

Make Our Children Healthy Again Strategy Report

September 10, 2025

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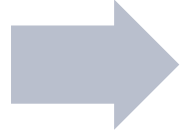
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The Make Our Children Healthy Again Strategy Report: An Overview



Make America Healthy Again Commission Executive Order (February 13, 2025)

- Established the MAHA Commission, to be led by Secretary Robert F. Kennedy, Jr.
- Tasks the Secretary and other Cabinet members and key agency officials who are designated part of the Commission to:
 - Study the scope of childhood chronic disease and potential contributing causes;
 - Advise and assist the President on informing Americans about the chronic disease crisis; and
 - Provide the President government-wide recommendations on policy and strategy related to addressing identified contributing causes of and ending the crisis.



Make Our Children Healthy Again Assessment (May 22, 2025)

- Initial MAHA Commission Assessment released, with the intent to establish a shared understanding of the drivers of childhood chronic diseases, including obesity, diabetes, autism, cancer, and allergies, and identify opportunities for prevention.
- In the report, the MAHA Commission asserts that key drivers of chronic diseases in children are poor diet, environmental chemicals, lack of physical activity and chronic stress, and overprescription of medications.



Make Our Children Healthy Again Strategy Report (September 9, 2025)

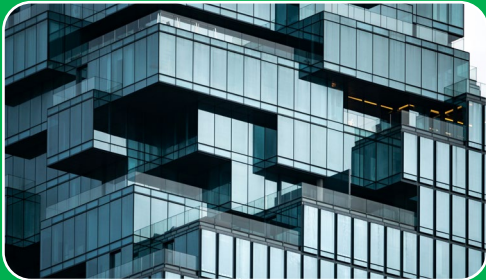
- On September 9, MAHA Commission members released the “Make Our Children Healthy Again Strategy” report and held a [meeting](#) discussing the report’s findings. The meeting was led by Secretary Kennedy, alongside members of the MAHA Commission.
- The Strategy makes more than 120 recommendations across several key agencies including HHS, EPA, and USDA, including those upon which the Administration as already begun to act.
- Following the Strategy’s release on September 9, HHS and FDA [announced](#) agency actions regarding direct-to-consumer pharmaceutical advertising, one of the Strategy report’s recommendations. HHS announced that it sent enforcement letters to pharmaceutical companies with misleading ads, initiated rulemaking on drug safety disclosures within ads, and will expand oversight of social media promotion of pharmaceuticals.

Key Takeaways



What's In and What's Out

- The Strategy continues a focus on what the MAHA Assessment identified as key drivers of chronic diseases in children—poor diet, environmental chemicals, lack of physical activity and chronic stress, and overprescription of medications.
- The Strategy tempers recommendations on more controversial issues, like fluoride and pesticides, by calling for more research, without recommending major programmatic changes.
- Much of the report is focused on supporting nutrition and preventing chronic diseases.



Recommendations Regulatory and Programmatic Changes Have Often Already Been Announced

- The Strategy recommends updating the Dietary Guidelines, reforming the generally recognized as safe (GRAS) designation, defining “ultra-processed food,” and considering changes to Nutrition Labeling rulemaking, which have either been proposed or discussed prior to this MAHA Strategy.
- The Strategy notes the Administration is still planning on undergoing a “comprehensive reorganization” to create the Administration for a Healthy America.



On Vaccines

- The Strategy notes that HHS and the White House Domestic Policy Council (DPC) will work on a vaccine framework. The Strategy provides very little detail on the framework, simply noting it will ensure the best childhood vaccine schedule; address vaccine injuries; modernize vaccines with transparent, gold-standard science; address conflicts of interest; and ensure scientific and medical freedom.
- The inclusion of DPC in this framework development could signal the White House's interest in ensuring vaccine policies are aligned with President Trump's priorities, in addition to Secretary Kennedy's goals.

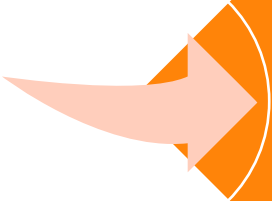
Stakeholder Reactions and Next Steps



Stakeholder reactions were mixed, with many agricultural stakeholders providing initial positive reactions whereas some consumer advocates criticized the strategy for lacking stronger and more specific regulatory proposals, particularly related to pesticides. Others noted that proposals to advance research and implement changes in certain areas are inconsistent with recent restructuring and reduction in force actions across the USG.

