

# 정부의 건강증진사업 목표 및 추진방향

이종구 (보건복지부 건강증진국장)



# **Objectives and Strategies of Government Health Promotion Policy**

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**Health Promotion Bureau, Ministry of Health and Welfare**


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# Background - Health Status in Korea

## Statistical Profile of Korea


Population: KOREA (millions) 2003	~48.2
Population: SEOUL (millions) 2003	~10.3
GDP per capita (Intl \$, 2004)	19,200
Life expectancy at birth (male/female, years, 2003)	72.8/80.0
Fertility rate (2005)	1.16
Total health expenditure per capita (Intl \$, 2003)	996
Total health expenditure as % of GDP (2003)	5.6
Type of health insurance	National Health Insurance
Coverage of health insurance (%)	100

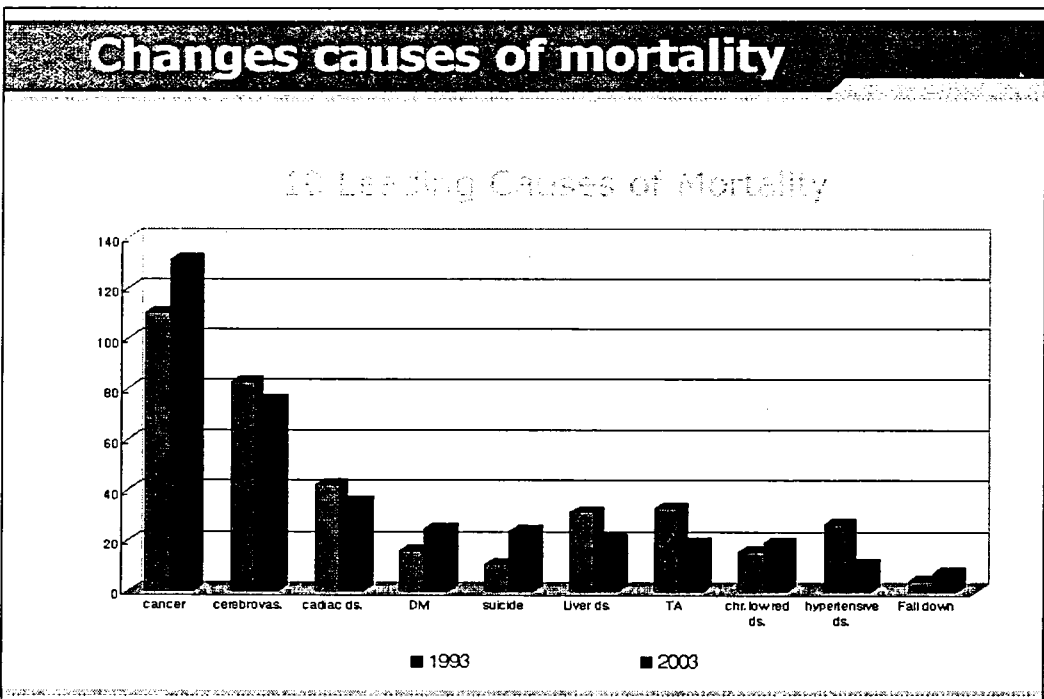
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## Changes in causes of mortality

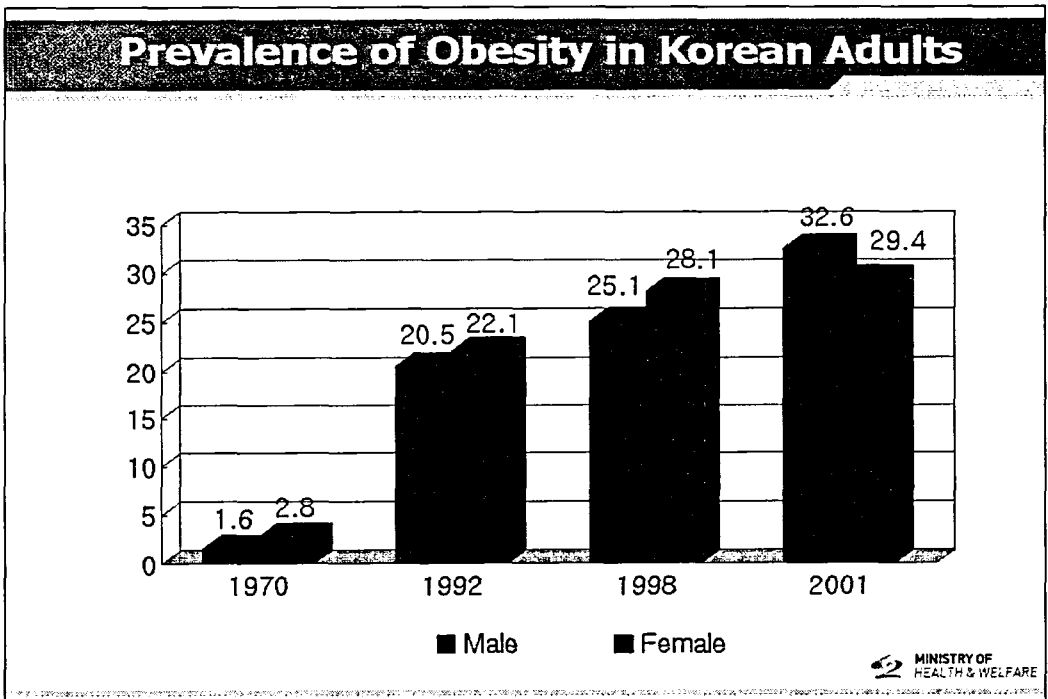
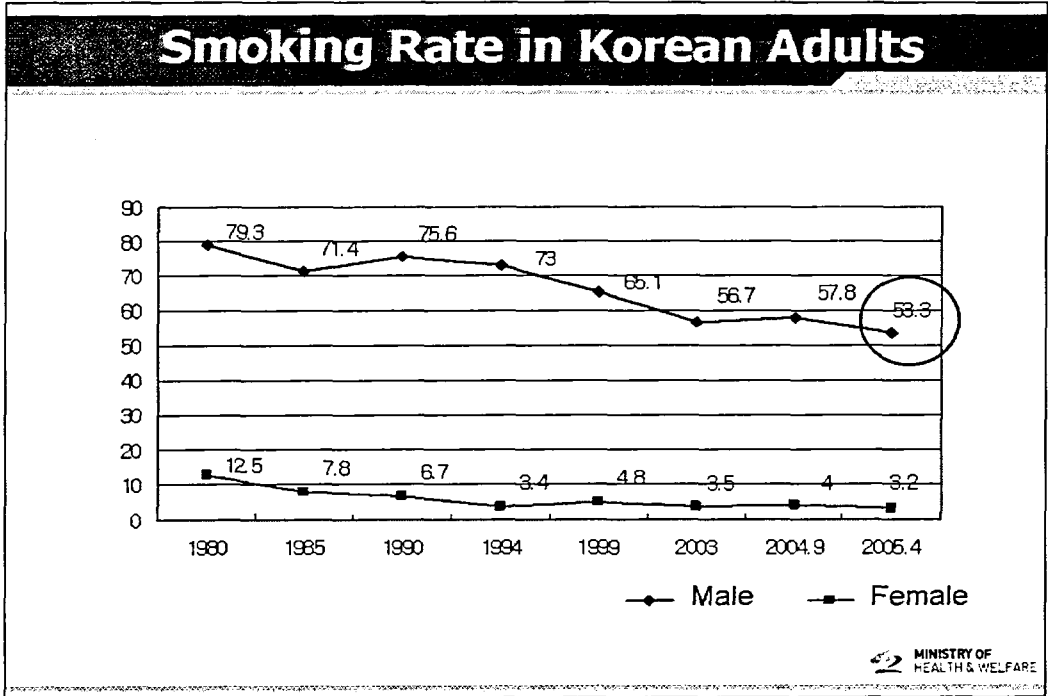
### 10 Leading Causes of Mortality

