

# Less sugar, more life:

Jobs to Be Done Theory reveals why some parents reduce their kids' sugar-sweetened beverage consumption

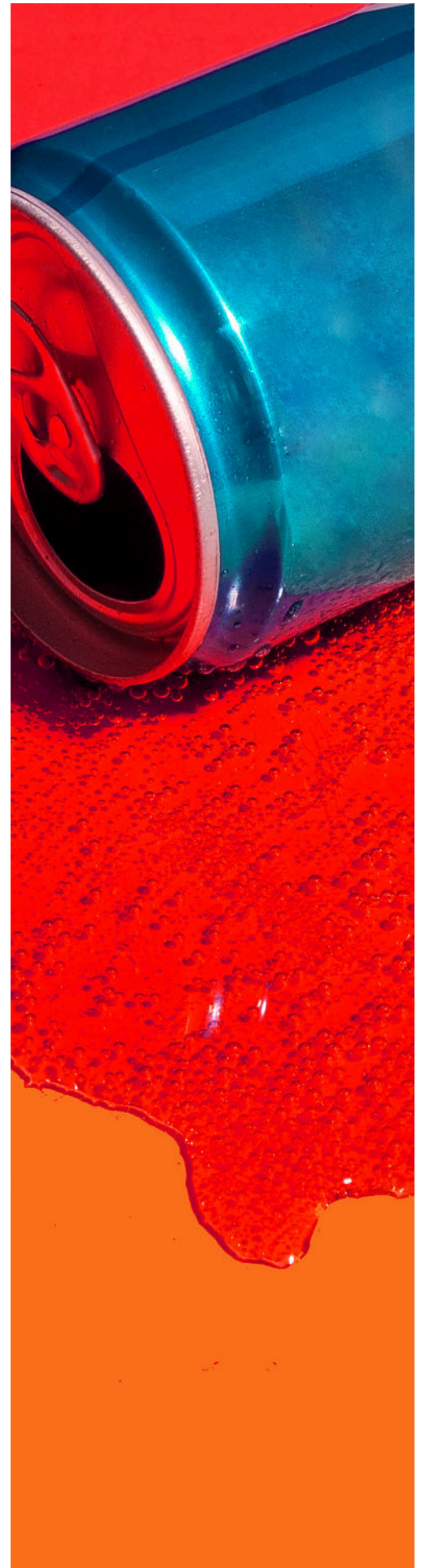
May 2025



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# EXECUTIVE SUMMARY

Sugar-sweetened beverages are the primary driver of added sugar consumption for children, which has reached catastrophic levels and is fueling a childhood obesity epidemic. Something must change. The most effective changes will occur at the system level to make healthy options more affordable and accessible to all Americans.

As system changes are pursued, we can also make progress at the individual, family, and community levels. However, for individual-level change to be effective, we must understand what truly drives people to change their behavior. And current research leaves a gap in this area. Existing research on what leads caregivers to buy sugary drinks for their kids—and their perceived reasons for not stopping this behavior—has asked about what they would do. Our research focuses on what they actually *did*. Past behavior is a far better predictor of future actions than perceived (and idealized) projections of our future selves.

Based on interviews with caregivers who stopped giving or limited their kids' sugary drinks, we uncovered five distinct outcomes they were seeking, and the circumstances that drove them to quit or reduce sugary drink intake:

- “Help me prioritize my kid’s long-term health as I’m prioritizing mine.”
- “Help me fix my child’s disruptive behavior.”
- “Help me feel like a better parent.”
- “Help me cut down on sodas for my child’s long-term health.”
- “Help me build healthy habits for my vulnerable child.”

Why does this matter? Because thousands of other caregivers around the country are in similar situations, with similar desires to improve their children’s health, behavior, and livelihoods. And with a clearer understanding of what causes caregivers to change their behavior, health care providers, public health officials, and policymakers can speak to caregivers and children and establish policies that can shift behavior and improve health.

In this report, we outline both what causes parents to change and how a variety of stakeholders can leverage that knowledge to improve health and well-being across the country, and perhaps, the world.

