



# Health and Human Services

## Texas Nutrition Advisory Committee

May 27, 2026

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*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.*

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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 Dr. Albin. A quorum was present.

**2. Consideration of April 16, 2026, draft meeting minutes.** Dr. Alden summarized April 16 discussion topics: ultra-processed chapter work, SME involvement in scientific review, scientific evidence chapter review, bylaws development, and discussion of using AI for organizing/summarizing report components. The minutes were then approved as drafted.

**3. Consideration of draft bylaws.** Rachel Wiseman (DSHS) walked through edits incorporated since the prior meeting:

- Item 5: clarified/updated terms.
- Item 7: clarified chair/vice chair term length and reappointment.
- Item 8: set minimum of four meetings per year, with chair able to call additional meetings.
- Section 10 (end): clarified that DSHS cannot remove committee members; if DSHS observes violations, the DSHS council liaison notifies the Governor's office, which determines any removal.

Motion to approve bylaws was made by Dr. Shippy); seconded by Padma Patel and the bylaws were approved.

**4. Review report draft sections:** Dr. Alden noted 17 attachments in the committee packet with extensive drafted report content from committee members and SMEs. Not all of these documents were made available to the public. Content presented in this meeting was for final approval and members were urged to review ahead of June, likely the last meeting for substantial feedback on most sections.

### **[Texas nutrition and health environment background](#)**

**Summary** There was lengthy discussion on this section. Dr. Alden previewed the background section structure at a high-level: chronic disease burden; food environment



(noting limited Texas-specific divergence from national patterns); supports/barriers to dietary change; economic/health system impacts including cost of diet-sensitive disease.

Commissioner Miller reported that the draft on Texas agriculture intersections with nutrition was delayed due to an executive taking extended family medical leave but said they were “just about ready” and would deliver it soon

**Process for editing:** Rachel Weseman (DSHS) outlined the editing process stating members can share highlights live, then send written comments to DSHS for compilation into a single document for discussion at the next meeting.

Specific feedback on the Background chapter related to cancer prevention paragraph involved broadening beyond just the Mediterranean diet to include Healthy Eating Index (high scores), DASH, vegetarian, Nordic food index, and some low-carb/high-protein diets (for some cancers). (Susan Steck, Nature Reviews Cancer (2019) dated but still relevant). There was also a suggestion to reference American Cancer Society guidance (ACS focuses more on food groups than named patterns).

**Alzheimer’s/dementia paragraph:** Rewording was recommended of a confusing sentence describing MIND diet as a hybrid of Mediterranean and DASH

**Supports/barriers section:** it was proposed to reorganize and expand using the social ecological model (individual, interpersonal, community, organizational, policy), adding areas like nutrition knowledge/skills (“food literacy”), family meals and traditions, social support, availability of healthy foods at work/schools and hospitals and nursing homes, etc.

**Economic/health impact section:** Davis suggested also considering economic impacts of broader diet-improvement approaches (dietitian and nutrition consult access, nutrition education in schools, food access through /food pantries, food assistance programs). Dr. Alden agreed these matter but emphasized keeping the chapter focused on interventions with measurable economic ROI supported in the literature.

Dr. Alden stated edits to the background chapter would be assigned to working group one for presentation at the June meeting.



Dr. Alden reported they had commitments across eight scientific domains for SME input. Evidence summaries received from five of eight so far, including the high-volume topic of metabolic health.

A proposal was made to proceed with dietary guidelines grounded in the five completed domains and if remaining SME chapters don't arrive in time, include them in an updated Year 2 report. Dr. Alden noted approximately 40 SMEs statewide have volunteered contributions and will be acknowledged in the report.

