

Academic education in health marketing in Ibero-America.

Educación académica en marketing de salud en Iberoamérica.

Formação acadêmica em marketing de saúde na América Ibérica.

Éducation académique en marketing de la santé en Iberoamérique.

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Abstract

Objective: Identify the academic education modality offerings in health marketing in Ibero-America.

Materials and methods: Descriptive observational research. Questionnaire by email, online documental review. Universe made up of representatives of the Ibero-American Health Marketing Network (henceforth referred to by its Spanish acronym RIMS) and teachers involved with the subject in 20 Ibero-American countries in 2015; non-probability convenience sampling used. The questionnaire was answered in 17 countries. The summarized information is presented in absolute frequencies and percentages.

Results: In all of the countries that answered the questionnaire, some form of health marketing modality is offered. "Lack of understanding of the need to offer various modalities to train health professionals and managers in marketing" was given as the main reason for its absence in academic education in health sciences. Most of the countries (82.4 %) state that they have teachers trained in the subject. The modalities most offered are: master's degree subject (24.39 %), courses (19.5 %) and diplomas (17.07 %).

Conclusions: Insufficient supply of academic education offerings in health marketing and a lack of dissemination of existing ones is a common denominator to all countries, coupled with a lack of understanding in the public sector of the need to train health professionals in marketing.

Keywords: health marketing, education, academic.

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Resumen

Objetivo: Identificar las ofertas de modalidades de educación académica en marketing de salud en Iberoamérica.

Materiales y métodos: Estudio observacional descriptivo. Cuestionario por correo electrónico, revisión documental y por Internet. Universo constituido por representantes de la Red Iberoamericana de Mercadotecnia en Salud y docentes relacionados con el tema en 20 países de Iberoamérica en 2015 y muestreo no probabilístico por criterio de conveniencia. Respondieron el cuestionario en 17 países. La información resumida se presenta en frecuencias absolutas y porcentajes.

Resultados: En la totalidad de los países que respondieron el cuestionario se refiere que se ofrece alguna modalidad de marketing aplicado a la salud. “Falta de comprensión de la necesidad de ofertar diversas modalidades para formar profesionales y gerentes de salud en marketing” se declaró como principal razón de su no presencia en la educación académica en ciencias de la salud. La mayoría de los países (82,4 %) declaran que contaban con docentes preparados en el tema. Las modalidades que más se ofertan son: asignatura de maestría (24,39 %), cursos (19,5 %) y diplomados (17,07 %).

Conclusiones: Resulta insuficiente la oferta de educación académica en marketing de salud y la falta de difusión de las existentes, es denominador común a todos los países, lo que se une a la no comprensión en el sector público de la necesidad de formar los profesionales sanitarios en marketing...

Palabras clave: Hmarketing de salud, educación, académica

Resumo

Objetivo: Identificar as modalidades de formação acadêmica em Marketing na Saúde na América Ibérica.

Materiais e métodos: Pesquisa Observacional Descritiva. Questionários enviados por email e revisão bibliográfica. A amostra foi composta por representantes da Rede Iberoamericana de Marketing na Saúde (conhecida por sua sigla em espanhol RIMS) e professores envolvidos com esta temática em 2015 nos 20 países Ibero-americanos; foi usada amostra não probabilística por conveniência. Os dados estão informados em percentuais e frequências absolutas.

Resultados: Em todos os países que participaram da pesquisa, alguma forma ou modalidade de ensino em Marketing na Saúde é oferecida. “A falta de compreensão da necessidade de oferecer várias modalidades para formar profissionais e gestores da Saúde em Marketing foi considerada a principal razão da ausência deste tipo de formação acadêmica em Ciências da Saúde. A maioria dos países (82,4%) afirmam que possuem professores com formação nessa área. As modalidades mais oferecidas são: mestrado (24,39%), cursos de especialização (19,5%) e cursos técnicos (17,07%).