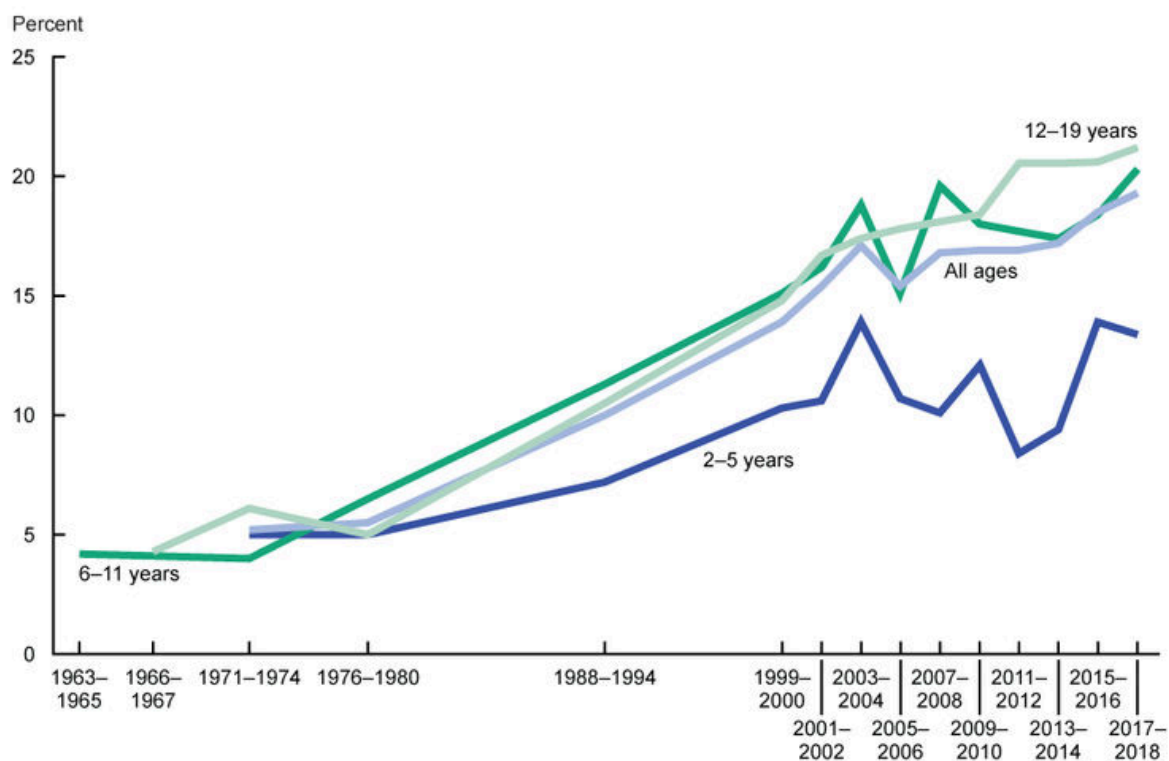
# INTRODUCTION



Americans overconsume sugar—a problem that’s especially grave for children. The American Heart Association estimates that adults consume over 60 pounds of added sugar annually, or roughly the equivalent of three car tires. Children aren’t far behind, with those between 2–5 years old consuming around 40 pounds per year, 6–11-year-olds consuming about 50 pounds per year, and those 12–19 years old consuming 60 pounds, nearly on par with adults. Unfortunately, this is a situation where children would benefit if they fell further behind their elders.

It’s well established that excess caloric intake from nonnutritious sources, such as that from added sugar, promotes overweight and obesity. As the CDC’s chart in Figure 1 highlights and the current national discourse reminds us, obesity among children, at increasingly young ages, is rising at a horrific rate. Additionally, the CDC’s most recent data through August 2023 shows the trend is continuing upward, with 21.2% of 2–19-year-olds experiencing obesity.

**Figure 1. Childhood obesity trends 1963–2018**



NOTE: Obesity is body mass index (BMI) at or above the 95th percentile from the sex-specific BMI-for-age 2000 CDC Growth Charts.  
SOURCES: National Center for Health Statistics, National Health Examination Surveys II (ages 6–11), III (ages 12–17); and National Health and Nutrition Examination Surveys (NHANES) I–III, and NHANES 1999–2000, 2001–2002, 2003–2004, 2005–2006, 2007–2008, 2009–2010, 2011–2012, 2013–2014, 2015–2016, and 2017–2018.

Reproduced from CDC’s National Center for Health Statistics.



While there are many contributors in the food and drink environment that lead to children's excessive added sugar consumption, sugar-sweetened beverages (SSBs) like soda, fruit drinks and juices, and sports and energy drinks are the largest contributors.

So what can parents, medical providers, public health officials, and policymakers do about it?

The near-term path to reducing pediatric SSB consumption lies in understanding the root causes of individuals' decision-making. Our latest research dug deep into individuals' decision-making processes to uncover the causal drivers of sugary beverage consumption and how caregivers are navigating the challenging food ecosystem in the US.

In this report, we outline the current state of our food environment and the gaps in existing research, and then reveal the novel insights our unique research unveiled. With these actionable insights, parents, providers, public health officials, and policymakers can sustainably reduce SSB consumption, improving health for the long run.



# WHAT GOT US HERE WON'T GET US THERE

Before diving into what our research uncovered, let's look at what's already known about sugar consumption. Studies have shown that children's SSB consumption has fallen over time, but consumption levels remain high and racially disparate. Between 2003 and 2018, the prevalence of drinking any amount of SSB on a given day declined significantly among all race and/or ethnicity groups:

- For white youth, SSB intake fell from 81.6% reporting daily intake in 2003 to 72.7% in 2018.
- For Black youth, it fell from 83.2% to 74.8%.
- For Hispanic youth, 86.9% to 77.2%

However, as these statistics highlight, the rates remained extremely high, especially so for Black and Hispanic youth. The story doesn't end there. While soda purchases reached their lowest levels in 2015, they plateaued in 2017, saw a resurgence during the COVID-19 pandemic . . . and continued to rise in 2024. Gains achieved in the mid-2010s have either been lost or are at risk of being relics of the past.

At the same time, there has also been a rise in sugar-free drink availability. The sugar-free beverage market is projected to hit \$8.8 billion by 2030, growing from \$3.5 billion in 2023. That's not to say all sugar-free alternatives are necessarily health-promoting.

While more research is needed on their long-term impact, existing evidence finds that, unfortunately, a heightened risk of diabetes, insulin resistance, hypertension, obesity, and dyslipidemia is tied to some artificial sweeteners.

## Sugar consumption is a systemic problem

The overconsumption of added sugar is an overwhelming problem. Most people are aware of it, yet the problem persists. As many researchers have highlighted, this is a systemic problem with massive health impacts for children and adults across the world.

Industry influence, lobbying, and policies—or lack thereof—have sizable impacts on the food system. These forces determine what's accessible and affordable and, therefore, what people are more likely to consume.

