

Policy-driven and Health Discourse Reconstruction: The Logic of Public Issues Construction in the Year of Weight Management

——Discourse Network Analysis Based on Policy Texts and Media Reports

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Abstract: This study focuses on the policy practice of weight management year, and explores the construction logic of health issues in national governance and social response by analyzing the semantics of policy texts and the discourse network of media reports. The research shows that the policy takes the agenda setting of multi-sectoral coordination as the core, promotes weight management from individual health problems to the level of public governance, and the discourse practice highlights the instrumental rationality and humanistic care. It not only constructs a standardized intervention framework through quantitative indicators and technical tools, but also faces the public's questioning of the individual narrative of health responsibility. Media communication affects public cognition in the game of scientific authority, lifestyle and risk warning. Mainstream media constructs professional credibility with medical evidence, and social media deconstructs a single health standard with user-generated content. The interaction between the two promotes the penetration of policy target society but also gives rise to communication deviations such as data anxiety and weight stigma. Public discourse is constrained by structural factors, forming a bottom-up reconstruction of the policy agenda. The study puts forward the interactive relationship between policy-driven, media game and public reconstruction, and reveals the dual

reconstruction path of health discourse in technological empowerment and cultural change, with a view to providing theoretical and practical reference for optimizing health communication strategies and improving weight management policies.

Keywords: Weight management year; Policy agenda; Health discourse game; Public issue construction; Discourse network analysis

Research Background and Problems

Under the background of the healthy China 2030 strategy, the year of weight management, as a vivid practice of national public health governance, brings individual health behavior into the framework of social governance, and promotes the dual adjustment of medical resource allocation and health discourse system. When weight management has risen from the field of personal life to a public policy issue, how policy texts interact with media communication and social cognition, and then affect the public's understanding of health issues, has become an important research direction worthy of attention.

The "year of weight Management" activity implementation Plan issued at the national level puts forward the goal of "changing from treatment as the center to health as the center", which marks an important adjustment of the public health governance model (the Central People's Government of the People's Republic of China,2024).Agenda setting dominated by policy discourse needs to be transformed into social consensus through the media reporting framework. When the professional expression in the policy text enters the mass communication space, it will experience

the transmission and reconstruction from the official discourse to the media discourse, and then to the public discourse. The emergence of buzzwords such as "the country calls you to lose weight" on social media highlights the interaction between policy intentions and public perception. How this interaction affects the social acceptance of the topic is the first focus of the research.

Policy practices in different regions have diversified weight management paths based on local economic and social conditions and health needs. The digital intelligent management mode and media matrix propaganda system explored in various places are the local implementation of national policies, and also form distinctive discourse expressions in practice. The discourse echo mechanism between local practice and central policy, as well as the way the media spread local experience, how to enrich the connotation of the overall policy discourse, constitute the second dimension of the study.

There are differences and interactions between official discourse and folk discourse in the interpretation of health issues. Official discourse focuses on scientific basis and systematic intervention, while folk discourse integrates multiple elements such as body cognition and life experience, which complement each other in the process of communication and may produce cognitive differences. Public discussions triggered by policy landing measures such as "Weight Management Clinic", such as different views on its medical attributes and social values, reflect the collision of different discourse systems in practice. The impact of this collision on the social identity of policy, and how to promote the optimization and adjustment of policy

discourse, is the key link between policy text and social reality.

From a macro perspective, this study attempts to reveal how the state can guide the transformation of individual health responsibility to social common action through the construction and dissemination of policy discourse in the context of the increasing socialization of health issues. At the same time, how does the media play its role in this process and shape the public's health cognitive framework. And the diversity of local practice and folk feedback, how to provide a realistic basis for the dynamic improvement of policy discourse. The discussion of the above issues is helpful to understand the logic of policy practice in the year of weight management, in order to provide reference for the construction of issues in the field of public health.

