Health education and marketing processes: 2 related methods for achieving health behavior change

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Abstract:
Objective: To make salient the striking similarities between the program planning processes used in both health education and contemporary marketing. Method: Through a discussion of the analogous nature of both processes and a review of the literature, the authors (1) illustrate why marketing principles should be embraced and (2) suggest how marketing strategies can be integrated into health education needs assessments. Results: Core health-marketing concepts are proposed along with 4 recommendations for future marketing activities in health education. Conclusion: To facilitate an advance in health education process and practice, scholars and practitioners should adopt a more consumer-centered, marketing mind-set.
Key words: health education, health marketing, social marketing

Article:
Marketing is an organizational function and a set of processes for creating, communicating, and delivering value to customers and for managing customer relationships in ways that benefit an organization and its stakeholders. (1) This customer-centered planning process shares many common traits with conventional health-education planning processes. (2) In adopting a marketing perspective towards health education, the practitioner ensures intimate customer focus by conducting pragmatic consumer research in regard to consumer motivation and resistance to behavior change. Recent applications of marketing within public health initiatives have been prevalent and include persuading consumers to voluntarily improve their diets, increase physical activity, and wear safety belts. (3)

The marketing emphasis in health education has emerged with increased reference to health behavior theory and the Responsibilities and Competencies for Health Educators. (4,5) Because of the diverse process applications within health education programs, (2,5,6) scholars have suggested that marketing and health education processes are inherently analogous. (2,5,7,8) Health education and marketing both focus on processes used to facilitate behaviors. In lieu of this commonality, the purpose of this article is to discuss the related nature of health education and marketing process. Through this discussion, the authors intend to answer the call to embrace marketing principles and integrate them into health-education needs assessments. (5) The authors will also illustrate the striking parallels between marketing processes and the program design procedures recommended in the Responsibilities and Competencies for Health Educators. (4)

Consumer-Oriented Goals
The types of behavioral goals sought after by marketers and health educators tend to differ; however, members of both disciplines are inclined to be innately focused on consumer behavior. For example, with regard to cigarette smoking, the behavior of interest for commercial marketers may be consumers' habitual purchase of cigarettes whereas, for health educators, the behavior of interest is smoking cessation among consumers. Regardless of the behavioral goals driving each behavior change process, consumers "drive the bus" throughout both processes, as they are the stakeholders who initially and ultimately "buy and continue to buy products" (marketing) and "participate in and adhere to feasible, prescribed health behaviors" (health education).

Throughout the duration of health education program development and implementation, health educators, like marketers, continually assess how particular strategies, activities, and policies affect willingness to engage in

behavior. From these assessments, practitioners hope to accurately appraise consumer ability, willingness, and authority to perform behavior. (9) This type of information is compatible with data generated from the systematic application of the PRECEDEPROCEED model, which is the model predominantly operationalized in health education circles. (10) The PRECEDE-PROCEED model covertly evaluates ability, willingness, and authority of a priority population to engage in behaviors necessary for good health (Figure 1).

The implication of this comparison is that both marketers and health educators must fully understand a market's ability, willingness, and authority to engage in behavior before beginning to offer and deliver products and/or services that can satisfy specific wants and needs.

Although private sector marketing is done to achieve greater sales, nonprofit marketing, such as social marketing, looks to achieve social goals other than ordinary business goals of profit, market share, and return on investment. (9) Social marketing is defined as the adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society of which they are a part. (11) Thackeray and Neiger8 characterize social marketing as a planning approach that is theory driven and consumer focused, which is the type of marketing that coincides with program planning in health education. A commonly accepted definition of health education is any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health. (10) As illustrated here, definitions of social marketing and health education both articulate the idea of voluntary behavior change as the desired process outcome. Thus, marketing and health education are both processes implemented to achieve a core goal: influence behavioral adaptations that are voluntary. This shared function serves as the common denominator among the disciplines. (8)

In keeping with the voluntary "behavioral bottom line" of both professions, (12) it is the contention of the authors that an ecological behavior-based philosophy provides practical value to health education. Although health education programs have been deemed successful upon evaluating outcomes other than actual behavior, (13) our ecological, behavior-based philosophy emphasizes tangible behavior adoption and/or modification as the requisite underpinning of all health education approaches, including community empowerment, health advocacy, and the generation of social capital. This multifaceted emphasis honors the true desired outcome of health education initiatives: voluntary, positive behavior change. However, due to constraints inhibiting health behavior research, health educators cannot always measure behavioral adaptations as readily as a commercial marketer can measure purchase behavior. Consequently, program objectives such as creating awareness and increasing health-related knowledge serve as credible artifacts of health education programs. It is the position of the authors, however, that these objectives may be valid only when is there is an evidence base or theoretical milieu to support such aims. An ecological, behavior-based philosophy of health education maintains that all program activities and interventions are tied (in some fashion) to sought-after health behaviors. This behavioral emphasis expresses the related nature of marketing and health education in that program objectives specifically lead to behavioral adaptations conducive to health. The take-home message here is that both health education and marketing are process- and outcome-oriented disciplines that are focused exclusively on consumer behavior.

