

# MILK

**A NUTRITIOUS POWERHOUSE IN THE AUSTRALIAN DIET**



# MILK AT A GLANCE

Milk is part of a healthy, sustainable diet because it is:

- ✓ Affordable
- ✓ Nutritious
- ✓ Part of our culture
- ✓ Contributes to local economies



AUSTRALIA'S MEAN MILK INTAKE

**148mL**<sup>2</sup>

Milk is a staple in Australian households.

**97%**

of Australian households purchase milk<sup>1</sup>

Milk has been shown to have positive health benefits for growth and development, bone health, muscle strength, type 2 diabetes, heart health and weight. Milk can also feature in the diets of those with lactose intolerance.

## The Milk Matrix is unique

All types of milk contain essential nutrients such as protein, calcium, magnesium, potassium, phosphorus and zinc, plus vitamins A, B12, riboflavin, niacin and iodine. Milk is the greatest contributor of calcium in the Australian diet.



Sources of calcium in the Australian Diet

How do Australians consume milk?<sup>3</sup>



**68% BEVERAGES**



**26% IN BREAKFAST CEREALS**



**23% COMBINED WITH OTHER INGREDIENTS AS PART OF A BEVERAGE**



**18% CONSUMED ALONE**



**14% IN CAFE STYLE COFFEE**

## WHY MILK?

Milk<sup>^</sup> is an affordable, convenient, widely consumed food, containing a unique package of nutrients housed within a complex liquid structure. It plays a key role in healthy eating patterns across all life stages and is a key part of many food-based dietary guidelines around the world<sup>4,5</sup>. The 2013 Australian Dietary Guidelines recommend milk as a Five Food Group food<sup>6</sup>; this is for good reason as consumption is associated with reduced risk of heart disease, stroke, hypertension, type 2 diabetes, metabolic syndrome and colorectal cancer.<sup>7</sup>

A few decades ago, the word 'milk' had a similar meaning for most people. It was a trusted and unquestioned in the Australian diet, with everyone generally consuming the same variety: cow's milk. The last decade has seen an increasing number of beverages marketed as 'milk alternatives', with consumers believing these products are just as nutritious as milk<sup>8</sup>. Consumer attitudes to milk have become more diverse. Concerns around environmental impact and dairy's essentiality in the diet means many are now considering reducing milk consumption<sup>9</sup>, with some countries having reduced dairy serves from national dietary guidelines.<sup>10</sup>

In the Australian diet, milk contributes majority of dairy serve providing the greatest amount of calcium<sup>11</sup>. However, nine out of ten Australians are falling short of their recommended intake of the dairy food group<sup>12</sup>.

This report summarises the science around plain milk and the important role it plays in a healthy diet.



Dairy Australia is the national services body for the Australian dairy industry. This report, prepared by health professionals at Dairy Australia, aims to bring together the most up-to-date and emerging research around the health benefits of milk. It draws from the latest evidence from around the globe, to help health professionals and policymakers to understand the unique health benefits of milk, and to encourage all Australians to enjoy milk as part of a healthy, sustainable diet.

<sup>^</sup> The definition of 'milk' for the purpose of this report refers to cow's milk only.

## WHAT IS MILK?

Legally, milk is defined by The Food Standards Code for Australia and New Zealand (FSANZ) as *"the mammary secretion of milking animals, obtained from one or more milkings, for consumption as liquid milk or for further processing, but excludes colostrum."*<sup>13</sup>

Milk has been a staple in the diet for thousands of years; its consumption can be traced back to the 7th century BC, with a definitive role in food production and cultures worldwide<sup>14,15</sup>. The first people to drink milk regularly were early farmers and pastoralists in western Europe – some of the first humans to live with domesticated animals, including cows. The production of milk provided a source of nourishment for early farmers, and it grew into other products, including cheese and butter<sup>16</sup>.

In 1891 there were almost one million dairy cows in Australia. Today the dairy industry is the fourth largest rural industry in Australia and is a key sector of the agricultural economy and local communities.

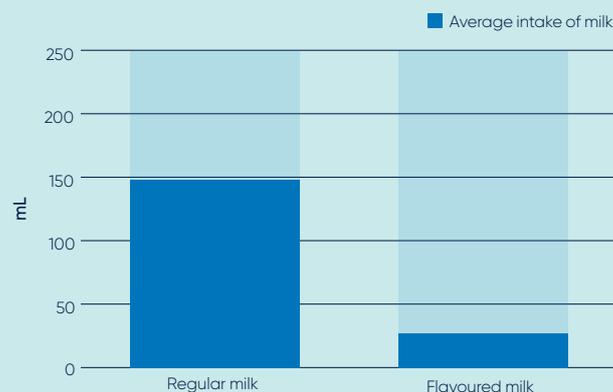
## What's a serve of milk?

The 2013 Australian Dietary Guidelines<sup>17</sup> define a serve of milk as:



- Fresh regular or reduced fat milk
  - UHT
  - Reconstituted powdered milk
  - Buttermilk
- Evaporated milk

Nine out of 10 Australians are not consuming enough dairy foods, and intake of milk is well below the recommended serve sizes<sup>18</sup>. The most recent national health survey found the average intake across all population groups was just 148mL of plain milk (0.6 of a dairy serve) and 27mL of flavoured milk (0.1 of a dairy serve)<sup>19</sup>. This is below the recommended daily intake of dairy foods, which ranges from two-and-a-half to four serves per day.<sup>20</sup>



## Milk in dietary guidelines around the world

A review of dietary guidelines in the Food and Agriculture Organization of the United Nations (FAO) database shows that nearly all of them advise consumption of milk or milk products (with varying amounts and types of dairy)<sup>21, 22</sup>. This is reflective of the overwhelming scientific evidence that milk is an important component of a healthy dietary pattern and associated with positive health outcomes.

As an affordable, concentrated source of macro and micronutrients, milk can play a particularly important role in human nutrition in developing countries, where diets may lack diversity and consumption of other foods may be limited<sup>23</sup>.

The recently revised American Dietary Guidelines have retained dairy foods as a separate, distinct food group in recognition of the health and nutrition benefits to people of all ages. The guidelines recommend three serves per day for most Americans, with a focus on low fat and reduced fat dairy foods<sup>24</sup>. Other dietary recommendations such as the updated Australian Heart Foundation position statement on dairy foods in a heart healthy diet recommend reduced fat dairy foods only for people who have high cholesterol or heart disease. Their advice for the general population recommends enjoying regular fat, unflavoured dairy foods every day as part of a healthy diet<sup>25</sup>.

Conversely, the current Canadian Dietary Guidelines and the Danish Dietary Guidelines suggest a reduction in dairy serves compared to previous versions, with a strong focus on consumption of plant-based foods. Similarly, The EAT-Lancet Commission 'Diets for a Better Future: Rebooting and Reimagining Healthy and Sustainable Food Systems in the G20' report recommends no more than 250g of dairy be consumed each day for environmental reasons<sup>26</sup>. This contradicts the stance taken by the majority of countries reporting in the FAO dietary guidelines database – nearly all of whom advise consumption of milk and/or dairy foods; their recommendations are based on the overwhelming scientific evidence that dairy is an essential driver of health and essential nutrition, an important component of a healthy dietary pattern and associated with positive health outcomes.

## Milk in dietary guidelines in Australia

The Australian Dietary Guidelines state that the key to eating well is to enjoy a variety of nutritious foods from each of the five food groups every day. One of the five food groups is dairy, which includes milk, yoghurt and cheese. A wide range of milk products are available in Australia, including dried, evaporated or UHT (long life). As such, these milk products, including all reduced fat or full cream varieties, plain and flavoured and powered milk are all recommended.

## Milk consumption in Australia

Ninety-five percent of Australian households report purchasing milk in any given week<sup>27</sup>. According to insights from the Australian Health Survey, the majority (68%) of milk consumed in Australia is in beverages, followed by 26% added to breakfast cereals, 23% combined with other ingredients as part of a beverage (e.g. milk added to tea), 18% consumed alone and 14% in café style coffee<sup>28</sup>.

Per capita, consumption of drinking milk is currently estimated at 94 litres each year. This marks a small decline over recent years: however, consumption remains high compared to other developed countries. This is possibly thanks to the expansion of the 'coffee culture' in Australia and growth in flavoured milk products.

In 2019/20 sales of UHT milk increased strongly following the initial COVID-19 outbreak as consumers stockpiled products at home in fear that they might run out of milk. Despite this surge in demand for UHT products, fresh milk remains the most popular variety amongst Australian consumers<sup>29</sup>.

The share of fresh white full cream milk, as a percentage of the total fresh white milk market, has increased, and sale volumes of modified milk (e.g. skim) have declined. While white (unflavoured) milk still accounts for most of drinking milk sold, flavoured milk has also grown in importance<sup>25</sup>.



## Milk production in Australia

Approximately one third (29%) of Australia's milk is turned into drinking milk. The remainder is turned into cheese (39%), skim milk powder or butter (22%), whole milk powder (4%) and other uses (6%)<sup>25</sup>.

Fresh plain milk is minimally processed. As the composition of milk produced changes through the course of a season, most milk is standardised to ensure a consistent taste and nutritional profile year-round. Milk must be legally pasteurised for safety reasons; as well as destroying harmful bacteria and micro-organisms, pasteurisation also extends the shelf life, with minimal impact on the nutrient content<sup>30</sup>. Milk generally undergoes further processing in the form of homogenisation, which disperses the fat equally throughout the milk, rather than allowing it to separate at the top (although varieties of non-homogenised milk are now more widely available).

