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Policy Support for Building "Gold-standard" Health and Elderly Care Programs through Government–Industry–College Collaboration: Evidence from Jingzhou, China

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Abstract: China's growing elderly population has increased the demand for qualified health and elderly care professionals and placed new demands on vocational education. Yet in practice, care institutions often participate less actively than colleges, and cooperation is still largely organized around internships or individual projects. Taking Jingzhou, Hubei Province, as a case, this paper examines the institutional factors that affect government–industry–college cooperation in developing high-quality health and elderly care programs. The analysis finds that the main difficulties lie in three areas: responsibilities among relevant actors are not sufficiently coordinated, the costs and benefits of participation are unevenly distributed, and educational resources and standards remain fragmented. The paper therefore focuses on four practical areas—workforce-demand research, professional standards, resource sharing, and quality evaluation—and discusses corresponding local policy measures. The development of the Health and Elderly Care Services program at Hubei College of Chinese Medicine is used to illustrate how these arrangements can be incorporated into program design and training. The Jingzhou case suggests that the depth and continuity of cooperation depend less on the number of agreements than on whether responsibilities are clear, training costs are reasonably shared, and information and resources can move between colleges and industry.

Keywords: Government–industry–college collaboration; "Gold-standard" programs; Health and elderly care; Vocational education; Industry–education integration; Jingzhou

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1. Introduction

Population aging has created a growing need for health and elderly care services in China. This change is also affecting vocational education, particularly the development of programs that prepare students for work in integrated medical and elderly care settings. National policies on vocational education, integrated

medical and elderly care, and professional development in elderly care have provided stronger support for this field. The practical response of colleges and employers, however, has not always kept pace with policy expectations [1–4].

In Hubei Province, 43 higher vocational colleges offer programs related to elderly care services. The expansion of educational provision has not completely solved the shortage of skilled personnel. Problems remain in the structure of the workforce, curriculum renewal, practical training, and the supply of dual-qualified teachers. Cooperation with care institutions is also often concentrated on student internships. Such arrangements provide students with workplace experience, but they do not necessarily bring employers into curriculum development, skills training, or quality evaluation [3–4].

The situation in Jingzhou is particularly relevant to this discussion. The city has developed a certain service and training base for health and elderly care, but the demand for appropriately trained personnel has become more apparent as the sector develops. The establishment of the Yichang–Jingzhou–Jingmen–Enshi Industry–Education Integration Consortium for Health, Elderly Care, and Education in late 2025 has created an opportunity for cooperation at a regional level.

The question, therefore, is not simply whether colleges and care institutions should cooperate. The more practical question is how such cooperation can be maintained and made useful to both sides. This paper examines the problem from the perspectives of collaborative governance and policy tools, using Jingzhou as the main case and the development of the Health and Elderly Care Services program at Hubei College of Chinese Medicine as supporting evidence [8–9].

2. Analytical framework

Collaborative governance is useful for examining this problem because the development of health and elderly care professionals involves several actors with different responsibilities. Government departments provide policy coordination; industry associations and care institutions know more directly about occupational requirements and workplace practice; colleges are responsible for education and training. Difficulties arise when these responsibilities remain separate [8–9].

Policy tools provide a second perspective. Planning can indicate future workforce demand, resource policies can reduce the cost of participation, evaluation can give greater weight to contributions from colleges and employers, and standards can connect workplace requirements with curriculum and skills training. These measures are closely related in practice and should not be considered in isolation [6–9].

The analysis consequently follows a simple line of inquiry: first, identify the gap between workforce demand and educational provision; second, examine the institutional reasons for weak cooperation; and third, consider what local policy can do to improve the relationship between colleges and industry.

3. The Jingzhou case

3.1. Industry demand and talent supply

Jingzhou has accumulated a certain foundation in health and elderly care. More than 4,000 professional nursing personnel have been trained, more than 12,000 elderly care beds have been added, 18 institutions are qualified to assess elderly care workers, and occupational skill certificates have been recognized on 6,922 occasions. At the same time, standardized integrated medical and elderly care services remain insufficient,

particularly at the grassroots level [10].

