Department of Defense
Operation Live Well

National Conference of State Legislators:
Hunger Partnership Meeting

May 19, 2017
DoD’s Approach to Service Member Well-Being

Understanding the Environment to Identify Challenges and Potential Solutions
Like the rest of the nation, Service members and their families face well-being challenges that may compromise readiness, resiliency, and combat effectiveness.

**Financial Impact**

$3.4B
Annual cost in DoD to treat the effects of obesity-related illnesses

**Recruitment**

64%
Of potential recruits will not qualify for service due to their weight by 2030

**Retention**

1,200
First-term enlistees discharged before their contracts are up due to weight problems every year

**Readiness & Resiliency**

47%
More likely to experience a musculoskeletal injury if overweight or obese. More Service members are evacuated from war for serious sprains than combat injuries

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Nutritional Fitness
Framing the Issue

Past Medical Model

The traditional medical model treats health behavior issues after the onset of disease, but **proactively addressing the social determinants of health behaviors** has long-term disease prevention and cost savings implications.1

Medical and Nonmedical Costs of Health Behaviors to DoD (2014)

- $1.4B, Alcohol Consumption
- $1.8B, Tobacco Use
- $3.4B, Excess Weight

Future Need

To more effectively address social determinants of health, improve the readiness of the Total Force, and reduce the cost of care, **the DoD will need to improve coordination of efforts across the enterprise.**

Healthcare Cost per TRICARE Beneficiary

- FY2001: $2,250
- FY2014: $5,158

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Nutritional Fitness
Defining the Issue: Food Insecurity

Serving in the military does not guarantee that a family will have food security throughout the year.

**Supplemental Nutrition Assistance Program (SNAP)**

$21M Sum that Active Duty Service members spent in SNAP benefits at commissaries in FY2015\(^1\)

**Special Supplemental Program for Women, Infants & Children (WIC)**

$24M Sum that Service members or their spouses spent in WIC benefits at commissaries in FY2015\(^2\)

**National School Lunch and School Breakfast Program at DoD Education Activity (DoDEA) Schools**

51% Of children in the 52 DoDEA schools are eligible for free or reduced-price meals\(^1,3\)

**Coping with food insecurity**

79% Of families reported buying cheaper food even if it was less nutritious in order provide enough food\(^4\)

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3. DoDEA schools within the US serve dependent children of DOD military members on Active Duty and civilian federal employees assigned permanent living quarters on a military installation, as well as other eligible dependents if space is available.
Overview of Military Rankings

Military ranks are organized into four main groups: 1) **Enlisted Officers** 2) **Warrant Officers** 3) **Commissioned Officers**, and 4) **Cadets-Midshipmen** (includes officer trainees).

### Active Duty Military Personnel by Ranking Groups

<table>
<thead>
<tr>
<th>Number of Service Members</th>
<th>Enlisted Members</th>
<th>Warrant Officers</th>
<th>Commissioned Officers</th>
<th>Cadets-Midshipmen</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,053,531</td>
<td>18,347</td>
<td>1,053,531</td>
<td>207,044</td>
<td>12,895</td>
</tr>
</tbody>
</table>

### 2016 Basic Monthly Pay

<table>
<thead>
<tr>
<th>Enlisted Members</th>
<th>Warrant Officers</th>
<th>Commissioned Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,805</td>
<td>$1,567</td>
<td>$7,283</td>
</tr>
<tr>
<td>$2,906</td>
<td>$2,972</td>
<td>$6,881</td>
</tr>
</tbody>
</table>

**Enlisted Members**, who have the lowest pay grade on average, make up the majority of the Total Force.

1. Data from February 2017 found at [https://www.dmdc.osd.mil/appj/dwp/dwp_reports.jsp](https://www.dmdc.osd.mil/appj/dwp/dwp_reports.jsp)
Nutritional Fitness
Food Assistance Programs

This figure represents the household size that an E4 would need in order to qualify for commonly used food assistance programs.

<table>
<thead>
<tr>
<th>Location</th>
<th>Naval Base San Diego California</th>
<th>Camp Pendleton California</th>
<th>Fort Hood Texas</th>
<th>Altus Air Force Base Oklahoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated monthly income for servicemember in the paygrade of E-4</td>
<td>$4,784</td>
<td>$4,475</td>
<td>$3,758</td>
<td>$3,395</td>
</tr>
<tr>
<td>Family Subsistence Supplemental Allowance (FSSA)</td>
<td>9</td>
<td>9</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Discontinued in 2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP)</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>National School Lunch Program (NSLP) and School Breakfast Program (SBP)</td>
<td>Residing in local community</td>
<td>6</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Residing in privatized military housing</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: GAO analysis of state and federal program guidance. | GAO-16-561

- 18% of the Selected Reserve members with children are E1-E4 with an average household size of 3.8
- 15% of Active Duty members with children are E1-E4 with an average household size of 3.9
Building Healthy Military Communities (BHMC) Pilot

A Model for Understanding the Reserve Component and Geographically Dispersed Service Members
Components of the Total Force
Geographic Dispersion of Reserve Members

Food Access & Healthy Eating
Dual Communities

Approximately **70% of Active Duty Service members** and **almost all Reserve and National Guard Service members** live in civilian communities. For these Service members, food acquisition and purchasing can be mainly dependent on availability in the civilian community.