Draft **"Eat Well, Y'all" Texas** visual tool (infographic) was discussed at length, though the actual infographic was not made available to the public. Cheryl Su Hoy presented an early-concept visual ("Eat Well, Y'all," Texas-shaped plate) meant to be culturally inclusive across Texas communities and to illustrate how whole/minimally processed foods can fit a balanced pattern. The visual emphasized vegetables, fruits, legumes, nuts/seeds, whole grains, fermented foods (e.g., kefir/yogurt, kimchi), and diverse proteins/fats. The beverage emphasis was on water/coffee/tea; subtle reduction of ultra-processed foods and sugar-sweetened beverages was noted.

The Plate intentionally was shown 80–90% full to reflect moderation and "comfortably satisfied," There was considerable discussion about fine tuning the project.

## **Presentation**

### **Drafted Sections to Review & Discuss**

#### **Introduction**

- Committee Scope and Charge
- Subject Matter Expert Engagement

#### **Background on Nutrition and Chronic Disease in Texas**

- Chronic disease in the US and Texas
- The Texas Food Environment
- Supports and Barriers to Dietary Change
- Economic and Healthcare System Impact
- Need: context of Texas Department of Agriculture section (F&N working on it)

Independent Scientific Review Commitments



1. Metabolic Health (e.g., CV disease, chronic kidney disease, diabetes, obesity)
2. Gastrointestinal Disease (e.g., IBD, IBS)
3. Immune System Health (e.g., inflammation, allergy, autoimmune conditions)
4. Cancer (e.g. colon cancer, stomach cancer, breast cancer, etc.)
5. Brain Health (e.g., dementia, Parkinson's disease, cognitive function)
6. Reproductive health (e.g. infertility, endometriosis, PCOS, etc.)
7. Mental Health (e.g., anxiety, depression, insomnia, ADHD)
8. All-Cause Mortality

## [Facilitators and barriers to healthy eating summary](#)

### **Summary.**

The group met twice between the April meeting and this meeting. Tasks were accomplished with Texas Woman's University faculty and students. They recruited volunteers to help review the literature. Department of State Health librarians ran the literature searches using agreed criteria; volunteers were assigned articles. Articles were reviewed, abstracted, and rated using a checklist; Results were compiled into summary tables. The three leads then met to review the tables and grading scheme and to agree on answers for each question. "# of articles" sometimes meant systematic or umbrella reviews vs. individual studies, and evidence ratings could differ based on overall participants and study types.

**Mental health conditions chapter** Core question included: relationship between dietary patterns/"real foods" vs. reliance on UPF and mental health risk across life stages. There were five articles that were UPF-focused evidence. The working group conclusion was that limited evidence suggests UPF intake is associated with higher risk of depressive symptoms and other mental health conditions in adults.

**Dietary quality (regardless of processing) evidence** found 9 articles. Working group conclusions were that there was strong evidence that nutrient-dense/high-quality diets are associated with lower risk of depressive symptoms across children, adolescents, adults, and older adults. Nutrient-dense/high-quality diets are associated with lower risk of ADHD symptoms in children and adolescents. Overall, stronger and more consistent evidence supports high-quality diets (often relying on unprocessed/minimally processed foods) to reduce depressive symptom risk; more limited evidence links UPF to depressive symptoms (noted mainly in adults).

**Mortality chapter (UPF vs. dietary quality)**

There were 6 articles identified related to UPF and mortality. Working group conclusion is that there is fair evidence that suggests diets high in UPF are associated with higher risk of all-cause mortality and cardiovascular disease-related mortality. Not enough evidence was found to assess UPF intake and other specific-cause mortality.

Regarding dietary quality and mortality identified 5 articles representing many underlying studies.

Working group conclusion is that there is strong evidence that suggests nutrient-dense/high dietary quality diets are associated with lower all-cause mortality. In summary high-quality diets (typically higher in unprocessed/minimally processed foods) reduce risk of early mortality and conditions leading to early mortality. The literature was inconsistent on cancer mortality but consistent for preventing early cardiovascular-related death.

