The Marketing of Distance Education

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Abstract

Inadequate investment in marketing or poorly targeted campaigns can make the difference between a flourishing distance education (DE) program and a failed DE experiment. In most instances, DE programs must be marketed both internal to the sponsoring institution and external to the institutional stakeholders (students). This is necessary to get sufficient stakeholder involvement and support. The use of appropriate, student-centered marketing strategy is sometimes overlooked when offering DE courses and programs. It is necessary to apply sound marketing techniques when attempting to illustrate the positive nature of distance education programs. The purpose of this manuscript is to provide a primer on contemporary marketing and offer practical application examples of how marketing can enhance the design, implementation, and evaluation of DE programs in general, and health education and health promotion (HE/HP) programs specifically.

Key words: *Marketing, Distance Education, Health Education, Health Promotion.*

Introduction

When distance education (DE) program planners are asked to document the success of the marketing plan for their programs, the results are often reported in terms of a) how many flyers were distributed, b) hits on their website, and/or c) the number of on-site introductory seminars conducted. Promotional activities of this nature are certainly an important component of marketing, yet they do not capture the role, function, and process of contemporary marketing and marketing management. Inadequate investment in marketing or poorly targeted campaigns can make the difference between a flourishing program and a failed experiment. In most instances, DE programs must be marketed both internal to the sponsoring institution and external to the institutional structure. This is necessary to get sufficient stakeholder involvement and support. Many DE program developers publicly affirm that they are marketing their programs but often initiate a process that violates the basic tenets of marketing. Examine the examples provided below:

> Example #1: A Health Behavior Department in a School of Public Health develops an on-line marketing brochure to promote their on-line MPH program featuring the research publications and grant activity of its faculty.
> Example #2: A local hospital community health promotion program offers a weight management program to local corporations using DE technologies. The marketing plan calls for the distribution of promotional materials to highlight the benefits of weight control for health and longevity.
> Example #3: A health education department offers a web-based, alternative certification program that allows currently certified teachers to obtain health certification using state-of-the-art synchronous video instruction sent to regional schools. The marketing plan promotes the use of this state-of-the-art technology.

Each of these program administrators may believe that they are "marketing" their programs, yet each example illustrates lack of adherence to state-of-the-art marketing principles. When carefully juxtaposing these examples of "marketing" with contemporary marketing management principles, we find that each example highlights how these institutions have initiated marketing plans which have not specifically taken into account the needs of the population of interest. When needs are ignored, HE/HP practitioners and program designers sometimes find

that promotional strategies, which seem logical, are actually ineffective. Let's consider the examples outlined above. Perhaps students seeking to enroll in an MPH program are doing so for career mobility or to develop competency skills; employees may be interested in participating in a weight loss program to reduce back pain or to improve job performance; and teachers may not be able to juggle work schedules to participate in a synchronous program that utilizes advanced technologies. If all these explanations hold true, then the three marketing strategies outlined above will probably not be relevant to each institution's potential market; thus, these campaigns will most likely garner little interest. We will revisit these examples later in this manuscript.

To assist DE program designers in applying marketing strategies for their programs and courses, the purpose of this manuscript is two fold. First, to provide a primer on contemporary marketing and marketing management processes; and second, to provide practical application examples of how marketing can enhance the design, implementation, and evaluation of DE programs in general, and health education and health promotion (HE/HP) programs specifically.

Marketing Defined

Andreasen and Kotler[1(p. 39)] provide a working definition of marketing that has implications for both HE/HP researchers and DE program developers when they state that marketing is, "the process of planning and executing programs designed to influence the behavior of a target audience by creating and maintaining beneficial exchanges for the purpose of satisfying individual and organizational objectives." The key feature of this definition focuses on the exchange of information between stakeholders. The stakeholders for any program will vary,[2] but lets assume for your DE program the stakeholders are the learners, the university offering the DE program, and the academic profession of the academic program (in this case, HE/HP). Each of these stakeholders has needs, beliefs, and values that will influence the decision of the learner to enroll in a DE course or program. Within the context of these variables, the definition of marketing (as it pertains to DE program viability) recognizes student enrollment (behavior) as the marker which justifies the implementation of marketing technology.

Let's examine the needs, beliefs and values of the three stakeholder groups (academic department, students, and academic profession) mentioned above to provide an example of how this definition might

apply to the marketing of a DE master's degree program in HE/HP.

The Academic Department

- The curricula for the masters program should be built around the specific expertise of the faculty.
- All DE programs should include an on-campus internship experience during the summer semester.
- The program should be delivered using the latest platforms and technology (both synchronous and asynchronous) available on-campus.