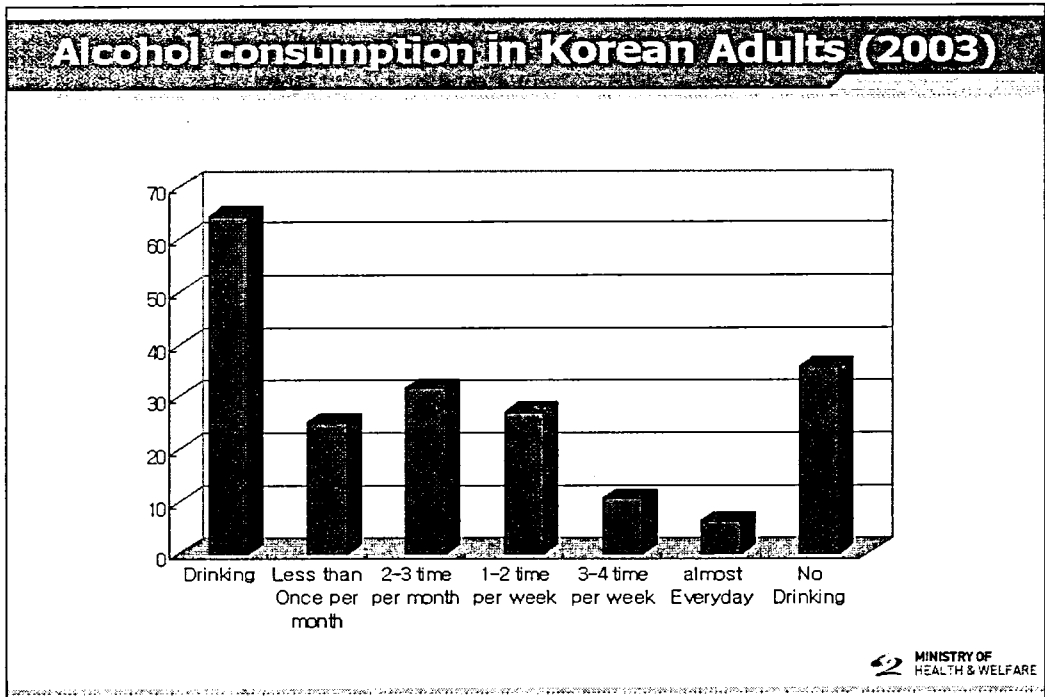
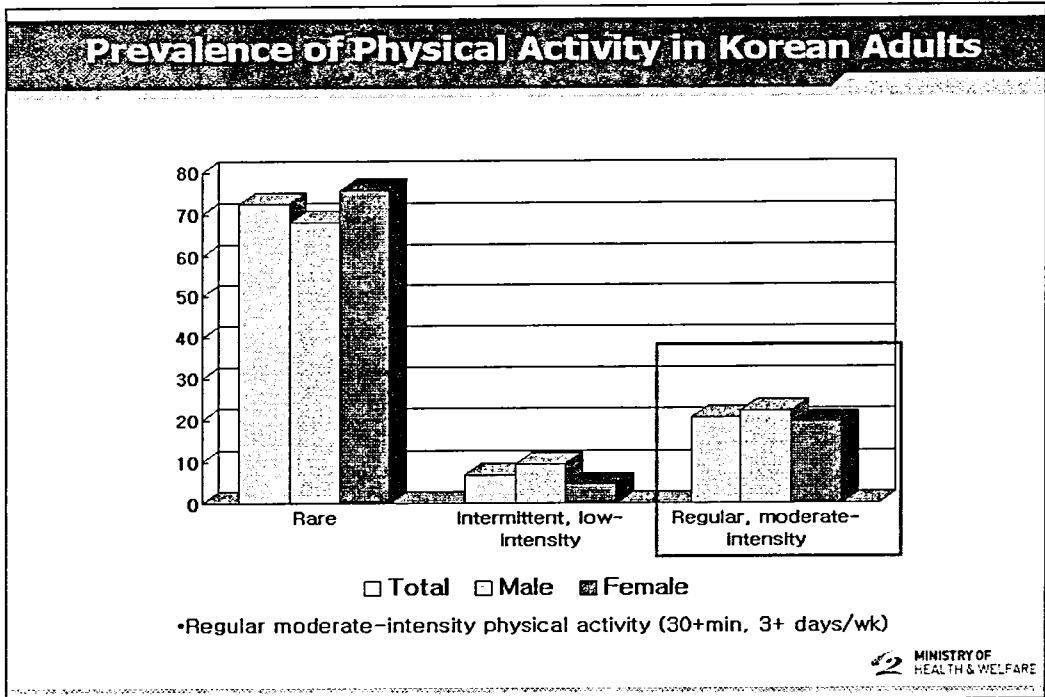
Rank	total population	
	1993	2003
1	cancer	cancer
2	cerebrovas.	cerebrovas.
3	cardiac ds.	cardiac ds.
4	TA	DM ↑
5	Liver ds.	suicide ↑
6	Hypertensive ds.	Liver ds.
7	DM	TA ↓
8	chr.low res.ds.	chr.low res.ds.
9	Suicide	hypertensive ds.
10	Resp.Tbs.	Fall down

