Enhancing Health by Means of Massive Open Online Courses

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Gonzalo Diaz-Meneses

Chapter Overview
The current case study refers to a project that attempted to develop a social marketing plan to enhance engagement in co-creation of a series of massive open online courses (MOOCs). The purpose of the social marketing plan was to encourage several target groups (people with diabetes, pregnant women and breastfeeding mothers, the elderly, children, and teenagers), in select countries (Belgium, Denmark, Germany, Holland, Ireland, Italy, Spain, and Sweden) to co-create massive open online courses (MOOCs) for public benefit. With the aim of implementing suitable promotional strategies for each target group in every country, a survey was carried out, and so, the structure of the social marketing problem was described as a planning process whose antecedents were three key variables: digital literacy, health literacy, and digital health literacy. The most successful recruitment methods were implemented by the national coordinators, who played a crucial role in promoting engagement in the co-creation activities. In the end, this social marketing plan was useful in helping to promote and improve e-health literacy for the sake of the "European dream."

G. Diaz-Meneses (✉)
Faculty of Economy, Management, and Tourism,
University of Las Palmas de Gran Canaria, The Canary Islands, Spain
e-mail: Gonzalo.diazmeneses@ulpgc.es

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Campaign Background

The current case study refers to a project[1] that attempted to develop a social marketing plan to enhance engagement in co-creation of a series of massive open online courses (MOOCs). Co-creation is a user-centered design approach, the process of which consists of the active participation of people in the development of the MOOCs' content alongside researchers, healthcare professionals, and web designers. In this case, the MOOCs were courses tailored to the needs of specific target audiences and dedicated to several health-related issues, such as diseases like diabetes, and vulnerable groups such as pregnant women and breastfeeding mothers, the elderly, children, and teenagers, as well as addressing social trends. These co-creation activities were organized through communities of practices, or a group of people engaged in a shared process of learning, working, and contributing (Perello & Avagnina, 2017).

The reasons for and aims of the MOOCs are multifold. First, these MOOCs aim to increase digital health literacy in Europe, especially as regards specific topics such as the vulnerable groups mentioned above. This is not only because diabetes, pregnancy, breastfeeding, aging, childhood, and adolescence are connected to vulnerable groups, but also because the MOOCs represent an opportunity to develop social participation in the context of new technologies. Second, these MOOCs attempt to enhance peer learning techniques whose co-creation methodology will be used to advise and legitimize the European Union policies on health. Third, as far as the MOOCs diffusion and engagement are concerned, the sustainability and efficiency of the European welfare state will benefit from fostering citizen and stakeholder involvement with this openly accessible and massive initiative.

The purpose of the social marketing plan was to encourage several target groups in select countries to co-create massive open online courses (MOOCs) for public benefit. The MOOCs were developed by making good use of the Course Builder tool provided by Google Open Online Education and are accessible on mobile devices as well. So, the present project brought into focus a social marketing plan whose objective was to bring about the desired conduct of co-creation from individuals belonging to five different target groups (children, teenagers, pregnant women and breastfeeding mothers, the elderly, and patients with diabetes) from eight European Union countries (Belgium, Denmark, Germany, Holland, Ireland, Italy, Spain, and Sweden). The co-creation response consisted of taking part in offline and online meetings over a six-month period in order to contribute to the MOOCs content and design. In this way, representatives of the target groups were recruited in the eight countries and organized into communities of practice formed by health professionals, educators, academics, and other practitioners. To be

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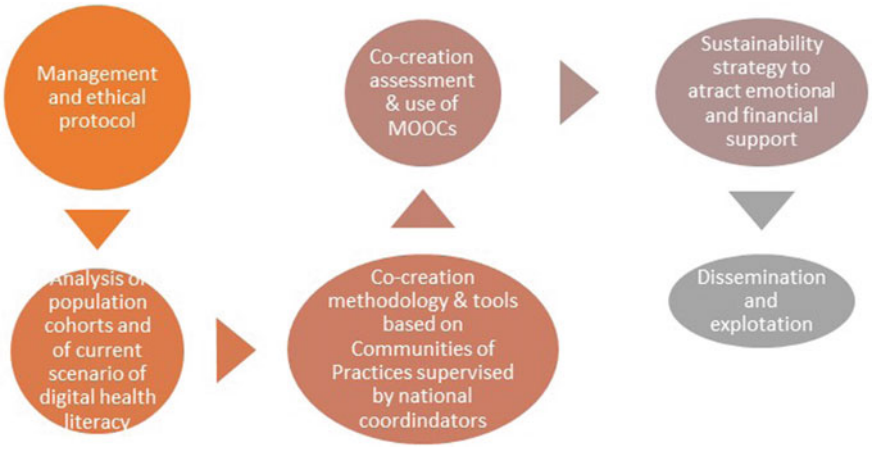

Fig. 27.1 Flowchart of the MOOC's project steps and milestones

specific, the activities of these co-creators consisted of co-designing the MOOCs, contributing the content to the courses, and even testing the courses.

The MOOCs project comprises six work packages (Fig. 27.1).

This social marketing plan was embedded in the European Union IC-Health project organization, which itself was comprised of fourteen different organizations under the management and coordination of Gobierno de Canarias (The Government of the Canary Islands) and four other entities with strategic responsibilities (University of Ulster, Consulta Europa Projects and Innovation, Associazione Comitato Collaborazione Medica, and the European Health Management Association), each organization played a different function and was in charge of a different area of responsibility as shown in Fig. 27.2.

