Effect of reducing ultraprocessed food consumption on obesity among US children and adolescents aged 7–18 years: evidence from a simulation model

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ABSTRACT

Background Children and adolescents in the USA consume large amounts of daily calories from ultraprocessed foods (UPFs). Recent evidence links UPF consumption to increased body fat in youth. We aimed to estimate the potential impact of reducing UPF consumption on childhood obesity rate in the USA.

Methods We developed a microsimulation model to project the effect of reducing UPF consumption in children’s diet on reducing the prevalence of overweight or obesity among US youth. The model incorporated nationally representative data on body mass index (BMI) percentile and dietary intake of 5804 children and adolescents aged 7–18 years from the National Health and Nutrition Examination Survey 2011–2016, and the effect of reducing UPF consumption on calorie intake from a recent randomised controlled trial. Uncertainties of model inputs were incorporated using probabilistic sensitivity analysis with 1000 simulations.

Results Reducing UPFs in children’s diet was estimated to result in a median of −2.09 kg/m² (95% uncertainty interval −3.21 to −0.80) reduction in BMI among children and adolescents aged 7–18 years. The median prevalence of overweight (BMI percentile ≥85th) and obesity (BMI percentile ≥95th percentile) was reduced from 37.0% (35.9%, 38.1%) to 20.9% (15.1%, 29.9%) and from 20.1% (19.2%, 21.0%) to 11.0% (7.86%, 15.8%), respectively. Larger BMI and weight reductions were seen among boys than girls, adolescents than children, non-Hispanic black and Hispanic youth than non-Hispanic white youth, and those with lower levels of parental education and family income.

Conclusions Reducing UPF consumption in children’s diet has the potential to substantially reduce childhood obesity rate among children and adolescents in the USA.

INTRODUCTION

The obesity rate among children and adolescents (hereafter referred to as children) in the USA has more than tripled since the 1970s.1 Meanwhile, Americans’ diets have shifted to contain a significant amount of foods that are highly processed due to advances in food processing and increased availability of ultraprocessed foods (UPFs).2 UPFs are foods that have gone through several levels of industrial processing and have few to no whole foods present. UPFs often contain cosmetic additives such as flavour enhancers, colours, emulsifiers, sweeteners and bulking and carbonating agents to make foods highly palatable and ready to eat with long shelf-life.3 While convenient, UPFs are usually energy dense, high in added sugar and sodium, low in protein, fibre and micronutrients,4 and offering a suboptimal nutrition profile. A recent randomised controlled cross-over trial provided evidence that consuming a high-UPF diet led to increased ad libitum calorie intake and weight gain among young adults. Over a 2-week period, 20 adults following a high-UPF diet consumed approximately 500 more kcal/day than those on a non-UPF diet and gained approximately 0.9 kg whereas those on the non-UPF diet lost 0.9 kg.5 Prospective cohort studies in children also suggest that high UPF consumption contributes to high levels of body fat.6–8 Children and adolescents in the USA consume more than 60% of daily

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We developed a microsimulation model to estimate the impact of reducing UPF consumption in children’s diet on their body mass index (BMI). The model incorporated nationally representative data on demographic characteristics, weight, height and dietary intakes of 5804 children aged 7–18 years from the National Health and Nutrition Examination Survey (NHANES) 2011–2016. Based on the effect size of reducing UPF on calorie reduction reported from a recent randomised controlled trial (RCT), and the children’s weight reduction prediction model developed by Hall et al., we projected children’s weight reduction as a result of reducing UPFs in their diet, accounting for potential changes in energy expenditure and appetite. We then estimated change in children’s BMI and prevalence of overweight and obesity by comparing the current and postchange BMI distribution and overweight and obesity prevalence among US children aged 7–18 years.

Simulated population
The model was populated with individuals aged 7–18 years who participated in the three recent NHANES cycles (2011–2012, 2013–2014 and 2015–2016) and provided at least one valid 24-hour recall. Day 1 diet recall or the average of 2-day diet recall whenever available was used to estimate daily calorie intake and energy contribution of UPFs. Those with daily total calorie intake <500 or >5000 kcal/day were excluded, resulting in a total of 5804 children available for the simulation.

UPF consumption
UPF consumption was assessed using dietary intake data collected from 24-hour dietary recalls based on the validated US Department of Agriculture Automated Multiple-Pass Method. Foods were classified into four groups (unprocessed/minimally processed food, processed culinary ingredients, processed foods and UPFs) according to the NOVA food classification (online supplemental text). Briefly, UPFs were defined as ready-to-eat, ready-to-drink or ready-to-heat industrial formulations that are made predominantly or entirely from industrial substances extracted from foods such as oil, fats, sugar, starch and protein and contain little or no whole food and often contain cosmetic additives. Examples of UPFs include breakfast cereals, biscuits, quick breads, frozen pizza, ready-to-eat or ready-to-heat meals, sweet snacks and sweets, fast-food or reconstituted meat, poultry or fish and sugar-sweetened beverages (SSB). A detailed definition and example food items of UPFs are shown in online supplemental table 1. For mixed dishes judged to be home-made, for example, stew or cake made from home recipe, we used underlying ingredients (SR Codes) to ensure a more accurate classification. Details of the classification process have been published previously.

The percent of calories (%E) from UPFs was calculated as the percent of calories consumed from UPFs over the total daily calories.

Weight status
Children’s weight status was determined using BMI calculated from measured height and weight. Children’s age-specific and sex-specific BMI percentile was determined based on the 2000 growth chart using the algorithm provided by the Centers for Disease Control and Prevention. We defined children’s weight categories according to the recommended cut-points as follows: normal weight if BMI <85th percentile; overweight if BMI ≥85th percentile; and obese if BMI ≥95th percentile.

