NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Michelle Morse, MD, MPH
Acting Health Commissioner

Michelle Morse, MD, MPH
Acting Health Commissioner
Chief Medical Officer
NYC Department of Health and Mental Hygiene

Gotham Center
42-09 28th St.
Long Island City, NY 11101

May 27, 2025

Letter to MAHA Commission on Chronic Disease Related Topics

On behalf of the New York City Department of Health and Mental Hygiene and the Mayor's Office of Food Policy, we appreciate the establishment of the Make America Healthy Again Commission, the recently released "Making Our Children Healthy Again Assessment", and the opportunity it presents to elevate the national conversation on preventing chronic disease. As the Commission prepares to embark on its next stage of work to develop strategies to address these issues, we, as local public health leaders, respectfully submit reflections and recommendations drawn from New York City's extensive experience confronting diet-related illness and other drivers of preventable disease.

Earlier this year, NYC released a roadmap to support a citywide effort to reduce deaths from preventable chronic diseases, specifically cardiometabolic diseases and screenable cancers. The report, titled Addressing Unacceptable Inequities: A Chronic Disease Strategy for New York City (attached as an appendix) outlines both existing efforts and a series of proposals that may inform the Commission's work. While this report is not focused exclusively on children but more broadly the health of all New Yorkers, and at the same time is more specifically focused on cardiometabolic disease and cancer than the Commission's recent Assessment which discussed a wider range of health concerns, we believe there are many approaches aimed at key focus areas of the Commission, such as healthy diets and improving the built environment to promote health. The report is organized by three approaches to address chronic disease:

- **Meeting Material Needs** by improving access to financial and nonfinancial resources,
- **Addressing Commercial Determinants of Health** by influencing the ways commercial actors and corporations can impact health, and
- **Promoting Opportunities for Healthy Living** by investing in policies and programs that promote nutritious foods, physical activity, and social connection in communities.

In the spirit of shared goals, we respectfully offer this report as a resource that may inform aspects of the Make America Healthy Again Commission's deliberations. The following are our recommended priorities, grouped by the three approaches in our report:

Meeting Material Needs:
We encourage the Commission to explore approaches that improve access to healthy foods and address food insecurity. This can be achieved by:

- **Supporting Healthy Food Incentives.** We share in the desire to increase healthy food consumption for all Americans, and the Supplemental Nutrition Assistance Program (SNAP) incentive programs, many of which are currently funded through USDA's Gus Schumacher Nutrition Incentives Program (GusNIP) grant program, are an effective way to increase fruit and vegetable purchasing and consumption.[i] In NYC, which helped to pioneer healthy food incentives with one of the first farmers market-based programs, we currently implement two GusNIP funded nutrition incentive programs, Health Bucks and Get the Good Stuff, that operate across different settings working to increase access to fruits and vegetables. Participation in SNAP incentive programs for six months or more is associated with higher fruit and vegetable intake and improved food security.[ii] SNAP incentives also support the local economy by increasing financial gains for farmers and retailers across the US.[iii] Additionally, a 2018 study found that leveraging healthier eating through SNAP could generate substantial health benefits and be cost-effective or cost-saving: a national 30% fruit and vegetable incentive would prevent cardiovascular disease events and gain quality adjusted life years.[iv] As states apply for waivers to restrict allowable foods purchased with SNAP and USDA considers their applications, we strongly suggest that any proposed restrictions are paired with an incentive program.

Commercial Determinants of Health:
We encourage the Commission to support urgent FDA action to build transparency and reduce sodium and added sugar in the food supply by:

