidence Center products/references rather than commissioning work.
- Doing transparent, standardized reviews without funding will be difficult.
- The Chair concurred with the constraints mentioned and proposed calibrating expectations toward a pragmatic advisory document (not a journal-grade systematic review), using existing reviews/resources, and being explicit about evidence limitations and gaps in the first report.
- The Chair noted the DSHS librarians have begun a collection of relevant studies, but it had not been shared with all members and will need distribution.

Presentation





Capabilities - Evidence Review Products

| | | | |
|----------------------|---|--------------------------|--|
| DATA ANALYSIS | Analysis of existing data using a broad number of methods such as exposure assessment/dietary intake assessment, cost benefit analysis, and market basket analysis. | REVIEW UPDATE | Existing reviews are updated to include newly published evidence and re-examined. |
| EVIDENCE MAP | An evidence map organizes and visually shares the evidence available. | SCOPING REVIEW | A scoping review identifies, organizes, and describes existing research and research gaps. |
| EVIDENCE SCAN | Use of artificial intelligence assistance to quickly identify available research for project planning. | SYSTEMATIC REVIEW | Use of rigorous and reproducible methods to identify, select, appraise, and synthesize relevant studies. Systematic review is the primary evidence synthesis method. |
| GAP MAP | A gap map identifies the amount of existing evidence and highlights evidence gaps. | | |
| LIVING REVIEW | A living review identifies and synthesizes emerging evidence periodically over time, allowing for rapid updates. | UMBRELLA REVIEW | An umbrella review synthesizes findings across existing systematic reviews relevant to understanding the research question. |

The work of the Center:

- [Assessing Excess Adiposity in Children and Adolescents - Evidence Center](#)

- [Assessing the Effectiveness of Federal Food Assistance Programs - Evidence Center](#)
- [Examining the Relationship Between Exposure to Endocrine Disruptors and Obesity Among Children and Adolescents - Evidence Center](#)
- [Scoping Review and Research Gap Analysis of Contaminants and Agricultural Production of Food for Human Consumption - Evidence Center](#)
- [march-2026-tnac-agenda-item-5.pdf](#)
- [Systematic Reviews of Potential Contaminants in Human Milk and Infant Formula - Evidence Center](#)
- [The Role of Seafood Consumption in Child Growth and Development - Evidence Center](#)

The Evidence Center was designed to conduct high-quality systematic reviews to inform decision-makers of policies, program, and regulations. We have experienced methodologists on staff that can address your needs.



Systematic Reviews: Type of research study that aims to identify, evaluate, and synthesize all available evidence relevant to a specific research question, using a structured and transparent process. It is widely considered the “gold standard” for using evidence to inform policy and practice decisions, especially in fields like health, education, and social policy. High quality systematic reviews are:

- Comprehensive
- Transparent, reproducible
- Critically appraise evidence to communicate the certainty

High-quality systematic reviews employ a structured, transparent process to minimize bias at every step.

- | | |
|----------------------|---|
| 1. DETERMINE | Determine topic/question |
| 2. REFINE | Refine the question/Develop protocol |
| 3. IDENTIFY | Identify the evidence |
| 4. EXTRACT | Extract the data |
| 5. ASSESS | Assess risk of bias |
| 6. SYNTHESIZE | Synthesize the evidence |
| 7. GRADE | Grade the certainty of the evidence |

High-quality systematic reviews employ a structured, transparent process to minimize bias at every step.

- | | | |
|----------------------|---|--|
| 1. DETERMINE | Determine topic/question | |
| 2. REFINE | Refine the question/Develop protocol | |
| 3. IDENTIFY | Identify the evidence | <i>... but they are time and resource intensive, averaging 18-36 months.</i> |
| 4. EXTRACT | Extract the data | |
| 5. ASSESS | Assess risk of bias | |
| 6. SYNTHESIZE | Synthesize the evidence | |
| 7. GRADE | Grade the certainty of the evidence | |

Rapid reviews are conducted in less time by narrowing the scope and reducing rigor compared to a systematic review.

