CHANGING COMMUNITY NORMS

By Stephen Hahn-Smith, Ph.D.

> **"Build a better mousetrap, and the world will beat a path to your door"**
> - Adopted phrase from Ralph Waldo Emerson

Although inspiring, Emerson's poetic sense on adopting a new innovation only captures a small part of the change process. Changing community norms can be a slow process that may take decades to reach fruition. **This Tactics article is about how community norms change, how ideas are initially championed by a small, innovative, and persistent group until slowly the idea takes hold.** Slowly, the idea hits a critical mass and acceptance becomes the norm and "laggards" are the exception.

We will use tobacco as our example, but the process can be applied to any number of societal changes. It was literally decades ago that the Surgeon General first publicly stated that cigarette smoking was injurious to one's health. U.S. Surgeon General Luther Terry issued the first surgeon general report citing health risks associated with smoking in 1964, and in 1965 the U.S. Congress passed the Federal Cigarette Labeling and Advertising Act, requiring a surgeon general's warning on cigarette packs. In 1971 all broadcast advertising for cigarettes was banned. At the time of the first surgeon general warning, about 42% of adults were smoking cigarettes. By 1971 there was a slight drop to around 37%, not much of a drop considering the effort in getting the word out that cigarette smoking was harmful. Since then, there has been a steady drop in smoking prevalence to slightly over 20% in the US adult population, a number that varies considerably by State, age group, ethnicity, and gender.

While the goal is to eliminate cigarettes entirely, there has clearly been progress toward that end. Community norms have changed on cigarette use as a consequence

of several factors, including research on the consequences of first-hand and second-hand smoke, and the "ashtray" smell smoke leaves on clothes and interior rooms. Media campaigns discouraging smoking are widespread. Whereas the old-time movie actors regularly glamorized the cigarette, today's stars are less likely to light up. Smoking is banned on all domestic flights and most international flights as well. It is banned in many restaurants and, in some states, in bars as well. Smoking is banned in public buildings, and it is only allowed in small, select areas in airports. The public has collectively decided that smoking is undesirable.

The process has taken a long time to ferment, and it still has a long way to go if the goal is to reduce tobacco use to levels near zero. Why does it take so long? One model that explains the community change process is the **Diffusion of Innovation Model** proposed by Rogers (2003). The model looks at how new ideas are communicated to, and accepted by, members of a group or population. The three major components of this theory are

1. Communication Channels – for dispensing an innovative or new message
2. Opinion leaders – visible, respected people who can assist in dispensing the message
3. Time and process – required to reach community or groups. People receive/accept messages at different time intervals.

According to this model, innovation is considered as either a product or an idea, and adoption is the process of individual behavior change. The model stresses the importance of networks and information flow in a community. Many factors can influence adoption, including the characteristics of the innovation, cultural congruence, the complexity or simplicity of the innovation, and the perceived benefits of adopting the innovation.

An individual's decision about an innovation or a new idea is not an instantaneous act. Rather, it is a process that occurs over time and consists of a series of different actions. The innovation-decision process is the process through which an individual (or other decision-making unit) passes from first knowledge of an innovation, to forming an attitude toward the innovation, to a decision to adopt or reject, to implementation of the new idea, and to confirmation of this decision.

Stage 1 – Knowledge. Knowledge occurs when an individual is exposed to an innovation's existence and gains an understanding of the innovation. Characteristics of the decision-making unit such as socioeconomic characteristics, personality variable, and communication behavior are all important factors in knowledge acquisition.

Stage 2 – Persuasion. Persuasion is a shifting of attitude, either positive or negative, toward an innovation or new idea. Perceived characteristics of the innovation are actively measured, including the innovation's relative advantage, compatibility, complexity, and observability.

Stage 3 – Decision. Decision takes place when an individual engages in activities that lead to a choice to adopt or reject an innovation. The idea may be rejected at first, but later adopted, or the idea may be accepted, but later discontinued.

Stage 4 – Implementation. Implementation occurs when an individual puts the new idea into use. Implementation involves overt behavior change as the new idea is actually put into practice. Implementation is frequently the stage of the longest duration, especially when the idea is difficult to put to the test in the real world.

Stage 5 – Confirmation. Confirmation takes place when an individual seeks reinforcement of an innovation-decision already made. Conflicting messages about the innovation may reverse the previous decision.