The health crisis caused by obesity has driven in-depth research on weight health management and health communication. Liu Mingkang et al. (Liu Mingkang, Lin Siying, Jiang Jianping, 2025) analyzed the biological mechanisms of obesity and the dilemmas in weight management among different populations, and proposed a "five-in-one" response strategy involving individuals, peers, families, schools, and society. Chen Liang et al. (Chen Liang, Tang Hongjie, Liu Sijia, 2025) focused on the localization of health communication, pointing out that it is necessary to base on Chinese cultural and social contexts, construct an independent knowledge system through theoretical verification, expansion, and innovation, and contribute Chinese wisdom to global issues. At the individual level, Zahra Gohari Dezfuli et al. (Zahra Gohari Dezfuli, Minoo Hasan Rashedi, et al., 2025) validated the validity of questionnaires assessing psychological readiness for weight management (such as

motivation and self-regulation), revealing the impact of individual differences. In terms of family linkage, Ruth Mears et al. (Ruth Mears, Aidan Searle, et al., 2025) found that parents participating in adult weight management programs have a high acceptance of support for children's weight, highlighting the value of family linkage. Regarding information intervention, Lanjie Wang et al. (Lanjie Wang, Xuan Zhang, et al., 2024) confirmed through experiments that correcting weight misperception supplemented by health reminders can promote healthy eating, with sustainable effects. Chen Miao (Chen Miao, 2023), taking "Healthy China" as an example, pointed out that health communication short videos, relying on authoritative sources and optimized forms, have effectively promoted the popularization of medical information. These studies have revealed the current status of weight health management and health communication from multiple dimensions, providing important references for relevant practices and research.

Theoretical Framework and Research Methods

theoretical perspective

Based on the agenda-setting theory of health communication, this study analyzes how policy texts guide public health cognition through core concepts. Policy documents such as the Healthy China Action (2019-2030) frequently emphasize the concepts of universal participation and forward movement, elevating weight management from individual health choices to social public issues (the Central People's Government of the People's Republic of China, 2019) and promoting the formation of a consensus on

prevention-oriented health governance. This agenda setting is not only reflected in the setting of specific goals, but also through a multi-sectoral collaboration mechanism to build a support system covering policies, services, and the environment, so that weight management goes beyond a single medical category and becomes a systematic project that requires the coordination of multiple social parties.

The theory of discourse power provides an analytical path for understanding the interaction of multiple subjects. In the issue of weight management, different subjects form discourse influence based on resource differences. The government establishes an authoritative framework through cross-departmental policy formulation, promotes the implementation of goals with administrative power, and leads the basic direction of public discussion; Medical institutions rely on the advantages of professional knowledge to build a scientific discourse system through standardized diagnosis and treatment processes to enhance the professionalism and credibility of health guidance; On social media platforms, user-produced content such as weight loss experience sharing, diet clock-in records, etc. form a folk discourse space, which may supplement professional knowledge, at the same time, the policy objectives can be reconstructed adaptively based on individual differences or popular trends, and the interaction and game with official and professional discourse can be presented.

research methods

The study comprehensively uses text analysis and case comparison methods to reveal the discourse construction logic of weight management issues. This study mainly uses content analysis, case analysis, text analysis and grounded theory.

The content analysis method is used to systematically examine the presentation form and dissemination strategy of the content released by CCTV news official microblog and health Beijing public number, quantitatively analyze the release frequency and interactive data of topics such as policy interpretation and knowledge popularization, and reveal the dissemination focus and public concern of weight management issues. The law of case analysis focuses on specific cases and analyzes their communication logic and effects in depth. For example, the May 2025 health weight loss camp report, a detailed combing of the content structure, narrative techniques and policy integration methods, showing how the content design takes into account the story and policy publicity. Text analysis is used to explore the deep logic and value orientation behind the content, interpret the interactive relationship between policy advocacy, scientific knowledge dissemination and public cognition, and reveal the healthy discourse system and behavior guidance mechanism of text construction. The grounded theory method explores the multi-dimensional influencing factors and practical dilemmas of weight management issues under policy advocacy by coding user message data layer by layer, extracting concepts and categories from the original data, constructing a theoretical framework, and analyzing weight management cognition, working environment impact and policy practice obstacles. A variety of research methods are used to ensure the comprehensiveness and reliability of the research results, and to reveal the transmission characteristics and influencing factors in weight management issues.