The remaining organizations performed supporting activities related to their specializations. First, five universities are: Université Catholique de Louvain (Institute of Psychological Sciences), Universita Degli Studi di Udine (Department of Medical and Biological Sciences), Universidad de La Laguna (Department of Didactic and Educational Research), Tallinn University (Center for Educational Technology), and Universidad de Las Palmas de Gran Canaria (Faculty of Economics); second, one research center: Consiglio Nazionale delle Ricerche (Social Informatics and Computing); two non-profit organizations: Scanbalt Forening (Health and Bio-economy) and Funka (e-Technology for disabled people); and one hospital: Azienda Ospedaliero Universitaria Anna Meyer (children's hospital).

The University of Las Palmas de Gran Canaria (ULPGC) was appointed as the head organization to draw up the social marketing plan for engaging the co-creators.

The structure of the social marketing problem might be described as a planning process whose antecedents were three key variables: digital literacy, health literacy, and digital health literacy (EC, 2010, 2012, 2014, 2016; Giudice et al., 2017; Giudice & Poletto, 2016; HLS-EU, 2012; Montanari, Perello, Avagnina, &

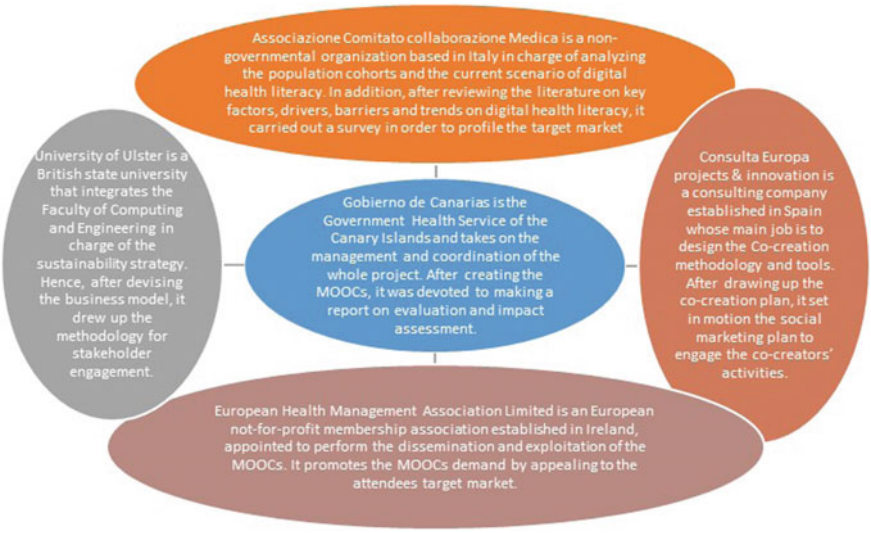

Fig. 27.2 Social marketing plan

Giudice, 2017; WHO, 2013). These variables also represented the criteria for assessing how likely each target group from each country was to take part in co-creation processes (see Fig. 27.4). We understand digital literacy as the degree to which individuals have the ability to access, understand, and use electronic devices and the Internet. Similarly, health literacy regards the capacity to search, process, and comprehend health information. Finally, digital health literacy is the level to which a person can make informed decisions about health care, disease prevention, and health promotion thanks to their ability to use new information technologies related to electronic devices and the Internet (EC, 2014). This social problem structure was further interpreted by considering the model for health behavior change (Chang, Choi, Kim, & Song, 2014) and the technology acceptance model (Liu, Chen, Sun, Wible, & Kno, 2010). While the former allowed a specific application of its key variables, such as health behavior information, health behavior motivation, health behavior skills, and health behavior itself, the latter considered other dimensions such as perceived usefulness, ease of use, perceived interaction, and intention to use (Fig. 27.4).

Therefore, the mission of this social marketing plan was to take on the responsibility for enhancing digital health literacy across specific vulnerable target groups in Europe by means of the co-creation of a series of online courses designed to improve citizens' well-being. To this end, the social marketing project comprises three different phases (diagnosis, formulation, and implementation) including thirteen steps (Fig. 27.4), and so, the output of the social marketing plan was the engagement of the co-creators.

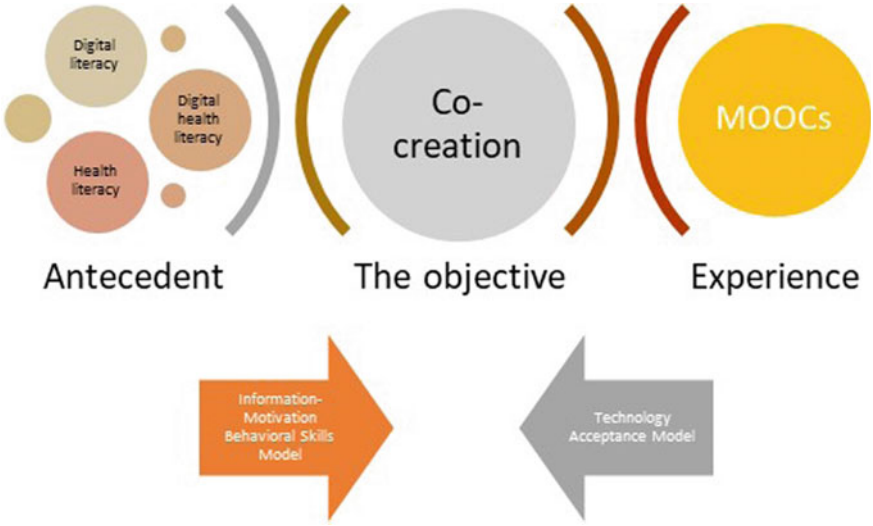

Fig. 27.3 Structure of the social marketing problem as regards co-creation on the 35 MOOCs on health