<table>
<thead>
<tr>
<th>Sectors of the Food Environment</th>
<th>On Installation</th>
<th>Civilian Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Acquisition</td>
<td>• Commissary, convenience stores, Dining Facilities, Exchanges, Farmer’s markets</td>
<td>• Local grocery store chain, Farmers’ markets, restaurants</td>
</tr>
<tr>
<td>Food Preparation</td>
<td>• Dining facilities and Exchanges have food preparation staff</td>
<td>• In-home kitchen (if applicable)</td>
</tr>
<tr>
<td></td>
<td>• Barracks do not have cooking facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Multi-unit installation housing kitchens</td>
<td></td>
</tr>
<tr>
<td>Food Delivery &amp; Access</td>
<td>• Defense Logistics Agency works with Prime Vendors to distribute food across the installation to all food venues</td>
<td>• Dependent on community food venues</td>
</tr>
<tr>
<td></td>
<td>• Time of operation and number of food venues in operation on base affects access</td>
<td>• Time of operation and number of food venues in operation in community affects access</td>
</tr>
<tr>
<td>Nutrition Education</td>
<td>• Service-dependent wellness campaigns</td>
<td>• Federal and local nutrition information campaigns and programs</td>
</tr>
<tr>
<td></td>
<td>• Dietitians when in-patient or mandated weight-loss program</td>
<td>• Civilian health professionals</td>
</tr>
<tr>
<td>Research &amp; Assessment</td>
<td>• Status of the Force Survey</td>
<td>• USDA and CDC health assessment surveys</td>
</tr>
<tr>
<td></td>
<td>• Health Related Behavior Survey or Service dependent Periodic Health Assessment</td>
<td>• Utilization of federal and local entitlements</td>
</tr>
</tbody>
</table>
Building Healthy Military Communities Pilot
Problem Statement and Background

Problem

DoD increasingly relies on the Reserve Component (RC) due to factors such as personnel and funding reductions, and this population is increasingly living off of the installation.\textsuperscript{1,2} Therefore, the DoD must prioritize the integration of community and military resources to achieve heightened Total Force Fitness.\textsuperscript{3}

Proposed Solution

- **Understand requirements for optimizing well-being and readiness** for geographically dispersed RC Service members and current capabilities to meet these requirements.
- **Design a strategic plan** to coordinate and integrate DoD, federal, state, regional, and local efforts to better support the needs of geographically dispersed service members and their families through community capacity building.

Desired Impact

**Process Measures:**
- Aligned initiatives and increased efficiencies.

**Outcome Measures:**
- Increased Health Related Quality of Life (HRQoL), a multidimensional concept that “goes beyond the direct measures of health and focuses on the quality-of-life consequences of health status”.
- Increased readiness, measured by % ready to deploy.

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2. U.S. Senate Committee on Armed Services
3. TFF is a methodology for understanding, assessing, and maintaining Serves members’ well-being and sustaining their ability to carry out missions.
Each individual Service member, Veteran, and Retiree is connected to multiple formal and informal networks within DoD and within the civilian community. Research indicates a need for multi-component support programs that integrate both civilian and military formal networks and the resources of the informal community.1


### DoD Community Members

<table>
<thead>
<tr>
<th>Individual:</th>
<th>Interpersonal and Professional Relationships:</th>
<th>Units and Organizations:</th>
<th>Installations:</th>
<th>Services:</th>
<th>DoD:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Duty and Reserve Component Service member, family member, DoD civilian, retiree</td>
<td>Family unit, partners, peers, colleagues</td>
<td>Unit members, commanders, supervisors</td>
<td>Installation, base, forward deployment regions</td>
<td>Army, Navy, Marine Corps, Air Force, Coast Guard, National Guard and Reserves</td>
<td>Office of the Secretary of Defense-level components and offices, departments and agencies</td>
</tr>
</tbody>
</table>
The selected states meet the pre-determined site selection criteria, including strong leadership commitment and representation of multiple Services from both the AC and the RC. The sites also vary in terms of demographic data and geographic location.
# Operation Live Well

