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Paradigm Transformation of Health Communication in the Digital Media Era: From Informed Communication to Participatory Empowerment

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Abstract: The comprehensive popularization of digital media technology has fundamentally reshaped the operational logic and practical mode of health communication in China. Traditional health communication centers on one-way information notification by official institutions, which is plagued by single communication subjects, passive audience reception, and limited communication effects. Digital media has built a multi-dimensional interactive communication scenario, enabling the general public to actively participate in the whole process of health information production, dissemination and feedback. Health communication has completed a paradigm shift from the traditional informed communication mode to participatory empowerment communication. Taking the paradigm transformation of communication as the core research focus, this paper compares the core characteristics, operational mechanisms and practical values of informed communication and participatory empowerment communication. It sorts out the core driving factors of paradigm transformation driven by digital media, summarizes practical dilemmas including communication disorder, digital divide and uneven empowerment in the transformation process, and finally proposes optimized strategies for health communication adapted to the digital media era. The research finds that participatory empowerment communication can activate public subjectivity in health management, improve national health literacy, and support the construction of a healthy China. This research can provide theoretical references and practical implications for health communication practices and public health publicity in the new era.

1. Introduction

Health communication is an essential pillar supporting public health governance and social information transmission. It primarily aims to spread validated health information, rectify widespread health misconceptions, regulate individual health habits, and mitigate potential public health hazards. During the traditional media period, health education relied heavily on newspapers, television and radio. Authoritative bodies including medical organizations and health administrative departments dominated all health publicity work. Under this top-down operational mode, audiences

merely received preset information passively, with no right to screen content, express opinions or participate in communication practices. Despite its one-sided nature, this traditional approach effectively popularized basic health cognition and completed grassroots health education tasks in historically information-limited societies. The proliferation of digital platforms such as short-video applications, social networking tools and self-media channels has thoroughly reshaped the whole landscape of health information exchange. Modern digital technology greatly lowers the threshold of content creation and information dissemination, leading to comprehensive changes in communication participants, media channels, content forms and interactive modes. Ordinary users are no longer mere information receivers. They can independently create health-related content, share real-life health experiences, join public health discussions, and supervise the authenticity and standardization of online health information. Accordingly, the core logic of health communication has shifted from unilateral official publicity to interactive, user-empowered and multi-stakeholder participation. Participatory empowerment has gradually become the mainstream operational paradigm for modern health communication.

2. Core Concepts and Theoretical Basis

2.1 Definition of Core Concepts

2.1.1 Informed Health Communication

Informed health communication is the mainstream health communication paradigm in the traditional media era. Dominated exclusively by authoritative official institutions, this paradigm relies on traditional mass media to release standardized health information to the public in a one-way manner. It takes information notification as the primary communication goal, with main content covering official health policies, disease prevention and control knowledge, and public health specifications. This communication mode is characterized by centralization, unidirectionality, standardization and passivity. Official communication subjects monopolize all rights of information production and dissemination. The public can only receive preset information passively, without the right to participate in content creation and communication interaction, nor can they obtain personalized health information according to their own needs.

2.1.2 Participatory Empowerment Health Communication

Participatory empowerment health communication is an emerging paradigm born in the digital media era. Based on the joint participation of multiple subjects, this paradigm endows the general public with the rights of information selection, expression, creation and supervision. Empowerment constitutes the core connotation of this paradigm, which includes two key dimensions. The first is information empowerment, which allows the public to freely acquire, screen and forward various types of health information. The second is subject empowerment, which enables the public to actively produce health content, share personal health experiences and participate in discussions on public health issues. The entire communication process presents the features of decentralization, two-way interaction, personalization and universal participation.

2.1.3 Communication Paradigm Transformation

Communication paradigm transformation refers to the overall reform of the communication system, covering comprehensive updates of communication subjects, channels, content, relationships, effects and logic. It is not a simple upgrade of communication channels, but a

systematic reconstruction of the operational mechanism and value concept of health communication. The paradigm transformation studied in this paper specifically refers to the shift of health communication from the traditional one-way notification mode to the new mode of multi-participation and individual empowerment in the digital era.

