

Breaking Point

Child malnutrition imperils America's national security



Acknowledgements

Council for a Strong America is a national, bipartisan nonprofit that unites five organizations comprised of law enforcement leaders, retired admirals and generals, business executives, pastors, and prominent coaches and athletes who promote solutions that ensure our next generation of Americans will be successful, productive members of society.

Mission: Readiness

Retired admirals and generals strengthening national security by ensuring kids stay in school, stay fit, and stay out of trouble

Supported by tax-deductible contributions from foundations, individuals, and corporations.

Major funder: The Walmart Foundation

The research included in this report was made possible through funding by the Walmart Foundation. The findings, conclusions and recommendations presented in this report are those of Mission: Readiness alone, and do not necessarily reflect the opinions of Walmart or the Walmart Foundation.

Authors:

Heather Maxey, Associate Director, Research
Sandra Bishop, Ph.D., Director, Research
Ben Goodman, National Director, Mission: Readiness
Dianne Browning, Director, Federal Policy

Contributors:

Jenny Wing Harper, Vice President of Federal Policy and Strategic Communications
Taylor Huhn, Associate Director, Federal Policy
Tom Garrett, Director, Communications
Mariana Galloway, Art Director

September 2020

©2020 Council For A Strong America. All Rights Reserved.



Executive Summary

The retired admirals and generals of Mission: Readiness have long been concerned that 71 percent of youth between the ages of 17 and 24 are ineligible for military service. One of the main medical disqualifiers is obesity—a form of malnutrition. The military has a long-standing interest in the health and nutrition of our nation’s youth, so our country’s renewed struggle with childhood malnutrition and food insecurity is deeply troubling. In 1945, military leaders testified to Congress that as many as 40 percent of recruits were rejected during World War II due to malnutrition. The following year, the National School Lunch Act was signed into law, to “safeguard the health and well-being of the Nation’s children.”

Mission: Readiness members have been actively promoting the national security

imperative of proper nutrition for over a decade. While meaningful progress has been made, COVID-19 has brought attention to many shortcomings in federal nutrition programs. We are again calling for Congress to invest in the health of our youth, by strengthening and modernizing school meal programs to meet current and future challenges. It is critical to recognize that obesity can often be a manifestation of malnutrition, which stems from a lack of consistent access to fresh and nutritious foods. Increasing children’s access to these foods now can help America recover from present challenges, and bolster our national security in the future.



**General (Ret.)
Richard Myers**
USAF, Chairman of
the Joint Chiefs of
Staff, 2001-2005

Introduction

In a typical year, as summer winds down, much of the country is focused on children returning to the classroom. For kids who do not have enough to eat, this return is a welcome one, as it also means a return to a daily, healthy meal at school. However, this year, the usual back-to-school routine will be anything but. As the COVID-19 pandemic continues, so does the food insecurity it has brought about and exacerbated.

While going back to school will look different this year, children's need for fresh, nutritious foods has not changed, especially for children who lack access to nutritious meals that help them maintain a healthy weight. To meet this need, we must support strategies to increase and maintain kids' access to healthy school meals, to ensure kids grow up healthy and prepared for any career they choose.

Malnutrition: a national security issue

Food insecurity and malnutrition have been linked to obesity.¹ While childhood obesity rates have increased in recent years, the military has worked to prevent malnutrition among youth for decades. In 1945, Major General Lewis Hershey, Director of the Selective Service System, testified to Congress that the military rejected at least 40 percent of recruits during World War II for reasons related to poor nutrition. The following year, Congress established the National School Lunch Program (NSLP) to protect national security by ensuring children had access to nutritious meals.²

NSLP is the oldest food and nutrition assistance program in the U.S. It provides vegetables, fruit, lean protein, whole grains,

and low-fat or fat-free milk with each school lunch. Children who participate in NSLP consume fewer empty calories and more fruits and vegetables than their peers who do not eat school lunch. Participation in NSLP is also associated with a lower body mass index.³ Estimates suggest that free or reduced-price lunches can reduce the rate of obesity by at least 17 percent.⁴ With the uncertain status of schools this year, NSLP is more important than ever, but it must adapt to meet the current, and future, needs of children nationwide.