A 2024 analysis by researchers from UNC-Chapel Hill and Duke, in collaboration with international researchers, called sugar consumption in the US a market-driven epidemic (MDE). Despite known harms, companies continue to provide and market sugary products that meet human desires, and consumption continues and even grows in some environments. The authors likened added sugar consumption to other deadly MDEs, such as cigarettes and opioids.



MDEs have far-reaching impacts. A [January 2025 \*Nature Medicine\*](#) study found that in 2020 alone, SSBs were likely responsible for 1.2 million new cases of cardiovascular disease and 2.2 million cases of type 2 diabetes, plus 340,000 associated deaths worldwide. That accounts for roughly the equivalent of the entire [Los Angeles population](#) coming down with one of these diseases, or dying from them, in just one year.

What can be done to curb consumption and improve health? Many researchers (some examples noted below) have asked this question, but few have yielded actionable answers.

Authors of the 2025 *Nature Medicine* study argued that systemic interventions, including regulations on marketing, public health campaigns, and taxation on SSBs, could reduce consumption and, thus, improve health. To date, added taxes on these beverages have yielded impressive results. For example, a [2022 meta-analysis](#) of 62 studies found that taxes significantly reduce SSB consumption.

Additionally, a [2024 study from the University of California Berkeley](#) found that across five cities in the two years after SSB taxes were established, prices increased by 33.1%, and cities saw a corresponding 33% decrease in purchases over the same time frame.

Study authors [noted](#), “The price increase and purchase decreases appeared immediately after the taxes were implemented and continued to be sustained months later. At the same time, there was no evidence that consumers were traveling to bordering areas without sweetened beverage taxes to make purchases there.”

It’s hard to disagree that systemic changes are the most impactful way to curb consumption. But the road to systems change is a long one. So what can we do in the interim, at the individual and community level, to reduce SSB consumption now?



## Change can occur at the individual level

While the problem is systemic, change can still occur at the individual level. That's where our research focuses. First, we looked at what existing research shares about the drivers of SSB consumption, which is fairly little:

- Prior studies seeking to understand the psychosocial reasons for SSB consumption in vulnerable populations have leveraged the Theory of Planned Behavior. But humans aren't good at predicting the future, so this lens leaves a gap between people's idealized versions of what they'll do and the true drivers of their behavior.
- Another 2024 study looked at Black parents' perceived reasons for providing SSBs to children and their perceived barriers to stopping. Drivers for consumption were family and cultural norms, price, taste, water safety, tantrums, and product placement at grocery stores. Perceived barriers to drinking fewer SSBs were restaurant refills, price, lack of confidence, advertisements, cravings, tantrums, and budget. But again, perceived reasons for not doing something are limited and ignore many other facts that influence decision-making.

With this foundation, our research took a different approach to fill the gap in knowledge around behavior change: we applied Jobs to Be Done Theory (JTBD or Jobs). Jobs research extends beyond general demographic categories and characteristics of participants to uncover and analyze the functional, social, and emotional dimensions that drive an individual's motivations and how this impacts their decision-making and actions.

**In brief, a “Job” is the progress someone seeks in a given situation. It has two parts: the individuals' circumstances or struggling moments, and the progress or outcome they are hoping to achieve.** In short, people are always trying to achieve something, but this doesn't happen in a vacuum. Our circumstances shape our decisions. So when Jobs arise in our lives, we “hire” products and services to get those Jobs done. When we find a better way to achieve a Job, we “fire” the old solution and “hire” a new one.

A JTBD approach isn't asking why someone made their decision. It's about uncovering a story and discovering underlying circumstances common across specific groups of individuals.

For example, standard market research may ask someone why they purchased a smaller home, and answers would typically focus on amenities, community, or location. However, a prior JTBD analysis revealed that the circumstances and desires for progress driving many customers' decisions around home purchases were, in fact, quite different.

In the early 2000s, Jobs to Be Done co-founder Bob Moesta deployed a JTBD approach to bolster new condominium sales for a building company. The company had targeted downsizers—retirees looking to move out of their family homes. Its units were priced to appeal to that segment with high-end touches to give a sense of luxury. A generous marketing campaign deployed newspaper ads across the relevant Sunday real estate sections. The condominium units got a lot of traffic, but few visits converted to sales.



“By understanding the true causes of human behavior and the language people use to describe their experiences, we can shift behavior, improving health and well-being—both today and in the future.”

Bob applied JTBD to learn from those who *did* make a purchase what Job they were hiring the condominiums to do. “I asked people to draw a timeline of how they got here,” Bob recalls, and the conversations revealed an unusual clue: the dining room table. People kept saying, “As soon as I figured out what to do with my dining room table, then I was free to move.” The table represented family. In short, what was stopping buyers from making the decision to move wasn’t the right high-end features, but rather, the idea that by giving up a large dining room table, they’d be giving up the idea of family.

“I went in thinking we were in the business of new home construction,” Bob recalls. “But I realized we were in the business of moving lives.” The insight into the Job the customers needed done changed everything about how the construction company marketed its products and converted interested retirees into buyers. By 2007, when the market was plummeting, the developers had grown business by 25%.

As the condominium example highlights, understanding the root causes of behavior allows organizations and leaders to better tailor their messaging and offerings to the people they’re serving.

By employing a JTBD approach, our research uncovered the root causes behind parents’ and caregivers’ decisions to stop giving children sugary drinks.

We spoke to 15 caregivers, including mothers, stepfathers, and grandmothers in Florida and Texas, about why they fired SSBs for their 5–12-year-old children, to uncover and understand the causal drivers behind parents’ and caregivers’ decisions to stop buying sugary beverages. Given socioeconomic disparities in consumption, we spoke with low-income Black and Hispanic individuals. Each conversation lasted about one hour.

