Testimony
Submitted to The Committee on Agriculture, Nutrition, and Forestry of the United States Senate
Subcommittee on Food and Nutrition, Specialty Crops, Organics, and Research

Hearing
"The State of Nutrition in America 2021"
Tuesday, November 2, 2021
216 Hart Senate Office Building

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Dear Chairman Booker, Ranking Member Braun, and distinguished Members of the Subcommittee:

Thank you for the opportunity to testify here today. My testimony reflects my expertise and experiences as a cardiologist, scientist, and public health expert. I am the Dean of the Friedman School of Nutrition Science & Policy at Tufts University; a Professor of Medicine at Tufts School of Medicine; and an Attending Physician in the Division of Cardiology at Tufts Medical Center. My career has focused on the science and practice of what we actually need to eat to keep our bodies healthy and to treat disease; and on which policy and systems changes are most effective and cost-effective to support nutrition security and health. As a doctor, I see firsthand people of all ages and backgrounds suffering from diet-related illnesses. As a public health scientist, I see the incredible challenges Americans face, every day, to obtain and eat nourishing food.

Some ask me: how did a cardiologist become so focused on food and nutrition? My response: why isn't *every* cardiologist focused on food and nutrition? During my years of training in medical school, internal medicine residency, and cardiology fellowship, it was obvious that poor nutrition was the top driver of disease in most of my patients. And yet, we didn't learn anything meaningful on nutrition and health throughout my medical school training.

- Think about that: the top cause of poor health in the United States – nutrition – is largely ignored by our healthcare system. That single fact explains so much about where we are today: tens of millions of sick Americans, and spiraling healthcare costs.
- And nutrition also has no home, no body for focus or leadership, across the federal government. That explains much about our fragmented and inefficient policies around food and nutrition in this country.

Senators Booker and Braun, your leadership of the Subcommittee on Food and Nutrition, Specialty Crops, Organics, and Research recalls powerful echoes of the past – reverberations of the Senate Select Committee on Nutrition and Human Needs, led by Democratic Senator George McGovern and Republican Senator Bob Dole. These two leaders and their Committee, from 50 years ago, accomplished so much in a bipartisan fashion to address the food and nutrition challenges faced by Americans at that time.

Much has changed in 50 years.

- We face remarkable new challenges – a true **national nutrition crisis** that cuts lives short, costs us trillions of dollars, and holds us back from achieving our goals as individuals and a nation.
- You are **the new leaders** to rise up and address this national crisis, coming up with practical, evidence-based, and cost-effective solutions to create a nourishing, sustainable food system that promotes health and well-being for all Americans, and economic well-being and national security for our nation.

Our situation is dire.

Nutrition insecurity and diet-related disease are major problems for the vast majority of Americans:

- Today, 1 in 2 adults have diabetes or prediabetes, and 3 in 4 adults are overweight or obese.
- New research from Tufts finds that, considering diet-related conditions like obesity, blood sugar, blood pressure, blood cholesterol, and cardiovascular disease, only 6.8% of American adults are metabolically healthy.
- Many more Americans, in other words, are sick than are healthy, and the top driver is our food.
- A recent U.S. GAO report, "*Chronic Health Conditions: Federal Strategy Needed to Coordinate Diet-Related Efforts*," concluded that diet-related conditions like heart disease, diabetes, cancer, and obesity are deadly, costly – and largely preventable. These diseases caused over half of U.S. deaths in 2018, and during COVID-19, Americans with such conditions were 12 times more likely to die after infection.
- Nearly 40 million Americans, including 11 million children, experienced food insecurity in 2018. And, food insecurity grew for households with children in 2020.
- And, nutrition insecurity and diet-related diseases also disproportionately affect Americans who have the least advantage in every state in our nation: those who are low-income, rural, or racial or ethnic minorities.
- Poor nutrition is also harming our children, dooming future generations to suffering, disability, and lost human potential. Among 2- to 5-year-olds, 1 in 10 children are already obese, and among teens, 1 in 5 are already obese. And 1 in 5 teens also have prediabetes – a shocking wake up call for the future of our country.