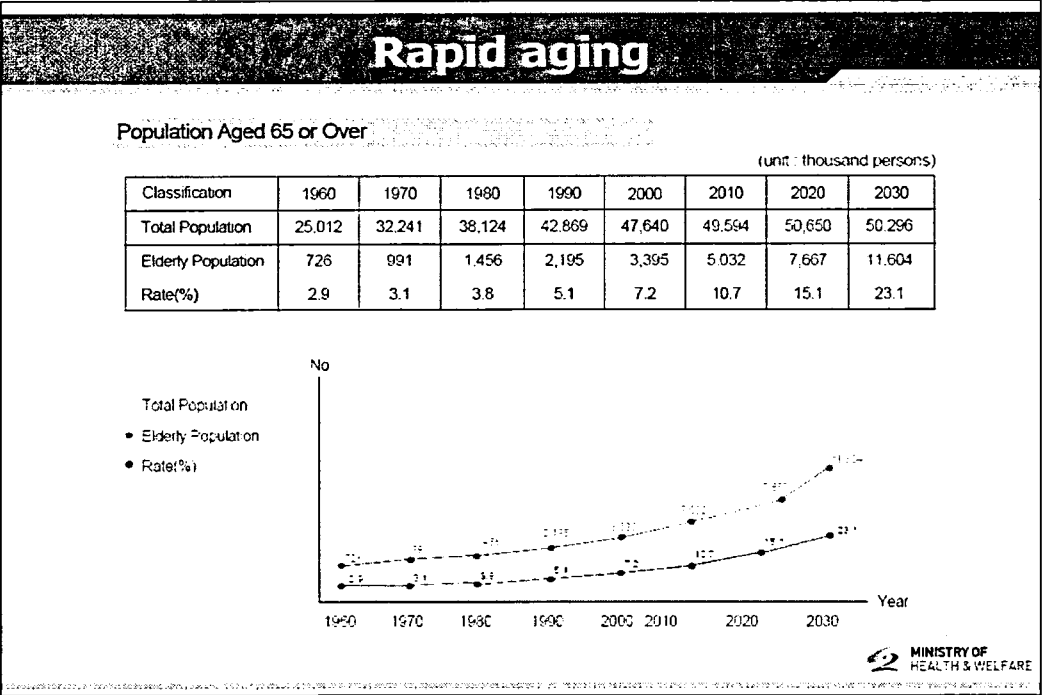
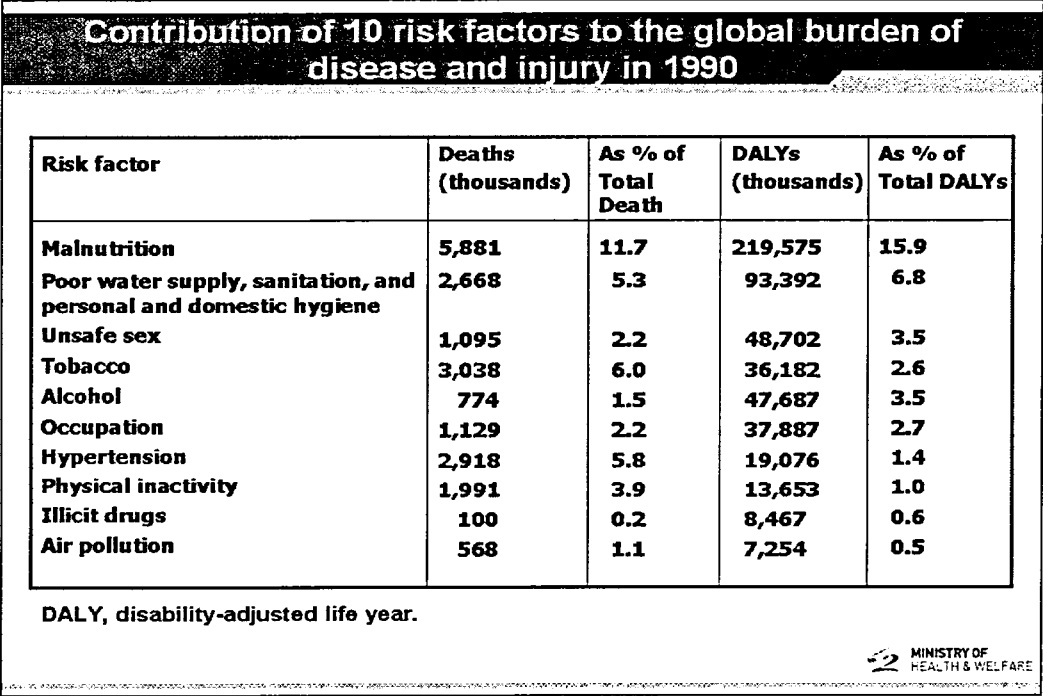

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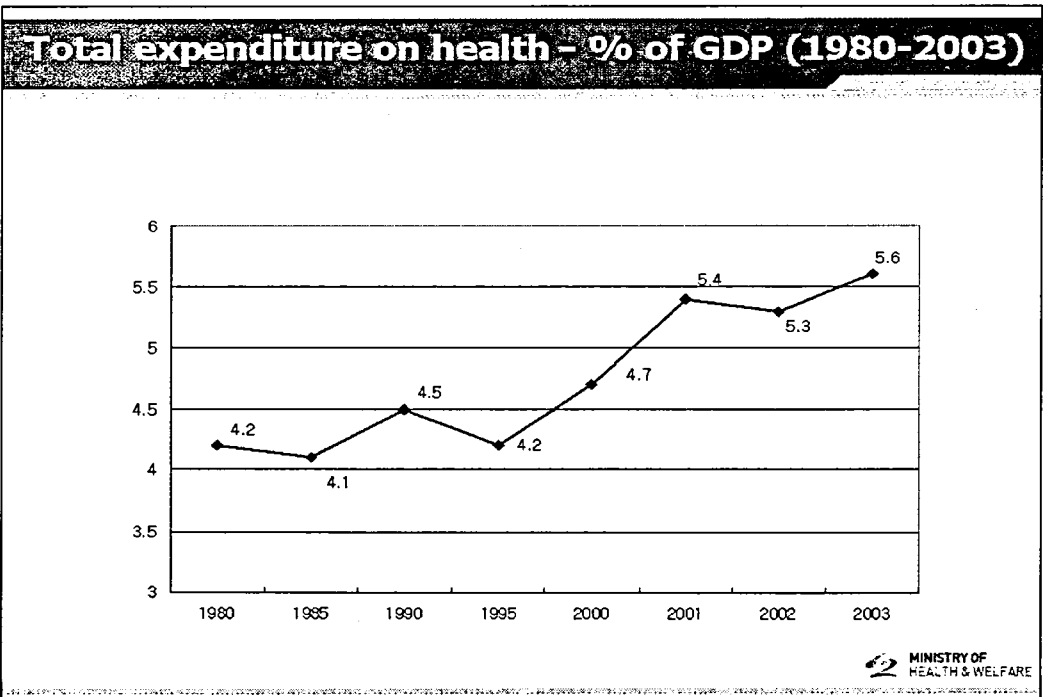
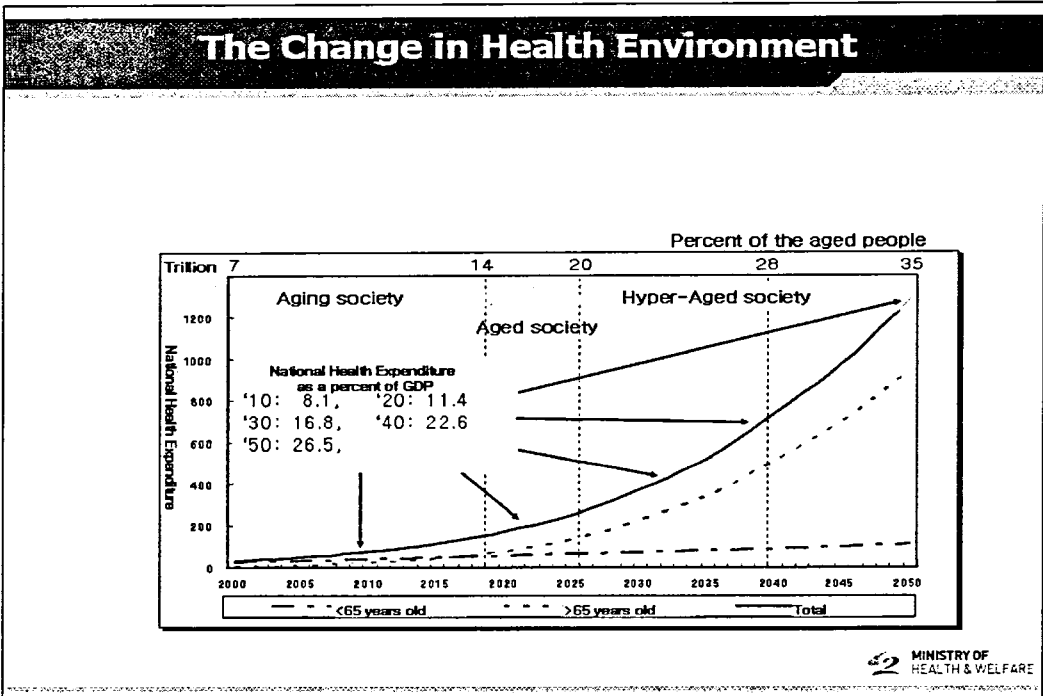
8 건강증진사업의 새로운 도전











## Health Promotion Act

### Essential components of HP Act

- ☞ Tobacco Control
- ☞ National Health and Nutrition Examination Survey (K-NHANES)
- ☞ Establishing Health Promotion Fund

## The National Health Promotion Act

- ▣ Comprised of 5 chapters and 35 articles
- ▣ Enacted in 1995, aiming to foster among the people the value of and a sense of responsibility about health, spread appropriate knowledge about health, and create conditions for the people to practice healthy life style.

