



Health Program

Nutrition and Physical Activity Initiative

Case Study:

U.S. Department of Defense Initiatives

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BIPARTISAN POLICY CENTER



Following the end of World War II, President Truman worried about the impact of poor nutrition on the health of military recruits and draftees. In response, he and others launched the National School Lunch Program during the late 1940s and 1950s. More than two generations later, nutrition and health have again emerged as important threats to our nation's military readiness.

The Department of Defense (DoD) has 1.47 million military personnel; another one million Americans serve in the reserves. In 2011, 5.35 million enlisted men and women, retirees and family members were enrolled in TRICARE, the military health care system.¹²¹ Health care costs for the U.S. military are rising twice as fast as health care costs for the nation as a whole –

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unhealthy lifestyles, and obesity in particular, are significant contributors to this trend. Overall, DoD's health spending has reached \$50 billion annually, or nearly 10 percent of the overall defense budget, and is increasingly competing with other defense priorities.¹²² Moreover, the cost of health care for military personnel and their dependents/families will continue to rise

as rates of dental caries, bone injuries, diabetes, cardiovascular disease and cancer also increase.

Health data indicate that the pool of men and women who could potentially serve in the military is also more physically compromised and less fit than ever before. In the general population, nearly 27 percent of 17- to-24-year-olds are too overweight to serve.¹²³ These problems are evident among new recruits; in 2010, 59 percent of females and 47 percent of males who took the military's entry-level physical fitness test failed.¹²⁴ And 62 percent of new soldiers are not immediately deployable because of a significant dental issue.

Poor health in the military is not just a problem among new recruits. It has also emerged as an issue for retention. The Navy, for example, loses an average of 2,000 trained personnel each year because many of its members fail to pass physical fitness tests (personnel receive several warnings before discharge). At a cost of \$100,000 to \$200,000 to train each service member, the Navy is losing about \$300 million in annual training investments – investments that will have to be made again to train replacements for those who have been discharged.¹²⁵ The Army and Air Force have similar issues with training and retention costs.

To ensure a strong military today and in the future, and to prevent the military's health care costs from rising to unsustainable levels, DoD is increasingly exploring programs and policies to promote good nutrition and physical activity among service members and their families. Since many individuals who join the military come from families with a history of service, these policies and programs offer an opportunity to enhance readiness and improve health outcomes across multiple generations.

For example, DoD is working to ensure that all of its child care centers serve fruits and vegetables with every meal, provide one to two hours of physical activity per day, limit screen time, and more.¹²⁶ DoD also recently committed to updating its nutritional standards generally for the first time in 20 years and plans to include more fresh fruits, vegetables, whole grains, lean meats and low-fat dairy products with every meal.¹²⁷

We think DoD can do even more, and that other large institutions and employers can learn from DoD's efforts. Some of the recommendations highlighted below reinforce proposals that have been made before by the White House Childhood Obesity Task Force, the Prevention Council or within DoD itself.

1. **Military Children.**

The children of today's military families are the workforce and new recruits of tomorrow. A healthier environment for these children can help them become productive and high performing adults, whether they grow up to serve their country in the military or in civilian life.

- a. ***Ensure that all military hospitals that provide maternal care follow the standards of the Baby Friendly Hospital initiative.*** The Military Health System (MHS) is a global network within DoD that provides health care to all U.S. military personnel and their families. With an operating budget of \$50 billion, the MHS includes 59 hospitals and 364 clinics in the United States. Within the MHS, TRICARE is the health plan provider for more than nine million eligible beneficiaries. We recommend that MHS hospitals follow the CDC-approved "Baby Friendly" standards that promote breastfeeding. Exclusive breastfeeding

for the first six months of a child's life is one of the best preventive health practices available.¹²⁸ The "Baby Friendly" hospital initiative was based on work done by UNICEF and the World Health Organization and recognizes hospitals that implement a minimum set of policies or practices to encourage and support breastfeeding. The Indian Health Service has committed to meet Baby Friendly standards at all 14 of its maternal care hospitals. DoD should do the same.