Effect of reducing UPF consumption on reducing daily calorie intake
The effect of reducing UPF consumption on total calorie intake was estimated based on a recent RCT conducted among 20 young adults (mean age=31.2 years, mean BMI=27.0 kg/m²) who were assigned to either a high-UPF diet (81.3% calories from UPFs) or non-UPF diet (0% calories from UPF) for 2 weeks. The two diets were matched for presented calories, energy density, macronutrients, sugar, sodium and fibre. The RCT reported that the ad libitum calorie intake was 509 kcal/day more in participants assigned to the high-UPF diet compared with those assigned to the non-UPF diet (mean calorie intake: 2979 vs 2470 kcal/day), corresponding to a 17.1% increase in total daily calories. Based on this finding, we estimated that reducing UPFs in a child’s diet to zero would result in a reduction in total daily calories proportional to the percent of UPFs in the diet using the following algorithm: total energy intake*17.1%*proportion of UPFs in the diet/81.3%. For example, for a 10-year-old boy with total calories being 2000 kcal/day and 60% energy intake from UPFs, the reduction in his total daily calories is estimated to be 252 kcal/day (=2000*0.60/81.3+17.1%).

Effect of calorie reduction on children’s weight
We estimated the amount of weight reduction (in kilogram) from calorie reduction (in kilocalorie/day) using the weight reduction model by Hall et al. This model estimates the daily calorie reduction required for children aged 7–18 years to reduce 1 kg body weight: 68–2.5 × age for boys and 62–2.2 × age for girls. Thus, the required daily calorie reduction to achieve 1 kg weight reduction for a 10-year-old boy is estimated to be 43 kcal. If he
consumes a daily calorie of 2000 kcal/day with 60% of the daily calories from UPFs, and under our model assumption that zeroing total UPF consumption from his diet leads to 252 kcal reduction in his daily calorie consumption, his estimated weight reduction would be 5.86 kg \(= \frac{252 \text{ kcal/day}}{43 \text{ kcal per kg}} \). Subsequent reduction in BMI was estimated based on weight reduction.

**Statistical analysis**

Among all eligible US children aged 7–18 years in NHANES 2011–2016, we simulated the effect of reducing UPFs in children’s diet on BMI distribution. The BMI distribution and prevalence of overweight and obesity at baseline and postchange were calculated by adjusting for NHANES survey weights to account for the complex sampling design and non-responses to ensure national representativeness. To incorporate uncertainties in effect size estimates, probabilistic sensitivity analysis was used with 1000 Monte Carlo simulations. From the 1000 means, we report the median and 95% uncertainty intervals (UIs) from the resulting distributions. We further estimated the effects among US children subgroups by age (7–11 and 12–18 years), sex (boys and girls), race/ethnicity (non-Hispanic white, non-Hispanic black, Hispanic and other), parental education (less than high school, high school or General Educational Development, some college or college graduate) and family income (family income to poverty ratio (FIPR) <1.3, 1.3–3 and ≥3).

**RESULTS**

The mean (±SE) age of the US children aged 7–18 years was 12.7 (±0.08) years. About 51% were boys, 55% were non-Hispanic white children, 41% had parental education at high school or less and 36% were from low-income families (FIPR <1.3) (table 1).

US children aged 7–18 years consumed an average of 66.4% (±0.41%) daily calories from UPFs. About 37.0% of the children were overweight and 20.1% were obese.

Reducing UPFs in children’s diet was estimated to result in a decrease in total daily calorie intake of 276 (95% UI –131 to –404) kcal/day, from 1967 (95% CI 1934 to 1999) kcal/day to 1690 (95% CI 1563 to 1836) kcal/day (online supplemental table 2). Subsequently, the estimated mean reduction in children’s weight was 5.12 (95% CI –7.87 to –1.97) kg, from 54.4 (95% CI 53.9 to 54.9) kg to 49.3 (95% CI 46.4 to 52.6) kg; the mean BMI reduction was 2.09 (95% CI –3.21 to –0.80) kg/m², from 22.0 (95% CI 21.8 to 22.1) kg/m² to 19.9 (95% CI 18.7 to 21.2) kg/m² (table 2). These led to a reduction in the prevalence of overweight in absolute per cent points by 16.1% (95% CI –22.4% to –6.85%), from the current prevalence of 37.0% (95% CI 35.9% to 38.1%) to 29.9% (95% CI 29.1% to 29.9%), and a reduction in the prevalence of obesity absolute per cent points by 9.11% (95% CI –12.8% to –4.0%), from the current prevalence of 20.1% (95% CI 19.2% to 21.0%) to 11.0% (95% CI 7.86% to 15.8%) (table 2).

By population subgroups, boys were predicted to have higher levels of reduction in weight, BMI and prevalence of overweight and obesity than girls. Adolescents aged 12–18 years were predicted to have a higher level of reduction in weight and BMI than children aged 7–11 years, whereas children aged 7–11 years had a higher level of reduction in the prevalence of overweight and obesity than adolescents aged 12–18 years. Non-Hispanic black and Hispanic children were predicted to have higher levels of reduction in weight and BMI than non-Hispanic white children. The reduction in overweight and obesity prevalence was higher for Hispanic children than non-Hispanic children (non-Hispanic white and black). Children with lower levels of parental education (high school or less than high school) or those from low-income families (FIPR <3) were predicted to have lower levels of reduction in weight and BMI than their counterparts.