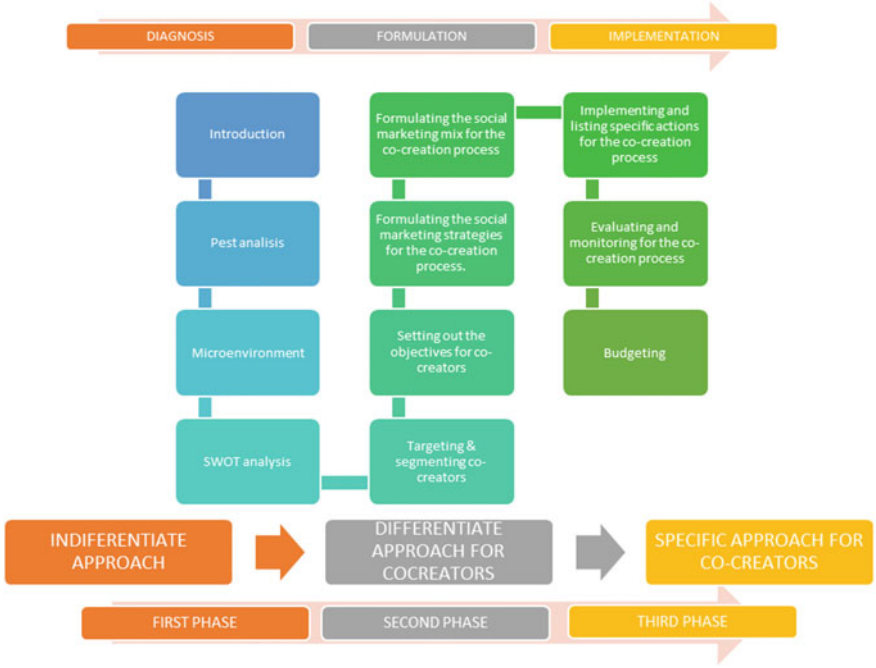

Fig. 27.4 Diagram of flowchart for graphically representing the steps of the social marketing plan

SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats)

In order to identify the internal and the external variables that can either enhance or impede the social marketing performance and influence how well it accomplishes its objectives, a SWOT analysis was carried out. To achieve this aim, four different analytical sections were considered: strengths, weakness, opportunities, and threats (Table 27.1).

Target Audience

While targeting consists of identifying the main audience, segmentation is a matter of distinguishing different homogeneous groups in order to apply specific policies, thus optimizing the responses of the market. Therefore, identifying market segments and targets is essential in order to connect with customers and co-creators (Kotler & Keller, 2012) in public health (Lefebvre & Flora, 1988).

Table 27.1 SWOT analysis

Strengths	Weakness	Opportunities	Threats
Highly qualified, intrinsically motivated, and multidisciplinary human resources	There was a lack of an exclusive organizational structure to perform this plan	The subject matter was highly innovative in an emerging e-health market	The existence of significant segments of digitally illiterate target audiences
International organization with representatives in every country where this project is working	There was no budget specifically designed to financially support this social marketing plan	There was a strong trend related to health, digital literacy, well-being, and quality of life in Europe	There was a rise in concern about privacy and commercialization of personal data on the Internet in Europe
The social marketing plan fell within the framework of the European Union project with its own fund	There were few formal links with the industry or any business organization	There were strong international networks for e-health in Europe and all over the world	There was a relatively significant institutional and legal discoordination stemming from a very fast and volatile technology
The project showed good reputation due to social responsibility and non-profit values	The executive manager of the social marketing project did not belong to the main partner organization, and thus, coordination was time-consuming	e-health was an EU priority	Austerity might affect the quality and long-term output of the project

In order to target effectively, it was necessary to ask three different questions (Vázquez & TresPalacios, 1994). Firstly, who were they? What do they look like? The answer pertained to the sociodemographic and situational characteristics of people who might become a co-creator. Secondly, what were they like? In this case, the answer related to their psychographic characteristics in terms of personality and values. Thirdly, how could the co-creators' needs be satisfied?

The segmentation task entailed dealing with the main audience, not as if it were a mass market, but rather as if it were comprised of different groups or segments.

Be that as it may, co-creators were recruited by selecting individuals who showed the highest level of involvement with each specific course. In other words, they were experienced citizens, preferably with knowledge of the course subject matter, along with enough digital literacy to contribute to the course content. Hence, they were interested in the courses due to the fact they were either children, teenagers, pregnant women and breastfeeding mothers, elderly, or diabetics, or simply that they belonged to the personal or professional social circle of the potential attendee. In any case, despite the selection process being described by another plan of the project, the social marketing plan focused on designing effective and efficient methods for catching the attention of these target audiences. On this basis, they were people who were involved in the course topic due to their job, cohort, or social circle; they were proactive, open, creative, reflective, and sociable, and what they strive for is to live up to their self-fulfillment needs.