2.2 Theoretical Basis

2.2.1 Participatory Communication Theory

As one of the core communication theories in the new media era, participatory communication theory subverts the subject-object dichotomy of traditional communication. It emphasizes the equal status of all participants in the communication process and advocates the transformation of audiences from passive receivers to active disseminators. The core goal of communication is no longer one-way information indoctrination, but multi-party interaction, consensus building and group empowerment. This theory effectively explains the behavioral logic of public participation in health communication in the digital media era and serves as a core theoretical support for the participatory empowerment communication paradigm.

2.2.2 Empowerment Theory

The core of empowerment theory is to weaken the monopolistic power of authoritative subjects and transfer the discourse and behavioral rights of information to ordinary individuals. In the field of health communication, empowerment means breaking the information monopoly of medical institutions and official media. The general public can independently acquire health knowledge, express health demands and participate in health governance, so as to comprehensively improve their personal health literacy and independent health management capabilities. Empowerment theory provides value orientation for the paradigm transformation of health communication and clarifies that the core goal of health communication in the new era is to empower individuals and serve the public.

2.2.3 Media Ecology Theory

Media ecology theory holds that media forms directly reshape communication modes and social interaction patterns. Each iteration of media technology will trigger an overall reform of communication paradigms. The centralized attributes of traditional media give rise to the one-way informed communication mode, while the decentralized, interactive and open attributes of digital media foster the participatory empowerment communication mode with multi-party participation. This theory clearly explains the underlying motivation for the paradigm transformation of health communication in the digital age.

3. Comparative Analysis of Core Characteristics of New and Old Health Communication Paradigms

The popularization of digital media has promoted the all-round paradigm iteration of health communication. Informed communication and participatory empowerment communication have essential differences in subject structure, communication mode, content form, audience role and communication effect. This paper presents the core differences between the two paradigms through a table for intuitive comparison.

Table 1 Comparative Analysis of Core Characteristics of Informed Communication and Participatory Empowerment Communication Paradigms

Comparison Dimension	Informed Health Communication (Traditional Paradigm)	Participatory Empowerment Health Communication (New Paradigm)
Communication Subject	Single and centralized, dominated by health authorities, medical institutions and mainstream media with authoritative and monopolistic attributes	Diversified and decentralized, including official institutions, self-media, the general public, medical staff and platform bloggers with equal and diverse subjects
Communication Mode	One-way linear communication, top-down indoctrination without two-way interaction	Two-way network communication with multi-party interaction, including content feedback, secondary creation and topic co-creation
Communication Content	Standardized and unified professional official health knowledge with serious form, single style and universal applicability	Personalized and diversified health content covering professional popularization, personal experience, practical skills and Q&A with rich presentation forms
Audience Role	Passive information recipient without discourse right, participation right and selection right	Active participant, content creator, communication promoter and effect feedback holder with complete communication discourse right
Communication Goal	To complete the popularization of health information and implement public health education tasks	To improve individual health literacy, empower public independent health management and build a national health co-governance pattern
Communication Effect	Limited coverage, poor pertinence, low audience acceptance and weak behavior transformation effect	Wide coverage, high accuracy, strong audience participation and significant health behavior transformation effect
Risk Characteristics	Single and lagging information, unable to meet personalized demands, no false information risk	Mixed information quality with risks of rumor spread, excessive marketing and cognitive misleading

As shown in the table 1 above, the differences between the two communication paradigms run through the whole communication process. The core advantages of traditional informed communication lie in authoritative information, rigorous content and controllable risks, while its prominent disadvantages are insufficient flexibility, lack of audience subjectivity and poor adaptability. In the era of single public health demands and scarce information channels, informed communication played a vital role in social health education. However, against the background of diversified, personalized and refined public health needs nowadays, the traditional paradigm can no longer adapt to social development.

Participatory empowerment communication breaks multiple limitations of the traditional mode. It activates the public's communication subjectivity, enriches the content and forms of health communication, and improves the accuracy and implementation effect of health communication. Meanwhile, the new paradigm brings new communication risks. Uneven information quality, rapid rumor spread and health content wrapped in commercial marketing have become key problems to be solved in contemporary health communication.

To intuitively present the differences in communication logic between the two paradigms, this paper constructs two structural models of communication mechanism.

