

건강증진사업의 효율성과 형평성

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Achieving Health Equity Through Health Promotion

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**International Conference
on Health Promotion
Seoul, Korea, Sept 23, 2005**

Overview

- **What is equity?**
- **What is health promotion?**
- **Determinants of health**
- **Challenges for health equity**
- **Health promotion in USA**
- **Prevention Research Centers Program**
- **UC Berkeley Prevention Research Center**
 - **Breast & cervical cancer screening**
 - **Smoking cessation**

What is Equity?

- **Dictionary Definition**
 - **State, quality, or ideal of being just, impartial and fair**
 - **Something that is just, impartial and fair**

What is Equity?

- **Equal outcomes**
 - **Equal likelihood of survival across groups**
- **Equal inputs**
 - **Equal access to medical care**
- **Outputs proportionate to inputs**
 - **Medical care depends on coverage**
- **Need-based**
 - **Medical care depends on individual need**

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What is Health Promotion?

- **Bangkok Charter for Health Promotion**
 - 6th Global Conference, 2005
 - Critique: People's Health Movement
www.phmovement.org
- **Ottawa Charter for Health Promotion**
 - 1st Global Conference, 1986

Definitions: Bangkok Charter

- **Health = state of complete physical, mental and social well-being; fundamental right**
- **Health Promotion based on set of values**
 - **Social justice, gender & health equity**
 - **Respect for diversity & human dignity**
 - **Peace & security**

Definitions: Bangkok Charter

- **Health Promotion = process of enabling people to increase control over their health & its determinants & thereby improve their health.**
 - **Community & policy actions**
 - **System & environmental change, community action & skill development**
 - **Result-oriented**

Prerequisites: Ottawa Charter

- **Prerequisites for health improvement**
 - Peace
 - Shelter
 - Education
 - Food
 - Income
 - Stable ecosystem
 - Social justice
 - Equity

Health Promotion & Equity Ottawa Charter

- **Health promotion achieves *health equity*.**
 - Reduce health disparities.
 - Ensure equal opportunities & resources to enable all to achieve full health potential.
 - People able to control factors that determine their health.

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The Case for Health Promotion

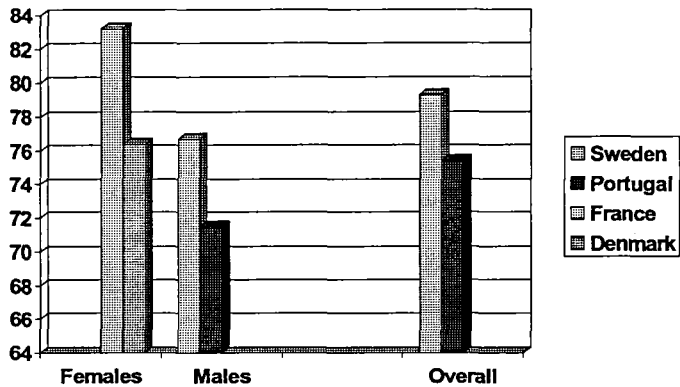
- **Premature deaths in USA caused by:**
 - **40% behavioral patterns**
 - **30% genetic predispositions**
 - **15% social circumstances**
 - **10% shortfalls in medical care**
 - **5% environmental exposures**

(McGinnis, Williams-Russo, Knickman, 2002)

WHO: Social Determinants of Health Inequalities (Marmot, 2005)

- Life expectancy varies between & within countries.
 - World: 48 year difference between countries (82 years in Japan vs. 34 years in Sierra Leone).
 - USA: 20 year difference between most & least advantaged population.
- In higher income countries, relative deprivation is more important than absolute deprivation for life expectancy.

