

Mechanism of Health Vocational Education Alliance and its Influencing Factors on Smoking Cognition

Kaige ZHOU, Associate Professor
Xin XU, Associate Research librarian
Xiaosheng SUN, Professor

Kaige ZHOU, Associate Professor in Management, Department of Economics and Management, Huaiyin Normal University, Huai'an, Jiangsu China. Xin XU, Associate Research librarian in Library Science, Library, Huaiyin Normal University, Huai'an, Jiangsu China. Xiaosheng SUN, Professor in Traditional Chinese Medicine, Guangzhou Huashang Collidge, Guzhou, Guangdong, China. Correspondence author: Xin XU; 1375669233@qq.com

Objectives: The construction of healthy society and country can not be separated from the development of health vocational education. Among them, it is of great significance to help people, especially teenagers, to establish correct cognition and behavioral norms of smoking through health vocational education for delaying the time of first attempt to smoke and reducing the smoking rate of the whole population and its derived harm. With the extension of the scope of health vocational education and the increasing complexity of factors influencing smoking cognition, it is necessary to build health vocational education alliance to optimize resources, reduce risks and achieve their own strategic goals. Based on the research data, this paper makes an empirical study on the influencing factors of alliance mechanism selection by using the ordered multi-classification Logit model, and makes an in-depth analysis on the mechanism selection of alliance establishment from the perspective of health vocational education institutions..

Key words: Health vocational education, Ordered multi-classification Logit model, Alliance mechanism selection, Smoking Cognition

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Introduction

The establishment of correct cognition of smoking is of positive significance for reducing the smoking rate and the number of smokers, especially for delaying the time of first attempt to smoke, and for reducing the smoking rate and its derived harm of the whole population. In 2018, the smoking rate of people aged 15 and above in China was 26.6 percent, which is still far behind the goal of reducing the smoking rate of people aged 15 and above to 20 percent as required by 'Healthy China 2030'. Therefore, strengthening the correct guidance of adolescent smoking cognition,

controlling adolescent smoking rate and improving health literacy level can effectively reduce the number of adult smokers in the future, which is the key to reduce the population smoking rate. School is the main place for young people to study and live. School-based health promotion projects have better social benefits in public health interventions. Therefore, the health vocational education can not only help the immature students to establish the correct cognition of smoking, but also promote the correct cognition and harm of smoking to the society.¹

Health education refers to the educational activities and processes that help citizens master health care knowledge, modify behavior and lifestyle, and ultimately improve their health level through health information dissemination and behavioral intervention.¹ The ultimate goal of health education is not only the improvement of knowledge level, but also the realization of good behavior and lifestyle through products and services, so as to reduce or eliminate the risk factors affecting health. At present, the demand for health education is upgrading from the simple mode of health information dissemination to the mode of "comprehensive solution" combining health products and services of "course -- practice -- life camp (training camp) -- symptom treatment".³⁻⁴ Therefore, health education needs to be transformed from scattered professional skills to comprehensive key abilities, from mechanical training to action reflection. It is imperative and urgent to strengthen health vocational education..

As residents' health needs have been upgraded from basic medical and health care of "seeking medical treatment, preventing and treating diseases" to medical and health care of "reducing pain, recovering from sub-health, recovering from chronic diseases and improving health".⁵ Only the establishment of health vocational education alliance with multi-level, full of vitality and diversity of resources can meet the characteristics of complex, systematic and high conversion of current health needs. To further explore the influence of smoking cognition and harm mechanism, help residents to establish a healthy lifestyle.

Literature Review

Health practitioners must have strict access control, standardized practice process and scientific assessment and monitoring, which requires the integration of occupational control and health education.⁶ As health vocational education has become the main source of talents and intellectual support for the development of health cause in China, problems such as the imperfect system of health vocational education, the practical education resources of vocational skills need to be strengthened, the imperfect supporting system, and the uneven quality of

education and talent training are becoming important factors affecting the health industry. It is urgent to construct the health characteristic vocational education system with vertical connection and horizontal integration.⁷⁻¹⁰

On this basis, the establishment of smoking cognition, social propaganda and scientific guidance system from the perspective of health can greatly reduce the early age of smoking. Other studies evaluated this effect by establishing a model of the impact of heated tobacco products on population health and statistics of online tobacco purchasing behaviors.¹¹⁻¹²