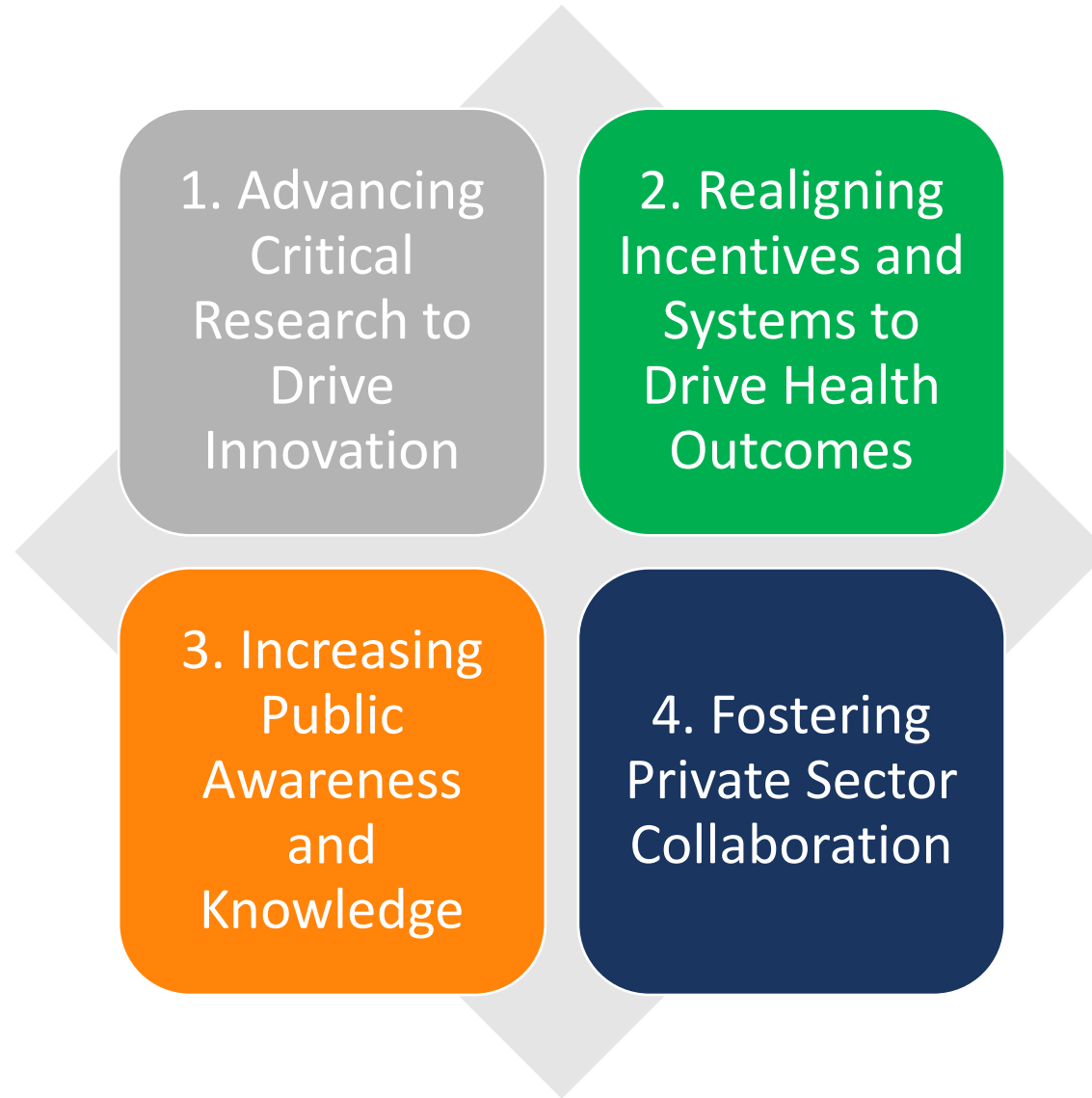


The Administration has already started acting on several of the recommendations included in the Strategy, including related to direct-to-consumer advertising for pharmaceuticals.



