

The Dangers of Providing Sodas to Elementary School Students in Mississippi

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Executive Summary

Providing soda to elementary school students in Mississippi is not a harmless treat. It is a preventable health risk delivered at the precise age when children are forming lifelong food preferences, metabolic patterns, and school-day habits. A single 12-ounce regular soda contains about **10 teaspoons, or 42 grams, of added sugar** and approximately **150 calories**.¹ That one drink alone supplies **160%** of the American Heart Association's recommended daily added-sugar limit for children, which is no more than **25 grams, 100 calories, or about 6 teaspoons per day**.² In other words, one ordinary soda can put a child **17 grams over** the recommended daily added-sugar ceiling before lunch, snack, dinner, or dessert are even considered.

For Mississippi, the issue is especially urgent. The state already faces one of the most serious youth-obesity burdens in the country. In 2023–2024, **24.3% of Mississippi youth ages 6–17 had obesity**, compared with **16.1% nationally**.³ A Mississippi public-school study using measured height and weight data found that among elementary students, **21.0% had class I obesity, 6.5% had class II severe obesity, and 1.7% had class III obesity**.⁴ The Mississippi State Department of Health has described obesity among Mississippi children and students as historically among the highest in the nation and warned that poor nutrition and low physical activity are creating a future of chronic disease and shorter life.⁵

The core conclusion of this report is straightforward: **schools should not provide soda to elementary students in Mississippi**. Doing so conflicts with medical evidence, public-health guidance, and Mississippi's own school beverage standards. It exposes children to

unnecessary added sugar, encourages unhealthy norms, worsens inequities, and undermines the educational mission of schools. The safer and more responsible policy is to make water the default beverage, keep school-day beverages aligned with Mississippi Smart Snacks standards, and reserve school celebrations for practices that protect children's health rather than compromise it.

Why Soda Is Different From an Occasional Food Treat

Soda is uniquely harmful because it delivers a large dose of sugar in liquid form, without meaningful nutrition and without the same satiety that solid foods provide. The Centers for Disease Control and Prevention states that sugary drinks are the **leading source of added sugars in the American diet**.¹ Sugary drinks include regular sodas, fruit drinks, sports drinks, energy drinks, and sweetened waters, but regular soda is among the clearest examples of a high-sugar, low-nutrient product.¹

*The CDC reports that a 12-ounce can of regular soda contains about **10 teaspoons of added sugar**.*¹

That fact matters in an elementary school setting because children's bodies are smaller, their daily calorie needs are lower than adults', and their habits are still developing. A beverage that may look ordinary to an adult can be a major metabolic load for a child. Unlike milk, plain water, or whole fruit, soda provides no protein, fiber, calcium, potassium, or other nutrients children need for healthy growth. It adds calories while displacing better options.

The problem is not merely that soda contains sugar. The problem is that soda makes excess sugar easy, fast, normalized, and repeatable. When a school provides soda, the institution sends children a powerful message: this is a normal beverage for the school day. For young children, that message can be more influential than a nutrition lesson printed on a worksheet.

Beverage or Guideline	Added Sugar or Limit	Why It Matters for Elementary Students
12-ounce regular soda	About 42 grams, or 10 teaspoons	Delivers a full day's worth of added sugar and more in one drink. ¹
AHA daily added-sugar recommendation for children	No more than 25 grams, or about 6 teaspoons	One soda is 160% of this recommended limit. ²
Mississippi K–5 school beverage standards	Water, milk, and 100% juice within limits	Soda is not an approved elementary school beverage under Mississippi Smart Snacks standards. ⁶

Mississippi's Children Are Already at Elevated Risk

Mississippi's youth-obesity data makes soda in elementary schools especially dangerous. This is not an abstract national concern; it is a state-specific public health issue affecting Mississippi classrooms, families, and communities.

