

A study on the innovation of community-based big health culture popularisation model based on the dynamic quotient theory

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Abstract: With the improvement of people's living standards and the enhancement of health awareness, community-based large health culture science and technology has become an important strategy to promote public health. The traditional health education model has problems such as low efficiency of information transmission, insufficient participation, poor continuity, etc. Especially in the face of the diverse health needs and behavioural habits of community residents, the traditional model is difficult to effectively meet the needs of individualized health management, and it has become an urgent problem to be solved in the field of health management to enhance the effect of the community health popularization model through innovative means. The purpose of this paper is to explore the innovative path of community health popularization model based on the theory of motivational quotient, and the theory of motivational quotient emphasizes the role of intrinsic motivation on behavioural change, which provides theoretical support and methodological guidance for designing popularization models that can stimulate residents to actively participate in and continuously improve their health behaviours.

Keywords: Kinetic quotient theory; Community wellness; Cultural science; Model exploration

Introduction

In today's society, with the improvement of people's living standards and the enhancement of health awareness, the concept of great health has gradually become the focus of people's attention, and the traditional way of health popularisation is often difficult to penetrate into the community residents, especially in the dissemination of information and participation in a number of challenges. As an emerging communication theory, the dynamic quotient theory has unique application advantages in community health popularisation^[1]. The theory emphasises the two-way interactivity and participation of information dissemination, which can effectively promote the understanding and acceptance of community residents' health culture science content. Through the use of the dynamic quotient theory, the health needs and information access of community residents can be better analysed, so as to accurately formulate and promote a health popularisation model that meets the actual needs. The innovation of the community health culture popularisation model needs to be combined with modern technological means, with the help of internet platforms and mobile applications, to achieve customised and personalised delivery of information content, and to enhance the interactivity and attractiveness of health popularisation.

1. An overview of the theory of action quotient

Motivational Business Theory, or Motivation and Business Theory, is a behavioural change theory that seeks to explain the motivations behind individual behaviour and their impact on business decisions. The theory was developed by Harvard professors Edward Dickson Desi and Richard Lane in the 1980s and has been widely used in the fields of psychology and management. The Motivational Quotient Theory suggests that behavioural change in individuals is driven by intrinsic motivation, which mainly includes affective motivation, moral motivation and computational motivation^[2]. Affective motivation refers to an individual's enjoyment or autonomy in an activity, moral motivation refers to an individual's decision to act based on internal values and moral standards, and computational motivation is to act based on extrinsic rewards or punishments. The motivational quotient theory emphasises the importance of individual autonomy and intrinsic motivation in the pursuit of self-actualisation and growth, arguing that this intrinsic drive can drive positive changes in behaviour in a lasting way, far more effectively than external rewards or pressures, and that the application of the theory of motivational quotient in business environments, particularly in motivating employees, designing effective incentive systems, and fostering innovation, is of great instructive significance.

2. Basic components of a community-based cultural and scientific model of great health

2.1 Optimisation of forms of health education and communication

Health education and communication plays a crucial role in the community's larger health culture and science model, not only as a key way of transmitting health knowledge and information to residents, but also as an important means of promoting health behaviour change. Optimising the form of health education and dissemination requires comprehensive consideration of the characteristics of the community, the needs of the residents, and the effectiveness of information transmission.

First, traditional health lectures and leaflets are gradually failing to meet the demand for diversified information delivery, so they can be combined with modern technological means, such as social media platforms and mobile phone applications, to provide personalised and interactive health education content. For example, health tips are pushed through WeChat public numbers and online health quiz activities are organised to enable residents to conveniently access health information in their daily lives. Secondly, the health needs and concerns of residents of different age groups and occupational groups vary, so health education content and dissemination methods need to be tailored according to group characteristics^[3]. For example, for the elderly group, lectures on healthy ageing can be organised; for teenagers, teenage mental health education activities can be carried out to meet their specific health needs.

2.2 Improvement of cultural festivals

Cultural festivals, as an important part of the community's larger health culture and science model, can not only enrich the daily lives of residents, but also convey health knowledge and advocate healthy behaviours in the form of cultural activities, thereby achieving the goal of health promotion. Comprehensive improvement of cultural festivals requires focusing on innovation in the design of the activities, community participation and the integration of health themes.

While traditional cultural festivals often focus on cultural performances and traditional customs, the modernised model of health culture and science emphasises the integration of health themes into cultural activities. For example, health-themed cultural performances, painting competitions, and health food exhibitions and sales can be designed to attract the participation and attention of residents through diversified forms. In addition, community residents, as the main body and audience of the activities, have a direct impact on the effectiveness of the activities in terms of their participation and satisfaction. Therefore, the participation and sense of belonging of residents to cultural festivals can be enhanced by soliciting residents' creativity, setting up a reward mechanism for residents' participation, and organising interactive experience activities on the theme of residents' health^[4].

2.3 Community Resource Integration and Service Networking

Community resource integration and service network construction is a key component of the community's large health culture and popularisation model, aiming to optimise the allocation of resources and service provision within the community, meet the diversified health needs of residents, and promote the sharing and interaction of health resources. The health needs of residents in the community vary according to their age, occupation and state of health, so it is necessary to integrate a wide range of health services such as medical care, rehabilitation, psychology and health management. Therefore, it is necessary to integrate a variety of health care, rehabilitation, psychological, health management and other health care resources to form a health care network with broad coverage and detailed services.