Consistently, they were divided into different homogeneous groups in order to encourage involvement by considering the specific course subject matter that was promoted. In addition, given that for the co-creation sustainability process, sustained collaboration was a key point, they were recruited, trained, and offered a course of action in accordance with their convenience and sense of meaning. In terms of the diffusion of innovation theory (Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004), it might be pointed out that the social marketing plan targeted the innovators in order to guarantee quick and easy recruitment, rather than the early adopters, whose engagement it was aimed at securing later on when the courses' attendees were considered.

Therefore, the co-creator population was broken down into eight different nationalities belonging to the five cohorts considered by the project. So, while the criteria for segmenting were nationality and cohort, the criteria for targeting were involvement, experience, and self-fulfillment needs, as well as digital and health literacies.

Campaign Objectives

Social marketing for enhancing e-health across the European Union was the mission of this plan by means of promoting a co-creation process for 35 MOOCs. It drew up a course of action divided into three parts—*upstream, midstream, and downstream*—for the sake of efficacy and efficiency. First, the upstream and

midstream levels consisted of mega-marketing and alliance strategies, respectively. Second, the downstream level entailed a set of promotional techniques, such as *block leader*, *commitment*, *objective setting*, and *prompt*, whose success depended on the match between the thoroughly experienced, highly involved, and self-seeking potential co-creator and the antecedent nature of the incentive. Also, some consequent techniques were devised for less-involved co-creators. On this basis, the present social marketing plan showed not only concrete and pragmatic courses of action to recruit co-creators for the MOOCs, but also innovative and ground-breaking theoretical approaches designed to deal with any deficiency in regard to digital literacy, health literacy, and e-health literacy across five specific cohorts in eight European countries.

As the co-creation process considered the design of 35 MOOCs, the number of co-creators was fixed in accordance with the co-creation management requirements. In fact, it was expected to comprise of 780 participants allocated to six target groups, after separating patients with diabetes type 1 and diabetes type 2, along with the four remaining cohorts, and only six "country" groups by putting together Denmark, Germany, and The Netherlands, besides the remaining project countries (see Table 27.2). The number and distribution of the co-creators were fixed after taking account of the recommendations of the IT, health, and social workers participating in the project. Children and the elderly were contacted through their schools and elderly associations, respectively, and co-creation was offered as after-school and social activities (Perello & Avagnina, 2017).

The criteria for recruiting the co-creators were different depending on the participant profile. For children and teenagers, the age was between 10 and 13 and 14 and 18 years old, respectively, with gender balance and with a small quota of the immigrant minority. For the elderly, age was considered to be over 60 years old, and for adults, in general, diverse backgrounds in terms of education and social class, a minimum digital and health literacy, and level of fluency in the national language were considered, as well as a small quota of certain minorities such as the disabled and other vulnerable groups.

Table 27.2 Co-creation objectives in terms of participants

Cohort/country	Spain	Italy	Belgium	UK	Sweden	Denmark Germany Netherlands
Children	40	80	20		20	20
Teenagers	20	60	20		20	20
Pregnant women and breastfeeding mothers	40	20	20		20	20
The elderly	40	20	20	40		20
Patients with diabetes 1	20	40	20		20	20
Patients with diabetes 2	20		20		20	20
Total	180	220	120	40	100	120
Overall total	780					

Barriers and Benefits

Insofar as the engagement of the community of co-creators took place both offline and online, the barriers and advantages were different. The offline activities consisted of 95 meetings divided into two different phases. First, the objective was to generate trust and a positive predisposition toward the project. Second, it aimed at building and testing the MOOCs. Therefore, the main barrier stemmed from the fact that although all partners were European, they were far away from each other and, therefore, collaboration needed to be planned quite some time in advance. In addition, despite the team members being willing to develop a good rapport, they did not have any experience working together in the field of social marketing. Finally, this social marketing plan had no history or tradition and thus was not well-known either by the potential contributors or the moderators.

In respect to the online activities, the participants in the communities of practice were induced to register on the digital platform and, once they became members, were assigned three different user roles whose organization represented a key advantage. The administrators were two partners of the project (Consulta Europa and EHMA), the moderators were the national coordinators, and the participants were users, the vast majority of whom had been former members of the community of practice (651). However, the social marketing manager neither took part in the communities of practice nor had direct access to the Internet resources that had been built as the direct result of these virtual meetings.

In addition, the online platform provided some advantages that could increase productivity and efficiency in a moment when these benefits were highly appreciated at the EU. These perceived advantages, along with the shared belief that e-health was in high demand because of its ability to improve patient satisfaction, made the online users and administrators feel really committed. Particularly fruitful was the fact that the administrators, predominantly, were convinced that e-health represented a new trend, and social marketing for health was quite well-consolidated: experience and creativity together.

In addition, the specific profiles of these co-creators and their personal circumstances determined certain disparities of responses. For example, pregnant women and breastfeeding mothers were more inclined to take part online, while seniors preferred to attend face-to-face meetings. Children and teenagers were easily recruited in schools thanks to the generous collaboration of teachers and parents. Theoretically speaking, one might point out that co-creation in health services is more effective if the consumer's circumstances are potentially value affected by the output and outcome of the co-creation activities (Nambisan & Nambisan, 2009). For example, it seems clear that partnership development is more convenient, the existence of robust structures such as healthcare centers and schools results in efficient organizational efforts, and the possibility of direct meaningful experience based on dialog, access, and risk-benefit perceptions increase the potential co-creators will and self-realization.

