THE HEALTH MARKETING MIX

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Abstract: *The well-known marketing mix of the commercial sector has found its application and has been developing in the non-profit sector. In most of the cases, the techniques and tools of commercial marketing are used to change behaviours in order to achieve social good. The targeted behaviours range widely from environmental ones to health related behaviours. The aim of the current paper is to highlight some of the characteristics of the marketing mix when applied to change health related behaviours. The term health marketing will also be coined as part of the theoretical background. Moreover the additional P's that add to the health marketing mix will be discussed.*

Key words: *social marketing, health marketing, marketing mix, health behaviour.*

1. Introduction

During the last five decades the specific techniques used in commercial marketing have been overtaken by the non-profit sector. The implementation of traditional marketing techniques and tools in order to achieve social good by changing behaviour has been first coined by Ph. Kotler and Zaltman in the 1970's. Since then, social marketing has evolved and turned into a multidisciplinary area of research. It gained its current knowledge and understanding by using the theoretical background of: psychology, ethnography, sociology, economy and of course marketing and health promotion. The last two could be considered to some extent the "parents" of an important part of social marketing, that is health marketing.

The marketing mix, as an essential part of the commercial's marketing outlook on reality has been adopted fully by the social part. Nevertheless, the actual implementation of these strategies in the area of "doing good" for society poses numerous challenges. Most of them spring from the intangible nature of the products "sold" by social marketing. In most of the cases these are behaviours.

This paper will discuss the specificity of each strategy of the marketing mix. A special attention will be given to the health marketing mix which is vital for a successful health promotion campaign. In fact, health promotion has benefited a great deal from adopting social marketing's process approach to induce behavioural change.

2. Social Marketing

Social marketing finds its early roots in the 1970's when Kotler and Zaltman defined it as [5]:" the process through which marketing principles and techniques are being applied to create, communicate and offer value so as to influence the behaviour of the target audience, in a way that is good for both society(public health,

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environment and community) and the audience" .

One of the most up to date definitions shows that, in spite of the discipline's evolution, its main charachteristics remain unchanged. According to French and Blair-Stevens[3]: "Social marketing is the systematic application of marketing along side other concepts and techniques, to achieve specific behavioural golas, for social good."

During the decades the exact understanding of the term "social good" has been under systematic debate. Nevertheless, some authors have pinpointed a reliable source of refference regarding this aspect: the UN Universal Definition of Human Rights [2].

There are relevant differences between social marketing and traditional or commercial marketing. In the same time one could argue that there are also similiarities. They were best highlighted by Kotler et all three years ago:

→type of the product sold (social marketing is selling behaviours)
→main benefit(social marketing's main benefit is a societal one while for traditional marketing is all about profit)
→different types of competition

→both are customer oriented
→exchange theory is fundamental in both cases
→research and audience targeting and segmenting are essential both for buisness and for social good
→the marketing mix is highly important in both cases
→programs are constantly being evaluated and results are used to improve them

Considering the definition of social good given by the United Nations one could say that health is one of the most important assest that an individual can posses. That is why social marketing has given a lot of attention to changing health behaviours for good. In fact, this part of social marketing could be considered per se as a branch.

Health Marketing

Health marketing has developed, mainly, from two disciplines: social marketing and health promotion. While both of them have the same general purpose, which is the well-being of individuals and of society, the manner in which they strive to achieve it is rather different. In spite of that, health marketing, as a border-discipline has had tremendous success, when applied properly.
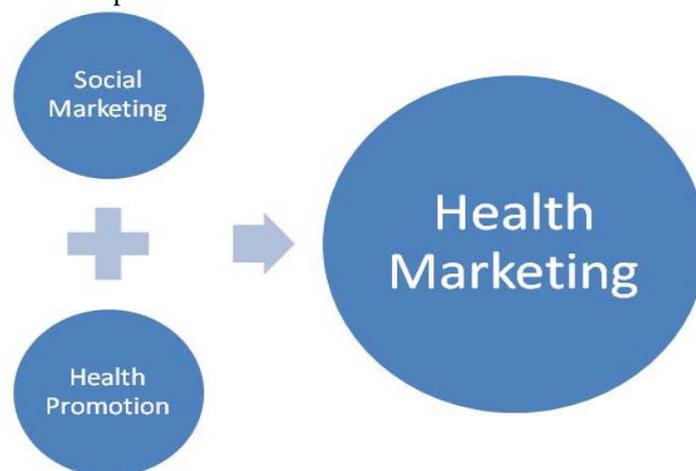
Fig. 1. *Health marketing*

There are some authors that consider health marketing to be the marketing of health care services. It could be understood in that way too, depending on the perspective that one considers. In this case a social marketing perspective was considered.