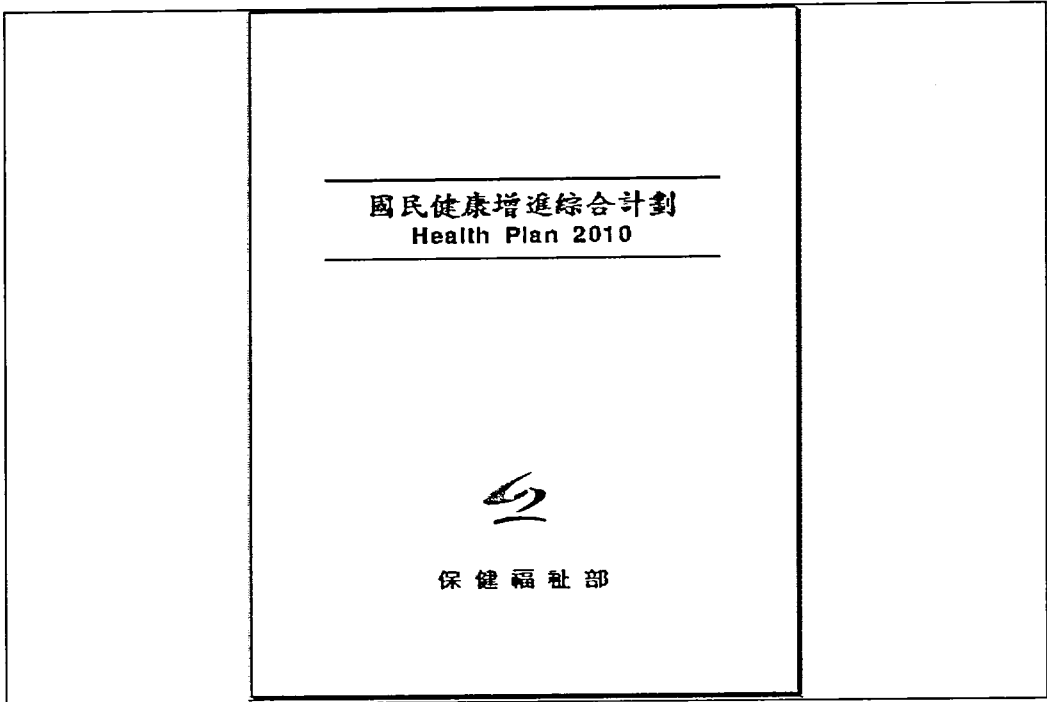
## Extract from the Health Promotion Act

- ▣ **Chapter 1, Article 1 [Purpose]:**
  - "To improve the health of citizens by providing them **with the correct knowledge about health and creating environments** to help citizens lead a healthy life."
- ▣ Chapter 1, Article 6 (1):
  - "The state as well as local governments shall support the citizens so that they can practice healthy lives."
- ▣ Chapter 2, Article 14 [Development of Health Education, etc.]
- ▣ Chapter 3, Article 22 [Establish a Health Promotion Fund]:
  - "The Minister of Health and Welfare shall establish the Fund (...)."

## Extract from the Health Promotion Act

- ▣ **Chapter 2, Article 19 [Health Promotion Activity]**
- Enhance the health status of the population through
    1. Health education and consultation
    2. Nutrition management
    3. Management of the oral cavity health
    4. Medical examination for early detection of diseases and their prescriptions
    5. Survey and research about health problems of the regional communities; and
    6. Other matters pertaining to the National Health Promotion Project such as operation of health class.

# Health Plan 2010




II. 推進 方向		목 표			
□ 국민 건강수명 연장					
목 표		2010년			
66.0세		75.1세			
▷ 건강수명 : 평균수명중 질병 없이 정상 생활이 가능한 기간					
□ 부문별 목표					
구 분	항 목	목 표	2010년		
건강생활지표	주인	성인 흡연율	남 자	67.8%	30%
			여 자	4.6%	4%
		청소년 흡연율	23 남자명	37.9%	5%
			23 여자명	10.5%	2%
	복수	19년 살은을 스머프	87%	7%	
		청소년 흡연율	21.0%	5.0%	
	운동	국민의 운동실현율(주 3회 이상, 20분 이상)	8.6%	17.2%	
		국민의 건강수명 증가 인우비율	30%	30%	
	상식	리프트(85도 신개질면적수(CS) 인우 비율 100%이상(84) 100%이상(84)~100%이상(84)	68.7	75%	
		개인적인 유전율(당뇨병 시용진에 포함)	14.4%	10%	
생선지표	생선지표 지표율	2.7%	3.2%		
	지방 시정율 (10인정일)	19.9%	15.9%		
	스트레스 인가율 (100명당)	36.7명	32.7명		
무상지표	연분 피연커이 수(65세~74세)	17.0%	19%		
	차이주식 (주지)	5.5%	5.0%		
	2계 유선정일 기우	3.3%	2.8%		

항 목		목 표	2010년	
성 시정율(10인정일)		20%	12%	
아 시정율(1,000명당)		17%	5.4%	
복수 부인 건강인 건강생활		24.6%	10%	
건강지표 개선율		37%	20%	
노형 시정율(10인정일)		22.0%	19.0%	
개인적 유전율(100명당)	남 자	26.6%	19.7%	
	여 자	27.9%	20.7%	
개인적인 유전율(100명당)	남 자	9.5%	9.0%	
	여 자	12.5%	11.9%	
개인적인 유전율(100명당)	남 자	18.0%	19.5%	
	여 자	10.0%	10.9%	
개인적 유전율(100명당)	남 자	5.5%	5.5%	
	여 자	15.7%	16.0%	
기타	지방률 개선	35.9%	50%	
	유전율	15.9%	25%	
	비율	10.9%	20%	
시정율 (0인정일)	위상	남 자	31.3%	20.0%
		여 자	17.2%	14.0%
	간상	남 자	32.5%	20.0%
		여 자	10.0%	6.0%
	개상	남 자	36.1%	35.0%
		여 자	12.6%	12.0%
유전율	4.9%	4.5%		
지방률	5.6%	2.5%		

	Korea (Health Plan 2010)	Japan (Healthy Japan 21)
	6 areas / 31 objectives	9 areas / 70 objectives
Focus areas	<ul style="list-style-type: none"> <li>☞ Healthy life style (7)                             <ul style="list-style-type: none"> <li>▪ Anti-smoking(2), Exercise(1), Nutrition(2), Alcohol(2)</li> </ul> </li> <li>☞ Mental Health(4)</li> <li>☞ Oral Health(3)</li> <li>☞ Mother and child health(4)</li> <li>☞ Disease control(5)</li> <li>☞ Cancer(8)</li> </ul>	<ul style="list-style-type: none"> <li>☞ Nutrition(14)</li> <li>☞ Physical Activity, Exercise(6)</li> <li>☞ Mental Health(4)</li> <li>☞ Tobacco(4)</li> <li>☞ Alcohol(3)</li> <li>☞ Oral Health(13)</li> <li>☞ Diabetes(8)</li> <li>☞ Cardiovascular Disease(11)</li> <li>☞ Cancer(7)</li> </ul>

