



Unhealthy and Unprepared

National security depends on promoting healthy lifestyles from an early age

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 citizen-ready.

Mission: Readiness

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

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31%
of youth are
disqualified from
military service
due to obesity

Obesity has long threatened our nation's health; as the epidemic grows, obesity is posing a threat to our nation's security as well. Nationwide, 71 percent of young people between the ages of 17 and 24 do not qualify for military service, and obesity disqualifies 31 percent of youth from serving if they so choose.¹ These ineligibility rates are a major reason why the Army (the military's largest branch) was not on track to meet its annual recruitment goals as of September 2018. This year, the Army had a recruitment goal of 76,500 soldiers; however, only 70,000 recruits joined by the end of FY2018.² Given the high percentage of American youth who are too overweight to serve, recruiting challenges will continue unless measures are taken to encourage a healthy lifestyle beginning at a young age.

“ Basic training lasts weeks, but building strong troops takes years. Encouraging healthy lifestyles early in life will help our nation prepare for future challenges.



**General (Ret.)
Richard B. Myers**

U.S. Air Force, 15th Chairman
of the Joint Chiefs of Staff

Obesity is affecting our national security

Obesity limits the pool of eligible recruits for military service

A 2016 report from the U.S. Department of Defense's Joint Advertising Market Research and Studies program found that 71 percent of youth between the ages of 17 and 24 would not meet the military's core eligibility requirements.³ Obesity is one of the largest medical disqualifiers. Of the remaining 29 percent who would qualify, only 17 percent would be qualified and available for active duty, and 13 percent would qualify, be available, and achieve a satisfactory score on the Armed Forces Qualification Test.⁴ These numbers are particularly concerning because as the recruitable population has declined, so has interest in serving in the military. In 2017, just 11 percent of 16- to 24-year-olds said they would definitely or probably be serving in the military in the

next few years. This is a decrease from 13 percent in 2016, further illustrating the challenges of recruiting.⁵ Estimates suggest that the recruitable population will stall at 29 percent through 2020.⁶

With interest in military service on the decline, it is critical to our national security that those willing to serve are prepared to meet the standards for eligibility. However, current obesity rates, particularly in the southern United States, prevent otherwise eligible young people who are interested in serving from qualifying. Despite being home to only 36 percent of the country's 18- to 24-year-olds, 44 percent of military recruits in 2016 were from the South, which also has the highest rate of obesity in the nation (32 percent in 2017).⁷

Excess weight puts recruits and service members at higher risk for injury

A study conducted by The Citadel found that Army recruits in ten Southern states had lower levels of physical fitness and were 22 to 28 percent more likely to be injured during basic training than their peers from other areas of the country.⁸ One study found that active duty soldiers with obesity were 33 percent more likely to suffer musculoskeletal injury, contributing to the more than 3.6 million injuries that occurred among active duty service members between 2008 and 2017.⁹ Of those injured, 30 percent either returned to duty with limitations, or were unable to return.¹⁰ While not all injury can be traced to obesity, one study found that there were 72 percent more medical evacuations from Iraq and Afghanistan for stress fractures, serious sprains, and other similar injuries—injuries associated with poor fitness and nutrition—than for combat wounds.¹¹

Members of our armed forces must be healthy and physically fit in order to meet



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

75%-78%

3

District of Columbia	78%
Mississippi	76%
Louisiana	75%

73%-74%

9

Alabama	74%
Arkansas	74%
New Mexico	74%
Georgia	73%
New Hampshire	73%
Oklahoma	73%
South Carolina	73%
Tennessee	73%
Texas	73%

71%-72%

24

Arizona	72%
Delaware	72%
Florida	72%
Kentucky	72%
North Carolina	72%
Rhode Island	72%
West Virginia	72%
Alaska	71%
California	71%
Idaho	71%
Indiana	71%
Michigan	71%
Missouri	71%
Montana	71%
Nebraska	71%
Nevada	71%
New York	71%
North Dakota	71%
Ohio	71%
Oregon	71%
Pennsylvania	71%
South Dakota	71%
Utah	71%
Wisconsin	71%

