
AI translation · View original & related papers at
chinarxiv.org/items/chinaxiv-202507.00076

Brand Strategy for Community Health Service Centers: Concepts and Approaches Postprint

Authors: Liu Xuchu, Wang Wuxi, Wang Wuxi

Date: 2025-07-07T16:14:44+00:00

Abstract

Brand plays an increasingly important role in the management of community health service centers. By implementing brand strategy, these centers can attract more residents to “seek treatment for minor illnesses within the community,” which is of great significance for the rational allocation of medical resources and advancing the Healthy China strategy. In response to current issues such as insufficient theoretical research on brand strategy for community health service centers and a lack of systematic and professional operations, this paper proposes a systematic solution based on a theoretical framework of “brand idea—brand signal—brand communication,” with “the first choice for community residents when encountering health problems” as the brand idea, “high-quality experience throughout the community health service process” as the brand signal, and “community communication system” as the brand communication channel, thereby exploring the concepts and pathways of brand strategy for community health service centers.

Full Text

Community Health Service Center Branding Strategy: Theory and Practice

LIU Xuchu¹, WANG Wuxi^{2*}

¹ Marxism College, Chongqing Medical University, Yuzhong District, Chongqing 400016, China

² Tongyuanju Community Health Service Center, Nan'an District, Chongqing 400060, China

Corresponding author: WANG Wuxi, Chief physician; E-mail: 26156264@qq.com

Abstract

Branding has been playing an increasingly important role in community health service center management. Through implementing branding strategies, more residents with minor ailments can be retained within the community for treatment, which has significant implications for rational allocation of medical resources and advancing the Healthy China Strategy. To address current problems in community health service center branding strategy—such as insufficient theoretical research and lack of systematic and professional operations—this paper proposes a systematic protocol guided by the “brand idea—brand signal—brand communication” theoretical framework. With “the first choice when community residents encounter health problems” as the brand idea, “quality experience throughout the entire community health service journey” as the brand signal, and “community communication system” as the branding communication channel, this framework systematically explores the concepts and pathways of community health service center branding strategy.

Keywords: Community health services; Branding strategy; Brand idea; Brand signals; Brand communication

1. Introduction

Community represents the fundamental unit of society, and community health management constitutes an important component of grassroots governance. In recent years, following the State Council's objectives of “treating minor illnesses in communities” and “community health institutions addressing over 80% of residents' health problems,” community health service centers have experienced rapid development, primarily evidenced by rapidly increasing annual patient visits and continuously improving service capabilities [1]. However, residents still tend to seek care at higher-level hospitals, trust in community health service centers remains insufficient, family doctor contract rates are low, and the problem of “contracting without actual consultation” urgently needs resolution. Implementing branding strategies can enhance the image of community health service centers, strengthen residents' confidence in seeking care, and encourage them to actively choose community health services. Brand strategy also facilitates continuous improvement in service quality and optimization of service delivery, achieving the goal of optimizing medical resource allocation and advancing the Healthy China Strategy.

In practice, the Third China Hospital Communication Annual Conference in November 2017 reached a consensus that “hospital communication has entered the era of brand communication” [2]. Yet over the past seven years, research and practice on branding in primary healthcare institutions have remained scarce. A search of CNKI using “community health service center” + “brand” as title keywords from 2017 to June 2024 yielded only seven papers, mostly case studies. A search using “primary healthcare institution” + “brand” produced

just one paper on the role of party building in brand construction. A similar search in Wanfang Medical Database retrieved 11 papers, most overlapping with CNKI results and also predominantly case studies. Searching the Chinese Medical Journal Full-text Database for original papers with “community health service center” + “brand” in titles from 2017 to June 2024 returned zero results. These findings demonstrate that systematic research on branding strategy for community health service centers is lacking.