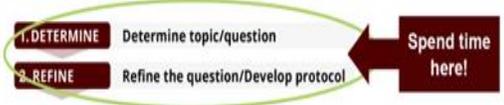
Document justification for choosing a rapid approach. Transparently report methods and limitations.

“The appropriateness of undertaking a rapid review needs to be considered carefully, with a strong justification provided for using this approach instead of a systematic review, including the rationale for using restricted methods.”

“The reviews should be well reported, highlighting the restricted methods taken to accelerate the review, the potential biases these methods may have introduced, and other limitations of the evidence base.”

“Given the methodological modifications inherent to rapid reviews, authors must be transparent in reporting their methods and results.”

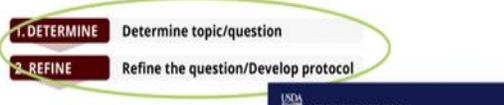
Rapid reviews should have a detailed protocol.



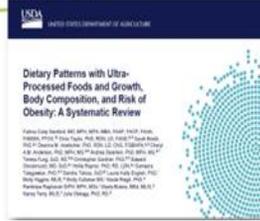
Draft and register a protocol

- Fully describe methods: consider existing systematic reviews
- Define PICO (Population, Intervention, Comparator, Outcomes)
- Specify eligibility criteria (e.g. study design)
- Determine search strategy and date range

Related existing systematic reviews can be a good starting point.



Dietary Patterns with Ultra-Processed Foods and Growth, Body Composition, and Risk of Obesity: A Systematic Review.
U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. November 2024.



There are several methodological decisions; these should be outlined in the protocol.

| | Minimum recommendation | Potential method adjustments |
|----------------------|--|--|
| 1. DETERMINE | Search: Use an information specialist to create search | |
| 2. REFINE | Search: At least 2 bibliographic databases | |
| 3. IDENTIFY | | Screening: for large searches, dual independent screening of ~20% then single screen; consider AI tools |
| 4. EXTRACT | Data extraction: create/use standard form | Data extraction: limit extraction fields |
| 5. ASSESS | Risk of Bias: use valid, design-specific tools | Risk of Bias: QC rather than dual, independent assessments |
| 6. SYNTHESIZE | Synthesis: descriptive summary, narrative interpretation, meta-analysis if data appropriate | |
| 7. GRADE | | Certainty of Evidence: use GRADE, if time/resources allow |
| | | Certainty of Evidence: QC rather than dual, independent assessments |

3MJ 2024;384:e076335

Minimum requirements “To be considered a systematic review... studies should:

- Clearly report inclusion/exclusion criteria
- Search at least two databases
- Conduct risk of bias assessment
- Provide a list and synthesis of included studies”
- Transparency is key!

References:

[Updated recommendations for the Cochrane rapid review methods guidance for rapid reviews of effectiveness | The BMJ](#)

[Dietary-patterns-ultraprocessed_growth-obesity2025DGACSystematicReview.pdf](#)

Discussion.

How would you support this effort? The Center stated that they could do a commissioned study that would require funding. They could write the proposal for the committee.

This committee does not have funding or appropriations. Looking at existing resources would be necessary. We would need volunteer assistance.

I am concerned with the fact that to do this right is time intensive. This is going to be hard to do well.

We have to lower our standard academic expectations. We are writing a report, not a journal article. We are looking at a 6-8 week turn around.

We have to prioritize what is important for report number one.

6. Committee discussion of early recommendations for domain areas, general scope and framework of initial and future reports.**What Is the NOVA Classification System?**

NOVA is a food classification system developed by researchers at the **University of Sao Paulo, Brazil**, led by Professor Carlos Monteiro and colleagues. First proposed in 2009 and refined through a series of landmark publications culminating in 2016, NOVA has become the most widely used framework for categorizing foods based on the extent and purpose of their industrial processing.

Unlike traditional nutrition labeling, which focuses on what a food contains (calories, fat, vitamins), NOVA focuses on **what has been done to the food**. It asks a fundamentally different question: how far has this product been transformed from

its original state, and what industrial techniques and substances were used in that transformation?