The Robert Wood Johnson Foundation's State of Childhood Obesity data reported that in 2023–2024, **Mississippi's obesity rate among youth ages 6–17 was 24.3%**, substantially higher than the U.S. rate of **16.1%**.³ Mississippi was listed among the states significantly above the national rate.³ A separate Mississippi K–12 public-school study based on measured height and weight found that obesity was already evident in elementary school: **21.0% of elementary students met class I obesity criteria**, while **6.5% met class II severe obesity criteria** and **1.7% met class III criteria**.⁴

The Mississippi State Department of Health has warned that obesity among Mississippi students and children has historically ranked among the highest in the nation.⁵ It has also linked the state's child-health challenge to poor nutrition and insufficient physical activity, warning of chronic disease and shorter life.⁵ Soda provision in elementary schools moves in the wrong direction because it adds empty calories to a population already facing high risk.

Mississippi-Specific Indicator	Finding	Relevance to Soda Policy
Mississippi youth ages 6–17 with obesity, 2023–2024	24.3%	State youth obesity is far above the national rate, making added sugar reduction more urgent. ³
U.S. youth ages 6–17 with obesity, 2023–2024	16.1%	Mississippi’s burden is substantially higher than the national benchmark. ³
Mississippi elementary students with class I obesity in measured K–12 study	21.0%	Obesity prevention must begin before middle and high school. ⁴
Mississippi elementary students with class II severe obesity	6.5%	Severe obesity is already present during elementary years. ⁴
Mississippi elementary students with class III obesity	1.7%	Soda exposure is especially inappropriate in a population already facing serious health risk. ⁴

These statistics should change the way schools think about beverage decisions. In a state with lower childhood-obesity rates, soda provision would still be medically unwise. In Mississippi, it is irresponsible because it adds risk where risk is already concentrated.

Health Harms: Weight Gain, Diabetes Risk, Heart Disease, and Dental Disease

The evidence linking sugary drinks and added sugars to harm is broad and consistent. The CDC states that frequent sugary-drink consumption is associated with health problems including weight gain, obesity, type 2 diabetes, heart disease, and cavities.¹ Its added-sugars guidance likewise states that consuming too much added sugar can contribute to weight gain and obesity, type 2 diabetes, and heart disease.⁷

The American Heart Association’s scientific statement on children concludes that added sugars contribute to energy-dense, nutrient-poor diets and increase risk for obesity and cardiovascular disease risk factors.² The statement found strong evidence that added sugars are associated with increased cardiovascular disease risk in children through increased energy intake, increased adiposity, and dyslipidemia.² It also notes that

atherosclerosis starts in childhood, meaning that the foundations of adult heart disease are laid long before adulthood.²

*The American Heart Association concludes that it is reasonable for children to consume no more than 25 grams of added sugars per day.*²

Dental health is another major concern. The World Health Organization states that free sugars in foods and beverages are the most common risk factor for dental caries and that limiting free sugars to less than 10% of total energy intake, ideally below 5%, minimizes caries risk.⁸ Dental caries can cause pain, eating and sleeping difficulty, tooth loss, reduced quality of life, and school absence in children.⁸ For elementary students, these are not minor inconveniences; they are barriers to learning, attendance, nutrition, and emotional well-being.

The danger is therefore not limited to body weight. Soda can contribute to a broader pattern of disease risk that includes insulin resistance, unhealthy blood lipids, dental decay, and replacement of nutrient-rich foods and beverages. Schools should not amplify these risks.

Soda Undermines Learning and School Health Goals

Elementary schools exist to protect children's learning, development, and safety. Nutrition is part of that mission because health affects attention, attendance, behavior, and readiness to learn. A child with dental pain may struggle to concentrate. A child consuming high amounts of added sugar may develop habits that persist into adolescence. A school environment that normalizes soda may weaken the credibility of health education.

The American Academy of Pediatrics has directly addressed this issue in the school setting. Its policy statement, reaffirmed in 2023, states that high-energy, low-nutrient beverages contribute substantial calories and little nutrient content to students' diets.⁹ The AAP previously recommended that sweetened drinks in schools be replaced by water, milk, or 100% fruit and vegetable beverages.⁹ The AAP also notes that access to "empty calories" has been associated with higher daily energy intake and greater body mass index, and that water is the appropriate hydration source for nearly all less vigorous activities.⁹

This school-environment argument is crucial. A soda handed out in a classroom is not the same as a soda chosen by a family at home. In school, the beverage carries institutional

approval. It may be tied to reward, celebration, fundraising, or adult authority. That makes it more powerful and more harmful. Children do not merely consume the drink; they learn a norm.