62%-70%

15

Colorado	70%
Illinois	70%
Iowa	70%
Kansas	70%
Maryland	70%
Vermont	70%
Virginia	70%
Washington	70%
Wyoming	70%
Connecticut	69%
Massachusetts	69%
Minnesota	69%
New Jersey	69%
Maine	68%
Hawaii	62%

the rigorous demands of their jobs. However, service members are not immune from the nationwide rise in obesity. **In 2015, 7.8 percent of active duty service members were considered overweight based on height and weight, a 73 percent increase since 2011.**¹² Obesity and related issues incur considerable financial costs. Each year, the Department of Defense spends \$1.5 billion on health care related to obesity for active duty and former service members and their families.¹³ Musculoskeletal injuries among Army soldiers cause half of all disabilities, resulting in \$125 million in compensation each year.¹⁴ Additionally, active duty service members miss over 650,000 work days annually due to obesity-related issues, placing added strain on a force that is already stretched thin.¹⁵

Addressing the obesity epidemic is crucial to maintaining a sufficient all-volunteer force and protecting our nation.

Obesity rates are increasing among children and youth

While nearly one-third of Americans between the ages of 17 and 24 are too overweight to qualify for military service, the problem starts much earlier.¹⁶ Children as young as two are experiencing rising obesity rates; among this age group, the obesity rate is 14 percent.¹⁷ Unfortunately, these rates increase with age: 18 percent of children ages 6 to 11 have obesity, as do 21 percent of 12- to 19-year-olds.¹⁸ Almost 15 percent of high school students had obesity in 2017, with an additional 16 percent considered overweight.¹⁹ Teens between the ages of 16 and 19 had the highest rates of overweight, at 42 percent.²⁰ These alarming numbers demonstrate the need for obesity prevention beginning very early in life and continuing through high school and beyond.

Childhood obesity negatively impacts future health

Obesity that begins in childhood can affect health for a lifetime. Children with obesity are more likely to experience chronic diseases such as asthma, type 2 diabetes, fatty liver disease, and heart disease. These children are also more likely to develop bone and joint problems,²¹ which can impact future military eligibility. Additionally, adolescents who are overweight have a 70 percent chance of being overweight or obese in adulthood; among younger children, those with obesity between the ages of six and eight are 10 times more likely to grow up to have obesity.²²

What is the military doing to help troops stay healthy?

The military recognizes obesity as one of the threats it must address to protect our nation. In order to assess physical readiness among its ranks, the Army plans to implement the **Army Combat Readiness Test** in 2020. The test, a replacement of the current Army Physical Fitness Test, is **designed to prepare soldiers for the physical demands of their jobs, and to prevent injuries.**²³ The Army has also implemented the Performance Triad, which provides guidelines for sleep, activity, and nutrition taught by unit leaders. The program aims to improve soldier readiness and encourage healthy behaviors, and to provide support to soldiers in these areas.²⁴ Other branches have programs focused on helping troops stay healthy, including the Navy's ShipShape program, and the Air Force Fitness Improvement Program.²⁵ Additionally, the military is working to provide healthier food in dining halls for troops, focusing more on foods that can improve both physical and mental performance.²⁶



Solutions to slow the epidemic

As the military works to reduce obesity among its members, policymakers can help prevent obesity among children and school-aged youth by promoting policies that encourage healthy eating and physical activity. Parents play a central role in children's eating and activity, but schools and other settings where children spend a substantial amount of time are also key.

Many younger children, from about 20 percent of infants to 65 percent of 4-year-olds, spend time each week in non-parental care, making early care and education (ECE) settings such as preschools and child care essential venues for promoting nutrition and physical activity.²⁷ ECE providers can help children develop healthy habits at a young age by serving nutritious meals and ensuring children get adequate exercise

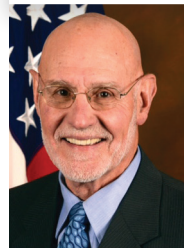
throughout the day.²⁸ Currently, all fifty states and Washington, D.C. have regulations in place to ensure that ECE settings serve healthy meals.²⁹ Studies have also shown that nutrition programs in preschool can increase consumption of fruits and vegetables among children ages three to six.³⁰

One policy that supports good nutrition in ECE settings is the **Child and Adult Care Food Program (CACFP)**. Under this policy, updated as part of the bipartisan Child Nutrition Reauthorization passed in 2010, child care and other providers receive financial support from the U.S. Department of Agriculture to serve nutritious meals and snacks. Children are eligible from infancy through age twelve, and may receive up to two meals and one snack each day. As of August 2018, more than four million children receive nutritious meals and snacks each day.³¹