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## Health Promotion in Korea : Strategies

- ㉘ Reprioritizing resources allocation
  - More resource to promotive, preventive and rehabilitative activities
- ㉙ Establishing national health promotion programme
  - Comprehensive lifetime health programme (Health Plan 2010)
  - Maternal and child health, school health, and occupational health and chronic diseases prevention programmes into comprehensive programme
- ㉚ Strengthening infrastructure
  - By investing health promotion fund to public health infrastructure and health promotion programmes

## Health Plan 2010 : revise and supplement plan

- ㉛ Need for revision and supplementation of the plan
  - ▷ Need for adding new objectives
  - ▷ Need for adjusting the goals by 2010
- ㉜ Contents
  - ▷ Validity of " 2010" goals, promotion strategies, execution process, foundation establishment process, etc.
- ㉝ Timetable
  - ▷ Revision and supplement : Until the end of August
  - ▷ Evaluate the general plan draft revision : Until the end of September
  - ▷ Finalize revision : Finalize at the meeting the Health Promotion Committee in October

## Health Plan 2010 : Contents of works

- **Review strategies for health promotion**
  - Reclassify health promotion projects : Reclassify large categories and adjust unit projects
- **Set new goals of 2010**
  - Reset the basic structure and purposes of 2010 and the goals of large categories, unit projects and detailed unit projects
- **Adjust Promotion Strategies and system for achieving goals**
  - Define new projects resulting from the expansion of the area of health promotion projects
  - Prepare strategies for executing detailed projects
- **Lay the grounds of projects including the improvement of national and governmental perception and effective cooperation with private sectors**
- **Connect project plans with financial operation plans**


# INFRASTRUCTURE & FINANCING

A. Infrastructure



## Current infrastructure

<p><b>National level (MOHW):</b> Bureau of Health Promotion</p> <p><b>City level (Seoul Metropolitan gov.) (Bureau of Health &amp; Welfare Policy):</b> Division of Health Promotion</p> <p><b>District level:</b> Public Health Centres</p>	<p>477 official in MOHW, 40 in HP Bureau 5 division : Health policy, Disease policy, Cancer control, Mental health, Oral health</p> <p>Healthy Cities Team: 6 staff + 1 Team leader Health Promotion Team: 4 staff + 1 Team leader One Director (New! Since July 2005) 40 to 110 health workers per PHC</p>
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## Ministry of Health and Welfare

Minister

Deputy Minister

Secretary


Director

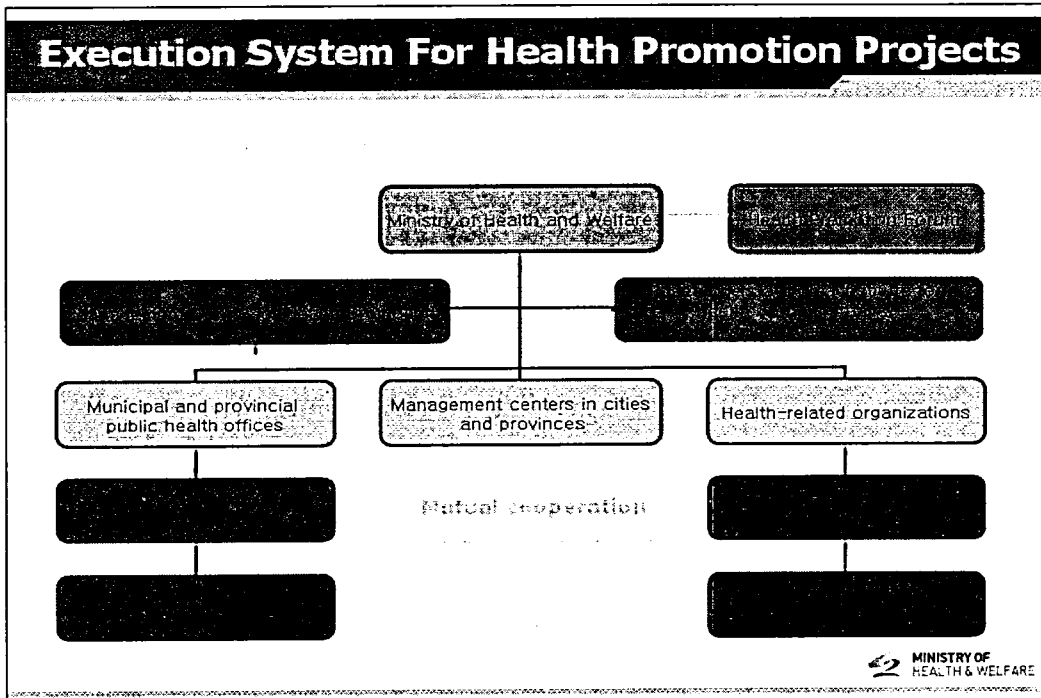
Director

Director

Director


<b>Planning &amp; Management Office</b>	<b>Social Welfare Policy Office</b>	<b>Health Policy Office</b>	<b>Health Promotion Bureau</b>	<b>Pension &amp; Health Insurance Bureau</b>
		Health & Medical Policy Division	Health Policy Division	
		Pharmaceutical Division	Disease Control Policy Division	
		Food Policy Division	Cancer Control Division	
		Health Resources Policy Division	Mental Health Division	
			Oral Health Policy Division	


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### Current infrastructure

- ✦ Policies and mandate
  - National Health Promotion Act, 1995
  - National Health Plan 2010 (Currently being revised)
  - Seoul: City Council passed a "Healthy City Steering Committee" Regulation in June, 2005
  
- ✦ Training courses
  - MOHW: Since the beginning of 2005, a FMTP (Field Management Training Programme) for City & District levels
  - City level: The Division of Health Promotion (Seoul) will launch a 'training programme' for district level workers


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# INFRASTRUCTURE & FINANCING