- **Finalizing sodium reduction targets and establishing new added sugar reduction targets.** In 2009, the NYC Health Department set targets for reduced sodium levels in packaged and restaurant foods. The effort was modeled off an effort from the United Kingdom and has since been adopted by several other countries. In the U.K, from 2000 to 2018, there was a 10% reduction in average population-level salt intake.[v] The NYC initiative resulted in an almost 7% reduction of sodium in the food supply by 2014 (during the time period when targets were in place), but progress since then has slowed significantly when there were no formal targets in place.[vi,vii] In 2016, we supported FDA's establishment of national, voluntary sodium reduction targets, which was informed by our work in NYC. Sodium consumption continues to be far above the recommended limit; too much sodium can increase the risk of high blood pressure, heart disease and stroke. A modelling study from 2017 concluded that a significant reduction of US sodium intake could occur if sodium reduction standards were met.[viii] We have written in support of FDA's Phase 2 Voluntary Sodium Targets and we look forward to the FDA enacting final guidance for phase 2 targets in a timely manner. In 2021, the NYC Health Department established targets for sugar reduction in packaged foods. A modeling study estimated that meeting these targets could prevent 2.5 million cardiovascular disease (CVD) events, 500,000 CVD deaths and 750,000 diabetes cases. Net costs from a societal perspective over a lifetime was estimated at over $160 billion in savings.[ix] This informed our petition encouraging the FDA to establish voluntary targets for added sugars.
- **Requiring Added Sugars Disclosures in Restaurants**: NYC passed Local Law 33 (2022) and Local Law 150 (LL150), collectively known as the Sweet Truth Act. These laws promote transparency and require chain restaurants to conspicuously post an added sugar warning and icon on menus or menu boards for items that exceed 50g of added sugars. Currently, FDA requires chain restaurants to only disclose total sugars and not added sugars. To provide comprehensive information to consumers that promotes informed decision-making, we encourage FDA to require that restaurants disclose added sugars.

Promoting Opportunities for Healthy Living:
We encourage the Commission to consider approaches that create opportunities for communities to lead healthier lives, grounded in local best practices and voluntary adoption. This can be accomplished by:

- **Implementing a "Good Food Purchasing" strategy to use government funds to purchase foods that align with the Commission's health goals.** NYC prides itself not just on being the country's second largest buyer of food behind the Department of Defense, but also on ensuring that the food we buy supports the health of our most vulnerable New Yorkers.
    - In 2008 NYC was the first major U.S. city to set nutrition requirements for all foods and meals purchased and served by city government. These NYC Food Standards were created with the goal of improving the health of all New Yorkers served by City agencies. The Standards apply to over 219 million meals served each year at the City's facilities and programs, such as at public schools, older adult centers, child care

centers, after school programs, correctional facilities, public hospitals and in the shelter system. The Food Standards require minimum servings of whole and minimally processed fruits, vegetables, beans and whole grains; limiting sodium, added sugar and servings of beef; and restricting processed meats. They can be used as a national model to strengthen the Federal Food Service Guidelines or to inform national standards for public school meals.

  - NYC hospitals have achieved remarkable success by nudging patients to choose healthy, plant-based meals. By applying behavioral science strategies—such as presenting the plant-based option as the "Chef's Recommendation"—nearly half of all patients now select these healthier meals. Now in its third year, the program has delivered impressive outcomes: a patient satisfaction rate exceeding 90%, significant carbon savings, and cost savings of 59 cents per meal.
  - In NYC we ensure food service workers, feeding New Yorkers in our public institutions, have adequate and consistent training to prepare meals with minimally processed ingredients. This results in higher quality, more delicious meals. We have already seen this in our schools, where they have decreased processed foods served, expanded scratch-cooking, and have incorporated more plant-forward items into their menus. We encourage the Commission to consider ways to replicate this work to support skill training for food service workers, especially in USDA school meals programs.
  - Prioritizing the procurement of high-quality foods, especially from local and regional sources, and in season when possible, by expanding the allowance of best value procurements for purchases being made with federal funding. Evidence shows that locally and regionally sourced foods are often fresher and retain more nutritional value. When the true value of food is considered, the impact on health, the source of the food, impact on regional food and farm economies, cities can support health in more meaningful ways.
  - An additional pathway to procure local, organic foods is to include these attributes in contract specifications. While procurement law allows for organic and geographic specifications, this mechanism is extremely underutilized due to cost barriers. Given the positive impact of organic food on health, the environment and local farmers, NYC is eager to explore strategies to make organic sourcing more feasible. We invite the Commission to explore opportunities to scale locally proven strategies, such as New York City's food procurement model, in a manner that supports state and local innovation.