Students

- The master's program should have the flexibility to allow coursework to fit into one's work schedule.
- The master's program should use instructional technology that is readily accessible at both the home and work location.
- The master's program should be the same quality as the on-campus offering and provide the same level of student support services.
- The master's degree should provide a mechanism for career advancement.

Academic Profession (HE/HP)

- To become a Certified Health Education Specialist (CHES), students must present an official transcript (including course titles) that clearly shows a major in health education or an official transcript that reflects 25 semester hours or 37 quarter hours of course work with specific preparation addressing the areas of responsibility for health educators.[3]
- Students must successfully complete the examination to become a Certified Health Education Specialist (CHES) based on guidelines established by the National Commission for Health Education Credentialing, Inc. (NCHEC)

In this hypothetical example, we have presented some of the needs, beliefs, and values of three stakeholder groups involved in the marketing exchange. Surely, other such issues would arise in

actual programs, but let's examine how the definition of marketing helps delineate which marketing activities truly reflect the process of marketing. First and foremost, it is important to understand that marketing process is designed to help practitioners influence the behavior of a given population of interest. In our case, we want qualified students to enroll in courses and complete the master's degree program in health education. Second, in order to achieve this desired behavioral outcome, we must facilitate an exchange of relevant information flowing to and from all of our stakeholders. This communication exchange of information must occur on a continual basis in order to arrive at program procedures which will address the needs of all stakeholders.

To illustrate how making certain programmatic decisions can divert from desired behavioral outcomes identified within marketing process, let's assume that a department within a university decides to build the curricula of a degree offered through DE solely around the teaching expertise of the faculty employed within the department. In this situation, the curricula may not prepare students to pass the NCHEC examination to become a CHES; thus, students who need CHES as an entry level credential will not benefit from the program. As a result of this error in program development, students will likely not enroll. Keep in mind that the behavior of interest is students' enrollment in courses and completion of the program; it is not enabling the equal distribution of courses taught across the faculty based on faculty expertise. Straying from the student enrollment focus violates the basic tenet of the definition of marketing, which is that behaviors (enrollment and graduation) serve as the bottom line of marketing practice. Also at issue is the required on-campus internship experience during the summer semester. If the sponsoring university requires this on-campus experience, then only those students with the time and fiscal resources to physically be on campus for an extended period of time will enroll. The sponsoring department must then decide is there is a critical mass of students capable of completing the summer on-campus experience to make the program cost-effective.

Now let's examine this scenario from the selected needs, beliefs, and values of students, keeping in mind the behavioral bottom line of marketing. The potential audience of interest is a group of time bound professionals who currently hold full-time jobs; therefore, programs which do not fit the work schedule of the population of interest will not maximally attract student enrollment (one desired

behavior of interest). Furthermore, it is suggested that students be provided with enough information about the DE experience, so that they are at liberty to manage their own educational experience. This liberty is best facilitated through the implementation of live technical support systems, well integrated web portals, and flexible scheduling.[4] Through pushing students to use the internet to obtain all of their necessary course information and materials, you not only reduce developmental costs associated with your program, but you also tend to attract students who are best oriented with technology-mediated instruction.[5] It is important to ensure that the internet websites are constructed in accordance with accessibility guidelines, as research has shown that compliance with web site usability guidelines for all students has not been universal .[6] (See Table 1)

DE has the potential to tap an expanding market, create new revenue streams, enhance the reputation of an institution, and better satisfy the educational needs of students (Allen & Seaman, 2006; Maclean, McShane, & Etchson, 2001).[7,8] Accordingly, enrollment within DE programs in most academic disciplines is substantial and has increased significantly over the past decade (Allen & Seaman, 2006).[7] Yet, we often hear reports from colleagues about how their department or university tried offering courses and programs using DE technologies that failed to attract sufficient student numbers to be economically feasible. We suggest that these failures are often due, in part, to not understanding or using contemporary marketing philosophies and principles to drive marketing campaigns for their DE programs.

The Evolution of Marketing Philosophy

Tradition is the hallmark of many universities when examining how best to design DE programs to meet the needs of students. Traditional ways of doing business are often counter to sound marketing practice. An examination of the evolution of marketing philosophy provides a vivid example of how marketing philosophy has changed over the past one hundred years.[1] This evolution in thinking has prompted scholars in HE/HP to suggest weaving contemporary marketing activity into their research and practice.[9,10] Table 2 provides a review of the evolution of marketing philosophy with examples related to the delivery of DE courses and programs in health education.