NOVA divides all foods and beverages into **four groups** based on increasing degrees of processing. The system does not rank foods by nutritional quality -- it classifies them by the nature and intensity of the industrial processes applied to them.

NOVA Group 1: Unprocessed and Minimally Processed Foods

Definition: Foods obtained directly from plants or animals that have undergone no processing or only minimal processing. Minimal processing includes removal of inedible or unwanted parts, drying, crushing, grinding, pasteurization, refrigeration, freezing, vacuum-packing, and non-alcoholic fermentation -- provided no substances are added.

The purpose of minimal processing is to preserve natural foods, make them suitable for storage, or make them safe or edible. These processes do not add salt, sugar, oils, fats, or any other substance to the original food.

Common Examples

- Fresh fruits and vegetables
- Eggs
- Fresh and frozen meat, poultry, and fish
- Pasteurized milk and plain yogurt
- Plain nuts and seeds (unsalted)
- Whole grains: rice, oats, wheat berries
- Dried beans, lentils, and chickpeas
- Plain spices, herbs, tea, and coffee

Processing allowed: pasteurization, refrigeration, freezing, vacuum-packing, fermentation without added substances, and simple physical processes like shelling, peeling, and portioning.

NOVA Group 2: Processed Culinary Ingredients

Definition: Substances extracted and purified from Group 1 foods or from nature through industrial processes such as pressing, refining, grinding, milling, and spray-drying. These are not meant to be consumed on their own -- they are ingredients used in the preparation, seasoning, and cooking of Group 1 foods.

The distinction between Group 1 and Group 2 is important: a whole olive is Group 1, while olive oil (extracted by pressing) is Group 2. A sugar cane stalk is Group 1, while table sugar (refined and crystallized) is Group 2. These culinary ingredients are the building blocks of traditional home cooking and have been used for centuries across all food cultures.

Common Examples

- Olive oil, coconut oil, vegetable oils
- Butter and lard

- Sugar, maple syrup, and honey
- Salt (table, sea, rock)
- Flour (wheat, corn, cassava)
- Cornstarch and other starches

Key point: Group 2 items are rarely consumed alone. They become part of meals when combined with Group 1 foods. A dish of rice (Group 1) cooked with olive oil (Group 2) and salt (Group 2) is still considered a minimally processed meal under NOVA, not a processed food.

NOVA Group 3: Processed Foods

Definition: Products made by combining Group 1 foods with Group 2 ingredients through relatively simple methods -- canning, bottling, non-alcoholic fermentation, and similar preservation techniques. The essential characteristic is that processed foods are recognizable as modified versions of the original Group 1 food.

Group 3 foods typically contain two or three ingredients. You can look at canned beans in salted water and immediately recognize them as beans. You can look at cheese and identify it as a product made from milk. The original food remains the star; the added ingredients serve preservation or flavor purposes, not transformation.

Common Examples

- Canned vegetables and beans (in brine)
- Canned fish (in oil or water)
- Cheese (traditional varieties)
- Freshly baked bread (flour, water, salt, yeast)
- Salted or sugared nuts
- Cured meats (simple salt-cured)

Key distinction: The line between Group 3 and Group 4 is drawn at the point where industrial additives enter the picture. A bread made from flour, water, salt, and yeast is Group 3. A bread containing emulsifiers, dough conditioners, high-fructose corn syrup, and preservatives like calcium propionate is Group 4.

NOVA Group 4: Ultra-Processed Foods

Definition: Industrial formulations typically made from five or more ingredients, including substances not commonly used in home kitchens. These products contain little or no intact Group 1 food. They are designed to be hyper-palatable, convenient, attractive, and highly profitable -- often replacing freshly prepared meals and dishes made from the previous three groups.