Children consume up to 50 percent of their daily calories while in school and away from their parents, making school cafeterias an important setting to promote healthy eating habits. The Child Nutrition Reauthorization directed the U.S. Department of Agriculture and Institute of Medicine to update nutrition standards for the National School Lunch Program for the first time in over a decade, as well as improve guidelines for breakfasts, snacks, and other food and drinks available in schools.³² **Since the new standards were implemented, fruit and vegetable consumption by participating children increased by 16 and 23 percent, respectively.** Over 90 percent of schools now serve meals that meet the healthier standards.³³

Providing children with opportunities to be physically active from a young age can also help prevent future obesity. The “Active Early” program, implemented across 20 early care centers in Wisconsin, worked with child care providers to ensure children were physically active for 120 minutes each day. The year-long program saw significant increases in physical activity among two- to five-year-olds.³⁴ Tennessee recently passed the Tom Cronan Physical Education Act, requiring elementary schools statewide to provide at least 60 minutes of physical education

“Quality early childhood education programs that promote good nutrition and physical activity can help prevent obesity among our youngest citizens.”



**Major General (Ret.)
Mark Hamilton, U.S. Army**
Former Commanding General,
U.S. Army Recruiting Command

weekly, with a curriculum taught by a certified physical education teacher.³⁵

Prevention efforts are key to combating obesity, but with rates even higher among adults than among children, we also know that efforts must involve individuals, communities, states, and the federal government.

Conclusion

Ongoing trends in obesity must be reversed before our national security is further compromised. Healthy eating and physical activity are crucial components to ensure that children grow up healthy, and that those who are willing to serve are prepared to meet the military’s eligibility requirements. Parents and educators can teach healthy eating and exercise habits, while state and federal policymakers must continue to prioritize programs that promote nutrition and encourage physical activity from an early age.

Endnotes

- 1** 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>
- 2** Stars and Stripes. (2018). Army misses 2018 recruiting goal, which hasn't happened since 2005. <https://www.stripes.com/news/army/army-misses-2018-recruiting-goal-which-hasn-t-happened-since-2005-1.548580>
- 3** U.S. Department of Defense, Joint Advertising Market Research and Studies. (2016). The target population for military recruitment: youth eligible to enlist without a waiver. <https://dacowits.defense.gov/Portals/48/Documents/General%20Documents/RFI%20Docs/Sept2016/JAMRS%20RFI%2014.pdf?ver=2016-09-09-164855-510>
- 4** U.S. Department of Defense, Joint Advertising Market Research and Studies. (2016). The target population for military recruitment: youth eligible to enlist without a waiver. <https://dacowits.defense.gov/Portals/48/Documents/General%20Documents/RFI%20Docs/Sept2016/JAMRS%20RFI%2014.pdf?ver=2016-09-09-164855-510>
- 5** U.S. Department of Defense, Office of People Analytics. (2017). Acquired from the U. S. Army Recruiting Command Joint Advertising, Market Research and Studies teams at DoD, August 2018.
- 6** U.S. Department of Defense, Joint Advertising Market Research and Studies. (2016). The target population for military recruitment: youth eligible to enlist without a waiver. <https://dacowits.defense.gov/Portals/48/Documents/General%20Documents/RFI%20Docs/Sept2016/JAMRS%20RFI%2014.pdf?ver=2016-09-09-164855-510>
- 7** 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>
- 8** 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>
- 9** 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>
- 10** Military Health System. (2018). Incidence of acute injuries. <https://www.ncbi.nlm.nih.gov/pubmed/26699247https://health.mil/News/Gallery/Infographics/2018/07/25/Acute-Injuries>
- 11** Cohen, S.P., Brown, C., Kurihara, C., Plunkett, A., et al. (2010). Diagnoses and factors associated with medical evacuation and return to duty for service members participating in Operation Iraqi Freedom or Operation Enduring Freedom: A prospective cohort study. The Lancet, 375, 301-09. <https://www.ncbi.nlm.nih.gov/pubmed/20109957>
- 12** Defense Health Agency. (2016). Diagnoses of overweight and obesity, active component, U.S. Armed Forces, 2011–2015. 2011 obesity rate was 4.5 percent. <http://www.dtic.mil/dtic/tr/fulltext/u2/1019122.pdf>
- 13** Centers for Disease Control and Prevention and Mission: Readiness. (2017). Unfit to serve: obesity is impacting national security. <https://www.cdc.gov/physicalactivity/downloads/unfit-to-serve.pdf>
- 14** U. S. Army. (2010). Physical readiness standards take shape. https://www.army.mil/article/46031/physical_readiness_training_standards_take_shape
- 15** Centers for Disease Control and Prevention and Mission: Readiness. (2017). Unfit to serve: obesity is impacting national security. <https://www.cdc.gov/physicalactivity/downloads/unfit-to-serve.pdf>
- 16** 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>
- 17** Centers for Disease Control and Prevention. (2018). Childhood obesity facts. <https://www.cdc.gov/obesity/data/childhood.html>
- 18** Centers for Disease Control and Prevention. (2018). Childhood obesity facts. <https://www.cdc.gov/obesity/data/childhood.html>
- 19** The State of Obesity. (2018). Obesity among U. S. high school students. <https://stateofobesity.org/rates/>
- 20** Skinner, A., Ravanbakht, S., Skelton, J., Perrin, E., Armstrong, S. (2018). Prevalence of obesity and severe obesity in US children, 1999-2016. Pediatrics <http://pediatrics.aappublications.org/content/early/2018/02/22/peds.2017-3459>
- 21** Centers for Disease Control and Prevention. (2018). Childhood obesity facts. <https://www.cdc.gov/healthyschools/obesity/facts.htm>
- 22** Partnership for a Healthier America. (2017). Facts about childhood obesity. <https://www.cdc.gov/healthyschools/obesity/facts.htm>