Vocational education differs from other teaching types by its "professionalism" and breaks through the boundary of a single level. The formation of a complete system of vocational education requires that in addition to a complete hierarchy of schooling, smooth progression paths should also be established between each hierarchy.¹³ The professional direction of health vocational education involves medical assistance, nursing, medicine, pension, chronic disease management, and rehabilitation, which is difficult to be completed by a single school or institution. While clarifying and adhering to the attributes of health vocational education, the only way to establish health vocational education alliance is to establish a health vocational education alliance. Only by connecting and sharing the structure, teaching system, teaching form and content of vocational education can the vigorous vitality be guaranteed.¹⁴⁻¹⁷

Alliance is an organizational form with numerous advantages, but the overall success rate is not high. The key to improve the success rate of the alliance is to choose the governance mechanism suitable for the health vocational education alliance, that is, on the one hand, to integrate all kinds of resources invested by the alliance partners, on the other hand, to control the main risks faced by the alliance. From the original contents of alliance motivation, benefit distribution, trust and fraud among alliance partners, scholars gradually transition to the research on the relationship between competition

and cooperation, alliance instability, cooperation effect, alliance operation and management mode, and alliance governance mechanism. From the theoretical model and quantitative analysis of the alliance relationship to the in-depth investigation of the actual case formation of the alliance with path dependent qualitative research results.

The research of alliance mechanism is gradually divided into three parts: formal control alliance mechanism, relationship control alliance mechanism and interaction of alliance mechanism. Among them, alliance mechanism selection is the most important formal control mechanism in the research, which often analyzes what conditions and factors will affect the choice of alliance structure. In addition, the contract governance model and alliance scope are also gradually paid attention to, and most of the existing research scope adopts value chain classification. In recent years, representative theories on the interaction between formal control and relational control include TCE, RBV, relational theory, ordered Logit regression method, and Luo analysis on the influence of trust and procedural justice on the alliance mechanism. Therefore, the essence of alliance mechanism is to find and use potential valuable cooperation opportunities, and the establishment of alliance mechanism is the result of the comprehensive judgment of the environment, their own resources and their partners. The recognition of the alliance mechanism and the choice of the opportunity to establish the alliance are the key factors that determine the success of the alliance and the possibility of success. There is no immutable mode for the implementation of the alliance mechanism. It is the key to choose the appropriate time and mode for the alliance according to its own characteristics. Therefore, scientifically judging the influencing factors and action paths of alliance timing and constructing a decision-making mode of entrepreneurial timing suitable for entrepreneurs' own characteristics can not only better guide entrepreneurial behavior, but also deepen the research on alliance mechanism decision-making in alliance mechanism construction.

Research Design

Health vocational education requires the use of a new way of thinking to re-examine vocational education at the same time will be the focus of vocational education development from decision-making field to field, which determines the must understand health vocational education from the overall implication, put health professional alliance mechanism in the overall health of the business and industry ecology and vocational education ecology relations under the realistic background, We should not only pay attention to the reform of health vocational education system itself, but also pursue the overall effect in the social structure of health vocational education system and health demand upgrading.¹⁸ So as to establish a correct cognitive system of smoking.