Life Expectancy at Birth: High & Low European Nations



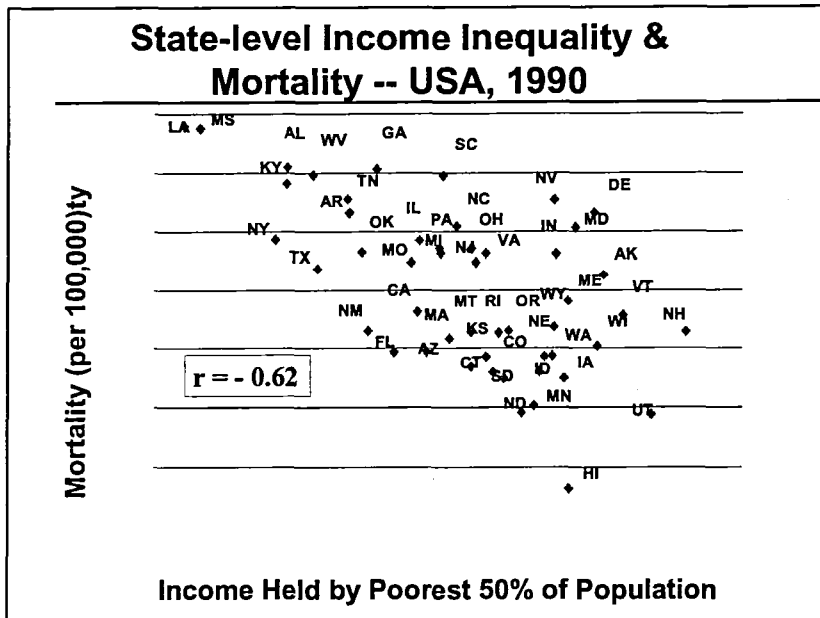
Social Determinants (Marmot, 2005)

- **To reduce health inequalities:**
 - **Disease control**
 - **Better health systems**
 - **Eliminate poverty**
 - **Address social determinants of health**

- **Sweden**
 - **strategy to ensure population health targets 11 policy domains including 5 social determinants**

Per Capita GNP & Life Expectancy (Marmot, 2005)

	Per Capita GNP (US \$)	Life Expectancy (Years)
USA	\$34,000	76.9
Greece	\$17,000	78.1
Costa Rica	< \$10,000	77.9
Cuba	< \$10,000	76.5



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Challenges for Health Equity

- **Need absolute objectives & equality objectives.**
 - **Health equity improves with population health.**
 - **Not want to improve health equity by making worse those with better health.**

- **Self-interest influences how we define equity.**
 - **Advantaged prefer outcome/input definition. Disadvantaged prefer equal outcome or need-based definitions.**

Why USA invests less in social programs than European nations

- **Belief that redistribution favors racial minorities.**

- **“Just world” belief**
 - **We live in an open & fair society. If someone is poor it is their own fault.**

- **Political system geared to prevent redistribution**
 - **2 party system with “majority takes all” elections not proportional representation.**

(Alesina, Glaeser & Sacerdote, 2001)

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Healthy People 2010

- What is Healthy People 2010?
 - National prevention framework.
 - Objectives identify most significant preventable threats to health & set goals to reduce threats.
- What are its overall goals?
 - Increase quality & years of healthy life
 - Eliminate health disparities

www.healthypeople.gov

Community-Based Health Promotion


“The most significant potential of public health programs to improve the quality of community life may perhaps emerge from the engagement with communities in an ongoing process of social change.”

(Merzel & D’Afflitti, 2003)



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Prevention Research Centers Program




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Prevention Research Centers...

develop effective prevention strategies...




with community partners....



to promote health, prevent disease, and manage complications of illness and injury.

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Prevention Research Centers Program Characteristics

- ❖ Community-based participatory research
- ❖ Focus on underserved populations
- ❖ Multidisciplinary approach
- ❖ Network of academic centers, public health agencies & community partners
- ❖ National Community Committee
- ❖ Produce Evidence-based Programs

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PRC Program History

- ❖ 1984: Congress authorizes Program
- ❖ 1986: First 3 Centers funded
- ❖ 1993: Expanded to 13 Centers;
Special Interest Projects Introduced
UC Berkeley PRC begins
- ❖ 1998: Expanded to 23 Centers
- ❖ 2004: Expanded to 33 Centers
 - Nearly 500 research projects under way



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Prevention Research Centers

Obesity Asthma Cancer Diabetes CVH Aging Oral Health

Infant Child Teen Adult Senior

- ❖ Determinants Research
- ❖ Formative Research
- ❖ Intervention Research
- ❖ Dissemination Research

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PRC Community Committees and Partners Responsibilities



- ❖ Articulate community values
- ❖ Reflect local attitudes & beliefs
- ❖ Contribute to research priorities
- ❖ Help recruit partner organizations
- ❖ Participate in developing, implementing & disseminating interventions



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Examples of Research Partners

Institutional

- ❖ State & Local Agencies
 - Health
 - Education
 - Parks & Recreation
- ❖ Tribal Governments
- ❖ National Organizations
- ❖ NGOs
- ❖ Business & Work Sites