Today, marketing represents an approach that does not focus on the needs of organization doing the marketing, but rather focuses attention on consumer orientation and understanding. Within this contemporary approach, Andreasen and Kotler [1(p. 42)] believe that:

> A customer mindset toward marketing holds that success will come to that organization that best determines the perceptions, needs and wants of target markets and continually satisfies them through the design, communication, pricing, and delivery of appropriate and competitively viable offerings.

The implication of this definition for the design of DE programs in health education and health promotion is clear. Those programs which are designed to satisfy the needs, interests, and beliefs of students in the population of interest are most likely to be successful in terms of student enrollment and advancement (the desired behaviors of interest). The depiction of the evolution of marketing and the definition of marketing present a recurring theme: the likelihood of commercial success is increased when research on the population of interest is included in the program planning process. It is interesting to note that we, as health educators, firmly believe in and adhere to systematic procedures designed to study potential program participants and the context within which programs meet the needs of participants; yet we fail to conduct similar needs assessments prior to designing DE programs for our students. Clearly, the contemporary marketing management process is analogous to the needs assessment process done to design HE/HP interventions.[9] For the effective design of DE programs, we must evolve from an organizational or departmental centered orientation to one that supports a more participant (student) centered approach.

Purpose of Study

The purpose of this paper is to introduce a new master program in Health Informatics at King Saud bin Abdulaziz University for Health Sciences (KSAU-HS) in Saudi Arabia. The program is considered to be an applied health informatics program of which the graduates should be able to deploy ITC in support of health systems processes. This is due to the fact that most of health organizations in Saudi Arabia are "as-is" technology deployers. The program was designed following the recommendations presented by IMIA.[3] The paper explains the process used to develop the program including needs identification, academic development, and institutional development. The

paper also addresses the implementation and evaluation processes.

Methods

Organizational Centered Approach vs. Student Centered Approach

A key feature in the evolution of marketing DE programs has been a change from an organizational (department/university) centered orientation to a customer (student) centered orientation. Below are some hints that a DE program is department or university centered:

1. The DE program offered to a student is viewed as inherently desirable. This is often done so by virtue of the fact that the faculty, administration, and regional accreditation body has approved the course of study. In essence, since the faculty has sanctioned the program (both content and instructional technology), it is perceived that the program must be appropriate and of value to students.
2. Lack of student participation is attributed to ignorance or lack of motivation. Faculty who say that "the program is too rigorous for students so they choose not to enroll" or that the "students are unaware of the benefits of the DE program" may not fully understand the marketing process.
3. Research on the population of interest is limited within the department/university orientation. This is a paradox in health education which emphasizes the value of needs assessment in the design of programs aimed at facilitating behavior. Marketing in the department/university centered orientation is sometimes simply viewed as advertising and promotion. This orientation is often characterized by the search for the "one best method" to advertise the program. We search for the single most effective way to communicate with the population of interest about the DE program.
4. In the department/university centered orientation, the generic competition goes unrecognized or ignored. This is clearly evident in the marketing of DE programs in health education, where the demand to train a new generation of

HE/HP professionals is evident. Because of this demand, the department/university views the competition as other university programs, when in fact,, the competition for recruiting students is more often closely related to the availability of time to complete courses, travel, and student financial aid.

Contrast the department/university centered orientation with the student centered orientation. The student centered orientation is almost the opposite of the department/university centered approach and supports the following characteristics:

1. In the student centered orientation, behavior is the bottom line. With regard to DE programs, the behavior is often students enrolling in courses and/or completing degree programs. As such, the goal is not for the departmental faculty or the continuing education arm of the university to put a program on-line; but rather, the goal is to develop a program in which students will enroll and complete the degree requirements. Often faculty get side tracked with issues not related to the behavior of interest. Be sure to monitor whether your efforts are focused on the bottom line and adjust your activity accordingly.
2. The hallmark of the student centered approach is obviously that it is student centered; however, it also relies heavily on research among the population of interest. This is especially true for DE programs, where the diversity among students on a variety of variables may be more pronounced. While faculty is generally aware of the knowledge, skills, and applications needed to train professional health educators, information regarding the student population's learning preferences and needs are often either not assessed or ignored altogether. There are several key questions in need of answers, such as:
   - What are the attitudes of students toward on-line instruction?
   - What time constraints will impact enrollment in and completion of course requirements?