**Table 1** Sociodemographic characteristics of US children aged 7–18 years, NHANES 2011–2016

| Race/ethnicity             | n (Weighted %)* |
|---------------------------|-----------------|
| Non-Hispanic white        | 1529 (54.8)     |
| Non-Hispanic black        | 1467 (13.6)     |
| Hispanic†                 | 1908 (22.8)     |
| Other                     | 900 (8.8)       |
| Family income to poverty ratio§ |           |
| <1.3                      | 2791 (35.9)     |
| 1.3–3                     | 1613 (29.6)     |
| ≥3                        | 1400 (34.5)     |

*Percentages were adjusted for NHANES survey weights.
†Hispanic includes respondents self-identified as ‘American Mexican’ or as ‘Hispanic’ ethnicity. ‘Other’ includes race/ethnicity other than non-Hispanic white, non-Hispanic black and Hispanic, including multiracial.
§Ratio of family income to poverty level represents the ratio of family income to the federal poverty threshold. A higher ratio indicates a higher level of income.
GED, General Educational Development; NHANES, National Health and Nutrition Examination Survey.

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|                                | BMI (kg/m²), mean (95% CI) | Weight (kg), mean (95% CI)* | Current | Postchange | Difference | Current | Postchange | Difference |
|--------------------------------|-----------------------------|-----------------------------|---------|------------|------------|---------|------------|------------|
| **All US children (7–18 years)** |                             |                             | 22.0 (21.8 to 22.1) | 19.9 (18.7 to 21.2) | -2.09 (−3.21 to 0.80) | 54.4 (53.9 to 54.9) | 49.3 (46.4 to 52.6) | -5.12 (−7.87 to −1.97) |
| **Sex**                         |                             |                             |         |            |            |         |            |            |
| Boys                            |                             |                             | 21.7 (21.5 to 21.9) | 19.5 (18.3 to 20.9) | -2.17 (−3.34 to 0.83) | 55.8 (55.0 to 56.5) | 50.3 (47.0 to 54.0) | -5.52 (−8.50 to −2.12) |
| Girls                           |                             |                             | 22.2 (22.0 to 22.4) | 20.2 (19.1 to 21.5) | -2.01 (−3.09 to 0.77) | 53.0 (52.4 to 53.6) | 48.3 (45.5 to 51.4) | -4.71 (−7.25 to −1.81) |
| **Age (years)**                 |                             |                             |         |            |            |         |            |            |
| Children (7–11)                 |                             |                             | 18.9 (18.8 to 19.1) | 16.9 (15.9 to 18.2) | -2.00 (−3.07 to 0.76) | 36.9 (36.5 to 37.3) | 33.0 (30.8 to 35.5) | -3.86 (−5.94 to −1.48) |
| Adolescents (12–18)             |                             |                             | 23.8 (23.6 to 24.0) | 21.7 (20.5 to 23.1) | -2.15 (−3.31 to 0.82) | 65.3 (64.6 to 65.9) | 59.4 (56.0 to 63.2) | -5.90 (−9.08 to −2.26) |
| **Race/ethnicity**              |                             |                             |         |            |            |         |            |            |
| Non-Hispanic white              |                             |                             | 21.5 (21.3 to 21.7) | 19.4 (18.3 to 20.8) | -2.07 (−3.19 to 0.79) | 53.7 (53.0 to 54.4) | 48.6 (45.6 to 52.1) | -5.10 (−7.86 to −1.96) |
| Non-Hispanic black              |                             |                             | 22.8 (22.6 to 23.1) | 20.6 (19.4 to 22.1) | -2.20 (−3.39 to 0.84) | 57.6 (56.9 to 58.5) | 52.3 (48.9 to 56.1) | -5.48 (−8.44 to −2.10) |
| Hispanic†                       |                             |                             | 22.7 (22.5 to 22.8) | 20.5 (19.3 to 21.9) | -2.16 (−3.32 to 0.83) | 54.3 (53.6 to 55.0) | 49.2 (46.2 to 52.7) | -5.12 (−7.89 to −1.96) |
| Other                           |                             |                             | 21.5 (21.2 to 21.9) | 19.6 (18.4 to 21.0) | -1.89 (−2.93 to 0.72) | 53.6 (52.2 to 55.1) | 48.9 (45.4 to 52.9) | -4.67 (−7.27 to −1.77) |
| **Parental education‡**         |                             |                             |         |            |            |         |            |            |
| Less than high school           |                             |                             | 22.5 (22.2 to 22.8) | 20.4 (19.1 to 21.8) | -2.15 (−3.32 to 0.82) | 54.7 (53.7 to 55.6) | 49.5 (46.3 to 53.2) | -5.15 (−7.96 to −1.97) |
| High school or GED              |                             |                             | 22.6 (22.4 to 22.9) | 20.5 (19.2 to 21.9) | -2.20 (−3.40 to 0.84) | 56.3 (55.5 to 57.1) | 50.9 (47.7 to 54.6) | -5.38 (−8.32 to −2.06) |
| Some college                    |                             |                             | 22.4 (22.1 to 22.6) | 20.2 (19.0 to 21.6) | -2.15 (−3.30 to 0.82) | 55.9 (54.9 to 56.8) | 50.6 (47.2 to 54.3) | -5.32 (−8.19 to −2.04) |
| College graduate                |                             |                             | 20.6 (20.4 to 20.8) | 18.7 (17.6 to 20.0) | -1.90 (−2.93 to 0.72) | 51.2 (50.4 to 52.0) | 46.6 (43.7 to 49.8) | -4.65 (−7.20 to −1.77) |
| **Family income§**              |                             |                             |         |            |            |         |            |            |
| <1.3                            |                             |                             | 22.4 (22.3 to 22.6) | 20.3 (19.1 to 21.7) | -2.16 (−3.32 to 0.83) | 54.5 (53.9 to 55.1) | 49.3 (46.4 to 52.7) | -5.19 (−7.98 to −1.99) |
| 1.3–3                           |                             |                             | 22.3 (22.0 to 22.5) | 20.1 (18.9 to 21.6) | -2.15 (−3.31 to 0.83) | 55.1 (54.3 to 56.0) | 49.9 (46.6 to 53.6) | -5.27 (−8.10 to −2.02) |
| ≥3                              |                             |                             | 21.2 (20.9 to 21.4) | 19.2 (18.1 to 20.5) | -1.97 (−3.04 to 0.75) | 53.6 (52.7 to 54.5) | 48.7 (45.6 to 52.2) | -4.93 (−7.61 to −1.88) |