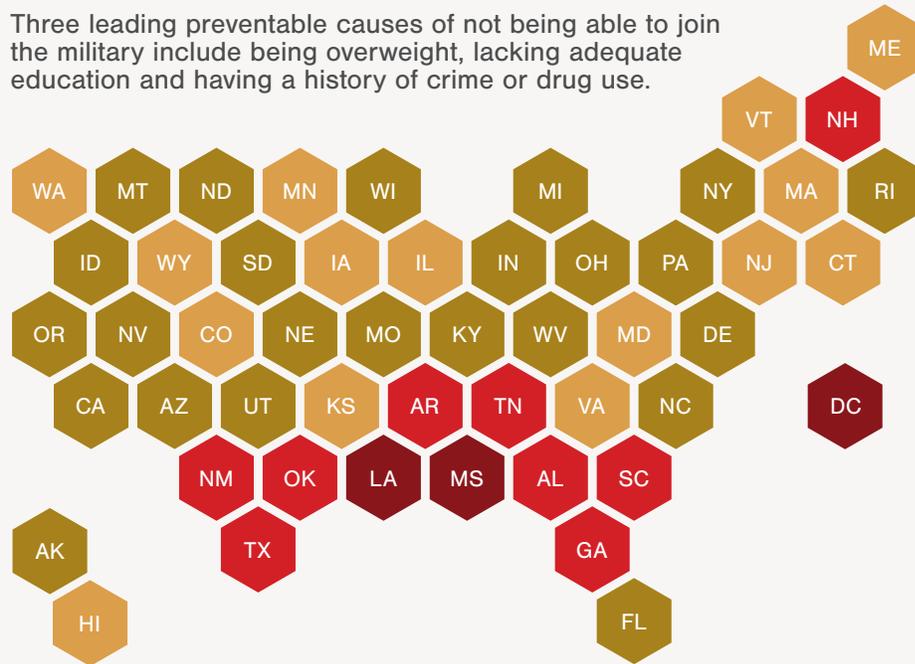
Obesity, food insecurity, and propensity to serve

As evidenced by the conditions that led to the creation of NSLP, malnutrition has long threatened national security. Nationwide, 71 percent of youth between the ages of 17 and 24 do not qualify for military service; obesity disqualifies 31 percent of youth from serving, if they so choose.⁵ Obesity also places recruits at a higher risk of injury. A study conducted by the Citadel found that Army recruits in ten Southern states (where youth have a higher propensity for military service than their peers) had lower levels of physical fitness, and were up to 28 percent more likely to be injured during basic training than their peers from other regions of the country.⁶ Another study found that active duty soldiers with obesity were 33 percent more likely to experience musculoskeletal injury, contributing to the nearly four million injuries that occurred among those on active duty between 2008 and 2017.⁷

Between 1999 and 2016, the United States experienced significant increases in obesity for both children and adults.⁸ In 2018, 42.4 percent of adults were obese; in 2016, nearly 19 percent of youth ages 2-19 were obese.⁹

Many young Americans are not eligible to join the military

Three leading preventable causes of not being able to join the military include being overweight, lacking adequate education and having a history of crime or drug use.



71%
of young Americans aged 17 to 24 are ineligible for military service

PERCENT INELIGIBLE TO JOIN THE MILITARY (AGES 17-24)

75%-78%	3	73%-74%	9	71%-72%	24	62%-70%	15
District of Columbia	78%	Alabama	74%	Arizona	72%	Colorado	70%
Mississippi	76%	Arkansas	74%	Delaware	72%	Illinois	70%
Louisiana	75%	New Mexico	74%	Florida	72%	Iowa	70%
		Georgia	73%	Kentucky	72%	Kansas	70%
		New Hampshire	73%	North Carolina	72%	Maryland	70%
		Oklahoma	73%	Rhode Island	72%	Vermont	70%
		South Carolina	73%	West Virginia	72%	Virginia	70%
		Tennessee	73%	Alaska	71%	Washington	70%
		Texas	73%	California	71%	Wyoming	70%
				Idaho	71%	Connecticut	69%
				Indiana	71%	Massachusetts	69%
				Michigan	71%	Minnesota	69%
				Missouri	71%	New Jersey	69%
				Montana	71%	Maine	68%
				Nebraska	71%	Hawaii	62%
				Nevada	71%		
				New York	71%		
				North Dakota	71%		
				Ohio	71%		
				Oregon	71%		
				Pennsylvania	71%		
				South Dakota	71%		
				Utah	71%		
				Wisconsin	71%		

Source: Department of Defense, 2017

“ While it may seem counterintuitive, obesity and malnutrition are often connected. Food insecurity, or the lack of access to affordable, healthy foods, can result in consuming cheaper and more accessible food, which often lacks nutritional value.”