The hallmark of ultra-processed foods is the presence of ingredients you would not find in a residential kitchen. These include **high-fructose corn syrup**, **hydrogenated or interesterified oils**, **protein isolates** (soy protein isolate, whey protein concentrate), **emulsifiers** (soy lecithin, carrageenan, mono- and diglycerides), **flavor enhancers** (monosodium glutamate, artificial flavors), **colorings** (Red 40, Yellow 5,

caramel color), and **non-sugar sweeteners** (aspartame, sucralose, acesulfame potassium).

Common Examples

- Soft drinks and energy drinks
- Packaged chips, crackers, and cookies
- Instant noodles and soups
- Chicken nuggets and fish sticks
- Sweetened breakfast cereals
- Reconstituted meat products (hot dogs)
- Candy and confectionery
- Frozen meals with long ingredient lists

From our database: Of 1.98 million products analyzed, approximately 41% are classified as ultra-processed (Level 4 in our scoring system). These products tend to have longer ingredient lists, more additives, and higher processing scores, reflecting the industrial formulation patterns that define NOVA Group 4.

Related food guides:

The committee discussed dividing work by disease state categories and focusing on human studies, with potential time limits to keep the first report feasible. Key points are enumerated below.

- Report #1 is due in a matter of months and will be an iterative, annually updated product; weaker evidence areas should be clearly labeled as such.
- It was agreed that the output will be a standardized, structured evidence assessment, but not a full systematic review (and may not meet full rapid review criteria due to timeline).
- Agreement was reached that the report needs to balance two audiences: rigorous scientific grounding for academic/clinical uptake, and a brief/practical interpretation for Texans.

Standardized search + synthesis approach

- Concern was raised that without a consistent process (search terms, article types, worksheets/templates), chapters could become disparate and time-consuming to harmonize.
- Proposed minimum search strategy elements: Use PubMed plus at least one additional database. Limit to English, human studies.
- A 10-year window (vs 5 years), with an added “emerging evidence” window (settled on ~3 years) to capture newer cohort studies not yet in reviews.

- Prioritize higher-level evidence (systematic reviews, meta-analyses, umbrella reviews) while acknowledging nutrition RCTs are limited; consider high-quality newer cohort studies.
- Use consistent UPF classification framing (NOVA widely used) while allowing other quantitative systems if required by included meta-analyses; clearly report which classification system is used.
- Include risk-of-bias assessment, data extraction via a shared worksheet/template, synthesis, and grading certainty of evidence; keep the process “simple/bare minimum” to enable volunteer participation.
- DSHS staff clarified the committee does not need to formally vote to approve the internal working document for search strategy.

Topics, categories, and what to defer

- Committee reiterated the scope should not be only ultra-processed foods; dietary patterns/diet quality should also be addressed.
- Suggested approach for each disease state: address UPF exposure and also dietary pattern/diet quality (templates and consistent bias assessment across groups).
- A distinct “neurological/brain health” category should be added (cognitive decline, Parkinson’s). It was felt that the topic was too important to imbed across metabolic and mental health; preference was voiced for making it a separate category for public relevance.
- Additives/dyes were mentioned as explicitly referenced in the legislation and likely needing dedicated attention; committee noted limited internal toxicology expertise and suggested umbrella-review style work.
- Environmental contaminants (plastics, heavy metals, herbicides/pesticides, packaging byproducts) discussed as important but complex; proposed to mention briefly as an area of concern and defer deeper review to next year to avoid over-reaching.
- “Food as medicine” interventions (produce prescriptions, medically tailored meals) were discussed as related but potentially too separate/early-stage for the initial constrained review; suggested as a future report topic, though some members wanted flexibility to include compelling findings if they appear.

Process, governance constraints, and resourcing

- Librarian resource list (Word doc with abstracts + links) will be sent to all members; full text available upon request.
- There is a plan to publish the agreed search strategy and question/category list to the TNEC website for transparency and to align external contributors.