1.1 Brand Definition

The American Marketing Association defines a brand as “a name, term, sign, symbol, or design, or a combination of them, intended to identify the goods and services of one seller or group of sellers and to differentiate them from those of competition.” Brand building is the process of imprinting the brand in consumers’ minds—“a perception rooted in reality but reflecting consumer perspectives” [3]. Adamson [4] argues that a brand is an impression of a product or institution existing in users’ minds, which must be both unique and easily understood. These definitions share three common elements: (1) customer-centricity; (2) brand as user impressions of products or services; and (3) brand uniqueness and differentiation.

1.2 Differentiation as the Most Important Factor in Brand Value

In the Young & Rubicam Brand Asset Valuator matrix, the horizontal axis represents brand status while the vertical axis represents brand strength. Brand strength is determined by brand differentiation and relevance, while brand status is determined by brand esteem and awareness (Figure 1 [Figure 1: see original paper]).

Figure 1 shows that among these four factors, differentiation carries greater weight than the other three. “Differentiation is the first and most critical step in brand building” [4]. Whether for growing brands or mature market leaders, the differentiation metric must exceed other factors. The decay of differentiation also foreshadows brand collapse. Only esteem and awareness built upon differentiation and relevance can give a brand lasting appeal.

1.3 Strategic Steps in Brand Building

Kotler et al. [3] emphasize the importance of brand mantras and brand elements in creating strong brands. Adamson [4] divides brand strategy into three organically connected and interrelated components: brand idea, brand signal, and brand communication. Brand idea refers to establishing emotional connections or brand meaning in users’ minds through product or service differentiation and relevance. Brand signals are tangible or intangible carriers that convey the brand idea—tangible ones include logos, brand names, colors, images, and packaging design, while intangible ones include user experiences. Brand communication is the process of finding the best way to express the brand idea,

transmit brand signals, and communicate with target users. These three components integrate organically to constitute a company's or institution's brand strategy. The "brand idea—brand signal—brand communication" framework systematically summarizes the entire process from brand design to brand communication while remaining compatible with other brand strategy theories. For instance, Kotler et al.'s [3] brand mantras and brand elements are included within Adamson's brand signal component. For these reasons, this paper adopts the "brand idea—brand signal—brand communication" model to systematically explore community health service center branding strategy.

2. Research Framework for Community Health Service Center Branding Strategy

The goal of brand strategy is to enhance brand value. As previously mentioned, brand strength derives from relevance and differentiation, while brand status derives from awareness and esteem. Within the "brand idea—brand signal—brand communication" framework, brand idea establishes emotional connections or brand meaning in users' minds through differentiation and relevance. Therefore, this paper elaborates on the sources of brand relevance and differentiation for community health service centers in the "brand idea" section and discusses how to enhance brand strength through differentiated services. Regarding "brand signal," Lu Yang [5] argues that medical quality, patient experience, and satisfaction determine brand strength in healthcare institutions. Lu Jingting et al. [6] analyzed brand evaluation indicators for community health service centers, finding that positive resident experiences help establish brand cognition and emotional connections, which then spread widely through audiences to build the center's brand image. As tangible or intangible carriers transmitting brand ideas, this section discusses how factors like medical quality and patient experience convey brand ideas. In the "brand communication" section, this paper primarily addresses how to enhance brand awareness and esteem.

3. Brand Strategy Components

3.1 Brand Idea: The First Choice When Community Residents Encounter Health Problems

3.1.1 Community Focus Provides Brand Relevance and Represents the Greatest Differentiation Community health service centers take households as units and communities as their scope, serving community residents—especially the elderly, chronic disease patients, people with disabilities, women, children, and impoverished residents [8]. Focusing on communities and serving residents provides relevance for community health service center brands and offers more opportunities to approach residents. Proximity and convenience are important advantages.

- (1) **Community focus enables greater convenience.** Michael Porter [7] argues that patient contact throughout the entire healthcare value chain

carries significant value. The proximity of community health service centers provides residents with convenience and creates more opportunities for centers to approach residents.