*Mean and SE of current BMI and weight were adjusted for survey weights; mean of the BMI and weight after replacing UPFs with non-UPFs (postchange) and differences between current and postchange were estimated as the median of the simulated distribution of 1000 means; upper and lower bounds were estimated as corresponding to the 2.5th and 97.5th percentiles of the simulated distribution of the 1000 means.

†Hispanic includes respondents self-identified as ‘American Mexican’ or as ‘Hispanic’ ethnicity. ‘Other’ includes race/ethnicity other than non-Hispanic white, non-Hispanic black and Hispanic, including multiracial.

‡Parental education represents the educational level of the household reference person.

§Family income corresponds to the ratio of family income to the federal poverty threshold. A higher ratio indicates a higher level of income.

BMI, body mass index; GED, General Educational Development; UPF, ultraprocessed food.
Table 3  Estimated reduction in prevalence of overweight or obesity among US children aged 7–18 years after replacing all UPFs with non-UPFs in their diet

|                          | Prevalence (%) of overweight (BMI ≥85th percentile) | Prevalence (%) of obesity (BMI ≥95th percentile) |
|--------------------------|---------------------------------------------------|--------------------------------------------------|
|                          | Mean (95% CI)                                     | Mean (95% CI)                                     |
|                          | Current*                                          | Postchange*                                       | Difference*                                       |
|                          | 20.1 (19.2 to 21.0)                               | 11.0 (7.86 to 15.8)                              | −9.11 (−12.8 to −4.00)                            |
|                          | 20.6 (19.4 to 21.9)                               | 10.9 (7.65 to 16.2)                              | −9.71 (−13.8 to −4.00)                            |
|                          | 19.6 (18.6 to 20.6)                               | 11.1 (7.71 to 15.7)                              | −8.43 (−12.4 to −3.43)                            |
| All US children (7–18 years) | 37.0 (35.9 to 38.1)                               | 20.9 (15.1 to 29.9)                              | −16.1 (−22.4 to 6.85)                            |
| Sex                      | 37.4 (36.1 to 38.7)                               | 20.0 (13.9 to 29.5)                              | −17.4 (−24.1 to 7.52)                            |
|                          | 36.7 (35.2 to 38.1)                               | 21.8 (16.0 to 30.5)                              | −14.8 (−21.3 to 5.68)                            |
| Boys                     | 37.4 (36.1 to 38.7)                               | 20.0 (13.9 to 29.5)                              | −17.4 (−24.1 to 7.52)                            |
|                          | 36.7 (35.2 to 38.1)                               | 21.8 (16.0 to 30.5)                              | −14.8 (−21.3 to 5.68)                            |
| Girls                    | 36.7 (35.2 to 38.1)                               | 21.8 (16.0 to 30.5)                              | −14.8 (−21.3 to 5.68)                            |
| Age (years)              | 35.7 (34.2 to 37.2)                               | 17.6 (12.0 to 27.8)                              | −18.0 (−24.5 to 7.42)                            |
|                          | 37.9 (36.4 to 39.3)                               | 22.9 (16.8 to 31.4)                              | −14.9 (−21.7 to 6.00)                            |
|                          | 36.7 (35.2 to 38.1)                               | 21.8 (16.0 to 30.5)                              | −14.8 (−21.3 to 5.68)                            |
|                          | 37.9 (36.4 to 39.3)                               | 22.9 (16.8 to 31.4)                              | −14.9 (−21.7 to 6.00)                            |
|                          | 37.9 (36.4 to 39.3)                               | 22.9 (16.8 to 31.4)                              | −14.9 (−21.7 to 6.00)                            |
|                          | 36.7 (35.2 to 38.1)                               | 21.8 (16.0 to 30.5)                              | −14.8 (−21.3 to 5.68)                            |
|                        | 37.9 (36.4 to 39.3)                               | 22.9 (16.8 to 31.4)                              | −14.9 (−21.7 to 6.00)                            |
| Race/ethnicity           | 33.1 (31.8 to 34.5)                               | 17.7 (11.7 to 26.6)                              | −15.4 (−22.0 to 6.16)                            |
|                          | 40.8 (39.1 to 42.5)                               | 24.7 (18.9 to 33.7)                              | −15.9 (−22.8 to 6.49)                            |
|                          | 45.3 (43.9 to 46.6)                               | 27.1 (20.4 to 37.1)                              | −18.2 (−25.4 to 7.80)                            |
|                          | 34.2 (31.8 to 36.6)                               | 18.8 (12.2 to 29.6)                              | −15.2 (−23.6 to 3.70)                            |
|                          | 33.1 (31.8 to 34.5)                               | 17.7 (11.7 to 26.6)                              | −15.4 (−22.0 to 6.16)                            |
|                          | 40.8 (39.1 to 42.5)                               | 24.7 (18.9 to 33.7)                              | −15.9 (−22.8 to 6.49)                            |
|                          | 45.3 (43.9 to 46.6)                               | 27.1 (20.4 to 37.1)                              | −18.2 (−25.4 to 7.80)                            |
|                          | 34.2 (31.8 to 36.6)                               | 18.8 (12.2 to 29.6)                              | −15.2 (−23.6 to 3.70)                            |
|                        | Non-Hispanic white                                | 33.1 (31.8 to 34.5)                               | 17.7 (11.7 to 26.6)                              | −15.4 (−22.0 to 6.16)                            |
|                        | Non-Hispanic black                                | 40.8 (39.1 to 42.5)                               | 24.7 (18.9 to 33.7)                              | −15.9 (−22.8 to 6.49)                            |
|                        | Hispanic†                                         | 45.3 (43.9 to 46.6)                               | 27.1 (20.4 to 37.1)                              | −18.2 (−25.4 to 7.80)                            |
|                        | Other                                             | 34.2 (31.8 to 36.6)                               | 18.8 (12.2 to 29.6)                              | −15.2 (−23.6 to 3.70)                            |
|                        | Less than high school                             | 41.9 (40.2 to 43.5)                               | 24.7 (18.0 to 34.7)                              | −17.1 (−24.7 to 6.56)                            |
|                        | High school or GED                                | 42.9 (41.3 to 44.6)                               | 24.9 (18.1 to 35.9)                              | −17.9 (−25.7 to 6.46)                            |
|                        | Some college                                      | 37.8 (35.8 to 39.7)                               | 23.1 (16.8 to 31.5)                              | −14.7 (−22.1 to 5.56)                            |
|                        | College graduate                                  | 28.5 (26.7 to 30.3)                               | 13.3 (7.92 to 22.3)                              | −15.1 (−21.8 to 5.62)                            |
|                        | <1.3                                              | 42.0 (40.8 to 43.2)                               | 25.0 (18.6 to 34.1)                              | −17.0 (−23.9 to 7.57)                            |
|                        | 1.3–3                                             | 39.3 (37.7 to 40.9)                               | 22.2 (15.9 to 32.4)                              | −17.0 (−24.2 to 6.47)                            |
|                        | ≥3                                                | 29.9 (28.4 to 31.5)                               | 15.6 (9.95 to 24.0)                              | −14.3 (−20.8 to 5.35)                            |