These diet-related diseases are also the top driver of preventable healthcare spending:

- Healthcare spending now accounts for nearly 1 in 5 dollars in our economy, and nearly 1 in 3 dollars in the federal budget.
- 80% of this goes to treatment of preventable chronic diseases.
- As just one example, let's look at type 2 diabetes – the canary-in-the-coal-mine for the nutritional health of a population.
- Our nation spends $237 billion each year in excess health care costs for diabetes, and loses another $90 billion in lost productivity.
- Indeed, the American Diabetes Association found in a report *Economic Costs of Diabetes in the U.S.* that 1 in every 7 health care dollars spent in the U.S. is attributable to diabetes.
- And much of this is related to our food. A recent analysis from The Rockefeller Foundation on *The True Cost of Food* found that, each year, our nation spends $1.1 trillion on food, and loses another $1.1 trillion in healthcare spending and lost productivity attributable to diet-related diseases.
- And these costs are steadily rising. Medical spending on diabetes alone has risen 25% over 5 years.
- This is not a path for balanced government budgets, thriving U.S. businesses, or a competitive national economy.

Poor nutrition is also threatening our national security.

- Mission: Readiness, an organization of nearly 800 retired U.S. generals, admirals, and other military leaders, has released several reports demonstrating that poor nutrition is hampering military readiness.
- Among the millions of young Americans aged 17 to 24, 71% are now ineligible to serve in the military – and the top medical reason is obesity.

These incredible challenges are also each opportunities. But, currently, our nation has no plan, no strategy, to fix food.

- The GAO report described above identified 200 different federal efforts, spread across 21 federal agencies, which aim to improve nutrition.

- And, the GAO found that these diverse investments are fragmented, disjointed, not working together; and that this lack of coordination is keeping the federal government from meeting its goals of improving Americans' diets and health.
- The GAO also made one clear, straightforward recommendation: a federal *strategy* is needed to enable these disparate government efforts to work together and coordinate diet-related efforts to improve health.

It's time for a national strategy to advance nutrition security, end hunger, improve health, and reduce healthcare spending.

There are six priority domains for federal action to achieve these goals:

(1) Advancing nutrition science and research
(2) Incorporating Food as Medicine into healthcare
(3) Leveraging our federal nutrition programs
(4) Catalyzing business innovation and entrepreneurship
(5) Expanding nutrition education
(6) Creating federal leadership, structure, and authority for food and nutrition policy coordination

As one example, the proportion of federal research dollars focused on nutrition has been flat at only 4-5% of total dollars for decades, even though poor diet is estimated to cause at least 20% of all U.S. deaths. Nutrition science has advanced greatly in 20 years, and there is much we now know, on which we can take action. Yet, there is also so much more to learn and discover. At the current pace, we'll get to where we need to be in about 50 years. But we don't have 50 years to wait. It's time for a federal "moonshot" to advance nutrition science, including the creation by Congress of a new National Institute of Nutrition at the National Institutes of Health. We *literally* have sent a man to the moon, but don't have enough science to definitively say whether cheese is good or bad for health.

We can advance nutrition science, Food as Medicine, business innovation, and government efficiency through specific, sensible, practical policy solutions. These solutions are detailed further below.

It's time to fix food. And we can only do this if we have a plan: a harmonized national strategy.

Senators Booker and Braun: the two of you, together with Representatives Jim McGovern and Jackie Walorski in the House, have called for a White House Conference on Food, Nutrition, Hunger, and Health. It's been 52 years since the nation came together to chart a national strategy around food and nutrition. It's time to bring everyone together again – the diverse federal agencies, both houses of Congress, and other diverse stakeholders to re-imagine our national food system for the next 50 years, making America the 21st century breadbasket for nourishing food that heals our bodies, reduces healthcare spending, supports our military, stewards our natural resources, and creates new businesses and jobs.