Core Issues and Innovation Analysis

policy orientation and science communication

In the communication practice of weight management issues, CCTV News has constructed a narrative framework of deep integration of policy authority and scientific knowledge. Taking the release of the 2025 weight management year policy as an example, the content arrangement shows obvious top-level design features: during the two sessions on March 9, a three-dimensional matrix of policy publicity was formed through a detailed interpretation of the "3 year action plan", "establishment of hospital weight outpatient service" and "promotion path of the health and health Committee" through three consecutive videos. Each video is embedded with authoritative labels such as "# People's Livelihood Theme Press Conference#" and "# Two Sessions#" to expand the spread of potential energy with the help of the natural attention of the political agenda. It is worth noting that policy communication is not one-way indoctrination, but through the voting interaction of "# do you think you are fat#", the abstract national action is transformed into individual health self-assessment, so as to realize the soft connection between policy objectives and public cognition.

The penetration of scientific knowledge is reflected in the breakthrough strategy of professional barriers. For example, in September 2022, the medical inquiry to the end column, aiming at the folk misunderstanding of "losing weight without dinner", adopts the anti-common sense argumentation structure of "short-term effect \neq long-term health", quotes the medical principle of "metabolic rate decline", and cooperates with the professional endorsement of doctors, effectively eliminating the

blind pursuit of quick-acting weight loss methods by the public. Such content is often nested in the gap of policy propaganda. For example, in the 2025 weight reduction camp report, the case of Peking University People's Hospital not only shows the concrete results of the policy landing, but also imperceptibly conveys the scientific management concept through personalized programs, online follow-up and other terms, forming a communication ecology in which policy and knowledge support each other.

Diversified adaptation of communication forms is the core strategy of CCTV news microblog content design. Short videos, as the main carrier, give full play to the advantages of fragmented communication: news slices of about 15 seconds focus on a single knowledge point (e.g.# fat-prone physique is related to genetic factors#), and strengthen visual memory through data marking red and keyword barrage; Anchors with more than 60 seconds said that simulcast would build a complete narrative chain. For example, when Guo Zhijian released the height and weight data in 2020, he used the appeal style of forwarding reminders, turn policy warnings into social mobilization. The application of live broadcast form is even more breakthrough. In April 2023, "Medical Open Class" invited experts from Peking Union Medical College Hospital to answer specific questions such as weight loss rebound in real time. The comment area set the top# Union Weight Loss Secret Book# to guide the topic fermentation, making professional guidance break through the medical scene and enter the public discussion field.

The case narrative strategy in the video is particularly worthy of attention. The May 2025 Health Weight Reduction Camp report takes Liu Dongning's individual

experience as the main line, presenting a complete weight reduction trajectory of 109kg to 101kg, interspersed with interpretation of medical indicators and implantation of policy keywords. This kind of storytelling expression not only enhances the credibility of the content, but also implies the continuity of policy support through online follow-up and other details, and dispels the public's utilitarian expectation for short-term sports. At the same time, the content team's keen capture of the network culture, such as the disclosure of details adjacent to the Sichuan cuisine window in the canteen of Peking University and the fat reduction meal, not only creates a dramatic conflict between health and temptation, but also arouses the resonance of young groups through the humorous label of # Sichuan Students are so difficult#, showing the lightweight communication wisdom of serious issues.

The precise grasp of public health anxiety constitutes the emotional fulcrum of content dissemination. Early content (2020-2022) focuses on crisis warnings, such as macro data disclosure of rising rates of overweight and obesity, coupled with the urgency of forwarding reminders, to activate the audience's risk perception. As the issue deepens, the focus of communication shifts to anxiety relief. In 2024, the special topic of "how to reduce weight after eating during the new year" will select the peak period of weight anxiety after the new year and provide solutions such as "scientific assessment" and "avoiding drug abuse", which will not only undertake social emotions but also guide rational cognition. By 2025, the content design will place more emphasis on positive psychological construction, such as the detailed presentation of feedback from Peking University weight loss class students to relieve anxiety, sublimate weight

management from external physical pursuit to mental health issues, and expand the humanistic value dimension of the policy.