**Immune health chapter (immune dysfunction, inflammation, and diet)** Regarding UPF and immune health there were 3 articles identified. Working group conclusion were that there is fair evidence that suggests diets high in UPF are associated with higher levels of conditions related to immune dysfunction (examples given: allergy, RA/rheumatoid arthritis, psoriasis).

Regarding lower-quality/nutrient-poor diets, fair evidence suggests association with higher inflammation, which could contribute to immune dysfunction or chronic illness. Overall, less evidence for both high-quality minimally processed diets and UPF-rich diets on immune function/immune-related disorders. Reviewed studies were inconsistent on dietary constituents linked to inflammation and on whether inflammation strongly contributes to autoimmune conditions.

**Recommendation** (with caveats) is that more research is needed on origins/prevention of autoimmune disease, but diets rich in unprocessed/minimally processed foods and high-quality diets can still be recommended for those with autoimmune conditions or low-level inflammation.

**Population communication strategies chapter (public-facing guidance)**

**Goal:** distill communication best practices for a short chapter aimed at public-facing dietary guidelines.

**Writing/style guidance:**

- Use common words and conversational language; define scientific terms when they must be used.
- Keep the number of messages to a few; make them short, concise, memorable, focused, and consistent.
- Use images to illustrate points and include alt text for accessibility.
- Use short sentences; “chunk” text into sections with surrounding white space; use polite, inclusive language.

**Messaging guidance:**

- Use positive, actionable messages and “gain framing” (benefits of action) vs. “loss framing” (consequences of inaction).
- Positive messaging can help avoid stigmatizing less-healthy foods.
- Include a variety of cultural foods in both text and imagery.
- Consider success stories, clinical-setting materials for providers, community partnerships and local media, youth/young-adult-focused campaigns, and soliciting input from youth/young adults on peer messaging.

## **Presentation**

### **Mental Health Conditions Scientific Summary Chapter**

**Question 1: What is the relationship between dietary patterns or overall intake of “real foods” (unprocessed/minimally processed) compared to those reliant on processed and ultra-processed foods (UPF) (Nova Group 4) and risk of mental health conditions across all life stages?**

+ Librarians identified 5 articles related to UPF & mental health conditions

+ Limited evidence suggests UPF intake is associated with higher risk of depressive symptoms and other mental health conditions in adults. (Limited evidence)

**Question 2: What is the relationship between nutrient-dense diets or high dietary quality diets (regardless of level of processing) and mental health conditions across all life stages?**

+ Librarians identified 9 articles related to nutrient-dense/high dietary quality diets & mental health conditions

+ Nutrient-dense diets/high quality diets are associated with lower risk of depressive symptoms in children, adolescents, adults, and older adults. (Strong evidence)

+ Nutrient-dense diets/high quality diets are associated with lower risk of ADHD symptoms in children and adolescents. (Fair evidence)

**Summary on Diet and Mental Health Conditions** Broadly, there is stronger and more consistent evidence that high quality diets, without consideration of level of processing, but which tend to rely on unprocessed, minimally processed foods, may help to reduce risk of depressive symptoms. Individuals throughout the life cycle should be encouraged to eat a high-quality diet, rich in fruits, vegetables, and other fresh foods to support good mental health. Evidence also suggests that high-quality diets are associated with lower risk of ADHD in children and adolescents. More limited evidence suggests that UPF intake is associated with higher risk for depressive symptoms in adults. While more research is needed on particular aspects of UPF that may drive this relationship, based on the literature surrounding high quality diets, there is ample evidence to support a diet high in high quality, fresh foods.