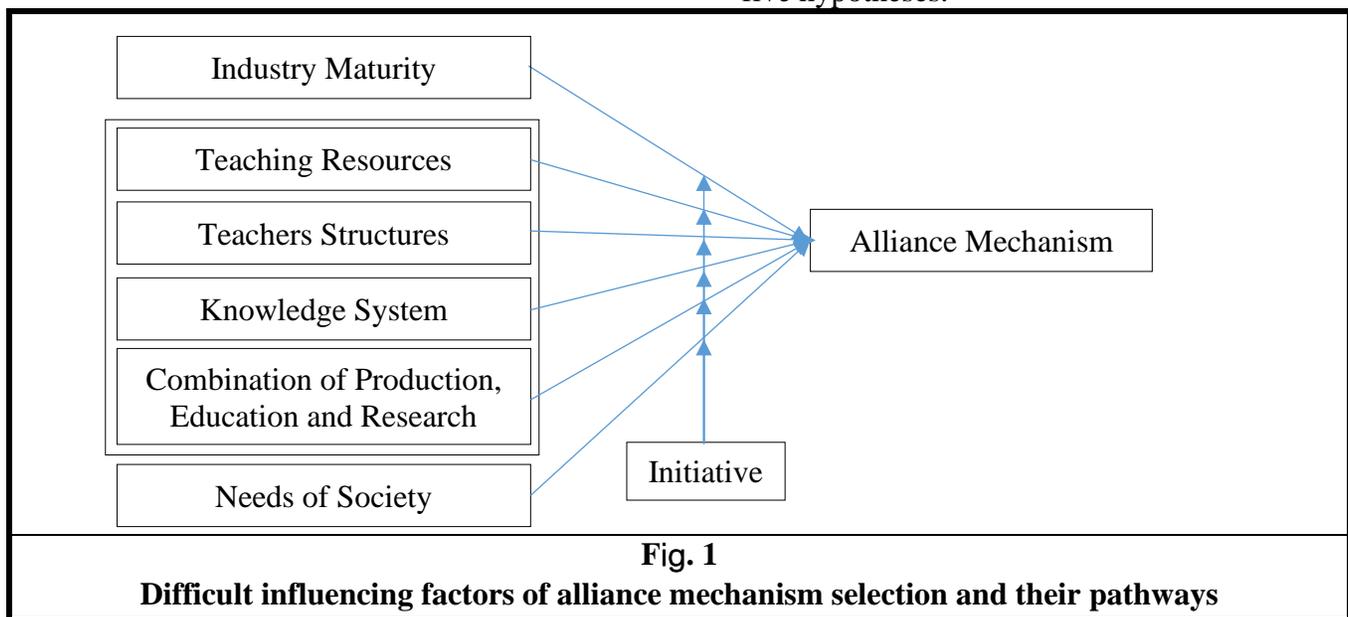
The health vocational education alliance exists in or comes into being in practical practice. Health vocational education is a potential target of transformation and a constantly moving "window of opportunity", which requires practitioners to repeatedly weigh and optimize alliance mechanism according to the upgrading of health needs and changes of vocational education. In this sense, the establishment of health vocational education alliance mechanism is that health vocational educators assess their own resources and ability to grasp and use the opportunity of alliance, and on this basis can effectively implement industrial alliance behavior.

As a health vocational education alliance, it is necessary to use and deploy various resources, including teaching resources and practice resources, to provide new products or new services to students or customers, so as to create alliance value and pursue the perfection of health vocational education service system.¹⁹⁻²¹ The actual grasp of the alliance is related to the attitude of all parties towards the alliance. It refers to the internal psychological tendency of all parties towards the alliance and their positive or negative internal reactions to the alliance. Because the relationship between attitude and behavior is very complex and attitude can affect behavior, attitude is an intermediate variable in this alliance mechanism.²²⁻²⁴

Whether to choose alliance, and appropriate alliance, and the ability of the parties to meet the demand of health vocational education inseparable, this ability includes the knowledge of teaching system, teachers, practice ability, teaching ability, teaching and management needs of compatibility, etc., involves the understanding of health vocational education and social demand, school-running orientation and teaching implementation, etc., The accumulation of all parties in these aspects and whether they have advantages affect the choice of alliance mechanism to a great extent.

Given in this paper, the research focus of, will be alliance mechanism choice here is defined as the possibility of different health vocational education institutions to participate in the league, it reflects the institutions for alliance mechanism of a kind of subjective initiative, the choice of different mechanisms is consistent with the

strength of this kind of subjective initiative, namely a health vocational education institutions that participate in the timing of the alliance is relatively mature, This is when the alliance mechanism is chosen. Combined with the existing theoretical research results, the factors that may affect the choice of health vocational education institutions are summarized as teaching resources, teachers, knowledge system, combination of industry, study and research and social demand. Figure 1 is the ideal model of influencing factors and action path of health vocational education alliance mechanism constructed based on relevant theoretical research results. Based on this ideal model, this study established an appropriate statistical model through the collection of empirical data to test whether and to what extent there is causal correlation between them and alliance mechanism selection. Specifically described as five hypotheses.