Conclusões: Oferta insuficiente de modalidades de formação acadêmica em Marketing de Saúde e a falta de disseminação da oferta existente é um denominador comum em todos os países; algo que está associado com a falta de compreensão do setor público sobre a importância de se formar profissionais da Saúde em Marketing.

Palavras-chaves: Marketing de Saúde, educação, formação acadêmica

Résumé

Objectif: Identifier les modalités d'éducation académique offertes en marketing de la Santé en Amérique latine.

Matériels et méthodes: Recherche observationnelle descriptive. Questionnaire par courrier électronique, examen des documents en ligne. Univers composé de représentants du Réseau Ibéro-Américain de Marketing de la Santé (ci-après désigné par son acronyme espagnol RIMS) et d'enseignants de 20 pays ibéro-américains travaillant dans ce champ en 2015; échantillonnage de commodité. Le questionnaire a été répondu dans 17 pays. Le résumé de l'information est présenté en fréquences absolues et pourcentages.

Résultats: Dans tous les pays dans lesquels le questionnaire a été répondu, une certaine modalité de marketing de la santé est offerte. «Le manque de compréhension de la nécessité d'offrir diverses modalités de formation en marketing pour les professionnels de la santé et les gestionnaires» a été la principale raison indiquée pour une telle absence dans la formation académique en sciences de la santé. La plupart des pays (82,4%) déclarent avoir des enseignants formés en la matière. Les modalités les plus souvent offertes sont: thème d'étude au niveau Master (24,39%), cours (19,5%) et formations diplômantes (17,07%).

Conclusions: Une insuffisance en offres de formation académique en marketing pour la santé et un manque de diffusion de celles existantes est un dénominateur commun à tous les pays qui s'associe à un manque de compréhension, dans le secteur public, de la nécessité de former les professionnels de la santé en marketing.

Mots-clés: marketing de la santé, éducation, académique.

Introducción

When speaking to health professionals about marketing and its potential application in health care, some deny it, while most are unaware of it, but the fact is that all those who are successful in their work, although they do not know it, use its tools, albeit perhaps intuitively. The debate over the potential use of marketing in non-profit activities is something that life itself is responsible for demonstrating and that today are proven truths.

All health services managers who want to offer quality services have to consider the perspective of both the client and the provider; those who want to achieve behavioral changes that contribute to health look for how to make the idea promoted attractive to achieve its positioning. Health services do not achieve quality spontaneously, and nor do people change their lifestyles only on the basis of educational programs.

Beliefs and myths about the application of marketing to health lack sound arguments, as it has been shown that health management is not exempt from this approach, and nor is it only possible to apply it to private services; moreover, merely providing a health service does not imply quality.¹ Marketing, in its social approach, is governed by ethical principles and has a wide range of applications to health, as its effectiveness in bringing about required behavioral changes in a population to achieve wellness has also been demonstrated. It is a useful healthcare tool, which by using it allows bringing medical equipment, medicines and medical technologies to the market with a rational approach, as well as offering and reorienting services by balancing the objectives and purposes of the institution with those of the user-patient, in order to achieve both purposes. It also has a wide range of applications in promoting health and healthy lifestyles, designing and implementing health programs and contributing to solving the various public health problems that are generated.²

Health management is increasingly directed towards the patient, who as a user of its services requires that they meet his or her needs and demands, for which strategies are developed; although these strategies can be instruments of change to properly guide health services, they must also be different based on the characteristics of the different segments in a population.