These rates are concerning from a public health standpoint, but also as a national security issue. The health problems caused by obesity in youth can impact their future ability to serve in the military.

While it may seem counterintuitive, obesity and malnutrition are often connected. Food insecurity, or the lack of access to affordable, healthy foods, can result in consuming cheaper and more accessible food, which often lacks nutritional value. Estimates suggest that in the wake of the pandemic, food insecurity rates among children could rise to 25 percent, due to increased unemployment and poverty levels.¹⁰

COVID-19: Impacts and challenges for nutrition programs

The disruption to daily life caused by COVID-19 has illuminated the shortcomings of existing federal nutrition programs. With schools throughout the country potentially delaying their opening this year, many

children will continue to be without access to fresh and nutritious foods. An additional challenge in providing consistent access to these foods during the pandemic is the fact that the usual supply of food available to schools has been interrupted. Without additional training and technical assistance, food-service staff may not be prepared to ensure that meals remain nutritious and appealing to kids, while utilizing the available food supplies. Additionally, a lack of meals provided through these federal programs is impacting family finances at a time when budgets may already be stretched thin, further limiting access to fresh and nutritious foods. Each of these factors can increase food insecurity among children.

Estimates suggest that, due to significant increases in both the unemployment rate and child poverty, up to 18 million children will experience food insecurity as a result of the pandemic.

“ We must ensure that federal nutrition programs continue to provide fresh and nutritious foods for children, during the pandemic and beyond.”



Admiral (Ret.) James Stavridis
U.S. Navy, NATO Supreme Allied Commander, 2009-2013

This is a significant increase from 2018, when food insecurity impacted 11 million children in the United States.¹¹ These increasing rates could be especially devastating in the South, where food insecurity was nearly 13 percent in 2018, higher than the national average of 11 percent.¹²

School meals and COVID-19

Millions of children across the country depend on the nutritious meals they receive at school through NSLP. Prolonged stay-at-home orders, in addition to the significant financial impact COVID-19 has had on communities, make NSLP and other nutrition programs even more vital. To assist school districts with providing children with the consistent nutrition they need, the United States Department of Agriculture (USDA) has extended flexibilities to states in the way school meal programs are administered, such as distributing multiple days' worth of food at one time.¹³ Other recommendations to ensure the continuity of school meals programs include providing "grab-and-go" meals, or meal delivery.¹⁴

In order to ensure that children have access to fresh and nutritious food, there must be increases in flexibility and funding for access. This includes innovations in transportation, meal delivery, allowing additional Out of School Time (OST) providers who care for children during school closures to provide meals, and the creation of non-congregate meal sites to reach more eligible children during the school year. Additionally, start-up funding is necessary to develop mobile meal sites.

The Families First Coronavirus Response Act of 2020 allocated funding to help school districts purchase supplies to package



Supplemental Nutrition Assistance Program (SNAP)

While NSLP is the backbone of strong child nutrition policy, other programs such as SNAP and WIC also ensure that America's kids have access to fresh and affordable food.

In 2018, SNAP provided benefits that allowed over 40 million Americans nationwide to purchase healthy food. In 2017, the most recent year demographic data was available, 30 percent of participants were between the ages of 5 and 17.¹⁷ Participation in SNAP has been shown to reduce the prevalence of overweight and obesity among children and adolescents; the program is estimated to reduce childhood obesity by five percent.¹⁸

Nutritious foods, including fresh fruits and vegetables, tend to cost more. Less nutrient dense food tends to be cheaper, posing a barrier to healthy eating and contributing to obesity. SNAP Nutrition Incentives increase the amount of fresh fruits and vegetables that can be purchased by SNAP participants, in venues such as farmers markets that support local food production and positively contribute to the regional economy.

meals for distribution and consumption at home, while schools were providing remote learning. The Act allows school districts to provide meals when schools are closed for at least five consecutive days during a public health emergency when schools would otherwise be in session.¹⁵