## Key Contacts

<table>
<thead>
<tr>
<th>OLW Role</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director, OLW</td>
<td>CAPT Kimberly Elenberg, <a href="mailto:kimberly.j.elenberg2.mil@mail.mil">kimberly.j.elenberg2.mil@mail.mil</a>, (703) 571-3159</td>
</tr>
<tr>
<td>Food Environment Lead</td>
<td>Ms. Kari N Harris, <a href="mailto:kari.n.harris2.ctr@mail.mil">kari.n.harris2.ctr@mail.mil</a>, (703) 693-4206</td>
</tr>
<tr>
<td>BHMC Pilot Lead</td>
<td>Ms. Maddie Soskin, <a href="mailto:madeline.j.soskin.ctr@mail.mil">madeline.j.soskin.ctr@mail.mil</a>, (703) 693-2214</td>
</tr>
<tr>
<td></td>
<td>BHMC Pilot Inbox, <a href="mailto:OSD.pentagon.ousd-p-r.mbx.bhmc@mail.mil">OSD.pentagon.ousd-p-r.mbx.bhmc@mail.mil</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pilot Site</th>
<th>Building Healthy Military Communities Pilot State Coordinator Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland</td>
<td>Ms. Joy Ashcraft, <a href="mailto:joy.c.ashcraft2.ctr@mail.mil">joy.c.ashcraft2.ctr@mail.mil</a>, (410) 576-6019</td>
</tr>
<tr>
<td>New Mexico</td>
<td>Ms. Susie Galea, <a href="mailto:susiegalea2012@gmail.com">susiegalea2012@gmail.com</a>, (575) 518-9308</td>
</tr>
<tr>
<td>Mississippi</td>
<td>Mr. Hugh (Rick) Tyler, <a href="mailto:hugh.r.tyler.ctr@mail.mil">hugh.r.tyler.ctr@mail.mil</a>, 601-313-6312</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>Mr. Lonnie Bacon, <a href="mailto:lonnie.r.bacon.ctr@mail.mil">lonnie.r.bacon.ctr@mail.mil</a>, (405) 228-5571</td>
</tr>
<tr>
<td>Florida</td>
<td>Ms. Lynn Brannon, <a href="mailto:lynn.b.brannon.ctr@mail.mil">lynn.b.brannon.ctr@mail.mil</a>, (904) 827-8564</td>
</tr>
<tr>
<td>Indiana</td>
<td>Mr. Kyle Wood, <a href="mailto:kyle.t.wood11.ctr@mail.mil">kyle.t.wood11.ctr@mail.mil</a>, (317) 247-3300, X64337</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Ms. Danelle Bybee, <a href="mailto:dbybee85@gmail.com">dbybee85@gmail.com</a>, (218) 831-1705</td>
</tr>
</tbody>
</table>
The mission of the DSLO is to alleviate barriers in state policy faced by Service members and harmonize the differences in state and federal laws impacting this population. Relevant issues are reviewed and prioritized annually.

<table>
<thead>
<tr>
<th>State</th>
<th>DSLO Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland</td>
<td>Mr. Harold Cooney; Harold.e.cooney@<a href="mailto:civ@mail.mil">civ@mail.mil</a>; 571-309-7468</td>
</tr>
<tr>
<td>Florida/Mississippi</td>
<td>Mr. Eric Sherman; <a href="mailto:eric.Sherman@osd.mil">eric.Sherman@osd.mil</a>; 571-309-7589</td>
</tr>
<tr>
<td>Indiana</td>
<td>Mr. Jim Rickel; <a href="mailto:james.rickel@osd.mil">james.rickel@osd.mil</a>; 571-239-9895</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Mr. Martin Dempsey; <a href="mailto:martin.Dempsey@osd.mil">martin.Dempsey@osd.mil</a>; 703-380-6625</td>
</tr>
<tr>
<td>Oklahoma/New Mexico</td>
<td>Mr. Dale Vande Hey; <a href="mailto:dale.vandehey@osd.mil">dale.vandehey@osd.mil</a>; 571-236-7833</td>
</tr>
<tr>
<td>Chief</td>
<td>Mr. Marcus Beauregard</td>
</tr>
</tbody>
</table>
How to Get Involved

Help the Military Community in Your State Overcome Well-Being Challenges
Improve the community’s capacity to simultaneously support military Service members and their families in achieving readiness and civilian community health outcomes.

Define community and target population and their needs

Assess community assets

Assess Community readiness

Plan implementation strategies

Execute community capacity improvement

Monitor & Evaluate progress
Opportunities for Community Capacity Building

Recess Before Lunch

Program Overview

Operation Live Well identified **Recess Before Lunch**\(^1\), a CDC-endorsed best practice for elementary schools that has demonstrated nutrition and behavior benefits, as a “promising practice” to implement more widely at DoD.

“A recent study conducted at Yokota [Air Base, Japan] showed...consumption of fruits and vegetables had increased and teachers reported that students were calmer and more focused in the classroom.”