Business management of healthcare does not mean in any sense to commercialize it, nor is that the approach that is being advocated, but rather to offer free and equitable public healthcare, with full accessibility, optimizing resources in order to adequately serve all those that require it. The culture and ethics of quality, considered as essential premises of health services, allow improving the image of public institutions,

with motivated and committed employees, eliminating social and psychological barriers to accessibility, while a population aware of them and how to improve its health allows regulating demand, optimizing resources and satisfying users.³

To be unaware of marketing, to ignore it or to mystify it as a tool for use in non-profit endeavors would be a mistake in these times which call for achieving universal health and simultaneously improving people's health through lifestyles and behaviors that help to achieve it. It is therefore useful to accompany any process that, in its essence, looks towards the population to achieve modifications and changes in individual, group and organizational behaviors, while at the same time involving allies and social actors in order to obtain the organized social response that public policies require.

Studies in six countries in the Ibero-American region (Colombia, Cuba, Mexico, Nicaragua, Peru and Portugal) on what health professionals and managers know about marketing, as well as what their attitude is towards its application, reveal that 66 % of respondents say they know what it is, but 70 % deem their knowledge insufficient, with this figure being even higher in Peru (90 %) and Colombia (83 %). Most (78 %) adhered to positive arguments towards the use of marketing and consider it applicable to health.⁴ Responses, in general, show a favorable attitude towards the application of marketing to health, without major differences between countries and its use in health services was favored in relation to its social approach.⁵

The foregoing corroborates what is also found in papers presented at scientific events on the topic, in memories,⁶ work sessions of the Ibero-American Health Marketing Network (RIMS) and in the experience of health science teachers. There is little knowledge of marketing and in the social conception of health professionals, the prevailing belief is that marketing is for the exclusive use of business management, although they also have information that in some non-governmental organizations, specifically those working in the area of HIV/AIDS prevention, there are successful experiences with the use of social marketing.⁷⁻⁹

The need, demand and supply categories must be kept closely related. That is, that the needs can acquire an affordable and satisfactory supply, either of a good or product, as a basic service. Not having information causes a lack of knowledge and not having a place where to acquire it leads to unsatisfied demand; this is the conceptual world of marketing and it can also be the basis for analyzing what is happening with health professionals in Ibero-American countries in relation to

marketing itself, its knowledge and application.

In the studies cited above, respondents report that they acquire knowledge about marketing through conferences (31 %), autodidacticism (20 %) and scientific events (14 %). About 23 % of respondents acquire it through formal education. By comparing these results (65 % versus 23 %), it can be seen that academic education, as a knowledge source, is three times less important than other means.

This may be because the curricular offerings do not respond to the needs and demands of health professionals in the region, since the vast majority (84 %) said, in all countries, that they are interested in knowing about marketing, which also points to the presence of a favorable attitude towards its use.⁵

These results suggest that health science universities can best respond, with a diversity of modalities, to the interest shown by health professionals and health managers, since they have expressed the need to acquire marketing knowledge and skills and that there is therefore a potential demand, both in person and virtually.

Results of the studies conducted by a RIMS research team, coupled with the lack of research in this regard, led to continuing the search for an explanation as to what health science universities offer today, with which RIMS even has collaboration agreements, closing the cycle with a study aimed at identifying the academic education modalities offered in health marketing in Ibero-America.

Materials and methods

A descriptive observational study was conducted. A questionnaire was sent by email and an online documental review was made of the academic educational offerings in health marketing, and of RIMS cooperation agreements with universities and memories of scientific events held from 2002 to 2015.

The universe was composed by RIMS representatives who are assuming their duties, members of the Executive Secretariat and the Board of Directors, as well as teachers related to the subject in Ibero-American countries where there are either no RIMS representatives or they are not assuming their duties.

A non-probability convenience sampling approach was used. The sample consisted of 39 subjects: 15 RIMS representatives who are assuming their duties, four members of the Executive Secretary, five members of the Board of Directors and 15 teachers related to the topic in the Ibero-American countries where there are either no RIMS representatives or they are not assuming their duties. A questionnaire was sent by email to the 39 subjects in 20 countries: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Spain, Guatemala, Honduras, Nicaragua, Mexico, Panama, Paraguay, Portugal, Peru, Uruguay and Venezuela.