Thank you for your leadership to make this happen.

The Burden

Poor nutrition is the top driver of obesity, type 2 diabetes, and cardiovascular disease, and a major contributor to certain cancers, poor gut health, and other conditions.[1] Since the 1970s, Americans' diets have shifted significantly. For example, both portion sizes and frequency of snacking have increased, with each linked to greater calorie intake.[2, 3] Among US children, substantial increases in daily calories since the 1970s are entirely attributable to increased foods eaten outside from home, mostly from fast food.[4] Consistent with prior health messaging to reduce total fat, intake of carbohydrates between 1971 and 2004 increased from 42% to 48% of calories in men and 45% to 51% in women, mostly due to higher intakes of refined starches, grains, and sugar-sweetened beverages.[5, 6] Between 1977 and 1994, intake of processed breakfast cereals increased by 60%, intake of pizza by 115%, and intakes of snack foods like crackers, popcorn, pretzels, and corn chips by 200%.[7] Between 1965 and 2002, calories from beverages increased from 12% to 21% of all energy, representing an average increase of 222 calories per day per person.[8] This was due to increased intake of soda, sweetened fruit drinks, and alcohol. At the same time, the average portion size of a sugar-sweetened beverage increased by more than 50%.[9]

In more recent years, with growing public awareness of critical role of nutrition in overall health, some aspects of US diet quality have modestly improved, such as reductions in soda and small increases in whole grains, fruits, and nuts/seeds.[10, 11] Nevertheless, intakes of healthful foods remain far below dietary guidelines. Today, 45.6% of adults and 56.1% of children have poor quality diets; and most of the remainder, intermediate quality diets, with very few Americans having ideal diets.[10, 11] The levels and types of food processing have also changed in the past 50 years. Ultra-processed foods now contribute about 60% of all calories in the US food supply;[12] and among children, nearly 70%. These major shifts in our nutrition and corresponding diet-related illnesses are associated with rising healthcare costs, widening diet-related health disparities, and weakened national security and military readiness.[13]

Poor nutrition also contributes to profound disparities. Prior to COVID-19, food insecurity was a significant challenge for 1 in 8 Americans.[14, 15] A total of 37 million Americans, including 11 million children, experienced food insecurity in 2018.[16, 17] Americans are also experiencing ever-widening disparities in diet quality and diet-related chronic diseases by race/ethnicity, education, and income.[10, 18-22] While social and economic factors like lower education, poverty, bias, and reduced opportunities are major contributors to population disparities, they are likewise major barriers to healthy food access and proper nutrition. Poor diets lead to a harsh cycle of lower academic achievement in school, lost productivity at work, increased chronic disease risk, increased out-of-pocket health costs, and poverty for the most vulnerable Americans.[23]

But poor nutrition spares no segment of our nation. Between 1980 and 2018, the percent of US children with obesity rose from 5.5% to 19.3%, while the percent of adults with obesity rose from 15% to 42.4%.[24-28] Nearly 3 in 4 American adults are now either overweight or obese.[24, 29, 30] Across all preventable risk factors for disease in the US, poor diet is now the leading cause of poor health, associated with more than half a million deaths per year – or more than 40,000 deaths each month.[1] Along with suboptimal diet, adiposity and physical inactivity are shared risk factors for illness and death.[31-35] Over the last 20 years, the number of adults with diabetes has more than doubled;[36] and today, more than 100 million Americans – nearly half of all adults – suffer from diabetes or pre-diabetes.[37] Cardiovascular disease afflicts about 122 million Americans and causes roughly 840,000 deaths each year.[38] Many of these diseases disproportionately affect older Americans, and as our nation's demographics shift toward an aging population, the burden of diet-related ailments on society will accelerate.[39, 40] In short, more Americans are sick or suffer from major medical conditions than are healthy, and much of this is related to diet-related illness.