- **Supporting Lifestyle Medicine programs and Food is Medicine approaches.** In 2019, NYC launched a pilot Lifestyle Medicine Program to help patients use healthy lifestyle habits to prevent and treat common chronic conditions such as type 2 diabetes and high blood pressure. Among the first of its kind in a public health care system in the U.S., the program brings together an interdisciplinary team to support patients in adopting a more plant-forward diet, managing stress and becoming more physically active, among other evidence-based lifestyle changes. The pilot program demonstrated improvements in weight, blood sugar, diet quality, physical activity and sleep health, as well as high patient satisfaction. New York State's Medicaid 1115 Waiver Amendment is another new effort that supports nutrition access for high need populations, which includes adults and children with chronic conditions. New nutritional services include nutritional counseling and classes, medically tailored home-delivered meals, food prescriptions, pantry stocking, and cooking supplies (pots, pans, etc.). We encourage HHS to support enhanced HRSN benefits in nutrition.
- **Investing in Active Design Strategies:** Active design is a planning approach to creating streets, neighborhoods and buildings that support and promote the physical health and overall well-being of residents. Incorporating active design strategies into the planning and design of neighborhoods, buildings and housing encourages more active lifestyles – such as walking, bicycling, stair climbing, and participation in other active recreation activities – can ultimately help improve the health of communities and residents.
- **Working to Improve Air Quality:** The air we breathe can have a major effect on our health; air pollution can make asthma worse and cause heart disease, lung disease, and strokes. Although NYC's air is significantly cleaner than it was a decade ago, poor air quality-related health impacts remain a challenge. NYC provides community-based asthma services for children with asthma in the neighborhoods that are impacted the most. This includes counseling, education, home assessments, and pest control services. Air quality protections are crucial for reducing chronic disease, and we strongly encourage the Commission to uphold the current federal health-based standards for criteria air pollutants and regulations on emissions.

We would also like to highlight specific changes underway at the Department of Health and Human Services, FDA, and USDA that will threaten any national efforts to address chronic disease in children or the broader population. We also note a number of policies that we encourage you to carefully consider:

- **Staff and Funding Cuts:** While we believe there are ample opportunities for the federal government to make progress on chronic disease, we are concerned by the significant cuts to funding streams and staff at the Department of Health and Human Services and the United States Department of Agriculture in recent weeks. We recognize the challenges of balancing priorities in a constrained fiscal environment, but are concerned about the potential loss of institutional knowledge. We remain committed to working together to preserve critical capacity for chronic disease prevention and data-driven health policy. These changes may limit the ability of federal partners to support evidence-based strategies, particularly those that localities have found impactful. We are hopeful that federal resources can be realigned to meet the growing burden of chronic disease. A number of the priorities we have outlined here have been informed or supported by federal data, expertise and funding streams, which we hope will be reconstituted as soon as feasible.
- **Supplemental Nutrition Assistance Program (SNAP):** SNAP is a critical nutrition and anti-poverty program that over 1.5 million NYC residents participate in each year.[x] SNAP is also associated with positive health outcomes – for example, for adults enrolled in SNAP, SNAP is associated with fewer health care costs.[xi,xii] It is vitally important to preserve SNAP benefit levels – especially as evidence shows that some SNAP participants still face food insecurity. In 2022 67% of New Yorkers with low income and experiencing very low food security participated in SNAP in NYC.[xiii] The current budget reconciliation framework would impact SNAP benefits and will make it harder for families to buy the foods they need to stay healthy. It is also critical that the federal government doesn't place undue administrative burdens that may lessen the efficiency or increase the cost of this effective and economy boosting program.[xiv]
- **Medicaid:** Medicaid is another critical program that provides health insurance for over 4 million NYC residents, the majority of whom are children, older adults, and people with disabilities.[xv] There is a large body of research that demonstrates the positive impact that Medicaid has on a wide range of health and economic outcomes.[xvi] For example, Medicaid has facilitated access to primary and preventive care, mental health care, and prescription drugs; increased early-stage cancer diagnosis rates, which helps reduce mortality; improved blood pressure and glucose control; and improved maternal and child health. Medicaid also provides critical financial support to New York City's health care system, local economy, and residents. Medicaid is an effective anti-poverty tool, offering New Yorkers economic security through affordable health care and lower out-of-pocket costs.[xvii] Further, restricting the flexibilities offered by Medicaid demonstration waivers, such as piloting efforts to address social determinants of health and health-related social needs disregards the notion that health is achieved and sustained through various intersecting non-medical factors and social conditions. Proposed cuts to Medicaid will have significant impacts on the health of New Yorkers, including children, who rely on this program to prevent and manage chronic diseases.
- **Dietary Guidelines:** The 2025-2030 Dietary Guidelines for Americans (DGA) will be released this year following a review of the evidence by the Dietary Guidelines Advisory Committee (DGAC). We look forward to seeing the publication of the DGAs informed by the results of the DGAC's Scientific Report. For more information on our position, please see our comment to the USDA and HHS.
- **Front of package (FOP) labeling:** We are pleased to see FDA considering mandatory FOP nutrition labels on packaged foods. FDA's own analysis found that the proposed nutrition information box tested best at helping consumers identify healthier food options, compared to industry-proposed schemes like Facts Up Front and "High in" warning label schemes.[xviii] We support the FDA's continued efforts to promote consumer transparency and empower individuals and families to make informed choices in a more accessible food system.
- **Nutrition standards for public school meals:** We encourage the administration to consider policies to increase access to produce and other whole foods. The USDA nutrition standards for public school meals should be preserved and schools provided with support to ensure they are able to source the best food and beverage options for America's kids.
    - With the addition of added sugar limits to school meals, which will go into effect this July, we encourage USDA to restrict low calorie and no calorie sweeteners (LCNC) in these important programs so that schools don't unintentionally switch to products that contain LCNC sweeteners as there is not research