## Australian milk varieties

All types of milk are classified as 'Five Food Group foods' according to the Australian Dietary Guidelines<sup>31</sup>. Key milk varieties available in Australia are described below:

Milk type	Description
Regular-fat/full-cream/whole	Minimum 3.2% fat and 3% protein. 250 kJ/100mL <sup>32</sup> .
Reduced-fat/lite	At least 25% less fat than full cream milk, or approximately 2% fat. 197kJ/100mL <sup>33</sup> . The cream removed during modification can be bottled as a standalone product or is manufactured into butter and other dairy products.
Skim	Maximum of 0.15% of fat and a minimum of 3% protein. 154kJ/100mL <sup>28</sup>
Ultra-Heat Treated (UHT)/long life	Heated to 140°C for two seconds and then packaged aseptically which destroys any harmful bacteria and micro-organisms. This also extends the shelf life as a pantry staple outside the refrigerator.
A2	Contains only A2 protein. Milk contains several proteins including beta casein, which can be present in two forms: A1 and A2. Whether milk contains A2 protein or a mixture of A1 and A2, they are both safe to drink, contain the same essential nutrients, provide a range of health benefits and are recommended for good health in the Australian Dietary Guidelines <sup>30</sup> .
Evaporated	Produced by gently heating milk to evaporate the water and concentrating the milk solids to 20-28%. After the milk is concentrated, the milk is then canned and sterilised to destroy bacteria and enzymes to increase shelf life, which is useful where no refrigeration is available. This process also makes the natural lactose sugar caramelise, which provides a unique colour and flavour <sup>34, 35</sup> . Evaporated milk is often used as a healthier alternative to cream, as well as commonly used to bake sweet dishes as acid can be added without the milk curdling.
Powdered/dried	Made by removing the water from fresh milk through spray drying, reducing the moisture level to just 3%. The nutrients remain the same after spray drying, however are much more concentrated in the powdered form. Powdered milk can be reconstituted to fresh milk with the addition of water <sup>30</sup> .
Buttermilk	Made by adding lactic acid bacteria to milk, which ferments it. The bacteria turns lactose into lactic acid, which lowers the pH. The acid curdles the protein in the milk, making it slightly thick with a tangy flavour. Buttermilk is commonly used as an ingredient in pancakes, waffles, muffins, and cakes as the acidity. The acidity activates the baking soda in recipes and acts as a raising agent.
Fortified milk	Any type of milk that has been modified for an additional functional benefit. For example, some milks in Australia have added protein, vitamin D or calcium.
Fermented milk	Made by adding micro-organisms to milk, which results in coagulation and a reduction in pH <sup>36</sup> . Yoghurt is the most common example of fermented milk, where the fermentation has been carried out with lactic acid producing micro-organisms

## Regular vs reduced fat milk – which is better for health?

Reduced-fat milk has traditionally been recommended over regular-fat varieties due to its lower energy and saturated fat content, which in the past has been thought to limit the risk of excessive energy intake, weight gain, and potential detrimental health effects such as cardiovascular disease<sup>37</sup>. Current dietary guidelines in the United States, the United Kingdom, and other countries recommend that adults and children over the age of two years consume predominantly reduced fat, rather than regular fat milk<sup>38–41</sup>.

The current Australian Dietary Guidelines (ADGs) recommend consumption of 'milk, cheese, yoghurt and/or alternatives, mostly reduced fat'. However, many health organisations often interpret this recommendation to mean consumption of reduced fat only. The term 'mostly' is defined in the ADGs to mean at least 50% of varieties<sup>42</sup> and comes from a dietary modelling and kilojoule perspective, as opposed to health benefits associated with consuming a specific type of dairy foods.

## Both regular and reduced-fat dairy have the same package of essential nutrients, meaning for many, their choice of dairy can be based on personal preference.

Since the release of the 2013 ADGs, a growing body of evidence, including nine systematic reviews and/or meta-analyses<sup>43–51</sup> and 17 cohort studies published since 2009<sup>52–67</sup> indicate that dairy food consumption, regardless of fat content, is not linked to higher risk of cardiovascular disease or stroke, (and in some cases, is linked to lower risk<sup>68–70</sup>) or weight gain.

After reviewing the body of evidence, the Australian Heart Foundation updated their position statement on dairy foods and heart healthy eating and have removed their restriction on regular fat dairy foods for the general population, concluding that ***“There is not enough evidence to recommend fat modification (i.e. full fat over reduced fat products, or reduced fat over full fat products) for the general population”***<sup>71</sup>.

Dairy fat has the most complex profile of all the fats, containing more than 400 different fatty acids (e.g. short, medium and long-chained fatty acids). Just as not all types of carbohydrate have the same impact on health, not all types of saturated fat are associated with the same health effects.

Dairy fat appears to act differently on lipid metabolism compared to other dietary sources of saturated fat<sup>72</sup>, with the structure of the Dairy Matrix also playing a key role.

## Putting milk’s saturated fat in context

The proportion of fat in milk is displayed in the infographic below in comparison to a number of other significant sources of saturated fat in the Australian diet. Milk contains an amazing package of important nutrients that would be missed from the diet should it be removed. Instead, it is recommended to reduce discretionary food consumption, including cakes, muffins, desserts, pastries, sweet biscuits and sausages that together supply 16.1% of Australians saturated fat intake<sup>73</sup>.

Product	Proportion of saturated fat (%) in the Australian diet
Mixed dishes where cereal is the major ingredient (e.g. pizza, sandwiches, burgers, taco/tortilla dishes, pasta/noodle dishes, rice-based dishes)	9.9
Cheese	7.2
Cakes, muffins and desserts	4.9
Unprocessed beef, sheep, pork	4.8
Pastries	4.6
Milk products	4.0
Sweet biscuits	3.4
Butter	3.3
Sausages	3.2
Poultry and feathered game	2.3

# DISCOVER THE DAIRY MATRIX

Traditionally, nutrition research and dietary advice has focused on the relationship between single nutrients (such as saturated fat, sodium, protein or calcium) and their effect on health. However, it is becoming increasingly recognised that we do not eat nutrients in isolation, rather we eat whole foods as part of varied diets and dietary patterns<sup>74, 75</sup>.

Whole foods have a physically and nutritionally complex structure that has an influence on the digestion of the food and the absorption of nutrients<sup>76</sup>. The concept of the Food Matrix offers a more holistic view and recognises that the health effects of a food are much more complex than that of a single nutrient (or even a few nutrients). Rather, they are a function of both its structure and nutrient content, and how these interact together. As nutrition science evolves, we are learning more about the food matrix effect and its importance on our health. For more information on the Dairy Matrix click the QR code.



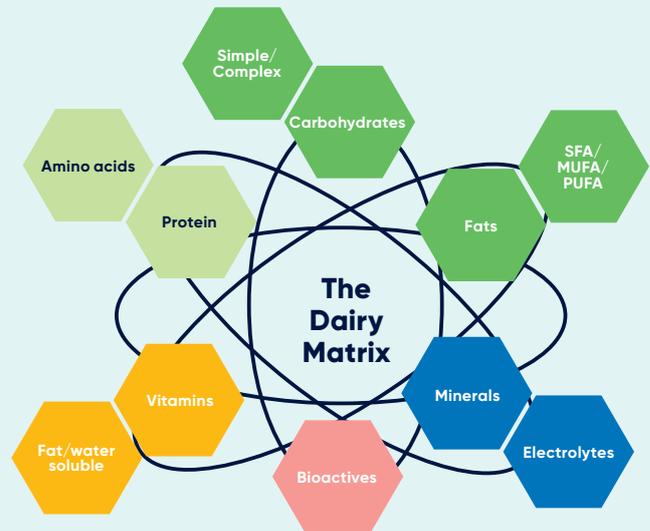
## A closer look at the Milk Matrix

The Dairy Matrix is one of the best researched examples of the Food Matrix effect. While milk seems simple, the complex structure of the Milk Matrix means milk is so much more than a source of calcium.

Milk is an example of a liquid food matrix, composed mostly of water (87%), with a smaller solid component (13%). The solid component of milk contains highly bioavailable proteins, carbohydrate (in the form of lactose), complex fatty acids, essential vitamins and minerals and bioactive components.

At the macroscopic level, milk is an oil-in-water emulsion formed by small milk fat globules dispersed in a serum phase. At the microscopic level, the casein micelles, globular proteins, and lipoprotein particles are in suspension within a solution rich in lactose, soluble proteins, minerals, vitamins and other minor components.

The nutritional and functional complexity in the Milk Matrix is exemplified by milk fat, a complex natural fat, which has over 400 different fatty acids, each with different physiological properties<sup>77, 78</sup>. Components of the membrane which encloses the fat droplets in milk (known as the milk fat globule membrane (MFGM)) also have functional effects, and may play a protective role in preventing cardiovascular disease<sup>79, 80</sup> reducing inflammation<sup>81, 82</sup>, and gut health<sup>83</sup>.



Milk proteins are among the highest-quality proteins, due to their high proportion of essential amino acids and excellent bioavailability. Caseins compose about 80% of the total milk proteins, existing as large colloidal aggregates known as casein micelles. Due to its unique colloidal structure, the casein micelle facilitates efficient transport and delivery of proteins and minerals to the body<sup>84, 85</sup>.

The physical matrix of milk can be transformed via fermentation, heat, and other ripening processes – creating other foods such as yoghurt (semi-solid or gel-like in structure) and cheese (solid in structure). These distinctions are important as different dairy foods possess their own unique physical and nutritional matrices, which impacts the functional properties of each unique dairy food.

## The role of the Milk Matrix in culinary nutrition

Milk is commonly used in cooking and baking, featuring in many traditional sweet and savoury recipes from cakes and desserts to curries and soups. The carbohydrate, protein and fat in milk provides unique functional attributes. For example, the casein proteins in milk can form gels when acidified or when certain enzymes (rennet) are added, playing a critical role in cooking. Milk proteins can also adhere to the surfaces of oil droplets or air bubbles, which is vital in the formation of emulsified products. The ability of milk fat globules to be both liquid at high temperatures and partially solidify when cooled to refrigerator temperatures, is critical in cooking techniques such as churning ice cream.

## NUTRITION COMPOSITION

Milk provides a source of energy, macronutrients, essential vitamins and minerals. The most recent Australian nutrition survey found that cow's milk contributed approximately 20% calcium, 8.7% phosphorous, 17.3% iodine, 5.2% of vitamin A, 4.6% vitamin B6 and 17.5% vitamin B12 to the average Australian adult diet<sup>86</sup>.

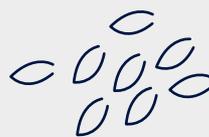
Few other widely available foods naturally contain as much bioavailable calcium. While it is sometimes assumed that supplementation with the same amount of calcium from different food sources has comparable effects on bone health, it is increasingly recognised that the effects of milk on health extend beyond the benefits of the individual nutrients they contain. Rather, the unique combination of nutrients and bioactive factors, and how they interact with each other in the dairy matrix, combine to produce the overall effect on health.



