



STRATEGY REPORT

# Make Our Children *Healthy* Again



FDA

NIH

CMS  
CENTERS FOR MEDICARE & MEDICAID SERVICES



CDC  
CENTERS FOR DISEASE CONTROL AND PREVENTION



# Recommendations of the MAHA Commission to President Donald J. Trump

On February 13, 2025, President Trump signed Executive Order 14212 titled “Establishing the President’s Make America Healthy Again Commission” (EO). The EO directed the Make American Healthy Again Commission to submit to the President, through the Chair and Executive Director, the Make Our Children Healthy Again Assessment, which was released on May 22nd. The EO further requires submission of a Make Our Children Healthy Again Strategy to the President that is based on the findings of the assessment and that “shall address appropriately restructuring the Federal Government’s response to the childhood chronic disease crisis, including by ending Federal practices that exacerbate the health crisis or unsuccessfully attempt to address it, and by adding powerful new solutions that will end childhood chronic disease.”

The assessment identified four potential drivers behind the rise in childhood chronic disease that present the clearest opportunities for progress:

**Poor Diet:** The American diet has shifted dramatically toward highly processed foods, leading to nutrient depletion, increased caloric intake, and exposure to potentially harmful or unhealthy additives. Over 60% of children’s calories now come from highly processed foods, contributing to obesity, diabetes, and other chronic conditions.

**Chemical Exposure:** Children are exposed to an increasing number of synthetic chemicals, some of which have been linked to developmental issues and chronic disease. The current regulatory framework should be continually evaluated to ensure that chemicals and other exposures do not interact together to pose a threat to the health of our children.

**Lack of Physical Activity and Chronic Stress:** American children are experiencing unprecedented levels of inactivity, screen use, sleep deprivation, and chronic stress. These factors significantly contribute to the rise in chronic diseases and mental health challenges.

**Overmedicalization:** There is a concerning trend of overprescribing medications to children, often driven by conflicts of interest in medical research, regulation, and practice. This has led to unnecessary treatments and long-term health risks.





ADVANCE  
RESEARCH

REALIGN  
INCENTIVES



## End Childhood Chronic Disease



FOSTER PRIVATE  
SECTOR COLLABORATION

INCREASE PUBLIC  
AWARENESS



*This document outlines a strategic approach for executive actions to address the childhood chronic disease crisis through advancing research, realigning incentives, increasing public awareness, and fostering private sector collaborations. Together, this strategy will translate the work of the Make America Healthy Again (MAHA) movement to policies that make a transformative and lasting impact for Americans and end the childhood chronic disease crisis.*

MAKE AMERICA HEALTHY AGAIN

# MAHA

PRESIDENT DONALD J. TRUMP

# Advancing Critical Research to Drive Innovation

*Pursue rigorous, gold-standard scientific research to help ensure informed decisions that promote healthy outcomes for American children and families, as well as drive innovative solutions.*

## **NIH MAHA Chronic Disease Initiative**

The National Institutes of Health (NIH) will launch an Initiative on Chronic Disease to leverage and align existing NIH research projects, improve NIH coordination on chronic disease research, and generate actionable results for diseases arising in childhood and adulthood.

- The NIH will launch a new Whole-Person-Health approach to chronic disease prevention research and leverage collective expertise across the agency to catalyze transformative discovery science and intervention strategies that promote wellness, resilience, and optimal health, including metabolic health, at all stages of life.

## **Real World Data Platform (RWDP)**

The NIH will link multiple datasets, such as claims information, electronic health records, and wearables data, into a single integrated dataset for researchers studying the causes of, and developing treatments for, the chronic disease crisis. The RWDP will eliminate redundancies from data collection, linkage, and compute infrastructures (including artificial intelligence (AI)/machine learning and high-throughput analytics) while maintaining rigorous privacy protections and consent protections. It will also dramatically reduce administrative overhead by relying on a unified set of data use and governance agreements.

## **New Approach Methodologies (NAMs)**

The expanded use of NAMs can enable earlier, more predictive insights into chronic disease mechanisms using human-relevant models such as organoids, computational simulations, and real-world data integration. This improves prevention, diagnosis, and personalized treatment strategies while reducing reliance on animal studies that often fail to replicate complex human conditions. The Environmental Protection Agency (EPA), Food and Drug Administration (FDA), and NIH have all committed to using NAMs moving forward, when appropriate.