The USDA's Fresh Fruit and Vegetable Program (FFVP) encourages kids to try new fruits and vegetables and demonstrates healthier snack choices. Thanks to waivers from USDA, state agencies are allowed to provide FFVP foods directly to parents or guardians to bring home to their children

during pandemic-related school closures. Previous rules only allowed distribution of these foods directly to students. Some states have not applied for or been approved to utilize this waiver; more should be done to ensure that children across the country are able to access the fruits and vegetables they need, in a way that is more convenient for families during this health crisis.¹⁶ Additionally, summer meal and OST programs should be able to access and deliver FFVP, and the program should be expanded to include middle and high school students who participate in the Summer Food Service Program.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Proper nutrition is vital at all phases of life, especially before birth, and through a child's fifth birthday. Obesity in childhood can begin before a child is born; gestational diabetes, excess maternal weight gain during pregnancy, and high birth weight can all increase a child's risk for becoming obese. WIC helps reduce these risks by promoting healthy eating, and providing nutrition education for pregnant women, and children younger than five. WIC's focus is improving access to fresh and nutritious foods in the communities where participants live.¹⁹

Participation in WIC is linked to better overall dietary quality, increased consumption of fruit and vegetables, and reduced intake of added sugars.²⁰ Between 2010-2016, WIC agencies in 41 states and U. S. territories saw decreases in obesity among children between two and four years old.²¹

As a result of COVID-19, the USDA has granted waivers to specific states to allow appropriate substitutions for certain WIC-approved foods, if the availability of those foods is limited. These substitutions may include larger package sizes of whole grains or eggs, or allowing milk with different fat contents than would normally be allowed for participants. These waivers are currently available in multiple states, including Arkansas, Florida, Georgia, Kansas, Mississippi, North Carolina, and Virginia.²²



Conclusion

Ensuring that all children have consistent access to fresh and nutritious food year-round is critical for kids to grow up to be healthy and prepared for any career they choose, including the military. Increasing funding for school meal programs, adapting meals to incorporate available foods while maintaining nutritional standards, and providing additional options for food delivery are all vital in supporting children's access to healthy food whenever schools are not open. Lawmakers must modernize federal nutrition programs, created out of concerns for national security, so that programs can continue to help prepare America's children for strong futures throughout the COVID-19 pandemic and beyond.

