

Chronic Diseases and Military Readiness

Preventing and Controlling Chronic Diseases Is a Matter of National Security

The nation's armed forces depend on men and women who are fit, healthy, and able to perform at their peak on or off the battlefield. But active duty military members (service members) and potential recruits are not immune to the health problems that affect the rest of the US population, and the impact on military readiness is substantial.

Chronic diseases such as heart disease, cancer, and type 2 diabetes are the leading contributors to death, disability, and health care costs in the United States. They are mainly caused by a few common risk behaviors:

- Poor [nutrition](#), including diets low in fruits and vegetables and high in sodium and saturated fats.
- Lack of [physical activity](#).
- [Tobacco use](#) and exposure to [secondhand smoke](#).
- [Excessive alcohol use](#), including binge drinking.

These behaviors often start in youth and become more common and serious as people enter young adulthood. CDC's [National Center for Chronic Disease Prevention and Health Promotion](#) funds programs to prevent or reduce these behaviors, starting in childhood, and works with the US Department of Defense (DOD) on projects to improve military health.

Promoting Better Nutrition and More Physical Activity

Poor nutrition and lack of physical activity can lead to obesity. Nearly 1 in 4 young adults is too heavy to serve in the US military. Together with low education and a history of drug use or criminal behavior, obesity is the reason that 71% of young people in the United States would not be able to join the military if they wanted to.

Obesity does not just limit the readiness of potential recruits. From 2008 to 2017, service members had more than 3.6 million musculoskeletal injuries. One study found that service members with obesity were 33%

In the United States:



OBESITY

is the reason 1 in 4 young adults cannot serve.



TOBACCO USE

makes service members more likely to become sick and get injured.



EXCESSIVE ALCOHOL USE

impairs productivity and judgment.





more likely to get this type of injury. Overweight and obesity among service members rose 73% from 2011 to 2015.

DOD spends about \$1.5 billion annually in obesity-related health care costs for current and former service members and their families, as well as costs to replace unfit personnel. Lost workdays due to overweight and obesity costs DOD \$103 million a year.

Increasing the Availability of Healthy Foods

CDC's [Division of Nutrition, Physical Activity, and Obesity](#) (DNPAO) offered a fellowship for DOD personnel from 2016 to 2019. This partnership led to increased opportunities and expertise for providing healthier foods and beverages on military bases and in the surrounding communities. These fellows helped create an [infographic](#) on how obesity is affecting national security and promoted the use and operationalization of food service guidelines in DOD facilities.



DNPAO staff helped Jacksonville Naval Hospital in Jacksonville, Florida, to create a food environment where healthy choices are easy to make—including setting up a healthy “micromarket,” which provides automated access to food and beverages 24 hours a day. CDC/DNPAO continues to work with Navy and other DOD branches and the Joint DOD Food & Nutrition and Dietary Supplement Subcommittees to determine how to make it easier for people to get and choose healthier foods.

DNPAO staff led the update of the 2017 [Food Service Guidelines for Federal Facilities](#) in collaboration with nine federal agencies, including DOD. In addition, DNPAO, DOD, and other partners participate in the Food Service Guidelines collaborative, which facilitates the purchasing and selling of healthier foods and beverages in government facilities, military bases, worksites, hospitals, universities, and other institutional settings.

Reducing Tobacco Use

Cigarette smoking is the leading cause of preventable death and disease in the United States. Over 16 million Americans have at least one disease from smoking, and 480,000 Americans die from smoking-related diseases each year. Tobacco use harms military readiness by reducing service members' physical fitness and strength. It also makes them more likely to become sick, get injured, and have delayed healing if wounded. Tobacco use also cost DOD nearly \$1.8 billion in medical and nonmedical costs in 2014.

The percentage of service members who smoke cigarettes has historically been higher than that of the general adult population but has been dropping in recent years, along with declines in smoking in the general population. In 2011, nearly 1 in 4 active duty personnel reported



that they currently smoke. The percentage of service members who use smokeless tobacco (chewing tobacco, snuff, dip, or snus) is also higher than in the general population. In addition, e-cigarette use is increasing among service members.

Helping Service Members Quit

CDC's [Tips From Former Smokers](#)® (*Tips*®) campaign focuses on motivating US adults who smoke to try to quit. *Tips* features real people—who are living with serious health conditions caused by smoking and secondhand smoke exposure. It connects people who smoke with resources to help them quit, including 1-800-QUIT-NOW, which directs people to free services available from their state quitlines. From 2012 to 2018, CDC estimates that more than 16.4 million people who smoke attempted to quit and about 1 million successfully quit because of the *Tips* campaign.

CDC's [Office on Smoking and Health](#) (OSH) worked with DOD and the US Department of Veterans Affairs (VA) to develop a military-focused ad for the 2016 *Tips* campaign. The *Tips* website includes [tailored content](#) on dedicated cessation resources to help service members and veterans quit.