Consistent with this, the economic burdens of nutrition-related diseases are staggering and ever rising. As a share of our economy, total US health care expenditures have nearly tripled since 1970, from 7% to 18% of gross domestic product (GDP).[41, 42] These increases are harming government budgets, competitiveness of US businesses, workers' wages, and livelihoods of families. Federal healthcare spending has risen from 5% of the total federal budget in 1970 to 28% in 2018, reducing available funds for other priorities. Similarly, average state government spending on healthcare has risen from 11% of state budgets in 1989 to 29% in 2016. For US businesses, healthcare expenditures have increased 15-fold in 50 years, from $79 billion in 1970 to $1,180 billion in 2017 (in constant 2017 dollars).[42] Over this same period, annual per capita healthcare spending in the US increased from $1,797 to $10,739 (in constant 2017 dollars).[42] And, about 85% of total US healthcare expenditures are related to management of diet-related chronic diseases.[43] For example, the total direct

healthcare and indirect economic costs of cardiovascular diseases are estimated at $316 billion per year; of diabetes, at $327 billion per year; and of all obesity-related conditions, at $1.72 trillion per year.[44, 45] These economic costs exceed the annual budget appropriations of most federal departments and agencies, such as (for FY2020) the budgets of the US Department of Agriculture (USDA) ($150 billion)[46], Department of Education (DoE) ($72 billion)[47], Department of Homeland Security (DHS) ($51 billion)[48], Department of Justice (DoJ) ($33 billion)[49], National Institutes of Health (NIH) ($42 billion)[50], Centers for Disease Control and Prevention (CDC) ($12.7 billion)[51], Environmental Protection Agency (EPA) ($9.5 billion)[52], and Food and Drug Administration (FDA) ($5.9 billion).[52] These rising healthcare expenditures are straining government budgets and private business growth, limiting the ability to support other national, state, and business priorities, contributing to stagnating wages, and bankrupting individuals, families, and small businesses.[53, 54]

Our national nutrition challenges also diminish military readiness.[55] For much of human history, governments have prioritized nutrition to enable a high performing, able military. During World War II, for example, recognition of the national security threat of undernutrition produced strong federal actions, such as creation of the first Recommended Dietary Allowances (RDAs) by President Franklin D. Roosevelt in 1941 and of the National School Lunch Program by Congress in 1945.[56] Today, we face very different nutritional challenges: 71% of young people between the ages of 17 and 24 do not qualify for military service, with obesity being the leading medical disqualifier.[13] Since 2010, Mission: Readiness – a group of more than 750 retired US generals, admirals and other top military leaders – have produced several reports documenting the national security threat of childhood obesity.[13, 57, 58] In addition, obesity and other diet-related chronic diseases are common among veterans, with more than one third of veterans seen at the Veterans Health Administration (VHA) being obese.[59] Food insecurity is common among veterans seen at the VHA and is associated with suboptimal control of medical conditions.[60-62] Both obesity and food insecurity are common and often co-exist in active duty military families.[63, 64] Overall, diet-related illnesses are harming the readiness of US military forces and the budgets of the Departments of Defense (DoD) and Veterans Affairs (VA).[59, 65, 66] Better nutrition is a top DoD priority to maximize the performance of active duty forces and their recovery from physical and psychologic injuries.[67]