## **Cumulative Exposure**

The EPA, U.S. Department of Agriculture (USDA), and NIH will develop a research and evaluation framework for cumulative exposure across chemical classes. This research will focus on using and developing NAMs, including advancing the use of computational tools. Additional EPA research will focus on using NAMs to improve methods for evaluating human health and environmental risks of chemical contaminants. Consistent with statutory obligations under the Federal Insecticide, Fungicide, and Rodenticide Act and the Food Quality Protection Act, EPA will focus on pesticides acting through a common mode of action.

## **Autism**

The Department of Health and Human Services (HHS), through NIH and in collaboration with the Centers for Medicare & Medicaid Services (CMS), will study the root causes of autism, including through the RWDP.



### **Vaccine Injury**

HHS, in collaboration with NIH, will investigate vaccine injuries with improved data collection and analysis, including through a new vaccine injury research program at the NIH Clinical Center that may expand to centers around the country.

### **Water Quality**

The EPA and USDA, along with other relevant Federal partners and in collaboration with NIH, will assess ongoing evaluations of water contaminants and update guidance and prioritizations of certain contaminants appropriately. For example, EPA will review new scientific information on the potential health risks of fluoride in drinking water to inform Centers for Disease Control and Prevention (CDC) recommendations. Additionally, USDA, through its Research, Education, and Economics mission area, in consultation with the Farm Production and Conservation mission area, will continue research on ways to improve water quality and adoption of applicable conservation practices. Agency research could also include research to inform the understanding of levels of pharmaceuticals in our water supply that could be adversely affecting animal and human health.

### **Air Quality**

The EPA and NIH will study air quality impacts on children's health and utilize existing research programs to improve data collection and analysis.

### **Microplastics and Synthetics**

HHS, in collaboration with NIH and EPA, will complete an evaluation of the risks and exposures of microplastics and synthetics, including in common products such as textiles.

### **Prescribing Patterns and Impact on Mental Health**

HHS (inclusive of the Administration for Children and Families (ACF), Substance Abuse and Mental Health Services Administration, FDA, NIH, and CMS) will form a mental health diagnosis and prescription working group to evaluate prescription patterns for selective serotonin reuptake inhibitors, antipsychotics, mood stabilizers, stimulants, and other relevant drugs for children. HHS will also evaluate the therapeutic harms and benefits of current diagnostic thresholds, overprescription trends, and evidence-based solutions that can be scaled-up to improve mental health, including through school-based interventions, diet, and foster care services. NIH will conduct research as appropriate. FDA will update labels for older, generic drugs to better reflect the latest science.

### **Food for Health**

HHS, the Department of Veterans Affairs (VA), and USDA will study the impact of programs that implement food and lifestyle interventions to improve health outcomes and decrease costs. The NIH Office of Nutrition will coordinate research initiatives to improve rigorous studies and maximize impact, including through large-scale randomized control trials.

### **Nutrition**

NIH will partner with FDA, USDA, and the Administration for a Healthy America (AHA) to conduct high-quality nutrition research and ingredient assessments. As part of this effort, NIH will expand research on dietary patterns that support metabolic health. NIH and HHS will take steps to fully utilize the newly created FDA and NIH Joint Nutrition Regulatory Science Program. USDA will prioritize precision nutrition research,

which identifies how dietary exposures impact individuals, leading to more targeted nutritional recommendations. HHS will add questions to the National Survey of Children's Health that focus on nutrition.

### **Repurposed Drugs**

The NIH and FDA will jointly investigate opportunities to strengthen the use of repurposed drugs for the treatment of chronic disease, while harmonizing authorization processes through collaborative clinical trial designs to achieve FDA approval.

### **Precision Agricultural Technology**

USDA and EPA will prioritize research and programs to help growers adopt precision agricultural techniques, including remote sensing and precision application technologies that will further optimize crop applications. The research and programs should emphasize ways in which precision technology can help to decrease pesticide volumes, improve the soil microbiome, and have a significant financial benefit for growers.