The education side faces a related problem. Some programs still rely heavily on conventional medical education and have been slow to incorporate changes in smart health and elderly care. Curriculum content does not always correspond closely to changing workplace requirements, and the shortage of dual-qualified teachers limits practical teaching. Cooperation with employers is often organized around internships, while the potential of training bases for teaching, professional training, and social services has not been fully used [3–4, 10].

3.2. Institutional constraints

Three institutional problems deserve attention. One is coordination. Several government departments and industry organizations are involved, but their responsibilities are not always connected through a clear working mechanism. A second is incentives. Care institutions bear the immediate costs of supervising students, while the benefits of training may eventually be shared by other employers. A third is fragmentation. Colleges may develop their own facilities, curricula, and cooperation projects without sufficient sharing of resources or standards [8–9].

3.3. Why enterprise participation remains relatively weak

These factors help explain why college participation is often stronger than enterprise participation. The problem is therefore not simply a lack of willingness to cooperate. It is also a question of who pays, who benefits, who provides information, and who takes responsibility [8–9].

4. From cooperation projects to regular collaboration

The first step is to improve information about workforce demand. Industry associations can organize regular surveys with colleges and government departments and report changes in job categories, competencies, and employment demand. This would give program development a more concrete basis [8–9].

The second step is to involve employers more directly in professional standards. Care institutions understand workplace requirements better than colleges alone. Their participation in defining competencies can make curricula more closely connected with actual work. In Jingzhou, appropriate traditional Chinese medicine practices may also become part of the distinctive competency structure of health and elderly care programs [3–4, 10].

The third step is to make better use of existing resources. College laboratories and enterprise training facilities can be opened to one another where conditions permit. Shared teacher resources and curriculum materials can reduce repeated investment by individual institutions [8–9].

The fourth step concerns evaluation. Cooperation should not be judged mainly by the number of agreements signed or students placed in internships. Graduate employment, employer satisfaction, quality of practical teaching, and the actual participation of employers in program development provide more useful information [8–9].

For these arrangements to continue, the costs and benefits of cooperation also need to be considered. Contracts can clarify responsibilities and contributions, while appropriate support can be provided to institutions that undertake substantial training. Industry associations can also serve as a bridge for information exchange. At the municipal level, a stable coordination mechanism is needed to prevent cooperation from becoming fragmented among departments [8–9].

5. Local policy support

5.1. Planning and guidance

Jingzhou could first improve its planning by developing a talent map for the health and elderly care sector and a catalogue for the development of "Gold-standard" programs. The purpose would be to identify workforce demand and encourage colleges to develop different areas of specialization [6–7].

5.2. Resource allocation

Financial support should focus on activities that require joint investment, including training bases, teaching materials, equipment, curriculum development, and dual-qualified teacher training. Care institutions that make substantial contributions to student training could receive appropriate support through existing industry–education integration policies [3–4].

5.3. Evaluation and incentives

Evaluation and recognition can also influence participation. Contributions made by care institutions to talent development could be reflected in relevant institutional assessment, while colleges' contribution to local industry development could be included in performance evaluation. Jingzhou may further explore professional recognition and qualification measures for elderly care workers [5, 8–9].

5.4. Standards and quality assurance

Finally, local standards should be developed through occupational research, competency analysis, consultation, pilot use, and revision. The experience of Hubei College of Chinese Medicine, particularly its connection of curriculum with occupational certification, provides a useful local reference [3–5].

6. Practice at Hubei College of Chinese Medicine

Hubei College of Chinese Medicine launched its Health and Elderly Care Services program in 2026. The program is designed for employment in integrated medical and elderly care institutions, geriatric departments of general hospitals, nursing homes, and related settings. It contains 161 credits and 3,000 hours, with practical training accounting for 57.9% [4,10].