Therefore, health marketing is that part of social marketing that strives to apply specific strategies and policies in order to determine a behavioural change that will have a positive effect on the health status of the individual.

3. The Health Marketing Mix

As in traditional marketing the mix is the core of every social marketing or health marketing initiative. The major four P's remain the most important ones but some additional ones have been added:
→Public
→Partnership
→Purse string

In fact, even the traditional mix adopted from commercial marketing has been undergoing some very important changes. Most of them are derived from the difficult nature of health marketing that is striving to "sell" healthy behaviours. The health behaviour itself is intangible by nature so it generates a whole series of problems, starting with its definition. Moreover, the factors influencing health behaviour are for sure more complex compared to the ones

influencing a purchase. The mechanisms that are working inside every person's mind, doubled by the environmental conditions have to be understood to their full extent in order to achieve a behavioural change.

This is one of the main reasons for which health marketing has to take advantage of the knowledge available in various domains, starting with economics, psychology, sociology etc to gauge the fundaments of behavioural change.

In the following paragraphs each element of the health marketing mix will be explored and relevant examples will be provided. Most of the examples will be considered to serve a drug prevention campaign that is going to be implemented in Brasov, during this year.

3.1. Product Policy

In a similar way to traditional marketing there can be no marketing program without "the program platform". In fact this is one of the most important factors differentiating between just an advertising campaign and a real social marketing initiative. Whereas the first relies only on the promotional strategy, the last incorporates all four.

Kotler et all(2008)[6] considers that there are three relevant levels of the product platform, when one is addressing social marketing as shown in Figure 1.:
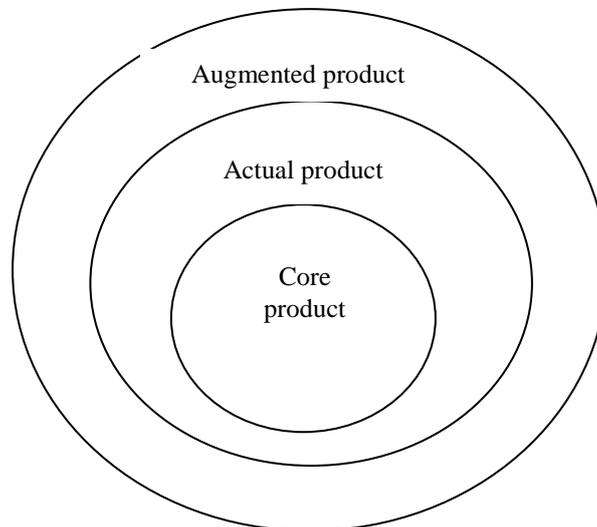
Fig. 1. *Product platform in social and health marketing Source Kotler et all 2008[6, p. 206]*

Core product

The core product strategy lays at the very foundations of health marketing initiatives. In order to define its characteristics a detailed formative research process must be undertaken. The questions that need to be answered during this research are mainly the following:

- Which are the benefits that the consumers/individuals are going to get after changing their health behaviour and adopting the new one?
- Which is the health problem that is going to find its solution in the requiered behaviour change?
- What needs is the desired behaviour going to answer to? [6, p 208]

In the specific case of a drug prevention campaign, one should address the relationship between perceived benefits of not consuming and perceived cost or risk of consuming. Studies like that have been undertaken on a large scale for smoking. Using their results [9] the core product, for a Brasov drug prevention campaign targeting teenagers, could be defined as it follows:

- „Bac-ul fără probleme- dar fără droguri”- based on potential benefits

- „Prizez dar nu mai memorez - Bac-ul o problemă de droguri” - based on perceived or potential costs

These could be the core of the product platform defined in two ways, but adressing the same problem: drug prevalence among youth.

Using that as a starting point the next phase is the developing of the actual product.

Actual product

The actual product in health marketing is the translation of the core product's elements into an actual behaviour. This means giving the indications for performing the desired behaviour to the target audience.

One of the main characteristics of this part of the product platform is: adaptability. This means that there is more than one way of designing it to fit the core product requirements.

For instance, in the case of the drug prevention campaign, two alternatives are possible:

→ Adolescents from the XIIth grade could be asked to participate in group session where they could talk about their problems

→Adolescents could be asked to do internships in hospitals to see the actual effects of etnobotanical drugs.