On the one hand, the construction of a health service network requires the strengthening of mechanisms for multi-party cooperation between the community and medical institutions, social organisations, volunteer groups and so on. Through the establishment of community health cooperation alliances or coordinating committees, cross-border cooperation and resource sharing are promoted to achieve the integration and optimisation of health services. On the other hand, continuous assessment and adjustment is a key link in the integration of community resources and the construction of service networks; community health needs assessments and service satisfaction surveys are conducted on a regular basis, and the structure and operation of the health service network are adjusted and optimised in accordance with the results of these assessments, to ensure that it can effectively respond to the health needs of the population and improve the quality of services.

3. An innovative approach to a community-based cultural and scientific model of great health based on the theory of the dynamic quotient

3.1 Personalised health goal setting and incentives

The motivational quotient theory emphasises the role of intrinsic motivation within individuals in driving behavioural change, therefore, through personalised health goal setting and well-designed incentives, residents' awareness of and motivation for health behaviours can be effectively stimulated. In the traditional health education model, unified health advice and goals are usually adopted, but due to the large in-

dividual variability, this approach fails to fully stimulate residents' self-management motivation. Based on the perspective of the Motivational Quotient Theory, we can understand the health needs and behavioural habits of community residents through research and analysis, and tailor-make personalized health goals, such as the number of steps per day, improvement of dietary habits, and mental health management, so as to make them closer to the residents' actual life and health needs.

The theory of motivational quotient suggests that incentives can significantly influence an individual's behavioural choices and motivation levels. In the community-based large health culture and science model, diversified incentives, such as points exchange, health achievement badges, and community service priority, can be designed to reward residents for their efforts and achievements in the process of reaching personalised health goals. Such incentives not only stimulate residents' self-motivation, but also increase their participation and continuity, promoting the formation and consolidation of healthy behaviours.

3.2 Community Health Competitions and Co-operative Activities

As an innovative approach based on the Kinetic Quotient Theory, community health competitions and cooperative activities aim to promote health behaviour change among residents and community cohesion through competitive incentives and cooperative interactions. The Kinetic Quotient Theory suggests that social comparisons and social support can significantly influence an individual's motivation to act, and that by organising community health competitions and cooperative activities, the awareness of health behaviours and active participation of residents can be effectively promoted.

Competitions can be set up in a variety of forms, such as the Healthy Man Challenge and the Healthy Habits PK Competition, etc. Through individual or team participation, health data and behavioural changes can be compared to motivate residents to compete positively in healthy behavioural change, thus promoting the formation and consolidation of healthy behaviours, and the corresponding community health cooperation activities emphasize cooperation, mutual assistance and support among community residents.

3.3 Embedded Health Science and Behavioural Guidance

Embedded health popularisation and behavioural guidance, as an innovative approach based on the theory of dynamic quotient, aims to effectively enhance residents' health awareness and behavioural habits by integrating health knowledge and behavioural guidance into their daily lives and community environment. The theory of dynamic quotient emphasizes the effectiveness of information transmission and the influence of the community environment on behavior, and traditional health education often relies on a single information transmission channel, such as brochures, lectures, etc., which makes it difficult to achieve long-term memory of the information and sustained change of behavior. Based on this, embedded health popularization is integrated into the daily life of the residents and the community environment in a variety of forms, such as health display boards, digital platforms and so on. environment, such as health exhibition boards, interactive games, health applications, etc., to make health science information more vivid and easy to accept.

The theory of motivational quotient suggests that behavioural change requires timely feedback and guidance to enhance an individual's self-management and motivation. Therefore, in the community-based large health culture science model, smart technologies, such as health monitoring devices and mobile applications, can be used to monitor residents' health data and behavioural habits in real time, and through personalised behavioural guidance and feedback, to help residents adjust and improve their health behaviours, and to achieve effective achievement of health goals.

4. Concluding remarks

In summary, the innovative research on the community-based large health culture popularisation model based on the dynamic quotient theory effectively promotes residents' health awareness and health behaviour change through the comprehensive use of strategies such as personalised health goal setting and incentive mechanisms, community health competitions and co-operative activities, as well as embedded health popularisation and behavioural guidance. Personalized goal setting and incentive mechanisms stimulate residents' self-management motivation; health competitions and cooperative activities enhance community cohesion and the joint cultivation of healthy behaviours; and embedded health popularization and behavioural guidance effectively guide and support residents' health choices and behavioural improvement through diversified information dissemination and real-time feedback on behaviours. The various innovative methods not only enhance the scientific effect of community health management, but also provide sustainable support and promotion for the overall health improvement of community residents.

References

- [1] Li Chunyue. An exploration of the value of the theory of dynamic quotient[J]. Leisure, 2019, 204(12):98-98.

- [2] Li Xi, An Zonglin, Zhao Wenhan, et al. Research on Chinese medicine culture popularisation and health product design under the background of big health industry[J]. Shanghai Packaging, 2023(5):156-158.
- [3] Zheng Sisi. "Concentric circles" create "big health" for the community [J]. Shanghai Branch Life, 2019 (5): 1.
- [4] Zhang Baoshuai. Practical exploration of strengthening medical science popularisation work in hospitals under the background of big health [J]. Health Vision 2020(13):81.

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