Hypothesis 1, teaching resources function theory. The more serious the problem of insufficient teaching resources is, the more difficult it is to meet the upgrading of health demand, and the higher the motivation to choose alliance mechanism.

Hypothesis 2, teacher structure function theory. It mainly refers to the matching degree of main teacher structure and demand, the

relationship between teacher team and development, and the orientation of teacher development in health vocational education institutions. Therefore, it is assumed that the higher the degree of coincidence between faculty structure and health vocational education needs, the stronger the precision of alliance mechanism selection, that is, the weaker the difficulty; On the contrary, the greater the gap between the

positioning of teacher structure and the demand trend of health vocational education, the more difficult it is to select the precision of alliance mechanism, and the more likely it is to fail.

Hypothesis 3, the role of knowledge system. Under the guidance of teaching resources, we assume that the clearer the direction of knowledge system of health vocational education institutions is, the richer the levels are, the higher the accuracy of alliance mechanism selection will be, and the smaller the difficulties will be. On the contrary, the vaguer the direction and the thinner the level of knowledge system, the worse the accuracy of alliance mechanism selection, and the greater the difficulty of selection, thus reducing the success rate.

Hypothesis 4, the combination of production, education and research. The combination of industry-university-research includes the implementation subject of health vocational education, classroom education and practical operation training, on-the-job practice and training, department coordination and implementation performance. Therefore, we can assume that if health vocational education can strengthen the optimization of industry-university-research combination, it will promote the alliance mechanism and thus improve the possibility of achieving the selection goal.

Hypothesis 5, social demand plays a role. The promotion of health demand and the application of new technology in vocational education play a direct role in promoting alliance mechanism. According to the research needs, this paper mainly reflects the satisfaction of social needs by improving the matching degree of social needs and health vocational education content, the proportion of application-oriented teachers and students' satisfaction. We assume that social demand upgrading has a certain effect on the promotion of alliance mechanism, but the specific degree of effect needs to be further verified.

Evaluation of Measurement

Data sources, variable measurement and testing

The data for this study are from a sample survey conducted by the author in 30 health

vocational education institutions in 15 provinces and cities in China from June 2020 to July 2021. This survey takes "influencing factors of health vocational education alliance mechanism selection" as the overall research, and uses the method of questionnaire survey to understand the maturity of health vocational education institutions and the status quo of health vocational education alliance mechanism selection.

Survey objects were selected by non-probabilistic sampling, and sample sizes were allocated according to different regions and industries. Although the survey objects are not randomly selected, they are strictly controlled in the actual sampling process, such as the positions, institutions, assets, students in school, whether they belong to undergraduate institutions, etc., so as to make the sample structure close to the overall situation and make it highly representative. A total of 1500 samples were sent out, and 1027 valid questionnaires were collected after excluding invalid ones.

1. The choice of time to join the alliance is taken as the dependent variable in this paper, that is, the grasp of time and opportunity for health vocational education institutions to join the alliance.

Institutions can choose to opt in to the alliance at different stages. This study uses the question "W11" of the questionnaire, which asks "What do you think is the best time for your institution (school) to conduct alliance?" There are four answers, namely "start-up period", "rapid development period", "mature and stable period" and "decline period". In view of the frequent changes in the operation of institutions in the "initial stage", there are no reservations here (43 in total), and only the last three are used to reflect the timing choice of institutions to carry out the alliance. Obviously, the timing of entering the alliance contains a group of mutually exclusive multi-classification variables sorted by time characteristics. The values of the three options range from 1 to 3. The larger the value is, the more delayed and delayed the timing of entering the alliance is, indicating the low sensitivity of transformation and upgrading. It should be pointed out that these measurements are not the real performance of the timing choice of institutions to

enter the alliance, but the reflection of subjective psychological tendency. The statistical results are shown in Table 1.

Item	Frequency	Cumulative Frequency	Percent	Cumulative Percent
Period of Rapid Development	158	158	0.154	0.154
Period of Maturity	204	362	0.199	0.353
Degenerating Stage	665	1027	0.648	1.000
Total	1027			1.000

2. There are five main independent variables in this paper: the teaching resources of health vocational education institutions, the structure of teachers, the knowledge system, the combination of industry, education and research, and the upgrading of social needs.