### **Oral Health & Systemic Disease Connection**

NIH and CDC will conduct comprehensive research examining the connections between pediatric oral health and chronic diseases (cardiovascular disease, diabetes, autoimmune conditions), early childhood cavities' impact on nutrition and cognitive development, and oral microbiome relationships with gut health and immune function in children.

### **Gut Microbiome Research Initiative**

NIH will continue to fund research to deepen our understanding of the gut microbiome's critical role in chronic disease development and progression in children to identify novel interventions that could transform preventive and therapeutic approaches.

### **Longitudinal Research for Chronic Disease Prevention**

The NIH will leverage its extensive portfolio of longitudinal birth cohort data, including the Adolescent Brain Cognitive Development Study, Healthy Brain and Child Development Study, All of Us Research Program, and Environmental Influences on Child Health Outcomes Program to deepen our understanding of chronic disease at various stages of life by elucidating root causes, identifying modifiable risk factors, and uncovering effective prevention strategies.

- Examples of new research initiatives will include the importance of sleep and nutrition, health impacts of insulin resistance, potential health benefits of select high-quality supplements, and using fitness as a vital sign.

### **Longitudinal Pediatric Health Insights**

The VA will provide the NIH critical data and metrics on Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADHD), diabetes, and pharmaceutical usage among Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) beneficiaries under 18 to address longstanding gaps in pediatric research, particularly longitudinal analyses. With over 200,000 CHAMPVA beneficiaries in this age group, VA is uniquely positioned to track children's health journeys across the U.S. and will enter into a data-sharing agreement with NIH, excluding personally identifiable information, to inform national strategies on early intervention, appropriate care utilization, and mental health policy.



### **Clinical Trial Networks**

NIH will strengthen pre-existing clinical trial networks through engagement with large public and private hospital systems, including the VA.

### **Electromagnetic Radiation**

HHS, in partnership with other departments and Federal agencies, will undertake a study on electromagnetic radiation and health research to identify gaps in knowledge, including on new technologies, to ensure safety and efficacy.

### **Mental Health and Addiction Research**

The NIH, working with HHS, will strengthen existing research by directing funding for research on mental health and addiction, with a special focus on screentime use in children and adolescents.

### **Rural and Tribal Health**

NIH will convene a review of its research on health improvement in rural and tribal health for chronic childhood disease to ensure scientific rigor.

### **Artificial Intelligence**

HHS will prioritize research into the appropriate integration of AI to assist in earlier diagnosis, personalized treatment plans, real-time monitoring, and predictive interventions that prevent hospitalizations, reduce costs, and reduce the economic burden of chronic disease. Improving pediatric and young adulthood cancer will be an initial focus area:

- HHS will include a specific focus on research that harnesses AI to uncover causes, identify risks early, and take action in childhood and young adulthood to prevent cancer.
- HHS, NIH, and the Office of Science and Technology Policy will develop an evidenced-based and AI-driven approach to harnessing the data and technology available to transform research and clinical trials on pediatric cancer. This can be a model for future research in other critical areas.



REALIGN INCENTIVES

# Realigning Incentives and Systems to Drive Health Outcomes Research to Drive Innovation

*Implement policy reforms, deregulation, and structural improvements that will drive advancements in innovation to create better options for American families and address the root causes of childhood chronic disease.*

## Policy Reforms

**Dietary Guidelines for Americans (DGAs):** USDA and HHS will update the 2025 - 2030 DGAs which will align with science, data, and health recommendations in a concise, user-friendly format. USDA and HHS will further reform future DGA development processes, including structure and members of the advisory committee and scientific review of future DGAs.

**Food Dyes:** FDA will continue to advance and implement policies to limit or prohibit the use of petroleum-based food dyes (FD&C certified colors) in all food products approved in the U.S. The USDA will apply the framework to food served through Federal nutrition programs, especially the school lunch program. USDA and HHS will work to develop research and policies to support domestic agriculture production of plants used as natural color sources. FDA will continue to expedite its review and approval of color additive petitions for colors from natural sources and explore ways to provide greater flexibility in connection with the use of “no artificial color” and other labeling claims.

**Post Market Review of Chemical Additives in Food:** FDA will continue to develop and implement an enhanced evidence-based systematic process for the post-market assessment of chemicals in food, including food additives, color additives, “Generally Recognized as Safe” (GRAS) substances, substances used in contact with food, and chemicals present as unintentional (for example, environmental) contaminants.