- Solicit external subject matter experts statewide via the TNEC email/website and match them to categories based on expertise.
- Open Meetings Act/quorum requirements are shaping workflow; limitations on sharing in-progress drafts across working groups were noted, and staff agreed to confirm what handoffs are permissible.
- Working group work division was clarified for drafting report sections:
 - Working Group 1: draft UPF definitions (public-facing vs scientific/NOVA distinction) and nutrition science evidence considerations (Section 3A), and present progress at next meeting.
 - Working Group 2: continue drafting report background sections (Section 2) and present progress at next meeting.
 - Working Group 2 (and external contributors): coordinate “mini reviews” across health consequence categories (Section 3B) using the standardized search/synthesis guidance.

The Scientific Report of the 2025 Dietary Guidelines Advisory Committee (Scientific Report) has been submitted to the Secretaries of the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA) and is now available online. The public was invited to provide comments on the Scientific Report from December 11, 2024, to February 10, 2025.

Use the links below to download the Scientific Report, in full or in part by section or chapter. [Supplementary materials](#) for data analysis, food pattern modeling, and systematic reviews are also provided below.

Letter to the Secretaries

[Download Section](#)

Dietary Guidelines Advisory Committee Membership and Federal Support Staff

[Download Section](#)

Part A: Executive Summary

[Download Section](#)

Part B: Setting the Stage

Chapter 1: [Introduction](#)

Chapter 2: [Health Equity and Nutrition](#)

Part C: Methodology

[Download Section](#)

Part D: Evidence on Diet and Health

Current Dietary Intakes Through the Life Course

Chapter 1: [Current Dietary Intakes and Prevalence of Nutrition-Related Chronic Health Conditions](#)

Dietary Patterns and Specific Dietary Pattern Components Across Life Stages

Chapter 2: [Dietary Patterns](#)

Chapter 3: [Beverages](#)

Chapter 4: [Food Sources of Saturated Fat](#)

Dietary Practices and Behaviors in Birth through Childhood

Chapter 5: [Complementary Feeding and Feeding Styles and Practices During Childhood](#)

Strategies for Individuals and Families Related to Diet Quality and Weight Management

Chapter 6: [Frequency of Meals and/or Snacking](#)

Chapter 7: [Portion Size](#)

Chapter 8: [Culturally Responsive Interventions to Improve Diet](#)

Food Pattern Modeling

Chapter 9: [Nutrient Profile Development](#)

Chapter 10: [Food Group and Subgroup Analyses](#)

Chapter 11: [Diet Simulations](#)

Part E: Integrating the Evidence

Chapter 1: [Overarching Advice to the Departments](#)

Chapter 2: [Future Directions](#)

Part F: Appendices

APPENDIX F-1: [Glossary of Terms and Abbreviations](#)

APPENDIX F-2: [Public Comments](#)

APPENDIX F-3: [Biographical Sketches of the 2025 Dietary Guidelines Advisory Committee](#)

APPENDIX F-4: [Membership of Dietary Guidelines Advisory Committee Subcommittees and Working Groups](#)

APPENDIX F-5: [Dietary Guidelines Advisory Committee Report Acknowledgements](#)

Supplementary Materials

Data analysis, food pattern modeling, and systematic review reports are noted throughout the Committee's report. See the Scientific Report for direct links to respective reports or browse the reports through the tabs below.

[Data Analysis](#) **[Food Pattern Modeling](#)** **[Systematic Reviews](#)**

Additional Committee Resources

Additional resources, including the Committee's Charter, meeting summaries, and Federal Register Notices are available on the [Advisory Committee Resources page](#).

7. Upcoming meeting dates and times

Thursday, April 16, 2026, 1 pm

Wednesday, May 27, 2026, 10 am

Thursday, June 25, 2026, 10 am

Tuesday, July 14, 2026, 1 pm (Finalize Report)



Wednesday, August 19, 2026, 1 pm (Set agenda for the subsequent year)

8. Review of action items and agenda items for the next meeting.

Posting documents under discussion

Drafted content by May meeting

Additional discussion about sections of the report

Future meetings:

- April 16
- May 27
- June 25
- July 14
- August 19

9. Public comment

Rachel Poland, Texas Leadership Alliance on Nutrition in Higher Education, (Associated with [Texas Academy of Nutrition and Dietetics](#)) spoke in support of the Texas Nutrition Advisory Committee's work implementing Senate Bill 25 and offered the alliance as a collaborative resource. She emphasized that nutrition education should be delivered by qualified subject matter experts (e.g., registered dietitian nutritionists and nutrition scientists) given nutrition's scientific complexity (metabolism, physiology, food systems, clinical care).