*Prevalence of overweight and obesity was adjusted for survey weights.
†Hispanic includes respondents self-identified as ‘American Mexican’ or as ‘Hispanic’ ethnicity. ‘Other’ includes race/ethnicity other than non-Hispanic white, non-Hispanic black and Hispanic, including multiracial.
‡Parental education represents the educational level of the household reference person.
§Family income corresponds to the ratio of family income to the federal poverty threshold. A higher ratio indicates a higher level of income.
BMI, body mass index; GED, General Educational Development; UPF, ultraprocessed food.
higher levels of reduction in weight, BMI and prevalence of overweight and obesity than children with higher levels of parental education (college graduates) or those from higher income families (FIPR ≥5) (table 3 and online supplemental eFigure 1).

**DISCUSSION**

US children and adolescents aged 7–18 years consume two-thirds of daily calories from UPFs. Our results from a microsimulation study suggested that reducing UPFs in children’s diet could reduce the prevalence of overweight and obesity in per cent points by 16% and 9%, respectively, among this population. US food and dietary policy generally focuses on nutrients to avoid or food groups to consume but rarely identifies UPF as a specific target for intervention. Future public health initiatives should consider the reduction of UPFs a primary policy goal to prevent child and adolescent obesity and obesity-related chronic diseases.

The estimated effect (−2.09 kg/m²) was greater than that of several other childhood obesity prevention strategies, such as a penny-per-ounce SSB excise tax (−0.16 kg/m²), setting nutrition standards for school meals (−0.83 kg/m²) and other foods and beverages sold in schools (−0.24 kg/m²), eliminating the tax deductibility of costs for advertising unhealthy foods and beverages to children (−0.34 kg/m²), requiring school-based physical education (−0.02 kg/m²). As high UPF consumption in childhood may persist into adulthood, reducing UPF consumption in children’s diet could also have great impacts on reducing obesity and obesity-associated chronic diseases in adults.

Recent prospective cohort studies provide compelling evidence that high UPF consumption is associated with increases in percentage of body fat, waist circumference, and levels of total cholesterol, low-density lipoprotein (LDL) and triglycerides among children. For example, a longitudinal study among 307 children aged 4 years in Brazil found that every 10% increase in calories consumed from UPFs was associated with a 0.7 cm increase in waist circumference over 4 years. From the same cohort of children, a high UPF consumption was also associated with increases in levels of total cholesterol and LDL cholesterol over 4 years. Similar findings were reported by another prospective cohort study in Brazil that a high UPF consumption was associated with elevated levels of cholesterol and triglycerides among children who were followed from ages 3 to 6 years. Our results corroborated these findings, suggesting that replacing UPFs with unprocessed or minimally processed foods in children’s diet could have a substantial impact on reducing obesity rates among US children and adolescents.