**Ultra-Processed Foods:** USDA, HHS, and FDA will continue efforts to develop a U.S. government-wide definition for “Ultra-processed Food” to support potential future research and policy activity.

**Nutrition Labeling:** FDA will consider revisions to its proposed Front-of-Pack Nutrition Information rulemaking based on input received during the comment period and the forthcoming DGAs, once released, and will work toward development of a potential Front-of-Pack Nutrition Information final rule.

**GRAS Reform:** FDA will update regulations to reform the GRAS designation, within the scope of statutory authority, by closing the “GRAS loophole,” implementing a mandatory GRAS notification program, and increasing consumer transparency with respect to substances found in our nation’s food supply.

**Food Allergies:** FDA will develop guidance on diagnostics and treatments for food allergies. FDA will also make recommendations about requiring transparency in disclosures of ingredients that impact certain health conditions, such as gluten for those with Celiac disease, and other established food allergens.





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**Infant Formula:** FDA will modernize nutrient requirements for formula, increase testing for heavy metals and other contaminants to help ensure access to high-quality and healthy infant formula sold in the United States, and encourage companies to develop new infant formulas.

**Breastfeeding:** USDA and HHS will work to increase breastfeeding rates, whether through the Special Supplemental Nutrition Program for Women, Infants, and Children or other policies, that support breastfeeding mothers, and will work with other Federal partners to develop policies to promote and ensure a safe supply of donor human milk.

**Improving Quality of Food Served to Veterans:** VA will implement the new DGAs as the guiding policy for all meals served to veterans and veteran dependents at VA care facilities.

**Healthy Food in Hospitals:** CMS and CDC will review and update existing guidance and regulations on providing high-quality and healthy food service in hospitals and encourage transparency of nutritional content for patients.

**Direct-to-Consumer Pharma Advertising:** FDA, HHS, the Federal Trade Commission (FTC), and Department of Justice will increase oversight and enforcement under current authorities for violations of direct-to-consumer (DTC) prescription drug advertising laws. Egregious violations demonstrating harm from current practices will be prioritized, including by social media influencers and DTC telehealth companies (including dissemination of risk information and quality of life through misleading and deceptive advertising on social media and digital platforms).

**Guidelines to Limit the Direct Marketing of Certain Foods to Children:** HHS and FTC, along with other relevant agencies, will explore the development of potential industry guidelines to limit the direct marketing of certain unhealthy foods to children, including by evaluating the use of misleading claims and imagery.

**Conflicts of Interest:**

- FDA, EPA, and USDA will ensure that user-fee processes are transparent and efficient.
- HHS will require public reporting of research grants and consulting payments to entities that could create conflicts of interest and strengthen recusal requirements for advisory committee members.
- HHS will require advisory committee members to recuse themselves from particular matters that will have a direct and predictable financial effect on the financial interests of the individual involved.
- HHS will establish a public database to disclose financial relationships, mandate recusal requirements consistent with the Federal Advisory Committee Act for individuals/organizations with conflicts of interest, and prioritize the use of independent, conflict-free research for Federal health guidelines.
- NIH will establish a publicly accessible researcher payment database tracking health industry payments to researchers, similar to CMS's Open Payments system for physicians.



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- As part of USDA’s research security initiative, USDA will mandate research applicants complete a disclosure—updated annually—of the amount, type, and source of all current and pending research support received by, or expected to be received by, the applicant at the time of the disclosure, and certify the disclosure is current, accurate, and complete.

**Agency Foundation Capture:** The HHS Secretary will direct the FDA, CDC, and NIH to review participation in any projects or initiatives funded by food and pharmaceutical companies through the CDC Foundation, Foundation for the NIH, or the Reagan-Udall Foundation. The Secretary of HHS will require more transparency, as well as additional guardrails needed to protect public health from corporate influence.

**Address Excessive Open Access Payments to Scientific Journals:** NIH will develop new policies to reduce excessive payments to scientific journals for open access publishing.

**Gold Standard Science in Research:** The NIH will establish new mechanisms to strengthen Gold Standard Science, as required by Executive Order 14303 of May 23, 2025, including capacities for high-quality systematic reviews, incentives for replication and reproducibility, the identification of evidence gaps and the development of a Scholars Program to address the quality crisis in scientific peer-review and publishing.