- (2) **Community focus enables more professional service.** “We need to keep communities healthy to maintain individual and population health” [9]. As the medical model shifts toward “bio-psycho-social” approaches, community health service centers deeply rooted in communities can promote overall community health while maintaining individual health and facilitating patient recovery. Familiarity with common and frequent diseases in communities enables rapid diagnosis and treatment. In communities with concentrated “occupational chronic diseases,” community health service centers possess richer experience than other medical institutions, enabling them to provide more professional and efficient diagnosis and treatment services.
- (3) **Community focus enables greater emotional proximity.** Community health services feature “continuous, individualized” characteristics [10], providing life-cycle health care for community residents through public health services, basic medical care, and health management. Family medical care also provides “individualized” medical care. Through long-term contact, family doctors gain residents’ trust and establish emotional connections through their professional expertise and understanding of residents’ medical history, family situations, and social circumstances.
- (4) **Community focus enables more timely information.** Information services run throughout the entire medical value chain [7]. Beyond health communication and education, information services in basic medical care also involve patient consultation and doctor-patient communication before treatment. Research shows that before the treatment stage, patients have high demand for information and emotional support—85% hope for professional institutions to provide health-related information, and 65% want professional institutions to provide reminders about disease risk factors [11]. Gong He [12] demonstrates that due to the proliferation of false health information and the professional requirements of health information, professional institutions must play a pivotal role as “key influencers” in health information dissemination. By promptly providing residents with life-cycle health information, community health service centers can gradually become community health “opinion leaders,” exerting unique influence in community health affairs.

3.1.2 Enhancing “First Choice” Appeal Through Differentiated Services Institutional behavior results from rational analysis of resources and internal/external environments. Examining the five external environmental elements for community health service centers (policy, society and culture, technology and progress, economic impact, and competitor behavior), policy incentives倾斜 toward primary care and deep community understanding represent their

greatest advantages. Community health service centers must: (1) root themselves in communities to fulfill national functions of basic medical care, public health services, and health management, excelling in these core businesses; (2) integrate medical resources to complement other hospitals' functions and achieve healthcare reform goals of "reducing medical costs and implementing tiered diagnosis and treatment and two-way referral" [13], highlighting their value in the national healthcare system; and (3) leverage their mutual understanding with community residents to integrate internal resources, fill gaps in the medical value chain, continuously expand new business areas, and enhance resident satisfaction.

- (1) **Optimize basic medical care to continuously enhance residents' willingness to seek initial diagnosis.** Research shows that proximity and convenience, price, service attitude, doctors' familiarity with conditions, medical insurance reimbursement rates, waiting times, service capacity, medical standards, drug variety, medical equipment, and clinic environment are important factors determining residents' willingness to seek initial diagnosis at primary healthcare institutions [14]. Community health service centers must continuously optimize these factors while providing personalized medical services such as home visits, home nursing, and home hospital beds through family doctor contracts to enhance residents' initial diagnosis willingness.
- (2) **Serve as "health gatekeepers" by fulfilling public health service and health management responsibilities.** Strengthen community medical staff's awareness of "integration of medical care and prevention," actively conduct health education, chronic disease prevention and control, and mental health services, advance prevention and control of infectious diseases, endemic diseases, and parasitic diseases, provide vaccination services, deliver women, children, and elderly care, provide disability rehabilitation guidance and training, and fulfill public health service functions assigned by relevant departments. Assume the role of community residents' "health gatekeepers," providing comprehensive, full-population, life-cycle health management to enhance overall community health and individual resident health levels.
- (3) **Fill chain gaps to highlight institutional value.** Integrate resources to fill "blank areas" in the medical value chain that other institutions cannot address. While most hospitals focus on disease diagnosis and treatment, research shows that most chronic disease patients lack professional care, with 87% hoping for professional institution assistance [11]. Additionally, due to rapid hospital bed turnover, postoperative wound dressing changes often need to be performed in communities. Community health service centers must seize these gaps in the industrial and service chains to provide high-quality services and highlight their value in the medical service chain.
- (4) **Meet resident needs to expand development space.** Community

residents' health needs are undergoing structural changes, manifested in gradually releasing demand for comprehensive health services, increasing demand for rehabilitation and nursing services, growing need for integrated medical and elderly care, and rising popularity of remote health services [15]. Community health service centers must seize these opportunities to continuously meet new health needs and expand their development space.