Providing Soda Conflicts With Mississippi's Own School Standards

Mississippi already recognizes the need to restrict unhealthy beverages in schools. The state's Smart Snacks standards apply to foods and beverages sold to students through vending machines, student stores, snack bars, fundraisers, culinary education program sales, and other sales during the school day.⁶ For elementary schools in grades K–5, allowed beverages are limited to plain water with no size limit, low-fat unflavored milk up to 8 ounces, nonfat unflavored or flavored milk up to 8 ounces, and 100% fruit or vegetable juice up to 8 ounces.⁶ Other flavored beverages are allowed only in high schools under calorie restrictions, and foods and beverages in K–8 must be caffeine-free except for trace naturally occurring caffeine.⁶

Mississippi's Healthy Students Act also reflects a statewide commitment to obesity prevention. It mandates physical activity and health education in K–8 and requires child nutrition regulations as part of school health policy.¹⁰ Providing soda to elementary students contradicts the spirit of that law even when a loophole or special event might seem to make the practice technically possible.

Mississippi Rule or Policy	What It Says	Implication for Soda
Smart Snacks beverage standards for K–5	Water, limited milk, and limited 100% juice are permitted beverages. ⁶	Regular soda is not an appropriate elementary school-day beverage.
K–8 caffeine rule	Foods and beverages must be caffeine-free except trace naturally occurring caffeine. ⁶	Many colas are inappropriate because they contain caffeine.
Healthy Students Act	Requires physical activity, health education, and nutrition-related rules to support obesity reduction. ¹⁰	School practices should reinforce, not weaken, health education.

The policy lesson is clear: if Mississippi restricts soda-like beverages when sold to children at school, schools should not provide them for free, use them as rewards, or distribute them during classroom celebrations. The health effect on the child is the same regardless of whether money changes hands.

Equity: Soda Harms the Students Mississippi Most Needs to Protect

Soda provision can worsen health inequities. National youth-obesity data show disparities by race and income: non-Hispanic Black youth and youth in families below the poverty line have substantially higher obesity rates than some other groups.³ Mississippi's own measured school data found that Black students had higher class I and severe obesity prevalence than white students.⁴ These disparities do not mean that individual children or families are to blame. They mean that institutions must be more careful about avoidable exposures that increase risk.

Schools are one of the few environments that can consistently protect all children, including those whose families face food insecurity, limited grocery access, transportation barriers, aggressive beverage marketing, or fewer safe opportunities for physical activity. Providing soda in elementary school moves in the opposite direction. It turns a protective public institution into another source of sugar exposure.

A health-protective school beverage policy is therefore not punitive. It is equitable. It says that every child, regardless of ZIP code or family income, deserves a school day free from unnecessary commercial sugar drinks.

Common Arguments for Soda in Elementary Schools—and Why They Fail

Some adults defend soda in elementary schools by saying it is only occasional. But occasional practices become traditions, and traditions become expectations. When soda appears at parties, field days, reward events, or fundraisers, children learn to associate celebration and achievement with sugary drinks. Schools can celebrate without compromising health.

Others argue that children enjoy soda and that schools should not be too restrictive. Enjoyment alone is not a sufficient standard for elementary-school policy. Children may also enjoy candy for breakfast or energy drinks after recess, but schools rightly set boundaries because they act in loco parentis during the school day. The question is not whether children like soda; the question is whether responsible adults should provide it in a setting dedicated to child development.

A third argument is that families, not schools, should decide. Family choice matters, but school provision is different from family choice. A school that distributes soda is not merely allowing a family decision; it is making a decision for a room full of children. Parents who avoid soda at home should not have that choice overridden at school.

Finally, some may say that soda sales help raise money. The AAP notes that many schools that improved the nutritional quality of competitive foods did not report losses in total revenue and in some cases increased revenue and school-meal participation.⁹ Even if soda did raise money, schools should not finance activities by selling products that undermine children's health. There are better fundraising options.