Next Steps: Agencies tasked with the more than 120 MAHA Strategy actions will begin implementation and Congress may conduct hearings or briefings to learn more about the proposals in the Strategy. Congress may also seek to develop legislation to advance certain policies or initiatives within the Strategy. For example, House Energy and Commerce Ranking Member Frank Pallone (D-NJ) has introduced the Grocery Reform and Safety Act to require food manufacturers to notify FDA before using generally recognized as safe (GRAS) designated substances.

Make Our Children Health Again Strategy: Key Components



Strategy



1. Advancing Critical Research to Drive Innovation



The Administration outlines broad areas of research to pursue using “gold-standard scientific research” to inform decision-making for healthy outcomes. Focus areas for such research are detailed below. Many indicate that HHS will be driving the focus, in collaboration with other departments or agencies within HHS.

Chronic Disease

- NIH to support the **MAHA Chronic Disease Initiative** using a “**Whole-Person-Health**” **Approach**; advance **Real World Data Platform** linking datasets across claims, EHRs, and wearables; support funding **gut microbiome research**; conduct longitudinal research for chronic disease prevention (including by leveraging Healthy Brain and Child Development Program and All of Us Research Program); and strengthen clinical trial networks.
- NIH and FDA to identify opportunities to strengthen use of repurposed drugs for chronic disease.
- NIH and CDC to research connections between pediatric oral health and chronic diseases.
- VA will share with NIH data from the Civilian Health and Medical Program of the VA to inform pediatric health insights and national strategies on early intervention, appropriate care utilization, and mental health policies.
- NIH will review health improvement research in rural and tribal health for childhood chronic diseases.

Nutrition

- HHS, the VA, and USDA will study **food for health**, with NIH’s Office of Nutrition coordinating research initiatives to improve studies and impact.
- NIH will partner with FDA, USDA, and the Administration for a Healthy America to conduct nutrition research and ingredient assessments.
- FDA and NIH will fully implement the **Joint Nutrition Regulatory Science Program**.

Environmental Exposures

- Water Quality**: EPA and USDA will assess evaluations of water contaminants and update guidance and prioritizations of certain contaminants, such as fluoride to inform CDC recommendations, as well as research to inform understanding of pharmaceuticals in the water supply.
- Air Quality**: EPA and NIH will study impacts on children’s health and improve data collection and analysis.
- Microplastics and Synthetics**: NIH and EPA will evaluate risks and exposures, including from textiles.
- Precision Agricultural Technology** research and programs advanced by USDA and EPA to reduce pesticide volumes and improve soil microbiome.

Mental Health and Substance Use Disorders

- Establish a **working group on mental health diagnosis and prescription** to be led by HHS, together with ACF, SAMHSA, FDA, NIH, and CMS, to focus on SSRIs, antipsychotics, mood stabilizers, and stimulants.
- NIH to direct funding to research on **mental health and addiction, focusing on screentime** in children and adolescents.

Vaccines

- Vaccine Injury**, led by HHS in collaboration with NIH, will improve data collection and analysis of vaccine injuries through a new research program at the NIH Clinical Center with potential for other centers around the U.S.

Additional Research Areas

- New Approach Methodologies**: EPA, FDA, and NIH commitment to using New Approach Methodologies for earlier insights into chronic disease mechanisms using models such as organoids, computational simulations, and real-world data integration.
- Root causes of **autism**, led by NIH in collaboration with CMS, including through the Real-World Data Platform.
- NIH will study **electromagnetic radiation** to ensure safety and efficacy.
- HHS will prioritize research on **integration of AI** to help earlier diagnosis, personalized treatment plans, real-time monitoring, and predictive interventions to prevent hospitalization and reduce costs, with an initial focus on pediatric and young adult cancer.

2. Realigning Incentives & Systems to Drive Health Outcomes

In this section, the Administration outlines efforts across several Departments to make enhancements to transparency and efficiency in regulatory processes, focusing on improving food quality and safety, increasing value and in care delivery, and reducing “agency capture” through reviews of certain projects and initiatives for conflicts of interest.