**Medical School Curriculum and Accreditation:** HHS and CMS will address the current monopolies that exist for the accreditors of medical education programs by using their regulatory authorities to bring in competing accreditors of medical education programs, including those with a focus on treating the root causes of chronic disease in the United States. Accreditation reform can also increase nutrition education and ensure medical school curricula better align with making America healthy again.

**Water Quality, Fluoride, and PFAS:** The CDC, informed by data and scientific review from NIH and EPA, will update recommendations regarding fluoride and PFAS in water. FDA will evaluate high dose liquid drop and tablet (consumable) dosages indicated for children and remove unsafe products. FDA will also take action against unapproved products, often marketed as supplements.

**Vaccine Framework:** The White House Domestic Policy Council and HHS will develop a framework focused on:

- Ensuring America has the best childhood vaccine schedule;
- Addressing vaccine injuries;
- Modernizing American vaccines with transparent, gold-standard science;
- Correcting conflicts of interest and misaligned incentives; and
- Ensuring scientific and medical freedom.

**USDA Nutrition Programs:** USDA will use its authorities to prioritize utilization and promotion of whole, healthy foods across its 16 nutrition programs.





**Supplemental Nutrition Assistance Program (SNAP):** USDA will provide states with technical assistance in SNAP waiver development and implementation to restrict the purchase of junk food and reorient the program towards better nutrition.

**MAHA Boxes:** USDA will develop options to get whole, healthy food to SNAP participants.

**Expanded Food and Nutrition Education Program (EFNEP):** USDA will explore options to improve EFNEP programming and service delivery.

**Head Start Nutrition:** ACF and USDA will implement the new DGAs through supporting access to USDA's Child and Adult Care Food Program (CACFP) and the National School Breakfast and Lunch programs in Head Start providers, and will provide supplemental funding opportunities to support the provision of whole, healthy foods in Head Start programs.

**Early Childhood Nutrition:** ACF will partner with the USDA's Food and Nutrition Service to promote healthy meals in child care settings through collaboration between USDA's CACFP and ACF's Child Care and Development Fund.

**Fitness:** HHS and the Department of Education (ED) will partner with the President's Council on Sports, Fitness, and Nutrition (PCSFN) to help states and schools re-establish the Presidential Fitness Test.

**Early Childhood Physical Activity:** ACF in partnership with PCSFN will promote greater physical activity in afterschool and out-of-school time programs, including programs receiving child care subsidies.

**Sunscreen:** FDA will promote innovation in the sunscreen market, and improve regulatory processes for over-the-counter sunscreen, which has fallen behind other countries.

**Medicaid Quality:** CMS will collaborate with states to establish quality metrics for Medicaid managed care organizations that promote measurable health improvements through nutrition coaching and other fitness indicators (e.g., predicted VO<sub>2</sub> Max).

**Medicaid Care Delivery:** CMS will collaborate with states to enhance prior authorization requirements and establish prescribing safeguards to address the overuse of medications in school-age children—particularly for conditions such as ADHD.

**Child Health Insurance Program (CHIP):** CMS will collaborate with and support state CHIP programs in promoting evidence-based prevention and wellness initiatives for children at the local level.

**Quality Measurement:** HHS and CMS will develop quality measures that promote children's health outcomes rather than just healthcare utilization.

**Price Transparency:** HHS, the Department of the Treasury, and Department of Labor will fully implement the President's executive order regarding hospital and insurer price transparency so that Americans are in control of managing their healthcare.



**Direct Primary Care (DPC):** HHS will promote increased accessibility to direct care models for families through education about the new flexibilities enacted in the One Big Beautiful Bill Act that allow use of health savings accounts with DPC and also allow enrollees in high-deductible health plans to enroll in DPC arrangements.

## Process Efficiencies and Deregulation

**Agriculture Deregulation:** USDA will take the following actions:

- Streamline organic certification processes and reduce costs for small farms transitioning to organic practices.
- Eliminate unnecessary bureaucratic barriers for Community Supported Agriculture programs and direct-to-consumer sales.
- Reduce regulatory compliance burdens for small farms by doing the following:
  - Streamline and digitize USDA application processes;
  - Generate reliable access to credit;
  - Improve land acquisition and permitting processes;
  - Promote transition to the next generation of farmers;
  - Provide greater access to markets and infrastructure;
  - Enhance risk management and business planning tools; and
  - Enhance and promote educational series.
- Improve the farm-to-school grants application process to better connect local producers to schools.

