National Alliance for Nutrition and Activity

Milk in Schools

- **Recommendation**: Give schools flexibility to decide what type(s) of milk to offer with school meals (i.e., remove the whole milk requirement). Encourage schools to serve and promote low-fat milk.

- **Rationale:** Schools should promote and serve 1% and fat-free milk. **Milk is by far the largest source of saturated fat – the kind of fat that causes heart disease – in children's diets**.[1] While most people do not have heart attacks until they are in their 50s or 60s, heart disease has its roots in childhood. The beginnings of atherosclerosis are seen in kids as young as ten years old, and a **quarter of children ages 5-10 years old already have high cholesterol, high blood pressure, or other risk factor for heart disease**.[2] Currently, **two-thirds (63%) of the milk ordered by schools is high in fat – either 2% or whole milk**.[3] Switching to 1% or fat-free (skim) milk is an easy way to help children reduce their risk of heart disease.

- The current law is a barrier to serving low-fat milk as the predominate type at schools. Prior to 1994, schools were explicitly required to serve both whole milk and low-fat milk with lunches. In 1994, that requirement was replaced with language requiring that schools "participating in the school lunch program… shall offer students a variety of fluid milk consistent with prior year preferences unless the prior year preference for any such variety of fluid milk is less than one percent of the total milk consumed at the school."[4] That is, schools must serve what they served in the previous year, and in the year before that, and so on, back to the time when serving whole milk was required.

- **Other facts:**

  - Milk is an important source of many essential vitamins and minerals in Americans' diets, such as calcium, vitamins A and D, potassium and riboflavin. **1% and fat-free milk provide all the calcium and vitamins A and D found in whole and 2% milk, but with little or no saturated fat.**

  - 44 million Americans have either low bone mass or osteoporosis, which causes 1.5 million fractures and costs $17 billion a year in direct hospital and nursing home expenses.[5] A healthy diet -- especially adequate calcium consumption -- and weight-bearing exercise can help build bone mass and prevent debilitating fractures.

  - Since 98% of maximum bone density is reached by age 20, it is especially important that children get enough calcium.[5] Median daily intake (700 mg) of calcium by teenage girls is about half of the recommended level (1300 mg).[6]

  - If the average American switched from drinking whole milk to fat-free milk, his saturated fat intake would drop from 12% of calories to 10%, the level recommended by the federal government's *Dietary Guidelines*.[7]

  - A child who drinks one cup of 1% milk instead of 2% milk each school day would cut 47,000 calories and 11 pounds of fat from her diet during her 13 years in school.[8]

- Because milk is a staple in children's diets, it is especially important to serve and promote low-fat options. **Three servings (the recommended number for older children and teenagers) of 2% milk would use up about half of their day's budget for saturated fat.**

Nutrient Content of Different Types of Milk

	Calories 1 cup	Calories 3 cups	Saturated Fat (g) 1 cup	Saturated Fat (g) 3 cups
Whole	160	480	5	15
2%	130	390	3	9
1%	110	330	1.5	4.5
Fat-free	90	270	0	0

- One cup of whole milk contains five grams of saturated fat, which is a quarter of the Daily Value (daily limit) listed on food labels. Because whole milk is so high in saturated fat, the government prohibits the labels of whole milk from bearing the claim that calcium can reduce the risk of osteoporosis. Fat-free and 1% milk can make that claim.

- Although sales of low-fat milks (1% and fat-free combined) have doubled over the past 25 years, **whole and 2% milk still make up 70% of total milk consumption**.[9]

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[1] Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients Among U.S. Children, 1989-1991." *Pediatrics* 1998, vol. 102, pp. 913-923.

[2] Freedman D, Dietz W, Srinivasan S, Berenson G. "The Relation of Overweight to Cardiovascular Risk Factors Among Children and Adolescents: The Bogalusa Heart Study." *Pediatrics* 1999, vol. 103, pp. 1175-1182.

[3] Centers for Disease Control and Prevention. School Health Policies and Programs Study 2000. Accessed on January 22, 2003 at <http://www.cdc.gov/nccdphp/dash/shpps/factsheets/fs00_ns.htm>.

[4] Richard B. Russell National School Lunch Act, P.L. 103-448, 108 Stat. 4703, section 107. November 2, 1994.

[5] National Osteoporosis Foundation. *Disease Statistics: Fast Facts.* Accessed at <http://www.nof.org/osteoporosis/stats.htm> on August 30, 2002.

[6] National Academy of Sciences. *Dietary Reference Intakes for Calcium, Phosphorous, Magnesium, Vitamin D, and Fluoride*. Washington, D.C: National Academy Press, 1997.

[7] Reger B, Wootan M, Booth-Butterfield S, Smith H. "*1% Or Less:* A Community-Based Nutrition Campaign." *Public Health Reports* 1998, vol. 113, pp. 410-419.

[8] Calculation based on the average fat content of 1% milk (2.6 grams per cup) and 2% milk (4.7 grams per cup) (USDA Nutrient Data Laboratory. Accessed at <http://www.nal.usda.gov/fnic/foodcomp/Data/SR15/wtrank/sr15a204.pdf> on January 15, 2003); the average consumption of fluid milk (0.9 cups per day) (USDA Food Consumption [Per Capita] Data System. Accessed at <http://www.ers.usda.gov/Data/foodconsumption/> on January 15, 2003); and an estimated 182 school days per year.

[9] U.S. Department of Agriculture. *Food Consumption (Per Capita) Data System.* Accessed at <http://www.ers.usda.gov/data/foodconsumption/> on January 15, 2003.

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