(1) Teaching resources refer to the educational hardware, government support, source of students, connection between middle and higher vocational education, student employment and competitor behavior, etc., faced by health vocational education institutions. Here, four questions w11, W12, W19 and W20 were used to assign values of "main competitors", "external environment", "sales proportion of major customers" and "major customer relationship" according to 4, 3, 2 and 1 points respectively. Statistically, Mean of

variables (2.129) and standard deviation (SD) were 0.466.

(2) the teachers structure is the soft power of running a school and double type teachers and the application of comprehensive evaluation of teaching effect, the main index variables have "student-faculty ratios (w13)", "training course proportion (w14)", "industry of teachers accounted (w15)" and "career planning" (w16) four, judging by the institutions themselves to the above aspects of the positioning, The value ranges from 1 to 7, indicating "Strongly disapprove" to "strongly approve" respectively. The influencing factors of teacher structure were obtained through factor analysis. The higher the factor score, the more accurate the strategic positioning. Factor analysis is shown in Table 2.

Item	Load factor	Specificity	Eigenvalue	Cumulative Variance
Student-faculty ratios	0.762	0.420	2.494	0.624
Proportion of training courses	0.821	0.325		
Proportion of teachers in the industry	0.814	0.338		
Career planning	0.762	0.422		

(3) Knowledge system: Three statements about the alliance mechanism of health vocational education institutions are designed in the questionnaire: "Whether institutions encourage alliance knowledge acquisition (W25A)", "knowledge sharing is the basis of health vocational education institution alliance mechanism (W25B)", "knowledge stratification is an important guarantee of health vocational

education institution alliance mechanism (W25C)", respondents were asked their attitudes to these statements, using the Richter scale format. Here, from "strongly disagree" to "strongly agree", 1-7 points are assigned for factor analysis, and the knowledge factor of health vocational education institutions is obtained. The higher the factor score is, the better the effect of alliance mechanism is. Factor analysis is shown in Table 3.

Table3

Knowledge Factors of Health Vocational Education Institution Alliance

Item	Load factor	specificity	eigenvalue	cumulative variance
Alliance knowledge acquisition	0.621	0.614	1.444	0.481
knowledge sharing	0.712	0.493		
Knowledge hierarchy	0.743	0.447		

(4) Four variables were used to measure the support of industry-university-research association for the health vocational education institution alliance mechanism: "Whether the organization encourages the integration of industry, learning and research (W17A)", "whether the organization has established the optimization organization of the integration of industry, Learning and research (W17B)", "Whether there are full-time managers of the integration of industry, learning and research (W17C)", "whether the training of the process optimization of the integration of industry, learning and research (W17D)", these four

variables are dummy variables. The value 0 indicates no support, and 1 indicates yes. The statistical results are shown in Table 4.

(5) Social needs include both health undertakings and health industry. A specific question from the questionnaire is used here: W23 (a) "Is the point-in-time target for vocational education innovation matching the new health needs achievable on schedule?" This variable is a dummy variable, with "0" indicating none; The value "1" indicates yes. Statistics show that the mean value of variables is 0.121 and the standard deviation is 0.326.

Table4

Support of Business Processes for Transformation and Upgrading of Traditional Industries

Item	describe	mean value	standard deviation
Encourage policy	1=Y, 0=N	0.490	0.500
Specialized agencies	1=Y, 0=N	0.362	0.467
Professional guidance	1=Y, 0=N	0.435	0.486

(6) Reliability analysis of independent variables: Reliability coefficient is an effective analysis method for the reliability and stability of measurement content. As a quantitative description method, the larger the reliability coefficient value is, the greater the reliability degree of measurement is. The definition of reliability coefficient is different for different research purposes and properties. Generally speaking, the value between 0.6-0.7 belongs to

acceptable reliability, between 0.7-0.8 belongs to good, and above 0.8-0.9 belongs to very good acceptable value. In this study, kronbach coefficient is used to test the internal consistency of five indicators of transformation and upgrading independent variables. The results in Table 5 show that the internal consistency coefficient of the independent variables of transformation and upgrading is 0.792, indicating that each sub-index has good internal consistency.