**260mg**  
calcium

### CALCIUM ALTERNATIVES IN THE AUSTRALIAN DIET

Amount required to consume the equivalent amount of calcium as a serve of milk, plus calcium bioavailability



**ALMONDS**



**CHICKPEAS**



**BROCCOLI**



**SPINACH**



■ Bioavailable calcium absorbed  
Sources 16, 19. All figures are approximate

**Figure 1** Macronutrient and calcium composition of Australian milk varieties per 250mL serve<sup>87</sup>

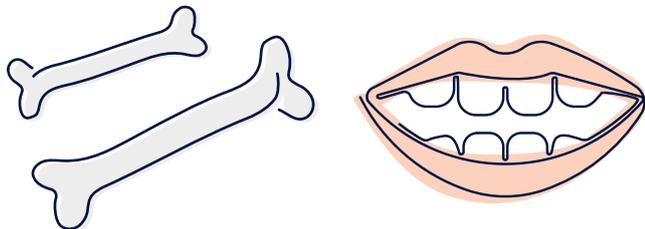
Milk type	Energy (kj)	Protein (g)	Fat (g)	Saturated Fat (g)	Carbohydrate (g)	Total Sugar (g)	Sodium (mg)	Calcium (mg)
Fresh, regular fat	703	8.5	8.5	5.5	15	15	88	260
Fresh, regular fat A2	703	8.5	8.5	5.5	15	15	88	260
Fresh, reduced fat	478	9	3	2.1	12.5	12.5	90	310
Fresh, skim	355	9	0.3	0.2	12	12	123	295
Powdered, regular fat*	760	9	9.8	6.5	15.3	15.3	118	308
Evaporated (canned), full fat	738	9.5	10.1	6.5	12.4	12.4	120	319
Buttermilk	625	10.5	5.0	3.2	13.5	13.5	143	358

\*reconstituted with water

**Figure 2** Micronutrient composition of Australian regular fat, reduced fat and flavoured milk per 250mL serve<sup>88</sup>

Milk type	Energy (kj)	Protein (g)	Fat (g)	Saturated Fat (g)	Carbohydrate (g)	Total Sugar (g)	Sodium (mg)	Calcium (mg)
Fresh, regular fat	703	8.5	8.5	5.5	15	15	88	260
Fresh, regular fat A2	703	8.5	8.5	5.5	15	15	88	260
Fresh, reduced fat	478	9	3	2.1	12.5	12.5	90	310

## HEALTH BENEFITS OF MILK



### Bone and dental health

The majority of food-based dietary guidelines around the world recognise the multifaceted role dairy foods play in contributing key nutrients for bone and dental health<sup>89-91</sup>. **Milk is the biggest supplier of calcium, phosphorus and potassium in the Australian diet – essential nutrients needed for good bone health and strong teeth<sup>92</sup>**. Milk also offers a valuable supply of highly absorbable protein and zinc, key nutrients that synergistically contribute to bone tissue and collagen synthesis<sup>93</sup>. Milk is a superior choice for dental health compared to soy beverages; a study comparing the effects of soy beverages and milk found that milk provides a significantly greater degree of remineralisation compared to soy alternatives<sup>94</sup>. Further to this, enamel mineral content of teeth after consumption of milk and soy beverages found that soy alternatives resulted in demineralisation of tooth enamel whereas milk resulted in remineralisation<sup>95</sup>.

The requirements for calcium, phosphorus and potassium are increased during critical stages of life. Around 50% of adult bone mass is acquired during the adolescent years and just a 10% increase in peak bone mass could reduce the risk of fracture by 50% in women after menopause.

Adolescence is a critical time for building bones that need to last a lifetime, while in the period following menopause, women begin to lose bone mass rapidly, increasing risk of osteoporosis. In Australia, eight out of 10 adolescents do not consume enough milk or other dairy foods<sup>96</sup>. Research has shown that consuming dairy foods is associated with greater bone mineral content and density in adolescents<sup>97</sup>.

In the elderly population, diminishing bone density can lead to elevated risks of osteoporosis and subsequent fractures<sup>98, 99</sup>. Menopausal women, in particular, experience hormone-related changes that accelerate bone loss<sup>100, 101</sup>. This is of particular concern for Australian women over the age of 75 who do not eat enough dairy foods<sup>102</sup>, with one in four suffering from osteoporosis<sup>103</sup>. Research from the University of Melbourne and Austin Health has linked increased dairy food consumption (including milk and skim milk powder) with reduced risk of falls and fractures in aged care residents; an 11% reduction in the risk of falls, 33% reduction in the risk of all fractures in aged-care residents<sup>104</sup>.



## Diet quality and nutrient density

Milk intake is a marker for dietary quality because of its nutrient contribution; milk is an excellent source of several essential nutrients such as high-quality protein, minerals calcium, phosphorus, potassium and iodine, and vitamins B2 and B12, as well as many natural bioactive components (e.g. specific fatty acids and peptides). The proteins naturally found in milk are unmatched in quality and offer benefits across life stages such as strengthening bone density and assisting in muscle maintenance for healthy aging.

Along with being the biggest source of calcium, milk is also the biggest source of vitamin B12, iodine, riboflavin (vitamin B2), phosphorus and potassium in the Australian diet<sup>105</sup>. Observational and dietary modelling studies have shown milk consumption to be a reliable indicator of dietary quality across multiple age groups, with consumers more likely to meet their requirements of protein, essential minerals and vitamins A, B2, B6 and B12<sup>106–110</sup>.

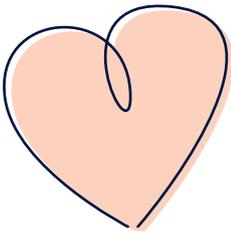


## Healthy weight

In developing the 2013 Australian Dietary Guidelines, the National Health and Medical Research Council found no evidence to show a link between eating dairy foods and weight gain or risk of obesity in adults. Studies published since the release of the 2013 Australian Dietary Guidelines continue to show a neutral effect of dairy foods on weight. In addition, two recent research studies found that including at least three serves of dairy foods, such as milk, in an everyday diet was not linked to weight gain compared to individuals eating less than 1–2 serves of dairy foods per day<sup>111, 112</sup>. In fact, dairy foods, such as milk, may have modest benefits in facilitating weight loss in short-term or energy-restricted diets<sup>113</sup>.

Similar findings have been shown in children and adolescents. Research found that milk and other dairy foods are consistently found to be not associated, or inversely associated, with obesity and indicators of adiposity in children<sup>114</sup>.

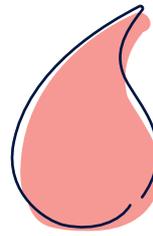
There are a number of factors that may explain the beneficial effects of milk for weight-loss; milk has a low Glycaemic Index, together with a high protein content that may assist satiety<sup>115</sup>. In addition, dairy calcium may be beneficial for weight loss because a high calcium intake can reduce lipogenesis and stimulate lipolysis, as well as reduce the amount of dietary fat absorbed by the body<sup>116, 117</sup>.



## Heart health and cardiovascular disease

Twenty-five percent of Australian deaths are attributed to cardiovascular disease, making it Australia's most costly disease<sup>118</sup>. The Australian Dietary Guidelines recognise the importance of including milk in the diet to protect against heart disease, stroke and reduce blood pressure, as do the 2020 American Dietary Guidelines<sup>119, 120</sup>.

Research indicates that consuming dairy foods, including milk, is not associated with higher risk for cardiovascular disease and may be associated with a reduced risk<sup>121, 122</sup>. In addition, three research studies published from 2016–18 determined that total dairy intake was associated with a 20% reduced risk of stroke mortality<sup>123</sup>, an 8% lower risk of stroke<sup>124</sup> and no evidence for an increased or decreased risk of adverse cardiovascular incidents or all-cause mortality with milk consumption<sup>125</sup>.

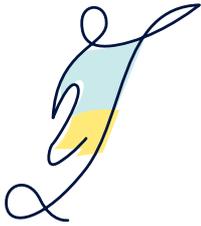


## Diabetes

A number of meta-analyses of prospective cohort studies have concluded that higher milk consumption is associated with a reduced risk of type 2 diabetes<sup>126–129</sup>.

**Both reduced fat and regular fat milk may play a beneficial role in preventing type 2 diabetes and emerging evidence suggests that regular fat milk may be especially protective in those who have pre-diabetes<sup>130, 131</sup>.**

There are several plausible biological mechanisms through which milk products may play a role in reducing the risk of developing type 2 diabetes<sup>132–134</sup> whey protein in milk may reduce postprandial plasma glucose concentration in type 2 diabetics<sup>135</sup>, as well as promote insulin sensitivity, improve glucose tolerance and lipid profile, and also help weight control<sup>136–139</sup>. Calcium, as well as magnesium, may reduce the risk of type 2 diabetes through their role in modulating insulin resistance, pancreatic beta-cell function, and inflammation<sup>140, 141</sup>.



## Sports nutrition and muscle health

There are a number of studies supporting the benefits of dairy, especially milk, for exercise performance and recovery of muscle function<sup>142</sup>. Chocolate milk specifically, has been found to be as effective at promoting glycogen resynthesis as traditional sports beverages<sup>143</sup>. As for promoting rehydration, it is indicated that chocolate milk is not only effective for exercise-induced dehydration, but is also superior to sports drinks due to lower total urine output during recovery<sup>144</sup>. The ability of milk to effectively act as a rehydration beverage likely relates to its high water content (~85%) and composition of electrolytes, namely potassium and sodium, which are lost through sweating.

Protein from milk has been shown to have beneficial body composition effects in men and women. Male weightlifters who drank skim milk after a workout built approximately twice as much muscle as those who drank soy beverages<sup>145, 146</sup>, while women who drank 500mL of skim milk an hour after resistance exercise gained more muscle and lost more fat than those who had a sugar-based energy drink. In addition, milk is a cost-effective beverage option compared to sports drinks, and is a better choice for dental health, as it is less acidic<sup>147</sup>.



## Childhood growth and development

There is a wealth of research to support the importance of milk for children of all ages<sup>148-154</sup>.