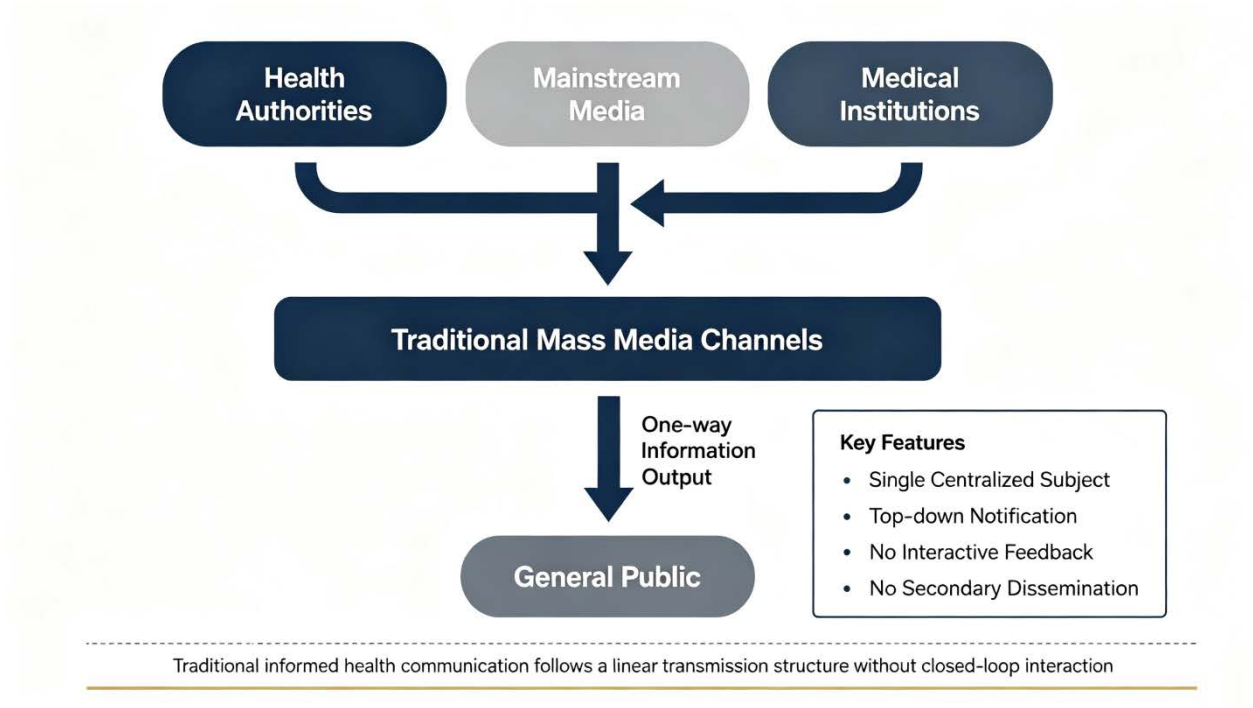

Figure 1 One-way Linear Communication Mechanism Model of Traditional Informed Health Communication