**Mortality Scientific Summary Chapter**

**Question 1: What is the relationship between dietary patterns or overall intake of “real foods” (unprocessed/minimally processed) compared to those reliant on processed and ultra-processed foods (UPF) (Nova Group 4) and risk of all cause or specific-cause mortality across all life stages?**

+ Librarians identified 6 articles related to UPF & mortality

+ Fair evidence suggests diets high in UPF are associated with higher risk of all-cause mortality and cardiovascular disease mortality. There is not enough evidence to assess UPF intake and other specific-cause mortality. (Fair evidence)

Federal, society, and global guidelines summary

**Question 2: What is the relationship between nutrient-dense diets or high dietary quality diets (regardless of level of processing) and all-cause or specific cause mortality across all life stages?**

+ Librarians identified 5 articles related to nutrient-dense /high dietary quality diets & mortality

+ Strong evidence suggests nutrient-dense/high dietary quality diets are associated with lower all-cause mortality (strong evidence)

**Summary on Diet and Mortality** There is strong and consistent evidence that high quality diets, without consideration of level of processing, but which tend to rely on unprocessed, minimally processed foods, reduce risk of early mortality and the conditions and diseases that lead to early mortality. While there are inconsistencies in the literature about whether these diets help to prevent mortality due to cancer, there is consistent evidence that they help to prevent early death related to cardiovascular disease. Evidence regarding the relationship between UPFs and mortality is less available, but based on the literature surrounding high quality diets, there is ample evidence to support a diet high in high quality, fresh foods.

**Immune Health Scientific Summary Chapter**

**Question 1: What is the relationship between dietary patterns or overall intake of “real foods” (unprocessed/minimally processed) compared to those reliant on processed and ultra-processed foods (UPF) (Nova Group 4) and immune health across all life stages?**

+ Librarians identified 3 articles related to nutrient-dense/high dietary quality diets & immune health.

+ Fair evidence suggests diets high in UPF are associated with higher levels of conditions related to immune dysfunction such as allergy, RA, and psoriasis. (Fair evidence)

**Question 2: What is the relationship between nutrient-dense diets or high dietary quality diets (regardless of level of processing) and immune health across all life stages?**

+ Librarians identified 2 articles related to nutrient-dense/high dietary quality diets & immune health.

+ Fair evidence suggests nutrient-poor diets or lower quality diets are associated with higher levels of inflammation, which could contribute to immune dysfunction and/or chronic illness. (Fair evidence)

**Summary on Diet and Immune Health** There is less evidence on both high-quality, minimally processed diets and diets rich in UPF and their impact on immune function and immune-related disorders. The studies we reviewed showed inconsistencies in particular dietary constituents associated with inflammation and whether inflammation was strongly related to autoimmune conditions. More research is needed to better understand origins of and prevention of autoimmune disease. However, eating diets rich in unprocessed and minimally processed foods as well as high quality diets can still be recommended to those with autoimmune conditions or low-level inflammation.

**Population Communication Strategies**

**Communication Recommendations**

**Communication Best Practices:**

Use common words & conversational language.

If you have to use scientific words, define them first.

Keep the number of messages to a few.

Messages should be short, concise, memorable, focused, and consistent.

**Written Communication Do's:**

Use short sentences

Chunk things in sections

Use white space

Use polite, inclusive language



Use images but incorporate alt-text when use images.

## Talking about Diet

### Use Positive, Actionable Messages

Gain-framed messages, those that tell what good things will happen if people eat healthy foods, are best for helping people decide to make changes.

Positive messaging also helps avoid stigmatizing foods that are less healthy.

Use a variety of cultural foods to help people understand how to eat healthy in their own lives.

### Help All Make Healthy Changes

Tell people which foods will make them healthier.

Include success stories.

Include materials for clinical settings to help providers know how to use the guidelines

Use community partnerships and local media to promote messages

Include youth and young-adult focused campaigns.

Consider asking for suggestions from youth/young adults on how to talk to their peers about healthy eating.