The behavior change emphasis also honors the reality that it is the job of the health educator to provide priority populations with optimal opportunities to alter health behaviors. Although theory can indicate what needs to be done to achieve change, it cannot necessarily show health educators how to initiate change. (14) The application of marketing concepts can help assuage the juxtaposition of theory and practice inherent when implementing evidence-based health education programs to new priority populations.

Focus on Exchange, Not Advertising

Because the goal of health education is to motivate consumers to voluntarily change (or maintain) healthy behaviors, the challenge for health educators seems to lie in advocating an exchange of intangible benefits for adopting new lifestyles. (8) Marketing process uniquely entails satisfying needs and wants for producers and consumers through voluntary exchanges that provide perceived benefits for both parties. Satisfying exchanges

are facilitated through focusing on consumer perceptions, wants, and needs, through the design, communication, pricing, and delivery of competitively viable offerings. (15) Marketing practice focuses on this exchange process; it does not entail simply advertising a predeveloped product or service.

We have observed the intrinsic limitations of health education programs that fail to adopt marketing orientations and focus on selling "canned" programs that are considered to be "best practice." Selling best-practice health education programs sometimes neglects the specific needs and values of a population and also represents an organization-centered mind-set, or one that focuses on the needs and values of the organization primarily, rather than the people the program will serve. (12) It is important to remember that knowing who wants a product or service, how to get it to them, and how much they are willing to pay for it are not luxuries: they are necessities (16) and cannot be determined when adopting a sales orientation in health education. In health education and marketing, the concept of best practice clearly articulates with the concept of best process; therefore, the best practice application needed to achieve a behavioral goal is often the application of a systematic process to gauge consumer problems, needs, and interests. Eddy5(p. 265) states that "process models in health education and marketing encourage us to continually apply systematic approaches to program design rather than duplicating the results of the process used by others."

This discussion leads to perhaps the most common misconception held by some practitioners: equating marketing with advertising. (8) Many times the 2 professions are thought to be interchangeable, when they are really 2 entirely separate disciplines. Marketers know how to adapt programs to obtain desired responses from their target audiences, whereas advertisers specialize in getting the word out about products, services, and/or programs to specific audiences. (12) Practitioners who equate marketing and advertising often believe that the goal of marketing is to get the word out about behavior change or behavior change programs rather than to apply a systematic process to assess the needs and interests of a priority population. By thinking that marketing and advertising are the same, it keeps the health educator from asking an imperative, seminal question: Does the communication of an idea or the changing of an attitude really influence behavior? (12) Although advertising is most definitely a component of successful marketing, engaging in marketing requires much more than effective advertising.

Integrating Processes to Facilitate Health Behavior Change

Delineating marketers from advertisers raises the question, "Where do health educators fit in?" This necessary and valid question is becoming resolved with the advent of marketing specific to health. The idea of health marketing has emerged, depicting a craft that is broad based and versatile. Health marketing refers to creating, communicating, and delivering health information and interventions using consumer-centered and science based strategies to protect and promote the health of diverse populations. (17) There are 4 marketing concepts, commonly referred to as the "4P's of marketing," which are used by health marketers to meet the needs of consumers within a target market. The 4P's of marketing are: product, place (or distribution), promotion, and price. Grier and Bryant (18) provide standardized definitions of all 4 marketing concepts. Determining the 4P's within health education programs requires strategy development that synchronizes marketing and health-education planning processes. See Figure 2 for a comparison of the 4P's as they relate to both commercial and health marketing. The comparison reinforces the importance of developing the right product, pricing, and distribution channels before considering promotional activities.

Health marketing is often confused with health communication. Although health marketing involves communicating information, health marketing is not simply educational. Many health communication programs, however, are largely educational. (12) Some practitioners claim to use marketing in their programs, but are more often evaluating their programs from the perspective of a professional adept at health communications.