Dairy nutrients play a critical role in healthy growth and development and the consumption of dairy foods during childhood is linked to increased bone density in adulthood<sup>155</sup>.

In the United States, the Feeding Infants and Toddlers Study (FITS) and the National Health and Nutrition Examination Study (NHANES) have documented the key role that milk plays in the diets of toddlers for both macro- and micronutrients<sup>156</sup>. Studies from multiple European countries have similarly documented the important role of milk in the diets of young children<sup>157-160</sup>.

Consumption of milk is also associated with greater height growth in children<sup>161, 162</sup>. Research found that girls who drank >3 servings per day of milk grew 0.11 in (0.3 cm) more the following year than girls who consumed <1 serving per day<sup>163</sup>. Further, the addition of 245mL of milk per day to a child's regular diet may increase height by 0.4 cm per year of growth.



## Cancer

Some research indicates that dairy foods, including milk, may protect against cancer by reducing the risk of colon cancer, with calcium playing a key role in protecting the colon<sup>164-167</sup>. Overall, the evidence indicates that dairy foods have no effect on breast cancer<sup>168-170</sup>.



## Cow's milk allergy and lactose intolerance

Cow's milk protein allergy (CMPA) involves an immunological reaction and requires elimination of all dairy from the diet. In Australia around 2% (one in 50) babies are allergic to cow's milk and dairy foods. Most children outgrow CMPA by the age of four and ongoing symptoms in adults are very rare<sup>171</sup>. Cow's milk elimination from the diet during infancy and childhood for CMPA should be recommended only after confirming the diagnosis with a health professional. It is important to ensure appropriate substitution where milk needs to be eliminated, to minimise the risk of nutritional inadequacy and poor growth.

### It is important that CMPA is not confused with lactose maldigestion or lactose intolerance.

People with diagnosed lactose intolerance do not need to avoid milk or other dairy foods, unlike CMPA. There are several recommended strategies to manage lactose intolerance; there is evidence that gradually increasing lactose intake over time can result in colonic adaptation<sup>172</sup>. Most people can usually tolerate up to 12g of lactose (the amount in one glass of milk) without symptoms, particularly if it is consumed with other foods and in smaller quantities across the day<sup>173</sup>. Lactose-free milks are also available and contain a similar nutrient profile to regular milk. According to the NIH Consensus Development Conference Statement on Lactose Intolerance and Health, dairy exclusion diets may exacerbate the risk of osteoporosis and negatively impact other health outcomes such as blood pressure control<sup>172</sup>, so it is important symptoms and dietary changes are managed in conjunction with a health professional.

# THE ROLE OF MILK IN A HEALTHY, SUSTAINABLE DIET

The concept of eating sustainably takes into account not only environmental factors such as greenhouse gas emissions (GHE), water and land use, but also the importance of nutritious, affordable and culturally acceptable foods.<sup>174</sup> The FAO and WHO guiding principles of sustainable healthy diets assert that “Sustainable Healthy Diets are dietary patterns that promote all dimensions of individuals’ health and wellbeing; have low environmental pressure and impact, are accessible, affordable, safe and equitable; and are culturally acceptable.”<sup>175</sup>

Due to the multitude of issues that can be considered crucial for the sustainability of human eating habits, assessing the sustainability of diets can be challenging. Furthermore, measuring the environmental impact of a food system is highly complex; how a food is grown, transported, sold, processed, consumed and if it is wasted contributes to a food’s environmental impact.

**Research confirms dairy’s role in healthy dietary patterns and its contribution to all sustainability domains.**<sup>176</sup>

## Socioeconomic domain

A serve of fresh milk costs, on average, \$0.43<sup>177</sup> and offers an accessible and affordable source of high-quality nutrition with proven health benefits. The ability to buy locally made milk ensures money goes back into local communities and families through income and job creation.

## Nutrient Bang for Buck

### Health

A recent Australian study conducted by CSIRO has shown that core dairy foods, such as milk, play an important role in meeting nutrient intakes in a healthy and lower GHE dietary pattern in Australia. Results suggest that dairy foods make a critical nutritional contribution to a lower GHE diet and that current dairy recommendations in Australia are no barrier to achieving a lower GHE diet (40% lower).<sup>178</sup>

The Australian dairy industry is committed to continually improving practices to minimise our environmental footprint for the long-term, which is reflected in the Australian Dairy Industry Sustainability Framework and goals.<sup>179</sup>

### Environmental impact

Like any agricultural industry that uses natural resources, dairy farming does impact the environment. However, the dairy sector has one of the smallest carbon footprints per unit of animal product in the world. Producing milk, and indirectly meat, accounts for 4% percent of all global greenhouse gas (GHG) emissions from human activities. Overall contribution of milk production, processing and transportation represents 2.7% of GHG global emissions.<sup>180</sup>

The Australian dairy industry is committed to reducing its environmental impact, which includes reducing greenhouse gas intensity by 2030; the dairy manufacturing sector alone has reduced emissions intensity by 23.5% and absolute emissions by 27% since 2010/11.<sup>181</sup> For more information on Australian dairy’s sustainability commitments and targets, visit [dairy.com.au/sustainabilityframework](http://dairy.com.au/sustainabilityframework)





## HOW DOES MILK COMPARE TO PLANT-BASED BEVERAGES?

Over the past decade, there has been an increase in the number of plant-based milk alternatives available. Plant-based beverages are derived from nuts, seeds, cereals or legumes, or any combination of these, with the addition of filtered water and other ingredients for stability, shelf-life, flavour etc. Plant-based beverages are highly processed foods, involving multiple food production steps to produce the final food product, and often have little in common with the plants they are derived from. Milk contains only one ingredient – milk – and, for plain varieties, production involves only processes which are deemed necessary for health and safety. There is a wealth of research supporting the role of milk and other dairy foods (cheese and yoghurt) as an important part of a healthy, balanced diet, and the association with reduced risk of many chronic diseases (see Health Benefits of Milk). In contrast, the amount of research on the health benefits of plant-based beverages is small, with the exception of soy-based foods which offer a dietary source rich of proteins, fat and isoflavones.<sup>182, 183</sup>

The nutrient composition of plant-based beverages depends on the source, methods of processing, and whether the products are fortified.<sup>184</sup> FSANZ recognise that generally plant-based beverages do not have the same nutrient content as milk, which contains higher levels of protein and a wider range of naturally occurring vitamins and minerals.<sup>185</sup> The Australian Dietary Guidelines consider only plant-based beverages that are fortified with 100mg of calcium per 100mL as substitutes for milk<sup>186</sup>, however the type of calcium used in fortification is less bioavailable than that naturally found in milk.

There is little known research on the health effects of commercially available plant-based beverages, aside from its nutritional differences to milk. The evidence is currently insufficient to conclude that plant-based beverages possess health benefits, as the limited available evidence mostly focuses on the beneficial effects of their constituents (e.g. soy protein, unsaturated fat) on disease markers (e.g. cholesterol) and extrapolates these to product effects. Moreover, unlike the research on milk, there is little or no evidence supporting the beneficial effects on disease endpoints.