Endnotes

- 1** Franklin, B., Jones, A., Love, D., Puckett, S., Macklin, J., & White-means, S. (2012). Exploring mediators of food insecurity and obesity: A review of recent literature. *Journal of Community Health, 37*(1), 253-64. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3334290/>
- 2** Mission Readiness. (2014). Too fat to fight. http://cdn.missionreadiness.org/MR_Too_Fat_to_Fight-1.pdf
- 3** School Nutrition Association. The national school lunch program. http://schoolnutrition.org/uploadedFiles/About_School_Meals/What_We_Do/Lunch-Benefits.pdf
- 4** Food Research and Action Center. (2017). The role of the federal child nutrition programs in improving health and well-being. <https://frac.org/wp-content/uploads/hunger-health-role-federal-child-nutrition-programs-improving-health-well-being.pdf>
- 5** Department of Defense. (2017). Qualified Military Available (QMA). Acquired from the Accession Policy and Joint Advertising, Market Research and Studies teams at DoD in November 2017. Also see Jordan, M. (2014, June). Recruits' ineligibility tests the military. *Wall Street Journal*. <https://www.wsj.com/articles/recruits-ineligibility-tests-the-military-1403909945>; DoD analysis of the CDC's National Health and Nutrition Examination Survey (NHANES). There are similar findings in an independent study, Cawley, J., & Maclean, J.C. (2010). Unfit for service: The implications of rising obesity for US Military recruitment. Cambridge, MA: National Bureau of Economic Research. <http://www.nber.org/papers/w16408.pdf>
- 6** Bornstein, D., Greive, G., Clennin, M., McLain, A., et al. (2018). Which US states pose the greatest threats to military readiness and public health? Public health policy implications for a cross-sectional investigation of cardiorespiratory fitness, body mass index, and injuries among US army recruits. *Journal of Public Health Management and Practice*. <https://www.ncbi.nlm.nih.gov/pubmed/29319585>; Office of the Undersecretary of Defense, Personnel, and Readiness. (2017). Population representation in the military services, fiscal year 2016. <https://www.cna.org/pop-rep/2016/summary/summary.pdf>; Centers for Disease Control and Prevention. (2017). Adult obesity prevalence maps. <https://www.cdc.gov/obesity/data/prevalence-maps.html>
- 7** Hruby, A., Bulathsinhala, L., McKinnon, C., Hill, O., et al. (2016). BMI and lower extremity injury in U. S. Army soldiers, 2001-2011. *American Journal of Preventive Medicine, 5*, 163-171. <https://www.ncbi.nlm.nih.gov/pubmed/26699247>
- 8** National Center for Health Statistics. (2017). Prevalence of obesity among adults and youth: United States, 2015-2016. <https://www.cdc.gov/nchs/data/databriefs/db288.pdf>
- 9** State of Childhood Obesity. (2019). National obesity monitor. <https://stateofchildhoodobesity.org/monitor/>
- 10** Feeding America. (2020). The impact of the Coronavirus on food insecurity. https://www.feedingamerica.org/sites/default/files/2020-04/Brief_Impact%20of%20Covid%20on%20Food%20Insecurity%204.22%20%28002%29.pdf
- 11** Feeding America. (2020). The impact of the Coronavirus on child food insecurity. https://www.feedingamerica.org/sites/default/files/2020-04/Brief_Impact%20of%20Covid%20on%20Child%20Food%20Insecurity%204.22.20.pdf
- 12** Food Research and Action Center. (2020). Poverty, hunger, health, and the federal nutrition programs: A profile of the Southern region. <https://frac.org/wp-content/uploads/FRAC-Poverty-Hunger-Health-and-the-Federal-Nutrition-Programs-2020.pdf?eType=EmailBlastContent&eld=ad4cfeaa-943b-444b-a1d2-0ba1b9b1c47f&eType=EmailBlastContent&eld=23ef713d-9a90-4071-976d-485132e69b5e>
- 13** American Academy of Pediatrics. (2020). COVID-19 planning considerations: Guidance for school re-entry. <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>
- 14** Centers for Disease Control and Prevention. (2020). Interim guidance for administrators of US K-12 schools and child care programs. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>
- 15** USDA Food and Nutrition Service. (2020). State guidance on Coronavirus pandemic EBT (P-EBT). <https://www.fns.usda.gov/snap/state-guidance-coronavirus-pandemic-ebt-pebt>
- 16** USDA Food and Nutrition Service. (2020). Fresh fruit and vegetable program parent pick up waiver. <https://www.fns.usda.gov/ffvp/parent-guardian-pickup-waiver#:~:text=Effective%20immediately%2C%20this%20waiver%20allows,dueto%20the%20novel%20coronavirus.>
- 17** United States Department of Agriculture. (2019). Older adults make up more of the SNAP caseload than a decade ago. <https://www.ers.usda.gov/data-products/chart-gallery/gallery/chart-detail/?chartId=94889>
- 18** Food Research and Action Center. (2017). The role of the federal child nutrition programs in improving health and well-being. <https://frac.org/wp-content/uploads/hunger-health-role-federal-child-nutrition-programs-improving-health-well-being.pdf>
- 19** Centers for Disease Control and Prevention. (2016). Trends in obesity among participants aged 2–4 years in the Special Supplemental Nutrition Program for Women, Infants, and Children. https://www.cdc.gov/mmwr/volumes/65/wr/mm6545a2.htm?s_cid=mm6545a2_w
- 20** Food Research and Action Center. (2017). The role of the federal child nutrition programs in improving health and well-being. <https://frac.org/wp-content/uploads/hunger-health-role-federal-child-nutrition-programs-improving-health-well-being.pdf>
- 21** Centers for Disease Control and Prevention. (2019). Decline in early childhood obesity in WIC families. <https://www.cdc.gov/media/releases/2019/p1121-decline-childhood-obesity-wic-families.html>
- 22** USDA Food and Nutrition Service. (2020). WIC package food substitution waiver. <https://www.fns.usda.gov/wic/food-package-substitution-waiver>

Mission: Readiness

Retired admirals and generals strengthening national security by ensuring kids stay in school, stay fit, and stay out of trouble.

Council for a Strong America is a national, bipartisan nonprofit that unites five organizations comprised of law enforcement leaders, retired admirals and generals, business executives, pastors, and prominent coaches and athletes who promote solutions that ensure our next generation of Americans will be successful, productive members of society.

1212 New York Avenue NW / Suite 300 / Washington, DC 20005 / 202.464.7005