Our findings were both surprising and invigorating.

Why? By understanding the true causes of human behavior and the language people use to describe their experiences, we can shift behavior, improving health and well-being—both today and in the future. With this new knowledge, parents, providers, public health officials, and policymakers can address the root causes of SSB consumption and pivot their communication strategies for more effective change.

# WHAT JOBS LEADS PARENTS TO CHANGE THEIR CHILDREN'S BEVERAGE HABITS?

Jobs to Be Done often embody three dimensions: functional, social, and emotional.

A Job's functional dimension determines the practical, tangible needs that a product or service must meet. But in addition to the functional requirements, emotional and social dimensions drive behavior, and which solution a consumer ultimately hires. The social dimension of the Job highlights that people often care deeply about how their choices impact their relationships and how others perceive them. Emotional dimensions of the Job highlight how people want a solution to make them feel.


Jobs to Be Done makes sense of a wide array of situations in which people bring something new into their lives. It helps uncover what causes them to behave the way they do. That knowledge can then be leveraged to influence and support others seeking to make healthy choices.

With knowledge of what truly drives behavior change, we can also empower providers, public health authorities, and policymakers with the language that will reduce consumption and improve health.

Caregivers are trying to make progress in their lives and in their children's. By understanding how our interviewees found a way to make progress within their context, we can help communicate better to those who continue to struggle.

Through our research, we uncovered five Jobs to Be Done that lead parents to fire SSBs for their children. Furthermore, each JTBD has multiple dimensions. Understanding behavior at these depths is important because it allows stakeholders to tailor messages to constituents—and more generic messages to caregivers may fall flat.

The Job statements and associated details are based on our interviewees' stories, personal perceptions, and lived experiences. Each Job is described below.



“By understanding how our interviewees found a way to make progress within their context, we can help communicate better to those who continue to struggle.”

## **Job 1: When I'm making changes because I'm worried about my health, help me show my kids how to make healthy choices so they don't struggle with health issues in their future.**

*"It just didn't seem right for me to continue to give my son these sugary drinks, and then I'm trying to eat healthier and drink healthier, and still giving him these things. It just . . . wasn't fair."*

—“Alex,” mom

**Struggling moments:** Parents with Job 1 struggle with their health and are making changes to improve it. They also have a lot of guilt for continuing to give their child a beverage they've stopped drinking themselves. They stopped drinking SSBs because they knew these drinks weren't good for them. Now, they wrestle with how they could stop drinking SSBs but continue to give them to their kid. They also fear the threat of future health issues for themselves and their child because diabetes, high blood pressure, stroke, and cancer are part of their family histories. These parents have also made a connection between how they feel and what food and drinks they put in their bodies. These feelings are supported by trusted sources telling them that sugar is bad and the caregivers' beliefs that artificial ingredients are unhealthy.

**Desires for progress:** Functionally, these parents want to ensure three things: that their children don't struggle with long-term health issues in the future, that their kids don't feel physically or mentally unwell from drinking too much sugar, and that their kids make healthier choices than the parents have made. Emotionally, they want to alleviate their guilt caused by the mismatch between the drinks they choose for themselves and those they choose for their children.

In short, these parents don't want to feel like hypocrites. Social drivers aren't big for this Job. It's more about how the individual feels about themselves and what they want their children to feel and experience in the future.

Ultimately, parents with Job 1 are willing to trade the current enjoyment of sugary drinks or unhealthy foods for longevity and a life without health issues for themselves and their children.

**What it's not about:** Parents with Job 1 aren't motivated by issues with their children's current health, nor by a desire to curb poor behavior in children. While this is critically important for other Jobs, behavior isn't a driver for Job 1.

For a shorthand reference, think of Job 1 as “Help me prioritize my kid's long-term health as I'm prioritizing mine.”



## Job 2: When I connect my kids' disruptive behavior to sugary drinks, help me find a replacement that they'll drink so my kids can thrive at school and in life.

"No more cavities. And no sugar is better than sugar. He got through elementary school with no more problems. He was calmer, more attentive, not disruptive."  
—"Angela," mom

**Struggling moments:** Caregivers with Job 2 connect their kids' disruptive behavior to sugary drink consumption. Specifically, they noticed that shortly after consuming an SSB, children were angry, misbehaving, agitated, hyperactive, frustrated, aggressive, depressed, and/or mad. They also noted that "something was off" or that children simply didn't want to engage with parents or friends after drinking SSBs. Those with Job 2 struggle to switch to nonsugary alternatives because they worry their kids won't like an unsweet option. Some parents with this Job worry that continued SSB consumption will lead their children to anger or addiction problems in the future.

**Desires for progress:** Functionally, Job 2 parents want to resolve or reverse their kid's behavior problems and help their children thrive by replacing sugary drinks with nonsugary alternatives that the children will actually drink. "Thriving" in this context means that kids will be more energized, disciplined, focused, healthy, active, and calm in the near term and that they will be able to play with friends, succeed in school and sports, and be more successful later in life.

Emotionally, parents want to feel like they are helping their kid circumvent avoidable future hardships and that they aren't giving their kids something that limits them from reaching their full potential. Socially, parents want their children to behave the way they observe other children who drink water and/or no-sugar-added juices behaving. They also don't want to be judged by other parents for making the wrong choice for what to give their children, especially when a trusted source has told them about sugar's negative effects.

