



# Multiple health and environmental impacts of foods

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Contributed by David Tilman, September 24, 2019 (sent for review April 23, 2019; reviewed by Tim G. Benton and Joan Sabate)

Food choices are shifting globally in ways that are negatively affecting both human health and the environment. Here we consider how consuming an additional serving per day of each of 15 foods is associated with 5 health outcomes in adults and 5 aspects of agriculturally driven environmental degradation. We find that while there is substantial variation in the health outcomes of different foods, foods associated with a larger reduction in disease risk for one health outcome are often associated with larger reductions in disease risk for other health outcomes. Likewise, foods with lower impacts on one metric of environmental harm tend to have lower impacts on others. Additionally, of the foods associated with improved health (whole grain cereals, fruits, vegetables, legumes, nuts, olive oil, and fish), all except fish have among the lowest environmental impacts, and fish has markedly lower impacts than red meats and processed meats. Foods associated with the largest negative environmental impacts—unprocessed and processed red meat—are consistently associated with the largest increases in disease risk. Thus, dietary transitions toward greater consumption of healthier foods would generally improve environmental sustainability, although processed foods high in sugars harm health but can have relatively low environmental impacts. These findings could help consumers, policy makers, and food companies to better understand the multiple health and environmental implications of food choices.

food | health | environment | diet | climate change

Dietary choices—the types and amounts of foods that individuals consume—are a major determinant of human health and environmental sustainability. Nine of the top 15 risk factors for global morbidity result from poor dietary quality, while diseases associated with poor dietary quality, including coronary heart disease (CHD), type II diabetes, stroke, and colorectal cancers, account for nearly 40% of global mortality (1, 2). Furthermore, agricultural food production emits ~30% of global greenhouse gasses (GHGs) (3, 4); occupies ~40% of Earth's land (5); causes nutrient pollution that profoundly alters ecosystems and water quality (6); and accounts for ~70% of Earth's freshwater withdrawals from rivers, reservoirs, and ground water (7), among other negative environmental effects (8, 9).

Here we examine the potentially complex and multifaceted food-dependent linkages between and among 5 different diet-dependent health outcomes in adults—type II diabetes, stroke, coronary heart disease, colorectal cancer, and mortality—and 5 different environmental impacts of producing the foods. Such information could help consumers, food corporations, and policy makers make better decisions about food choices, food products, and food policies, potentially increasing the likelihood of meeting international sustainability targets such as the United Nations' Sustainable Development Goals or the Paris Climate Agreement (10, 11). Previous analyses have examined the overall health and environmental impacts of dietary patterns (e.g., refs. 12 and 13), but have not decomposed these multifaceted impacts to individual foods at quantities consumed on a daily basis. Moreover, analyses looking at individual foods commonly examine the health (e.g., ref. 14) or environmental impacts (e.g., ref. 15) in isolation of the other.

In particular, we explore the multiple human health and environmental impacts of 15 different food groups: chicken, dairy, eggs, fish, fruits, legumes, nuts, olive oil (which we include as an indicator for vegetable oils high in unsaturated fatty acids because of data availability; see the discussion in *SI Appendix*), potatoes, processed red meat, refined grain cereals, sugar-sweetened beverages (SSBs), unprocessed red meat, vegetables, and whole grain cereals. Our analysis includes the 5 health outcomes mentioned above and 5 environmental outcomes—GHG emissions, land use, scarcity-weighted water use (water use multiplied by a constant that scales regionally based on water availability after demand from humans and aquatic ecosystems has been met) (16), and 2 forms of nutrient pollution—acidification and eutrophication. We first consider the health and environmental impacts of these foods separately, and then explore them jointly.

We selected these foods and these health and environmental outcomes because plausible causal metabolic mechanisms between food consumption and health outcomes exist for these foods and because the health and environmental impacts of these foods have been well documented through metaanalyses. The health outcomes reported here are the relative risks (RRs) of disease resulting from consuming an additional serving of a food per day relative to the average intake of that food observed in a cohort study. If  $RR > 1$ , consumption of an additional serving is associated with increased disease risk compared to the average risk of that disease, and if  $RR < 1$ , this consumption is associated with decreased disease risk. The food-dependent health data are from 19 dose–response metaanalyses (see *SI*

## Significance

Dietary choices are a leading global cause of mortality and environmental degradation and threaten the attainability of the UN's Sustainable Development Goals and the Paris Climate Agreement. To inform decision making and to better identify the multifaceted health and environmental impacts of dietary choices, we describe how consuming 15 different food groups is associated with 5 health outcomes and 5 aspects of environmental degradation. We find that foods associated with improved adult health also often have low environmental impacts, indicating that the same dietary transitions that would lower incidences of noncommunicable diseases would also help meet environmental sustainability targets.

