

Will the Changes to Ice Cream and Coke Make a Difference?

By Ann Somers Hogg
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As I typed that title just now, it made me think, “Perhaps this is Part 2 of a series called ‘Questions I Can’t Shake.’” (See [Part 1 of the series, “Beating the Sugar Struggle: Why Parents Really Quit Sugary Drinks.”](#)) After all, Clay Christensen once noted, “Questions are places in your mind where answers fit. If you haven’t asked the question, the answer has nowhere to go.”

The title of this piece originated in the Q&A portion of a Hospitalogy presentation I gave recently. In response to what I shared on our latest [sugar-sweetened beverage research](#), a wise and experienced healthcare leader asked the question in the title.

I had just concluded my presentation, discussing the importance of SNAP and its role in helping single parents afford healthier alternatives to sugary drinks — a perspective we had heard verbatim in our interviews. I also noted that the recent decisions to [cut SNAP](#) wouldn’t help with this desired accessibility and affordability. Time will tell if the decisions some states have made to [limit SNAP’s coverage of sugary drinks](#) will help health outcomes. After a brief discussion on the role of sugar taxes and whether they are effective ([they are](#)), the question arose, “Will the changes to ice cream and Coke make a difference?”



Truth be told, I had to pause to avoid letting my instinct shout, “Absolutely not!” I found a better way to articulate that thought, but the question’s been nagging at me ever since.



OUR BIAS CLOUDS OUR VISION

Why was that? Why was I so passionate about the answer to this question? A quick look at my training may provide the answer. First, I have a degree in public health, where I was trained to think about solutions to problems through the lens of doing the greatest good for the greatest number. I'm also extremely passionate about nutrition and its impact on our health. From a Jobs to Be Done (JTBD) perspective, my training shapes both my circumstances and my desired outcomes.

Second, I'm a firm believer in Christensen's theories (blame the day job), and as I [articulated](#) with Michael Horn, co-founder of the Christensen Institute, a few years ago, healthcare seems to collectively miss the forest for the trees by taking a piecemeal approach to health that overlooks the role of nutrition. Health is interdependent. Research on drivers of health highlights this indisputably. Yet, our national health and healthcare landscape seems to miss this fact when it comes to nutrition.

So, in responding to this question, I let my bias cloud my answer. I didn't say what the theory thought, I said what I thought.

Make America Healthy Again's (MAHA) "wins" around improvements to the food system are dominating national health and wellbeing discourse ([though research doesn't support that these changes will actually improve health](#)). But if the Job is to "make America healthy again," is health-washing ultra-processed foods *really* the right solution to hire?

My instinct was — and is — "no" because I look at it through the lens of a Job to Be Done, something like, "When our nation's health is crumbling, help us course-correct so as many people as possible can live healthy lives." I just don't see how tweaking the ingredients in non-nutritious foods — by swapping beef tallow for seed oils in french fries, sugar for HFCS in Coke, and natural dye for artificial dye in ice cream — could possibly achieve that. (Of note, decades of [drivers of health research](#) agree.)

Ultimately, these foods remain calorie-dense and nutrient-poor. A better approach, given my JTBD, is to make healthy foods more affordable and accessible, which could mean continuing to fund SNAP; investing in market-creating innovations that make local farmers' food more accessible and affordable; and reducing corporate power to promote hyper-palatable, nutrient poor and calorie dense foods ubiquitously, all while misleading the public about the [negative health impact of their products](#). Modular changes to interdependent problems simply won't make a sizable difference in collective health outcomes.

In short, we don't need to change the ingredients. We need to change the system so that nutrient-dense foods are ubiquitously accessible and affordable. That requires investments in market-creating innovations. This solution is easy to type, and very, very hard to do.

But again, I answered from a place of bias: through the lens of my JTBD. So, I'd like a redo. To the leader who asked that question, here's the response I *should* have given.

THEORY CAN MORE EFFECTIVELY GUIDE OUR THINKING

While I believe these piecemeal changes to ultra-processed foods won't make a bit of difference in public health or collective health outcomes, that doesn't really matter. Clay often said, "I don't have an opinion. The theory has an opinion." If I'd been channeling his perspective, as he would have done had he been giving the presentation, he may have noted that the leader's question really begged a bigger series of questions in response:

- What are these changes being hired to achieve?
- What's the progress MAHA is looking for?
What's the struggle they're trying to resolve?
- Given those answers, is changing the ingredients in ultra-processed foods nailing the JTBD? Is it the best solution to hire?

If I asked these questions, I might discover that the MAHA JTBD is actually quite different from mine. And that's the power of Jobs. When you understand the Job, you can understand *why* people hire and fire what they do. It's clear from my answer to the question about Coke and ice cream that I don't understand MAHA's JTBD ... but maybe I should.

This seemingly simple question made it so I could no longer ignore the inkling that it's time to get close. It's time to ask the questions we — those trained in the science of public health and healthcare — might not be ready to hear. It's time to fire polarization and hire understanding. Because if we're honest, we already know that polarization rarely accomplishes anything good.

AUTHOR



Ann Somers Hogg is a healthcare leader with a strong background in strategy, innovation and leadership, known for her impactful work in driving organizational growth and transformation. Her research looks into the role of business model innovation and disruption in healthcare, including how to transform a sick care system into one that values and creates total health. Currently, she focuses on drivers of health, maternal health and the pathways to improve both.