Based on comprehensive analysis of community health service centers' functional characteristics, market opportunities, and resident needs, this paper proposes condensing the brand idea as: "**the first choice when community residents encounter health problems.**" Its main connotations and keywords are: (1) providing professional services for community and resident health (professionalism); (2) being a trustworthy and reliable community member (emotional connection); (3) accompanying residents whenever health problems arise (convenience); and (4) serving as community health opinion leaders (information).

3.2 Brand Signal: Quality Experience Throughout the Entire Community Health Service Journey

Brand signals are carriers that transmit brand ideas. As previously mentioned, experience itself constitutes an important brand signal. Community health service centers must provide residents with quality experiences throughout health service delivery, particularly differentiated services, to fulfill brand promises of "professionalism," "emotional connection," "convenience," and "information," continuously deepening residents' brand impressions.

3.2.1 Community Health Service Full Process Community health service centers must provide comprehensive, full-population, life-cycle health services for residents. Taking basic medical care as an example, residents may experience one or several stages: "information—consultation—outpatient—transfer or hospitalization—post-discharge or return to community health service center." Health services begin when residents are "not yet ill," improving health literacy through health information dissemination. When residents encounter health problems, they need convenient and prompt professional answers. Patients also require health-related consultations during outpatient visits. Based on condition needs, they may be hospitalized at community health service centers or transferred to other medical institutions for treatment, with community health service centers providing diagnosis/treatment or referral services. After condition improvement or recovery, patients are discharged or transferred back to community health centers for follow-up treatment.

3.2.2 Core Elements of Quality Experience Throughout Community Health Service Journey To provide residents with quality experience throughout health services, medical quality must first be improved. Additionally, doctors as service providers and environment as the primary service

setting, together with improved service levels, constitute the core of optimizing residents' health experiences.

3.2.2.1 Enhancing Medical Quality to Win Patient Word-of-Mouth

Medical quality evaluation depends on both medical standards and patient expectations and actual experiences. Quality experiences often come from medical services that exceed expectations. To enhance medical quality, community health service centers must focus on core business and differentiated services, improving diagnosis and treatment capabilities for geriatric diseases, chronic diseases, and common diseases. Regarding technological innovation, community health service centers should not aim for "high-precision" research but rather rapidly apply the latest research findings, technological methods, and updated treatment guidelines for common and frequent diseases to benefit community residents. In communities, "small technologies" can also demonstrate "high quality"—for instance, a skillfully performed figure-eight bandage fixation for clavicle fractures can also win patient recognition.

3.2.2.2 Shaping Three-Dimensional Images to Enhance Resident Trust

Doctors are both direct healthcare providers communicating with residents and personified representatives of community health service center brand images. Residents' cognition of community health service center brands largely represents a "transfer" of their evaluations of doctors. Building family doctors' personal brands must focus on four keywords: "professional," "emotional," "convenient," and "informational." Through superb medical skills, quality service, and resource control, family doctors should shape a brand image integrating six roles: residents' health gatekeepers, medical cost gatekeepers, humanistic care gatekeepers, tiered diagnosis and treatment guides, elderly care service managers, and contracted residents' health butlers. Through long-term communication with residents, family doctors must shape stable, mature, gentle, and trustworthy three-dimensional images through perspective-taking, accessible professional explanations, and appropriate attire, continuously enhancing mutual trust and emotional connections with residents.

3.2.2.3 Strengthening "Home" Feeling to Facilitate Resident Access

In environmental construction, community health service centers should weaken the hospital atmosphere and strengthen home comfort. This not only highlights differentiation from other medical institutions and increases attractiveness to residents, especially children and elderly groups, but also represents a strategic move for community health service centers to plan for the future amid growing demand for integrated medical and elderly care. Centers should explore "age-friendly" renovations for elderly groups, helping them bridge the "digital divide" and ensuring convenient access for seniors. In system design regarding visitation, normal medical order must be maintained while maximizing family visitation possibilities, creating psychological feelings of "home being nearby" and shaping convenient, efficient user experiences.