Community

- ❖ African Americans and Latinos in New York City
- ❖ Schoolchildren in Texas
- ❖ Adolescents in South Florida
- ❖ Elderly Adults in Seattle
- ❖ Korean Americans
- ❖ Deaf



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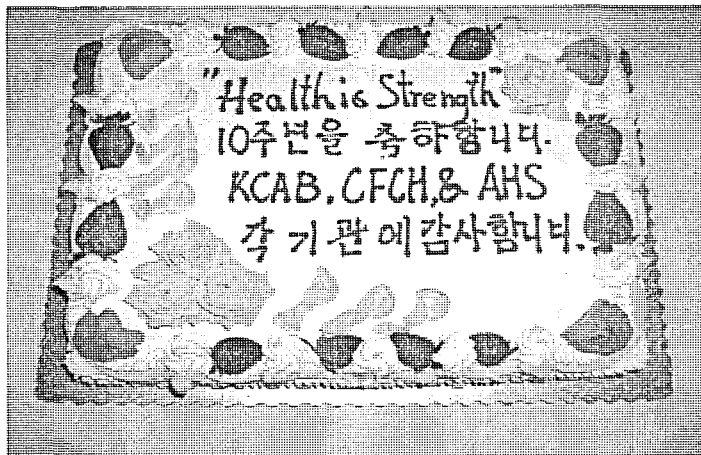
UC Berkeley PRC: History

- **Center for Family and Community Health**
- **Founded 1993 as CDC Prevention Research Center**
- **Primary community: Korean Americans**
- **Korean Community Advisory Board (KCAB)**

Korean Community Advisory Board 2003



KCAB's 10th Anniversary Celebration, 2003



UC Berkeley PRC: History

- **“Health is Strength” (1993 – 2003)**
 - **First demonstration research project**
 - **Breast & cervical cancer screening program**
- **“Quitting is Winning” (2003-2009)**
 - **Second demonstration research project**
 - **Focus on cigarette smoking among males**

Breast & Cervical Cancer Screening: “Health is Strength”

- **Partners**
 - **Asian Health Services**
 - **Korean Community Advisory Board**
- **4 primary objectives**
 - **Pap tests among women 18+ years**
 - **Breast self exams among women 18+ years**
 - **Clinical breast exams among women 50+ years**
 - **Mammograms among women 50+ years**

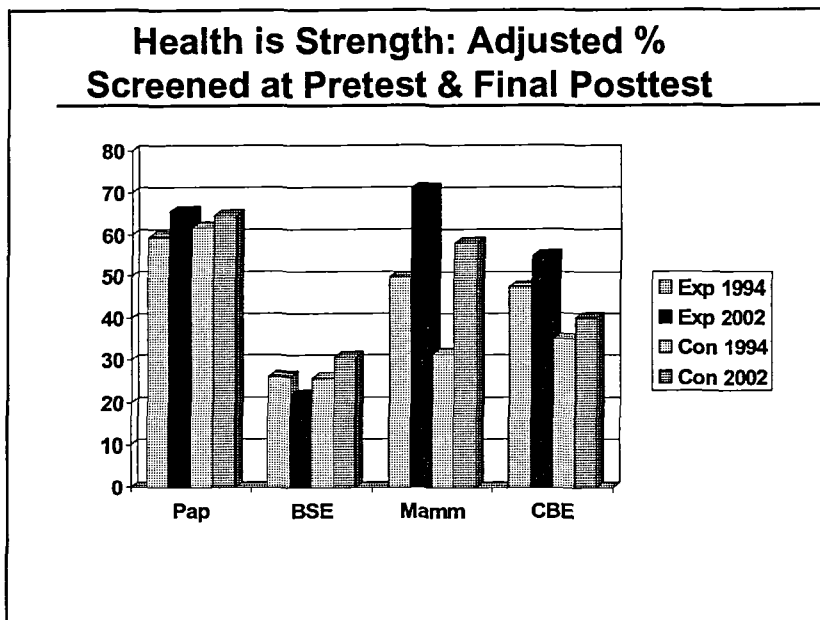
Health is Strength: Research Design

Korean American women in local county received 4 years of community intervention

- **Korean American women in neighbor county served as comparison group**
- **3 population-based, cross-sectional telephone surveys**
 - **Baseline -- 1994**
 - **Interim -- 1997**
 - **Final -- 2002**