**5. [Report from selected SMEs on scientific summaries](#)** Keally Haushalter, PhD Candidate; Erin Hudson, JD, PhD Candidate; Bella Mei, Dietetics Student; Madalyn Rosenthal, PhD

## Summary

**TNAC Charge to SMEs 1. Assess the evidence to answer the following questions regarding metabolic health:**

- a. What is the relationship between dietary patterns or overall intake of “real foods” (unprocessed/minimally processed) compared to those reliant on processed and ultra processed foods (UPF) (Nova Group 4) and risk of the disease or health outcome specific to each group’s focus across all life stages? (Some areas may have limited or specific data according to life stage, and we encourage making that distinction)
- b. What is the relationship between nutrient-dense diets or high dietary quality diets and the outcome of the sub-group’s interest (regardless of level of processing) across all life stages?

**1. Identify the evidence**

- This step was completed by DSHS Library
- DSHS librarians searched PubMed and at least one other database for English-language articles published in the last 10 years, focusing on human studies (RCTs, reviews, meta analyses) and cohort studies conducted in the last 3 years not part of a review
- SMEs received a simple list of the overall topic domain and example disease states within that domain included in the DSHS Library search
- SMEs received 75 study abstracts in two source files (43 on UPF, 32 on minimally processed foods)

**TNAC Charge to SMEs**

1. Extract the data and assess risk of bias using the Worksheet and Quality Checklist
2. Synthesize the evidence using the provided Summary Table
3. Grade the certainty of the evidence using the provided Evidence Grading Table
4. Draft TNAC brief chapter summarizing findings and suggesting conclusion

**Data Extraction and Synthesis**

**Process Data Extraction and Synthesis into a Literature Review Table**

- TNAC provided us with worksheets and a table to extract data from the studies
- We created a single excel file in which we incorporated all fields for data extraction
- All 75 studies from TNAC were added to the table

- As SMEs in this research topic, we added relevant missing studies to our review and noted accordingly when studies were added to the original search
- We chose to add the highest impact 13 studies to include in our review
- Each of the four SMEs volunteered to review a portion of the 88 studies and
  - Pulled full text version of all papers
  - Completed the data extraction using full tables
  - Completed the Quality Criteria Checklist, with rationale
  - Made notes on relevance of the study to the research questions

### **III Evidence Grading Methods and Results**

#### **Question 1a: UPF and minimally processed food intake & metabolic health outcomes**

- Organized evidence review by metabolic health outcome clusters
  - Body Weight/Adiposity
  - Type 2 Diabetes/Glycemia
  - Cardiovascular Disease
  - Liver/Non-Alcoholic Fatty Liver Disease (NAFLD or MASLD)
  - Kidney Disease
  - Mortality
- Noted life stage to be able to speak separately about pediatrics or other life stages

#### **Question 1a: UPF and minimally processed food intake & metabolic health outcomes**

- TNAC Grading Criteria
  - Quality (including risk of bias)
  - Consistency
  - Quantity
  - Clinical Impact
  - Generalizability
- Score from the 10-question Quality Criteria Checklist did not influence grading. Since several of the questions in this checklist were RCT-centric, scores did not always reflect quality
- Grades:
  - I - Good/Strong
  - II - Fair

- III - Limited/Weak
- IV - Expert Opinion
- V - Not Assignable

**Question 1a: UPF and minimally processed food intake & metabolic health outcomes**

- Recent reviews on UPFs and Metabolic Health with structured grading frameworks (Prior reviews did not dictate grading)
  - 2025 Dietary Guidelines Scientific Report Appendix 4.1 (Goran et al.)
  - 2024 umbrella review on UPFs and adverse health outcomes (Lane et al., BMJ)
  - 2024 umbrella review on UPFs and human health (Dai et al., Clinical Nutrition)