Author contributions: M.A.C. and D.T. designed research; M.A.C. and D.T. performed research; M.A.C., M.S., J.H., and D.T. analyzed data; and M.A.C., M.S., J.H., and D.T. wrote the paper.

Reviewers: T.G.B., Chatham House; and J.S., Loma Linda University.

The authors declare no competing interest.

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This article contains supporting information online at [www.pnas.org/lookup/suppl/doi:10.1073/pnas.1906908116/-DCSupplemental](https://www.pnas.org/lookup/suppl/doi:10.1073/pnas.1906908116/-DCSupplemental).

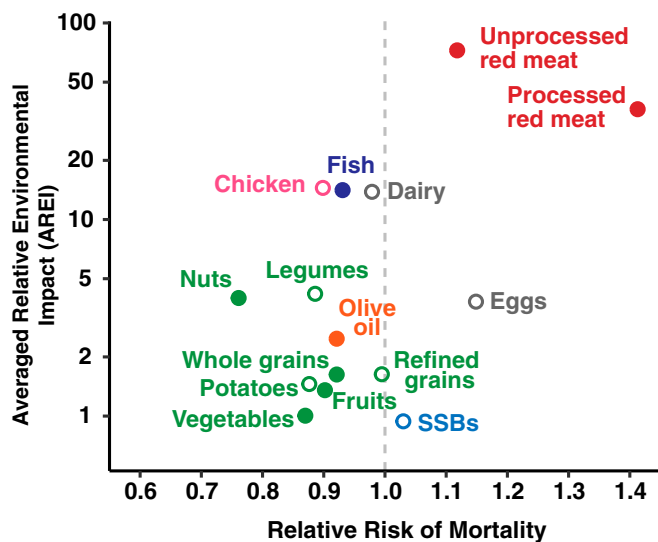
First published October 28, 2019.











**Fig. 3.** Association between a food group’s impact on mortality and its AREI. The y axis is plotted on a log scale and is the AREI of producing a serving of each food group across 5 environmental outcomes relative to the impact of producing a serving of vegetables (not including starchy roots and tubers). The x axis is the relative risk of mortality, where a relative risk >1 indicates that consuming an additional daily serving of a food group is associated with increased mortality risk, and a relative risk <1 indicates that this consumption is associated with lowered mortality risk. Labels and points are colored with green = minimally processed plant-based foods; dark blue = fish; gray = dairy and eggs; pink = chicken; red = unprocessed red meat (beef, lamb, goat, and pork) and processed red meat; light blue = sugar-sweetened beverages; and orange = olive oil. Food groups associated with a significant change in risk of mortality (at  $P < 0.05$ ) are denoted by solid circles. Food groups not associated with a significant change in mortality risk are denoted by open circles. Serving sizes for the food groups are: whole grains (30 g dry weight); refined grains (30 g dry weight); fruits (100 g); vegetables (100 g); nuts (28 g); legumes (50 g dry weight); potatoes (150 g); fish (100 g); dairy (200 g); eggs (50 g); chicken (100 g); unprocessed red meat (100 g); processed red meat (50 g); SSBs (225 g); and olive oil (10 g). Data used to create the plot are available in [Dataset S1](#). The association between total mortality and olive oil was estimated by weighting disease-specific contributions (e.g., CHD, stroke, and diabetes) to mortality by disease-specific relative risk (2).

environmental impacts or that are not significantly associated with health outcomes, such as refined grain cereals, dairy, eggs, and chicken, could also contribute to meeting international health-focused or environmental-focused sustainability targets if they are used to replace foods that are less healthy or have higher environmental impacts such as unprocessed red meat and processed red meat (42).

Other foods, such as trans fats, ultraprocessed foods, and added sugar, were not included in this analysis because no dose-response metaanalyses had examined the association between consumption of these foods and health outcomes. However, health analyses using different methodologies have linked consumption of trans fats and ultraprocessed foods with increased disease risk (35, 43). Furthermore, added sugar consumption has been associated with an increase in risk of cardiovascular disease (44), but has not been associated with increased risk of total mortality in individual cohort studies (45), although this may be because cohort studies often control for body weight, and the impact of added sugar consumption on risk of total mortality is at least partially caused by weight gain. Added sugars tend to have lower environmental impacts, as do ultraprocessed foods if they contain no or small amounts of animal source foods (15).