In my opinion, I think the second one would have a stronger impact. In the same time it would offer the young people that still haven't decided which carrier they should follow, the opportunity to see the challenge of a medical one.

Nevertheless, in order to do that, the program has to attract their attention and raise their desire to get involved. This can be done with the help of the third level of the product platform.

The Augmented Product

This is the part of the health marketing product platform that shares most characteristics with traditional marketing. In fact Wiebe [6,p 30] poses a very important accent on the intermediary role or trigger role that the augmented product is playing in the campaign. The augmented product is able to do that because it is in fact the tangible part of the platform. For example, in the drug prevention campaign mentioned earlier it would be really good to raise teenagers' attention on the risks of drug consumption by placing a dummy at the entrance of every club. The dummy should show significant signs of drug deprivation and at specific time intervals shout a warning or a funny line, drawing attention to the problem.

Despite the good planning and product development undertaken until this moment, a marketing plan should also consider the price component.

3.2. Price Policy

The understanding of price in health marketing relates mainly to the different barriers perceived by the target audience. That is why there are two main components of the price strategy:
→The monetary side
→The non-monetary side

Both of them can be used separately or together to make the product platform more attractive.

The non-monetary costs or pricing strategy is characteristic to social marketing and should consider the following key elements [6, p 227]:
o Costs associated with time, effort and energy consumed to adopt the new behaviour
o Costs associated with psychological risks and possible losses that can be paired with the new behaviour
o Costs associated with the physichal disconfort given by the new behaviour

Based on them there are six main price strategies that can be applied to persuade the individual to adopt the new behaviour or change the old one [6, p 228]:
◘ Increasing monetary benefits for adopting the new behaviour;
◘ Diminishing the monetary costs associated with the new behaviour;
◘ Increasing the non-monetary benefits for adopting the new behaviour;
◘ Diminishing the non-monetary costs associated with adopting the desired behaviour;
◘ Increasing monetary costs for the competing behaviour;
◘ Increasing the non-monetary costs for the competing behavior.

In the case of drug prevention programs any one of the strategies mentioned above could be implemented. For instance, if one considers the strategy aiming to increase the non-monetary benefits, the campaign Above the influence offers an outstanding example. [10] This campaign is a very good example of interactivity and engaging young people in actually building their own anti-drug initiative. One of the key point is asking young people to mention the reasons that determined them or helped them not to start using drugs. They are encouraged to publish them on the campaign's website. In this way they can become the next image of the campaign, earning in the same time the respect of their peers. In this example the respect stands out as the non-monetary benefit that is being increased.

Above the Influence has also succeeded to reduce some non-monetary costs, such as the psychological one and time related

cost, in the same time. In order to do that they have applied a new-media kit, linked to their own web-site. Considering that their target audience was young people, the Internet literacy and usage was very high.

Young people that anyway spend a lot of time surfing the Internet have found that they could also visit this web-site. It offered them a lot of information and it was also interactive, with a limited cost of time. In the same time it offered the possibility to ask some questions or to gauge some problem without revealing their identity, so the psychological costs was also reduced to its minimum.

Therefore, the pricing policies come to support very well the three-level product platform. Nevertheless, a key element to health marketing and to marketing in general is the promotion side.

3.3 Promotion Policy

The third P of the marketing plan has been often misleading in the area of public health and health promotion. Many have treated advertising campaigns as social marketing initiatives. This is not at all the right approach. For sure, at the beginning most of public health or health promotion campaigns were relying heavily on this component. Nevertheless, during the last decades the social marketing approach in the field of public health has become more and more a process one. In this light, the health marketing campaigns that are implemented today are backed up by a process approach that considers all the elements of a traditional marketing campaign and even more.

Lynne Donner, an expert in the area of public health campaigns used to say: „Say the right thing/In the right way/to the right person/In the right places/Enough times." [6, p265]. In a social marketing approach there are some key elements that heavily influence results:

• Message
• Messenger
• Creative Brief
• Communication channels

These aspects have to be addressed only after a formative research. Only like that one could assess the target audience's system of knowledge, attitudes and beliefs regarding the health problem. In this way all elements of the marketing mix would prove to be more efficient.

The message should be constructed starting from the formative research. Moreover, it should be adapted to the different stages of change [7] that the individuals find themselves into. For instance, for persons that are in the pre-contemplation stage, the message should offer as many relevant information as possible about the opportunity of changing their behaviour.

Moreover, especially at the beginning, special attention should be given to the syntax of the message. Double-sided ones are preferred to single sided versions. For example, in the case of the drug prevention campaign a double-sided message that accounts for both positive and negative elements, would be as it follows: "Dacă fumezi, poţi evada dar de bac nu poţi scăpa!".