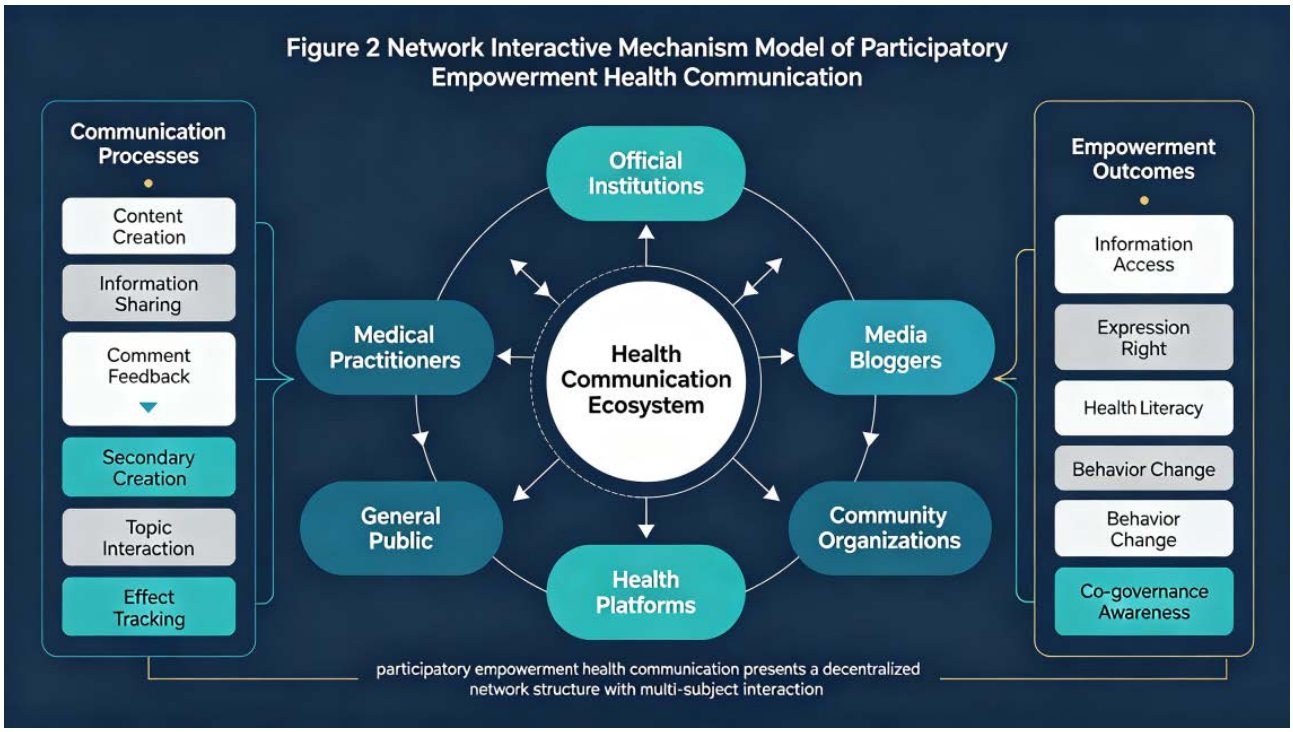

Figure 2 Network Interactive Mechanism Model of Participatory Empowerment Health Communication in the Digital Media Era

4. Core Driving Factors of Health Communication Paradigm Transformation in the Digital Media Era

The transformation of health communication from informed mode to participatory empowerment mode is not an accidental communication phenomenon. It is driven by the combined effects of technological, social, audience and policy factors. The interaction of multiple factors promotes the systematic reconstruction of the health communication system.

4.1 Technological Motivation: Digital Media Restructures the Underlying Logic of Communication

The iterative upgrading of digital media technology is the core underlying driving force for paradigm transformation. In the traditional media era, official platforms monopolized communication channels, and the threshold for information production, review and dissemination was extremely high. Ordinary public lacked technical conditions to participate in communication. The popularization of digital media, mobile internet, short video platforms and social software has completely lowered the access threshold of communication.

At present, a single smart phone can complete the shooting, editing, release and dissemination of health content, making every individual a communication node of health information. The popularization of 5G, big data and algorithm recommendation technologies further optimizes communication efficiency. Algorithms can push personalized health content according to users' age, health status and browsing habits, completely subverting the unified indoctrination logic of the traditional mode. The decentralized attribute of media technology breaks the official communication monopoly and provides technical support for public participation in communication and health empowerment.

4.2 Audience Motivation: Dual Upgrading of Public Health Demands and Subject Consciousness

The improvement of social economic level has greatly changed public health cognition. In the past, public health demands mainly focused on disease treatment and basic disease prevention knowledge. At present, public health demands extend to multiple segmented fields including daily health preservation, chronic disease management, mental health, posture adjustment, dietary health and sports rehabilitation, showing diversified, refined and personalized characteristics.

The standardized content of traditional informed communication cannot meet the differentiated needs of different groups. Meanwhile, public media literacy and subject consciousness have been continuously improved. The public is no longer satisfied with passively receiving officially pushed information. They actively search for health knowledge, compare multi-source information, share personal health experience and question false health content. The public has transformed from passive recipients of health education to active pursuers of health and participants in health communication. The upgrading of audience demands and subject consciousness forces the paradigm transformation of health communication.

4.3 Social Motivation: Practical Needs of Healthy Social Construction

The in-depth implementation of the Healthy China Strategy has elevated national health to a national strategic level. The improvement of the public health system no longer relies solely on the one-way efforts of the government and medical institutions. Universal participation and co-governance have become the core orientation of public health construction in the new era.