# REFERENCES

- Lewers Research. Dairy Australia Trust Tracker. 2020.
- Australian Bureau of Statistics. Australian Health Survey: Nutrition First Results – Foods and Nutrients. Available: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/australian-health-survey-nutrition-first-results-foods-and-nutrients/latest-release>
- Australian Bureau of Statistics. Australian Health Survey: Consumption of food groups from the Australian Dietary Guidelines, 2011–2012. Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.012main+features12011-12>
- Herforth A, Arimond M, Álvarez-Sánchez C, Coates J, Christianson K, Muehlhoff E. A global review of food-based dietary guidelines. *Advances in Nutrition*. 2019;10(4):590–605
- U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020–2025. Available: [dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials](https://www.dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials)
- National Health and Medical Research Council. Australian Dietary Guidelines. Available: <https://www.eatforhealth.gov.au/guidelines>
- National Health and Medical Research Council. A Review of the Evidence to Address Targeted Questions to Inform the Revision of the Australian Dietary Guidelines (Evidence Report). Available: <https://www.eatforhealth.gov.au/file/review-evidence-address-targeted-questions-inform-revision-australian-dietary-guidelines>
- Lewers Research. Dairy Australia Trust Tracker. 2020.
- Lewers Research. Dairy Australia Trust Tracker. 2018–2020.
- Comerford KB, Miller GD, Boileau AC, Masiello Schuette SN, Giddens JC, Brown KA. Global review of dairy recommendations in food-based dietary guidelines. *Frontiers in Nutrition*. 2021;8:1–10.
- Australian Bureau of Statistics. Australian Health Survey: Nutrition First Results – Foods and Nutrients. Available: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/australian-health-survey-nutrition-first-results-foods-and-nutrients/latest-release>
- Australian Bureau of Statistics. Australian Health Survey: Consumption of food groups from the Australian Dietary Guidelines, 2011–2012. Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.012main+features12011-12>
- Food Standards Australia New Zealand. Standard 1.1.2. Available: <https://www.foodstandards.gov.au/code/Documents/1.1.2%20Definitions%20v159.pdf>
- Evershed RP, Payne S, Sherratt AG, Copley MS, Coolidge J, Urem-Kotsu D, Kotsakis K, Özdoğan M, Özdoğan AE, Nieuwenhuysse O, Akkermans PM. Earliest date for milk use in the Near East and southeastern Europe linked to cattle herding. *Nature*. 2008;455(7212):528–531.
- Muehlhoff E, Bennett A, McMahon D. Milk and Dairy Products in Human Nutrition. Food and Agriculture Organization of the United Nations (FAO); 2013. Available: <https://www.fao.org/3/i3396e/i3396e.pdf>
- Itan Y, Powell A, Beaumont MA, Burger J, Thomas MG. The origins of lactase persistence in Europe. *PLoS Computational Biology*. 2009;5(8):1–13.
- National Health and Medical Research Council. Australian Dietary Guidelines. Available: <https://www.eatforhealth.gov.au/guidelines>
- Australian Bureau of Statistics. Australian Health Survey: Consumption of food groups from the Australian Dietary Guidelines, 2011–2012. Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.012main+features12011-12>
- Australian Bureau of Statistics. Australian Health Survey: Nutrition First Results – Foods and Nutrients. Available: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/australian-health-survey-nutrition-first-results-foods-and-nutrients/latest-release>
- National Health and Medical Research Council. Australian Dietary Guidelines. Available: <https://www.eatforhealth.gov.au/guidelines>
- Herforth A, Arimond M, Álvarez-Sánchez C, Coates J, Christianson K, Muehlhoff E. A Global Review of Food-Based Dietary Guidelines. *Advances in Nutrition*. 2019; 10: 590–605.
- Comerford KB, Miller GD, Boileau AC, Masiello Schuette SN, Giddens JC, Brown KA. Global review of dairy recommendations in food-based dietary guidelines. *Frontiers in Nutrition*. 2021 May 25;8:1–10.
- Muehlhoff E, Bennett A, McMahon D. Milk and Dairy Products in Human Nutrition. Food and Agriculture Organization of the United Nations (FAO); 2013. Available: <https://www.fao.org/3/i3396e/i3396e.pdf>
- U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020–2025. Available: <https://www.dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials>
- Heart Foundation of Australia. Dietary Position Statement – Dairy and Heart Healthy Eating. Available: [https://www.heartfoundation.org.au/getmedia/54b5c4af-d1ba-40aa-ab08-b7c7ac41b8e9/Nutrition\\_Position\\_Statement\\_-\\_DAIRY.pdf](https://www.heartfoundation.org.au/getmedia/54b5c4af-d1ba-40aa-ab08-b7c7ac41b8e9/Nutrition_Position_Statement_-_DAIRY.pdf)
- EAT–Lancet Commission. Healthy Diets From Sustainable Food Systems: Food Planet Health. Available: <https://eatforum.org/eat-lancet-commission/eat-lancet-commission-summary-report/>
- NielsenIQ. Homescan: Dairy Category.
- Australian Bureau of Statistics. Australian Health Survey: Consumption of food groups from the Australian Dietary Guidelines, 2011–2012. Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.012main+features12011-12>
- Dairy Australia. In Focus 2020. The Australian Dairy Industry. Available: <https://cdn-prod.dairyaustralia.com.au/-/media/project/dairy-australia-sites/national-home/resources/2020/11/19/the-australian-dairy-industry-in-focus/infocus-report-2020.pdf>
- MacDonald LE, Brett J, Kelton D, Majowicz SE, Snedeker K, Sargeant JM. A systematic review and meta-analysis of the effects of pasteurization on milk vitamins, and evidence for raw milk consumption and other health-related outcomes. *Journal of Food Protection*. 2011;74(11):1814–1832.
- National Health and Medical Research Council. Australian Dietary Guidelines. Available: <https://www.eatforhealth.gov.au/guidelines>
- Food Standards Australia New Zealand. Food Standards Code Standard 2.5.1 – Milk. Available: <https://www.legislation.gov.au/Details/F2015L00462>
- Food Standards Australia New Zealand. Food Standards Code. Standard 2.5.1 – Milk. Available: <https://www.legislation.gov.au/Details/F2015L00462>
- Dairy Australia. Concentrated milk. Available: <https://www.dairy.com.au/products/milk/concentrated-milk>
- Food Standards Australia New Zealand. Standard 2.5.7 – Dried milk, evaporated milk and condensed milk. Available: <https://www.legislation.gov.au/Series/F2015L00425>
- Food Standards Australia New Zealand. Food Standards Code. Standard 2.5.3 – Fermented milk products. Available: <https://www.legislation.gov.au/Series/F2015L00413>
- Ludwig DS, Willett WC. Three daily servings of reduced-fat milk: an evidence-based recommendation?. *JAMA Pediatrics*. 2013;167(9):788–789.
- National Health and Medical Research Council. Australian Dietary Guidelines. Available: <https://www.eatforhealth.gov.au/guidelines>
- U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020–2025. Available: <https://www.dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials>
- Ministry of Health. Food and nutrition guidelines for healthy children and young people (aged 2–18 years): a background paper. Available: <https://www.health.govt.nz/publication/food-and-nutrition-guidelines-healthy-children-and-young-people-aged-2-18-years-background-paper>
- United Kingdom Government. The Eatwell Guide. Available: <https://www.gov.uk/government/publications/the-eatwell-guide>
- National Health and Medical Research Council. Australian Dietary Guidelines. Available: <https://www.eatforhealth.gov.au/guidelines>
- De Souza RJ, Mente A, Maroleanu A, Cozma AI, Ha V, Kishibe T, Uleryk E, Budylowski P, Schünemann H, Beyene J, Anand SS. Intake of saturated and trans unsaturated fatty acids and risk of all cause mortality, cardiovascular disease, and type 2 diabetes: systematic review and meta-analysis of observational studies. *BMJ*. 2015;351:1–16.
- Drouin-Chartier JP, Brassard D, Tessier-Grenier M, Côté JA, Labonté MÈ, Desroches S, Couture P, Lamarche B. Systematic review of the association between dairy product consumption and risk of cardiovascular-related clinical outcomes. *Advances in Nutrition*. 2016;7(6):1026–1040.
- Chen GC, Wang Y, Tong X, Szeto IM, Smit G, Li ZN, Qin LQ. Cheese consumption and risk of cardiovascular disease: a meta-analysis of prospective studies. *European Journal of Nutrition*. 2017;56(8):2565–2575.
- Mullie P, Pizot C, Autier P. Daily milk consumption and all-cause mortality, coronary heart disease and stroke: a systematic review and meta-analysis of observational cohort studies. *BMC Public Health*. 2016;16(1):1–8.
- Alexander DD, Bylsma LC, Vargas AJ, Cohen SS, Doucette A, Mohamed M, Irvin SR, Miller PE, Watson H, Fryzek JP. Dairy consumption and CVD: a systematic review and meta-analysis. *British Journal of Nutrition*. 2016;115(4):737–750.