Parents with Job 2 are willing to give up their personal desires to consume sugar for their children's health benefits. They're also willing to make the hard choice not to give in to their kids' desires for sugary drinks because it means their kids' behavior will be better.

In summary, the progress for this Job is about fixing disruptive behavior now, starting healthy habits now, and seeing current and future benefits for their children.

**What it's not about:** Caregivers with Job 2 aren't concerned about their personal health, health issues running in their family, or preventing cavities. Of note, many parents across different Jobs noted that an early signal that they needed to reduce SSB consumption was children's cavities or tooth decay. However, cavities were never the true motivation that led parents to stop providing SSBs. Many parents, not just those with Job 2, perceived cavities as fixable, but something like diabetes was "with you for life."

For a shorthand reference, think of Job 2 as "Help me fix my child's disruptive behavior."





### ***Job 3: When I feel like I'm failing because my kid has a health problem, help me do everything I can to help them so “we can be healthier as a family.”***

*“I don’t want anything else to be wrong with my child, so let me as a parent get it into gear and . . . choose better, choose healthier.”*  
—“Shanae,” mom

**Struggling moments:** Parents with Job 3 struggle with a lot of guilt. Unlike those with Job 1, parents with Job 3 aren’t focused on their health; instead, they feel like their child’s current health issues are their fault. This makes them feel like they’re failing as a parent. Their children’s health issues aren’t genetic but instead the result of dietary choices, which the parent feels responsible for creating and now wants to fix. On top of their guilt, they are also worried about their child’s current health problem and the damage it could cause the child in the long run.

**Desires for progress:** Functionally, these parents want to fix their child’s current health trajectory so they don’t encounter more serious issues like failure to thrive or childhood obesity. While they said the functional progress they sought was to improve family health, this wasn’t their main motivation. Their main motivation was the desire to feel like better parents. Emotionally, parents with Job 3 don’t want to feel like they’ve allowed their children’s health struggles to exist or persist. These parents want to feel like they’re doing everything they can to help their children, and they want to feel like they’re making decisions to promote healthy lives. Socially, parents with Job 3 don’t want to feel judged by others as being bad parents, though this wasn’t the biggest driver for this Job. As a result of their desire for progress, they’re willing to trade off giving their child the sugary drinks they want for what’s going to help them be healthy in the long run, and thus alleviate their parental guilt.

One parent with this Job mentioned that access to the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) was key to changing behavior, as WIC provided both access to a registered dietitian for pediatric nutrition advice and benefits for healthier juice options. She noted, “I just know that WIC tries to recommend better versions of drinks. So I trust that they’re better than the other ones because they generally make you choose healthier options. That’s the point of the program. So [the WIC-suggested juice] was just like the juice that we get, but it seems better than the other stuff that we get because the other stuff was just full of sugar.”

*“These parents want to feel like they’re doing everything they can to help their children, and they want to feel like they’re making decisions to promote healthy lives.”*

Since WIC can be a critical influence for positive health behaviors—both through its benefits for healthy food purchases and connections to registered dietitians—policymakers should keep this top of mind. More on this topic can be found in the report’s recommendation section.

**What it’s not about:** Parents with this Job aren’t motivated to change their children’s beverage habits due to the parents’ health issues, nor due to their child’s behavior as a result of sugary beverages. While one mom noted that cavities were a warning sign that something needed to change, cavities weren’t the crux of the problem because, as noted earlier, caregivers perceive cavities as fixable. Children’s physical health issues are a bigger motivator because something like diabetes is with you for life.

For a shorthand reference, you can think of Job 3 as “Help me feel like a better parent.”



## **Job 4: When my child's weight is a problem, help me cut down on the sodas, so my child won't struggle with addiction or diabetes later in life.**

*"I don't want it to turn into . . . something else, since addiction does run in my family. I don't want him to get addicted to sodas and then get addicted to the next thing and then get addicted to the next thing. That's my fear."*

— "Maria," mom

**Struggling moments:** Similar to Job 3, parents with Job 4 feel guilty about their child's current health problem, feel like it's the parents' fault, and are worried about the child's future health. But unlike those with Job 3, those with Job 4 are specifically concerned about their child's weight and the associated problems that could result. Parents with Job 4 are also worried about their children exhibiting addictive behaviors with sodas, such as drinking multiple in a row. Job 3 parents struggle with their own guilt around the situation, while Job 4 parents struggle more with what their child's current health struggles could mean for the child's future. Parents with Job 4 may also struggle with their own mental health challenges, such as depression, anxiety, or bipolar disorder, which they perceive as inhibiting their ability to reduce children's SSB consumption.

**Desires for progress:** While parents with Job 4 feel guilty about the current situation, alleviating guilt isn't the focus of their progress.



Functionally, they are focused more on future loss avoidance (e.g., preventing chronic disease for a child) than current upside gains. They don't want their kids to be overweight for life or have issues such as diabetes. They also don't want SSB addiction to lead to worse addictions down the line or to bad behavior that will get their children into trouble. Emotionally, they want to feel like they're setting their children up to have a better life than they currently have or than they had in the past. These parents also want to feel good about what they're giving their children to drink, and sugary drinks don't make them feel like good parents. Socially, they want their kids to see them making healthier choices so that the children will do the same. While parents mentioned setting an example as a factor, it wasn't their primary driver for change.

**What it's not about:** While parents with Job 4 noted that their children were hyperactive after drinking SSBs, specifically soda, this wasn't the main motivation for their change. They are more motivated to address their child being overweight to avoid downstream health problems. This is different from Job 2, where parents are highly motivated to address behavior problems to improve the current state and set their kids up for future success (upside gain). Parents with Job 4 also have their own health issues, but unlike Job 1, this isn't the primary driver for changing their kids' SSB consumption.