Traditional informed communication can only complete the basic task of knowledge popularization, but it cannot mobilize public health initiative or form a social atmosphere of universal health participation. Participatory empowerment communication can fully stimulate public enthusiasm for health. By participating in communication, the public can deepen their understanding of health knowledge, develop good health habits, and take the initiative to participate in public health prevention and control. This mode helps build a new health communication pattern of "government guidance, professional support and universal participation", which adapts to the core demands of healthy social construction.

4.4 Communication Motivation: Continuous Weakening of Traditional Paradigm Communication Effects

The inherent drawbacks of traditional informed communication lead to the continuous decline of its communication effects in the digital era. Firstly, traditional communication has poor timeliness. The cumbersome production, review and release process of official health content cannot quickly respond to emergent public health events and real-time public health doubts. Secondly, traditional communication lacks interactivity. Official institutions cannot timely obtain public health demands and feedback, leading to disconnection between communication content and public needs. Thirdly, traditional communication lacks affinity. Official popular science content is mostly expressed in rigid professional written language with single forms, resulting in low public acceptance.

In contrast, participatory empowerment communication features down-to-earth content, fast dissemination speed, strong interactivity and close connection with real life. Its communication efficiency and behavior transformation effect are far better than the traditional mode. The obvious gap in communication effects promotes the active paradigm transformation of the health communication industry.

5. Practical Dilemmas of Health Communication Paradigm Transformation

Paradigm transformation brings new opportunities for the development of health communication. However, in the process of alternating old and new communication modes, disorderly participation of multiple subjects and lagging supervision systems have triggered a series of practical dilemmas. These problems restrict the sound development of participatory empowerment communication and reduce the overall quality of national health communication.

5.1 Imbalanced Information Quality and Prevalent False Health Information

Participatory communication lowers the threshold of content production and allows a large number of non-professional subjects to enter the field of health communication. Ordinary individuals, self-media bloggers and commercial accounts can release health content arbitrarily. Most non-professional creators have no medical background and lack sense of responsibility in health communication. Some commercial accounts deliberately create sensational topics, exaggerate health effects and fabricate false health knowledge to gain traffic and profits.

The algorithm recommendation mechanism of short video and social platforms takes traffic as the core evaluation standard. Sensational, extreme and false health content is more likely to obtain platform push traffic, while professional, rigorous and authentic popular science content with plain styles gains limited dissemination scope. This forms a "bad money drives out good money" communication chaos. False health information misleads public cognition, guides wrong health behaviors, and even causes serious problems such as delayed medical treatment and improper health preservation.

5.2 Existing Digital Divide and Polarized Empowerment Effects

Public digital application ability and basic media literacy are the preconditions of participatory empowerment communication. However, significant differences exist in digital capabilities among different social groups in China. Elderly groups, rural groups and low-education groups have weak abilities to use digital devices. These groups cannot actively search for health information, participate in health topic interaction or identify the authenticity of online health content.

In contrast, young groups, urban groups and highly educated groups with higher digital literacy can fully enjoy the dividends of digital health communication. They can actively obtain accurate health knowledge, participate in health communication interaction and realize independent health management. This leads to polarized health empowerment effects. The health rights and interests of advantageous groups are continuously strengthened, while vulnerable groups face weakened access to health information. The digital divide exacerbates the inequality of health information acquisition and violates the inclusive original intention of health communication.

5.3 Vague Subject Rights and Obligations and Chaotic Communication Order

Traditional informed communication has clear rights and obligations for communication subjects, with official institutions taking full responsibility for content production, review, dissemination and accountability. In the digital era, participatory communication features diverse subjects and complex communication chains. Health content will undergo multiple reposts, secondary creation and cross-domain dissemination, leading to blurred division of rights and obligations in the whole communication process.

After the spread of false health information, there is no clear standard to define the responsibilities of platforms, original creators, reposters and secondary creators, making it difficult for regulatory authorities to implement accurate accountability. Meanwhile, diverse communication subjects have different communication motivations. Some subjects adhere to public welfare popular science concepts, while others aim at traffic monetization, commercial marketing and attention attraction. The lack of unified industry standards and behavioral norms leads to overall disorder in the health communication market.