Professionals in health communications are inclined to only evaluate a program based on nonbehavioral indicators such as number of messages distributed (process variable), number of beliefs changed (impact variable), or number of sessions held (process variable). Process and impact variables provide important insights regarding whether or not a health behavior is occurring. These data become invaluable when making

programmatic modifications during project implementation and terminal assessments following program implementation. Although the utility of process and impact evaluations is undeniable, it is important to emphasize that alterations in process and impact variables can, in fact, validate or invalidate the efficacy of health communication programs. It is the position of the authors that the driving force that initiates such process evaluations tends to center more on what information the practitioner needs to transmit to participants, rather than on what information participants actually need or want. In adopting a more consumer-centric orientation, as is represented within health marketing, the practitioner does not simply focus on evaluating message distribution and participant receptivity to messages; the ultimate focus is kept on achieving a desired behavioral outcome. (19,20)

Andreasen (12) recommends that marketing efforts stop stressing awareness, acceptance, and knowledge before figuring out what new services people need, what benefits they want, and what barriers can be made easier to overcome. In adhering to this recommendation, health education practitioners can establish positions for their products, services, and ideas. A position is the image or niche that a distinctive product or service has in the marketplace resulting from the provision of a unique product or service to a unique group of people. (21) Attaining a unique position requires meeting the specific needs identified during a complete needs assessment. Positioning strategy is developed by comparing the benefits and barriers that consumers see among multiple offerings (including competing offers or choices).

To position programs uniquely, health educators must make presentations to interested groups, distribute appropriate informative materials, and stay ahead of the "competition." In health education, competition often comes in the form of attitudes, beliefs, and structural constraints that inhibit a behavioral response. Staying ahead of the competition may entail "repositioning" the competition.12 For example, when attempting to curb alcohol consumption on college campuses, the "competition" of binge drinking may lie in the social norm that alcohol consumption is extremely prevalent on campus. Repositioning this social norm through publishing actual alcohol consumption patterns of students in student newspapers may reveal that binge drinking is not the campus-wide norm that many students may perceive it as. This realization may spur students into abstaining from binge drinking because heavy alcohol consumption is no longer deemed pervasive. Again, the bottom line is behavioral (abstaining from binge drinking), with the repositioning of binge drinking a facilitator of that behavior change.

Repositioning the competition also allows health educators to put the health benefits of behavior change in the context of other desired outcomes (eg, proper rest = greater efficiency throughout the day). If a health educator tells workaholics to get 7-8 hours of sleep every night for their health, the workaholic may say, "I'll catch up on my sleep when I'm dead. I've got work to get done"; but if the health educator convinces the workaholic that he or she will be more efficient working by sleeping 7-8 hours versus 3-4 hours (so overall the workaholic will get more done than if only sleeping 3-4 hours), then the workaholic may be more receptive to the message. Remember, the decision to complete the behavioral exchange process lies in the hands of the program participants, 8 so their lifestyle behaviors (not simply health behaviors) should remain ubiquitous within program design.

Squashing the Competition

In private sector marketing, alternatives are other brands and other products and services vying for consumers' pockets. (9) In health marketing, the competition most often comes from past behaviors. (19) If strategies are developed that are simply concerned with the benefits and costs of a new behavior, then the reality of the consumers' contemplation is really being denied. (12) For example, consider a health education program aimed at persuading college students to abstain from unprotected sex. The marketing strategy for such a program must deal with both a new behavior (safe sex) and an old behavior (engaging in unprotected sex), because marketing a new behavior inevitably means demarketing an old behavior. (22) Health educators should realize that the promoted health behavior is not an objective reality; it is only what a priority population thinks it is.12 Altering the behavior change opportunity means changing participants' perceptions of the change.

One of the challenges in developing a product strategy is identifying the benefits that consumers value most. Of particular interest to health educators are those benefits that best distinguish the desirable behavior from its competition. Often these desired benefits fall outside the health domain. If consumers decide to participate in a health education program, they are not necessarily affirming their belief in the health education program alone, but rather, they are buying into the benefits and satisfaction that they think the health education program will provide. (12) A health education program is a means to an end for participants seeking to attain the self-perceived benefits and satisfaction that they believe the health education program will provide. For the participants, program participation and enhanced health status may not be the primary outcome of interest; rather, the desired outcome for participants may manifest itself as a function of something unrelated to improved health or positive health outcomes. For the practitioner, however, the goal of a health education program is maintaining and/or improving individual and community health.

