Mobilisation of issue networks: The case of fighting heart disease in Finland

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Abstract: In this study we examine the mobilisation processes of public, private and third sector actors to solve pressing contemporary issues. We develop an analytical framework that integrates the business network and institutional entrepreneurship literatures for investigating the initial mobilisation processes of issue networks. Empirically, we focus on collective action in Finland that was needed to tackle heart disease, which is a pressing global health issue. Our results stress the role of network mobilisers in creating institutional change by framing the issues and connecting different networks. We argue that network relationships are the key resource used for creating institutional change and solving common issues.

Keywords: issue networks, actor mobilisation, institutional change, collective action, historical case study, heart disease

1 Introduction

Society is facing increasingly complex problems – such as climate change, and other environmental and social issues associated with globalisation – that can only be resolved by collective action, involving different actors from the grass-root level of individuals to firms and to policy makers. Solutions to such pressing issues call for changes in many institutionalised beliefs, values and practices. They necessitate institutional entrepreneurship, which refers to "the activities of actors who have an interest in particular institutional arrangements and who leverage resources to create new institutions or transform existing ones" (Maguire, Hardy and Lawrence, 2004, p. 657). An emerging body of literature on 'collective institutional entrepreneurship' (Möllering, 2007; Wijen and Ansari, 2007) emphasises the collective mobilisation aspect of institutional change. To overcome "collective inaction" (Olson, 1965) it is necessary to gain support from a wide array of actors. These actors are in many ways connected and embedded in different networks, and therefore, both collective mobilisation and networks seem to be at the heart of solving pressing societal issues.

Business network scholars have for a long time been interested in the dynamics of networks (Håkansson and Snehota, 1995; Halinen, Salmi and Havila, 1999) and network mobilisation (Brito, 2001; Mouzas and Naudé, 2007). From a company's perspective, network mobilisation is the outcome of utilising its relationships to move other organisations to work with the plans of the company (Mouzas and Naudé, 2007), but in case of broader societal concerns, the networks relate to different sectors, and the activities of both public and private actors become critical (Dahan, Doh and Guay, 2006; Welch and Wilkinson, 2004). The different goals, priorities and institutionalised practices of operations of the various actors make network mobilisation more complex. So far there is little understanding of the mechanisms that lead to successful mobilisation of networks around broad societal issues, so that different interest groups may work towards a common goal of solving the problem. To address this gap we integrate conceptual ideas from the institutional entrepreneurship approach (DiMaggio, 1988; Fligstein, 1997) and the framing literature (Benford and Snow, 2000; Kahneman and Tversky, 1984), with the concept of network mobilisation (Brito, 2001; Mouzas and Naudé, 2007; Håkansson and Snehota, 1995). Further, we incorporate understanding from the (still relatively sparse) network literature that addresses the interaction

between firms and socio-political actors (Hadjikhani and Ghauri, 2001; Hadjikhani and Lee, 2006; Welch and Wilkinson, 2004).

Our aim is to explore how different types of actors can be mobilised to participate in solving common issues. We analyse a successful network mobilisation case around a common issue. We focus on the initial phase of the mobilisation process, the activities of the key actors to mobilise other actors to work towards a common goal, and depict some of the ensuing network and institutional changes. Our empirical analysis concerns the collective action needed to tackle heart disease in Finland. We examine the creation and development of a public heart health initiative called 'the North Karelia Project'. The project was launched in 1972 to reduce what was at that time the world's highest heart disease mortality rate among working-aged men through changing their eating habits in the Province of North Karelia in Eastern Finland. The project resulted in ground-breaking cooperation between public, private and third sector actors. Theoretically, the case allows us to explore a complex network mobilisation process where different types of actors and resistance were present. The case is practically relevant because the global burden of heart disease continues to rise; an issue that also affects low- and middle-income countries.

This paper thus offers a rich longitudinal case study focusing on one of the major contemporary global concerns. Our key contributions are firstly, to unveil the mechanisms of mobilisation of different types of actors; thus we add to the few existing studies incorporating socio-political actors and issues in business networks. Secondly, we add to the literature on institutional entrepreneurship and institutional change by showing that network relations are in fact the resources that may be used for transforming institutions, and that to induce institutional change network mobilisation is needed.

The remainder of the paper is structured as follows. First, we review earlier network studies and integrate conceptual ideas mainly from the institutional entrepreneurship literature to better tackle the mechanisms of network mobilisation. This results in an analytical framework for the mobilisation of issue networks. We then present our research methodology. The empirical case narrative explores the network mobilisation of the North Karelia project. Our discussion of the findings focuses on how the key actors mobilised others and overcame initial resistance by framing the health issue as relevant for different actors. We conclude with

our key contributions, the limitations of the study, suggestions for further research, and implications for managers.

2 Mobilisation of issue networks

2.1 Network mobilisation and institutional change

Our perspective with regard to networks is mostly based on the IMP (Industrial Marketing and Purchasing) approach to business markets. This approach has stressed change and dynamics in business networks, focusing, in particular, on the economic and technological factors that cause network dynamics (Brito, 2001). Mobilisation of other network actors has been seen to form a key factor influencing network dynamics. Indeed, in early discussions regarding this it was noted that to bring about change and to accomplish things in a network, the company needs to mobilise its partners. For this, bonds between actors are necessary (Håkansson and Snehota, 1995, p. 203). In addition to actors' bonds, business relationships are seen to involve resource ties and activity links (ibid.), which shows the richness that network scholars believe to be present in business networks.