These findings call for intervention strategies to reduce UPF consumption among US children. Policy options may include front-of-package labelling, taxes and school nutrition standards focused specifically on UPFs. Front-of-package labels such as the traffic lights have been shown to improve the nutrition quality of snack food choices, both when children were choosing snacks for themselves and when parents were selecting snacks for their children. SSBS taxes decrease sale of these drinks and increase the consumption of healthier alternatives such as water. Expanding taxes to other unhealthful UPFs could also reduce the consumption of those UPFs. Setting standards for school food environments is also important in shaping the quality of children’s diet. Previous studies showed that the quality for school meals significantly improved following the updated nutrition standards mandated by the Healthy, Hunger-Free Kids Act of 2010. Of note, Chile’s unhealthy food marketing regulation significantly reduced children’s exposure to food advertising of unhealthy foods and beverages, but the availability of this option in the USA is unclear from a legal perspective. Implementation of similar policy strategies that specifically focus on UPF consumption has great potential to reduce childhood obesity in the USA.

The current study estimated that children from low-income families would have a greater reduction in overweight and obesity rates if they reduced consumption of UPFs than those from higher income families. This reflects a higher baseline level of consumption of UPFs and a higher rate of overweight and obesity among children from low-income families. Similarly, reducing UPF consumption would have a larger impact on reducing obesity in children with a lower level of parental education than those with a higher level of parental education. Low socioeconomic status has been well recognised as a risk factor for childhood obesity in the USA. These findings highlight the need for targeted policy strategies to simultaneously increase the availability, affordability and accessibility of unprocessed healthful foods to this group; for example, by providing financial incentives for unprocessed healthful foods through the Supplemental Nutrition Assistance Program and the Women, Infants and Children Nutrition Program.

The strengths of our study included the use of nationally representative data on dietary intake, BMI and demographics, increasing generalisability to US children. Children’s weight was measured according to standard protocols by trained personnel, reducing measurement errors. Uncertainty in dietary intakes, child BMI and effect size estimates was accounted for by using 1000 simulations. However, this study also has limitations. First, we estimated UPF consumption of US children using self-reported 24-hour dietary recall data from NHANES, which is subject to measurement error. However, NHANES incorporated one or two standardised, 24-hour diet recalls per person which were energy adjusted and averaged whenever possible, reducing measurement error. Second, NHANES collects some information indicative of food processing (eg, place of meals, product brands), but these data are not consistently determined for all food items, which could lead to underestimation or overestimation in UPF intakes. Third, we estimated the effect of reducing UPFs in children’s calorie intake...
based on findings from an RCT conducted among young adults, as no direct evidence is available from children. To account for lower levels of daily calories consumed by US children than adults, we estimated the per cent of calorie intake reduction from UPFs instead of the absolute change as the effect size, which avoids overestimation. However, the observed difference in ad libitum daily calorie consumption among participants of the RCT was based on two diets (high UPF vs non UPF) matched by calorie and nutrient content. Because the energy density of UPFs is usually higher than that of non-UPFs, the actual calorie reduction in response to reducing UPF consumption in children’s diet and its subsequent impact on reducing childhood obesity could be higher than what estimated in this study. Fourth, we did not estimate the effect among children younger than 7 years due to the lack of reliable estimation of weight reduction per calorie reduction in younger children. In addition, we used the weight reduction model derived for children aged 7–18 years as a whole, which did not incorporate potentially heterogeneous estimates among population subgroups of US children.\textsuperscript{11} Fifth, our study estimated the impact of reducing UPF consumption from children’s diet on obesity prevention under counterfactual scenarios; the actual impact of prevention strategies to reduce UPF consumption on reducing childhood obesity depends on how effectively these strategies reduce UPF consumption in US children.

CONCLUSIONS

Reducing UPFs in children’s diet has the potential to reduce the obesity rate to a great extent among US children and adolescents aged 7–18 years, especially among boys, children aged 7–11 years, Hispanic children and adolescents and those with low parental education and family income. Future public health initiatives should focus on reducing UPF consumption among US children and adolescents to prevent obesity and obesity-related chronic diseases.

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Contributors FFZ conceptualised and designed the study, coordinated and supervised data collection and statistical analysis, and reviewed and revised the manuscript. ASL performed the data analysis and drafted the initial manuscript. FC developed the simulation model and carried out the simulations. LW collected the data, carried out data analysis and reviewed and revised the manuscript. EMS, YCW, JP and DM critically reviewed the manuscript for important intellectual content. All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

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Supplemental Text

The NOVA classification: classification of foods according to processing

The NOVA categorizes all foods and food products into 4 groups based on the nature, extent and purpose of the physical, biological and chemical processes they have undergone following separation from nature [1].

Group 1. Unprocessed or minimally processed foods

Unprocessed foods or minimally processed foods are foods that have not been altered from their natural state, or have only undergone processes like removal of inedible or unwanted parts, fractioning, grinding, drying, fermentation, pasteurization, roasting, boiling, cooling, or freezing. The purpose of these processing are to preserve or keep the freshness of natural foods, to make foods safe or edible or more pleasant to consume. These foods do not contain added substances such as salt, sugar, oils, or fats, but may infrequently contain preservatives. Many unprocessed or minimally processed foods are prepared and cooked at home or in restaurant kitchens in combination with processed culinary ingredients as dishes or meals. Examples include whole grains, millets, wheat flour, fresh or frozen fruits and vegetables, unprocessed meats and poultries, eggs, fish, fresh and pasteurized milk, unflavored yogurt, legumes, nuts and seeds.