**Food Deregulation:** HHS, FDA, and USDA will take the following actions:

- Remove restrictions on whole milk sales in schools, allowing districts to offer full-fat dairy options alongside reduced-fat alternatives.
- Eliminate mandatory reduced-fat requirements in federal nutrition programs to allow consumer choice.
- Remove barriers preventing small dairy operations from processing and selling their own milk products locally.
- Eliminate zoning restrictions that prevent mobile grocery units from serving food deserts.
- Fast-track permits for grocery stores in underserved areas.
- Work with grocers on sustainable incentive programs that provide fresh, frozen, canned, or dried fruits and vegetables.





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- Provide additional guidance on Hazard Analysis Critical Control Points requirements for very small meat processors serving local markets that ease compliance while maintaining safety standards.
- Provide additional support for mobile processing units serving multiple small farms.
- Provide support for healthcare providers from discussing nutrition and lifestyle interventions with patients.
- Reform outdated and unnecessary food standards of identity that stifle innovation and no longer protect consumer interests due to the FDA concluding they are obsolete and unnecessary.
- Ensure the use of gold standard science for regulatory decision-making and update outdated methodologies as necessary.
- Remove or amend regulations with outdated submission requirements (e.g., paper records) that present obstacles for submission and use of modern analytical techniques.
- Withdraw outdated or obsolete guidance documents to reduce regulatory burden, eliminate potential confusion, and to better reflect modern practices.
- Explore opportunities to introduce flexibility in manufacturing requirements while maintaining high standards to protect public health.

**Drug and Device Approval Improvements:** FDA will work to eliminate regulatory burdens that impose costs and delays on bringing transformative treatments to patients without improving safety, such as:

- Discarding animal testing requirements, reducing clinical trial costs by better leveraging health data and cloud computing, and implementing a Commissioner's national priority voucher pilot program to prioritize products aligned with national interests for accelerated drug review.
- Streamlining the use of certain investigational drugs for Phase I clinical trials through targeted and risk-based exemptions to speed the access of investigational drugs to patients.
- Update, as appropriate, policies that delay availability of accurate personal health and digital health tools.
- Facilitate the use of regenerative medicine innovation by modernizing policies as clinical data is established.

**EPA Process Improvements:**

- Work to reform the approval process for the full range of chemical and biologic products to protect against weeds, pests, and disease to increase the timely availability of more innovative growing solutions for farmers.



- Consider increased categorical exclusions under the National Environmental Policy Act for low-volume meat processing operations from water discharge and hazardous waste permitting, and work with states to fast-track approvals to strengthen regional meat infrastructure and improve access to fresh protein in schools and communities.
- Ensure flexibility for farms to manage manure and process water without triggering industrial-grade permitting requirements and avoiding the forced mandates of costly technologies or practices that do not consider geography, weather, species, and operation size.
- More clearly define post-harvest rinse and wash water as non-hazardous under the Resource Conservation and Recovery Act to relieve fruit/vegetable packers and producer handlers—especially smaller operations—of unnecessary wastewater treatment burdens.

**Government Data for Research:** Revise policies that unnecessarily constrain the publication and sharing of de-identified government data sets so researchers can better study underlying disease across the population without compromising the privacy and security of protected health information.

## Agency Restructuring

HHS will undergo comprehensive reorganization to create the AHA, a new agency structure specifically designed to coordinate and lead the Federal government's response to the chronic disease crisis through integrated prevention-focused programs and streamlined accountability for related programs.

HHS and the White House Domestic Policy Council will re-evaluate the goals and impact of the Forum on Child and Family Statistics and suggest changes to improve the focus on childhood chronic disease.

EPA will use the newly announced Office of Applied Sciences and Environmental Solutions to refocus research initiatives to better support statutory responsibilities throughout the agency and provide technical assistance to states.

EPA will use the increased scientific capacity from new hires in the Office of Chemical Safety and Pollution Prevention and the Office of Water to ensure more timely reviews and to use advanced technology and science to inform decisions.