## B. Financing

### Health Promotion Financing

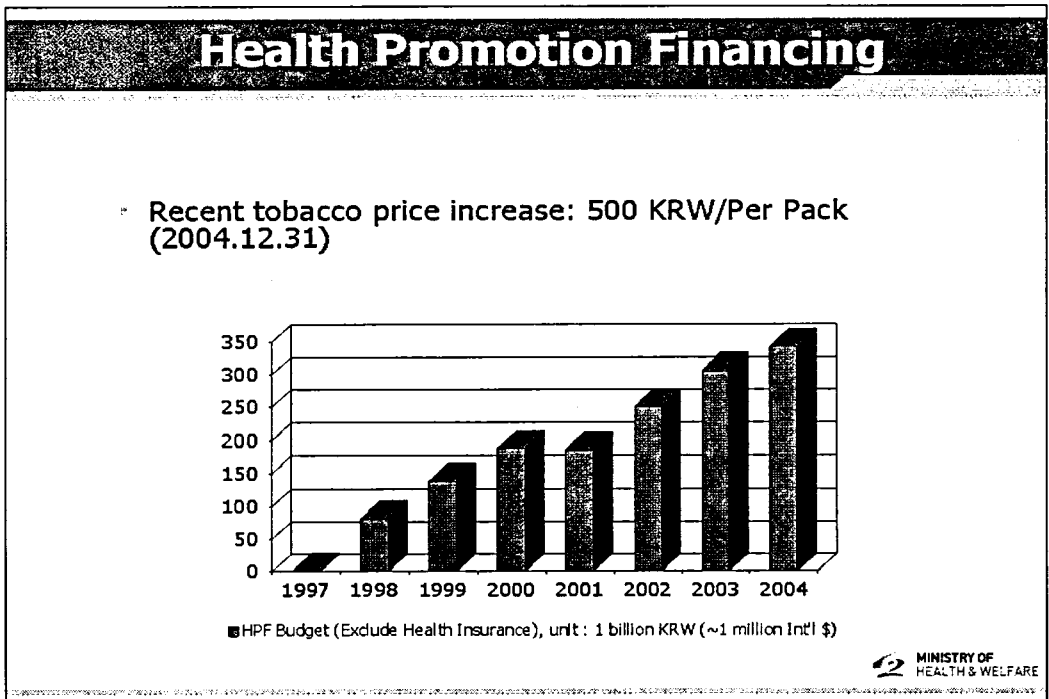
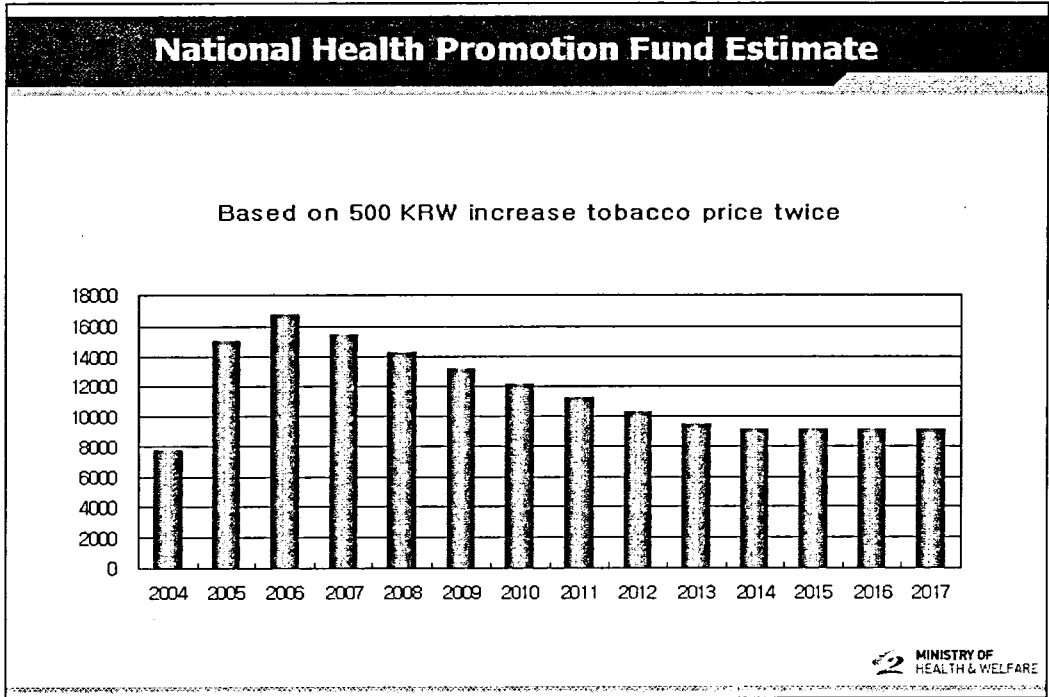
- ⑥ To establish a health promotion fund in order to ensure funding necessary for smooth implementation of health promotion project
- ⑦ National Health Promotion Fund (Tobacco Taxes)