The curriculum includes care assessment, appropriate traditional Chinese medicine techniques, chronic disease management, hospice and palliative care, and institutional operations and management. The college invested RMB 1.1362 million in six professional laboratories covering medical care, dementia intervention, hospice and palliative care, and traditional Chinese medicine-based health and elderly care. VR-based simulation teaching has also been introduced [4, 10].

These measures show an effort to bring curriculum, practical training, and professional certification closer together. They also provide a concrete example of resource sharing and practice-oriented program development. The case should not, however, be treated as evidence that the proposed regional policy mechanism has already been empirically validated. Its value is mainly practical: it shows how some of the proposed ideas can be implemented at the college level [10].

7. Implementation and risk management

7.1. Phased implementation

The existing Yichang–Jingzhou–Jingmen–Enshi industry–education integration consortium can serve as the basis for further work. A working group involving government departments, colleges, care institutions, and industry experts could coordinate the pilot [9].

In 2026, the priority could be a city-wide workforce survey, followed by pilot cooperation involving two to three colleges and three to five elderly care institutions. Curriculum reform could begin with workplace cases and practical tasks rather than immediate large-scale restructuring.

During 2027–2028, pilot results could be assessed and used to formulate city-level guidelines. From 2029 onward, workable practices could be extended to the wider urban cluster.

7.2. Funding and risk management

Implementation should also make use of existing funding channels. Enterprise investment, government subsidies, and college resources can be combined, while institutions accepting interns could receive appropriate support [1, 3].

The main risks are administrative coordination becoming formal, care institutions being concerned about training costs, and colleges facing resistance to curriculum and teacher-role changes. These problems are more likely to be addressed through clear responsibilities, reasonable incentives, and gradual reform than through administrative requirements alone.

7.3. Transferability

The Jingzhou experience should not be regarded as a model that can be copied directly elsewhere. Regional industrial structures, administrative arrangements, and financial conditions differ. What may be transferable are several practices: using existing cooperation platforms, coordinating existing funds, basing program development on workforce demand, connecting curriculum with practice and certification, and testing reforms through pilots before wider implementation [8–9].

8. Discussion

The Jingzhou case points to a relatively simple but important issue: cooperation does not automatically become effective merely because more organizations are involved. The quality of cooperation depends on whether the participating parties have a reason to remain involved and whether they can contribute to decisions, resources, standards, and evaluation [8–9].

This is particularly important in health and elderly care because the benefits of professional training are not always captured by the institution that provides the training. Colleges have a direct educational responsibility, whereas care institutions face more immediate operational costs. Without some form of cost sharing or institutional incentive, their participation may remain limited [8–9].

The four areas discussed above—workforce-demand research, professional standards, resource sharing, and evaluation—are therefore not separate policy measures. They address different aspects of the same cooperation problem. Better information helps colleges understand employers; employer participation makes training more relevant; shared resources reduce the burden of cooperation; and evaluation provides a basis for further adjustment [6–9].

The role of local government is consequently better understood as creating conditions for cooperation rather than simply requiring organizations to cooperate. For Jingzhou, the more realistic objective is not to pursue a large number of formal partnerships, but to establish a smaller number of stable arrangements that can be maintained and improved over time.

9. Conclusion and limitations

The development of high-quality health and elderly care programs requires closer connections among government policy, vocational education, and industry practice. The Jingzhou case shows that the difficulties faced by current cooperation are related not only to participation willingness but also to unclear responsibilities, uneven costs and benefits, and fragmented resources [1–4, 8–10].

A more stable approach would combine municipal coordination with regular workforce-demand research, joint standards development, shared training resources, and broader quality evaluation. These measures can provide a practical basis for connecting program development with the needs of the local health and elderly care sector [3–4, 8–10].

This study has several limitations. It is based on one regional case and relies mainly on policy analysis and practice-based evidence. It therefore cannot establish the causal effect of the proposed arrangements. Jingzhou also has institutional and industrial characteristics that may not be shared by other regions. Further research should follow the operation of the regional consortium over time and compare different regions to examine how far these arrangements can be applied elsewhere.

Disclosure statement

The authors declare no conflict of interest.

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