For a shorthand reference, think of Job 4 as "Help me cut down on sodas for my child's long-term health."

## **Job 5: When my kid is more vulnerable than me and they follow my example, help me build a foundation of healthy habits for us now, so my kids can avoid struggles I had along the way and have a good life.**

“However you start [life] is how you finish, but something drastic has to happen to change your diet.”

—“Alyssa,” mom

**Struggling moments:** Parents with Job 5 struggle to be careful about food and beverage choices for a vulnerable child. For example, these children could have multiple allergies or need additional care due to the fact that they were a premature baby. Parents with Job 5 have children who follow their example and want to drink what the parent is drinking. These parents consume sugary drinks, which leads to feelings of guilt because they aren’t setting a good example for their child. These parents also believe artificial ingredients, such as artificial sweeteners, are bad for your health, so they avoid these.

**Desires for progress:** *Functionally*, these parents want to drink fewer SSBs and develop a basis of healthy habits for both themselves and their children. They believe these habits will enable their children to have long and healthy lives. *Emotionally*, these parents have struggled with unhealthy habits along the way and now want to shield their children from similar struggles. *Socially*, they want their children to see the parent’s behavior as a good example and want others to perceive them as good parents.

**What it’s not about:** Job 5 is less about a family history of diseases like diabetes. While parents with this Job mentioned that health issues ran in their families and that they sought to avoid similar fates for themselves or their children, this isn’t the main motivation for change. This Job is also less about addressing children’s behavior problems. Parents with Job 5 mentioned hyperactivity in children after drinking SSBs, but reducing that wasn’t the focal outcome they were seeking. Instead, these parents are focused on establishing better habits so they can reprioritize their vulnerable child’s health and reap the benefits for years to come.

For a shorthand reference, think of Job 5 as “Help me build healthy habits for my vulnerable child.”



# RECOMMENDATIONS TO EFFECTIVELY REDUCE PEDIATRIC SSB CONSUMPTION

Understanding the Jobs to Be Done that lead parents and caregivers to fire SSBs and hire nonsugary alternatives is only the first step to behavior change. To help parents switch what they're giving their children, we must act on these findings. Below, this report articulates pathways to spur change, leveraging the Jobs to tackle this problem from a variety of perspectives. Like the Jobs statements, these recommendations are grounded in what we learned from our interviewees.

## Parents

First, let's take the parent's point of view. If you're a parent struggling with your child's or children's SSB consumption, what can you do? You live in an environment where SSBs are abundant, often inexpensive, hyperpalatable, and your children want them. It can feel like you're backed into a corner where no matter what you choose, you lose.

However, talking to parents in this study revealed that there are tangible steps you can take to regain control and achieve the outcomes you desire.

- First, be more intentional about the consumption of SSBs. Ask yourself:
  - How do my kids behave after they drink an SSB? Is this a behavior I want to see more of or less of? And how does this behavior compare to when they drink water or a nonsugary alternative?
  - Is my fear that my kids won't like nonsugary drinks accurate? Many parents interviewed were surprised to find their child liked the sugar-free alternative just as much as an SSB, or that, after a week or two, they adjusted.
- Second, leverage the knowledge that your younger kids want to imitate you. Ask yourself:
  - Do I drink SSBs around them?
  - How could I cut back for my benefit and theirs?
- Third, keep in mind that change doesn't have to happen all at once. Ask yourself:
  - Can I replace my SSB with water or soda water for a day or a week?
  - What existing social support do I have? You can find other parents who are trying to make similar changes. There's power in collective action. When kids see their friends drinking healthier options, they'll want them, too.

As a parent, you want what's best for your kids. Helping them consume less sugar now will create healthy habits for life. Your future self—and your children—will thank you for it.



## Pediatricians, medical students, and registered dietitians

Next, let's look at how medical and nutrition providers can leverage these insights. As current and future pediatricians and experts in nutrition, you know your patients' parents look to you for guidance on what's best for their children. And given our environment, you undoubtedly have many conversations about the need to reduce SSB consumption. So, how can you leverage this knowledge to help your patients and their families, and to make your conversations more impactful?

If you're trying to support parents in changing their behavior, consider the following possible courses of action:

- First, listen for indicators that the parent's current struggle with their child may be associated with SSBs.
- Second, if they are struggling with SSBs, you can try to uncover which Job the parent has. A few statements or questions can help you uncover it:
  - Tell me about SSB consumption in your house. *This will help you uncover whether they and their children drink them, if they only give them to their children, etc.*
  - What do you observe after your children drink SSBs? *This will tell you if they're struggling with unwanted behavior after children drink SSBs.*
  - How do you feel when you give your child SSBs? *This helps you uncover how the parent feels about the choice. If they feel guilty, uneasy, troubled, anxious, etc., that's an opportunity to change their behavior.*
  - Do you think sugary drinks are impacting your child's health? *This helps uncover if health—either current or future—is a driver for that parent or caregiver.*
- Third, speak to the parent's current struggles and their desired outcomes.
  - If the parent mentions **making changes for themselves**, remind the parent how much better they likely felt after switching, and encourage them to help their child feel the same. Parents want their kids to feel good.
  - If they mention **behavior issues**, offer that they're likely to see improvements once they've weaned the child off SSBs. It doesn't hurt to remind them that it's not their fault their children have disruptive behavior. Disruptive behavior is sometimes attributable to sugar. Parents may find that when they switch, their kids are calmer, more focused, and happier.

