

Dairy Nutrition & Wellness Solutions

Promoting & Protecting
the Health of Your Business



Position Statement: Flavored Milk and Sweeteners

A healthy diet is important for normal growth and development, and paired with regular physical activity, is important for reducing the risk of chronic disease. The Dietary Guidelines, national nutrition standards for schools, and many national and local programs strive to promote healthy diets as a way to help correct the problems of overweight and obesity, risk factors for other chronic diseases. Dairy foods, including flavored milk, provide an important contribution to healthy diets.



June 2007

Jean Ragalie, RD
Executive Vice President
Nutrition Affairs
847.627.3215
jean@rosedmi.com

The National Dairy Council® (NDC) supports increased consumption of dairy foods and other nutrient-rich foods that help consumers meet the recommendations in the 2005 Dietary Guidelines for Americans and MyPyramid. When used in moderation and with consideration for overall caloric balance, sugars can increase the appeal of nutrient-rich foods and provide additional choices for individuals to meet nutritional needs in the context of a healthful diet. Individuals, including children, are encouraged to choose nutrient-rich foods and beverages such as milk in place of high-calorie, nutrient-poor foods. Adults can help children make appropriate beverage choices based on their nutrition and health needs, keeping in mind that in addition to consuming nutrient-dense foods, variety and moderation are essential guidelines for a healthful diet.

NDC encourages product innovation to increase the flavored milk choices available to meet consumer expectations for taste, cost, nutrition, safety and convenience, including choices that are lower in total calories and added sugars per serving.

As reduced sugar products continue to be a priority in the school environment, NDC supports making available flavored milk formulations that contain reduced levels of added sugar, rather than sugar substitutes, to meet this need.

Rationale

Only about half of children 4-8 years old meet dairy intake recommendations, and only 20 percent of boys and girls 9-19 years old meet dairy recommendations.¹ Eighty-six percent of American women and 76 percent of men do not meet the current dairy recommendations.¹ Flavored milks can help to close this gap. The 2005

Dietary Guidelines for Americans states that small amounts of sugars added to nutrient-dense foods such as reduced-fat milk products may increase the palatability of these products, thus improving nutrient intake without contributing excessive calories.² Research indicates that children and adolescents who drink flavored milks not only have higher calcium intakes, but also higher total milk intakes and lower consumption of soft drinks, without increased intake of percent calories from total fat or added sugar, compared to kids who do not drink flavored milk.³

To help children meet Milk Group recommendations, the availability of flavored milk in schools is critical. Milk consumption decreases as elementary school-aged children begin to switch from regularly drinking milk to choosing more alternative beverages, such as

soft drinks. The American Academy of Pediatrics, in their policy statement on soft drinks in schools, recommends reducing intake of sweetened beverages such as soft drinks, and replacing them with healthful offerings such as real fruit and vegetable juices, water, and low-fat white or flavored milk.⁴ Flavored milk contains the same nine essential nutrients as unflavored milk, and only about 60 calories (per 8 ounces) from added sugar. Because flavored milk appeals to many kids more than unflavored milk, flavored milk may compete more effectively with low-nutrient sweetened beverages in the school environment. Based on research co-sponsored by the School Nutrition Association and NDC, children drink more milk when schools offer it in plastic, re-sealable containers in different sizes, various flavors, merchandising locations (vending and a la carte) and ice-cold refrigeration.⁵

The 2007 IOM report, *Nutrition Standards for Foods in Schools*, recommends that beverages containing sugar substitutes not be allowed in elementary or middle schools, and be allowed in high schools only after the end of the school day. This development signals an important shift in the acceptability of sugar substitutes, particularly for children.

A review of consumer research conducted in the fall of 2005 by NDC suggests that the majority of parents, pediatricians, registered dietitians and school leaders:

- Support offering flavored milk in schools:
 - Most moms and health professionals say they would encourage their child to drink flavored milk when away from home because the overall goodness of milk simply outweighs any concerns with sugar.

- Would like to see flavored milk offerings that contain less added sugar than products currently available.
- Are less accepting of sugar substitutes than added sugar, especially in products consumed by children younger than 12 years old.
 - When asked their preference for their children having foods/beverages containing sugar substitutes; 43% of most moms are fine with it in moderation, 31% are comfortable with sugar in moderation, but do not allow sugar substitutes, 22% try to avoid serving foods that have sugars or sugar substitutes.
 - In focus groups with moms, dietitians and pediatricians, the majority felt that sugar substitutes were an inappropriate ingredient in food or beverage products geared toward children.

Although extensive testing by the FDA has shown five sugar substitutes (saccharine, aspartame, acesulfame-k, neotame, and sucralose [Splenda]) to be safe for adults and children, our research indicates that sugar substitutes have limited acceptability among moms and health professionals. Further, the strict limitations on availability of beverages containing sugar substitutes in schools, recommended in the 2007 IOM report, suggest that schools will be limiting sugar substitute-containing beverage offerings in the future.

Opportunities for Industry

- Reestablish milk, including flavored milk, as the beverage choice among children.
- Protect the availability of flavored milk in schools.
- Develop and promote competitive flavored milks that are embraced by kids and recommended by moms, school leaders and health professionals.

- Evaluate the local school environment, taking into consideration attitudes about types and levels of sweeteners, fat levels, and serving sizes; NDC can provide current information about school wellness and child nutrition policies.
- Develop reduced-sugar flavored milk options for use in schools. Through new product innovation, DMI is developing reduced-sugar flavored milk prototypes that will appeal to children, moms and schools.
- Collaborate with DMI on flavor and sensory testing.
- Consider sugar as the first sweetener option for flavored milk innovations.

Conclusions

- The 2005 Dietary Guidelines encourage the consumption of 3 servings of low fat and fat free dairy foods each day, and flavored milk is a nutrient-dense and appealing beverage choice for children.
- When used in moderation and with concern for overall caloric balance, sugars can increase the appeal of nutrient-rich foods and provide additional choices for children to meet nutritional needs in the context of a healthful diet.
- Flavored milks are a healthful, nutrient-rich product for schools and wellness policies.
- When developing reduced-sugar flavored milks for schools, products containing lower amounts of added sugars are a better choice than those made with sugar substitutes.
- Diversified milk portfolios including a variety of reduced sugar formulations will meet the varied needs (including taste, nutrition, overall acceptability) of today's customers.

Endnotes

¹ National Dairy Council, unpublished data based on the National Health and Nutrition Survey (NHANES), 1999-2000.

² Dietary Guidelines for Americans, 2005. www.healthierus.gov/dietaryguidelines.

³ Johnson, et al. The nutritional consequences of flavored milk consumption by school-aged children and adolescents in the United States. *Journal of the American Dietetic Association*. 2002; 102(6):853-856.

⁴ American Academy of Pediatrics, Committee on School Health. Soft drinks in schools. *Pediatrics*. 2004; 113(1):152-154.

⁵ National Dairy Council and American School Foodservice Association. The School Milk Pilot Test. Beverage Marketing Corporation for NDC and ASFSFA, 2002. www.nationaldairycouncil.org.