Health is Strength: Intervention

- **2,100 attended 108 church workshops**
- **400 completed Tell-A-Friend forms**
- **200 posters**
- **>10,000 booklets**
- **34 newspaper advertisements**
- **255 vouchers for gift certificates**
 - **212 Pap tests**
 - **204 mammograms**



Smoking Cessation: “Quitting is Winning”

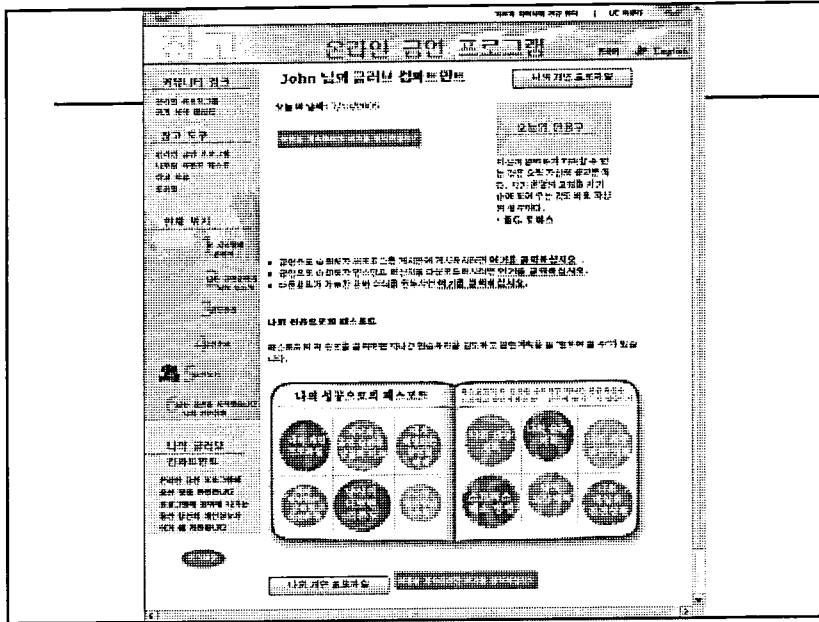
- **Community-Based Participatory Research Model**
- **Korean Community Advisory Board**
 - Selected cigarette smoking as #1 priority
 - Reviewed evidence-based smoking cessation
 - Rejected conventional programs
 - Decided on Internet-based program
 - Select & adapt Internet program

**Current, Former & Never Smokers (in %)
2001 California Health Interview Survey**

Smoking Status	Male		Female	
	Korean American	California	Korean American	California
Current Smoker	36.8	20.3	9.3	13.8
Former Smoker	32.7	28.3	8.4	20.2
Never Smoker	30.5	51.4	82.4	66.0

**HP 2010: Tobacco Use Example
Goals & Objectives**

- **Focus Area Goal 27. Tobacco Use. Reduce illness, disability & death related to tobacco use & exposure to secondhand smoke.**
 - **Goal 27-1. Reduce tobacco use by adults.**
 - **Objective 27-1a. Reduce cigarette smoking among adults aged 18 years and older from 24% in 1998 to 12% in 2010.**



“Quitting is Winning” Research Design

- **Research Design: Randomized controlled trial**
 - Recruit 2300 Korean adult male smokers in USA
 - Random assignment
 - ½ -- Internet program (experimental)
 - ½ -- printed booklet (comparison)
 - 11 assessments in 12 month period
 - Assessments conducted over Internet
 - Financial incentives for participation & retention



Questions / Collaborations ?

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〈국문요약〉

건강증진사업의 효율성과 형평성: 건강증진을 통한 건강 형평성의 제고

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오타와 현장에 따르면 건강증진은 건강형평성을 성취하는 것이다. 건강격차를 감소시키고, 모든 사람들이 건강잠재력을 달성할 수 있도록 동등한 기회와 자원이 제공되어야 한다. 또한 각 개인들은 자신의 건강에 대한 결정요인들에 대한 통제능력을 가져야 한다.

미국의 조기사망은 40%가 행동양식에 의하여, 30%가 유전적인 문제로, 15%가 사회적 환경에 의하여, 10%는 의료적 치료의 부족으로, 그리고 5%는 환경위해 물질에 대한 노출로 발생한다. 건강불평등을 발생시키는 사회적 요인으로는 경제적 요인을 들 수 있다. 이러한 요인으로 야기되는 건강불평등의 문제를 해결하여 건강형평성을 달성하기 위해서는 절대적 목표들과 평등관련 목표들이 모두 필요하다. 건강형평성은 인구 집단의 건강과 함께 향상되는 것으로 나온 건강상태에 있는 사람들의 건강을 악화시키면서 건강형평성을 달성하는 것은 아니다. 각자의 관심이 형평성을 어떻게 규정하는가에 영향을 미친다. 혜택을 받은 사람들은 성과/투입의 정의를 선호하며, 소외계층은 똑같은 성과 또는 요구에 기반한 정의를 선호한다.