Nutrition	Fitness	Care Delivery and Payment to Address Chronic Disease	Additional Initiatives
<ul style="list-style-type: none"> HHS-USDA to update the Dietary Guidelines for Americans. FDA to expedite review and approval of color additive petitions for natural food dyes and explore flexibility for “no artificial color” labels. USDA, HHS will work to develop research, policies to support domestic agriculture production of plants used as natural color sources. FDA to develop process for post market review of chemical additives in food and finalize Front-of-Pack Nutrition Information Final Rule. FDA to also: <ul style="list-style-type: none"> Develop food allergy diagnostic and treatment guidance. Update infant formula nutrition requirements and safety testing and incentives for companies to develop new formulas. Reform the “generally recognized as safe” (GRAS) loophole reform and implement a “mandatory GRAS notification program.” USDA, HHS, FDA to develop “ultra-processed food” definition. USDA, HHS to promote breastfeeding through Special Supplemental Nutrition Program for Women, Infants, and Children and policies for a safe supply of donor breastmilk. CMS, CDC to update hospital food service nutrition guidance. HHS and FTC to develop guidelines to limit the direct marketing of certain foods to children. USDA to develop options to get “MAHA Boxes” of whole, healthy food to SNAP participants and provide states with technical assistance in SNAP waivers to restrict the purchase of junk food. 	<ul style="list-style-type: none"> HHS and Department of Education (ED) to partner with the President’s Council on Sports, Fitness, and Nutrition (PCSFN) to help states and schools re-establish the Presidential Fitness Test. ACF and PCSFN to promote physical activity in afterschool programs. 	<ul style="list-style-type: none"> CMS to establish quality metrics for Medicaid managed care organizations for nutrition coaching and fitness indicators. CMS to work with states to enhance prior authorization requirements and “establish prescribing safeguards to address the overuse of medications in school-age children” (e.g., ADHD). CMS to promote evidence-based prevention, wellness initiatives in CHIP. CMS to develop quality measures that promote “children’s health outcomes rather than just healthcare utilization.” HHS, the Department of the Treasury, and Department of Labor to implement the “Making America Healthy Again by Empowering Patients with Clear, Accurate, and Actionable Healthcare Pricing Information” EO. HHS to promote flexibilities enacted in H.R. 1 that allow use of health savings accounts with DPC and allows enrollees in high-deductible health plans to enroll in DPC arrangements. 	<ul style="list-style-type: none"> HHS to enhance oversight of COI reporting and recusal in research grants, consulting payments, and advisory committees. FDA, CDC, and NIH to review projects or initiatives funded by food and pharmaceutical companies through the CDC Foundation, Foundation for the NIH, or the Reagan-Udall Foundation. HHS to restructure agencies. USDA, FDA, and EPA to eliminate burdensome requirements. NIH to develop policies to reduce excessive payments to journals for open access publishing. HHS and CMS to address medical education accreditation monopolies by using regulatory authorities to bring in competing accreditors of medical education programs. CDC, NIH, EPA to review recommendations regarding fluoride and PFAS in water. Departments to revise policies limiting the publication and sharing of de-identified government data sets.
	Pharmaceuticals and Vaccines <ul style="list-style-type: none"> FDA and FTC to increase oversight and enforcement of direct-to-consumer pharmaceutical advertising practices, including on social media. White House Domestic Policy Council and HHS to develop a vaccine framework focused on the childhood vaccine schedule; addressing vaccine injuries; emphasizing transparent, gold-standard science in vaccines; and correcting conflicts of interest (COI) and misaligned incentives, with an emphasis on medical and scientific freedom. 		

3. Increasing Public Awareness and Knowledge



The Strategy outlines several new public awareness campaigns, ranging from fitness and screen time campaigns to those focused on adolescent use of illicit substances. Additionally, the Administration indicates an interest in increasing understanding of environmental exposures among the public, but regarding pesticides, limits its recommendations to increasing public confidence in existing EPA pesticide review procedures.

Chronic Disease

- USDA, HHS, ED, and the PCSFN to launch a **Make American Schools Healthy Again** campaign, to provide “tools” for States and schools to increase physical activity and promote nutrition.
- HHS and USDA to launch an education campaign based on updated Dietary Guidelines for Americans.
- PCSFN to support the **development of the Presidential Fitness Award.**

Environmental Exposures

- EPA to expand use of the America’s Children and the Environment tool to **track data on environmental exposures** and children’s health.
- EPA and HHS to use the existing President’s Task Force on Environmental Health Risks and Safety Risks to Children to increase interdepartmental work on children’s environmental health.
- EPA to direct the existing Children’s Health Protection Advisory Committee to focus on research related to the MAHA strategy.
- CDC and USDA to **conduct studies on fluoride**, and then “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.”
- EPA to “work to ensure that the public has awareness and confidence in EPA’s pesticide robust review procedures.”
- HHS to ensure the **Pediatric Mental Health Care Access Program** at the Health Resources and Services Administration is effectively providing access to pediatric mental health professionals.