Furthermore, inhibitors and advantages might be analyzed from the perspective of the social learning theory and the health belief model by taking into account perceived benefits and hindrances stemming for the co-creation participation. In fact, it stands to reason that potentially affected profiles would be more responsive, given that they would feel a higher level of susceptibility, severity, and threat from the MOOCs' subject matter (Rosenstock, Strecher, Becker, 1988). For example, pregnant women and people suffering from diabetes would be more willing to take part in co-creation activities than non-pregnant women and people free of diabetes. Similarly, in accordance with the trans-theoretical stages of change model (Prochaska & DiClemente, 1982), it seems logical to think that the people most likely to be engaged in the co-creation activities would be those in the contemplation and preparation stage. For instance, the elderly and the young were expected to show a more positive predisposition toward the communities of practices than middle-aged people. This favorability might be attributed to their higher level of awareness and preparation, whose positive valence represents a clear advantage in adopting the conduct advocated.

Finally, the application of social marketing was quite innovative and represented the most advanced approach to promoting social benefits. In fact, by applying commercial marketing doctrines to social marketing (Grier & Bryant, 2005; Wood, 2008), it was possible to distinguish three levels of product as follows: the core benefits (the sense of self-realization felt by co-creators), the actual creation responses (the contributing behavior), and the augmented co-creation features (the promotional resources and techniques to induce co-creation).

On the basis of these barriers and benefits, some alliances were formulated. The strategy of alliances assumed that the most preferable contributors to the MOOCs were the manager and the key specialized or highly skilled professionals in any potentially allied organization. These alliance strategies took account of the midstream approach laid out in Table 27.3 and so were systematized by considering the following threefold taxonomic criteria: sector, geographical scope, and cohort population. We understand by "midstream" an approach consisting of influencing groups and organizations (Russell-Bennett, Wood, & Previte, 2013). In this way, a crosstab was designed with three different dimensions. Firstly, profit, non-profit, public, non-formal organizations, lobbies, and miscellaneous fell into the sector criterion of classification. Secondly, international, the European Union, national, regional, and local items fell into the geographical scope criterion. Thirdly, the criterion as regards children, teenagers, pregnant women and breastfeeding mothers, the elderly, and diabetics.

Being that the course subject matter was the key criterion (35 MOOCs with different subject matters), besides the particular target audience (children, teenagers, pregnant women and breastfeeding mothers, the elderly, diabetics), the identified allies, and the role to be played by each of them was researched differently in each country.

Table 27.3 Detecting potential problematic levels of development and consequently positioning predispositions

		DL	HL	eHL
Belgian	Children	30% insufficient	70 insufficient	Worse than others
	Teenagers	Worse than others	55% insufficient	Worse than others
	Mothers	Better than others	19% limited	The lowest
	The elderly	The lowest	25.5% limited	Worse than others
	Diabetics	Divide	15.3% Inadequate	The lowest
Danish	Children	Better than others	52.3% limited	Medium
	Teenagers	Better than others	27.4% limited	Better than others
	Mothers	Better than others	22.2% limited	Medium
	The elderly	Better than others	40.9% limited	Better than others
	Diabetics	Divide	Worse than others	Better than others
Dutch	Children	Negative score	Better than others	The best
	Teenagers	Better than others	Better than others	Better than others
	Mothers	Better than others	15.1% limited	The best
	The elderly	The best	15% limited	The best
	Diabetics	The best and divide	The best	The best
German	Children	Worse than others	89.3% limited	Worse than others
	Teenagers	Better than others	40% limited	Better than others
	Mothers	Better than others	40.6% limited	Worse than others
	The elderly	29% limited	63.1% limited	Worse than others
	Diabetics	Medium	41.5% limited	Medium
Italian	Children	Worse than others	Worse than others	The lowest
	Teenagers	The lowest	Worse than others	Worse than others
	Mothers	Better than others	The lowest	The lowest
	The elderly	Better than others	12.4% inadequate	The lowest
	Diabetics	Worse than others	38.9% limited	Worse than others
Spanish	Children	Medium	61% limited	Better than others
	Teenagers	Better than others	48% limited	Better than others
	Mothers	Better than others	The lowest	Worse than others
	The elderly	Better than others	34.6% limited	Divide
	Diabetics	Divide	The best	Divide
Swedish	Children	Worse than others	Worse than others	Worse than others
	Teenagers	Better than others	Better than others	The best
	Mothers	Better than others	Worse than others	Better than others
	The elderly	Better than others	Worse than others	Worse than others
	Diabetics	Better than others	Medium	Medium
UK	The elderly	Better than others	35.3% limited	Better than others

Positioning and Competition

To understand the positioning of the MOOCs from the perspective of the target audience, the plan brought into focus the three variables that described the social marketing problem structure: health literacy, digital literacy, and digital health literacy. It was assumed that the target audience was going to interpret the opportunity to take part in the co-creation process depending on their capacities, skills, appraisal, and on how they were able to use and apply digital health information. For example, it was thought that people showing a low level of digital skill and health literacy would be apprehensive and maybe more likely to consider negatively their predisposition toward adopting the co-creator behavior.

On the basis of the social marketing literature (Kotler, Roberto, & Lee, 2002; Andreasen, 2006; French, Blair-Stevens, Mcvey, & Merritt, 2010), competition was not represented by other organizations, but rather the alternative processing and moderating psychographic variables that might work as replacements for the desired conduct of this plan. As the co-creation responses to generate the content of the MOOCs were the product of this social marketing campaign, the competitors were any other alternative response the target audience might perform instead of contributing to the courses.