"The new idea either finds a champion or dies."
- Schön (1963, p. 84)

The Role of the Champion

An essential aspect of the diffusion model is having a champion of the innovation. A champion is a charismatic individual who throws his or her weight behind an innovation, thus overcoming indifference or resistance that the new idea may provoke in an organization. Frequently, but not always, the individual is a person of high stature, a company president or top manager, especially for innovations that are costly, highly visible, or radical. Indeed, the fight against tobacco truly began with the Surgeon General Luther's warning in the 1964. Oftentimes, however, innovations can have champions of less stature. Goodman and Steckler (1989) studied how ten new research-based programs were adopted by health organizations in Virginia. In this study, the authors found that the most effective champions were assistant directors or division directors of those health agencies. Three important qualities emerged as important for champions.

1. Champions occupy a key linking position in their organization
2. Champions possess analytical and intuitive skills in understanding various individuals' aspirations, and
3. Champions demonstrate well-honed inter personal and negotiating skills in working with other people in their organization

In many respects it is understandable that champions are frequently not the "top dog" of an organization or an organizational network. The diffusion network is about communicating and adopting a new idea. The effective spreading of a new idea requires knowing one's audience, something that is best suited for someone who both understands a new idea and who also is able to champion this idea with an audience he or she understands and has an inherent connection.

Adopter Characteristics

The diffusion model posits that adoption of new ideas depends heavily on adopter characteristics – the willingness of individuals in a population to incorporate a new idea. Five adopter categories are identified:

1. **Innovators.** Individuals actively seeking new information, more willing to take risks, and who have information and expertise outside the confines of the community. In the prevention field, this might include individuals who are privy to the latest research findings, or those who are marketing a new prevention tactic.

2. **Early adopters.** Early adopters are a more integrated part of the local social system than are innovators. Frequently, the early adopter serves as a role model for other members of a social system. Their role is to decrease uncertainty about a new idea by adopting it, then communicating opinion about the idea to peers through interpersonal networks. In the prevention field, this would include individuals who have discovered a new idea and put it in practice in their work.

3. **Early majority.** The early majority adopt new ideas just before the average member of a system. They provide interconnectedness in the system's interpersonal networks. The early majority is a large group who might deliberate for some time before completely adopting a new idea. A prevention practitioner, for example, might be an early adopter of a new model program, a program that is relatively new, but also well-tested.

4. **Late majority.** This is a skeptical group in adopting a new idea, but only after the majority has bought into the idea. It may be the case that this group is adopting for external reasons, such as economic necessity or because of peer pressure.

Innovations are approached with a skeptical and cautious air. Some prevention programmers tend to stick with what they know and are reticent to do things in other ways unless they must for some reason.

5. Laggards. The point of reference for laggards is the past. Decisions are made in terms of what has been done previously. Laggards tend to be suspicious of innovations and of change agents.

The trajectory for acceptance of a new idea by these different groups takes the form of a bell curve. Innovation starts with a small number, grows dramatically as the interpersonal network exponentially communicates a new idea, then adoption slows down as the adopter characteristics grow more resistive.

Given the broad characteristics of adopter characteristics and the length of time for ideas to diffuse through a population through interpersonal communication networks, adopting a new idea generally takes place in a predictable pattern. It starts slow, then picks up steam, then nearly plateaus toward the end. As an example, Rogers provides data on the adoption of hate crime laws in the United States by states. Some states such as California are more accepting of new ideas and can be characterized as innovators. Other states are more traditional and fall more on the laggard side of the continuum. The figure below shows the cumulative adoption of states with hate crime laws up to roughly the year 2000.