- 48 Guo J, Astrup A, Lovegrove JA, Gijsbers L, Givens DJ, Soedamah-Muthu SS. Milk and dairy consumption and risk of cardiovascular diseases and all-cause mortality: dose-response meta-analysis of prospective cohort studies. *European Journal of Epidemiology*. 2017;32(4):269-87.
- 49 Soedamah-Muthu SS, Ding EL, Al-Delaimy WK, Hu FB, Engberink MF, Willett WC, Geleijnse JM. Milk and dairy consumption and incidence of cardiovascular diseases and all-cause mortality: dose-response meta-analysis of prospective cohort studies. *The American Journal of Clinical Nutrition*. 2011;93(1):158-171.
- 50 Hu D, Huang J, Wang Y, Zhang D, Qu Y. Dairy foods and risk of stroke: a meta-analysis of prospective cohort studies. *Nutrition, Metabolism and Cardiovascular Diseases*. 2014;24(5):460-9.
- 51 Qin LQ, Xu JY, Han SF, Zhang ZL, Zhao YY, Szeto IM. Dairy consumption and risk of cardiovascular disease: an updated meta-analysis of prospective cohort studies. *Asia Pacific Journal of Clinical Nutrition*. 2015;24(1):90-100.
- 52 Dehghan M, Mente A, Zhang X, Swaminathan S, Li W, Mohan V, Iqbal R, Kumar R, Wentzel-Viljoen E, Rosengren A, Amma LI. Associations of fats and carbohydrate intake with cardiovascular disease and mortality in 18 countries from five continents (PURE): a prospective cohort study. *The Lancet*. 2017;390(10107):2050-2062.
- 53 Mente A, Dehghan M, Rangarajan S, McQueen M, Dagenais G, Wielgosz A, Lear S, Li W, Chen H, Yi S, Wang Y. Association of dietary nutrients with blood lipids and blood pressure in 18 countries: a cross-sectional analysis from the PURE study. *The Lancet Diabetes & Endocrinology*. 2017;5(10):774-787.
- 54 Kondo I, Ojima T, Nakamura M, Hayasaka S, Hozawa A, Saitoh S, Ohnishi H, Akasaka H, Hayakawa T, Murakami Y, Okuda N. Consumption of dairy products and death from cardiovascular disease in the Japanese general population: the NIPPON DATA80. *Journal of epidemiology*. 2013 Jan 5;23(1):47-54.
- 55 Goldbohm RA, Chorus AM, Galindo Garre F, Schouten LJ, van den Brandt PA. Dairy consumption and 10-y total and cardiovascular mortality: a prospective cohort study in the Netherlands. *The American Journal of Clinical Nutrition*. 2011;93(3):615-627.
- 56 Praagman J, Franco OH, Ikram MA, Soedamah-Muthu SS, Engberink MF, Van Rooij FJ, Hofman A, Geleijnse JM. Dairy products and the risk of stroke and coronary heart disease: the Rotterdam Study. *European Journal of Nutrition*. 2015;54(6):981-990.
- 57 de Oliveira Otto MC, Mozaffarian D, Kromhout D, Bertoni AG, Sibley CT, Jacobs Jr DR, Nettleton JA. Dietary intake of saturated fat by food source and incident cardiovascular disease: the Multi-Ethnic Study of Atherosclerosis. *The American Journal of Clinical Nutrition*. 2012;96(2):397-404.
- 58 Warensjö E, Jansson JH, Cederholm T, Boman K, Eliasson M, Hallmans G, Johansson I, Sjögren P. Biomarkers of milk fat and the risk of myocardial infarction in men and women: a prospective, matched case-control study. *The American Journal of Clinical Nutrition*. 2010;92(1):194-202.
- 59 Larsson SC, Virtamo J, Wolk A. Dairy consumption and risk of stroke in Swedish women and men. *Stroke*. 2012;43(7):1775-1780.
- 60 Patterson E, Larsson SC, Wolk A, Åkesson A. Association between dairy food consumption and risk of myocardial infarction in women differs by type of dairy food. *The Journal of Nutrition*. 2013;143(1):74-79.
- 61 Sonestedt E, Wirfält E, Wallström P, Gullberg B, Orho-Melander M, Hedblad B. Dairy products and its association with incidence of cardiovascular disease: the Malmö diet and cancer cohort. *European Journal of Epidemiology*. 2011;26(8):609-618.
- 62 Dalmeijer GW, Struijk EA, Van Der Schouw YT, Soedamah-Muthu SS, Verschuren WM, Boer JM, Geleijnse JM, Beulens JW. Dairy intake and coronary heart disease or stroke—a population-based cohort study. *International Journal of Cardiology*. 2013;167(3):925-929.
- 63 Soedamah-Muthu SS, Masset G, Verberne L, Geleijnse JM, Brunner EJ. Consumption of dairy products and associations with incident diabetes, CHD and mortality in the Whitehall II study. *British journal of nutrition*. 2013;109(4):718-726.
- 64 Louie JC, Flood VM, Burlutsky G, Rangan AM, Gill TP, Mitchell P. Dairy consumption and the risk of 15-year cardiovascular disease mortality in a cohort of older Australians. *Nutrients*. 2013;5(2):441-454.
- 65 Van Aerde MA, Soedamah-Muthu SS, Geleijnse JM, Snijder MB, Nijpels G, Stehouwer CD, Dekker JM. Dairy intake in relation to cardiovascular disease mortality and all-cause mortality: the Hoorn Study. *European Journal of Nutrition*. 2013;52(2):609-616.
- 66 Bonthuis M, Hughes MC, Ibiebele TI, Green AC, Van Der Pols JC. Dairy consumption and patterns of mortality of Australian adults. *European Journal of Clinical Nutrition*. 2010;64(6):569-77.
- 67 Drouin-Chartier JP, Brassard D, Tessier-Grenier M, Côté JA, Labonté MÈ, Desroches S, Couture P, Lamarche B. Systematic review of the association between dairy product consumption and risk of cardiovascular-related clinical outcomes. *Advances in Nutrition*. 2016;7(6):1026-40.
- 68 Qin LQ, Xu JY, Han SF, Zhang ZL, Zhao YY, Szeto IM. Dairy consumption and risk of cardiovascular disease: an updated meta-analysis of prospective cohort studies. *Asia Pacific Journal of Clinical Nutrition*. 2015;24(1):90-100.
- 69 Dehghan M, Mente A, Zhang X, Swaminathan S, Li W, Mohan V, Iqbal R, Kumar R, Wentzel-Viljoen E, Rosengren A, Amma LI. Associations of fats and carbohydrate intake with cardiovascular disease and mortality in 18 countries from five continents (PURE): a prospective cohort study. *The Lancet*. 2017;390(10107):2050-2062.
- 70 Mente A, Dehghan M, Rangarajan S, McQueen M, Dagenais G, Wielgosz A, Lear S, Li W, Chen H, Yi S, Wang Y. Association of dietary nutrients with blood lipids and blood pressure in 18 countries: a cross-sectional analysis from the PURE study. *The Lancet Diabetes & Endocrinology*. 2017;5(10):774-787.
- 71 Heart Foundation of Australia. Dietary Position Statement – Dairy and Heart Healthy Eating. Available: [https://www.heartfoundation.org.au/getmedia/54b5c4af-d1ba-40aa-ab08-b7c7ac41b8e9/Nutrition\\_Position\\_Statement\\_-\\_DAIRY.pdf](https://www.heartfoundation.org.au/getmedia/54b5c4af-d1ba-40aa-ab08-b7c7ac41b8e9/Nutrition_Position_Statement_-_DAIRY.pdf)
- 72 de Oliveira Otto MC, Nettleton JA, Lemaitre RN, M. Steffen L, Kromhout D, Rich SS, Y. Tsai M, Jacobs Jr DR, Mozaffarian D. Biomarkers of dairy fatty acids and risk of cardiovascular disease in the multi ethnic study of atherosclerosis. *Journal of the American Heart Association*. 2013;2(4):1-11.
- 73 Australian Bureau of Statistics. Australian Health Survey: Usual Nutrient Intakes, 2011–2012. Available: <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.008>
- 74 Mozaffarian D, Rosenberg I, Uauy R. History of modern nutrition science—implications for current research, dietary guidelines, and food policy. *BMJ*. 2018;361(2392):1-6.
- 75 Mozaffarian D. Dairy foods, obesity, and metabolic health: the role of the food matrix compared with single nutrients. *Advances in Nutrition*. 2019;10(5):917S-9123S.
- 76 Thorning TK, Bertram HC, Bonjour JP, De Groot L, Dupont D, Feeney E, Ipsen R, Leecerf JM, Mackie A, McKinley MC, Michalski MC. Whole dairy matrix or single nutrients in assessment of health effects: current evidence and knowledge gaps. *The American Journal of Clinical Nutrition*. 2017;105(5):1033-1045.
- 77 Muehlhoff E, Bennett A, McMahon D. Milk and Dairy Products in Human Nutrition. Food and Agriculture Organization of the United Nations (FAO); 2013. Available: <https://www.fao.org/3/i3396e/i3396e.pdf>
- 78 Lindmark Månsson H. Fatty acids in bovine milk fat. *Food & Nutrition Research*. 2008;52(1):1821-1824.
- 79 Rosqvist F, Smedman A, Lindmark-Månsson H, Paulsson M, Petrus P, Straniero S, Rudling M, Dahlman I, Risérus U. Potential role of milk fat globule membrane in modulating plasma lipoproteins, gene expression, and cholesterol metabolism in humans: a randomized study. *The American Journal of Clinical Nutrition*. 2015;102(1):20-30.
- 80 Anto L, Warykas SW, Torres-Gonzalez M, Blesso CN. Milk polar lipids: underappreciated lipids with emerging health benefits. *Nutrients*. 2020;12(4):1001-1034.
- 81 Norris GH, Porter CM, Jiang C, Millar CL, Blesso CN. Dietary sphingomyelin attenuates hepatic steatosis and adipose tissue inflammation in high-fat-diet-induced obese mice. *The Journal of Nutritional Biochemistry*. 2017;40:36-43.
- 82 Norris GH, Porter CM, Jiang C, Blesso CN. Dietary milk sphingomyelin reduces systemic inflammation in diet-induced obese mice and inhibits LPS activity in macrophages. *Beverages*. 2017;3(3):37-51.
- 83 Norris GH, Jiang C, Ryan J, Porter CM, Blesso CN. Milk sphingomyelin improves lipid metabolism and alters gut microbiota in high fat diet-fed mice. *The Journal of Nutritional Biochemistry*. 2016;30:93-101.
- 84 Lindmark Månsson H. Fatty acids in bovine milk fat. *Food & Nutrition Research*. 2008;52(1):1821-1824.
- 85 De Kruif CG, Huppertz T, Urban VS, Petukhov AV. Casein micelles and their internal structure. *Advances in Colloid and Interface science*. 2012;171:36-52.
- 86 Australian Bureau of Statistics. Australian Health Survey: Usual Nutrient Intakes, 2011–2012. Available: <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.008>
- 87 Food Standards Australia New Zealand. Australian Food Composition Tables. Available: <https://www.foodstandards.gov.au/science/monitoringnutrients/afcd/pages/default.aspx>
- 88 Food Standards Australia New Zealand. Australian Food Composition Tables. Available: <https://www.foodstandards.gov.au/science/monitoringnutrients/afcd/pages/default.aspx>