3.2.2.4 Optimizing Service Experience at Every Touchpoint Service experience must be optimized at every resident contact point to transmit brand signals. For instance, in inpatient services, improvements can be made to ward admission, bed waiting situations, catering and other life support services, and nursing care. During 0-6 year-old children's health management and vaccination processes, where community health service centers have repeated contact with children and parents, they should learn from market-oriented medical entities by distributing small gifts and organizing games to optimize health service experiences for children and parents. Two-way referral is an important national institutional arrangement that enhances residents' confidence in choosing community health service centers for initial diagnosis. Using family doctors as the link, medical resources should be integrated to build community health service networks, ensuring smooth two-way referral channels.

Through brand signal elements providing residents with quality experiences throughout health services, residents' trust in community service centers continuously strengthens, making community health service centers the first choice when residents encounter health problems.

3.3 Brand Communication: Building Community Communication Systems to Enhance Brand Awareness and Esteem

Brand communication is the process of finding the best way to express brand ideas and transmit brand signals, conducting brand communication with target users. It continuously enhances brand awareness and esteem based on established differentiation and relevance through brand ideas and signals. The core audience for community health service center brand communication is community residents, who also interact with community institutions (such as community health service centers) and media, forming three communication subjects in the community communication system [16], corresponding to interpersonal communication, organizational communication, and mass communication. These three forms complement each other, forming a community information network that has become an important carrier for residents to obtain information, communicate, integrate internally, and protect rights externally [17].

3.3.1 Promoting Resident Interpersonal Communication to Enhance Brand Word-of-Mouth

- (1) **Build storytelling networks.** Expand offline communication spaces for residents to exchange opinions and share information about health issues they face, increasing communication opportunities and enhancing resident participation in health topics. As organizers and participants in resident interpersonal communication, community health service centers must identify personal and community health risks from resident conversations and conduct timely prevention and control.
- (2) **Conduct offline public welfare activities.** Shape community health

service centers' brand image as "community members" through public welfare activities. Leverage resource and technological advantages to conduct fundraising, provide medical assistance and emotional support for residents facing poverty due to illness, elderly living alone, and disease, helping them overcome difficulties and winning resident trust.

- (3) **Cultivate resident opinion leaders.** Discover community "aunts" and "uncles" as folk "opinion leaders," providing them with scientific training to help them conduct health education in communities. Through communication with "opinion leaders," enhance their identification with community health service centers and promote their transformation into "civilian ambassadors" for brand communication.

3.3.2 Online and Offline Organizational Communication to Enhance Brand Communication Power

- (1) **Regularly release health information through offline platforms** such as community bulletin boards, and increase penetration of WeChat public accounts and other self-media among residents through ground promotion activities, continuously enhancing community health service center awareness among residents.
- (2) **Community communication.** Establish online communities for diabetes, hypertension, cancer patients, etc., among community residents. By sharing health information, providing medical technology and emotional support, enhance patients' confidence in overcoming diseases and improving quality of life. In the struggle against diseases together with patients, continuously enhance residents' identification with and belonging to community health service center brands.

3.3.3 Three Mindsets for Enhancing Self-Media Brand Communication Effectiveness

In the mobile internet era, many community health service centers have built self-media communication matrices centered on WeChat public accounts. Although research shows that medical institution self-media communication effectiveness still needs improvement [18], self-media has undoubtedly become an important channel for medical institutions to communicate with residents and shape brand images. In practice, community health service center self-media must adopt "user mindset," "story mindset," and "visual mindset" to enhance brand communication effectiveness.

3.3.3.1 User Mindset

User mindset means: (1) content must be closely related to users; (2) format must conform to users' content consumption habits; and (3) timely interaction must be conducted.

- (1) **Content relevance:** When planning articles or short videos, fully consider users' interest appeals, shifting content planning from "what I want to say" to "what they want to hear." For example, the "Ding Xiang

Doctor” public account launched articles like “An Easier Exercise Than Walking, Burning Fat Painlessly While Sitting” and “7 Unconscious Eating Habits Secretly Helping Control Blood Sugar,” which focus on audience needs, start from daily life details, and subtly promote health habit changes.