Table5

Knowledge Factors of Health Vocational Education Institution Alliance

case	significance	quantity	percent
		985	95.9
Rule out several	142	13.8	
total	1027	100.0	
Cronbach's Alpha	0.729	N of Items	8

3. Control variables: In the analysis, variables of health vocational education institutions that may affect the choice of alliance mechanism were introduced as control variables to investigate the impact validity of the independent variables concerned in this study.

These control variables include: position and years of employment of respondents, establishment time of the institution, nature of the institution, whether it is an undergraduate institution, main training object, size of the institution, etc. The specific situation of each control variable is shown in Table 6.

Table 6
Descriptive Statistics of Main Control Variables

Variable	Assignment	Statistical Description of Variables		
Basic Situation	Position	1= senior executive, 0= else	0.467	0.482
	For Years	1=More than 3 years, 0= else	0.214	0.425
	Mechanism Time	1=More than 3 years, 0= else	0.536	0.499
	Character of Structure	1= Run by the local, 0= else	0.129	
	University	1=Y, 0=N	0.786	
	Education Form	1= Degree sequence, 0= else		
	Number of Employees	1=More than 500 person, 0= else	0.409	0.492
Industry Situation	Training Object	1= personal, 0= else	0.523	
	Tuition Revenue	1=More than 100 million, 0=N	0.271	
	Percentage of Tuition Income	1= More than 60%, 0= else	0.189	
	Training Object	1= personal, 0= else	0.523	

Analysis of Model Estimation Results

In this study, STATA11 statistical software was used to conduct ordinal Logit (Ordinal Logit Model) regression analysis on the cross-section data of the investigation sample, and the parameter estimates of the respective variables were obtained. The ordered multi-class Logit model can be expressed as:

$$P_r(outcome_j = i) = P_r(k_{i-1} < \beta_1 x_{1j} + \beta_2 x_{2j} + \dots + \beta_k x_{kj} + \mu_j \leq k)$$

Where, P_r , X_{kj} , β_k and μ_j are the dependent variables, independent variables, parameters to be estimated and random error terms of the model respectively, are the segmentation points, and the number is the number of types of dependent variables at different levels minus 1, namely $(j - 1)$. We also assume that the effect of each independent variable is the same for different values of the dependent variable, that is, the parallel regression assumption is followed.

The main factors influencing mechanism selection of health vocational education alliance, their significance and influence degree are shown in

Table 7. The bottom of the table is the statistics of the overall model fitting degree test. Model I only included 8 control variables in the equation, and the chi-square value $chi^2(8) = 18.35$ of the overall likelihood ratio was 0.0165, indicating that the ordered multi-class Logit model without independent variables was established. Model ii included the 8 independent variables of this study and the chi-square value of the overall model likelihood ratio $chi^2(16) = 76.85$, which can completely reject the null hypothesis that the influence of these variables are all 0, and the ordered multi-classification Logit model containing independent variables is established. When 8 control variables are controlled, the joint effect test of the independent variable group is significant in model ii, and the likelihood ratio $LRchi(8) = 58.21$, chi-square value is 0.000. We can reject the null hypothesis that the effects of all 8 independent variables are zero, and the alternative hypothesis is acceptable.

Table 7
Descriptive Statistics of Main Control Variables

Independent Variables	Model I		Model I	
	(without Independent Variables)		(including Independent Variables)	
	Coefficient (β)	Standard Error	Coefficient (β)	Standard Error
Cut Point 1	-1.869	0.206	-1.593	0.463
Cut Point 2	-0.792	0.201	-0.771	0.458
Position	-0.043	0.105	0.101	0.153
For Years	0.381**	0.134	0.392**	0.192
Character of Structure	0.096	0.116	0.288	0.163
University	-0.110	0.115	0.110	0.164
Education Form	-0.214	0.171	-0.156	0.229
Number of Employees	0.047	0.245	0.081	0.341
Training Object	-0.026	0.124	-0.358**	0.176
Tuition Revenue	0.102	0.141	0.046	0.198
Teaching Resources			-0.036	0.118
Teachers Structure			0.172**	0.076
Knowledge System			-0.316**	0.075
Encourage Policy			0.144	0.188
Specialized Agencies			-0.300	0.201
Professional Guidanc			-0.413**	0.190
Combination of Production, Education and Research			0.320*	0.183
Log Likelihood	-1409.230		-708.05384	
LR Chi ² (8)	18.35		76.85	
Prob> chi ²	0.017		0.000	

Note: Significance level: * $p \leq 0.10$ ** $p \leq 0.05$ * $p \leq 0.001$**

(1) the study found that, after controlling for all other variables, under the condition of health vocational education institutions teaching resources in the model II effect test is not significant, likelihood ratio chi-square value $chi^2(1) = 0.09$, the corresponding probability is 0.758, we can accept the independent variable to zero null hypothesis, namely the health vocational education institutions teaching resources has no effect on the choice alliance mechanism, Hypothesis 1 is not supported by this data.