The IMP approach is particularly strong in analysing relationships between business actors; including business firms and their customers and suppliers. But the network approach also allows for the inclusion of socio-political actors in the analysis. Thus the conceptual and empirical focus has recently been broadened from inter-firm exchange relationships to networks involving a diverse range of actors such as governments, supranational authorities, trade unions and public and private intermediary actors (Hadjikhani and Lee, 2006; Welch and Wilkinson, 2004). This helps to avoid the earlier tendency of IMP studies to downplay or exclude key actors (Welch and Wilkinson, 2005). Indeed, for the analysis of contemporary networks, there seems to be an increasing need to consider private, public and third sector actors, and their involvement in different, for example, policy, networks (Dahan, Doh and Guay, 2006).

Previous studies on the political behaviour of MNCs show that the relationships between business and non-business actors are issue-related (Hadjikhani and Ghauri, 2001). The business network approach acknowledges the role of issues and events to relationship development

(Halinen, Salmi and Havila, 1999), but there are few studies on broader network mobilisation around common issues. Network mobilisation goes beyond dyadic relationships and interactions. Rather, it is a dynamic process of forming groups for the pursuit of collective goals where organisations interactively shape and develop the rules that constitute and govern their relationships (Brito, 2001; Mouzas and Naudé, 2007). Araujo and Brito (1998) stress the role of multilevel games that a small number of actors play to mobilise collective action and to change power positions within networks. These games comprise economic, social and political strands which have different agendas across different exchange relationships (ibid.). We adopt the definition of issue networks as being loose coalitions of actors that form around common problems to influence through collective actions existing beliefs, norms, policies and practices (Dahan, Doh and Guay, 2006).

Despite the previous work on mobilisation, Mouzas and Naudé (2007) are the first IMP scholars to explicitly discuss the underlying processes of network mobilisation. Their model of a network mobiliser articulates network mobilisation as a sequence of five interdependent phases: network insight, business propositions, deal, social contract, and sustained mobilisation. While the model recognises that these organisational challenges (arising from attempts to either increase internal operating efficiency or find new business opportunities) are affected by macro-level externalities, it does not explore the interaction between societal level changes and firms' operations. Because the model concentrates on inter-business relationships and excludes socio-political actors, it is of limited value in studying mobilisation of issue networks.

Earlier investigations on ideological changes affecting network composition mostly concentrate on major political changes such as transition into a market economy (Salmi, 1995) or EU integration (Elg and Johansson, 1996). Solving current issues requires changes in political and social values and behaviour that are reflected in changing rules, regulations, and network relationships. In addition to business relationships and to the perspective of firms and private interests, understanding of the role of various socio-political actors is crucial if we are to better understand the mechanisms of network mobilisation.

Since the aim of issue networks is to influence established norms values and beliefs, a significant amount of institutional agency is required. DiMaggio introduced the concept of institutional entrepreneur by asserting: "New institutions arise when organized actors with

sufficient resources (*institutional entrepreneurs*) see in them an opportunity to realize interests that they value highly" (DiMaggio 1988:14). This approach stresses the role of socially and politically skilled actors (Fligstein, 1997) in influencing their institutional contexts. Yet, the concept of institutional entrepreneurship too often evokes the image of a single heroic individual or firm acting alone (Lawrence and Suddaby, 2006; Lounsbury and Crumley, 2007). In accordance with network thinking, bonds and relationships, rather than the actors alone, are crucial for mobilisation (Håkansson and Snehota, 1995). Furthermore, earlier models of network dynamics have argued that even in cases of sweeping change and fundamental macro-level developments, network dynamics, or as coined by Araujo and Brito, the games in economic, social and political spheres, need to be initiated at the level of individual relationships (Halinen, Salmi and Havila, 1999). As actions and interactions cause changes in the immediate relationships, these may cause the changes to spread further in the network (Havila and Salmi, 2000), thus resulting in broader, institutional changes.

The 21st century is witnessing the rapid emergence of global problems that involves interdependencies and coordination problems, and this necessitates collective action. Institutional change is a highly complex social change process, which requires the participation and support of a diverse range of actors. The solving of complex issues such as climate change (Wijen and Ansari, 2007) and the use of child labour (Khan, Munir, and Willmott, 2007) is difficult because of collective inaction caused by free-riding (Olson, 1965). Despite the interest of social scientists on collective action, that is, "any action which provides a collective good" (Oliver 1993, p.273), there is little research on strategies of how collective inaction may be overcome and "collective institutional entrepreneurship" achieved (Möllering, 2007; Wijen and Ansari, 2007). Hargrave and Van de Ven (2006) suggest that the formation of networks by opposing actors is central to institutional innovation. We believe that successful mobilisation of issue networks involves overcoming conflicting goals and priorities between opposing actors through distinctive mobilisation mechanisms.