Adopter Categorization on the Basis of Innovativeness
(adapted from Rogers, 2003)
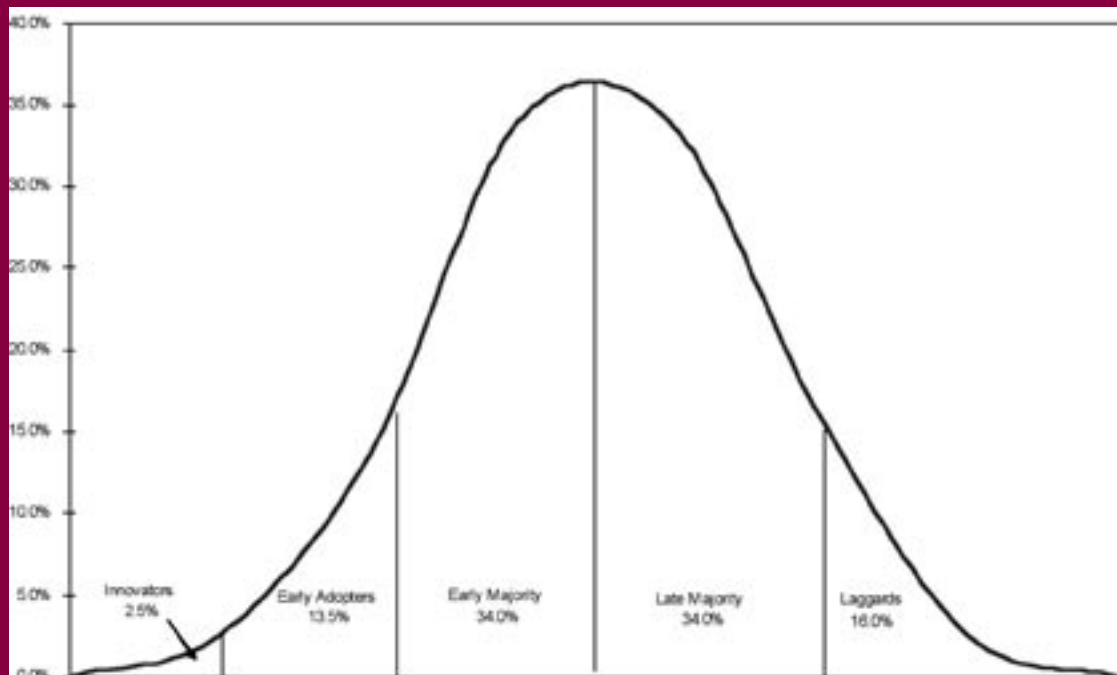
Case Study: The Columbia University Drug Diffusion Study

The Columbia University drug diffusion study investigated the interpersonal networks through which subjective evaluations of an innovation are exchanged among individuals in a system. The study was originally a simple marketing study funded by Pfizer, who wanted to know if advertisements it purchased in medical journals were influential in diffusing the company's new drug product, the antibiotic tetracycline, that had appeared in late 1953. Tetracycline's main advantage over the earlier antibiotics was that it had fewer side effects. The drug had been tried once by a large majority (87 percent) of the doctors in the study, but not necessarily incorporated into common daily medication prescriptions. The study identified a class of doctors known as "opinion leaders," who were early adopters. These doctors had adopted tetracycline by the eighth month of the study. Once these doctors adopted tetracycline, the S-shaped diffusion curve for the opinion leaders' followers took off. The opinion leaders formed a critical mass, conveying their subjective evaluations of the innovation to their many network partners, who are thereby influenced to adopt the new idea.