- (2) **Engaging format:** Use humorous, teasing language and comics to help users grasp core messages with a smile. The “Shenzhen Health Commission” WeChat public account offers many worthy learning cases, such as describing nasal congestion with “smelling snail rice noodles = ordinary plain rice noodles” to help audiences instantly understand symptoms.
- (3) **Timely interaction:** Promptly reply to online comments or messages, identify problems, and solve them in a timely manner.

3.3.3.2 Story Mindset Storytelling is the best form of communication and the best medium for transmitting brand images. Stories can provide broad and profound descriptions of human nature and its relationship with social reality and the real world [19]. Stories can shape community medical workers’ approachable, perceptible, and respectable images while narrating the wonderful lives of ordinary community members, enhancing emotional connections with residents.

- (1) **Build story repositories.** Focus on family doctor stories, welfare brought by technological upgrades, and other health stories. Establish categorized “material libraries” in daily life to quickly integrate materials and launch emotionally touching “small stories” during important time nodes or hot events, attracting public attention and making brand stories more persuasive and 亲和.
- (2) **Focus on ordinary people’s destinies.** Brands must not only create and tell stories but also allow consumers to participate in stories [19]. Make community residents the protagonists of articles or videos, telling stories of community warmth, sharing residents’ anti-cancer experiences, making them community inspirational role models, and enhancing residents’ identification with and belonging to the brand.

3.3.3.3 Visual Mindset Short videos have become the primary way for the public to obtain information. Research shows that as the main service targets of community health service centers, over 95% of elderly groups who access short videos pay attention to health-themed content. The “visual presentation” of enriching life and obtaining health knowledge and information constitutes three major demands for elderly groups’ short video consumption [20]. Community health service centers must adopt a “short video + live broadcast” dual-path model, using “official Douyin account + official Kuaishou account + official video account” as platforms to build the main visual communication position for brand images.

- (1) **Produce and disseminate quality short videos.** Mainly includes three types: (a) Science popularization: Focus on residents' health needs and conduct medical science popularization through short videos, such as "West China Hospital" public account's "Really Don't Want to Go to Hospital During Spring Festival? West China Pharmacist Says, Keep This Home and Travel Essential Medicine List." (b) Information: Provide policy interpretation of medical insurance, medical prompts, or information on new technologies and services for community residents. (c) Stories: Use empathy as a bridge to tell touching stories about community family doctors or others, transmitting medical humanistic spirit, such as "Upstream News" coverage of "People's Records: Dr. Zhao and Health Records of Over 1,700 Residents" by Shapingba District Shuangbei Community Health Service Center in Chongqing.
- (2) **Conduct health science popularization live broadcasts.** Proactively plan topics and continuously output science content around important time nodes and hot events. For example, launch series of science live broadcasts on World Heart Day, World Pulmonary Hypertension Day, or important time points like Doctors' Day and Spring Festival, inviting community doctors and residents for interviews and establishing deep links with community residents through bullet screen interactions during live broadcasts. For instance, West China Hospital's official video account launched "Caring for Universal Eye Health, How Much Do You Know About Myopia Prevention and Control in Children" live Q&A on "6.6 National Eye Care Day" in 2024.

3.3.4 Leveraging Mass Media to Enhance Brand Influence First, fully utilize mass media's broad reach and official media status to enhance community health service center influence, influence government management departments and other stakeholders through mass media to secure policy and widespread public support. For example, on March 1, 2024, *People's Daily* published "Yunnan Kunming 'Integration of Medical and Elderly Care' Enhances Service Capacity," praising Guandu District Guanshang Street Community Health Service Center for deepening integrated medical and elderly care work and continuously improving elderly care service quality [21]. Second, enhance reputation and influence among peers through mass media and professional media. Third, leverage mass media for timely negative public opinion management to prevent opinion fermentation.