Our food systems are creating challenges to our climate and natural resources with widespread related health consequences.[68] Emerging science is advancing the understanding of how nutrition security – access to affordable, sufficient, safe, and nutritious food – is interrelated with challenges and opportunities in use of natural resources.[67, 68] Good nutrition and resilient agricultural production and food systems are mutually interdependent.[69] Ongoing market forces, food production, and consumption patterns, among other factors, are creating not only poor health but large and unsustainable environmental impacts.[70] On a global scale, one quarter of greenhouse gases, 70% of water use, and 90% of tropical deforestation are related to food production. Climate change is warming the planet, contributing to lower crop yields and new economic risks for farmers. These issues and corresponding potential solutions are complex: for example, greenhouse emissions have global impact, while water use has more regional impact.[71-75] Food waste worsens resources losses, with at least one-third of food produced in the US wasted during post-harvest and consumer losses.[76] The future productivity of US agriculture faces additional growing environmental challenges such as resource scarcity, loss of biodiversity, and soil degradation.[70] These sustainability issues have direct relevance for human health, increasing risk of infectious diseases, respiratory illness, allergies, cardiovascular diseases, food and waterborne illness, undernutrition, and mental illness.[77, 78]

There is a large and growing appetite among American citizens for healthy food, both for general well-being but also for treating many specific diseases and ailments. Improving what Americans eat would have a significant impact on reducing diet-related chronic diseases, eliminating hunger, lowering healthcare spending, increasing health equity, and creating new opportunities for innovation and jobs.

The Solution

Developing ambitious but achievable goals for nutrition, hunger, and health will require practical and synergistic policy actions across several domains. Six priority domains are discussed below. In addition to federal actions, evidence-based private sector commitments will also be important, as outlined below.

1. **Science and research.** Science is the foundation of advancing human and economic potential. A coordinated new national strategy must accelerate and reshape the way the U.S. government supports and

drives innovation in food and nutrition including at NIH, USDA, FDA, NSF, USAID, DOD, DOC, and others.

a. Advance cross-governmental coordination of nutrition science across the 10+ federal agencies that pursue nutrition research; e.g., via a new US Global Nutrition Research Program, US Task Force on Federal Nutrition Research, and Associate Director for Nutrition Science at OSTP.
b. Establish and fund a National Institute of Nutrition at NIH to pursue foundational science and translational science to provide the strongest foundation for rapid innovation and interventions to achieve the nation's nutrition goals.
c. Robustly fund and staff the newly established (Jan 1, 2021) Office of Nutrition Research in the NIH Director's Office to coordinate and leverage nutrition science across NIH, externally with the other federal agencies performing food and nutrition research, and with the private sector.
d. Leverage the current $3B annual research investment at USDA toward advancing the nexus of production agriculture, nutrition, health, and sustainability.
e. Train future nutrition science leaders from diverse backgrounds, coordinating NIH, USDA, and USAID diversity-focused training grants and initiatives, e.g. RD MS to PhD pathways and linking HBCU/HSI students/faculty to nutrition science graduate programs.

2. **Healthcare.** Our healthcare system largely ignores nutrition, the top cause of poor health. Innovative new strategies can integrate preventive nutrition and healthy eating into Medicare, Medicaid, private insurance, DOD, VA, and IHS to improve health, reduce health disparities, and lower costs.

a. Incorporate and scale Produce Prescription Programs in Medicaid, Medicare, VA, and IHS that provide healthy produce to patients with specific medical conditions, such as type 2 diabetes.
b. Incorporate and scale Medically Tailored Meals in these programs that provide prepared, nutritionally tailored meals to patients with severe, complex diseases and high healthcare utilization.
c. Ensure reimbursement for registered dieticians to see patients with common diet-related diseases.
d. Integrate Medicaid, Medicare, VA, and DOD healthcare goals, assessments, enrollments, and strategies with SNAP, WIC, and senior nutrition programs for individuals being served by both programs.
e. Ensure appropriate nutrition education for doctors and other clinical providers, for example by means of medical school, residency, and fellowship accreditation standards and physician and specialty licensing exams.