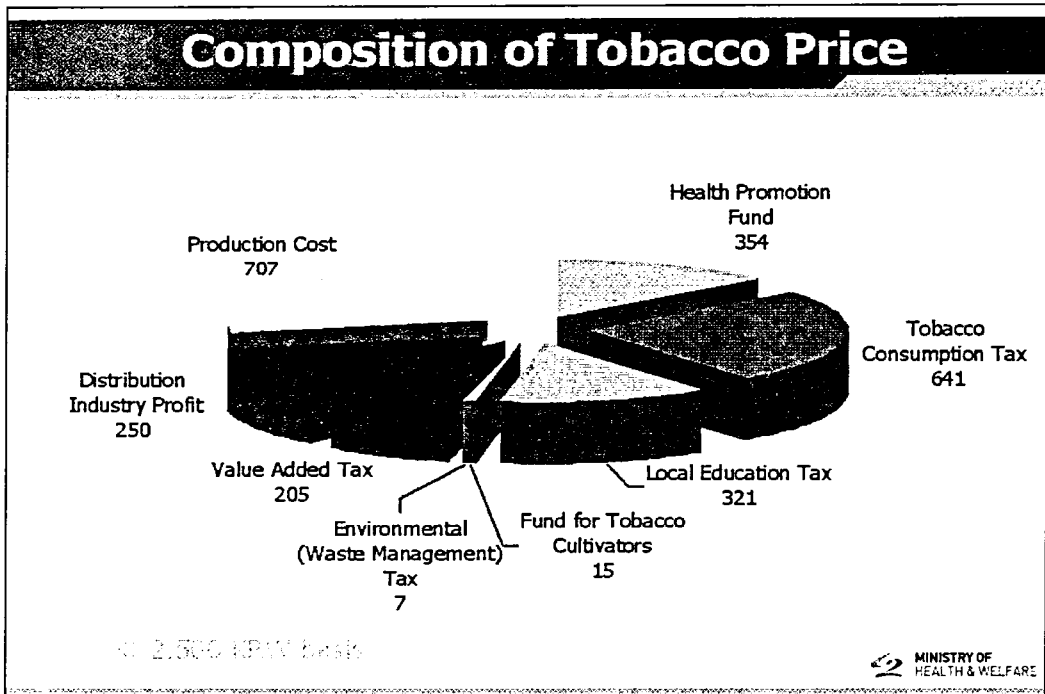
1996

2001

2004

2 KRW / 1Pack    150 KRW / 1Pack    500 KRW / 1Pack

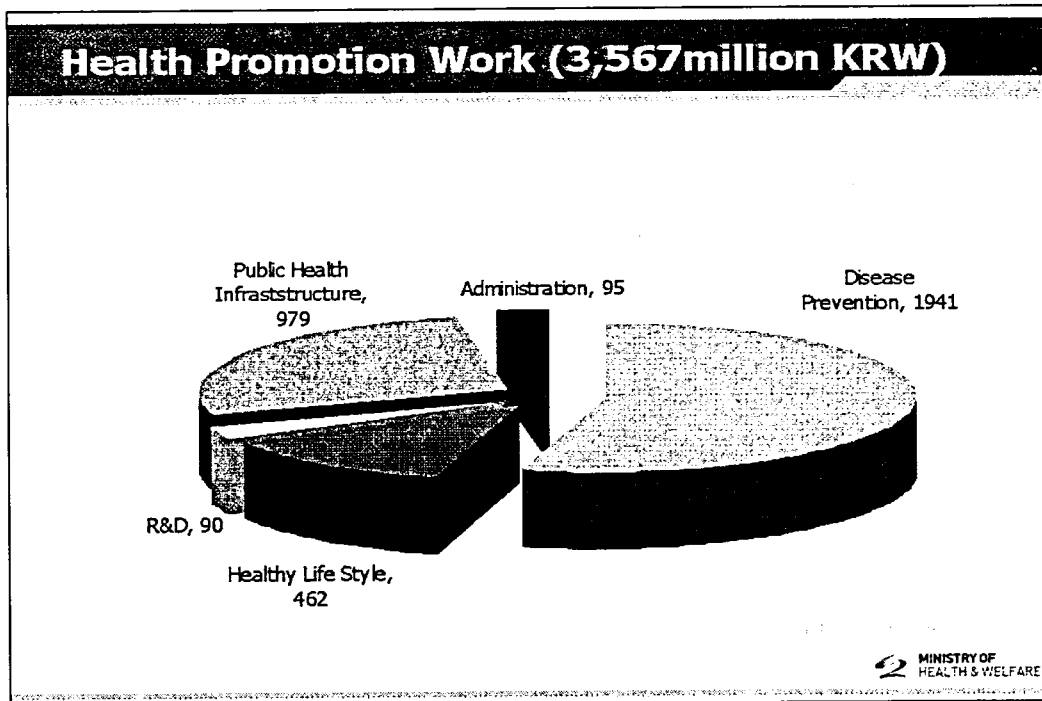
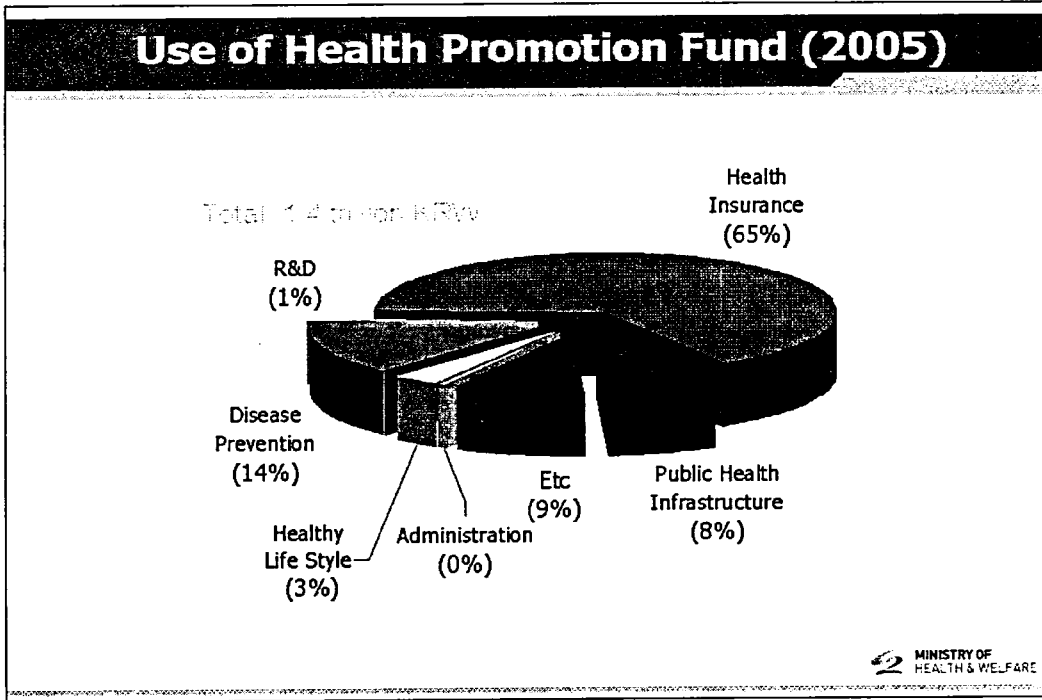


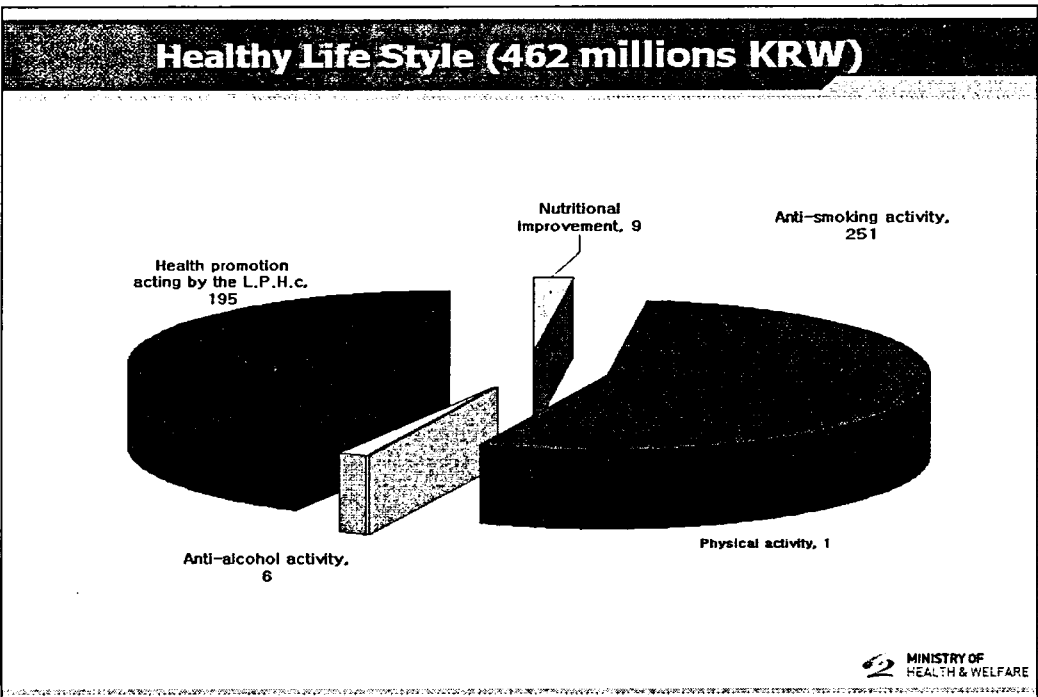
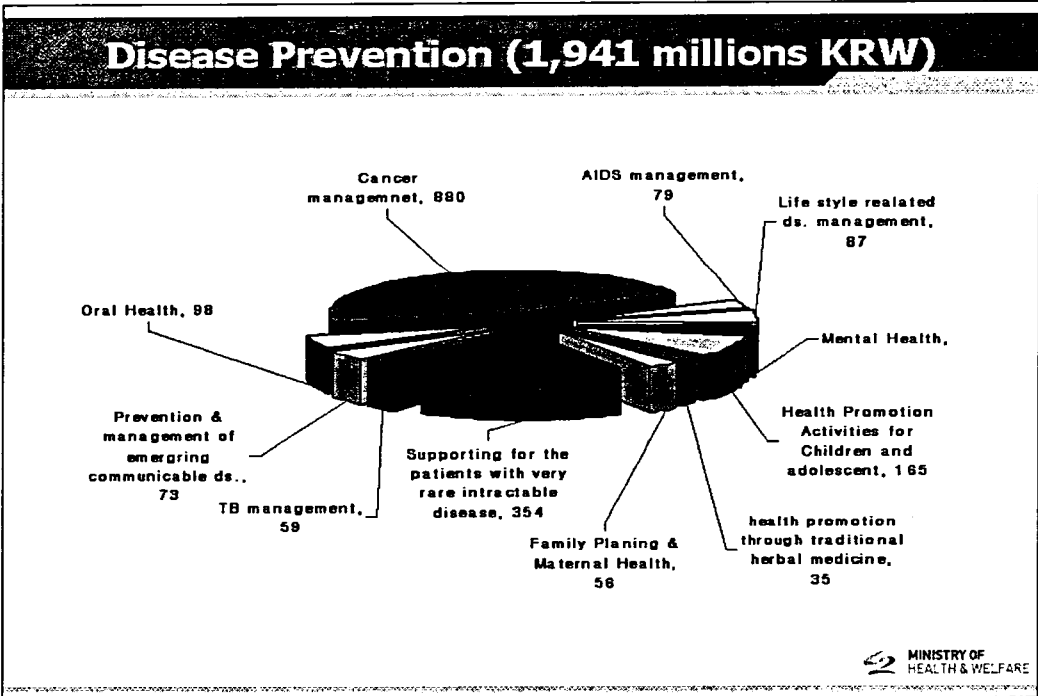