Unprocessed or minimally processed foods were further classified into the following subgroups:

- Grains
- Fruits and freshly squeezed fruit juices (including 100% fruit juices and baby food juices)
- Vegetables
- Meat (includes poultry)
- Milk and plain yoghurt
- Eggs
- Fish and seafood
- Other unprocessed or minimally processed foods

Group 2. Processed culinary ingredients

Processed culinary ingredients are substances extracted from the first group or from nature by processes such as pressing, grinding, crushing, pulverizing and refining. These ingredients are used for seasoning and cooking foods in the first group. Examples include salt, sugar, honey, vegetable oils, butter, lard, and vinegar, maple syrup (100%), molasses and honey.

Processed culinary ingredients were further classified into the following subgroups:

- Grains
- Sugar
- Plant oils
- Animal fats
- Other processed culinary ingredients
Group 3. Processed foods
Processed foods are products manufactured by industry by adding salt, sugar, oil or other group 2 ingredients to unprocessed or minimally processed foods to preserve or make them more palatable. These foods may contain preservatives, antioxidant, and stabilizers. Examples include canned/bottled vegetables and legumes, fruits in syrup, canned fish and meats, cheeses, salted or sugared nuts and seeds, breads made of ingredients used in culinary preparations (i.e. wheat flour, yeast, water, salt, butter or sugar).

Processed foods were further classified into the following subgroups:
- Cheese
- Ham and other salted, smoked or canned meat or fish
- Vegetables, fruits and other plant foods preserved in brine, sugar or syrup
- Other processed foods (including wine and beer)

Group 4. Ultra-processed foods
Ultra-processed foods are ready to eat/drink/heat industrial formulations that are made with multiple industrial ingredients extracted from foods or synthesized in laboratories, while containing little whole foods. Besides salt, sugar, oils and fats, and preservatives, ultra-processed foods include ingredients not used in culinary preparations, in particular, flavors, colors, sweeteners, emulsifiers and other additives used to imitate sensorial qualities of unprocessed or minimally processed foods or to disguise undesirable aspects of the final product. The processes for making ingredients or final products of ultra-processed foods may include hydrogenation and hydroxylation, extrusion and molding, and pre-processing for frying. The overall purpose of ultra-processing is to create highly profitable, hyper-palatable ready to consume products with long shelf-life. Ultra-processed food products are usually packaged attractively and marketed intensively. Examples include carbonated drinks, fruit flavored drinks, sausages, biscuits, sweet/savory packaged snacks, candies, ready to eat/heat pizza, sandwich, or burger, frozen or shelf-stable dishes, instant soups/noodles.

The detailed UPF subgroups and examples of foods and beverages included in each subgroup are described in Supplemental Table 1.
### Supplemental Table 1. Ultra-Processed Food Subgroups

| Ultra-processed Foods                  | Foods or beverages included                                                                 |
|---------------------------------------|---------------------------------------------------------------------------------------------|
| **Snacks and Sweets**                 |                                                                                             |
| Savory snacks                         | Crackers; flavored popcorons (excluding plain air-popped popcorn); chips                     |
|                                       | (potato/vegetable/corn/tortilla/other); pretzels/snack mix                                  |
| Sweat bakery products                 | Reay-to-eat or dry-mixed cakes and pies; cookies and brownies; doughnuts, sweet rolls, and pastries |
| Candies                               | Candies, chocolate, chewing gums                                                           |
| Cereal or nutrition bars             | Cereal or nutrition bars (cereal/energy/protein/meal replacement bars)                      |
| Ice cream and desserts                | Ice creams and other frozen dairy desserts; ready-to-eat or dry mixed dairy desserts (such as pudding); fruit desserts; jellies and jams and preserves; toppings; gelatin desserts |
| **Sugar-sweetened and diet beverages**|                                                                                             |
| Sugar-sweetened and diet soft drinks  | Sugar sweetened and diet soft drinks                                                        |
| Fruit drinks and other sweetened drinks | Fruit drinks, sport /energy drinks, nutrition drinks                                       |
| **Ready-to-eat/heat mixed dishes**    |                                                                                             |
| Ready-to-eat/heat pizza               | Fast food pizza, pizza prepared from frozen or from school lunch                            |
| Ready-to-eat/heat sandwiches and burgers | Fast food or ready-to-eat/eat sandwiches or burgers (cheeseburger, hamburger or chicken burger) |
| Other ready-to-eat/heat mixed dishes  | Frozen or shelf-stable meat/seafood/poultry/egg mixed dishes, grain based mixed dishes(pasta dishes, rice dishes, macaroni and cheese, turnovers, and other), Mexican mixed dishes, Asia mixed dishes, and soups |
| **Industrial grain foods**            |                                                                                             |
| Food Category                                | Description                                                                 |
|---------------------------------------------|-----------------------------------------------------------------------------|
| Breads, rolls and tortillas                 | Yeast breads (white/whole wheat/wheat/rye/oat/multigrain bread), rolls, buns, bagels, English muffins, tortillas, pita bread, taco shells (baked) that are not homemade or acquired from bakery store |
| Biscuits, muffins, and quick breads         | Biscuits, cornbread, muffins and other quick breads that are not homemade or obtained from bakery stores |
| Pancakes, waffles and French toasts         | Pancakes, waffles and French toasts that are not homemade or obtained from bakery stores |
| Ready-to-eat breakfast cereals              | Ready-to-eat cereals                                                        |
| **Flavored dairy foods and dairy substitutes** |                                                                                 |
| Flavored milk                               | Flavored milk                                                               |
| Flavored yogurts                            | Flavored yogurts                                                            |
| Dairy drinks and dairy substitutes          | Milk shake and other dairy drinks, dairy substitutes such as almond milk, coconut milk, rice drink, soy milk |
| **Other**                                   |                                                                             |
| Fast-food or reconstituted meat, poultry, and fish products | Fast food meat patties/fried chicken/fish sticks, patties, or fillets; chicken nugget; sausages, ham, lunchmeats; meat spreads; beef/port/other meat jerky |
| Fast food or pre-prepared potato products   | Fast food /pre-prepared /frozen French fries, hash browns, potato puffs, stuffed potatoes |
| Fats, condiment and sauces                  | Industrial fats, margarine, light or fat free cream /whipped cream, cream substitutes, light or fat free cream cheese, cheese spread; salad dressings, tomato based/soy-based/other condiments; dips, gravies, and other sauces |
| Other ultra-processed foods                 | Including soy products such as meatless patties and fish sticks; sweeteners, and all syrups (excluding 100% maple syrup); distilled alcoholic drinks, baby formula, and onion rings |
### Supplemental Table 2. Current UPF Consumption and Estimated Reduction in Total Calorie Intake among US Children Ages 7-18 years After Replacing UPFs with Non-UPFs in Their Diet