Action Plan

- Understand your state’s policies around recess and lunch
- Assess whether your community requires changes in recess and lunch policies
- Assess whether your school system is prepared to take on changes to recess and lunch policies
- Work to implement recess before lunch policies
- Identify and assist stakeholders in determining an implementation plan for the recess before lunch policy

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Opportunities for Community Capacity Building

Food Assistance Programs

Program Overview
Food Assistance Programs assist families in affording nutritious food. The Supplemental Nutrition Assistance Program (SNAP) provides families with electronic benefit transfer cards that work like debit cards and can be used nationwide. The Special Supplemental Program for Women, Infants, and children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education. SNAP includes military housing and other allowances from the income computations, which poses challenges for military families seeking food assistance.

Action Plan

- Understand your state’s policies around food assistance programs – and assess whether or not the military community is benefitting from these resources
- Assess whether your community requires changes in food assistance program policies – how could they be improved?
- Work to improve or implement food assistance program policies to benefit the intended users

Military communities face a wide-range of food access and healthy eating issues. State legislators can take steps within their community to build capacity and improve the food environment for Service members and their families.

**Recommended Actions and Next Steps**

- Facilitate state-level data collection of Service members and their families who utilize USDA food assistance programs and share to the federal level.
- Identify DoD and civilian leaders who understand the community’s food access and healthy eating issues.
- Enable those leaders to define the target population and their needs and assess community assets and readiness.
- Define resources needed for an implementation strategy.
- Reach out to the OLW Team for more information about the BHMC Pilot.*

* See prior slides for contact information.
Appendix
In 2016, the OLW moved from the Defense Health Agency to an Office of the Secretary of Defense-level policy office to allow for a broader, cross-Department focus on the well-being of the Total Force.
Operation Live Well
Mission and Efforts

OLW aligns, integrates, and coordinates policies, initiatives, and business processes among the Military Services, the Joint Chiefs of Staff, and the Office of the Secretary of Defense to enhance the well-being of Service members and their families, advancing individual readiness and community resiliency.

Optimize Individual Well-Being
Total Force Fitness\(^1\) (TFF)

Enhance Community Well-Being
National Prevention Strategy\(^2\) (NPS)

- TFF Capabilities-Based Assessment
- TFF Joint Capabilities Integration Development System (JCIDS) Analysis
- Building Healthy Military Communities Pilot

- Tobacco Cessation and Use Prevention
- Food Environment Integration
- Alcohol Abuse Prevention

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1. TFF was created by the Joint Chiefs of Staff in 2011 (CJCSI 3405.01), and expresses that optimal performance requires fitness of the mind and body.
Supporting the Total Force requires a comprehensive approach to their well-being throughout their career.

The **DoD Deployment Lifecycle** can span decades and requires differing support and resources at every stage.

**TFF** is used to assess the Service member’s well-being in its entirety, at each stage of the deployment lifecycle.

Proper assessment allows the DoD to identify and remediate issues and enhance the **Four Rs**.

1. **Recruitment**
2. **Readiness**
3. **Resiliency**
4. **Retention**
Overview of the U.S. Military
Components of the Total Force
Active and Reserve Component Breakdown

**Army**
- Active: 466,524
- Reserve: 199,065
- National Guard: 341,467

**Navy**
- Active: 322,799
- Reserve: 58,118

**Air Force**
- Active: 318,571
- Reserve: 68,271
- National Guard: 105,021

**Marine Corps**
- Active: 183,923
- Reserve: 38,562

**Coast Guard**
- Active: 40,795
- Reserve: 6,409

Data from February 28, 2017 found at [https://www.dmdc.osd.mil/appj/dwp/dwp_reports.jsp](https://www.dmdc.osd.mil/appj/dwp/dwp_reports.jsp)
### Components of the Total Force

#### Demographics

**Active Duty**

- **1.3 Million Total Active Duty Members with 1.7 Million Family Members**
  - **Gender**: 16% Women
  - **Race/Ethnicity**: 31% Minorities
  - **Education**: 21% have a bachelor’s degree or higher
  - **Age**: 44% are 25 years old or younger
  - **Marriage**: 54% are married
  - **Children**: 41% of members have children; 42% of children are ages 0-5
  - **Location**: 87.5% live in the United States and its territories, with a majority living in California, Virginia, and Texas.

**Reserve**

- **826,000 Reserve and Guard Members with 1 Million Family Members**
  - **Gender**: 19% Women
  - **Race/Ethnicity**: 26% Minorities
  - **Education**: 23% have a bachelor’s degree or higher
  - **Age**: 34% are 25 years old or younger
  - **Marriage**: 45% are married
  - **Children**: 42% of members have children; 31% of children are ages 0-5
  - **Location**: 50% live in CA, TX, FL, PA, NY, OH, GA, VA, NC, AL, LA, and MS.

The below chart groups the **total number of Active Duty enlisted personnel by broad occupation** and demonstrates the wide range of civilian career opportunities for Service members.