Comprehensive Needs Assessments

Needs assessment and marketing research are approaches toward the same end: identification of priority populations. (8) Marketing plans are developed based on formative research designed to understand target audiences fully before the development and implementation of potentially costly programs. (22) Every type of activity in a needs assessment should relate back to one of the 4P's (product, price, place, or promotion) mentioned earlier. Asking the right questions during the needs assessment will provide information necessary to understand the multitude of factors that could possibly affect behavior among members of a diverse priority population. Before rushing a prospective product or service into development, health educators should be confident that the product or service is what consumers want, so the product or service will have an adequate market. The needs assessment process outlined by the Responsibilities and Competencies for Health Educators (4) leads the program planner through a process that supports market segmentation and program diversity. (5)

Market segmentation involves taking what has been learned about a target market and devising programs and services that specifically address the various wants and needs of the subgroups within priority populations.9 Segmentation involves defining homogenous subgroups for message and product design purposes and defining pertinent "life path" points that can be useful for disseminating informative messages and programs. Although segmentation makes interventions more complex, the potential reach and effectiveness of the message, product, or service are absolutely enhanced. (22)

From segment delineations within priority populations, unique profiles are developed, and segment attractiveness can be gauged. After profiles are generated, the health educator can develop a unique marketing mix (4P's) for each cluster of consumers. This particular "opportunity" marketing management approach should be used for 2 reasons: (1) implementation strategies can be adjusted to meet changing environmental conditions, and (2) marketing management activities parallel the Responsibilities and Competencies for Health Educators5 (Figure 3).

The Future of Marketing in Health Education

To facilitate the change that is sought during health education programs, marketing concepts must be skillfully applied with an enhanced consumer orientation. Neiger and colleagues (2) (p.79) suggest that "health education planning models, modified to reflect elements of social marketing ... may represent a more powerful planning approach that holds promise, based on reported literature, for better designed interventions and more successful outcomes." The marketing orientation allows a practitioner to systematically think through key issues by asking and answering a series of important questions first, before making critical programmatic decisions. (3) Marketing process encourages systematic thought through the major precepts of behavior change process, both in determining strategy and in making specific decisions regarding intervention activities. (22) The focus underlying marketing programs forces trained health educators to objectively view their programs and any potential inadequacies of their programs, rather than retrospectively analyze the accountability of the program participants for not engaging in the programs.

The notion of incorporating of marketing within public health programs has prompted scholars to develop logic models to illustrate the utility of marketing process within settings desirous of health education programs. (24) Marketing thought processes represent a new way of thinking, particularly for public health professionals who have been trained to target those most in need or at risk, rather than those most likely to successfully change their health behavior. The CDC and the Education Directors of Health Promotion and Education have designated "Thinking Like a Marketer" as a competency area for federal, state, and territorial public health officials and practitioners. (3) Federally funded granting agencies have also suggested that marketing approaches be used in grant applications. With the advent of the National Center for Health Marketing as one of only 3 core branches of the Coordinating Center for Health Information and Service within the Centers for Disease Control and Prevention (CDC), health educators should strongly consider further assimilating the science of marketing into health education projects.

From this discussion of the related nature of health education and marketing process, we would like to propose 4 novel suggestions for health educators that could catalyze future marketing application in health education:

(1.) Consider adopting an ecological behaviorbased philosophy of health education.

(2.) Use opportunity marketing management in health education programming.

(3.) Operationalize the processes that underlie both marketing and health education.

(4.) Weave traditional marketing concepts into health-education needs assessments. Adhering to these 4 recommendations can enable beneficial shifts in health education process and practice.

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Figure 2
Operationalizing the 4P's: Comparing Traditional and Health Marketing

Selling a Car

Type of Marketing	4 Ps
Traditional	1. Product * What type of car will the customer buy? * What specs/amenities are important to consumers? * What color is preferred? 2. Price * What price range is acceptable for consumers of this vehicle? * Is there financing available? * Do we haggle with the customers over cost? 3. Place (Distribution) * Do salesmen meet customers on sales lot? * Are cars sold over the Internet? * Do we deliver cars to customers outside our geographical area?

4. Promotion
* Where should car advertisements be placed?
* What types of ads will get customers' attention?
* Who is a good spokesperson for the car dealership?

Getting Men to Go for Prostate Cancer Screening

Health

1. Product
* What do we do to get men to go for prostate cancer screening?
* How or do we describe the procedure?
* What are the consumer (patient) benefits of screening?

2. Price
* Is there a significant financial cost for screening?
* Is comfort with screening procedures an issue for these men?
* Do these men feel susceptible to prostate cancer?

3. Place (Distribution)
* Where do men go to get the procedure done?
* Who can we partner with to help get men interested?
* Which distribution channels would best relay the screening message?

4. Promotion
* Do we contact family members of these men for support?
* Who is a good spokesperson for advertising prostate cancer screening (Lance Armstrong, Arnold Palmer)?