2.2 Mobilisation mechanisms

Collective action depends on the ability to mobilise converging interests. In this process, framing of common issues and matching them with collectively agreed solutions becomes critical (Araujo and Brito, 1998). Yet, a common goal, which smoothes the mobilisation process is difficult to attain. While goal incompatibility is an outcome of incongruities in

values and premises between companies (Mouzas and Naudé, 2007), its extent is likely to be even greater when there are non-business actors involved and, hence, social and cognitive boundaries between professional groups (Ferlie et al., 2005) are higher and more diverse. While firms' activities are driven by the search for increased efficiency and growth of business, the goals of public and third sector organisations are more social than commercial by nature. Since the interests of various parties tend to be contradictory, this process is characterised by bargaining and negotiation. These processes of negotiation and adaptation are constantly taking place in business relationships, but a difference here is that the rules need to be agreed by a large group of actors, and they are tied to higher level societal rules.

From the perspective of goal incongruence it follows that in mobilisation efforts, the choice of particular words, that is, framing, to present an issue and possible solution becomes important. Framing means that a similar problem, option or solution can be formulated in a number of ways, which again can have a profound influence on the choice of actions (Kahneman and Tversky, 1984). Thus, framing is an important means to avoid a clashing of interpretive understandings (Benford and Snow, 2000) and to find a common solution (Araujo and Brito, 1998). Successful framing requires both "perspective making and perspective taking" (Boland and Tenkasi, 1995), that is, making others aware of the common problem and how to solve it, as well as taking the goals and aims of other parties into account. Besides framing, network mobilisation necessitates acts of translation.

Czarniawska and her colleagues (Czarniawska and Joerges, 1996; Czarniawska and Sevón, 2005), by drawing on the notion of translation by Bruno Latour, have produced detailed narratives on the necessary modifications of ideas and knowledge when they are transferred to local contexts. Thus, there is a need for translating agents that localise ideas by strategically and collectively reframing them to fit local circumstances (Ritvala and Granqvist, in Press; Boxenbaum, 2006). In a network context these translating agents may become *network mobilisers*; mobilising others to work for the success of the issue network. Successful framing of a common issue and a possible solution often necessitates translation of ideas to fit the circumstance of various network actors. For instance, science-based issues such as climate change or public health problems, require the translation of science to practice, in order to mobilise networks across society.

2.3 Analytical framework for studying mobilisation of issue networks

Issue networks form around common problems, but they are loose coalitions composed of different actors, who may have very different goals and norms for behaviour. To analyse their mobilisation towards a common goal we need a framework that tackles the dynamics of complex networks. For this, we summarise the earlier discussion as follows:

- To solve a problem, it first needs to be raised and featured as a common issue. In order to breakdown a preoccupation with existing rules, norms and activities, and to overcome collective inaction, there is a need for network mobilisation.
- Mobilisation takes place through active agents. These may localise ideas by reframing them strategically and collectively to fit local circumstances and different network actors. This translation then motivates other actors to join in the common effort.
- A network mobiliser may involve others by processes of bargaining and negotiation, as well as coordinating different activities.
- The involvement of different actors is difficult due to differing goals and interests; for example, the behaviour of public and third sector actors is directed towards public interests, while business firms are mainly concerned with private interests.
- The interactions by the network actors cause changes to their relationships, which in turn, may cause the changes to spread further in different networks.
- The resulting collective action and the emerging issue network modify existing institutions and networks.

Based on these assumptions, in Figure 1 we present an analytical framework for studying the *mobilisation of issue networks.*

[Add Figure 1 around here]

3 Research Design, Data and Analysis

We use a single in-depth longitudinal case. Single cases are an effective means for building theory (Dyer and Wilkins, 1991; Siggelkow, 2007) and are commonly used to study both network dynamics (Easton, 1995; Halinen and Törnroos, 2005) and institutional change

(Maguire and Hardy, 2009). A longitudinal design was necessary in order to enable the exploration of relationship development between actors over time.

Our case is "the fight against heart disease" in Finland. In the 1960s Finland had the highest rate of deaths from coronary heart disease in the world. In 1972, Finnish authorities and experts, with the help of World Health Organization (WHO), formulated the operating principles and launched the North Karelia Project. It was the first comprehensive community-based programme, meaning that its target was the whole population rather than high risk individuals. The project's central assumption was that broad-ranging and permanent changes can only be achieved through existing community structures: every community has a complex network of social organisations that greatly influence the behaviour and lifestyle of its citizens (Puska et al., 2009). After its initial five-year period, the project was continued at a national level and the National Public Health Institute took over responsibility for national coordination from the Finnish Heart Association. The statistics show that the mortality rate from coronary heart disease among working-aged men in North Karelia in 2006 was 85 per cent lower than before the project began (Puska et al., 2009). Due to its encouraging results, the project has become the most cited model for prevention trials globally (McLaren et al., 2007).