Food consumption and production are directly linked with other aspects of human health and environmental degradation

beyond those included in this analysis. The data we used do not address the impacts of nutrition on child development. For instance, vitamin A deficiency resulting from poor dietary quality is a major source of poor eyesight, blindness, and childhood mortality in developing regions, while reduced air quality resulting from food production is responsible for ~20% of deaths from air pollution (9, 46). Similarly, food production is the largest stress to biodiversity through habitat destruction and nutrient pollution, with food production threatening >70% of birds and mammals that are listed as threatened with extinction by the International Union for Conservation of Nature (IUCN) (47).

Global diets have been shifting toward greater consumption of foods associated with increased disease risk or higher environmental impacts and are projected to lead to rapid increases in diet-related diseases and environmental degradation (12, 13, 48–50). Reversing this trend in the regions in which it has occurred and instead increasing consumption of whole grain cereals, fruits, vegetables, nuts, legumes, fish, and olive oil and other vegetable oils high in unsaturated fats—foods that are consistently associated with decreased disease risk and low environmental impacts—would have multiple health and environmental benefits globally. Public and private solutions could help shift food consumption toward healthier and more environmentally sustainable outcomes.

### Methods

We first analyzed the impact on adult health of consuming an additional serving of food per day (1 serving more than the cohort average) for 15 food groups. In particular we synthesized results from 19 recent dose-response metaanalyses to determine how 5 health outcomes—incidences of colorectal cancer, CHD, type II diabetes, and stroke, as well as risk of total mortality—were impacted by consuming an additional serving of each type of food per day (see [SI Appendix, Table S1](#), for the dose-response metaanalyses included in this analysis and [SI Appendix, Table S3](#), for the serving sizes reported by the dose-response metaanalyses). We limited our analyses to these 15 food groups because dose-response metaanalyses for these foods were available. The existence of dose-response relationships from multiple cohorts, together with plausible pathways that explain the change in disease risk, suggest that the risk relationships are reflective of biological processes and are broadly applicable. Because there were no dose-response metaanalyses examining the association between olive oil consumption and risk of total mortality, we estimated this association by weighting disease-specific contributions (e.g., CHD, stroke, and diabetes) to mortality by disease-specific relative risk (2).

We then determined, for each of the 15 food groups, how agricultural production of a serving of each food impacted 5 types of environmental degradation—GHG emissions, land use, scarcity-weighted water use, and acidification and eutrophication (2 forms of nutrient pollution)—using data from recent life cycle metaanalyses (15, 41). While data from life cycle metaanalyses are primarily from high-income and high-input nations, other methodologies of estimating the environmental impacts of food production have shown that while the environmental impacts of food production per unit of food produced varies across regions, the relative rankings of the environmental impacts of different foods is similar across regions (39, 40). Using metaanalyses of LCAs can be considered more reliable and reflective of the general magnitudes of environmental impacts of different foods than individual LCAs because of potential variation between individual LCAs.

To better allow broad comparisons between the overarching health and environmental impact of different foods, we also calculated the averaged environmental impact of each food by first calculating the impact of producing a food for each indicator relative to the impact of producing vegetables. The averaged relative environmental impact was then calculated as the average of the relative impacts for the 5 environmental outcomes examined here. As such, a food group with an averaged relative environmental impact of 5 indicates that producing a serving of that food group results, on average, in 5 times the environmental impacts across the 5 environmental outcomes examined here than does producing a serving of vegetables.

The serving sizes used in this analysis are 225 g for sugar-sweetened beverages; 200 g for dairy; 150 g for potatoes; 100 g for chicken, red meat, fish, fruits, and vegetables; 50 g for processed red meat, eggs, and legumes; 30 g for refined grains and whole grain cereals; 28 g for nuts; and 10 g for olive oil. In cases where dose-response metaanalyses reported health outcomes at different serving sizes, we calculated the reported RR of disease

risk for the aforementioned serving sizes by accounting for linearities and nonlinearities in the association between food consumption and disease risk.

**Statistics.** Statistics in the scope of this study are reported in 2 ways. First, associations between food consumption and health outcomes are reported as “significant” if the association is reported as having a *P* value <0.05 in the relevant dose-response metaanalysis. Second, significant associations between pairwise Spearman ranked correlations for the health and environmental outcomes were tested using the function “*rcorr*” from the package “*Hmisc*” in R. Data used for the Spearman ranked correlations and associated *P* values are in *SI Appendix, Table S2*.

**Data Availability.** All data used in this study are available in *Dataset S1* and *SI Appendix, Tables S1–S4*.

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