### Fund Management and Operation

- ▣ Managed and operated by the Minister of Health and Welfare
- ▣ Fund usage:
  - to support activities of leading to a healthy life
  - public health education and development of materials
  - research into health promotion and chronic degenerative diseases
  - medical examination for early detection of diseases
  - public nutrition management activities
  - oral health management activities

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# Key Points of Health Promotion (2005)

**1. Strengthening Health Promotion  
Executing System**

**2. Decentralizing Health Promotion  
Activities**

**3. Evidence-based Health Promotion  
Programs**

**4. Social Equity in Health Promotion**



## 1. Strengthening Health Promotion Executing System

- ▣ Coordinate HP activities to achieve HP 2010 goals
- ▣ Expand HP activities of Local Public Health Centers
  - HP Actions as a mandate of local governments
- ▣ Establish the Health Promotion Steering Committee
- ▣ Legislation of the Health Plan 2010
- ▣ Developing more comprehensive approach to health promotion
  - Healthy City
- ▣ Establish "Central Management Center" for Health Promotion

## Management Center for Health Promotion

- ▣ Supporting the work of MOHW
  - HP Planning (including HP 2010)
  - Evaluation of activities at local level
  - Technical support for the HP programs
    - Local governments
    - Private organizations
  - HP Research & Development
  - Education of HP workers
    - Field Management Training Program
  - Health information management

## 2. Decentralizing Health Promotion Activities

- ▣ Strengthen the role of local governments in Health Promotion
- ▣ Establish Local Management Centers for Health Promotion
  - Planning and evaluation
  - Human resources development
  - Health education material development
  - Local health surveillance system
- ▣ Strengthen the local level health worker education System
  - Enhancing local autonomous entity

## 3. Evidence-based Health Promotion Programs

- ▣ Strengthen R&D
  - Establish solid evidences for HP
- ▣ Reorganizing health surveillance system
  - Revision of K-NHANES
  - K-YRBSS
  - Establish a new Cohort (250,000 to 450,000)
- ▣ Reprioritize health promotion activities
  - Reallocating budget to HP programs to ensure efficiency and equity

## 4. Social Equity in Health Promotion

- Strengthening the role of central and local governments to enhance the health status of vulnerable groups, such as low-income households, the elderly and the handicapped
- Reducing inequality among different areas and social groups
- Integrating equity goals in HP 2010

## The future plan of the health promotion

## The future plan of the health promotion

- ① Coordinating HP-related laws
- ② Expanding the scope of health promotion actions
- ③ Increasing investment for health promotion infrastructures
- ④ Strengthening planning, evaluation and research in health promotion
- ⑤ Ensure stable budget allocation for HP

**Thank You for Your  
Attention!**

〈국문요약〉

## 정부의 건강증진사업 목표 및 추진방향

이종구

보건복지부 건강증진국장

정부의 건강증진사업은 국민의 건강수명 연장과 삶의 질 향상에 궁극적인 목적이 있다. 이는 건강 지지적인 환경을 조성하고 질병을 예방·관리하며 평생 건강서비스를 제공하고 건강한 생활양식을 형성하도록 함으로써 달성될 수 있는 것이다. 건강증진사업을 위한 기반으로 연구와 개발 강화, 법과 규칙의 조정, 기금과 인력과 같은 자원 확보는 필수적이다.

정부의 건강증진전략은 첫째 자원할당의 우선순위를 확보하는 것으로 건강증진, 질병 및 손상의 예방, 재활관련 사업에 더욱 많은 자원을 할당하는 것이며, 둘째로 국가 차원의 건강증진 프로그램을 개발하여 실행하는 것이다. 포괄적인 생애주기별 건강증진 프로그램(건강증진종합계획)과 모아보건, 학교보건, 산업보건, 그리고 만성질환예방 프로그램 등이 포함된 포괄적인 프로그램을 개발하여 실행하는 것이다. 셋째로, 건강증진기금을 공공보건을 위한 하부기반과 건강증진 프로그램에 투자함으로써 사업의 하부기반을 정비하는 것이다.

건강증진사업을 위한 하부기반으로는 정책과 위임사항을 들 수 있는데, 국민건강증진법과 국민건강증진종합계획, 2005년 6월에 서울시 의회를 통과한 건강도시추진위원회를 들 수 있다. 정부의 건강증진사업의 법적 기반은 1995년에 제정된 국민건강증진법이다. 국민건강증진법은 국민들이 건강에 대한 가치를 인식하고 책임의식을 함양하며, 올바른 건강지식을 갖고, 국민들이 건강한 생활양식을 실천할 수 있는 환경 조성을 목적으로 하고 있다. 건강증진사업은 대중을 위한 보건교육과 건강상담, 영양관리, 구강보건관리, 질병의 조기발견과 치료를 위한 건강검진, 지역사회 건강문제에 관한 조사

와 연구, 담배소비 감소와 건강증진부담금 부과를 통한 국민건강상태의 향상을 위한 사업이다. 훈련과정으로는 보건복지부에서 2005년부터 수행하고 있는 시와 지역을 위한 현장관리 프로그램과 서울시가 수행예정인 지역수준의 지도자 훈련과정이 있다. 건강증진사업의 원활한 진행을 위한 기금조성은 건강증진기금이 담배세로부터 조성되고 있으며 2004년 12월 31일 현재 담배 한 갑 당 500원으로 인상되어 부과되고 있다. 기금의 관리와 운용은 보건복지부가 담당하며, 기금은 건강한 생활양식형성에 대한 지원활동, 국민을 위한 보건교육과 교육자료 개발, 건강증진과 만성질환에 대한 연구, 질병의 조기발견을 위한 건강검진, 구강보건관리활동에 사용되고 있다.

향후 건강증진사업 투자계획은 1단계 (98-02년)에는 사업기반조성기, 2단계(03-06년) 보건소사업발전기, 3단계(07-11년)통합사업정착기로 구성되고 2단계의 인프라구축에 사용될 투자 비율은 30%에서 3단계에 15%로 감소될 예정이며, 사업실행 영역은 50%에서 65%로 확대될 계획이다.

2005년 건강증진사업의 중점목표는 건강증진사업의 지방 분산화, 건강증진사업의 근거마련, 사회적 형평성의 달성에 있다. 건강증진사업의 지방분산화를 위해서는 중앙에 관리센터가 설치되어 기획과 평가, 연구와 개발, 현장관리 훈련을 담당하게 되고, 지역 관리센터에서는 자치적인 보건소 중심 건강증진사업의 수행과 평가를 진행하게 된다. 건강증진사업의 근거마련을 위해서 효과가 입증된 사업에 우선순위를 두며, 기획과 평가위원회를 설치하고, 건강증진사업의 평가결과를 환류 할 수 있는 체계를 마련하는 것이다. 또한 건강증진포럼을 구성하며 현 건강조사 체계를 수정한다. 한편 형평성 제고의 측면에서는 저소득층, 노인, 장애인들과 같은 취약계층의 건강상태 향상을 위한 중앙정부와 지방자치단체의 역할을 강화하고, 지역간·사회적 집단 간의 건강증진사업 관련 형평성을 제고한다.