- If they mention their **guilt or worry** over providing SSBs and/or harming their child's health, offer ways to alleviate it by choosing nonsugary alternatives through gradual change. Reinforcing that they're a good parent and have the power to change this habit, and thus alleviate their guilt, can help push them to fire SSBs.
- If parents express concern that their child's **current health problems could lead to long-term health struggles**, offer approaches for stopping the SSBs and share how that will help achieve the parents' desire for their child/children to thrive, live long and healthy lives, etc.
- Lastly, if parents mention concerns over their **child's vulnerability**, encourage them by offering pathways to establish healthy habits for their child. Remind them that establishing **healthy habits** for their child today will help the child immediately—and for life.
- As you know, habit change is hard. But when parents are motivated, offering your encouragement and detailing tangible steps they can take to immediately change their purchasing and consumption behavior can help them get started.
  - If the child or family is drinking SSBs daily, you could suggest they reduce the number of drinks per day or offer some alternatives for replacement, as you likely already do.
  - If they mention tendencies around a child's disruptive behavior, you could ask them to test how their child reacts after water versus after an SSB. For example, they could give their child water for one meal and an SSB at another. Ask them to note how the child behaves in the hour after drinking each beverage. Awareness of the tie between SSB consumption and unwanted behavior may spur them to fire SSBs.

As a health care provider, you know behavior change isn't easy. Yet, uncovering and speaking to the individual motivations of the parents in front of you can enhance your success. In our conversations with parents, a key insight was that parents don't always change consumption for health reasons. That functional outcome is often important, but the emotional and social drivers for change are frequently bigger levers. Speaking to these emotional and social drivers, as suggested above, can make your message even more impactful.

Parents respect your opinion, and if you suggest it while acknowledging where they struggle and what outcome they want, they're more likely to follow through with firing SSBs.



“When developing PSAs and policies, leverage parents’ language around their struggling moments and desires for progress. This highlights that you understand what parents are struggling with and what they want.”

## Public health officials and policymakers

The previous two sections talked about how to spur behavior change at the individual level. But if you’re a public health official, work on public service announcements, or you’re responsible for nutrition policies, you can also leverage this knowledge to improve health across the country.

This begins with acknowledging that the US food environment sets parents and children up to fail when it comes to health. Hyperpalatable, overly sugary foods are pervasive, inexpensive, and marketed extensively. The systemic barriers to improved health—including policies that support businesses to continue offering inexpensive, harmful beverages to our children—must be addressed.

It’s also worth reiterating what we heard from one of our interviewees about the role SNAP and WIC play in making healthy options affordable and accessible. To improve health, policymakers must ensure these critical resources remain available and accessible to caregivers who need them.

Second, while broader system changes are developed and deployed, we can inspire action at the individual and community levels. For public service announcements (PSAs), consider the following tactics to spur behavior change:

- **Use parents’ own language:** When developing PSAs and policies, leverage parents’ language around their struggling moments and desires for progress. This highlights that you understand what parents are struggling with and what they want. Using the language in this report can help you do that.
- **Focus on the outcome parents want:** Tap into parents’ desires to do what’s best for their children, speaking to outcomes parents want. The research uncovered that this includes setting children up for a life where
  - They don’t struggle with avoidable chronic conditions in childhood or adulthood.
  - They can thrive at school, in sports, and in life.
  - Their whole family can be healthy.
  - They can avoid drug addiction or unlawful behavior.
  - They can avoid having dietary struggles similar to their parents’.



- **Speak to parents' emotional and social drivers:** In addition to speaking to parents' functional desires to improve their kids' current and future lives, showcase that reducing children's SSB consumption is a pathway for parents to alleviate their guilt, their worry about their kids' futures, and their angst over how other parents perceive their capabilities. No one wants to be a "bad mom." Speak to the fact that reducing kids' SSB consumption is a way to feel like—and be perceived as—a better parent.

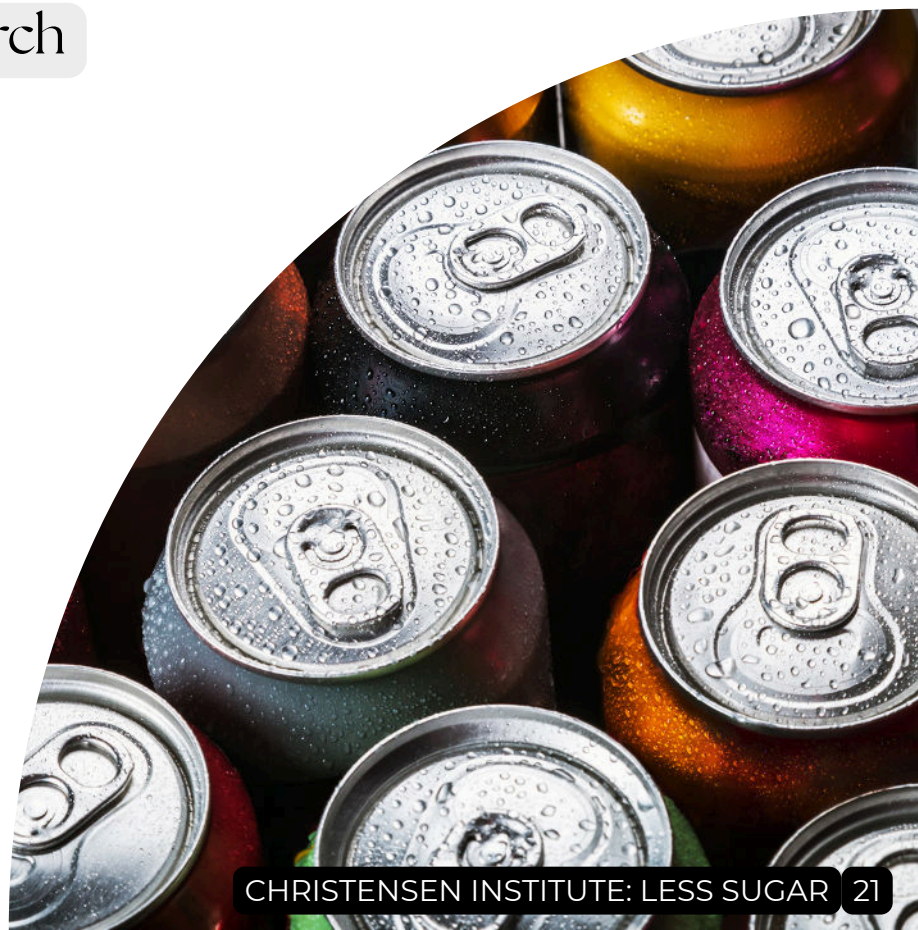
Thinking about what this might look like in practice, we brainstormed several public service messages that might be effective in alerting and motivating parents to reduce their children's SSB consumption. We have included examples of such messages in the appendix, but we encourage public health stakeholders and policymakers to develop more messages like these.