NIH will launch a new Office of Research Innovation, Validation, and Application to develop, validate, and scale NAMs, and serve as an interagency coordination hub.

NIH will develop a new Office of Research Innovations, Planning, and Analysis (ORIPA) improve disease-specific portfolio analysis, research prioritization, innovation, and Meta-Science, with an initial focus on increasing the chronic disease portfolio.

- NIH will also direct resources in ORIPA to improve scientific reproducibility and replicability.





INCREASE PUBLIC AWARENESS

# Increasing Public Awareness and Knowledge

*Promote public awareness and knowledge of health concerns that affect children and empower parents to make informed choices by increasing transparency and access to reliable health and nutrition information. These efforts will help restore trust in public health recommendations and encourage healthier lifestyles in American families.*

## School Campaign

USDA, HHS, ED, and the PCSFN will work with States and schools across the country on a Make American Schools Healthy Again awareness campaign that provides tools to implement best practices such as increasing physical activity and improving nutrition options.

## Using Data Tools Focused on Children

EPA, with support of other relevant agencies, will expand the America's Children and the Environment tool, to compile and track data from a variety of national sources to present concrete, quantifiable indicators for key factors relevant to the environment and children's health in the U.S. that align with statutory obligations. This will allow for the generation of reports and the building of supporting communication tools, such as story maps, that can convey technical information to the public in an easily digestible format.

**President's Task Force on Environmental Health Risks and Safety Risks to Children:** As Task Force leaders, HHS and EPA will leverage this existing Task Force to share information, coordinate efforts, and develop interdepartmental strategies to support the work in protecting and promoting children's environmental health and safety.

- Communication strategies across agencies will be coordinated to better inform the public, especially parents and caregivers, about how environmental factors can affect children's health outcomes, harnessing visual storytelling techniques and making science more accessible.

## EPA's Children's Health Protection Advisory Committee

EPA will direct this existing advisory committee to focus on advancing research and communication recommendations that align with the implementation of the MAHA strategy elements.

## DGAs

USDA and HHS will launch an education campaign based on the updated DGAs. The campaign will expand upon a DGA that prioritizes whole foods including protein foods, fruits, and vegetables, minimizes highly processed foods and added sugar, and brings awareness to strategies to improve health. These priorities will include:

- **"Food for Health":** Emphasize how proper nutrition prevents and can help reverse chronic diseases and maintain general health.
- **"Real Food First":** Prioritize whole, minimally processed foods over packaged and highly processed alternatives.



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- **“Healthy Foods and Healthy Families”:** Empower families with practical knowledge, including food preparation methods, to make healthy choices regardless of budget or location.

### **Fluoride**

Following the completion of studies on fluoride, CDC and USDA will educate Americans on the appropriate levels of fluoride, clarify the role of EPA in drinking water standards for fluoride under the Safe Drinking Water Act, and increase awareness of the ability to obtain fluoride topically through toothpaste.

### **Pesticides**

EPA, partnering with food and agricultural stakeholders, will work to ensure that the public has awareness and confidence in EPA’s pesticide robust review procedures and how that relates to the limiting of risk for users and the general public and informs continual improvement.

### **Fitness**

The newly-revitalized PCSFN will partner with athletes, coaches, teams, schools, and communities to increase awareness of the importance of fitness and healthy living for all Americans support the development of a Presidential Fitness Award in alignment with Executive Order 14327 of July 31, 2025.

### **Screen Time**

The Surgeon General will launch an education and awareness initiative on the effect of screens on children and the actions being taken by states to limit screentime at school.

### **Pediatric Mental Health**

HHS will ensure the Pediatric Mental Health Care Access Program at Health Resources and Services Administration (HRSA) is effective at providing access to pediatric mental health professionals, especially as youth anxiety and depression are increasing and are linked to factors such as screen time, vaping, poor nutrition and lack of physical fitness. HRSA will work with the PCSFN to educate and empower good nutrition, physical activity and mental well-being.

### **Alcohol, Controlled Substances, Vaping and THC Impact**

The Surgeon General will launch an education and awareness initiative on the impact of alcohol, controlled substances, vaping, and THC on children’s health.