Creating a Facebook Event for Tobacco Users

OSH collaborated with DOD, the VA, the National Cancer Institute, and CDC's Office of Personnel Management to host [Tobacco Free Days](#) Facebook events in November 2018 and November 2019. The events focused on service members and veterans who use tobacco products, including regular cigarettes, e-cigarettes, and smokeless tobacco. Facebook posts offered encouragement and tools to help participants quit using tobacco products and stay tobacco-free. As part of this event, DOD and OSH experts provided practical advice and information on quitting tobacco use.

A TIP FROM A FORMER SMOKER

18 years in the military and my biggest battle was against cigarettes.

Brian, age 60
Air Force Veteran
Texas

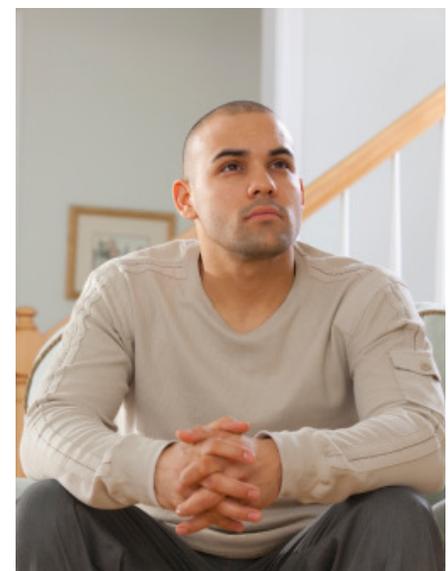
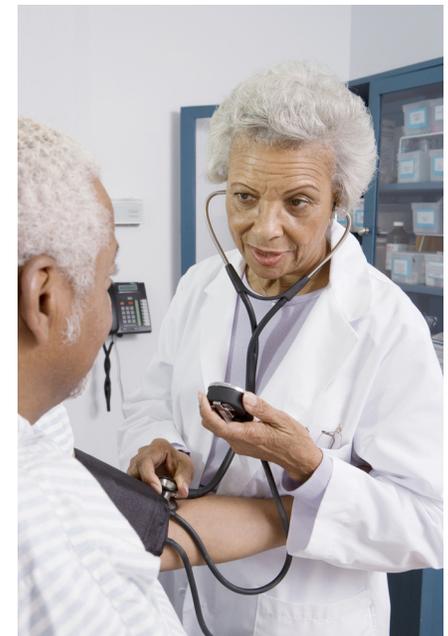
Brian smoked and got heart disease. He went from serving his country overseas to spending his life in emergency rooms and operating rooms. Finally, he quit smoking and, years later, got a heart transplant that saved his life.

You can quit smoking.

For free help, call
1-800-QUIT-NOW.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
CDCagetsips

#CDCTips



Preventing Binge Drinking

Excessive alcohol use contributes to 93,000 deaths in the United States each year, including 1 in 10 deaths among working-age adults. Binge drinking (at least 5 drinks on an occasion for males or 4 drinks on an occasion for females) is responsible for over half of these deaths. Binge drinking is also related to a variety of health and social problems, including alcohol-impaired driving, violence, and unintended pregnancy.

Drinking too much lowers service members' military readiness by impairing cognitive and motor function, including response time, decision making, and other critical combat skills, as well as workplace productivity. A 2013 report from the Institute of Medicine found that excessive alcohol use among service members "adversely affect[s] military readiness, family



readiness, and safety, thereby posing a significant public health problem for the Department of Defense.”

Binge drinking among service members increased from 35% in 1998 to 47% in 2008, according to DOD health behavior surveys. Another study found that, in 2005, 43% of service members reported past-month binge drinking. About 29% of this group also reported one or more alcohol-attributable problems related to their job performance in the past year, including being drunk while working.

The [Community Preventive Services Task Force](#) recommends the following measures to reduce excessive alcohol use and related harms in communities:

- Regulating the density of alcohol outlets.
- Increasing alcohol taxes.
- Having commercial host (dram shop) liability laws.
- Enforcing laws preventing alcohol sales to minors.
- Electronic screening and brief intervention for excessive alcohol use.

Connecting Military Communities With State and Local Public Health Resources

DNPAO and OSH are collaborating with DOD (Personnel and Readiness), the National Guard Bureau, and the National Association for Chronic Disease Directors to support DOD’s Total Force Fitness (TFF) framework. One TFF initiative is Building Healthy Military Communities (BHMC), which is working to coordinate and integrate DOD, federal, state, regional, and local efforts in support of service members and their families in seven states.

DNPAO and OSH have provided funding to the National Association for Chronic Disease Directors since October 2018 to:

- Connect military communities in BHMC pilot states with local and state support to prevent chronic diseases associated with poor nutrition, lack of physical activity, obesity, and tobacco use.
- Identify opportunities to implement strategies that can help prevent health risk behaviors among service members and their families.
- Develop a [toolkit](#) for DOD service providers to better connect service members with national and state public health resources.