- 23** U. S. Army. (2017). With six events, new Army combat readiness test aims to replace APFT, cut injuries. https://www.army.mil/article/193953/with_six_events_new_army_combat_readiness_test_aims_to_replace_apft_cut_injuries
- 24** Performance Triad. (2018). What is the performance triad. <https://p3.amedd.army.mil/what-leaders-need-to-know/what-is-the-performance-triad>
- 25** Military Health System. (2018). Lose to win: Some service members struggle with weight. <https://health.mil/News/Articles/2018/02/07/Lose-to-win-Some-service-members-struggle-with-weight>
- 26** Military.com. (2018). The military is overhauling troops' chow as obesity rates soar. <https://www.military.com/daily-news/2018/08/19/military-overhauling-troops-chow-obesity-rates-soar.html>
- 27** Child Trends (2016, May). DataBank: Child Care. Retrieved from http://www.childtrends.org/wp-content/uploads/2016/05/21_Child_Care.pdf
- 28** Centers for Disease Control and Prevention. (2018). Early care and education (ECE). <https://www.cdc.gov/obesity/strategies/childcareece.html>
- 29** The State of Obesity. (2018). Healthy eating. https://stateofobesity.org/state-policy/policies/healthy_eating
- 30** Mikkelsen, M. V., Husby, S., Skov, L., Perez-Cueto, F. (2014). A systematic review of types of healthy eating interventions in preschools. *Nutrition Journal*, <https://www.ncbi.nlm.nih.gov/pubmed/24906305>
- 31** United States Department of Agriculture. (2018). Child and adult care food program. <https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>
- 32** U. S. Department of Agriculture. (2017). Healthy Hunger Free Kids Act. <https://www.fns.usda.gov/school-meals/healthy-hunger-free-kids-act>
- 33** U. S. Department of Agriculture. Fact sheet: Healthy, Hunger-Free Kids Act school meals implementation. <https://www.usda.gov/media/press-releases/2014/05/20/fact-sheet-healthy-hunger-free-kids-act-school-meals-implementation>
- 34** LaRowe, T. L., Tomayko, E. J., Meinen, A. M., Hoiting, J., Saxler, C., & Cullen, B. (2016). Active early: One-year policy intervention to increase physical activity among early care and education programs in Wisconsin. *BMC Public Health*, 16. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4955211/>
- 35** Voices for Healthy Kids. (2018). Breaking news: new physical education requirements in Tennessee. <https://voicesforhealthykids.org/breaking-news-new-physical-education-requirements-tennessee/>

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