- b. **Ensure DoD policies support worksite lactation programs.** Existing legislation requires employers to provide a reasonable break time and a place for breastfeeding mothers to express milk for one year after the birth of a child. DoD has the opportunity to develop and model worksite lactation programs to support breastfeeding mothers in the military. In addition, many new mothers need peer support and other assistance to successfully establish breastfeeding. DoD should consider developing breastfeeding peer support groups at worksites and military bases. DoD should also request that TRICARE offer reimbursement for lactation consultants after mothers leave the hospital.
- c. **Continue implementation of Let's Move Childcare at all 200,000 military day care centers.** The Let's Move Childcare initiative sets forth criteria for all participating childcare facilities: serve a fruit or vegetable with each meal; provide 60 minutes of physical activity; serve only water, milk and 100 percent fruit juice; limit screen time; and provide refrigeration for infant milk. We applaud DoD's participation in

this initiative and urge the agency to adopt the Let's Move guidelines at all of DoD's childcare facilities.

- d. **Improve nutrition and increase physical activity at military schools and at public schools with high military populations.** DoD runs 194 schools that serve more than 86,000 students; in addition, there are public schools around the country that serve populations with a large number of military families. The recommendations for schools in this report should be applied to DoD military schools also; in addition, DoD should work with schools that have a high proportion of students from military families to ensure that students are getting quality physical education and nutrition. One method for implementing this recommendation would be for both military and civilian schools to meet the Healthier U.S. Schools Challenge.¹²⁹
2. **Military Workplace/Institutions/Bases.** With 1.47 million military personnel, one million reservists and more than 400 military bases in the continental United States, DoD is uniquely positioned to demonstrate that nutrition and physical activity initiatives can improve military performance, reduce health care costs and help retain service members once they are trained. Military bases, in particular, often look like and function as self-contained towns with their own grocery stores, fast food restaurants and parks.
 - a. **Implement policies to increase service members' access to, and consumption of, healthy food at DoD facilities.** Early in 2012, Dr. Jonathan Woodson, the Assistant Secretary of

Defense for Health Affairs, drafted a set of action items for DoD to implement as part of the National Prevention Strategy. Successfully implementing these action items will require commitment across all branches of DoD and collaboration among DoD agencies and outside groups who play key roles in the food procurement process. While there has been some progress – for example DoD has worked with dietitians to improve food offerings at military facilities – there is more to be done. To change food systems throughout the military, several organizations within the military must be engaged, including the Defense Commissary Agency (DeCA), which is in charge of commissaries; the Military Exchanges; the Defense Logistics Agency, which is responsible for procurement; and the Morale Working Group (MWG). These organizations should work together and with the different branches of the military to implement several concrete action items:

- Standardize the assessment of nutritional environments in DoD facilities and incorporate findings to improve healthy eating options as a way to promote nutritional fitness and healthy weight across all military communities.
- Explore menu guidelines to promote healthy eating choices in all food service operations on DoD installations in order to promote mission readiness and health.
- Implement evidence-based strategies to promote healthy eating choices in commissaries and military exchanges.
- Implement an obesity and nutrition campaign

that uses medical, individual and community interventions to promote behaviors that can help prevent and reduce obesity among MHS beneficiaries and in the civilian workforce.

In addition to the above action items, the U.S. military should pursue a number of additional strategies:

- b. ***Expand the Soldier Fueling Initiative to all branches of service, for all basic and advanced training, and for enlisted personnel and officers.***

As part of its inquiry into soldier health, the Army found that new recruits had lower bone density levels, incurred more injuries, and suffered from deficiencies in calcium, iron and various other vitamins and nutrients. These health facts led to higher attrition rates among new soldiers during basic training than among previous recruit cohorts. The Soldier Fueling Initiative was developed in response to these findings. It combines physical education and training with a revamped form of nutrition education and information on eating as a way to enhance performance. As Lt. General Hertling, the former commander of the Army's 69 basic training bases, has said, *"This is not simply about going to the salad bar to lose weight... You're an athlete, and your performance depends on how you fuel. This is how you work your body's energy systems to contribute as a soldier. You're an athlete, and you need to treat your body as such."*¹³⁰ Lt. General Hertling's statement underscores the importance of targeting audiences with the right message. Focusing the message of the Soldier Fueling Initiative on performance rather than health or weight has helped make this program

successful.