**Question 1a: UPF and minimally processed food intake & metabolic health outcomes**

Metabolic Outcome	Grade	Rationale
Body Weight and Adiposity	I	4 controlled feeding trials favoring minimal processing; large cohorts replicate across the life span
Type 2 Diabetes	I	2 meta-analyses (n=900,000+) plus 6 large cohorts; consistent dose-response
Glycemia (FG, HbA1c, Insulin, HOMA-IR)	III	Small body of evidence provided, mostly secondary outcomes, mixed findings
Cardiovascular Events (HTN, CV events, CV mortality, VTE)	II	10 large cohorts agree on direction; no meta-analysis in provided studies
Cardiovascular Biomarkers (lipids, BP)	III	Mixed, largely null findings; feeding trials not powered for these outcomes; few studies provided
Liver Disease (NAFLD/MASLD, fibrosis, cirrhosis)	III	2 recent meta-analyses (>1M participants) + UK Biobank cohorts; consistent dose-response

**Question 1b: Nutrient-dense diets or high dietary quality diets & metabolic health outcomes**

- Studies provided did not allow the same evidence analysis
- Diets were diverse, reflecting variety of nutrient-dense, high quality dietary patterns, such as Mediterranean or DASH diets
  - Due to variety, there was too much variety to make a conclusion

- Outcomes were more concentrated on CVD
- We did not apply the TNAC I-V grades and instead addressed Question 1b in the draft chapter

## Limitations

### Uncertain of Full Search

**Strategy Details** As SMEs, we were provided with abstracts by the DSHS Library based on the TNAC's high level research questions and basic timeline of article inclusion. We did not conduct the original search nor provide any guidance for the search strategy, so we are not sure of the precise search terms utilized.

**Irrelevant Studies** Some studies provided did not address the research question or were not relevant to the goals of the TNAC process. We kept these in the literature review table for completeness but did not consider them in our evidence review or in drafting the chapter.

**Missing Studies** As researchers in this space who are highly familiar with the literature, we identified relevant papers missing from the original search. We included the most consequential papers in our analysis, which included two controlled feeding trials and high impact reviews and meta-analyses.

**Next Steps** Ahead of this meeting, we shared:

- Literature Review Table - Reflecting data extraction, relevancy of the study, 10Question Quality Criteria Checklist, and Metabolic Outcome Clusters to which each study contributes evidence
- Evidence Profiles - Explaining the methods for reviewing evidence and providing details on the evidence profile for each Metabolic Outcome Cluster
- Draft TNAC chapter - Summarizing findings and suggested conclusions We remain available for questions and revisions of the chapter as needed

**6. Discuss new subject areas for report,** Dietary guidelines approach based on evidence review, Dietary visual, Educational integration recommendations.

## Summary

SME Research on Ultra-Processed Foods and Metabolic Health

Dr. Erin Hudson, representing a team from the University of Texas at Austin, presented findings from an extensive review of 88 studies regarding ultra-processed foods (UPF) and metabolic health. The review assigned a Grade 1 (strong evidence) to the relationship between UPF consumption and both body weight/adiposity and the



incidence of Type 2 diabetes. Evidence for cardiovascular disease (CVD) events was graded as fair, while evidence for glycemia, CVD biomarkers, and liver disease was found to be limited or weak. Dr. Hudson explained the concept of "dose response," noting that for every 10% increase in calories from UPF, there is a corresponding increase in health risk, though a threshold may exist below which risks are minimal. Dr. Hudson spent approximately 60-70 hours on data extraction and evidence grading, using a 10-question quality criteria checklist provided by the committee. Ann Shippy requested that Dr. Hudson add a column to her summary table explaining the specific reasons why certain outcomes did not receive a Grade 1 rating.

### **Review of GI Diseases and International Guidelines**

Dr. Albin presented findings on gastrointestinal (GI) diseases, noting fair evidence that high UPF intake is a predictor for irritable bowel syndrome (IBS) and inflammatory bowel disease (IBD), particularly Crohn's disease. The committee reviewed a draft chapter comparing Texas guidelines to international standards in countries like Canada, Brazil, Chile, France, the UK, and Italy, focusing on how they handle UPF and food labeling. Kathleen Davis suggested renaming the "Medical Society Guidelines" section to "Society Guidelines" to reflect that organizations like the American Heart Association are not strictly medical. Dr. Albin proposed adding the American Cancer Society to the list of reviewed society guidelines to ensure a comprehensive overview. The committee discussed the impact of international regulation on dietary patterns, noting that some countries have addressed UPF in their guidelines for over a decade.