to support safe use in children. We encourage continued support for science-based school nutrition policies that prioritize whole foods and minimize additives not demonstrated to be safe for children, building on models already working at the local level. We support disallowing artificial colors, including titanium dioxide, as well as potassium bromate and propyl paraben. NYC Public Schools already restricts these ingredients and others, so we know it is feasible.
    - Earlier this year, it was announced that USDA was ending two pandemic-era programs that provided $1 billion for schools and food pantries to purchase local food items. This cut in funding will limit access to fresh, whole, unprocessed foods to students and Americans who are food insecure, in addition a loss of support for local farmers, growers and producers and should be restored.
- **Generally Regarded as Safe (GRAS) loophole:** We share concerns about the use of food dyes and additives that entered our food supply through the GRAS loophole. Food dyes do not add any nutritional or culinary value to foods. We encourage continued federal attention to food additives and transparency in food safety evaluations, while providing communities and families with the tools and information needed to make informed decisions.
- **Tobacco:** Smoking remains a leading cause of preventable death and is associated with many chronic diseases. In NYC we have aggressively tackled the harms of tobacco products through policy actions limiting access to these products and increasing access to treatment, contributing to a reduction in smoking rates of about half between 2002 (21.5%) and 2020 (10.9%). We are pleased to see that the FDA is considering plans to reduce the nicotine content of tobacco products to a non-addictive level and is enhancing enforcement of the PMTA decisions, particularly in regard to the flavored e-cigarettes flooding the market (many of which are produced in China). We encourage the FDA to continue exploring science-based options to protect youth from nicotine addiction, including review of flavored products that may disproportionately attract younger users.

The NYC Health Department appreciates the Commission's acknowledgment of the significant burden of chronic disease in our nation, particularly among children. We encourage the administration to support evidence-backed policies, to lean on the expertise that exists within state and local health departments, and to consider the potential ramifications that budget cuts may have on the goal of reducing chronic disease. We welcome the opportunity to share additional information on any of the initiatives referenced above. We look forward to finding common ground on issues related to preventing and managing chronic disease, increasing life expectancy, and helping Americans live up to their full potential.

Michelle Morse, MD, MPH
Acting Health Commissioner
Chief Medical Officer
NYC Department of Health and Mental Hygiene

Kate MacKenzie, Executive Director
New York City's Mayor's Office of Food Policy (MOFP)

[i] Bartlett, Susan, Jacob Klerman, Lauren Olsho, et al. Evaluation of the Healthy Incentives Pilot (HIP): Final Report. Prepared by Abt Associates for the U.S. Department of Agriculture, Food and Nutrition Service, September 2014.

[ii] GusNIP NTAE. Gus Schumacher Nutrition Incentive Program (GusNIP): Impact Findings Y4: September 1, 2022 to August 31, 2023. Prepared for U.S. Department of Agriculture, National Institute of Food and Agriculture; 2024. Accessed [date] https://www.nutritionincentivehub.org/ gusnip-ntae-impact-findings

[iii] GusNIP NTAE. Gus Schumacher Nutrition Incentive Program (GusNIP): Impact Findings Y4: September 1, 2022 to August 31, 2023. Prepared for U.S. Department of Agriculture, National Institute of Food and Agriculture; 2024. Accessed March 27, 2025 https://www.nutritionincentivehub.org/ gusnip-ntae-impact-findings