The strategic use of symbol systems significantly enhances communication effectiveness was shown Table 1 near here. Digital visualization is one of the core means. For example, accurate data such as weight loss of 15.00kg in the 1 semester and per capita drop of 2.125kg not only enhance the credibility of the case, but also provide quantitative evidence for the policy effect. The construction of tag matrix realizes the cross-platform diffusion of topics. Policy tags (# Weight Management Year#) establish content authority, scientific tags (# Metabolic Rate#) strengthen professional attributes, and emotional tags (# Health Vision#) stimulate collective resonance. The innovation of visual symbols is also key. For example, the 2025 "4-minute fat burning package" uses dynamic tutorial demonstration to transform complex sports science into intuitive body rhythm, break through the cognitive limitation of text communication, and realize fission communication on the short video platform.

Table1 CCTV news' multi-subject health communication

Communication subject	Dissemination of content	form of transmission	Core Information	Policy/Social Relevance	Interactive Design
National Health Commission	Policy release and deployment	News Slice	① Launch the "Weight Management Year 3-Year Action", with the goal of popularizing healthy lifestyles and preventing and treating chronic diseases. ② Propose 3 aspects of work: creating a supportive environment, strengthening health promotion, and promoting personalized services in medical institutions ③ Guide the hospital to set up weight clinic and provide professional consultation	Building a Government-Institution-Individual Governance Framework to Connect with the People's Livelihood Issues of the Two Sessions	No direct interaction, relying on policy authority to spread
National Health Commission	Interpretation of Policy Ideas	Anchor Says Network	① Incorporate weight management into the national livelihood policy system, alongside vocational training and elderly care services. ② Emphasis on the "implementation of measures for people's livelihood" and the transformation of "public happiness"	Enhancing the Emotional Identity of Policy and Embedding in the Discourse System of National Governance	No direct interaction, relying on mainstream media credibility
Medical institutions	scientific weight loss popular science	Medical to the end	① Reveal the misconceptions of "losing weight without dinner" and "getting fat without eating too much", emphasizing caloric balance and genetic factors ② Oppose drug abuse and extreme dieting, and advocate "balance between eating and moving" and "scientific assessment + moderate weight loss"	Support the policy orientation of "scientific weight loss" and correct social cognitive bias.	Topic tags trigger discussion (# Can you lose weight without dinner#)
Medical institutions	clinical practice case	News Slice	① Peking University People's Hospital "Healthy Weight Reduction Camp": personalized program (diet + exercise + follow-up), the average weight loss of campers exceeded 2.00kg ② Hospital weight loss outpatient rebound case warning: weight management needs to be adhered to for a long time, against quick success	Verify the effectiveness of the policy of "medical institution-led + long-term intervention".	Augmenting reality relevance through patient stories
colleges and universities	Campus Health Practice	News Slice	① Peking University offers weight loss courses: covering sports nutrition, canteen diet guidance, and students form teams to clock in to lose weight. The course not only reduces weight, but also relieves anxiety, reflecting the compound value of "health management + psychological intervention".	Demonstrate the Innovative Practice of "Sports and Education Integration" Policy in Colleges and Universities	Light humorous expression ("Sichuan food next door to the fat reduction meal") close to the student group
Media Platform	large-scale popular science activities	medical open class		① Invite experts from Peking Union Medical College Hospital to interpret hot issues such as "weight loss rebound" and "advantages and disadvantages of not eating staple food" ② disclosure of adult residents overweight and obesity rate of more than 50%, emphasizing weight management "just need"	Linking up the requirements of the policy "health literacy improvement" and cultivating the scientific cognitive foundation
Media Platform	Seasonal health guidance	Health Open Class		① World Obesity Day Special Live Broadcast: North Sports University Offers "4-Minute Fat Burning Package" and "Exercise Prescription" ② Answer practical questions such as exercise intensity and platform period, and promote the concept of "national fitness".	Responding to the policy advocacy of "exercise to lose weight" and promoting healthy behaviors
public groups	health cognition survey	Voting	Initiate the "Do You Feel Fat?" survey, linking policies to strengthen personal health responsibility ② Investigation of "eating habits after dinner" and scientific data on the correlation between sleep and weight gain	Quantifying public health perceptions to provide social data support for policy	Voting function directly collects audience behavior feedback