In addition, it seemed logical to think that there were various competitors for every course and that this *competition* needed to be defined by considering the subject matter of every course for each cohort in each country. Therefore, it was important to indicate the related benefits that every target audience was accustomed to and preferred over the desired conducts of co-creation and enrollment on the courses.

However, the generic competition was listed by cohorts as follows:

Children: It was assumed that they would prefer playing in the traditional sense over contributing to the courses. For this reason, the MOOCs integrated "gamification" so that a sense of fun was generated in order to compete against traditional free-time activities. For example, an app with games was designed for children.
Teenagers: It was assumed that they would prefer meeting with their peers over contributing to the courses. Hence, for instance, it seemed logical to recommend the construction of a forum where they could chat, share, and grow with their peers within the MOOC platform.
Pregnant women and breastfeeding mothers: It was assumed that they would prefer consuming media elsewhere than contributing to the online courses. Therefore, it was suggested that video/audio clips and other streaming resources were offered, for example, by making good use of some free recording software, such as screencast.
The elderly: It was assumed that they would prefer books, brochures, catalogs, and other kinds of traditional paper-based resources over online contributing resources. Consequently, the MOOCs were offered with some traditional resources associated,

such as books and so on, for example, by contacting some publishers in order to encourage them to solicit book and catalog donations.
Patients with diabetes: It was assumed that they might find other sources of information more helpful in encouraging them to exercise and eat well than the courses. Hence, the courses set some offline activities so that they felt they were doing something real to combat their disease, for example, by recruiting some volunteers to organize sporting activities.

Research

A survey with self-administered questionnaires was carried out in order to gather information about digital health literacy from the MOOCs' target populations (Giudice et al., 2017; Montanari et al., 2017). These questionnaires were designed after reviewing the literature on e-health and developing eight focus groups conducted in Spain and Italy, the results of which were useful for adapting and improving the measuring instruments. The sampling procedure of the survey followed a non-probabilistic system with quota assignment to each cohort and country, and the final sample reached 1704 units. The results of this survey led us to diagnose the level of development of these variables across the potential target co-creation population. The results of the survey are laid out in Table 27.3, whose evidence inspired the implementation of the social marketing formulations and practices for engaging the co-creators.

Marketing Mix Strategy (Product, Price, Place, Promotion)

Consistently with the social marketing approach (Kotler & Zaltman, 1971; Lefrebvre & Flora, 1988), the *product* of this project was not the MOOCs themselves, since this would be a mere commercial approach. In fact, the product was the co-creation response developed by the target audience. In this sense, we understood the co-creation response to be not only the desired behavior of contributing with contents to the digital platform but also taking part in the meetings that can be scheduled within the whole participation process, for example, the communities of practice.

Furthermore, the literature on experiential marketing was addressed as an interesting theoretical resource that could yield the co-created value and deep engagement (Ranjan & Read, 2016). Experiential marketing and co-creation are necessarily linked (Prahalad & Ramaswami, 2004) as they share the paradigm that allows value to be created by considering the consumer more as a "prosumer" rather than as a mere passive user (Galvagno & Dalli, 2014). Thus, the social marketing plan made good use of the five modules of experience: cognitions, emotions, activities, social interactivity, and sensory elements. On this basis, the co-creation process entailed intensive reflections, amusing and surprising affections, vivid

activities, empathic and fruitful relationships, and all-encompassing *five senses* atmospheres (Schmitt, 1999).

The co-creation *place* was mainly offline.

The offline policy with the aim of inducing contributions by the potential co-creator audience took place at the following locations:

- the MOOCs office,
- the co-creator organization,
- the co-creator's home, and
- in outdoor contexts such as at events and festivals.

For the MOOCs and for the social marketing campaign, monetary costs were not the point so much as the emotional costs and inhibitors to perform the desired conduct. On this basis, the main barriers to adopt the co-creation response on the part of the authorities' target audiences were not only related to their personal background in IT literacy, health literacy, and IC-Health literacy, but also to how busy they were in their day-to-day lives. No doubt, the co-creation process was quite time-consuming, and henceforward, the co-creation plan was concerned about any delay, time wasting, and dispersal sequence of demanded commitments. These subjective costs were what we consider as *price*.

The formulation of *promotional strategies* for stimulating the number of co-creators was divided into *pull* and *push* initiatives. On the one hand, and within the pull strategies, one pointed to *mega-marketing* initiatives. A pull promotional strategy was defined as a general and long-term policy whose the objective consisted of motivating the main audiences to adopt the desired conduct of co-creating and contributing content to the MOOCs and involved the social marketing project as a whole. On the other hand, the push promotional strategy entailed direct contact with the co-creators in terms of straight tactics and actions. In this case, there was a downstream approach that focuses and places all the change responsibility on the final consumer (Russell-Bennett et al., 2013). So, a wide range of promotional techniques was employed in order to bring about the desired conduct of contributing to the courses.

The mega-marketing initiatives were legitimized due to the fact that this social marketing campaign, in particular, and the e-health project as a whole were conducive to a non-profit and public cause. These initiatives were categorized in accordance with the taxonomy of geographical levels (international, European, national, regional, and local) and issues (health, new technologies, education, children, teenager, women, the elderly, and welfare).