3. **Federal nutrition programs.** Advances in technology, behavioral economics, cross-coordination (e.g., with CMS), and more will strengthen, modernize, and leverage our investments in school meals, summer meals, SNAP, WIC, senior nutrition programs, USDA food box programs, and more.

a. Coordinate data analytics and synergies across currently disconnected programs that serve the same individuals and families; e.g., Medicaid (or Medicare or VA healthcare) and SNAP (or WIC); or senior nutrition programs and child nutrition programs for multigenerational families.
b. Develop cross-agency strategies to increase accessibility, availability, and intake of fruits, vegetables, beans/legumes, whole grains, and nuts/seeds, especially from small and mid-sized US farms, in the federal nutrition programs.
c. Leverage technology and behavioral economics to pilot and scale innovative programs to improve nutrition security.
d. Develop the necessary technology infrastructure to modernize service delivery and provide access to federal nutrition programs and program components.
e. Strengthen school meal nutrition standards and school level innovation for nutrition.
f. Improve cross-integration of the federal nutrition assistance programs.

4. **Business innovation and entrepreneurship.** Tremendous new interest and investment is being directed to innovate and transform the food and beverage sector – farmers, supply chains, food manufacturers, supermarkets, restaurants, cafeterias, supplement and wellness companies – toward nutrition and health. And, in rural, low-income, and minority communities around the country, the largest number of new

businesses and jobs are in the food sector, from farm to fork. Yet, these businesses often struggle due to unequal access to science, capital, data, technology, supply chains, and markets. Many businesses remain small, operating month-to-month, limiting individual and community empowerment. Nourishing food is likewise distributed inequitably across our nation, causing large disparities in nutrition security and diet-related diseases and deaths. A coordinated new national strategy can provide the missing elements to catalyze and connect the food business entrepreneurs across our country. This will greatly accelerate and guide innovative approaches toward advancing demand for and access to better nutrition, ending hunger, and improving health and health equity; as well as supporting minority and low-income food entrepreneurs to create wealth and nourishment in their communities.

a. Coordinate agency policies with a new national strategy for tax policy and other incentives for R&D, marketing, and sales of healthier and more equitably accessible foods across food sectors.
b. Create a new Task Force to review and provide recommendations on how to create a national entrepreneurship ecosystem to sustain the U.S. as the 21st century leader for global innovation focused on a healthier, more equitable and sustainable food system.
c. Create opportunity zone incentives for food, nutrition, and wellness capital investments to improve health, reduce hunger, and reduce nutritional disparities.
d. Develop new federal grants and low-interest loans that support BIPOC food entrepreneurs, advancing economic empowerment and nourishment in minority communities.
e. Encourage and guide ESG (Environment, Social, and Governance) investment around food and nutrition to catalyze and quantify new metrics for food-sector companies.
f. Encourage and provide tax benefits for Benefits Corporations that value and integrate social and environmental priorities around nutrition, hunger, and health.
g. Develop new public-private partnerships to advance nutrition science and translation.

5. **Nutrition education and public health.** Innovative approaches can support opportunities to increase public knowledge and reduce consumer confusion, gain from shared community knowledge and learnings, elevate the voices of Americans with lived experiences in poor nutrition, hunger, and diet-related illness, and advance nutrition education for key groups including healthcare providers, seniors, and children.

a. Coordinate dedicated funding for regular updates and dissemination of the Dietary Guidelines for Americans and the Dietary Reference Intakes with HHS, VA, DOD, and IHS healthcare goals and with SNAP, school meal, WIC, and elderly nutrition program goals.
b. Leverage FDA regulatory authority for consumer communication and education including health claims, front of package labeling, nutrition labeling, warning labels, and industry standards for additives like sodium and added sugar.
c. Greatly strengthen and expand CDC public health efforts around nutrition, physical activity, and obesity, integrated with HHS/CMS goals and national food and nutrition surveillance efforts.
d. As described above, ensure appropriate nutrition education for doctors and other clinical providers by means of updates to program accreditation standards and specialty licensing exams.
e. Integrate and leverage SNAP-Ed with healthcare system efforts and goals to reduce both undernutrition and diet-related chronic diseases.