media form innovation and user behavior guidance

The collision of multiple discourses in the field of health essentially reflects the value differences between different knowledge systems, intergenerational cognition and social groups. In the field of medical specialty, the difference and integration of weight management programs of Chinese and Western medicine is always the focus issue. The quantitative intervention of Western medicine based on standardized indicators such as BMI and body fat rate has its own advantages with the individualized programs of "syndrome differentiation and treatment" and "overall conditioning" of traditional Chinese medicine. Some community health service centers in Hangzhou try to incorporate physical identification into the health assessment system to provide a compound program of dietary conditioning and meridian massage for obese people, this practice not only respects traditional medical wisdom, but also integrates modern scientific methods, which shows the negotiation possibility of health discourse in conflict.

Intergenerational and group differences give birth to multiple dilemmas of health communication. Teenagers' resistance to the policy of banning the sale of high-sugar food on campus reflects the rebellious psychology of the younger generation to "health discipline". They are more inclined to obtain fragmented health knowledge through social media, and their acceptance of authoritative policies is significantly influenced by online bloggers and popular culture. The middle-aged and elderly groups face the operational barriers of intelligent health equipment, exposing the health communication gap in the digital age. When policy-dependent technical tools become information barriers, the importance of traditional interpersonal communication, such as face-to-face guidance by community doctors, is once again highlighted. In addition, the entertainment adaptation of professional medical content on the short video platform, such as the dismantling of the "Obesity Diagnosis and Treatment Guide" into a 10-second rapid fat reduction technique, may lead to knowledge distortion while expanding the scope of communication. This professional and popular game continues to promote the adaptive adjustment of health discourse in different communication scenarios.

The persistence of policy influence depends on the continuous production and reconstruction of public issues in the social system. Top-down policy diffusion often strengthens social consensus with the help of collective rituals. Activities such as the "Ten Thousand Steps with a Date" walking contest and the "Healthy China Tour" transform individual health behaviors into symbolic public events through a unified call to action, reward mechanism and social sharing. Participants not only gain physical

changes during walking, but also form a sense of healthy community through community interaction. This ritualized communication makes policy goals go beyond administrative directives and become part of social culture.

The bottom-up folk practice injects new vitality into the policy. The widely spread stories of weight loss counterattack and family weight management experience on social media reconstruct health discourse in the way of individual narrative. For example, the discussion of the dispute over the BMI standard of the muscle-building population by fitness enthusiasts has promoted the inclusion of multiple indicators such as body fat rate and muscle mass in relevant medical guidelines. This two-way interaction forms a dialogue communication between policy and the public. Policy is no longer a one-way output instruction, but is continuously optimized in the process of absorbing folk wisdom.

The construction strategy of risk discourse is the key link of issue reproduction. The policy associates obesity with chronic diseases such as diabetes and cardiovascular disease, and visualises health risks through reports on specific diseases such as sleep apnea syndrome caused by obesity in adolescents, a "problematic" narrative that awakens public awareness of crisis and changes health management from optional behavior to necessary action. When risk discourse resonates with individual life experience, it will form a diffusion effect in public opinion, promoting more people to actively participate in weight management, thus forming a virtuous circle of policy advocacy, public response and public opinion backstepping, so that health issues can be widely recognized and supported by action at the social level in continuous discussion.

social emotion insight and communication effectiveness enhancement

The researcher reads the barrage data one by one, after the initial impression, breaks down the data into small units, such as sentences or phrases, and assigns a preliminary code to each unit to reflect its core content (shown in Table 2 below). For example, the user believes that overtime results in weight gain, and is coded as an awareness of the association between overtime and weight gain. This phase aims to broadly identify the underlying concepts in the data to lay the foundation for subsequent coding.