### **Illegal Vapes**

FDA and the Bureau of Alcohol, Tobacco, Firearms, and Explosives will increase enforcement on illegal vaping products, and increase awareness through a shared public campaign that the Administration will not allow unapproved vaping products targeting children to continue flooding our country.

### **7-hydroxymitragynine (7-OH)**

FDA will educate the public regarding the dangers of synthetic opioid products such as 7-OH (which is distinct from natural kratom) and coordinate enforcement against dangerous unlawful products being marketed to American children.



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### **OxyContin**

FDA will update OxyContin labeling to warn patients and consumers about the dangers of chronic use.

### **Community Overdose Response Training for Schools and Libraries**

HHS will launch a national initiative to train staff in school-based health centers and public libraries on how to recognize and respond to opioid overdoses. HHS will also fund Naloxone (Narcan) supply to participating sites.

### **Medical Evidence**

NIH will create public-facing clinical transparency reviews to help patients and healthcare professionals make evidence-based treatment decisions.





# Fostering Private Sector Collaboration

*Foster private sector collaboration with MAHA initiatives to accelerate innovation in health-focused technologies, agricultural solutions, and healthier nutrition outcomes. These partnerships can ensure increase access to effective solutions for American families.*

## Community-Level Transformations

HHS will leverage available funding, as consistent with the statute, to drive community-led initiatives aimed at measurably reducing chronic disease in children. This might involve local school leadership promoting increased physical activity during the school day. In parallel, pediatric care teams could engage parents and students on the importance of healthy eating and nutrition education. Additionally, local health navigators could support family lifestyle changes.

### Whole, Healthy Foods

HHS, USDA, ED, VA, and Department of Defense will work to improve access to whole, healthy foods in government-funded nutrition programs and meals, including in school meals, prisons, and VA hospitals, and ensure the availability of nutritious whole food for populations in need.

### Eating Healthy at Restaurants

HHS and USDA will work with restaurants to increase education and awareness of age-appropriate healthy food options for children, consistent with the DGAs.

## Fertility

HHS will launch a MAHA education campaign to improve health and fertility in women and men looking to start a family. This will influence adolescent health through early adoption of lifestyles that help avoid the development of root cause issues that impact adult fertility in the 20s, 30s, and 40s. Initiatives will include:

- The HHS Root Causes of Infertility Award Challenge Competition, a national call to action to address the root causes of infertility and improve maternal and infant health outcomes. This initiative seeks to identify new and existing solutions to prevent, diagnose, and treat root causes of infertility, including chronic reproductive health conditions, and provide answers to families, improve health outcomes, and ensure a brighter future for parents and infants across the U.S.
- HHS will develop a partnership to create an Infertility Training Center to serve and train Title X clinics to identify, treat, and refer for the underlying causes of infertility, such as chronic reproductive health conditions.

## Soil Health and Stewardship of the Land

USDA and EPA will promote and incentivize farming solutions in partnership with the private sector that focus on soil health and stewardship of the land. This will include:



#### FOSTER PRIVATE SECTOR COLLABORATION

- Empowering farmers and keeping solutions voluntary by expanding programs like the Environmental Quality Incentive Program and Conservation Stewardship Program, all while avoiding burdensome mandates; keeping decision making local and practical with solutions from the farm, not Washington, D.C.
- Providing producers with information about programs and practices that improve pollinator management and support increased pollinator forage and habitat.
- Strengthening food security and production through the prioritization of the acres of shovel-ready conservation projects already planned by farmers.
- Prioritizing practices that farmers want and trust, like Prescribed Grazing, Soil Health Systems, and Water Management to keep working lands profitable and productive.
- Emphasizing and prioritizing conservation technical assistance, including the development of personalized advice and information, which could include development and expansion of mobile and digital planning tools for in-field, real-time assistance.
- Providing growers with new tools to maintain and better enable soil health practices, including practices that increase soil organic matter and improve soil composition.

#### **Precision Agriculture**

USDA and EPA will launch a partnership with private-sector innovators to ensure continued investment in new approaches and technologies to allow even more targeted and precise pesticide applications. This can support increased crop productivity and reduce the total amount of pesticides needed. These partnerships should focus on precision application methods, including targeted drone applications, computer-assisted targeted spray technology, robotic monitoring, and related innovations.