- 89 Auclair O, Han Y, Burgos SA. Consumption of milk and alternatives and their contribution to nutrient intakes among Canadian adults: evidence from the 2015 Canadian Community Health Survey—Nutrition. *Nutrients*. 2019;11(8):1948–1965.
- 90 Jacobs ET, Foote JA, Kohler LN, Skiba MB, Thomson CA. Re-examination of dairy as a single commodity in US dietary guidance. *Nutrition Reviews*. 2020;78(3):225–234.
- 91 National Health and Medical Research Council. Australian Dietary Guidelines. Available: <https://www.eatforhealth.gov.au/guidelines>
- 92 Australian Bureau of Statistics. Australian Health Survey: Nutrition First Results – Foods and Nutrients. Available: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/australian-health-survey-nutrition-first-results-foods-and-nutrients/latest-release>
- 93 Seo HJ, Cho YE, Kim T, Shin HI, Kwun IS. Zinc may increase bone formation through stimulating cell proliferation, alkaline phosphatase activity and collagen synthesis in osteoblastic MC3T3-E1 cells. *Nutrition Research and Practice*. 2010;4(5):356–361.
- 94 Widanti HA, Herda E, Damiyanti M. Effect of cow and soy milk on enamel hardness of immersed teeth. In *Journal of Physics: Conference Series* 201;884(1):1–5.
- 95 Shen P, Walker GD, Yuan Y, Reynolds C, Stanton DP, Fernando JR, Reynolds EC. Effects of soy and bovine milk beverages on enamel mineral content in a randomized, double-blind in situ clinical study. *Journal of Dentistry*. 2019;88:103160.
- 96 Australian Bureau of Statistics. Australian Health Survey: Consumption of food groups from the Australian Dietary Guidelines, 2011–2012. Available: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.012main+features!2011-12>
- 97 Kouvelioti R, Josse AR, Klentrou P. Effects of dairy consumption on body composition and bone properties in youth: a systematic review. *Current developments in nutrition*. 2017;1(8):1–4.
- 98 Unni J, Garg R, Pawar R. Bone mineral density in women above 40 years. *Journal of Mid-Life Health*. 2010;1(1):19–22.
- 99 Demontiero O, Vidal C, Duque G. Aging and bone loss: new insights for the clinician. *Therapeutic Advances in Musculoskeletal Disease*. 2012;4(2):61–76.
- 100 Rizzoli R, Bischoff-Ferrari H, Dawson-Hughes B, Weaver C. Nutrition and bone health in women after the menopause. *Women's Health*. 2014;10(6):599–608.
- 101 Ji MX, Yu Q. Primary osteoporosis in postmenopausal women. *Chronic Diseases and Translational Medicine*. 2015;1(1):9–13.
- 102 Australian Bureau of Statistics. Australian Health Survey: Consumption of food groups from the Australian Dietary Guidelines, 2011–2012. Available: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.012main+features!2011-12>
- 103 Australian Institute of Health and Welfare 2020. Osteoporosis. Available: <https://www.aihw.gov.au/reports/chronic-musculoskeletal-conditions/osteoporosis>
- 104 Iuliano S, Poon S, Robbins J, Bui M, Wang X, De Groot L, Van Loan M, Zadeh AG, Nguyen T, Seeman E. Effect of dietary sources of calcium and protein on hip fractures and falls in older adults in residential care: cluster randomised controlled trial. *BMJ*. 2021;375(2364):1–10.
- 105 Australian Bureau of Statistics. Australian Health Survey: Nutrition First Results – Foods and Nutrients. Available: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/australian-health-survey-nutrition-first-results-foods-and-nutrients/latest-release>
- 106 Saito A, Okada E, Tarui I, Matsumoto M, Takimoto H. The association between milk and dairy products consumption and nutrient intake adequacy among Japanese adults: analysis of the 2016 National Health and Nutrition Survey. *Nutrients*. 2019;11(10):2361–2377.
- 107 Murphy MM, Douglass JS, Johnson RK, Spence LA. Drinking flavored or plain milk is positively associated with nutrient intake and is not associated with adverse effects on weight status in US children and adolescents. *Journal of the American Dietetic Association*. 2008;108(4):631–639.
- 108 Fayet F, Ridges LA, Wright JK, Petocz P. Australian children who drink milk (plain or flavored) have higher milk and micronutrient intakes but similar body mass index to those who do not drink milk. *Nutrition Research*. 2013;33(2):95–102.
- 109 Parker CE, Vivian WJ, Oddy WH, Beilin LJ, Mori TA, O'Sullivan TA. Changes in dairy food and nutrient intakes in Australian adolescents. *Nutrients*. 2012;4(12):1794–811.
- 110 Rangan AM, Flood VM, Denyer G, Webb K, Marks GB, Gill TP. Dairy consumption and diet quality in a sample of Australian children. *Journal of the American College of Nutrition*. 2012;31(3):185–193.
- 111 Chen M, Pan A, Malik VS, Hu FB. Effects of dairy intake on body weight and fat: a meta-analysis of randomized controlled trials. *The American Journal of Clinical Nutrition*. 2012;96(4):735–747.
- 112 Abargouei AS, Janghorbani M, Salehi-Marzjarani M, Esmailzadeh A. Effect of dairy consumption on weight and body composition in adults: a systematic review and meta-analysis of randomized controlled clinical trials. *International Journal of Obesity*. 2012;36(12):1485–1493.
- 113 Chen M, Pan A, Malik VS, Hu FB. Effects of dairy intake on body weight and fat: a meta-analysis of randomized controlled trials. *The American Journal of Clinical Nutrition*. 2012;96(4):735–747.
- 114 Dougkas A, Barr S, Reddy S, Summerbell CD. A critical review of the role of milk and other dairy products in the development of obesity in children and adolescents. *Nutrition Research Reviews*. 2019;32(1):106–127.
- 115 Tremblay A, Gilbert JA. Human obesity: is insufficient calcium/dairy intake part of the problem?. *Journal of the American College of Nutrition*. 2011;30(5):449S–453S.
- 116 Zemel MB. The role of dairy foods in weight management. *Journal of the American College of Nutrition*. 2005;24(6):537S–546S.
- 117 Christensen R, Lorenzen JK, Svith CR, Bartels EM, Melanson EL, Saris WH, Tremblay A, Astrup A. Effect of calcium from dairy and dietary supplements on faecal fat excretion: a meta-analysis of randomized controlled trials. *Obesity Reviews*. 2009;10(4):475–486.
- 118 Australian Institute of Health and Welfare. Heart, stroke and vascular disease – Australian facts. Available: <https://www.aihw.gov.au/reports/heart-stroke-vascular-diseases/hsvd-facts/contents/about>
- 119 U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020–2025. Available: <https://www.dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials>
- 120 Chen Z, Ahmed M, Ha V, Jefferson K, Malik V, Ribeiro PA, Zuchinali P, Drouin-Chartier JP. Dairy product consumption and cardiovascular health: A systematic review and meta-analysis of prospective cohort studies. *Advances in Nutrition*. 2022;13(2):439–454.
- 121 Vimalaswaran KS, Zhou A, Cavadino A, Hyppönen E. Evidence for a causal association between milk intake and cardiometabolic disease outcomes using a two-sample Mendelian Randomization analysis in up to 1,904,220 individuals. *International Journal of Obesity*. 2021;45(8):1751–1762.
- 122 Talaei M, Hosseini N, van Dam RM, Sadeghi M, Oveisgharan S, Dianatkah M, Sarrafzadegan N. Whole milk consumption and risk of cardiovascular disease and mortality: Isfahan Cohort Study. *European Journal of Nutrition*. 2019;58(1):163–171.
- 123 Gholami F, Khoramdad M, Esmailnasab N, Moradi G, Nouri B, Safiri S, Alimohamadi Y. The effect of dairy consumption on the prevention of cardiovascular diseases: A meta-analysis of prospective studies. *Journal of Cardiovascular and Thoracic Research*. 2017;9(1):1–11.
- 124 Soedamah-Muthu SS, De Goede J. Dairy consumption and cardiometabolic diseases: systematic review and updated meta-analyses of prospective cohort studies. *Current Nutrition Reports*. 2018;7(4):171–182.
- 125 Mullie P, Pizot C, Autier P. Daily milk consumption and all-cause mortality, coronary heart disease and stroke: a systematic review and meta-analysis of observational cohort studies. *BMC Public Health*. 2016;16(1):1–8.
- 126 Imamura F, Fretts A, Marklund M, Ardisson Korat AV, Yang WS, Lankinen M, Qureshi W, Helmer C, Chen TA, Wong K. Fatty Acids and Outcomes Research Consortium (FORCE). Fatty acid biomarkers of dairy fat consumption and incidence of type 2 diabetes: a pooled analysis of prospective cohort studies. *PLoS Med*. 2018;15(10):1–18.
- 127 Mozaffarian D, Wu JH. Flavonoids, dairy foods, and cardiovascular and metabolic health: a review of emerging biologic pathways. *Circulation Research*. 2018;122(2):369–384.
- 128 Aune D, Norat T, Romundstad P, Vatten LJ. Dairy products and the risk of type 2 diabetes: a systematic review and dose-response meta-analysis of cohort studies. *The American Journal of Clinical Nutrition*. 2013;98(4):1066–1083.
- 129 Hirahatake KM, Slavin JL, Maki KC, Adams SH. Associations between dairy foods, diabetes, and metabolic health: potential mechanisms and future directions. *Metabolism*. 2014;63(5):618–627.
- 130 Tian S, Xu Q, Jiang R, Han T, Sun C, Na L. Dietary protein consumption and the risk of type 2 diabetes: a systematic review and meta-analysis of cohort studies. *Nutrients*. 2017;9(9):982–999.
- 131 Hruby A, Ma J, Rogers G, Meigs JB, Jacques PF. Associations of dairy intake with incident prediabetes or diabetes in middle-aged adults vary by both dairy type and glycemic status. *The Journal of Nutrition*. 2017;147(9):1764–1775.
- 132 Mozaffarian D, Wu JH. Flavonoids, dairy foods, and cardiovascular and metabolic health: a review of emerging biologic pathways. *Circulation research*. 2018;122(2):369–384.