The tetracycline study is an excellent example of the importance of interpersonal networks in diffusing a new idea. The drug was clearly documented as superior to other antibiotics through randomized controlled clinical trials and released to the medical community through medical journals. It was also communicated by "detail men," employees of the drug firms who contacted doctors with information about the new drug, and who gave the doctors reprints of the journal articles and free samples of tetracycline. But these promotional activities were not enough to persuade the average doctor to adopt. Subjective evaluations of the new drug based on the personal experiences of each doctor's peers were key in convincing the typical doctor to adopt the drug with his or her own patients. More than anything else, this study demonstrated the social power of peers talking to peers about the innovation that led to the adoption of the new idea.
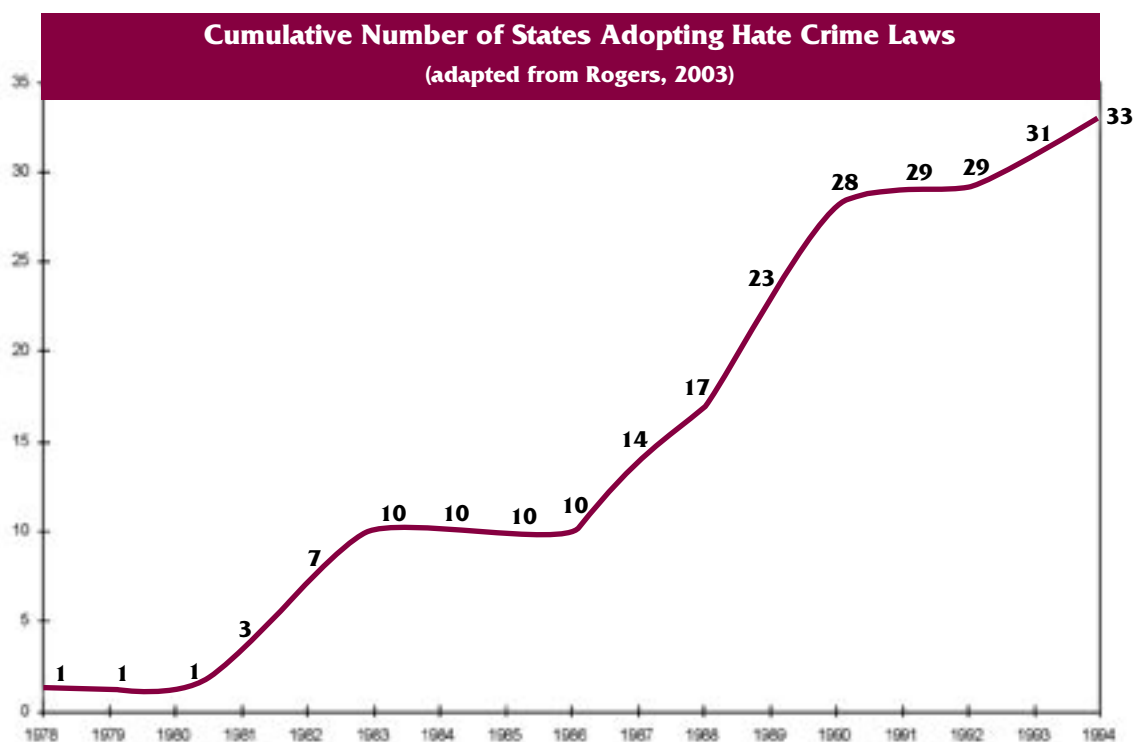

Cumulative Number of States Adopting Hate Crime Laws
(adapted from Rogers, 2003)

prevention Tactics

Conclusion

Without a doubt, adopting new ideas for changing community norms can take a long time. In the prevention field, researchers are constantly finding new approaches using new technologies to further advance prevention tactics. But change takes time. New ideas need to be first disseminated to practitioners in an understandable fashion. If acceptable, ideas need a champion to establish buy-in from those not familiar with the idea. Buy-in alone is not enough, however. In some ways, this is the easy part. The idea must be implemented. The real world contingencies often make the implementation of a new idea a formidable task. Yet, over time good ideas almost always take root. Emerson was right when he said the world will beat a path to your door. He just didn't say how long it would take.
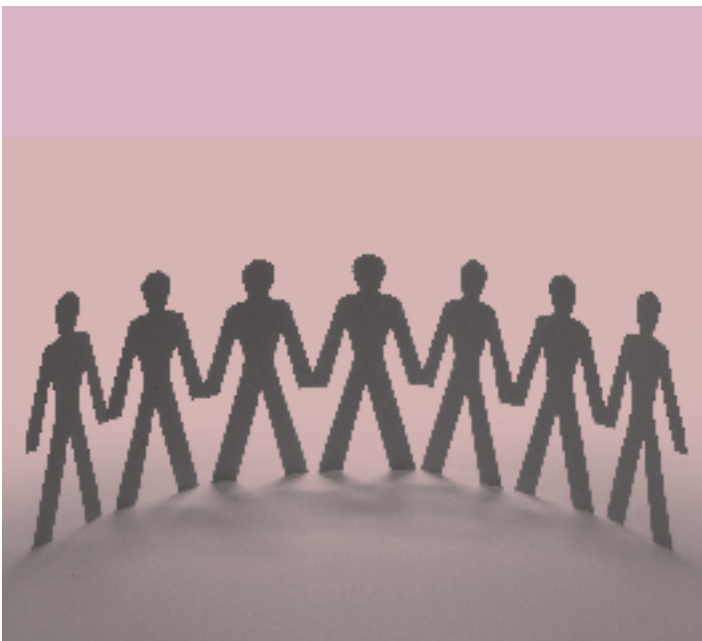
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