We also recommend additional, large-scale research to further validate people's knowledge, actions, and behaviors around pediatric SSB consumption before rolling out a public campaign en masse.

At its core, JTBD research provides content for more persuasive storytelling. Talk to your constituents about their struggles with pediatric SSB consumption. Your constituents should know they don't have to be stuck, and that they aren't alone.

Our study fills a key gap in the research, and by continuing to hear the stories of those you represent, you can build upon these insights to form the foundation for a healthier future.

“At its core, JTBD research provides content for more persuasive storytelling.”



# CONCLUSION

The pathway to improved childhood health through reduced SSB consumption isn't easy. It's complex, complicated, and hampered by a food environment that entices and incentivizes parents to make unhealthy choices for themselves and their children. The most lasting and effective way to reduce SSB consumption is through systemic policy change and improvements to the food environment that will make healthier options more widely accessible and affordable.

But in the interim, much can be done at the individual level by leveraging the causal drivers behind parents' and caregivers' purchasing decisions. In this report, we outlined the struggling moments, motivations, and desired outcomes parents have when it comes to the beverages they give their children.

By leveraging this knowledge—as individual parents, health care providers, policymakers, and public health officials—we can initiate a transformation at the ground level. Our future depends on it, as our children's health (and our own) hangs in the balance.



# ACKNOWLEDGMENTS

On behalf of the Institute, I'd like to thank the Humana Foundation for commissioning this report and its research team for supporting research on pathways to improve childhood nutrition and associated health outcomes.

This report wouldn't have been possible without the partnership and impeccable Jobs to Be Done skills of Jay Gerhart, my former colleague and current VP at Advocate Health, as well as support and feedback from Jobs to Be Done cofounder Bob Moesta. I'm incredibly grateful to my colleagues Ann Christensen, Michael B. Horn, and Meris Stansbury at the Institute for how they shaped and supported this work as well.

# APPENDIX

This appendix includes public service message examples, based on each Job to Be Done.


Example message to speak to those with Job 1: “Help me prioritize my kid’s long-term health as I’m prioritizing mine.”

If **YOU** are eating  
like this:



How do you feel  
about your **CHILD**  
drinking this?



 Help them make better choices today so they don't struggle  
with their health tomorrow.




Example message to speak to those with Job 2: “Help me fix my child’s disruptive behavior.”



It's not you.  
It's the **SUGAR**.

Cut down on the sugary drinks so they can thrive  
in class, on the field, and in life.

Example message to speak to those with Job 3: “Help me feel like a better parent.”



irritability depression  
mental health issues  
kidney damage fatigue  
death **Diabetes**  
heart disease  
growth problems

You want to do  
everything you can  
to help your child  
be healthy.

Stopping the sugary  
drinks is the **RIGHT**  
decision.

Example message to speak to those with Job 4: “Help me cut down on sodas for my child’s long-term health.”

**DRUGS AREN'T  
THE ONLY  
ADDICTION THAT  
COULD AFFECT  
YOUR CHILD'S  
FUTURE**



**SUGAR** **COCAINE**

— Say “no” to sweetened beverages today for a healthy tomorrow. —

Example message to speak to those with Job 5: “Help me build healthy habits for my vulnerable child.”

Your vulnerable little one follows your footsteps.

**Cut down on sugary drinks**

and they'll also reap the benefits of a **healthier** life.



## About the Institute

The Clayton Christensen Institute for Disruptive Innovation is a nonprofit, nonpartisan think tank dedicated to improving the world through Disruptive Innovation. Founded on the theories of Harvard professor Clayton M. Christensen, the Institute offers a unique framework for understanding many of society's most pressing problems. Its mission is ambitious but clear: work to shape and elevate the conversation surrounding these issues through rigorous research and public outreach.

## About the Author



Ann Somers Hogg is the director of health care research at the Christensen Institute. She focuses on business model innovation and disruption in health care, including how to transform a sick care system to one that values and incentivizes total health. Prior to joining the Institute, she worked for Atrium Health, where she most recently served as the AVP of Strategy and Transformation. Ann Somers holds an MSPH in Health Policy and Management from UNC-Chapel Hill.