



Unhealthy and Unprepared in Illinois

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 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.

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Authors:

Heather Maxey, Associate Director, Research
Sandra Bishop-Josef, Ph. D., Director, Research
Tim Carpenter, State Director, Illinois, Mission: Readiness
Amy Eisenstein, Illinois, Policy Associate
Ben Goodman, National Director, Mission: Readiness

Contributors:

David Carrier, Deputy Director, Communications
Jenny Wing Harper, Director, Federal Policy
Mariana Galloway, Graphic Designer

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Obesity has long threatened our nation's health; as the epidemic grows, obesity is posing a threat to our nation's security as well. In Illinois, 70 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) did not meet its annual recruitment goals last 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 Illinois 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.

“ To win the war on obesity, building healthy habits must start from youngsters' earliest years. Our national security depends on it.



**Major General (Ret.)
Randal E. Thomas**
U.S. Army, Springfield, IL

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 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 also prepared to meet the standards for eligibility. However, current obesity rates prevent the qualification of otherwise-eligible young people who are interested in serving.

Members of our armed forces must be healthy and physically fit in order to meet the rigorous demands of their jobs. Yet, in 2015, 7.8 percent of active duty service members were considered overweight based on height and weight, a 73 percent increase since 2011.⁷ 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.⁸ In addition, obesity increases the likelihood of musculoskeletal injury and contributed to the more than 3.6 million injuries that occurred among active-duty service members between 2008 and 2017.⁹

Obesity rates are increasing among children and youth

While many Illinoisans between the ages of 17 and 24 are too overweight to qualify for military service, the problem starts much earlier. Children as young as two are experiencing rising obesity rates; among this age group, the obesity rate is 14 percent.¹⁰ In Illinois, the rate of obesity for 10- to 17-year-olds was 16 percent in 2017.¹¹ 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

70%
of Illinois youth are disqualified from military service.

children are also more likely to develop bone and joint problems,¹² which can impact future military eligibility. Furthermore, 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 6 and 8 are 10 times more likely to grow up to become obese.¹³

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. That makes early care and education (ECE) settings, such as preschools and child care, essential venues for promoting nutrition and physical activity.¹⁴ 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.¹⁵ Currently, all 50 states and Washington, D.C. have regulations in place to ensure that ECE settings serve healthy meals.¹⁶ Studies have also shown that nutrition programs in preschool can increase consumption of fruits and vegetables among children ages three to six.¹⁷

One federal 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

Early Childhood Obesity Prevention in Illinois

Illinois' Department of Children and Family Services has made obesity-prevention efforts part of its revisions of licensing standards for child care centers (Rule 407).¹⁸ These included providing outdoor time twice a day for all children (in the case of inclement weather, active play time will be provided indoors); only allowing children to sit passively for 30 minutes at a time (except during nap time); giving infants supervised tummy time; restricting passive screen time to 60 minutes for children two years and older; and limiting fruit juice consumption, accommodating breastfeeding and offering water frequently.¹⁹ More recent revisions have also included having child care centers test for lead in drinking water, given that water is supposed to be frequently provided to children.²⁰

Illinois is also working on another evidence-based state effort to help prevent early childhood obesity, called Go NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care). This is an evidence-based online assessment tool for child care providers to see how their programs can improve and then work with consultants to implement changes.²¹ Illinois has received private funding to make the tool available statewide for the next two years and is currently determining the best method for implementation.

financial support from the U.S. Department of Agriculture to serve nutritious meals and snacks. Children are eligible from infancy through age 12, and may receive up to two meals and one snack each day. As of August 2018, more than 4 million children receive nutritious meals and snacks each day through this initiative.²² Additionally, two randomized studies of nutrition programs in Head Start centers in Chicago found that

their participating children had a lower risk of obesity two years later than children in the control group.²³

In Illinois, the CACFP supports the Healthy Food Program. This program provides partial reimbursement for home-based Family Child Care Providers to purchase and prepare healthy meals and snacks for the children they serve. The program also makes nutrition education, recipe ideas, and sample menus available to enable providers to serve healthy, nutritious foods.²⁴ In 2016, over 2,300 Illinois child care centers participated in the program.²⁵

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

“ There’s no more important mission than to ensure that our youngest children are given every opportunity to grow into healthy, successful adults.



**Vice Admiral (Ret.)
Nancy E. Brown**
U.S. Navy, Pittsburg, IL

Conclusion

In order to strengthen obesity prevention and promote healthy lifestyles from an early age, Illinois policymakers should continue expanding support for the Early Childhood Block Grant, as well as infant-toddler home visiting and the Child Care Assistance Program, which helps low-income working families pay for child care. Greater resources for these programs could help implement changes in child care licensing rules, strengthen current trainings for providers, and provide ongoing licenses and consultants for Go NAPSACC.

Illinois can also promote early childhood obesity prevention by integrating the revisions made to the licensing standards for child care centers into the regulations for child care homes and group child care homes and moving towards collecting obesity data early on. These steps can help weave obesity prevention further into the early childhood system in Illinois.

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.

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70 E. Lake Street / Suite 1116 / Chicago, IL 60601 / 312.962.4850