**Medical Student Perspectives on Nutrition Education** Dr. Albin shared results from focus groups involving 18 students from 14 state-funded Texas medical schools regarding nutrition education. Students reported that current nutrition education is fragmented and "hidden," and they noted that engagement is primarily driven by what appears on certification exams. Key findings indicated that students feel underprepared to provide specific dietary counseling to patients and desire more patient-centered, realistic training. The focus groups highlighted structural barriers, such as food insecurity, that medical students observe as major hurdles for patient dietary changes.

Students recommended integrating nutrition training through case studies, observations, and collaboration with registered dietitians and social workers.

**The "Texas Filter" and Implementation Strategy** Dr. Albin proposed a framework she named the "Texas Filter of Real-Life Eating" to help Texans implement dietary



guidelines through five domains: **Access, Time, Capacity (Skills), Meaning, and Needs.**

The framework aims to move beyond a single flagship graphic by providing case studies, such as a family with limited transportation or a single older adult living alone. Dr. Patel and Dr. Shippy supported the proposal, agreeing that addressing the "how" of eating is essential since traditional guidelines often fail to change behavior. Kathleen Davis suggested that "skills" might be a more accessible term than "capacity" for the general public.

Working Group 1 will focus on the high-level one-page guidelines and visuals, while Working Group 2 will develop the practical case studies and implementation examples.

**Reporting Timeline and Logistics** Dr. Albin emphasized that all SME content must be submitted within the next 7 to 10 days to be included in the nearly complete draft for the June 25th meeting. The committee plans to vote on the final report in July, with a deadline to turn the report over to the department for legal and formatting reviews by September 1st. Dr. Albin requested assistance from any available graduate students skilled in reference management software like EndNote or Zotero to organize the report's extensive bibliography. Ms. Wiseman confirmed that the committee will have time between September and December to refine how the guidelines are presented on the state's public-facing resource hub.

### **Presentation Materials (that were available)**

**WG2: SME Recruitment  
and Content  
Organization**

- Independent scientific review
- Dietary guidelines background
- Medical learner perspectives
- Texas Department of Agriculture perspectives*
- School nutrition director perspectives*
- Food access organization perspectives*
- Evidence-based education tools*
- Future directions/scientific advancement*