Texas universities already have credentialed faculty positions to support rigorous, scientifically accurate instruction. She stated that implementation will require faculty capacity and resources due to limited numbers of specialized faculty and likely increased teaching demand. Adding requirements may require curriculum redesign through governance processes and, in some cases, accreditation notification/approval, which will take time.

She encouraged adequate funding, staffing support, and sufficient implementation lead time. She also suggested allowing flexibility so existing interdisciplinary nutrition science courses can count toward requirements where aligned.



Offered to help with course content templates and other curriculum implementation tools.

Ann Larsen, Nutrak Health ([NuTrak Home - NuTrak](#)) focused comments on ultra-processed foods (UPF) and the need for diet measurement at scale. She pointed out that healthcare often measures biomarkers (BP, cholesterol, A1C) but typically does not measure diet itself. She described their work translating evidence-based medical diets into clear nutrient goals and quantifying intake, then correlating intake with biomarkers to determine health impact. This framework could improve UPF research by identifying nutrient patterns linked to UPF exposure and relating them to chronic disease outcomes.

Individuals need actionable “nutrient doses” to treat/prevent chronic disease and clinicians need visibility into between-visit adherence to evidence-based goals. Researchers need standardized nutrition data to generate real-world evidence, and policymakers need measured nutrition data to guide evidence-based initiatives. Measured nutrition data could help evaluate programs (SNAP, WIC, school meals), target interventions to high-burden regions, and potentially reduce healthcare costs. She proposed building data infrastructure to measure diet at scale so policy can be guided by real data rather than assumptions.

Adam Arnwyne, Mom’s Meals ([Mom’s Meals](#)) encouraged clarity and consistency in how UPF is defined because definitions affect public health programs, research, procurement, and service delivery. He recommended aligning, where feasible, with forthcoming federal guidance/frameworks to reduce cross-state inconsistency and confusion for providers/administrators and program participants. He offered to provide additional information and serve as a resource; committee noted they also received his written comments.

Holly Evelsizer, Texas Academy of Nutrition and Dietetics ([Texas Academy of Nutrition and Dietetics](#)) offered the organization and its statewide membership as a resource and connector for expertise (including via the national Academy if needed).

Erin Hudson, PhD Candidate at UT volunteered to support the committee, particularly around the UPF definition (with contact info provided to the committee). She stated her support for using the NOVA classification for systematic review work and felt the committee’s draft definition was a good starting point. She endorsed defining/clarifying



whole or minimally processed foods for communication purposes and warned against letting “healthier processed food” exceptions.

Jamie Davis, UT Austin reported findings from a large cluster RCT (2015–2020; 16 schools) showing a school garden-cooking-nutrition education approach:

- Increased vegetable intake.
- Decreased UPF intake (using NOVA classifications).
- Improved glycemic control and reduced circulating lipids (blood samples).
- Improved academic outcomes (STAR testing/reading levels).

The work is published in JAMA

She described teacher/garden-lead trainings that they developed and delivered to 250+ schools (Texas and other states), including a web platform with asynchronous and in-person training. She stated there is a burden on teachers and suggested leveraging existing/free resources and providing training rather than adding “one more thing” to what they have to do.

Madeline Rosenthal, PhD Candidate in Nutritional Sciences, emphasized that, beyond “what” nutrition guidance is, implementation should address “how” physicians have nutrition conversations. She shared two resources from her team to translate guidelines into medical education/practice:

- Asynchronous physician training (developed with UT Austin Center for Health Communications) on conducting nutrition conversations.
- A web-based application (“Nutri”) to support data-driven nutrition conversations during visits, which can be updated as evidence evolves and adjusted to align with TNAC recommendations.

10 Adjourn. There being no further business, the meeting was adjourned.

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