- 133 Chen M, Sun Q, Giovannucci E, Mozaffarian D, Manson JE, Willett WC, Hu FB. Dairy consumption and risk of type 2 diabetes: 3 cohorts of US adults and an updated meta-analysis. *BMC medicine*. 2014;12(1):1-4.
- 134 Aune D, Norat T, Romundstad P, Vatten LJ. Dairy products and the risk of type 2 diabetes: a systematic review and dose-response meta-analysis of cohort studies. *The American Journal of Clinical Nutrition*. 2013;98(4):1066-1083.
- 135 Frid AH, Nilsson M, Holst JJ, Björck IM. Effect of whey on blood glucose and insulin responses to composite breakfast and lunch meals in type 2 diabetic subjects. *The American Journal of Clinical Nutrition*. 2005;82(1):69-75.
- 136 Rideout TC, Marinangeli CP, Martin H, Browne RW, Rempel CB. Consumption of low-fat dairy foods for 6 months improves insulin resistance without adversely affecting lipids or bodyweight in healthy adults: a randomized free-living cross-over study. *Nutrition Journal*. 2013;12(1):1-9.
- 137 Chen M, Sun Q, Giovannucci E, Mozaffarian D, Manson JE, Willett WC, Hu FB. Dairy consumption and risk of type 2 diabetes: 3 cohorts of US adults and an updated meta-analysis. *BMC Medicine*. 2014;12(1):1-4.
- 138 Turner KM, Keogh JB, Clifton PM. Dairy consumption and insulin sensitivity: a systematic review of short- and long-term intervention studies. *Nutrition, Metabolism and Cardiovascular Diseases*. 2015;25(1):3-8.
- 139 Bjørnshave A, Hermansen K. Effects of dairy protein and fat on the metabolic syndrome and type 2 diabetes. *The Review of Diabetic Studies: RDS*. 2014;11(2):153-166.
- 140 Hirahatake KM, Slavin JL, Maki KC, Adams SH. Associations between dairy foods, diabetes, and metabolic health: potential mechanisms and future directions. *Metabolism*. 2014;63(5):618-627.
- 141 Aune D, Norat T, Romundstad P, Vatten LJ. Dairy products and the risk of type 2 diabetes: a systematic review and dose-response meta-analysis of cohort studies. *The American Journal of Clinical Nutrition*. 2013;98(4):1066-1083.
- 142 Alcantara JM, Sanchez-Delgado G, Martinez-Tellez B, Labayen I, Ruiz JR. Impact of cow's milk intake on exercise performance and recovery of muscle function: a systematic review. *Journal of the International Society of Sports Nutrition*. 2019;16(1):22-33.
- 143 Pritchett K, Pritchett R. Chocolate milk: a post-exercise recovery beverage for endurance sports. *Acute Topics in Sport Nutrition*. 2012;59:127-134.
- 144 Hartman JW, Tang JE, Wilkinson SB, Tarnopolsky MA, Lawrence RL, Fullerton AV, Phillips SM. Consumption of fat-free fluid milk after resistance exercise promotes greater lean mass accretion than does consumption of soy or carbohydrate in young, novice, male weightlifters. *The American Journal of Clinical Nutrition*. 2007;86(2):373-381.
- 145 Wilkinson SB, Tarnopolsky MA, MacDonald MJ, MacDonald JR, Armstrong D, Phillips SM. Consumption of fluid skim milk promotes greater muscle protein accretion after resistance exercise than does consumption of an isonitrogenous and isoenergetic soy-protein beverage. *The American Journal of Clinical Nutrition*. 2007;85(4):1031-1040.
- 146 Josse AR, Tang JE, Tarnopolsky MA, Phillips SM. Body composition and strength changes in women with milk and resistance exercise. *Medicine & Science in Sports & Exercise*. 2010;42(6):1122-1130.
- 147 Dairy Australia. Dental health. Available: <https://www.dairy.com.au/healthcare-professionals/dental-health>
- 148 Meyer R, De Koker C, Dziubak R, Godwin H, Dominguez-Ortega G, Chebar Lozinsky A, Skrapac AK, Gholmie Y, Reeve K, Shah N. The impact of the elimination diet on growth and nutrient intake in children with food protein induced gastrointestinal allergies. *Clinical and Translational Allergy*. 2016;6(1):1-7.
- 149 Fox MK, Reidy K, Novak T, Ziegler P. Sources of energy and nutrients in the diets of infants and toddlers. *Journal of the American Dietetic Association*. 2006;106(1):e2-25.
- 150 Grimes CA, Szymlek-Gay EA, Nicklas TA. Beverage consumption among US children aged 0-24 months: National Health and Nutrition Examination Survey (NHANES). *Nutrients*. 2017;9(3):264-282.
- 151 Royo-Bordonada MA, Gorgojo L, De Oya M, Garces C, Rodríguez-Artalejo F, Rubio R, Del Barrio JL, Martin-Moreno JM. Food sources of nutrients in the diet of Spanish children: the Four Provinces Study. *British Journal of Nutrition*. 2003;89(1):105-114.
- 152 Rovira RF. Milk and milk products: food sources of calcium. *Nutricion Hospitalaria*. 2015;31:1-9.
- 153 Vennemann FB, Ioannidou S, Valsta LM, Dumas C, Ocké MC, Mensink GB, Lindtner O, Virtanen SM, Tlustos C, D'Addezio L, Mattison I. Dietary intake and food sources of choline in European populations. *British Journal of Nutrition*. 2015;114(12):2046-2055.
- 154 Huybrechts I, Börnhorst C, Pala V, Moreno LA, Barba G, Lissner L, Fraterman A, Veidebaum T, Hebestreit A, Sieri S, Ottevaere C. Evaluation of the Children's Eating Habits Questionnaire used in the IDEFICS study by relating urinary calcium and potassium to milk consumption frequencies among European children. *International Journal of Obesity*. 2011;35(1):S69-S78.
- 155 Kouvelioti R, Josse AR, Klentrou P. Effects of dairy consumption on body composition and bone properties in youth: a systematic review. *Current Developments in Nutrition*. 2017;1(8):1-12.
- 156 Grimes CA, Szymlek-Gay EA, Nicklas TA. Beverage consumption among US children aged 0-24 months: National Health and Nutrition Examination Survey (NHANES). *Nutrients*. 2017;9(3):264-282.
- 157 Royo-Bordonada MA, Gorgojo L, De Oya M, Garces C, Rodríguez-Artalejo F, Rubio R, Del Barrio JL, Martin-Moreno JM. Food sources of nutrients in the diet of Spanish children: the Four Provinces Study. *British Journal of Nutrition*. 2003;89(1):105-114.
- 158 Goldbohm RA, Rubingh CM, Lanting CI, Joosten KF. Food consumption and nutrient intake by children aged 10 to 48 months attending day care in the Netherlands. *Nutrients*. 2016;8(7):428-441.
- 159 Vennemann FB, Ioannidou S, Valsta LM, Dumas C, Ocké MC, Mensink GB, Lindtner O, Virtanen SM, Tlustos C, D'Addezio L, Mattison I. Dietary intake and food sources of choline in European populations. *British Journal of Nutrition*. 2015;114(12):2046-2055.
- 160 Huybrechts I, Börnhorst C, Pala V, Moreno LA, Barba G, Lissner L, Fraterman A, Veidebaum T, Hebestreit A, Sieri S, Ottevaere C. Evaluation of the Children's Eating Habits Questionnaire used in the IDEFICS study by relating urinary calcium and potassium to milk consumption frequencies among European children. *International Journal of Obesity*. 2011;35(1):S69-S78.
- 161 Waaler HT. Height. Weight and mortality the Norwegian experience. *Acta Medica Scandinavica*. 1984;215(S679):1-56.
- 162 Xueqin DU, Zhu K, Trube A, Zhang Q, Ma G, Hu X, Fraser DR, Greenfield H. School-milk intervention trial enhances growth and bone mineral accretion in Chinese girls aged 10-12 years in Beijing. *British Journal of Nutrition*. 2004;92(1):159-168.
- 163 Berkey CS, Colditz GA, Rockett HR, Frazier AL, Willett WC. Dairy consumption and female height growth: prospective cohort study. *Cancer Epidemiology Biomarkers & Prevention*. 2009;18(6):1881-1887.
- 164 Aune D, Lau R, Chan DS, Vieira R, Greenwood DC, Kampman E, Norat T. Dairy products and colorectal cancer risk: a systematic review and meta-analysis of cohort studies. *Annals of Oncology*. 2012;23(1):37-45.
- 165 Huncharek M, Muscat J, Kupelnick B. Colorectal cancer risk and dietary intake of calcium, vitamin D, and dairy products: a meta-analysis of 26,335 cases from 60 observational studies. *Nutrition and Cancer*. 2008;61(1):47-69.
- 166 Cho E, Smith-Warner SA, Spiegelman D, Beeson WL, van den Brandt PA, Colditz GA, Folsom AR, Fraser GE, Freudenheim JL, Giovannucci E, Goldbohm RA. Dairy foods, calcium, and colorectal cancer: a pooled analysis of 10 cohort studies. *Journal of the National Cancer Institute*. 2004(13):1015-1022.
- 167 Larsson SC, Bergkvist L, Rutegård J, Giovannucci E, Wolk A. Calcium and dairy food intakes are inversely associated with colorectal cancer risk in the Cohort of Swedish Men. *The American Journal of Clinical Nutrition*. 2009;83(3):667-673.
- 168 Moorman PG, Terry PD. Consumption of dairy products and the risk of breast cancer: a review of the literature. *The American Journal of Clinical Nutrition*. 2004;80(1):5-14.
- 169 Missmer SA, Smith-Warner SA, Spiegelman D, Yaun SS, Adami HO, Beeson WL, Van Den Brandt PA, Fraser GE, Freudenheim JL, Goldbohm RA, Graham S. Meat and dairy food consumption and breast cancer: a pooled analysis of cohort studies. *International Journal of Epidemiology*. 2002;31(1):78-85.
- 170 Albuquerque RC, Baltar VT, Marchioni DM. Breast cancer and dietary patterns: a systematic review. *Nutrition Reviews*. 2014;72(1):1-7.
- 171 Australasian Society of Clinical Immunology and Allergy (ASCIA). Cow's milk (dairy) allergy. Available: <https://www.allergy.org.au/patients/food-allergy/ascia-dietary-avoidance-for-food-allergy/cows-milk-dairy>
- 172 Hertzler SR, Savaiano DA. Colonic adaptation to daily lactose feeding in lactose maldigesters reduces lactose intolerance. *The American Journal of Clinical Nutrition*. 1996;64(2):232-236.
- 173 Suchy FJ, Brannon PM, Carpenter TO, Fernandez JR, Gilsanz V, Gould JB, Hall K, Hui SL, Lupton J, Mennella J, Miller NJ. NIH consensus development conference statement: Lactose intolerance and health. *NIH Consensus and State of the Science Statements*. 2010;27(2):1-27.

- 174 Food and Agriculture Organization of the United Nations. Sustainable Diets and Biodiversity. Available: <http://www.fao.org/docrep/016/i3004e/i3004e.pdf>
- 175 Food and Agriculture Organization of the United Nations and World Health Organization. Sustainable healthy diets – Guiding principles. Available: <https://www.who.int/publications/i/item/9789241516648>
- 176 Ridoutt B. An Alternative Nutrient Rich Food Index (NRF-ai) Incorporating Prevalence of Inadequate and Excessive Nutrient Intake. *Foods*. 2021;10(12):3156–3168.
- 177 Nielsen IQ. Homescan: Dairy Category.
- 178 Ridoutt B. An Alternative Nutrient Rich Food Index (NRF-ai) Incorporating Prevalence of Inadequate and Excessive Nutrient Intake. *Foods*. 2021;10(12):3156–3168.
- 179 Australian Dairy Industry Council (ADIC). Australian Dairy Industry Sustainable Framework. Available: <https://www.sustainabledairyoz.com.au/>
- 180 Food and Agriculture Organization of the United Nations. Greenhouse Gas Emissions from the Dairy Sector – A Life Cycle Assessment. Available: <http://www.fao.org/3/k7930e/k7930e00.pdf>
- 181 Australian Dairy Industry Council. Australian Dairy Industry Sustainability Report. Available from: [dairy.com.au/sustainabilityframework](http://dairy.com.au/sustainabilityframework)
- 182 Sethi S, Tyagi SK, Anurag RK. Plant-based milk alternatives an emerging segment of functional beverages: a review. *Journal of Food Science and Technology*. 2016;53(9):3408–3423.
- 183 Vanga SK, Raghavan V. How well do plant based alternatives fare nutritionally compared to cow's milk?. *Journal of Food Science and Technology*. 2018;55(1):10–20.
- 184 Mäkinen OE, Wanhalinna V, Zannini E, Arendt EK. Foods for special dietary needs: Non-dairy plant-based milk substitutes and fermented dairy-type products. *Critical Reviews in Food Science and Nutrition*. 2016;56(3):339–349.
- 185 Food Standards Australia New Zealand. Plant-based milk alternatives. Available: <https://www.foodstandards.gov.au/consumer/nutrition/milkaltern/Pages/default.aspx>
- 186 National Health and Medical Research Council. Australian Dietary Guidelines. Available: <https://www.eatforhealth.gov.au/guidelines>



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