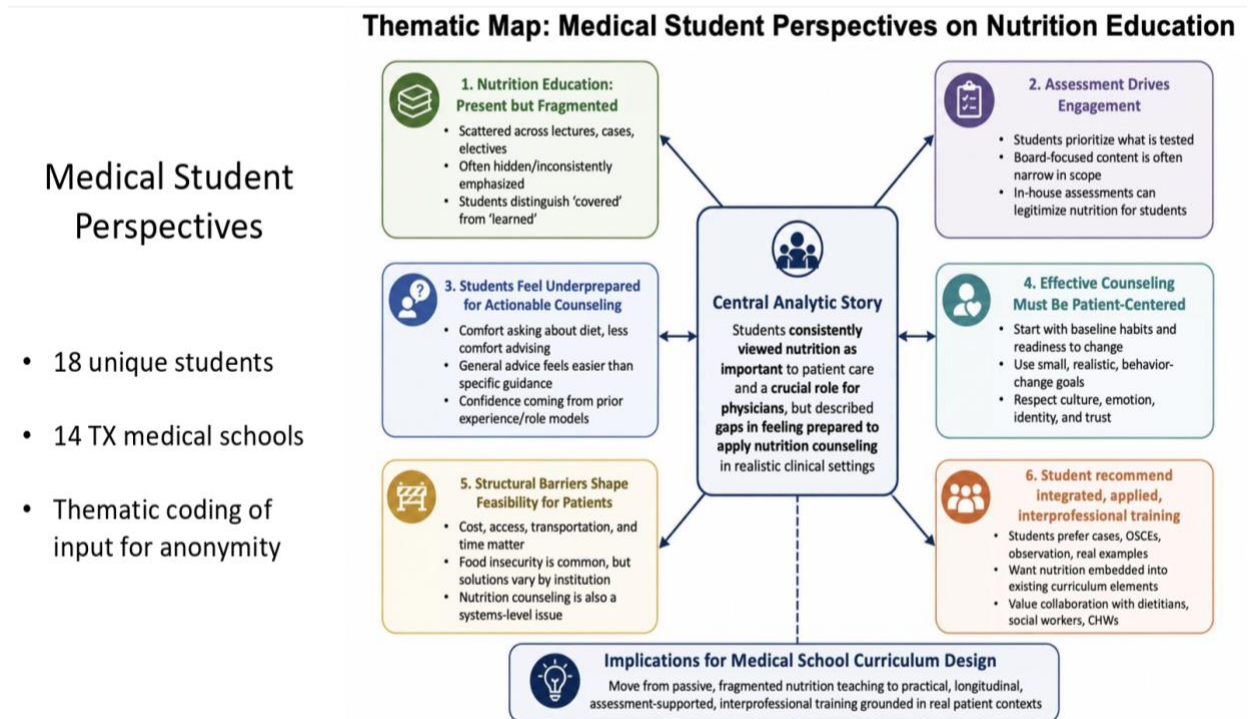
**SME: GI Diseases and Dietary Pattern**

- Fair evidence suggests that high UPF intake is a strong, independent predictor for developing irritable bowel syndrome (IBS) and inflammatory bowel disease (Crohn’s Disease and Ulcerative Colitis) in healthy adults. (Fair evidence)
- For patients with a diagnosis of inflammatory bowel disease (IBD) that are currently symptom-free (in remission), consuming high amounts of UPFs significantly increases the risk of relapse. (Fair evidence)
- Nutrient-dense diets/high quality diets including minimally processed foods are strongly linked with a lower risk of developing Crohn’s disease and irritable bowel syndrome (IBS). (Fair evidence)

**Drafted Sections with SME Input to Review & Discuss**

**Dietary Guidelines**

- Summary of recent federal DGA\*
- Summary of Selected Society guidelines –American Heart Association–American Diabetes Association–American College of Lifestyle Medicine
- Summary of international guidelines with relevant lessons–Canada, Brazil, Chile–France, United Kingdom, Italy



### **Next Steps for June meeting**

- Finalize SME Contributions to present findings/Summaries
- Finalize Dietary Guidelines Approach
- Integrate pending input for educational implications, resources, recommendations
- Final Report approval at July meeting.

### **7. Upcoming meeting dates and times**

- Thursday, June 25, 2026, 10 am
- Tuesday, July 14, 2026, 1 pm
- Wednesday, August 19, 2026, 1 pm
- Wednesday, September 9, 2026, 1 pm
- Monday, November 16, 2026, 1 pm

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

No specific items mentioned

### **9. Public comment.**

**Dr. Gelina Castillo, a pediatrician**, urged the committee to consider the unique nutritional needs of adolescents and the risk of disordered eating, such as orthorexia, when drafting guidelines.

**Mary Dixon from Dairy MAX** advocated for maintaining dairy as a standalone food group and incorporating food matrix science to reflect the benefits of various dairy fat levels. [Home | Dairy MAX - Your Local Dairy Council](#)

**Michael Mitchell of FoodSMART** emphasized the role of registered dietitians in medical nutrition therapy and urged the committee to recommend better Medicaid reimbursement and enrollment processes for these services. [Foodsmart | Personalized Telehealth Nutrition Solution](#)

**Dr. Rosenthal** provided behavioral science insights, warning that icons like apples can be interpreted too literally and suggesting public engagement to test how visuals are understood.



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

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