(2) the research shows that, after controlling for all other variable conditions, teachers' structure factor in the model II effect by significance test, the test of single variable likelihood ratio chi-square value $chi^2(1) = 5.02$, the corresponding probability is 0.025, the impact of 0 hypothesis can be rejected, namely teachers structure factor have significant effects on alliance mechanism choice is, Hypothesis 2 is supported by empirical data $OR = \exp(-0.172) = 0.842$. When all other variables are controlled, the accuracy of alliance

mechanism will decrease by about 15.8% for every 1 standard deviation reduction in strategic positioning ability.

(3) research shows that after controlling for all other factors, knowledge factors in the model II effect by significance test, the test of single variable likelihood ratio chi-square value $chi^2(1) = 16.35$, the corresponding probability is 0.000, the impact of 0 hypothesis is rejected, the knowledge system of health vocational education alliance mechanism choice has significant influence, hypothesis 3 confirmed by survey data $OR = \exp[-(-0.316)] = 1.356$. When all other variables are controlled, the accuracy of mechanism selection of health vocational education alliance will be improved by about 35.6% when the knowledge system factor increases by 1 standard deviation.

(4) the research shows that after controlling for all other factors, the factors of university-industry cooperation combined effects of the four independent variables in the model II passed the test of significance, likelihood ratio $chi^2(4) = 9.97$, chi-square value corresponding to the probability of 0.049, there is reason to refuse their influence to 0 original hypothesis, mechanism of health

vocational education alliance university-industry cooperation choose has significant influence, Hypothesis 4 is confirmed by the survey data. Among the four variables, only the regression coefficient of departmental collaboration is significant $OR = \exp[-(-0.413)] = 1.516$, indicating that when all other variables are controlled, departmental business collaboration will increase the incidence of alliance mechanism selection by about 51.2%.

(5) The results show that, when all other variables are controlled, social demand escalation shows a significant influence effect in model ii. The likelihood ratio chi-square value of single variable $\chi^2(1) = 4.12$, the corresponding probability value is 0.042, which can reject the null hypothesis that its influence is 0. Hypothesis 5 is confirmed by the survey data $OR = \exp[-(-0.425)] = 1.527$. The results show that the success rate of health vocational education alliance mechanism will be increased by 52.7% when all other variables are controlled. Similarly, after controlling for all other variables, joining the alliance can improve the matching rate of the alliance mechanism by 52.7%.

Conclusion

Based on the questionnaire of health vocational education institutions, this paper analyzes the influencing factors of alliance mechanism selection by using ordered classification Logit regression model. The results show that health vocational education institutions have an obvious promoting effect on the establishment of alliance mechanism in terms of teaching resources, faculty structure, knowledge system, industry-university-research combination and social demand upgrading. Thus, it plays a positive role in promoting the establishment of correct smoking cognition.

It is the focus of this paper to understand how the health vocational education institutions choose the alliance mechanism scientifically and precisely to meet the health needs of the society. What factors really promote the timing, mode, strategy and path of their alliance is the core of the problem. Here, we have a basic premise for the problem: Face residents health needs to upgrade in the current

background of summer health vocational education development environment, the structure of the education system, emerging technologies are widely used for health vocational education reform, vocational education institutions is facing the most urgent health alliance development request, but the lack of a system, scientific, and accurate mechanism selection system. Although health education institutions in different industries, regions and stages of development have different requirements for alliance mechanism selection, the cognitive results of this problem still have a certain practical guiding significance.

Therefore, with the upgrading of residents' health needs, the establishment of health vocational education alliance is of positive significance to the optimization, improvement, promotion and recognition of smoking cognition system.

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Author Declaration

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