Substance Use

- FDA to **educate public on use of synthetic opioid products**, such as 7-OH.
- FDA and the Bureau of Alcohol, Tobacco, Firearms, and Explosives to increase enforcement on **illegal vaping products** and the importation of these products.
- FDA to **update OxyContin label** with warnings on the dangers of chronic use.
- HHS to launch a national initiative to train staff in school-based health centers and public libraries on how to recognize and respond to opioid overdoses, with funding for naloxone.
- Surgeon General to launch an **education and awareness initiative on the impacts of screen time, alcohol, controlled substances, vaping, and THC on children’s health.**

4. Fostering Private Sector Collaboration

The Administration is pursuing several partnerships with the private sector to advance MAHA priorities, including those intended to address pesticide use among farmers, increase access to nutritious foods and wellness education, and to address infertility.

Nutrition

- HHS, USDA, ED, VA, and Department of Defense to work **improve nutrition in government funded programs** including school meals, prisons, and VA hospitals.
- HHS and USDA to work with restaurants to improve nutrition education, consistent with the Dietary Guidelines for Americans' recommendations for children.

Chronic Health

- HHS to provide funding for “community-led initiatives aimed at measurably reducing chronic disease in children,” including those implemented by schools, physicians, and community health workers.
- HHS to launch **“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,” with a focus on identifying and treating the causes of infertility in men and women.
- HHS to create an **Infertility Training Center** to train Title X clinics to identify, treat, and refer for the underlying causes of infertility.

Agriculture

- USDA and EPA to promote and farmers to **implement measures to support “soil health and stewardship of the land,”** including technical assistance, incentive programs, and innovative technologies.
- USDA and EPA to launch a partnership with **“private-sector innovators” to promote precision agriculture**, in which pesticide application is targeted using tools such as drone application, to reduce the total amount of pesticides used.

Appendix



Make Our Children Healthy Again Assessment: Key Drivers of Childhood Chronic Disease



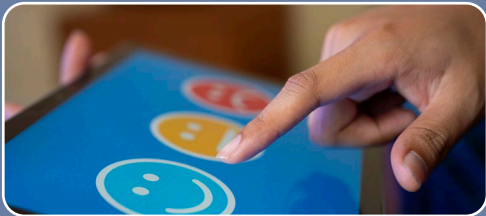
Poor Diet

- Approximately 70 percent of children's daily calories come from heavily processed foods, a dramatic shift from a century ago when such foods didn't exist.
- Heavily processed foods are engineered to bypass satiety mechanisms and promote overconsumption.
- More than half of expectant and new mothers consume diets primarily consisting of processed foods.
- Children's eating patterns are characterized by foods containing high levels of added sugars, artificial additives, and unhealthy fats.



Chemical Exposure

- More than 40,000 synthetic chemicals have been approved for commercial use across the U.S.
- Toxic substances including pesticides, plastic particles, and industrial chemicals are detected in children's and pregnant women's bodily fluids at concerning concentrations.
- Young people face heightened vulnerability to chemical harm during key developmental periods from conception through adolescence.
- Existing safety evaluation methods may inadequately assess how chemical exposures impact children's health.



Lack of Physical Activity and Chronic Stress

- Adolescents spend approximately nine hours daily on screens outside of academic activities.
- Most children (70 percent) and the vast majority of teenagers (85 percent) don't achieve recommended daily exercise minimums.
- Four out of five high school students get insufficient nightly sleep, representing a significant increase from previous years.
- Heavy social media users face twice the likelihood of developing anxiety and depression compared to lighter users.



Overmedicalization

- ADHD medication prescriptions more than doubled over a decade despite limited evidence of lasting benefit.
- Teen antidepressant use skyrocketed fourteen-fold over nearly three decades.
- Over one-third of antibiotic prescriptions given to children provide no medical benefit while creating potential harm.
- Children's antipsychotic medication use increased dramatically, with most prescriptions written for unapproved conditions.