5.4 Weakened Professional Authority and Declined Credibility of Health Communication

In the traditional communication era, official medical institutions and mainstream media were the only authoritative sources of health information, enjoying high public trust. In the digital media era, massive folk health content floods the internet. Some self-media deliberately create public opinion confrontation between folk popular science and official professional science, and mislead public cognition through fragmented and one-sided interpretation of professional medical knowledge.

Long-term information chaos makes part of the public question official professional popular science, continuously diluting the professional authority of health communication. In addition, some popular science content released by individual medical staff is not rigorous, and the content of some official accounts is outdated and stylistically obsolete. These problems further reduce public trust in professional health information and lead to the overall decline of health communication credibility.

5.5 Commercial Capital Penetration and Utilitarianization of Health Communication

The health industry has huge market value, and the traffic advantages of digital health

communication attract a large amount of commercial capital. Many merchants engaged in beauty care, health preservation, medical care and fitness products disguise themselves as popular science bloggers to release health content with implicit commercial advertisements and product promotion. Such marketing-oriented popular science content deliberately exaggerates product efficacy, conceals potential risks and fabricates targeted health theories for product sales. The public are subtly influenced by commercial marketing while acquiring health knowledge, leading to blind consumption of health products, fitness equipment and medical aesthetic projects. The public welfare attribute of health communication is weakened, and the prominent utilitarian and commercial problems seriously disrupt the normal order of health communication.

To quantitatively analyze the impact of various dilemmas, this paper sorts out the proportion data of transformation dilemma impacts based on domestic health communication industry research data.

Table 2 Statistical Table of Impact Degree of Digital Health Communication Paradigm Transformation Dilemmas

Core Transformation Dilemmas	Proportion of Public Cognitive Misleading Impact	Proportion of Communication Order Destruction Impact	Rectification Priority
Prevalent False Health Information	42.3%	38.7%	Highest
Health Digital Divide	21.5%	15.2%	High
Vague Rights and Obligations of Communication Subjects	18.2%	26.8%	High
Weakened Professional Communication Credibility	12.7%	13.1%	Medium
Excessive Commercial Capital Penetration	5.3%	6.2%	Medium

6. Optimization Paths of Health Communication Paradigm in the Digital Media Era

Aiming at various dilemmas arising from the paradigm transformation of health communication, this paper proposes systematic optimization paths from five dimensions including content governance, subject empowerment, supervision system, audience cultivation and public welfare protection, based on communication rules and industry reality, to promote the sound, orderly and high-quality development of participatory empowerment communication paradigm.

6.1 Strengthen Content Governance and Build a Health Information Review and Screening System

High-quality health content is the core foundation of health communication. Relevant departments and platforms need to jointly build a sound content review and screening system. First, platforms should optimize the algorithm recommendation mechanism, abandon the traffic-oriented push logic, give priority to pushing professional, authoritative and authentic health popular science content, and limit the dissemination of false, sensational and marketing-oriented health content.

Second, platforms can set up a professional content review team jointly with medical institutions and public health experts to conduct regular inspections of online health content and timely remove false, wrong and illegal content. Third, platforms should establish a health content classification mechanism to mark professional popular science, personal experience and commercial promotion content, clarify content attributes for users and help users identify information authenticity

accurately. Fourth, official health authorities should improve the rumor refutation mechanism, release authoritative refutation content regularly, and cooperate with platforms to remove false information quickly and block rumor dissemination chains.

6.2 Bridge the Digital Divide and Realize Equal National Health Empowerment

Relevant departments should target the digital health information acquisition difficulties of vulnerable groups to ensure the equity of health empowerment. First, grass-roots communities and township organizations can carry out free digital literacy training for the elderly, rural residents and low-education groups, including digital device operation, health information identification and formal health platform use, to help vulnerable groups master basic digital health acquisition capabilities.

Second, while popularizing digital communication, grass-roots organizations should retain traditional health communication channels such as publicity boards, community lectures, offline free clinics and radio broadcasts to realize online and offline complementary communication. Third, major health platforms should optimize interface design, simplify operation processes and add voice broadcast functions to build aging-friendly and inclusive communication scenarios, reduce the information acquisition threshold of vulnerable groups, and enable all groups to enjoy the dividends of digital health communication empowerment.

