

STATEMENT OF
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Evidence continues to support dairy as an important part of a healthy dietary pattern, and yet, for about 90% of the U.S. population, dairy intakes fall below recommendations. Dietary intake data has shown reductions in intake over time, which sets the stage for nutrient shortfalls, particularly for calcium and vitamin D.

The Dietary Guidelines for Americans, 2020-2025 states that healthy dietary patterns feature dairy, including milk, yogurt, and cheese. The Dietary Guidelines also recommends that most dairy choices should be fat-free or low-fat and with no to little added sugars. The dairy group also includes low-lactose and lactose-free dairy products as well as fortified soy beverages (or “soy milk”) and soy yogurt—which are fortified with calcium, vitamin A, and vitamin D. Dairy recommendations have been relatively consistent in the Dietary Guidelines since the first edition in 1980. More recent editions have evolved to include low-lactose, lactose-free, and soy options.

A key driver for the inclusion of dairy in a healthy dietary pattern is to meet nutrient needs, particularly for calcium. Dairy is also a key contributor to intakes of vitamin D. This is important given the goal that the Dietary Guidelines meet nutrient needs by aligning with Dietary Reference Intakes (DRIs) defined by the National Academies of Sciences, Engineering, and Medicine (NASEM). DRIs are a set of scientifically developed nutrient reference values that support the health of Americans. Each value has different uses, such as meeting nutritional

requirements, preventing excessive intakes, and/or reducing risk of chronic disease.

Recommendations for calcium and vitamin D support bone health as well as other outcomes.

In the healthy dietary pattern recommended by the Dietary Guidelines, the dairy group contributes 60-80% of the total calcium across all age groups starting at 12 months of age. The dairy food group also contributes 55-75% of the total vitamin D in the patterns for all age groups starting at 12 months of age. Beyond calcium and vitamin D, dairy, if consumed in recommended amounts, would also contribute 15% or more to the total nutrient content for more than a dozen additional nutrients across most calorie levels. Recent analyses by the 2025 Dietary Guidelines Advisory Committee explored what would happen if the recommendations for the dairy group were reduced. Based on the results of their analyses, the Committee did not pursue proposed reductions in dairy because of the negative implications on nutrients for many groups, especially children and adolescents and older adults—both groups that have higher nutrient needs to support bone health.

Nationally-representative data from the USDA's Agricultural Research Service shows that about 90% of the U.S. population does not meet dairy recommendations. The percent of Americans who drink milk as a beverage on a given day is 65% among young children, 34% in adolescents, and about 20% for adults.

Data also suggests that intakes have been declining over time, particularly during adolescence, a life stage when bone health is of particular importance. Among adolescents, the percent reporting milk intake was 76% in 1977-1978, which decreased to only 48% in 2005-2006, and 34% in 2015-2016. In more recent data, mean intake of dairy among adolescents in 2017-2018 was significantly lower compared to 2003-2004 (1.7 cup eq per day vs. 2.2 cup eq per

day)—a reduction of ½ cup equivalent per day. For all children, more dairy is consumed as higher fat milk (e.g., 2% or whole milk) verses fat-free or low-fat versions.

The current Dietary Guidelines includes daily limits for saturated fat and added sugars. Similar to calcium and vitamin D, the DRIs have also addressed added sugars and saturated fat. Work to update the DRIs for the macronutrients is underway. As part of that work, DRIs for saturated fat and added sugars will be addressed. The update is expected in time for the 2030-2035 edition of the Dietary Guidelines.

USDA's school meal programs support the consumption of milk among children. Under current school meal nutrition standards, schools must offer a variety (at least two options) of milk with breakfast and lunch. Schools may currently offer flavored and unflavored low-fat (1%), fat-free, and lactose-free milk, which is consistent with the recommendations of the current Dietary Guidelines, including recommended limits for added sugars.

The Whole Milk for Healthy Kids Act of 2025 would change the permissible milk types that may be offered in school meals to include those recommended by the current Dietary Guidelines—fat-free and low-fat milk—and also reduced-fat and whole milk. The bill would also exempt milk fat from saturated fat limits in school meals. Currently, more than 80% of children and adolescents exceed the recommendation to limit saturated fat intake to less than 10% of calories per day. Without shifts in other foods and beverages, providing students with the option to choose milk with higher saturated fat could result in saturated fat intakes far exceeding current recommendations.

Under current school meal nutrition standards, saturated fat from foods and beverages offered in school meals is limited to no more than 10% of calories per week. Exempting milk from the overall weekly saturated fat limit may add complexity to the programs. Schools would need to

"count" milk toward other daily and weekly meal pattern standards, such as weekly calorie limits, but would need to exempt milk from saturated fat limits. State agencies would need to ensure schools include, or exclude, milk correctly, depending on the requirement.

Schools are already required to provide a substitute for fluid milk when a student cannot consume fluid milk due to a disability, based on submission of a medical statement.

Low dairy intakes have set the stage for calcium and vitamin D to be among several nutrients of public health concern. Supporting efforts to increase dairy intakes would, in turn, improve nutrient intakes and support health across the lifespan. Offering dairy during school meals supports consumption directly and can set the stage for consuming a healthy dietary pattern outside of school meals.