Table2 Three-level coding of data based on grounded theory

Selective Coding	Spindle Coding	Open Coding
AAA1. The Structural Dilemma of Weight Management	AA1. Working time overload	A1. Overtime leads to weight gain
	AA2. Family Responsibility Squeeze	A2. Long commuting lacks exercise time
	AA3. social role conflict	A3. Busy housework no time to manage weight
		A4. Take the baby to cause their own exercise time to be squeezed.
AAA2. Multiple Health Needs Cognition	AA4. Differentiated Weight Goals	A5. Difficulties in weight management due to balancing work and family
		A6. Weight Anxiety under the Double Pressure of Workplace Family
	AA5. Non-weight health claims	A7. The pursuit of a healthy body shape to increase muscle
	AA6. Personalized program requirements	A8. Adjust weight management goals according to health indicators
AAA3. Perception of Policy and Media Discourse	AA7. Stereotypes of Media Narrative	A9. Pay attention to the relationship between sleep quality and body weight
		A10. Effect of psychological state on weight management
	AA8. Information Overload and Trust Crisis	A11. Call for customized programs for different physiques
		A12. Emphasize the importance of a personalized diet plan
AAA4. The	AA9. External	A13. Media over-rendering weight loss anxiety
		A14. Stigmatised reporting of excess weight
		A15. Weight management information overload confusion
		A16. Low trust in media health information
		A17. A strong statement of resistance to external

conflict between physical autonomy and social discipline	Intervention of Weight Management	intervention
	AA10. Multiple Identifications of Body Image	A18. Emphasize the right to self-management of weight
		A19. Aesthetic recognition of the slightly fat
		A20. Advocate the idea that health is beautiful body
	AA11. Food safety hazards	A21. Concerns about genetically modified foods
		A22. Canteen heavy oil heavy salt diet problem
		A23. Takeaway Pre-made Dishes Reduce Chances of Cuts
		A24. The negative impact of staying up all night on physical illness
		A25. Irregular work and rest leads to weight gain
		A26. Insufficient outdoor public sports venues
AAA5. Missing antecedents of health management	AA12. Break of work and rest rules	A27. Gym space small facilities less high prices
		A28. Lack of suitable sports facilities around residential areas
	AA13. Insufficient sports venues	A29. Concerns about personal weight and other data being leaked
		A30. Questioning the BMI Standard
	AA14. Health data privacy concerns	A31. Algorithm recommend is not suitable for people who increase muscle
		A32. Reflection on the excessive dependence of weight management technology
	AA15. Algorithmic recommend bias	A33. New problems arising from the use of new technologies
	AA16. Technology Dependence Paradox	A34. Cognitive differences in weight management among middle-aged and elderly people
	AA17. The Digital Divide of the Middle-aged and Elderly Groups	A35. Difficult to adapt to smart devices
	AA18. Association between academic stress and obesity in adolescents	A36. The Particularity of Student Group Weight Management
AAA6. Anxiety in Data and Technology Governance	AA19. Workplace crowd overwork fat concentration	A37. Workplace population overwork fat phenomenon is common
AAA7. Discursive fragmentation of intergenerational and group differences		

On the basis of open coding, the researcher analyzes the relationship between the categories and links the preliminary categories to the broader categories. For example, "overtime leads to weight gain" and "work stress leads to irregular diet" can be classified as "the influence of work pattern on weight". This stage builds a preliminary

theoretical framework, demonstrates the relationship between categories and categories, and systematically understands the data.

Selective coding is the final stage of grounded theory. Based on the spindle code, the researchers select the core category that best reflects the core characteristics of the data. For example, policy-sponsored barriers to weight management practice can be a core category because it integrates and explains most of the data phenomena. Then, all categories and categories are linked to the core category to form a complete theoretical framework. Through continuous comparison and verification, ensure that the theoretical framework can fully explain the data, and adjust and refine as needed to ensure its completeness and accuracy.

In terms of the status quo, the analysis of barrage data found that the public's perception of weight management is diverse, covering weight loss, muscle gain, and healthy eating. The work environment has a significant impact on weight management, with many comments reflecting issues such as overtime, work pressure and lack of time. The role of economic factors in weight management cannot be ignored, and some comments mention the potential role of economic incentives.