We selected this case because it is a well-documented example of how the solving of a complex social problem concerns networking across sectors and necessitates a profound institutional change. It also illustrates a successful mobilisation case of issue networks, and helps in analysing the processes of mobilisation in other contexts. Recently, in connection with the Government foresight report on climate and energy policy in Finland (Valtioneuvoston Kanslia, 2008), the North Karelia Project was raised as an example of how a positive attitude towards an issue can be turned to concrete actions. A chronology of the key events and actors is shown in Table 1. This depicts critical events before the project, the North Karelia project 1972-1997 itself, and some developments since then, and thus illustrates the long-term processes around the emerging issue.

[Add Table 1 around here]

The study is principally based on in-depth retrospective interview data (Ritvala, 2007). In total 34 semi-structured interviews of 31 individuals were carried out between 2005 and 2008; including two interviews with the Director of the North Karelia project. The other interviewees included project staff, professors in cholesterol metabolism, pharmacology, food chemistry and functional foods, representatives of public agencies and the Finnish Heart Association, and finally, managers and associations founded by Finnish firms. The interviews focused on the processes of mobilising community and business sector, as well as on the impact of the project on wider research and business priorities.

Our research design does justice to the complexity of the social setting under study and enabled us to examine network mobilisation from the multiple angles of different actors, thus following the integrative approach that we take in our theoretical approach. The interviews were conducted in the native language of the interviewees (Finnish or English) and they lasted typically 90 minutes, were digitally recorded and transcribed before analyses. The strength of our data is that we were able to interview those people who were involved in the project from the very beginning and who demonstrated genuine interest towards our study.

The historical nature of our case study poses some challenges. The long time span since the launch of the North Karelia Project affects the reliability of our interview data. Therefore, we collected extensive secondary data in order to discover details of the project, and particularly, to reduce potential bias of few key informants and to cross-check the interview data with that of secondary data. The key principles and results of the project are documented in over 400 (mostly medical) international journal articles. Since the project aimed to decrease the cholesterol level of the entire population it gained the status of a "national project", and is particularly well documented in Finnish archives. For example, both the project staff (Puska et al., 2009) and third sector organisations such as heart associations have produced rich histories of the project (Mustaniemi, 2005; Karvonen and Vuokila, 2002).

Our data analysis was carried out in three stages. First, we constructed retrospective event histories where we mapped the key events and actors in the North Karelia Project. Table 1 displays these. Second, we traced the activities that these actors took to mobilise networks to tackle heart disease. Interviews of the project staff of the project were at the heart of this endeavour. Third, we formed broader categories of the key tasks such as "reframing the issue" or "challenging the food industry" and looked for more fine-grained mechanisms that were

used in the mobilisation efforts. Theoretical pre-conceptualisation was central in our analytical approach, which follows the ideology of an abductive theory-building approach (Dubois and Gadde, 2002). The framework presented earlier is thus built on both the earlier literature and our empirical insights.

Our findings are organised around different mobilising actors and activities in the issue network thus illustrating how various mobilisation mechanisms were used to overcome the resistance to initiated changes.

4 The case study on mobilising an issue network in North Karelia

4.1 Re-framing the heart disease issue within the medical community

During the 1930s and 1940s there was already a lively scientific debate about how to interpret the increasing mortality rate from heart disease in Western countries. As reported in a Seven Countries Study of Professor Ancel Keys, heart disease mortality was highest in the Province of North Karelia in Eastern Finland. Keys started the study at the University of Minnesota in 1958 to investigate the cross-country variations in the occurrence of heart disease in Finland, Greece, Italy, Japan, the Netherlands, USA and Yugoslavia. The study showed that in those societies where dietary fat was heavily consumed, blood cholesterol was highest and heart disease mortality rate was greatest (Keys, 1980). In 1954, an encounter between Keys and a Finnish cardiologist Martti J. Karvonen at the University of Minnesota had triggered the participation of Finland in the study. Karvonen and Keys became convinced that studying the high mortality rate from heart disease in Finland would provide novel understanding of risk factors for heart disease.

As a response to the petition signed by the group of provincial representatives on January 12, 1971, a planning committee was formed for "Operation North Karelia" (Mustaniemi 2005, p. 55). At the time some members of the medical community still perceived heart disease to be a "normal age-related phenomenon", which cannot or perhaps even should not be tackled. Also, the concept of community-based prevention was new and lacked legitimacy among cardiologists. Due to the path-breaking approach of the project, finding a suitable director was difficult. Martti Karvonen, a member of the planning committee and the leader of the Finnish research group in the Seven Countries Study, found a young physician named Pekka Puska

for the position. In addition to medicine Puska held a degree in political science and was actively involved in student politics as a member of the Centre Party of Finland. Karvonen gave full charge of the project to Puska.

The North Karelia Project had a strong multidisciplinary base reaching far beyond medicine. For example, the project drew on the principles of behaviour modification (from psychology and social psychology), social marketing, and innovation-diffusion (Rogers, 2003 [1960]). Everett M. Rogers was a member of the project team and his seminal ideas were used to translate new risk-reducing lifestyles through normal community networks to individuals. The principal idea was that while the mass media could effectively disseminate information on the role of a healthier lifestyle, opinion leaders and interpersonal relationships were crucial in order to influence opinions, attitudes and real behaviour of people. Hence, heart disease was problematised "from within" the science, by arguing that the disease could be prevented and in order to do so, ideas need to be translated from social science. This meant that heart health issue was reframed in North Karelia, that is, the project re-asked questions about the causes of heart disease and how it can be prevented. The project worked closely with opinion leaders in different sectors: municipal leaders, health personnel, mass media, business leaders, but most centrally with the third sector.