4. Implementation Considerations

4.1 Brand Signal Transmission Starts with Employees

Share the brand strategy among all community health service center employees. Employees must not only understand what the center's brand communication strategy is but also know how to implement it, making every employee an executor and transmitter of brand strategy.

4.2 Deep Integration of Brand Strategy with Overall Strategy

Allocate resources from an overall perspective, concentrating quality resources to provide high-quality and efficient health services for communities and ensure smooth brand strategy implementation.

First, **talent resources promote quality development of community health services.** Talent resources are core resources for community health development. Effective incentive measures must attract more high-quality health talent and encourage talent to take root in primary care, providing high-quality health services for communities and promoting healthy development of community health service centers.

Second, **digital resources promote transformation and upgrading of community health services.** Build community digital centers to integrate residents' life-cycle health information. Establish health management platforms for family doctors, management departments, and residents to facilitate doctors' risk assessment, health intervention, monitoring implementation, analysis evaluation, and health plan adjustment with data assistance, and enable residents' health self-management through data, continuously enhancing "connectedness" between residents and community health service centers.

Third, **financial resources enhance community health service cost-effectiveness.** From a financial perspective, promoting brand strategy certainly requires certain cost inputs. However, from a social benefits perspective, brand strategy encourages more residents with minor illnesses to stay in communities, ensuring rational allocation of scarce medical resources. From economic benefits, the brand strategy advocated in this paper is built upon meeting resident needs, improving service quality, and expanding service scope, benefiting both individual residents and community health service centers. Moreover, the brand building methods advocated here represent more conceptual changes in operational approaches, requiring fewer "hard" resource inputs but higher "soft" skill requirements. Community health centers can gradually achieve brand strategy goals by revitalizing existing human resources and other resources, yielding high marginal benefits and practical value.

5. Summary and Outlook

This paper systematically explores the concepts and pathways of community health service center branding strategy using the "brand idea—brand signal—brand communication" model. It proposes systematically advancing community health service center branding strategy with "the first choice when community residents encounter health problems" as the brand idea, "quality experience throughout the entire community health service journey" as the brand signal, and "community communication system" as the brand communication channel. The relationships among the three components and their elements are shown in Figure 2 [Figure 2: see original paper]. As Adamson [4] stated, "simple strategy is the best strategy," so this paper strives to provide a simple strategic

“map.” In practice, different community health service centers can improve and concretize their own branding strategies by integrating internal and external resources according to their specific situations. For example, regarding brand idea, more specific differentiation will shape more deeply ingrained brand ideas, such as forming distinctive specialist advantages in certain diseases based on community characteristics, thereby enhancing brand value.

Future community health service center managers can further test, refine, and enrich the theoretical framework proposed above through practice. Researchers can verify and expand upon the brand ideas, brand signals, brand communication, and related factors proposed in this paper through empirical studies.

Author Contributions: LIU Xuchu and WANG Wuxi conceived and designed the article; LIU Xuchu collected and organized data and wrote the paper; WANG Wuxi was responsible for quality control, revision, and proofreading of the article.

Conflict of Interest Disclosure: The authors have no conflicts of interest to disclose.

References

- [1] National Bureau of Statistics. Medical Service Situation of Community Health Service Centers (Stations) Nationwide from 2004-2021[J]. Chinese Journal of Viral Diseases, 2023, 13(6): 473. DOI: 10.16505/j.2095-0136.2023.6022.
- [2] ZHU Wenhe, WANG Yansen, YIN Lin. Research on Hot Topics and Frontier Trends of Hospital Brand Building in China[J]. Chinese Hospitals, 2022, 26(3): 49-50. DOI: 10.19660/j.issn.1671-0592.2022.3.14.
- [3] Philip Kotler, Kevin Lane Keller. Marketing Management, 16th Edition[M]. Beijing: CITIC Press, 2022: 278-287.
- [4] Allen P. Adamson. Brand Simple[M]. New York: Palgrave Macmillan, 2006: 4-27.
- [5] LU Yang. Sunshine on Medical Road—Concepts and Practice of Hospital Management[M]. Beijing: Peking University Press, 2020: 108-111.
- [6] LU Jingting, WU Qiong, ZHENG Xing, et al. Study on Brand Building Evaluation Index System for Community Health Service Centers in Changning District, Shanghai[J]. Chinese Primary Health Care, 2023, 37(5): 1-3. DOI: 10.3969/j.issn.1001-568X.2023.05.0001.
- [7] Michael E. Porter, Elizabeth O. Teisberg. Redefining Healthcare: Creating Value-Based Competition on Results[M]. Boston: Harvard Business School Publishing, 2006: 205.
- [8] General Office of the State Council. Guiding Opinions of the State Council on Developing Urban Community Health Services[J]. Chinese General Practice,