In terms of results, there are many obstacles in the practice of weight management under policy advocacy, such as long working hours, insufficient economic incentives, and lack of fitness facilities, which limit the weight management practice of the public. The study also reveals that weight management is affected by many factors, including working environment, economic conditions, living habits, social culture and so on. These factors interact with each other to affect the public's weight management

behavior. Despite the obstacles, some of the comments reflect a growing public awareness of the importance of weight management and a willingness to take action.

In summary, the three-level coding process of grounded theory enables researchers to extract valuable concepts and categories from the original data and form a theoretical framework for explaining data phenomena. The framework shows the practical barriers and multi-dimensional influencing factors of weight management under policy advocacy, provides reference for policy formulation and implementation, and lays a theoretical foundation for future research.

Practical Significance and Policy Enlightenment

The optimization of health communication strategy should be based on the differences of social structure and build a hierarchical and pluralistic implementation system. Significant differences in lifestyle and media contact habits between urban and rural areas require relevant strategies to break the one-size-fits-all model: rural areas can rely on village medical networks and cultural auditoriums to integrate weight management knowledge into traditional life scenes, develop local communication forms such as dialect broadcasting and field science popularization, and provide adaptation suggestions for problems such as irregular diet and imbalance of physical activities during busy farming. Urban communities need to conform to the trend of digital life, taking advantage of the popularity of intelligent terminals, a closed-loop service system of data collection, scheme generation and dynamic feedback is created to customize fragmented health management tools such as micro-exercise guidelines during

commuting hours and diet early warning systems for chronic disease patients for different circles such as workplace people and silver-haired groups. This strategic differentiation based on social context is essentially to transform policy objectives into perceptible and operable life practices, ensuring that health concepts are effectively connected with the daily experiences of different groups.

The key to improving the health communication efficiency of social media platforms is to balance professionalism and popularity and build a benign information ecology. At present, the content of the platform has the inherent tension between scientific rigor and dissemination of interest. It is necessary to promote professional institutions to participate in content production in depth: medical institutions can form a team of doctors, nutritionists and media personnel to transform obscure medical guidelines into life narratives; Academic organizations can issue risk tips in time for hot health topics and accurately reach relevant interested users through platform algorithms. This two-way interaction of professional discourse popularization and mass communication rationalization can not only give full play to the traffic advantage of social media, but also build a solid scientific foundation for health information and avoid misleading public cognition with pseudoscience content.

The depth and breadth of policy landing depends on the systematic improvement of grass-roots health service capacity and the innovative construction of social incentive mechanism. As the last 1 kilometers of policy reach, primary medical institutions need to break through the traditional disease treatment orientation and strengthen health management functions: in terms of hardware configuration,

equipment such as body fat analyzer and dietary analysis software should be pushed to sink into community health service centers to realize accurate collection of health data; In terms of personnel training, a compound training system of medical knowledge and behavior intervention should be established to improve the health consultation and lifestyle guidance capabilities of primary medical staff. The pilot health instructor system in Sichuan and other places provides a useful reference. Through the selection of community backbones for professional training, they can become policy readers and health practitioners, and pass on weight management knowledge in flexible ways such as neighborhood interaction and family visits, effectively narrowing the psychological distance between the policy and the public.

The design of incentive mechanism should jump out of the single administrative promotion mode and build a multi-governance pattern of government guidance, social coordination and individual participation. Enterprises can incorporate weight management into the employee welfare system, and optimize occupational health and working environment through inter-work exercise system, healthy canteen construction, sports points exchange, etc., to form a virtuous circle of organizational support and individual response; communities can build a health mutual aid platform, organize collective activities such as family weight management challenge, silver-haired group square dance league, etc., and use acquaintance social network to enhance emotional support for behavioral intervention; at the government level, health indicators can be linked to public service resources, and individual health responsibilities can be transformed into common social goals through institutional design. The core of these

measures is to internalize weight management from external policy requirements into the common pursuit of individuals and society through cross-domain resource integration and incentive innovation, and finally form a new ecology of health governance with the participation of all people.