- What benefits will students hope to accrue from completion of courses and the program?
- What technological resources will facilitate students enrolling in and completing courses and programs?
- What technological barriers will inhibit students from enrolling in and completing courses?
- What work/life issues will influence students enrolling in courses and completing the program?
- Which university support services (registration, records, transcripts, financial aid, advising, etc.) will influence students enrolling in and completing courses?
- What issues of quality will influence students enrolling in courses and completing the program? (Keep in mind that most students want to be associated with the highest quality program possible.)

3. The student centered orientation will include a bias toward market segmentation. This approach negates the "one best method" approach and implies that different segments of the market may need courses delivered using specific instructional technologies, which meet their needs. On-demand learning allows instruction to be available when and where students need it, while learner control of asynchronous technology allows students to best fit the educational experience into their pre-existing life.[7]

4. Students respond to the use of technology within the educational environment in different ways. Conceptual frameworks have been developed which help to explain how knowledge and attitudes towards technology can shape perceptions of course quality.[11] This information must be taken into consideration when developing a marketing agenda for the technology used to delivered DE courses. All too often, program planners arbitrarily decide on one

instructional technology platform (e.g. WEBCT, Blackboard, etc) or an instructional format (synchronous or asynchronous) without determining what will work most effectively within various market segments. It may not be cost effective to meet the needs of all market segments, but the program planner needs to know the key influences and inhibitors encouraging/not encouraging students to enroll in courses. (see Table 3)

Results

Illustrative Examples Revisited

Now, let's re-examine this department/university orientation as it pertains to examples presented at the outset of the manuscript. As you can now see, all three scenarios ignore the consumer (student) orientation to marketing and fail to conduct systematic research in the population of interest.

> Example #1: A Health Behavior Department in a School of Public Health develops an on-line marketing brochure to promote their on-line MPH program featuring the research publications and grant activity of its faculty.

- The health behavior department is using the "one best method" approach (a brochure) to promote its program. This department is assuming that the student population of interest would be persuaded to enroll in this program based on the publication and grant activity of the faculty. In this scenario, the department is assuming that the marketing message (the research and grant activity of the faculty) and the promotional or advertising technique (a brochure) is both the right message and communication delivery technique to foster student enrollment. This approach may work, but would be enhanced by some formative research into the needs and beliefs of the students (e. g. focus groups, interviews with currently enrolled students, surveys with DE alumni).

> Example #2: A local hospital community health promotion program offers a weight management program to local corporations using DE technologies. The marketing plan calls for the distribution of promotional

materials to highlight the benefits of weight control for health and longevity.

- The same limitations are evident in this second example where the local hospital is "marketing" a weight loss program to local corporations. Employees, or the population of interest, may be influenced to enroll in this program for any number of reasons, not just life expectancy concerns.

Example #3: A health education department offers a web-based, alternative certification program that allows currently certified teachers to obtain health certification using state-of-the-art synchronous video instruction sent to regional schools. The marketing plan promotes the use of this state-of-the-art technology.

- The third example highlights the one "best" method to deliver a program and ignores the generic competition. Will the population of interest have the flexibility in their work schedule to participate in a program that requires synchronous instruction?

Discussion

Developing a Student-Centered Mindset

Branding

Branding your DE program is an important step in creating an identity which will resonate with prospective students. By creating a readily distinguishable program, you enhance your capability do develop a sense of loyalty within students. A DE program must provide an "experience," in addition to educational content, which will be viewed as positive in nature. In order to brand a DE program effectively, it is suggested to communicate with students consistently, enhance the commonalities between your program and your sponsoring institution and focus on the value created by the faculty developing the courses.[5] Branding becomes largely a matter of undertaking strategies which will encourage students to value your course offerings. One such strategy is establishing a partnership with a respected professional organization or institution. A good example of this in HE/HP is the Health Education and Promotion Network, which has partnered various universities across the United States with the American Association of Health Education (AAHE) and The Foundation for the Advancement of Health Education (FAHE) in order to offer undergraduate and graduate degree programs to time- and location-bound students interested in HE/HP careers.

Some programs have utilized advertising agencies to help get the word out about distance education course offerings.[12] Advertising agencies can help advance the branding of your programs through conceptualizing common themes and values, which can be integrated into various facets of your program. If restricted budgets do not allow for contracting outside vendors to help with advertising, then creating a quality product, backed by positive consumer experience and relationships is desirable.[13]

Relationship Marketing

Relationship marketing is a type of marketing which postulates that student recruitment is actually only the first step in a long series of marketing processes.[14] There are three levels of relationship marketing:

1. Price incentives to promote enrollment
2. Social bonding with stakeholders to built loyalty in the brand
3. Building a structural relationship to meet the needs of the student and employers.[15]

Levels 1 and 2 cover issues which may be rigid and generic respectively, thus offers the DE program developer little wiggle room in terms of cultivating a sustainable competitive advantage; however, the structural relationship constructed in level 3 can not be imitated by other programs unless a concerted effort is made towards following a process which is not always discernable to outside competition. The chain of activities coordinated within level 3 of relationship marketing are usually managed under one infrastructure which provides students with unique services that require the assimilation and coordination of various faculty and staff members.