[iv] Mozaffarian, D., Liu, J., Sy, S., Huang, Y., Rehm, C., Lee, Y., Wilde, P., Abrahams-Gessel, S., de Souza Veiga Jardim, T., Gaziano, T., & Micha, R. (2018). Cost-effectiveness of financial incentives and disincentives for improving food purchases and health through the US Supplemental Nutrition Assistance Program (SNAP): A microsimulation study. *PLoS medicine*, *15*(10), e1002661. https://doi.org/10.1371/journal.pmed.1002661

[v] Alonso S, Tan M, Wang C, Kent S, Cobiac L, MacGregor GA, He FJ, Mihaylova B. Impact of the 2003 to 2018 Population Salt Intake Reduction Program in England: A Modeling Study. Hypertension. 2021 Apr;77(4):1086-1094. doi: 10.1161/HYPERTENSIONAHA.120.16649. Epub 2021 Mar 1. PMID: 33641370; PMCID: PMC7968966.

[vi] Curtis CJ, Clapp J, Niederman SA, Ng SW, Angell SY. US Food Industry Progress During the National Salt Reduction Initiative: 2009-2014. Am J Public Health. 2016 Oct;106(10):1815-9. doi: 10.2105/AJPH.2016.303397. Epub 2016 Aug 23. PMID: 27552265; PMCID: PMC5024394.

[vii] Moran AJ, Wang J, Sharkey AL, Dowling EA, Curtis CJ, Kessler KA. US Food Industry Progress Toward Salt Reduction, 2009–2018. Am J Public Health. 2022: 112(2): 325-333. doi: 10.2105/AJPH.2021.306571.

[viii] Cogswell ME, Patel SM, Yuan K, Gillespie C, Juan WY, Curtis CJ, Vigneault M, Clapp J, Roach P, Moshfegh A, Ahuja J, Pehrsson P, Brookmire L, Merritt R, Modeled changes in US sodium intake from reducing sodium concentrations of commercially processed and prepared foods to meet voluntary standards established in North America: NHANES, The American Journal of Clinical Nutrition, Volume 106, Issue 2, 2017, Pages 530-540, ISSN 0002-9165, https://doi.org/10.3945/ajcn.116.145623.

[ix] Shangguan S, Mozaffarian D, Sy S, Lee Y, Liu J, Wilde PE, Sharkey AL, Dowling EA, Marklund M, Abrahams-Gessel S, Gaziano TA, and Micha R. Health Impact and Cost-Effectiveness of Achieving the National Salt and Sugar Reduction Initiative Voluntary Sugar Reduction Targets in the United States: A Microsimulation Study, Circulation, Volume 144, Issue 17, 2021.

[x] SNAPShot_February 2025

[xi] Carlson S, Llobrera J. SNAP is linked with improved health outcomes and lower health care costs. Center on Budget and Policy Priorities. December 14, 2022. Accessed November 13, 2024. https://www.cbpp.org/research/food-assistance/snap-is-linked

[xii] Srinivasan M, Pooler JA. Cost-related medication nonadherence for older adults participating in SNAP, 2013-2015. Am J Public Health. 2018;108(2):224-230. doi:10.2105/AJPH.2017.304176

[xiii] Crossa A, Prasad D, Shaheen T, Garcia G, Jasek J. Food Security among New York City Adults Living in Poverty, 2022. New York City Department of Health and Mental Hygiene: Epi Data Brief (140); February 2024

[xiv] Geller, D., Isaacs, J., Braga, B., and Zic, B. (2018). Exploring the Causes of State Variation in SNAP Administrative Costs. Prepared by Manhattan Strategy Group and the Urban Institute for the U.S. Department of Agriculture, Food and Nutrition Service, February 2019. Available online at www.fns.usda.gov/research-and-analysis.

[xv] https://www.health.ny.gov/health_care/medicaid/enrollment/docs/by_resident_co/current_month.htm

[xvi] https://aspe.hhs.gov/reports/benefits-expanding-medicaid-eligibility

[xvii] https://aspe.hhs.gov/reports/benefits-expanding-medicaid-eligibility

[xviii] Qualitative Research on Front of Package Labeling on Packaged Foods (OMB No. 0919-0920). Human Foods Program. Food and Drug Administration. US Department of Health and Human Services. May 2024. https://www.fda.gov/media/185007/download?attachment