4.2 Harnessing the third sector's transformative potential

In addition to his interest in the project, Karvonen was also, at that time, the chairman of the Finnish Heart Association. In this role, he could involve the local heart association to take a major role in mobilising the North Karelian community to participate in the project. These community organisations included, for example, health services, schools, media and NGOs such as the local housewives' association called the Martha Organisation, a Finnish home economics organisation that promotes the quality and standard of life in the home. Founded in 1899 the Marthas possessed legitimacy and a ready and dense network providing an efficient channel for civic education on the diet-disease link.

The North Karelia Project also involved lay opinion leaders. The lay leaders programme started in 1976 and was led by the project staff and the local heart association in cooperation with the local health centres. By 1982 over 800 people (primarily women) had been recruited as lay workers possessing sufficient background knowledge about heart disease and its risk

factors, and capable of persuading individuals to change their lifestyle including their dietary habits (Puska et al., 1986). The idea was that lay workers did not have too much expertise so that they could fully understand the way of thinking of the majority of the people.

The key task of the project staff was the popularisation of science. For example, national television shows were organised where the project staff followed some high risk (of heart disease) people for weeks as health experts counselled them to beat their unhealthy habits. These kinds of "reality-TV shows" became extremely popular. The project staff also organised contests where North Karelian villages were invited to participate in cholesterol-lowering competitions. As illustrated by these cholesterol-lowering competitions, over time the media message of the project changed from "avoiding death" towards more positive and innovative forms of communication. While the engagement of consumers in North Karelia was successful, in the early 1970s the food industry firms showed little interest. Professor Puska cites a response that he often received from people: "It is good that you doctors come at regular intervals to tell us what we should eat, but when you get the food industry along then…"

4.3 Challenging the food industry to produce heart healthy food

Mobilisation of the food industry turned out to be very demanding. Furthermore, because dairy farming was the major economic activity of the region, dairy fat was highly valued economically, culturally and emotionally. For example, butter and cream were regarded as healthy, especially for children. Initially, it was particularly the dairy industry that resisted reducing the fat content in dairy products and who tried actively to protect their economic interests. The initial lack of a common goal was reflected in one of our interviews: "When we were in contact with firms they shook their heads and said: what is the question here?... the issue of heart health was not in the agenda of firms at the time, rather the health issue was perceived as marginal." For example, when the project staff contacted the central cooperation of Finnish dairies called Valio, the reception was rather cold. In the mobilisation effort, scientists aimed at creating joint understanding by clarifying the causes of saturated fat (and salt) intake to heart health and mediated the feedback they received from consumers asking for healthier foods. When a survey showed that more than half of the local people would buy low-fat milk if it was available, the message was persuasively communicated to dairy firms who then joined with the project in promoting new low-fat products (McAlister et al., 1982).

Cooperation with the industry initially involved local food companies such as dairies, meat processors and bakeries, and involved reducing and modifying fat and salt content. For example, a local sausage factory became interested in the project after two of its managers had suffered heart attacks, and it launched a "Karelia-sausage" in 1976 with lower fat and salt. Furthermore, some cooperation took place with retailers: for example, there was now a wider variety of fruits and vegetables available at grocery stores.

In the mid summer of 1988 the "great fat debate" started in the leading Finnish newspapers, as a kind of communication war where the relationship between dairy fat and the risk of heart disease was strongly contested. The debate was started by an advertising campaign by Valio which criticised the diet cholesterol theory and even claimed that the North Karelia Project was untruthful (Mustaniemi, 2005). A representative of the Finnish Heart Association recalls in our interview: "Our CEO was on summer holiday and Pekka Puska was right in the middle of this storm – but it was good for our issue in bringing it more powerful attention." In fact, the outcome of the great fat debate was a rapid increase of cholesterol awareness by the general public and a steep decline of butter consumption. The whole food industry was forced to an open dialogue and to pay attention to heart health. With increased consumer interest and awareness and major national changes (national guidelines regarding dietary changes and cholesterol reduction) the food industry even became enthusiastic about the project. In the 1980s, new food products together with labels and slogans such as "low fat", "cholesterol-lowering", and "heart healthy" became fashionable (Puska, 1999). With the availability of such foods it became much easier for people to comply with the scientific health message.

There was also close cooperation between the project and vegetable oil product manufacturers to develop healthier spreads. In 1988, a new type of rape plant was developed that grew well in the northern climate of Finland. The Raisio Group, originally founded by Finnish wheat farmers in 1939, invested in developing and researching the cholesterol-lowering effects of this new domestic vegetable oil alternative called rapeseed oil. A specific innovation developed later by Raisio was the plant-sterol based cholesterol-lowering functional foods margarine Benecol. Benecol was the subject of a large clinical trial within the North Karelia Project. In 1995, the results of the clinical study documenting a 14 percent reduction in the 'bad' cholesterol level (low-density-lipoprotein, LDL) were released in the *New England Journal of Medicine* (Miettinen et. al., 1995), the same day that Benecol was successfully launched in Finland. Inspired by the Benecol case, firms started to contact the project staff.