Recommendations for Mississippi Elementary Schools

Mississippi elementary schools should adopt a clear rule: **no regular soda, diet soda, caffeinated soda, or sugar-sweetened carbonated beverages should be provided, sold, used as rewards, or distributed to students during the school day or at school-sponsored elementary events primarily serving children.** This should apply regardless of whether the beverage is sold, donated, or brought in by staff for classroom use.

Schools should make **plain water the default beverage** at classroom celebrations, field days, after-school tutoring, and school events. When beverages other than water are offered, they should align with Mississippi Smart Snacks standards: age-appropriate portions of milk or 100% fruit or vegetable juice.⁶ Schools should also ensure easy access to water through fountains, bottle-filling stations, or water coolers, especially during warm weather and physical activity.

Districts should update wellness policies so that they address not only vending and sales but also classroom rewards, celebrations, donations, booster events involving young children, and staff practices. Parent-teacher organizations and school health councils should be engaged as partners, not treated as obstacles. The message should be positive: Mississippi children deserve celebrations that support their future.

Policy Area	Recommended Action	Rationale
Classroom parties	Serve water and healthy snacks instead of soda	Prevents sugar spikes and avoids normalizing soda as celebration.
Rewards and incentives	Use extra recess, recognition, privileges, books, or supplies	Avoids teaching children to associate achievement with sugary drinks.
Fundraisers	Use non-food items, school spirit products, walk-a-thons, or healthy concessions	Protects revenue goals without undermining health.
Staff and visitor practices	Do not distribute soda to students	Maintains consistent adult modeling.
Wellness policy	Close loopholes for donated or free beverages	The health impact is the same whether soda is sold or given away.

Conclusion

The case against providing soda to Mississippi elementary students is compelling because it rests on common sense, medical evidence, and state policy. A regular soda is not a neutral beverage. It is a concentrated source of added sugar that can exceed a child's recommended daily limit in a single serving.^{1 2} It contributes to the very health problems Mississippi is struggling to reduce: obesity, diabetes risk, cardiovascular risk factors, and dental disease.^{2 7 8}

Mississippi's children are already carrying a disproportionate burden of obesity, including during the elementary years.^{3 4} Schools cannot solve that crisis alone, but they can refuse to make it worse. They can provide water instead of soda. They can align celebrations with health. They can teach by example. They can make the healthy choice the normal choice.

For Mississippi elementary schools, the responsible standard is clear: **do not provide soda to children**. Protect their bodies, protect their learning, and protect their future.

References

1. Centers for Disease Control and Prevention, "Rethink Your Drink," March 5, 2026. <https://www.cdc.gov/healthy-weight-growth/rethink-your-drink/index.html>
2. Miriam B. Vos et al., "Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement From the American Heart Association," *Circulation*, 2016. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5365373/>
3. State of Childhood Obesity, "Demographic Data: Ages 6–17," Robert Wood Johnson Foundation. <https://stateofchildhoodobesity.org/demographic-data/ages-6-17/>
4. Zhang et al., "Prevalence of Obesity and Severe Obesity Among Mississippi K–12 Public School Students," 2021. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8129924/>
5. Mississippi State Department of Health, "Childhood Obesity," last reviewed March 13, 2025. <https://msdh.ms.gov/page/43,14258,289.html>
6. Mississippi Administrative Code, "7 Miss. Code R. § 3-17.10—Smart Snacks Standards for All Foods and Beverages Sold in Mississippi Schools." <https://www.law.cornell.edu/regulations/mississippi/7-Miss-Code-R-SS-3-17-10>
7. Centers for Disease Control and Prevention, "Get the Facts: Added Sugars," April 29, 2026. <https://www.cdc.gov/nutrition/php/data-research/added-sugars.html>
8. World Health Organization, "Sugars and Dental Caries." <https://www.who.int/news-room/fact-sheets/detail/sugars-and-dental-caries>
9. American Academy of Pediatrics, "Snacks, Sweetened Beverages, Added Sugars, and Schools," *Pediatrics*, 2015; reaffirmed April 2023. <https://publications.aap.org/pediatrics/article/135/3/575/75524/Snacks-Sweetened-Beverages-Added-Sugars-and>
10. Mississippi Department of Education, "MS Code 37-13-134 – Mississippi Healthy Students Act." <https://mdek12.org/healthyschools/healthystudentsact/>