Twenty-five RIMS members and 10 teachers (89.74 %) from 17 Ibero-American countries responded to the questionnaire between Oct. 1 and Nov. 10, 2015. No information was received from Bolivia, El Salvador and Venezuela, representing 15 % of the countries in the region, although information was obtained from all 20 countries by other techniques used.

The variables to which responses were given by means of a questionnaire with dichotomous and multiple-choice closed-ended questions, as well as open-ended ones, were: country, supply of academic education in health marketing, reasons why it is not offered, modality and trained teachers. The information was summarized by country in absolute frequencies and percentages.

Results

Of the 17 countries that responded to the survey, 88.23 % provide some form of health marketing modality. Costa Rica and Guatemala state that they have no modalities.

"Lack of understanding of the need to offer various modalities to train health professionals and managers in marketing" was declared by respondents as the main reason for their non-presence in formal health science education.

The modalities most offered are: master's degree subject (24.39 %), courses (19.5 %), and diplomas (17.07 %). It is also offered as a specialty and workshop subject (12.19 %), with the lowest proportions (7.31 %) being for training and a specific master's degree in the subject (Table 1).

Table 1. Health marketing offerings according to academic modality

Modality	Course	Diploma	Master's Degree	Master's Degree Subject	Specialty Course	Workshop	Training	Total
Frequency	8	7	3	10	5	5	3	41
%	19.5	17.07	7.31	24.39	12.19	12.19	7.31	100.00

When the various offerings that are provided in the countries are analyzed, both those mentioned by respondents and those found in the online search, Mexico is found to be the only country which offers all modalities, followed by Cuba, Colombia and Peru, with five modalities each; Brazil reported four of the options.

Specific master's degrees were only reported in Mexico, a "Master in communication and health marketing" offered by the Universidad del Valle de México, and in Colombia, a "Master in communication and health marketing" offered by the Free University in Cali, Colombia.

The highest frequency of offerings is in master's degree courses in Cuba, Chile, Ecuador, Spain, Mexico, Nicaragua, Panama, Peru and Portugal, followed by specific courses in the subject (Table 2).

In reviewing the information on the Internet, the presence of varied offerings provided by private commercial agencies in commercial health marketing for the private sector was also found. These offerings do not appear with the same magnitude as those provided for the public sector and health promotion, although some were identified that were not reported by the respondents.

Concerning the presence of teachers, Guatemala and Uruguay are the only countries that report not having any teachers trained in the subject. Generally, in the countries of the region, 88.23 % report having teachers trained in health marketing.

Table 2. Health marketing offerings according to country and academic modality

Country	Course	Diplo ma	Master's Degree	Master's Degree Course	Specialty Course	Worksho p	Tota l
Argentina	X	X	-	-	-	-	2
Bolivia	-	-	-	X	-	-	1
Brazil	X	X	-	-	-	X	3
Colombia	X	X	X	X	X	-	5
Chile	-	X	-	X	-	-	2
Costa Rica	-	-	-	-	-	-	-
Cuba	X	X	-	X	X	X	5
Ecuador	-	-	-	X	-	-	1
El Salvador	-	-	-	-	-	-	-
Spain	X	-	X	-	-	X	3
Guatemala	-	-	-	-	-	-	-
Honduras	-	-	-	-	-	-	-
Nicaragua	-	-	-	X	-	-	1
Mexico	X	X	X	X	X	X	6
Panama	X	-	-	X	-	X	3
Paraguay	-	-	-	-	-	-	-
Portugal	-	-	X	X	X	-	3
Peru	X	X	-	X	X	X	5
Uruguay	-	-	-	-	-	-	-
Venezuela	-	-	-	X	-	-	1
Total	8	7	4*	11*	5	6*	41
%	19,5	17,07	9,75	26,82	12,19	14,63	100

