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By Robert Hornik

William Smith focuses on social change from the perspective of the change agent. His essential arguments are strong and credible, and summarize in a useful way the framework of dynamic social marketing. Still, it may be useful to look at the process of social change from a different perspective, focusing not on what the agent does, but on the process of change itself.

I would assert that most changes of the sort that social marketing programs seek have not historically involved a controlling change agent. This is true in two ways. In the narrow sense, some social change has involved the actions of multiple change agents not acting in a consciously coordinated way. Such change reflects the action of social movements lacking a single face. I think in particular of the antismoking movement that has transformed the environment around tobacco use. No single agent defined the process; many loosely coordinated public agencies, grass roots organizations, and public health groups with a shared agenda worked in similar directions, producing complementary changes which together meant downward pressure on smoking. While the actions of any one of these organizations might reflect a deliberate social marketing process, the synergy of the set of them, which surely is key to their success in transforming the regulatory, social, and structural environment around tobacco use, cannot be understood so straightforwardly. Thus, some social change in health behavior can be understood as the synergy of efforts of multiple change agent organizations, rather than as a reflection of the work of a single agency. This matters for Smith's model because it complicates the path from the work of one agency to the sort of substantial social change he seeks. It may reduce the expectation that the process of social marketing can be counted on to produce predictable social change if that change requires multiple agencies working on shared agendas, but none of the agencies are under control of the others. There may be a mismatch between the fundamental perspective of social marketing, involving research, planning, deliberate action, and feedback, and the messy way in which much social change happens if it is to happen on a large scale.

This challenge to Smith's model still recognizes the important role of change agents; it just sees such efforts as less under the control of any one agency. A more extreme challenge takes this argument a step further. If change on a large scale requires multiple agencies, it may require, also,

a complex interaction among those agencies and the media machine through which much information about health and health behavior is shared with the public. There has been great change in some sexual behavior in the United States (and elsewhere). For example, condom use at last intercourse among youth with casual partners has increased from 25% to well over 50% during the HIV/AIDS era (Sonenstein, Pleck, & Ku, 1989). Some of that increase may reflect youth participation in deliberate educational programs offered by a variety of agencies. Surely, however, some of the observed change reflects a response to the massive coverage of the risks of unprotected sex by the media machine, particularly during the early years of the HIV/AIDS epidemic. While the media coverage was partly a reflection of deliberate efforts by agencies to encourage media treatment of the issue and to provide some shape to that coverage, no one could argue that such agencies controlled such coverage. They did not determine its volume or much of its content.

Thus, social marketing agents incorporate sophisticated media advocacy and public relations efforts to "earn"' media coverage consistent with their objectives. But they compete with many others for such attention and may be successful only if the cards fall their way, the right news stories give them a chance to build their case, and those stories endure. While a change agent's skill matters here, there is no guarantee that Oprah and Peter Jennings will agree to help build the public opinion base for large-scale social change. To achieve substantial social change, the dynamic social marketing model may require reaching a large portion of its audience with its messages and doing that repeatedly over time. It may require reaching into the corridors of power to encourage structural and regulatory change. If an agency's resources are limited, achieving those ends will require riding the media machine whose goals and routines do not always fit with those of the social marketing plan. Even if an agency is successful in achieving media attention for an issue, control of the content of the messages may well be lost. Good research and good planning and readiness to be opportunistic all make it more likely that this ride will be successful, but they by no means guarantee it. As with the need to depend on other agencies, the need to depend on the media machine makes the transformation of the sensible social marketing model into successful social change less predictable than ideal.

Despite these cautions, there are, I believe, successful cases of social change associated with deliberate social marketing. A favorite example is the National High Blood Pressure Education Program started in 1972. It is really best described as a continuous mobilization effort involving consensus development and education

of professional organizations, both with regard to the criteria for hypertension control and to the current modalities for treating it, along with public education through PSAs, stimulation of natural media coverage, education through physicians' offices, state health departments, and community organizations. This program was associated with greatly increased awareness, rates of treatment, and hypertension under control, and reductions in stroke-related mortality (Roccella, 2002). However, at the same time that this is an excellent example of a successful social marketing program, it does point to some concerns. In particular, it points to the tension between the high level of control implied in Smith's model and the possible messiness of doing a program in real time.

To make this point, I want to focus on one element of Smith's model: the use of pilot implementations to test out intervention approaches. In particular, I want to consider the role of pilot efforts in defining an effective promotion (or communication) strategy. The pilot strategy envisions developing small-scale versions of interventions, establishing that they work on that scale, and then making them evolve toward fuller scale interventions.

This makes eminent sense, and certainly programs need to be given time to evolve. All programs will make mistakes when they start; it is only the commitment to learn through systematic research that permits most to have any hope of longer-term success. This approach recommends high levels of control and meticulous decision making, based on good consumer research and monitoring. However, it is possible that the sorts of things that will make a program successful are just the things that cannot be seen at the pilot stage.

What is it that makes a promotion of communication strategy successful? How does exposure to messages affect behavior? A carefully crafted message, one focusing on the right belief for the right target audience, might affect behavior because it persuades the listener that the behavior is a good one to adopt. For example, a message might say to a young adolescent that if she initiates smoking she will be unable to stop smoking when she wants. This message may be effective if a belief in addictiveness is a relevant outcome for the adolescent. The promise of this message may be well tested in pilot work. However, this is only one way the exposure to messages may affect behavior.

A second way exposure to messages may affect behavior is through the communication of a meta-message. High doses of messages, particularly

if they come from multiple sources and over time, may carry with them the implied message that the recommended behavior is socially expected. Regardless of whether the specific message is accepted (e.g., that smoking initiation risks addiction), the dense availability of the message may carry with it a social norm about the unacceptability of smoking initiation. Third, heavy exposure may matter because it generates social discussion about the issue. An ad with some energy to it that is seen by an adolescent and all her friends and her parents may generate engaged discussion about the topic of smoking initiation. Fourth, dense transmission of the ad may also exert pressure on people in policy making positions to pay attention to the issue, both because they see the ad themselves and because they are aware that the issue is in the air. The frequent transmission carries the message that this is an issue of public awareness and concern, and as policymakers they need to be responsive to public concerns. These three aspects of dense exposure (e.g., implicit communication of social expectations, stimulation of social discussion, and attraction of policymaker interest) may be important paths to behavioral effects, along with the teaching of specific beliefs. However, unlike the pilot test of a message to assess message convincingness, a pilot test on a small scale is irrelevant to these paths. The effects of large-scale promotion are qualitatively different from the effects of small-scale promotion. They are not likely to be adequately tested through any pilot process.

Thus, dynamic social marketing has both a history of some success and a great deal of promise. I find persuasive Smith's argument that the best of these programs view themselves not as fixed interventions, but as evolving interventions using a range of approaches in the context of an understanding of the dynamics of the people in their environments. At the same time, I have raised a few concerns about the actual degree of control exercised by the social marketing change agent. The question of how much of the important social change observed in health arenas in the previous quarter century reflects the work of controlled interventions is an empirical one. Most social change involves disparate actors and agencies, often involves an uneasy exchange with the media machine, and cannot always project outcomes based on trial intervention work. Focused change for limited audiences may well be in the control of good social marketing change agents; larger scale social change may be rather a messier process.

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