2006, 9(5): 349-350.

[9] Henry Mintzberg. Managing the Myths of Healthcare[M]. Beijing: China Machine Press, 2020: 149.

[10] SU Ping, LI Li, WANG Lu, et al. Research on Development Strategies of Community Health Service Centers Under the Concept of Big Health[J]. Modern Medicine & Health, 2023, 39(20): 3591-3594. DOI: 10.3969/j.issn.1009-5519.2023.20.039.

[11] Jeff Elton, Anne O'Riordan. Healthcare Disrupted: Next Generation Business Models and Strategies[M]. New Jersey: John Wiley & Sons, Inc., 2016: 89-94.

[12] GONG He. Two Forms of Public Health Discourse Networks and the Role of Key Influencers: A Social Network Analysis Approach[J]. Chinese Journal of Communication, 2016, 38(12): 110-133. DOI: 10.13495/j.cnki.cjjc.2016.12.007.

[13] WEI Juntao, GE Mengying, LIU Zhongling, et al. Current Status and Analysis of Two-Way Referral System Implementation in Luohu City Under the Medical Alliance Model[J]. Chinese Journal of General Practice, 2022, 20(4): 635-638. DOI: 10.16766/j.cnki.issn.1674-4152.002418.

[14] ZHANG Yujie, YIN Wenqiang, YAN Yu, et al. Meta-Analysis of Residents' Willingness to Seek Initial Diagnosis at Primary Healthcare Institutions in China[J]. Chinese Journal of Evidence-Based Medicine, 2021, 21(7): 796-802. DOI: 10.1097/XEB.000000000000111.

[15] WU Yueping, NIU Yadong, ZHANG Liang, et al. Challenges and Optimization Paths for the Development of Community Health Services in China[J]. Chinese General Practice, 2024, 27(10): 1162-1165. DOI: 10.12114/j.issn.1007-9572.2023.0760.

[16] Matsaganis MD, Wilkin HA. Communicative Social Capital and Collective Efficacy as Determinants of Access to Health-Enhancing Resources in Residential Communities[J]. J Health Commun, 2015, 20(4): 377-386.

[17] WANG Qian, LENG Ye. Inheritance, Sharing, and Integration: Constructing Urban Community Communication Systems[J]. Youth Journalist, 2016(30): 43-45. DOI: 10.15997/j.cnki.qnjz.2016.30.019.

[18] LI Lingxiao, HE Jing. Current Status, Problems, and Positioning of Hospital New Media Communication—An Empirical Analysis Based on 2,539 Hospital New Media Accounts[J]. Media, 2023(13): 53-55.

[19] Robert McKee, Thomas Gerace. Storynomics[M]. Tianjin: Tianjin People's Publishing House, 2018: 35-39.

[20] REN Hang, SUN Yiping. Research on Short Video Consumption by Elderly Groups from the Perspective of Health Communication[J]. Media, 2022(6): 57-59.

[21] YE Chuanzeng. Yunnan Kunming “Integration of Medical and Elderly Care” Enhances Service Capacity[N]. People’s Daily, 2024-03-01(17).

(Received: October 15, 2024; Revised: June 12, 2025)

(Editor: CUI Sha)

Note: Figure translations are in progress. See original paper for figures.

Source: ChinaXiv — Machine translation. Verify with original.