Puska describes this: "Once the business took off more and more firms started to be behind my door saying that we have this product that fits with the North Karelia Project and couldn't we do this together?" As signified by the emergence of the concept of "functional foods", health started to be increasingly important business argument. From the perspective of firms the project had implications across the whole value chain: "from farm to table". Policy changes were necessary for enabling and motivating the food industry to manufacture healthier foods.

4.4 Lobbying for policy changes

In North Karelia (as in the whole Finland), a key source of resistance for the dairy and meat farmers towards the project was that subsidies from the government to the farmers were based on the amount of fat in the products. Naturally, this encouraged the production of fatty products. The project staff worked to change this policy. A Berry Project was launched to help dairy farmers to switch to berry farming with the help of subsidies. Further, in 1985 the Finnish Government issued a health policy statement in the Parliament and a new law was passed to allow the mixing of vegetable oil with butter. Overall, the policy changes were enabled by a growing consensus in the medical community that a high cholesterol diet is a significant risk factor for heart disease. The North Karelia Project also became associated with other health policies, for example, by contributing to anti-smoking legislation.

To summarise the developments, the solving of the heart disease issue in North Karelia necessitated a major social change by the whole community: reaching from grassroots, to firms and national policy makers. This required strong leadership and commitment. The policy of the project was formulated by Puska as "boots deep in the mud", meaning that the project staff left the laboratory and went deep in the province working hard and long days. Puska's philosophy is reflected by his quotation of Margaret Mead during our interview: "Never doubt that a small group of thoughtful, committed people can change the world; indeed it's the only thing that ever has". Without dispute, Puska's engagement with the project and willingness to 'give face' were crucial to its success. Yet, the success of the project necessitated (institutional) work from a wide array of actors. This required recruiting change agents at various levels of society that were willing to "evangelise" the necessity of change.

5 Discussion: network mobilisation around a common issue

Our empirical case is unique in the sense that a specific project with project staff was established to work on the common issue and solve the health problem by affecting eating habits of the population. Still, issue developments were not only tied to the progress of the project, rather the analysis shows several dynamics around the project: the issue emerged only as a result of earlier incidents; framing of the issue took effort and a relatively long time, and the project influenced later developments in the networks. Thus the long-term nature of institutional change is clearly visible here.

The case shows the challenges for the project staff in fighting the resistance of different actors towards the issue and the need for working hard to involve actors. Commitment from a multitude of actors representing different sectors of society is needed to induce change, but the diversity of actors and underlying value bases put significant pressure on the initiators of an issue network. With regard to the question of how the mobilisation takes place in practice, in other words what are the mechanisms for change, a key role is played by the actors – both organisations and individuals – that act as network mobilisers.

A network mobiliser is the initial champion for institutional change who harnesses networks to support societal change and mobilises other actors to work towards a common goal. This difficult task necessitates having the ability to understand what motivates actors in different network positions. The mobiliser needs to frame the issue according to the perceptions of the different actors. In our case, the local project group, led by a socially skilled and influential leader, acted as a network mobiliser. A key requirement and asset for a network mobiliser appears to be wide connectedness across sectors; a social network position that bridges different fields (Greenwood and Suddaby, 2006). This allows mobilisation of broad networks. The project resorted to the ideas outlined by Rogers (2003 [1960]) on innovation-diffusion and explicitly relied on social networks to disseminate new ideas. But the spread of change in the networks via connections has been shown to also take place in the area of inter-organisational business relations (Håkansson and Snehota, 1995; Havila and Salmi, 2000).

Since the mobiliser is not necessarily able to reach wide communities and people at the grassroots level, various types of issue mediators are also needed. These act as change

intermediaries and mediators in the networks. For example, in our case the Marthas educated households through lay opinion leaders regarding healthy eating habits and kept up the pressure to follow those habits. This resulted in collective change of the mindset at the community level. In addition, the involvement of consumers in large masses resulted in the bottom-up mobilisation which built societal legitimacy for the project. Business network scholars such as Welch and Wilkinson (2004) stress the role of legitimacy as a political resource, but do not discuss the roles of wide connectedness and of consumers in building legitimacy. Further, extending earlier findings that an inner core of highly resourceful and interested members may be sufficient to produce a collective benefit (Araujo and Brito, 1998), we found that a number of mediating actors are needed if mobilisation across society is required. In our case, the key mobilisation mechanisms included translation of scientific jargon to simple words, that is, the popularisation of science to frame the issue in the everyday language of people, and also, turning the negative health problem into a positive and fashionable health issue.

While recent literature stresses the role of discourses in changing existing institutionalised practices (Maguire and Hardy, 2009), our study argues that to solve contemporary problems sector-crossing issue networks need to be mobilised. The project staff also involved the media to increase cholesterol awareness and to disseminate possible solutions, but its role appeared to be only supplementary. The key enabler of institutional change in eating habits was the mobilisation of a broad peer support network through social networks. Our findings refine the view that institutional entrepreneurs have both an interest and the resources to transform institutions (Maguire, Hardy, and Lawrence, 2004), by showing that in practice a critical resource for accomplishing institutional changes are network relations. To mobilise others one needs to connect to them; either via direct or indirect, social or inter-organisational relations.