A key role is also played by the messengers. Kotler et all(2008) [6] present us with three main options for electing the messenger:

→Sole sponsor
→Partnership
→Spokesman

No matter what the choice would be there are also certain characteristics that a messenger should posses [6, p 274]:

→a high level of expertise in the area
→a high level of trust associated
→charisma

What is really interesting about these features is that all of them have a correspondence in Cialdini's principles of persuasion. [2]

The last key point in the promotional strategy would be the channels that are to be used for communication. Relevant information to guide this decision could be also obtained from the formative research. There are advantages and disadvantages

for the usage of both traditional and new-media.

For instance in the case of the drug prevention campaign from Brasov, the best messenger could be a football player, that is actually born and raised in Brasov. He would have charisma and level of expertise by his side. He could be the image of the campaign and promote the web-site (communication channel) of the campaign. Social networking will also be used for the same purpose. The image of the campaign would send the message that you can be successful even if you don't rely on drugs or better still, especially if you don't rely on them. A parallel could be easily drawn to the case of Mutu.

3.4 Placement Policy

The last P of the traditional marketing mix proves really difficult to separate from the one presented before. There is a clear demarcation that has to be done between communication channel and distribution channel. The last one provides useful information on the places where the social marketing campaign is actually unfolding:

• Location: place to spend the free time
• Telephone: call-center for drug prevention
• Internet: applications and games online, on drug prevention themes, with the help of Facebook
• Passing-by places : sharing leaflets or books about drug associated risks

In essence, the role of the placement or distribution strategy is to create the necessary conditions for the target audience to behave in the desired manner as convenient and nice as possible.

There are several possible strategies that could help improve the environment and make the behaviour more doable or more attractive. For instance the location where the program happens could be brought closer to the target audience. In the case of the drug prevention campaign, certain activities could just be done inside the school and not at the NGO's or agency headquarters.

Another strategy is aiming at increasing the working hours. In the drug prevention case a call line could solve that problem. In fact, most of the campaign's activity would revolve around the Internet then this would not have any closing time.

Another interesting strategy would be to take the campaign at the places where people spend thei leisure time. For example, the campaign's staff could organise some events in bars and clubs, which are known as risky enviroments. In this way, another strategy would be touched. That is moving the action at the place where the decision to consume drugs is taken.

Deciding where and when to unfold the elements of health marketing campaign that is aiming at reducing drug prevalence is a very important decision. As all other decisions related to the marketing mix this one should also use the information gather through the formative research. The research should be conducted in the early stages of the program's development.

3.5 Additional P's

According to the literature review there are four main additional P's that have to be considered [11]:

→Public
→Purse string
→Partnership

Apart from that, Kotler suggests another approach that keeps the last two and ads policy. A strong case for adding policy is also made by Jeff French. Recently, Weinrich offers an encompassing view on the subject by including all four [8, p 22]. In my opinion, all four should be considered and additional ones included, depending on the special circumstances of the health problem in focus.

The public is concerned with additional possible audiences. Both the external and internal dimensions are explored and analysed. This helps to offer a better view on the numerous challenges posed by implementing a new behaviour or changing an existing one in a certain society. Considering this the drug

prevention program in Brasov should also consider older peers, the families, the school principles, police force, local policy makers etc.

In fact, policy plays a huge role in health marketing. This is why social marketers should also consider the top-down approach suggested by Jeff French et all. [3] A strong example is the highly positive role played by policy making in the fight against smoking. In Brasov, policy makers should be convinced to pass a local legislation prohibiting the sale of any etnobotanical drugs ore related, in the area.

Partnership is a key element of every health marketing endeavour. Considering the complexity of health problems that are usually the focus of these campaigns, strong relations should be built among agencies and institutions that share common objectives or goals. Only by considering such an approach the initiatives could have a higher rate of success. The decision to engage in a partnership could also be motivated by the purse string. This would be the case of the drug prevention program that would be implemented in Brasov's high schools.

4 Conclusions

All in all, it could be said that the traditional marketing mix is highly significant in health marketing too. In fact the social marketing approach to drug prevention and other health problems offers a systematic way to deal with very complex problems. The multi-disciplinary knowledge brought in by marketing and other behaviour sciences are essential to the designing and implementation of successful health marketing programmes.

The case of the drug prevention campaign that will be implemented in some high schools from Brasov, during this year, aims to support the existing theory by practice.

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