Healthy People 2010은 미국의 국가적 예방체계를 의미하며, 가장 중요하며 예방 가능한 건강위험들을 파악하고 이러한 위험들을 감소하기 위한 목표들이 설정되어 있다. 궁극적인 목적은 건강한 삶의 질적인 면과 양적인 측면을 향상시키는 것이며, 건강불

평등을 제거하는 것이다. 그러나 미국이 유럽의 국가들에 비해서 사회 프로그램에 대한 투자가 적은 이유는 재분배는 소수인종만을 위한 것이라는 믿음과, 우리는 개방되고 공정한 사회에 살고 있기 때문에 가난하다는 것은 가난한 사람들 자신들의 잘못으로 인한 것이라는 믿음 그리고 재분배를 방지하는 정치체제 때문이다.

국가기관인 CDC의 예방연구센터(Prevention Research Centers)는 지역사회 파트너들과 함께 건강증진, 질병예방, 그리고 질병과 상해로 인한 합병증을 관리하게 위한 효과적인 예방 전략을 개발하고 있다. 예방연구센터의 프로그램들은 지역사회 기반 참여 연구와 소외된 계층에 중점을 두며, 다학제 간 접근방법을 활용하고, 교육기관, 공공보건기관 그리고 지역사회의 파트너들 간의 네트워크를 형성을 통한 협력관계를 강조하고 있다. 지역사회 위원회가 구성되어 있으며, 또한 근거중심 프로그램을 개발하고 있다. 이들은 건강 결정요인에 관한 연구, 형성적 연구, 개입 프로그램 및 프로그램의 확산에 관한 연구를 진행한다.

UC Berkeley의 가족/지역사회 보건센터(Center for Family & Community Health)는 1993년에 설립되었다. 사업의 대상이 되는 주요 지역사회는 한국교민사회이며, 한국교민사회 자문위원회(Korean Community Advisory Board, KCAB)가 구성되어 있다. 1993년부터 2003년까지는 “Health is Strength” 사업이 시범연구사업으로 진행되었는데, 그 내용은 유방암과 자궁경부암 검진 프로그램이었다. 2003년부터 2009년까지 진행될 “Quitting is Winning”이라는 두 번째 시범연구사업은 남성들의 금연에 중점을 둔 사업이다.

“Health is Strength”는 아시아 보건서비스 및 한국교민사회 자문위원회가 함께 협력하여 진행된 사업으로, 주요 목표는 18세 이상 여성의 자궁암 조기 검진(Pap test)과 자가 유방검진 실천을 증가시키는 것이며, 50세 이상여성의 유방 임상검사와 유방 X선 촬영 비율을 증가시키는 것이었다. 한 지역의 카운티에 거주하는 한국 여성들은 4년간의 개입프로그램의 대상이 되었으며, 이들을 대상으로 횡단적인 전화조사를 3번(사전, 중간, 사후) 실시하였다. 개입 프로그램은 교회에서 워크샵 개최, Tell-A-Friend Form 작성하기, 포스터 및 책자 발행, 신문광고 등과 함께 자궁암 조기 검진(Pap test)과 유방 X선 촬영권을 무료로 제공하는 것으로 구성되었다.

“Quitting is Winning”은 지역사회 기반 참여 연구모형으로 한국교민사회 자문위원회는 흡연을 1순위의 사업으로 선정하였고, 근거에 기반한 금연 프로그램에 대한 연구

들을 검토하여, 기존의 보편적 방법이 아닌 인터넷을 활용하는 프로그램을 진행하는 것으로 결정되었다. 이는 무작위 임상실험으로 연구대상으로 미국에 거주하는 한국인 남성흡연자 2300명을 모집하였다. 이들의 1/2은 실험군인 인터넷 프로그램 집단에, 또 다른 1/2은 대조군인 인쇄책자 집단에 무작위 할당되었다. 12개월 동안 11번의 진단이 인터넷을 통하여 진행되었으며, 참여와 참여유지에 대한 금전적인 보상이 제공되었다.