Interestingly, in our case, the business sector was very late in becoming involved in the changes, and further, the first-movers were smaller companies in the region. The food industry became activated only when the expectation of profit appeared. This is in line with business network studies, which assume that a prerequisite for the mobilisation of firms is that they see the opportunity to exploit new business possibilities in their surrounding network (Mouzas and Naudé, 2007). One way of fighting the resistance from firms was to lobby for new health policies, which shows the increasingly close connections between private and public actors (Dahan, Doh and Guay, 2006). Furthermore, the study showed the critical role

of third sector organisations and consumers. Indeed, it appears that these need to be considered in future network studies, and thus extend IMP studies on power and conflict, (Welch and Wilkinson, 2005).

Our conceptual framework presented in Figure 1 principally focused on the activities to be taken by the network mobiliser. We may further complement this actor-level frame with our findings concerning the networks. To induce change, the network mobiliser needs to link different networks. This change agent needs to involve actors from the public, private and third sector (political actors, NGO) networks – together these become actors in the issue network and influence how the issue is tackled. The core of this issue network was, in our case, built and maintained during the 25 years of the North Karelia project, but as shown, antecedent events took place, and its results can still be seen in different networks. This includes influences to international networks because the project is used globally as a model and best practice for tackling community-level (health) problems. Our study therefore shows that issue networks are contextually and timely embedded in various other networks.

6 Conclusions

This paper addresses contemporary societal problems and common issues that need to be solved collectively. We have examined the initial mobilisation of issue networks: how actors were mobilised to support a common goal and how institutional rules for behaviour started to change across different sectors in society. Our study shows that it is indeed difficult to overcome collective inaction and induce institutional change. Still, this needs to take place in order to find solutions to the problems and, we argue, this can be done with the help of network mobilisation.

The key tools in the mobilisation process appear to be firstly, issue framing and secondly, an extensive reach for different networks, either directly or via intermediaries. Both are needed to convince and mobilise different actors to join the common effort. For the process to take place network mobilisers play a key role and their network relations become the most important resource for activating others. The personal skills and wide knowledge base of the mobilisers appear to be important in bridging different networks. They may also resort to issue mediators, public awareness, and political lobbying to further increase the effect of the mobilising and connecting efforts.

We have shown that existing conceptualisations of institutional entrepreneurship, collective mobilisation, translation and network mobilisation, provide only a partial understanding of complex societal changes. Hence, we contribute by integrating these conceptual views in order to develop practical and conceptual understanding of how common problems can be resolved. This allows us to understand better how broader institutional factors are reflected in networks or how networks may be harnessed to induce institutional change. Our results stress the role of network mobilisers, framing activities and network relationships in solving common issues. Our study is strongly based on the business network (IMP) approach, but it has covered a wider set of actors than is regularly covered in business network studies, and also shows the importance of this broad perspective to understanding network dynamics. Thus, this paper contributes to the IMP literature in the following two ways. First, we give greater attention to public sector and third sector actors and extend the studies on the topic of interaction between business and socio-political actors. By discussing how institutional change affects the behaviour of firms and how also other actors with different goals and priorities may be mobilised to solve a common issue, we offer new insights on the dynamics of business networks. We feel strongly that a better understanding of the dynamics of socio-political networks where business is embedded is not only scholarly rewarding, but also a socio-economic necessity in the face of social, financial and environmental crises in global society. Second, our study extends the few existing studies on mobilisation processes by incorporating institutionalist ideas in order to understand the broader networks affecting the business sector. We have discussed how specific issues emerge and have offered novel insights on the interdependency between institutional and network changes.

Our historical case study includes some limitations that also open-up interesting avenues for further research. The analysis concentrates on the initial mobilisation phase of an issue network and on showing what was critical for the mobilisation to take place. In order to analyse the longer-term developments of business or policy networks, one would need more detailed investigation of the network structures over time. As our analysis is retrospective and covers both an extended time period and multiple types of actors, it has not been feasible to analyse in detail the characteristics of the network structures. Our study has focused on one of the contemporary issues that are increasingly global. We believe this case analysis has implications beyond the field of human health; similar dynamics and change mechanism are probably present for example, in tackling environmental issues. Still, considering the global

reach and complexity of several of the pressing issues, it may be that different (additional) mobilisation mechanisms exist. While we have discussed different actors in this case context, the behaviour of various actor types is likely to differ across contexts and times, the analysis of which may bring about new insights to network mobilisation. Finally, we see that a real-time, processual case-study approach would be a natural and fruitful approach to further study the dynamics of issue networks.