6. **Federal coordination.** The U.S. government invests >$150 billion each year in food and nutrition related areas—plus $100s of billions more in healthcare spending for diet-related diseases—but fragmented across 21 departments and agencies without harmonization or synergy. A new approach is needed for sustained leadership and coordination of cross-governmental action on food and nutrition.

a. As highlighted by the recent GAO report, implement a new, sustained entity, such as a new Office of the National Director of Food and Nutrition (ONDFN), with appropriate structure and authority to coordinate the 200 federal food and nutrition related polices currently fragmented across 21 agencies.
b. Create a coordinated national plan and strategy around food and nutrition, such as analogous to the National Environmental Policy Act of 1969.

c. Appoint a National Nutrition Advisor in the White House to help advise and coordinate federal food and nutrition goals and actions.
d. Create, fund, and provide authority to a new Interagency Task Force on Food and Nutrition, for example co-chaired by the Secretaries of USDA and HHS, that regularly reviews, develops, and reports to the White House and Congress on coordination efforts to advance nutrition, reduce hunger, and improve health.

Private sector commitments will also be important across food sectors, including in agriculture, supply chains, retail, restaurants, food manufacturers, healthcare, and wellness, and investment. Such commitments should include to:

1. **Advance nutrition equity**, including to (a) expand market footprints into low-income and minority communities with outlets that sell a variety of healthy food, including fresh produce, at affordable prices, (b) price healthier options no more than similar less healthy options, and (c) expand affordable e-commerce for healthful foods including options for EBT.
2. **Engage in fair marketing practices**, including to (a) increase the proportion and investment in marketing for healthful foods in their portfolios; and (b) eliminate all food marketing to kids younger than 8 years, in any venue (including games, apps, online, shows, movies) .
3. **Increase the proportion and sales of healthful foods and ingredients** in their portfolios: fruits, vegetables, beans, legumes, nuts, seeds, plant oils, fermented foods, fish and seafood.
4. **Reduce sodium and added sugar,** based on the originally proposed FDA 10-year sodium targets and the NSSRI sugar targets.
5. **Invest in a robust R&D portfolio, including internal research and transparent external collaborations with universities and government**, focused on nutrition, equity, and health. This should include science on maximizing nutrition, population health, ecological sustainability, workforce readiness, health of the warfighter, children, and seniors. R&D should also touch on immunity, mental health, diabetes and other chronic diseases, and vulnerable populations.
6. **Support evidence-based, independent, voluntary investment standards** for companies that advance nutrition, equity, and sustainability. These should include ESG investing metrics for food sector companies, and commitments toward B corporation certification and Benefits corporation legal status.
7. **Support food entrepreneurs who are advancing nutrition, equity, and sustainability, with an emphasis on BIPOC food entrepreneurs,** including to (a) commit to unimpeded supply chain access, (b) launch a common fund (through Dept of Commerce) to finance appropriate food startups and support experts in business, nutrition, and sustainability as startup advisors, and (c) prioritize BIPOC-owned businesses in all their own supply chain decisions.
8. **Create a national fund to support the RDN career pathway for people of color**. With matching government funds and oversight, set a goal to educate and certify 10,000 RDN's of color over the next 10 years to bring lived experiences, fresh insights, and balance to the clinical setting.
9. **Invest in workforce development** to expand nutrition literacy and social equity, expanding and deepening skills among their own management and employees, including farm workers, chefs and restaurant staff, food service workers, public health workers, food entrepreneurs, retail store and restaurant owners and managers, and more.
10. **Commit to employee nutrition security**, including living wages and bold and innovative wellness programs that provide sound nutrition education and directly reward and incentivize healthy eating. These efforts will benefit their own workforce and serve as a model for other employers of all sizes and types.
11. **Support evidence-based, independent, voluntary nutrition standards** to help combat public misinformation, confusion, and lack of trust.
12. **Prioritize corporate philanthropy to support nonprofits and advocacy to end hunger and improve nutrition**, including on the importance of the federal nutrition programs and healthcare systems and the positive impacts for the nation's economy, health, equity, and well-being.

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