This mega-marketing initiative was assumed to be able to engage the authority, politicians, and the manager—who represented the power—in the contributing process of co-creation so that they became co-creators. In fact, mega-marketing can be considered an upstream approach, given that it includes politicians and institutional leaders (Russell-Bennett et al, 2013). It was achieved in different ways based on direct marketing techniques and public relations tactics, for example, as follows:

- visits to the target organization so that a personal and direct meeting were possible with leaders, potential co-creators, and possible promoter of co-creation;
- phone calls, emailing, and traditional correspondence to provide physical marketing materials;
- events for VIPs in external places organized by the social marketing organizations or, alternatively, by any other external agency, for instance, a health conference;
- receptions and meetings in the social marketing organizer place.

Following the principles of the applied behavior analysis and social marketing (Geller, 1989), it was considered that any promotional downstream activity matched with the profile of someone who showed a high level of interest, involvement, and gratification with their own contributing behavior, the kind of promotional techniques to be employed appropriately was more antecedent than consequent. Specifically, the techniques of antecedent constraints or incentives for the promotion of co-creation proposed for this project were as follows: *prompts*, *explicit commitment*, the *goal setting* approach, and the *block leader*. The definitions of these techniques are given in Table 27.4 and inspired in Mckenzie-Mohr & Smith (1999). Insofar as this approach is loosely based on the theory ascribed to Petty, Cacioppo, and Schumann (1983), the highly analytical and motivated people should be induced by employing central routes of persuasion, invoking endured commitment, and demanding a high level of effort toward reaching an agreement. In contrast, it is advisable to use peripheral routes of persuasion if the target audience is lesser motivated.

Nevertheless, in some cases, consequent techniques were applied in order to stimulate the collaboration of co-creation if the target audience was not intrinsically motivated (Petty et al., 1983). The definitions of these techniques are inspired in Mckenzie-Mohr & Smith (1999) and gathered below (Table 27.5).

On the basis of the positioning analysis, the implementation plan was divided into the following sections: the promotion of co-creation and, in the case of difficulties, the promotion of co-creation when the co-creator market is not highly involved.

Table 27.4 General characteristics or the main antecedent promotional techniques

Techniques	Definition
Prompts	The individual was exposed to written or oral information
Commitment	An application or declaration was made by the subject in which he/she promised his/her intention to comply with the requirements of the program
Objectives	The individual was asked to achieve levels of participation and a volume of material or content to contribute
Block leader	Individuals who had already participated in other contribution programs were used to persuade their peers

Table 27.5 General characteristics of consequent techniques

Techniques	Definition
Reward	Consistent stimulation or reinforcing technique, which consisted of providing rewards to participants in a co-creation program through a "chip" or token-saving system
Feedback	Consistent stimulation or reinforcing technique, which consisted of providing information about the performance of the contribution behavior to the interested party or target audience
Punishment	Consistent stimulation technique consisting of applying an aversive stimulus to the subject or in the withdrawal of a satisfactory stimulus

Program Evaluation

The recruitment of co-creators reached 749 participants quite rapidly and thus might be considered successful from the beginning. Nevertheless, it represents fewer contributors (31) than was initially planned. To be specific, while Spain, Italy, and Sweden were the most effective countries at calling for co-creators, Germany, Denmark, Netherland, and Belgium engaged fewer than planned. Nonetheless, once the first communities of practice were organized, the number of co-creators easily surpassed the planned number not only in all the countries but also for all the vulnerable groups considered (Fig. 27.5).

Once the exhaustive and extensive social marketing plan was handed in with punctuality to the project manager, it could be seen that evaluating and monitoring were also key tasks to correct any outcome. We knew that more than mere vague

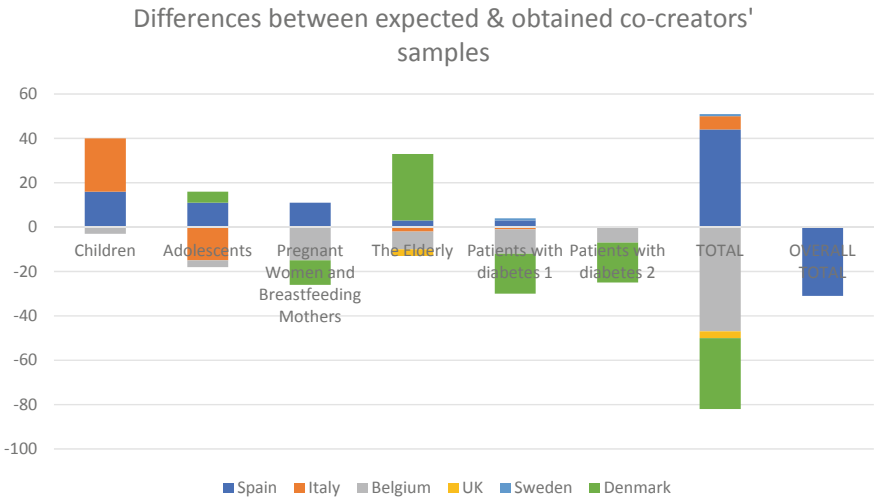

Fig. 27.5 Calculating the recruitment gap between the defined and real number of co-creators

comments were necessary if rigorous evaluation and monitoring work were to be carried out. For this reason, the evaluation and monitoring tasks were broken down into two different sections, and specific indicators—qualitative and quantitative—were put forward to make possible the assessment and the logically consequent measures that were adopted in order to correct and optimize the continuous outcome.