In concluding, our study has important managerial implications. We found that the firms were initially rather slow in joining the project due to their conflicting interests. However, bottom-up mobilisation by consumers attracted firms' interest, and the most innovative firms were able to create ground-breaking foods. The pioneering firms were able to benefit from intensified collaboration with the North Karelia Project, and gained a special position in the attempt to fight against heart disease within the whole country. This finding implies that firms should adopt broader community-level network thinking if they are to benefit early on from emerging issues and trends in society. This would allow these firms to not only be recipients of change, but also influencers or even mobilisers of networks around new issues, and thus make them better prepared for change and proactive towards new business opportunities. Furthermore, through active management of relationships with socio-political actors firms may strengthen their competitive positions and, for example, enhance their corporate social responsibility. For any type of actor in business networks, our study shows the potential (and challenges) of acting as network mobilisers and issue mediators – both actions that are increasingly needed to tackle the many global challenges of contemporary business life.
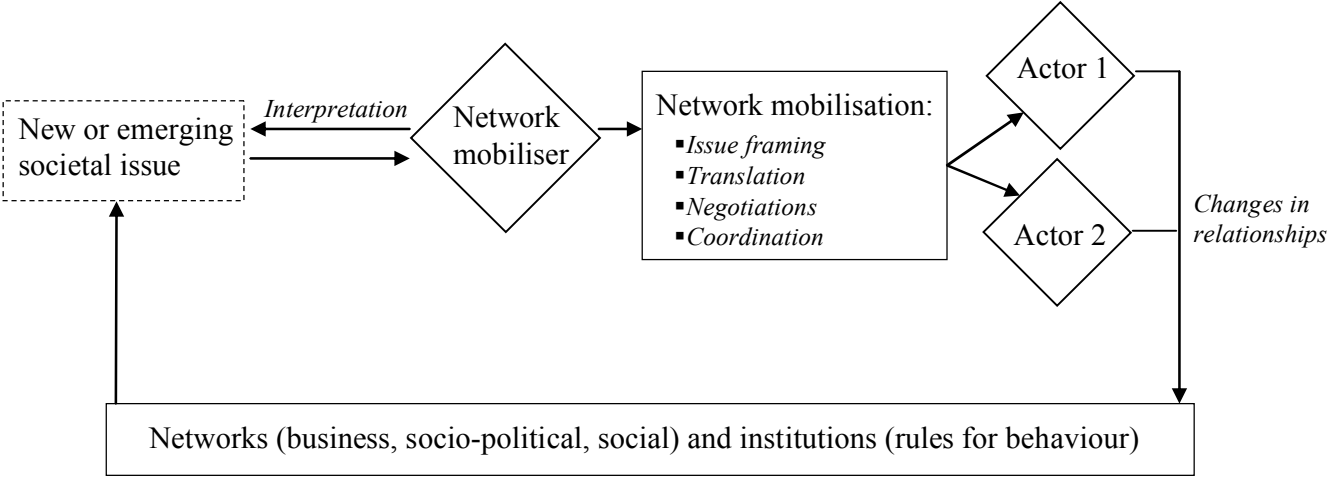
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Figure 1. Mobilisation process of an issue network

Table 1. Retrospective event history

Year	Event	Key actor(s)
1952	Ancel Keys publishes his hypothesis that dietary fat causes heart disease	Ancel Keys
1954	Meeting of Martti J. Karvonen and Ancel Keys in Minnesota	Karvonen and Keys
1956	Pre-study of the 7 Countries Study in Eastern and South-Western Finland	Karvonen, Keys and the research teams
1958	The 7 Countries Study on the epidemiology and causes of heart disease begins at the University of Minnesota	Keys and the Laboratory of Physiological Hygiene of the University of Minnesota (and the research teams in 7 countries)
1960	Dietary prevention of heart disease starts at two Finnish mental hospitals	The research project team and the hospitals
1971	Petition signed for urgent measures in North Karelia	Regional governor of North Karelia Esa Timonen North Karelia members of the Finnish Parliament, representatives of official and voluntary organisations North Karelian women
1971	Initial planning and project organisation	Finnish Heart Association, Timonen, County Medical Officer Väinö Soininen, Principal Investigator Pekka Puska
1972	Launch of North Karelia Project as a national pilot	Finnish Heart Association, project staff led by Puska
1972	Baseline population survey in North Karelia and in the reference area Kuopio	Nurses at the local health centre and researchers at the National Public Health Institute
1976	Training for lay opinion leaders starts	The Martha Organisation
1977	5-year population survey in North Karelia and Kuopio	Nurses at the local health centre and researchers at the National Public Health Institute
1977	North Karelia Project adopted at the national level	Puska and the National Public Health Institute
1980	Launch of International Visitors' Programme of the Project	Puska and the National Public Health Institute
1982	10-year population survey in North Karelia, Kuopio and southwest Finland (with WHO)	Nurses at the local health centre and researchers at the National Public Health Institute, WHO
1987	15-year population survey in North Karelia, Kuopio and southwest Finland	Nurses at the local health centre and researchers at the National Public Health Institute
1988	Great fat debate	Valio Ltd, Finnish Heart Association and North Karelia Project
1988	Rapeseed oil developed	Mildola Ltd
1995	Launch of cholesterol-lowering functional food margarine	Raisio Margarine (Ingmar Wester), Professor Tatu Miettinen
1997	North Karelia Project declared finished after 25 years	The National Public Health Institute
2007	Finnish export organization Finpro exports knowledge on health promotion in North Karelia to Asia	Finpro, Puska