The Soldier Fueling Initiative changed basic training in a number of ways:

- Brought athletic trainers and physical therapists into training units to increase physical ability and decrease injury.
- Modified menus to promote healthy eating and hydration, and eliminated sodas.
- Standardized menus, preparations and portion sizes (no fried food).
- Provided nutrition education emphasizing the link between diet and performance.
- Labeled menus to clearly identify healthy food choices.
- Introduced more nutritious food options, labeled “fit-pick,” into vending machines.
- Marketed program to ensure awareness and support.

These changes were first implemented at the Army’s 69 training bases but they have since been at least partly replicated at some training bases in other branches of the U.S. military (the Air Force and Marines have similar menus in basic training programs but they currently stop there). The Soldier Fueling Initiative is working, but basic training covers only a 10-week period. We suggest that similar programs be expanded to all branches of service and continued through advanced training.

c. ***Change restaurant options at military bases.***

On many military bases, the only restaurants available are fast food franchises, which serve

meals that do not meet current USDA Dietary Guidelines. Because DoD has enormous purchasing power, it can request healthy options at existing restaurants and/or contract with franchises that serve healthier food.

- d. ***Promote healthy foods through the commissary network.*** The Defense Commissary Agency operates a chain of 254 commissaries that provide groceries to over 12 million authorized military personnel and their families. Given its purchasing power, we recommend that DoD replicate innovative practices in grocery stores to promote the purchase of healthier food and more fruits and vegetables, consistent with current dietary guidelines. The Commissary network could follow Walmart’s example by demanding their suppliers provide products that have less sugar, salt and fat¹³¹ or by improving labeling to help consumers make healthier purchasing decisions (Walmart’s Great for You label is an example)¹³² and using product placement to encourage healthier choices.
- e. ***Adopt policies that support community gardens and farmers’ markets.*** As in other families, military parents often lack the time to shop for healthy foods. A regular or weekly farmers’ market on base would be a convenient and appealing source of fresh fruits and vegetables. Other federal agencies, including HHS and the Department of Interior, host weekly on-site farmers’ markets. In addition, DoD could consider creating an incentive program, similar to the Double Bucks¹³³ program being piloted in Michigan, which allows SNAP participants

to double the purchasing power of their federal nutrition assistance benefits when buying fruits and vegetables.

- f. ***Assess and improve built environment at military bases.*** Communities across the country are exploring ways to make their “built” environments safer and more active by installing more sidewalks, bike paths, parks and playgrounds. The built environment includes the structures (homes and buildings), modes of transport, workplaces, and institutions that make up our communities. DoD has an opportunity to replicate these strategies when it is building and updating bases.
- g. ***Join Healthier Hospitals Initiative.*** Created by Health Care Without Harm, Practice Greenhealth, and the Center for Health Design, the Healthier Hospitals Initiative (HHI) calls on hospitals to adopt six challenges aimed at reducing their environmental impact while improving the health of their patients. More than 500 leading hospitals across the country have joined this initiative, which recently issued a free, step-by-step guide to help hospitals introduce healthier food and beverages and demonstrate leadership on issues of environmental health and sustainability, among other actions.
- h. ***Encourage TRICARE to cover more prevention services and pilot initiatives that reimburse non-clinical providers who deliver preventive care.*** Military health care spending is rising twice

as fast as health care spending for the nation as a whole and, as in the general population, obesity and chronic disease are playing a major role. TRICARE should establish strong and diverse financial incentives to counter these trends and shift the focus of health care in the military increasingly toward disease prevention. Two steps in particular can and should be taken in the near term:

- Target prediabetes in the military population (including in families of servicemen and women) and develop a diabetes prevention program. For example, TRICARE should look to the prevention-focused program that has been piloted by United Health Group and the YMCA, which has delivered good results to date.
- TRICARE should develop some pilot projects that experiment with reimbursing non-clinical providers of preventive services to explore the efficacy and cost-benefits of this approach. Examples include community-based prevention efforts that have been shown to be effective, such as those related to increasing physical activity. Other non-clinical professionals who could provide community-based preventive services include community health workers, lactation consultants, health coaches and others.