*Includes information from the survey, author and online review

Discussion

As a result of having information from previous studies^{4,5} on marketing knowledge and its application to health, the interest in it and the favorable attitude towards knowing and applying it, it was possible to identify the correspondence between the perceived needs, potential demand and the supply of academic modalities, to give a response to them, in the countries of Ibero-America, which is the RIMS action area. That is, in order to know what to do and to be able to narrow the gap with reality, RIMS' goals include promoting the knowledge, study and dissemination of health marketing and collaborating with states, governments, universities and related institutions in Ibero-America in the scientific, technological and social development of health marketing.¹⁰

A comprehensive assessment of the educational offerings reported by the respondents and the information provided on the websites of the health science universities in their respective countries shows that not all RIMS representatives and teachers are aware of what is offered by the undergraduate and postgraduate training centers of their country in these topics, indicating that their knowledge is confined to the institutions to which they belong or to which they are most closely related. This suggests that the results may have been underreported, especially when the information was also not available on the web. It also highlights the need for good information dissemination and knowledge management to extend the training of health professionals and teachers in the subject.

Health marketing is an interesting option that health science universities incorporate into their various postgraduate training modalities, in public health profiles, given the importance it has to those health professionals who broaden their professional training in this knowledge area, so that they can contribute to positioning it as a science that contributes to health management in current times.

No information was directly obtained from Bolivia and Venezuela because there are no RIMS representatives in these countries, because the people who were sent the survey did not respond to it and because the university websites in these countries list no such academic offerings; however, the author knows that at the beginning of this century, a Master of Public Health training process was held at "Juan Misael Saracho" University in Tarija, Bolivia, which she personally participated in as a teacher, where the health marketing subject was included and professionals from La Paz, Cochabamba, Santa Cruz and Tarija were trained. Also, the Social Security Fund had specialists who ran condom social marketing initiatives,

specifically in projects funded by the American NGO Population Service International, PSI. Something similar occurs in Venezuela, a country from which no information could be obtained in the present study.

As for Spain, no information was obtained from the Andalusian School of Public Health, an institution that was a pioneer in formal health marketing education and which prints publications on the subject of teaching in this field.

Although the results reveal that there are not enough trained professionals in health marketing to sustain an academic offering in that discipline, those who are currently serving as such can generate a skill-building process with a cascading effect in a short period of time, as they have the programs and bibliographical material to do so.

Online course options, which abound for training in commercial marketing, are not available for training in health marketing with a social approach, constituting an interesting alternative to pursue with the best-trained professionals that the region has to offer.

It is important to strengthen exchange links with US institutions such as the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, and the American Cancer Society (ACS), which have teaching experience in the subject of addiction to smoking by applying marketing with a social approach,^{11,12} which may constitute an important reference to narrow the gaps that remain in the region.

It is interesting to study in depth the knowledge of the programs offered in the different modalities in order to analyze the similarities and differences, the contents thereof and the bibliography used, as well as experience regarding the positioning of marketing as a tool in the different aspects of healthcare.

The lack of research in this field limits the possibility of comparing the information obtained in this study and converting it into a reference, which together with the studies conducted by the RIMS research team facilitates understanding of the causes of marketing's poor positioning in Ibero-America, showing differences in some countries.

Conclusions

This study leads to the conclusion that there is an insufficient number of formal educational offerings in health marketing and a lack of dissemination of the existing ones throughout Ibero-America. Moreover, there is a lack of understanding in the public sector of the need

to train health professionals in marketing, in order to have this knowledge and thus help solve the major public health problems besetting their countries.

Further research from a local perspective is recommended to identify gaps and their causes for the increased use of marketing and to develop strategies based on the academic training of health professionals, according to the particular characteristics of each context. It is also important to disseminate the results of applying marketing to healthcare in scientific public health journals and events, provide more information on the RIMS website and market, at tiered promotional prices, books produced by its members. These options are important alternatives to give visibility to marketing and its usefulness, thus contributing to its position in the nonprofit healthcare field.

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