In general, the practice of weight management in the era of digital intelligence needs to go beyond the limitations of a single means of communication or policy tools, find an adaptive path in the differences in social structure, and unite governance forces in the interaction of multiple subjects. Only by transforming macro-policy intentions into micro-life logic and combining technical empowerment with humanistic care can we build a complete system covering knowledge dissemination, behavioral intervention and institutional guarantee, and truly realize the paradigm upgrade from weight management to health governance.

Health communication strategies need to face the reality of urban and rural dual structure. Rural areas can rely on local cultural characteristics to develop health science products, professional medical knowledge into dialect allegro, folk song animation and other localized forms, with the help of rural loudspeakers and mobile propaganda vehicles to achieve deep coverage. Urban communities should focus on the digital divide, design large-scale interactive interfaces for the elderly, and carry out training on the use of intelligent equipment in combination with community health lectures. The social media platform needs to establish a cross-domain collaboration mechanism, set up a medical expert review node in the algorithm recommend system, and initiate a manual review procedure for weight loss content that exceeds the threshold of

transmission volume, so as to balance the content heat and scientific rigor.

Technology-enabled communication channel innovation has realistic urgency. It can develop a health communication platform with geographical adaptation, automatically identify the user's geographical location to push customized content, such as coastal areas focus on the reasonable intake of seafood diet guidance, inland provinces to strengthen the scientific combination of staple food structure. The immersive health education scene is constructed by virtual reality technology, so that abstract health indicators can be transformed into visual demonstration of physical changes, and the public's cognitive concreteness can be enhanced.

The improvement of primary medical service capacity is the key link of policy implementation. A regional weight management training center should be established, and community doctors should regularly carry out body fat testing, exercise prescription formulation and other special skills certification. With reference to the experience of Sichuan million mass sports leading project, the sports instructor system and health management are combined to cultivate compound talents with both sports guidance and basic medical knowledge. Configure professional body composition analyzers in community health service centers, establish dynamic files of residents' health data, and realize the service upgrade from simple weight monitoring to metabolic health management.

The design of incentive mechanism needs to take into account the material return and value recognition. The enterprise health management scheme can introduce a step-by-step points system to transform the weight control effect into substantial

benefits such as flexible vacation and physical examination package upgrade. The community level can set up a health talent selection mechanism to stimulate participation enthusiasm by awarding honorary titles. Explore the integration of weight management into the commercial insurance assessment system, provide premium concessions to those who meet the standards, and form a positive cycle of health promotion.

It is of strategic significance to construct the collaborative governance model of government, enterprise and society. The government should formulate access standards for third-party health management institutions and guide social forces to participate in service supply in an orderly manner. Establish a framework for health data sharing agreements to open up data barriers for medical institutions, stadiums, and catering companies under the premise of ensuring privacy. Pilot healthy community certification system, give financial subsidies and policy preference to communities that meet the standards, and stimulate the innovative vitality of grass-roots governance units.

The construction of risk prevention and control mechanism can not be ignored. It is necessary to establish a health information dissemination traceability system to trace the source of the transmission path of misleading content. Establish an expert committee to regularly evaluate the scientificity and safety of emerging weight loss methods, and issue authoritative risk warnings in a timely manner. The media literacy curriculum should be implemented in primary and secondary schools to cultivate the ability of young people to critically interpret health information and build a protective

barrier from the source of cognition.

Epilogue

The promotion of the series of activities of the year of weight management is not only the practical process of the landing of public health policy, but also the dynamic experiment of the reconfiguration of health discourse power at the social level. In this process, the policy text constructs the authoritative framework of health governance through symbolic expression, the media communication shapes public cognition in the collision of multiple narratives, and the public behavior understands and reconstructs the policy intention through daily practice. The analysis of these complex interactions not only accumulates localized research materials for health communication theory, but also provides empirical support for policy optimization paths. The effective governance of health issues needs to go beyond a single administrative push or technical dependence, fully consider the social and cultural texture in policy design, respect the consultation space of multiple discourses in the process of communication, and build a governance ecology of government, media and public interaction at the practical level. When policy discourse, professional knowledge and folk experience resonate, and when technological empowerment and humanistic care are balanced, weight management can truly move from policy text to life practice, accumulate replicable grass-roots experience for the construction of a healthy China, and promote health governance from conceptual advocacy to substantial progress.

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