This type of marketing is distinct from transactional selling, in that, emphasis is placed not only on the sale (enrollment), but also on the interactions which occur after the sale to facilitate completion (attaining a passing grade or earning a degree). Relationship marketing incorporates services thought to be exclusively for the on-campus student, such as student advising, personalized orientations and course registration assistance. Services of this nature create value, so they should be marketed as value-based components of the DE program. The increased value, as offered by these personalized services, will go a long way in cultivating, enhancing and sustaining long-term relationships with students and administration. Remember, potential, current and

former students are all prospective DE clientele, so they must be treated the same way a business owner would foster a long-term relationship with a partner.

Tracking Student Interest

Distance education programs feel the need to market to prospective students in ways that can be tracked to ensure return on investment of such activities.[16] Optimizing the functionality of a DE website can be a great way to market the existence of your program by strategically choosing "meta tags" (i. e. title, keywords, descriptions) designated for your website. In designating appropriate tags, search engines are more likely to retrieve your website when prospective students search for available academic programs. Students are known to browse for the type of information they are looking for to select from the multitude of DE course offerings and/or programs. Browsers are to be cultivated and encouraged to enroll over a period of time through both asynchronous and synchronous means. Regardless of the type of student who seeks enrollment, it is advisable to establish a customer relationship management system which enables competent counselors to provide prospective students with pertinent information that directly answers any questions they may have particular to their educational wants and needs.

Conclusion

Through integrating the practice of marketing into DE programs and initiatives, the enlightened practitioner may enable greater receptivity to education designed for a distance learning-based environment. Clearly, this practice involves more than simply designing a brochure or putting up a notice on a website. Through adroitly applying the science of marketing to design, implement and evaluate DE programs, developers may be able to create value for their DE programs and expand sustainable competitive advantages for their programs.

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Table 1. Percent of DE degree-granting institutions who complied with web site usability guidelines for users with disabilities

Institutional type and size	Use websites for DE courses	Extent to which web sites follow established accessibility guidelines or recommendation for users with disabilities				
		Not at all	Minor extent	Moderate extent	Major extent	Don't know
All institutions	95	3	18	28	18	33
Institution type						
Public 2-year	96	4	18	30	20	28
Public 4-year	93	2	18	35	22	23
Private 4-year	94	4	21	3	11	42
Size of institution						
Less than 3,000	93	3	19	22	12	43
3,000 to 9,999	97	4	19	32	19	26
10,000 or more	98	1	14	37	30	19

Source: US Department of Education, National Center for Education Statistics[6]

Table 2. The evolution of marketing philosophy and implications for DE programs in health education

Marketing Philosophy	Implications for DE
▪ A **product** mindset holds that success will come to academic departments that provide programs to students which they believe are needed.	➢ Faculty develops curricula and programs based on their own needs and expertise. ➢ Instructional technology selected is based on what is available at the university. ➢ Scheduling and delivery of course materials and applications is based on the needs of the faculty and department.
▪ A **sales** mindset toward marketing holds that success will come to those academic departments that persuade students to enroll in their program rather than the competitors or no program at all.	➢ Academic departments develop programs with little input from other stakeholders and then promote or advertise to the population of interest.
▪ A **marketing** (student-centered) mindset holds that success will come to an academic department that best determines and satisfies the needs, beliefs, and values of students.	➢ A systematic process is used to determine the needs, beliefs, and values of students. ➢ The professional preparation needs and interests of students are a foremost concern in the design of programs. ➢ The instructional technology used in the program is based on the technological needs and capabilities of the populations of interest. ➢ The delivery of course materials and faculty support is based on the needs of students.

Table 3. Organizational centered vs. student centered approaches to marketing DE programs

Organizational Centered	Student Centered
- DE program offered to a student is viewed as inherently desirable - Lack of student participation is attributed to ignorance or lack of motivation - Research on the population of interest is limited within the department or university - Marketing viewed as simply advertising and promotion - The generic competition (i.e. time, travel, finances) goes unrecognized or ignored.	- Behavior is the bottom line - Marketing relies heavily on research among the population of interest - Bias toward market segmentation - Differential technology application based on student preference