|                        | Calories from UPFs (kcal/d) | % Calories from UPFs | Total Daily Calories (kcal/d) |
|------------------------|-----------------------------|----------------------|-----------------------------|
|                        | Current (Mean, 95% CI)      | Current (Mean, 95% CI) | Current (Mean, 95% CI)     |
| **All US children (7-18 years)** | 1315 (1284, 1345) | 66.4 (65.6, 67.2) | 1967 (1934, 1999) | 1690 (1563, 1836) | -276 (-131, -404) |
| **Sex**                |                             |                      |                             |
| Boys                   | 1447 (1411, 1484)           | 66.8 (66.0, 67.6)    | 2156 (2110, 2201)          | 1851 (1711, 2012) | -304 (-144, -445) |
| Girls                  | 1180 (1146, 1214)           | 65.9 (64.8, 67.0)    | 1774 (1743, 1805)          | 1526 (1412, 1657) | -248 (-117, -362) |
| **Age**                |                             |                      |                             |
| Children (7-11 years)  | 1300 (1271, 1329)           | 66.2 (65.3, 67.0)    | 1946 (1911, 1981)          | 1673 (1547, 1817) | -273 (-129, -399) |
| Adolescents (12-18 years) | 1324 (1282, 1366)       | 66.5 (65.5, 67.5)    | 1980 (1935, 2024)          | 1701 (1573, 1848) | -278 (-132, -407) |
| **Race/ethnicity**     |                             |                      |                             |
| Non-Hispanic white     | 1356 (1309, 1403)           | 68.2 (67.0, 69.3)    | 1985 (1933, 2037)          | 1700 (1568, 1850) | -285 (-135, -417) |
| Non-Hispanic black     | 1351 (1313, 1389)           | 69.2 (68.0, 70.4)    | 1927 (1882, 1971)          | 1643 (1512, 1793) | -284 (-134, -415) |
| Hispanic               | 1241 (1202, 1281)           | 63.0 (62.1, 63.9)    | 1949 (1900, 1999)          | 1689 (1568, 1826) | -261 (-124, -381) |
| Other                  | 1192 (1129, 1255)           | 59.6 (57.7, 61.4)    | 1961 (1899, 2024)          | 1711 (1595, 1843) | -276 (-119, -366) |
| **Parental educational level** |                       |                      |                             |
| < High school          | 1255 (1211, 1300)           | 65.4 (64.1, 66.8)    | 1902 (1851, 1953)          | 1638 (1516, 1777) | -264 (-125, -386) |
| High school or GED     | 1308 (1246, 1369)           | 68.0 (66.5, 69.4)    | 1906 (1835, 1977)          | 1632 (1505, 1776) | -275 (-130, -402) |
| Some college           | 1357 (1319, 1394)           | 68.0 (66.9, 69.0)    | 1986 (1933, 2039)          | 1701 (1569, 1851) | -285 (-135, -417) |
| College graduate       | 1312 (1248, 1376)           | 64.3 (62.4, 66.1)    | 2026 (1972, 2081)          | 1751 (1623, 1896) | -276 (-131, -403) |
| **Family income to poverty ratio (FIPR)** |                         |                      |                             |
| <1.3                   | 1270 (1236, 1303)           | 66.0 (64.9, 67.1)    | 1913 (1869, 1957)          | 1646 (1523, 1787) | -267 (-126, -390) |
| 1.3 - 3                | 1333 (1291, 1376)           | 67.4 (66.4, 68.4)    | 1965 (1904, 2026)          | 1685 (1555, 1832) | -280 (-133, -410) |
| ≥ 3                    | 1346 (1288, 1404)           | 65.9 (64.5, 67.3)    | 2024 (1963, 2084)          | 1741 (1610, 1890) | -283 (-134, -414) |

Abbreviation: BMI, body mass index; GED, general equivalency diploma; NHANES, National Health and Nutrition Examination Survey; UPF, ultra-processed foods

* Prevalence of overweight and obesity was adjusted for survey weights.

a Hispanic includes respondents self-identified as “American Mexican” or as “Hispanic” ethnicity. “Other” includes race/ethnicity other than non-Hispanic white, non-Hispanic black, and Hispanic, including multiracial

b Parental education represents the educational level of the household reference person.

c Family income to poverty ratio represents the ratio of family income to the federal poverty threshold. A higher ratio indicates a higher level of income.
Supplemental References
1. Monteiro, C.A., et al., Ultra-processed foods: what they are and how to identify them. Public Health Nutr, 2019. 22(5): p. 936-941.
eFigure 1. Estimated Reduction in Percent of Overweight or Obesity Among US Children and Adolescents Ages 7-18 years After Reducing UPFs in Children’s Diet