So, the assessment of the co-creation managerial performance was done by distinguishing quantitative and qualitative indicators. The quantitative indicators could, in turn, be broken down into *instrumental* (for example, number of receptions) and *final* (for example, number of co-creators). Consistently, the qualitative indicators for assessing the performance was also divided into *instrumental* (satisfaction of advocates) and *final* (quality of contents).

On this basis, and considering a user-centered approach, the assessment of the MOOCs usage was designed to allocate a perceived quality questionnaire before and after attendees took any course. In this way, not only was the satisfaction level of participants measured, but also suggestions were strongly generated, and a continuous improvement endeavor was embraced.

Discussion and Lessons Learned

Ultimately, the whole social marketing plan to enhance and get people engaged in the co-creation process, and the reality of what actually transpired did not find the best match, given that not only was the set number of co-creators not too high but also because recruiting co-creators across Europe was much easier than we expected. In fact, the engagement of the co-creators was achieved in less than four weeks by simply contacting the potential target market of co-creators. It is true that in Germany, Belgium, and some Scandinavian countries, the selection of co-creators took place a little bit later, but in the rest of the countries, it was easy—mainly in Spain and in Italy where they were recruited just in a few days.

The most successful recruitment methods were implemented by the national coordinators, who played a crucial role in promoting engagement in the co-creation activities. First, they launched a marketing campaign by including a call for co-creators in the partners' newsletters, institutional websites, and social media, and it made a big impact. As a side note, pregnant women and breastfeeding mothers were quite sensitive to this type of online technique. In addition, the national coordinators contacted people that had been involved in the previous survey and focus groups. For instance, elderly people were quite receptive to further collaboration. Similarly, they were also responsible for translating all the promotional materials into their national languages and handed in these resources in the multiple meetings that they held during the recruitment period. Finally, the national coordinators learned how to employ specific recruitment methods by considering the particular circumstances of each target group. For example, for recruiting children and teenagers, they learned that contacting the schools was the easiest way, and for

pregnant women and breastfeeding mothers, the most convenient channel was through healthcare professionals, such as midwives, medical doctors (gynecologists and pediatricians), and other health workers. Similarly, centers for health and leisure for the elderly represented the most effective way of contacting senior citizens. Lastly, diabetics were found thanks to medical specialists and specialized associations (IC-Health, 2018).

On this basis, we wonder if a social marketing plan for engaging the co-creators was really necessary. We even wondered if this essential task could have been carried out in a quite spontaneous fashion and without drawing up a specific social marketing plan. Did we use a sledgehammer to crack nuts, so to speak?

Possibly the answer is yes, we did, but we did not "die of success" due to the fact we were able to come up with extra benefits and because we achieved the objectives effectively. The goal was to promote co-creation so that selected people contributed some content to the MOOCs. On this basis, it might be stated that the degree to which this goal was successful indicated how effective the whole project was and, in addition, the social marketing plan has been positive and advantageous for different reasons as outlined below.

It provided more inspiration regarding how to launch the campaign to the final users and attendees rather than to the co-creation participant. Therefore, as enhancing health literacy in Europe was the tacit mission of the current social marketing project, the degree to which this kind of knowledge about health, wellness, and quality of life exists in the population might also be considered a key variable in evaluating and monitoring how well this planning effort worked.

Social marketing and social media marketing were put together, but they were neither misunderstood, nor confused. We were able to distinguish between the non-profit marketing devoted to bringing about the desired conduct of co-creating and the marketing dedicated to handling social media, electronic devices, and the Internet. It is not only a stubborn mistake to confuse both terms and types of marketing, but it also works against the good practice of marketing. On this basis, this project might represent one of the few cases of application in which social marketing and social media marketing set a good example for the project practitioners and the course attendees/target audience, and even for teaching purposes related to university students.

Some additional benefits were generated, such as the high level of satisfaction of the co-creator and the originality of their contributions. The effort of the co-creators was self-gratifying, given that they had resources and skills to share, they wanted to be helpful, and their generous contributions made them feel happy. In fact, the social marketing plan was useful in that it lived up to the co-creators' expectations and enhanced the quality of their work. This positive output of the social marketing plan might be explained in accordance with Lefebvre and Flora (1988) since there is an exchange principal infusing some health interventions whose success consists of putting together the organization's and the volunteers' needs and motivations.

This social marketing plan was useful in helping to promote and improve e-health literacy for the sake of the "European dream," an endeavor that is both greatly needed and entirely possible. After this plan for enhancing the engagement

of co-creators and inspiring the promotion of the courses amid the potential attendees, a new door is open within the EU through which to introduce social marketing.

Discussion Questions

1. As you know, social marketing and social media marketing are not exactly the same. Please, could you detail the similarities and differences between social marketing and social media marketing?
2. What are the three key variables to explain the structure of the social marketing problem posed by the co-creation planning process related to e-health literacy?
3. After reading the case study, can you define the concept of co-creation?
4. There are some other digital healthcare platforms such as: *CarePages,*[2] *PatientsLikeMe,*[3] *Health unlocked,*[4] *CureTogether,*[5] *Smart patients,*[6] *Treato,*[7] *Patient opinion,*[8] *The HealthTap,*[9] *The Ginger Iio Platform,*[10] among many others, but they are not targeted as competitors. Why are they not considered competitors of the MOOCs from a social marketing perspective? Please, look up one of the above websites and explain why it was not listed as a competitor.
5. This project will employ the block leader, commitment, prompt and objectives techniques. Why does the downstream promotional approach of this project prefer antecedent techniques over consequent techniques such as rewards, feedbacks, and sanctions?

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