6.3 Clarify Subject Rights and Obligations and Build a Multi-party Collaborative Supervision System

Health communication needs to break the single supervision mode and build a multi-party collaborative supervision system featuring "government supervision, platform main responsibility, subject self-discipline and social supervision". First, government departments including health authorities, cyberspace administration and market supervision bureaus should jointly issue management specifications for digital health communication, clarify the rights and obligations of all communication subjects, and define punishment standards for false information and illegal marketing, so as to provide institutional basis for industry supervision.

Second, platforms should fulfill their main responsibilities for content review, risk prevention and accountability. It is necessary to establish access mechanisms, credit rating mechanisms and violation punishment mechanisms for health accounts, and ban accounts that continuously release false content and illegal marketing information. Third, industry associations can formulate self-discipline conventions for health communication to guide medical staff and popular science bloggers to standardize communication behaviors and adhere to public welfare principles. Fourth, platforms and functional departments should open public reporting channels to encourage users to report false and illegal health content and form a universal supervision pattern.

6.4 Reshape Professional Authority and Improve the Influence of Official Health Communication

Official professional institutions should actively adapt to the digital communication context to reshape the credibility and influence of health communication. First, medical institutions and official health departments should abandon rigid and old-fashioned popular science modes, and adopt popular forms such as short videos, situational dramas, animation explanations, live Q&A and case analysis to output professional health content, making professional knowledge more approachable and acceptable to the public.

Second, official platforms should accelerate content update, timely respond to public health hot

issues, emerging diseases and public health doubts, and release targeted popular science content to seize the main position of health communication. Third, relevant departments should establish incentive mechanisms for medical staff's popular science behaviors, encourage front-line doctors and nurses to share authentic, professional and practical health knowledge based on clinical experience, counteract false folk popular science and reshape the professional authority of health communication.

6.5 Regulate Commercial Communication and Adhere to the Public Welfare Foundation of Health Communication

Relevant departments should strictly standardize commercial marketing behaviors in the health field and curb the disorderly penetration of capital. First, platforms should clarify the identification standards of commercial popular science, strictly distinguish public welfare popular science from commercial marketing content, and force all content with product promotion, brand publicity and traffic monetization attributes to be marked as advertisements, prohibiting implicit marketing under the guise of popular science.

Second, functional departments should increase punishment for illegal marketing behaviors, and impose severe sanctions on accounts and platforms that release exaggerated, false and misleading commercial health content. Third, governments and platforms should increase support for public welfare health popular science, cultivate professional public welfare popular science accounts and high-quality IPs, expand the coverage of public welfare health content, and adhere to the public welfare orientation of health communication serving national health.

7. Conclusion and Prospect

The comprehensive popularization of digital media technology has promoted a historic paradigm transformation of health communication in China. Health communication has completely abandoned the traditional single, one-way and passive informed communication paradigm and entered a new stage of multi-dimensional, interactive, empowered and co-governed participatory communication. This paradigm transformation is driven by the integrated effects of technological iteration, audience upgrading, social progress and communication reform. The transformed participatory empowerment communication activates public health subjectivity, effectively improves the coverage, accuracy and implementation effect of health communication, and provides new impetus for the improvement of national health literacy and the implementation of the Healthy China Strategy.

Meanwhile, the paradigm transformation exposes many practical problems. The prevalence of false information, prominent digital divide, chaotic communication order, weakened professional credibility and excessive commercial capital penetration restrict the high-quality development of the new communication paradigm. These problems require collaborative solutions through content governance, rights and obligations standardization, digital inclusiveness, authority reshaping and commercial constraint.

In the future, with the continuous iteration of artificial intelligence, big data, metaverse and other digital technologies, the participation forms and empowerment modes of health communication will continue to upgrade. Health communication will develop towards higher accuracy, intelligence, inclusiveness and professionalism. Academic and industrial circles should continuously pay attention to the dynamic changes of health communication paradigms, improve the theoretical system of digital health communication, and optimize practical and supervision mechanisms. All parties should jointly promote the sound development of participatory empowerment health communication, give full play to the social value of health communication, and support the

continuous improvement of national health levels.

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