

Objectives and Strategies for National Health Promotion

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I . Preface

Although the notion of “health promotion” has not yet been accepted as a fully developed academic concept, the National Health Promotion Act defines it as a “project with an aim of promoting the national health through health education, prevention of diseases, nutrition improvement and practice of healthy lifestyles.”

With the enactment of the Health Promotion Act in 1995, the health promotion project is being rigorously undertaken, signaling a new paradigm shift and a new beginning in Korean healthcare. This represents Korea’s national will to shift the focus of its health policies—from

the provision of reactive and curative medical services toward more proactive and preventive health promotion efforts-embodied into law.

Since the 1960s, both the average income and people’s standard of living have increased at a remarkable pace in Korea with a rapid process of industrialization, and the demand for the government’s role in the health medical sector has also increased commensurately. The medical insurance system was introduced in 1977 and was extended to cover the whole population in 1989. There also were notable advances in medical treatment technology in Korea along with its continuous expansion in the capacity of medical service provision.

Thanks to the increase in people's concern about health and the expansion of the healthcare system, the national average life expectancy has increased. The average life expectancy for men and women in Korea has greatly increased from 51.1 and 53.7 in 1960 to 69.2 and 76.3 respectively in 1999. The death rate per thousand has precipitously decreased from 61 to 7.7 during the same period. All these have increased the proportion of elderly population to 7% in 2001 (aging society). The rate is expected to rise continuously to reach 14% by the year 2023, bringing the country into an aged society.

However, such population aging trends and various changes in lifestyle brought a rapid increase in the incidence of chronic degenerative diseases such as diabetes and hypertension. The main causes of death in the year 1999 were circulatory system-related diseases followed by cancers, thus reducing the death rate linked to acute contagious diseases but increasing the death rate linked to chronic degenerative diseases. The main causes for these diseases include smoking, stress, lack of exercise, inappropriate dietary habits, frequent drinking, and other unhealthy habits. These diseases are intractable and require long treatment periods, affecting adversely on the national economy by increasing national healthcare expenditures.

According to the World Health Report 2000 released by WHO, Korea's healthy life expectancy is 62.3 years for men and 67.7 years

for women, taking the 51st in ranking. The report further says that on average, Korean men and women suffer from diseases for over 6.4 and 8.3 years respectively in life, thus being restricted in everyday activities. These figures are on average 9.5 years lower than the healthy life expectancy of the Japanese (74.5), and still are lower than the OECD average of 70.2 years.

Since the recent health problems stem mainly from inappropriate lifestyles and dietary habits, the healthcare system of the past, focused on the provision of reactive and curative services, and has been considered to have limitations in its capacity to address these problems. This requires more preventive and proactive policies toward health promotion. Likewise, in the past, diseases arising from smoking and lack of exercise were entirely attributed to individuals themselves, but the government now is equally responsible to help people prevent smoking, abstain from drinking, exercise and cultivate healthy lifestyles.

Following these trends, Korea enacted the National Health Promotion Act in 1995, and has since been strenuously undertaking a range of proactive health promotion projects for smoking and drinking cessation, mental health, oral health promotion, and chronic disease prevention. Furthermore, the government is pushing ahead with treatment support for malignant neoplasms (cancers), chronic diseases, rare and incurable diseases, as well as with the development of treatment systems.

II. Objectives and major direction for health promotion policies toward the year 2010

○ Expansion of the task of practicing healthy life

The smoking rate for adults in Korea ranks the highest worldwide at 68%. And, the smoking rate for women and youths is rapidly increasing. Thus, the smoking population in Korea is becoming younger and more diversified. So, the government is pushing ahead with stepped-up anti-smoking campaigns and programs.

To beef up anti-smoking publicity, we will intensively publicize the harmful effects of smoking through TV public advertising, Internet, and diverse publications, provide necessary information, and in particular, expand anti-smoking publicity through popular entertainers.

In addition, we will expand education programs to provide information necessary for

smoking cessation. Beginning in 2001, we will carry out this campaign to target civil servants working at the central government buildings, and people generally who want to quit smoking. We will gradually expand the target population for this project.

Furthermore, we will expand the anti-smoking project targeting juveniles, step up health education programs such as youth anti-smoking camps, and expand the anti-smoking guidance education targeting high school teachers and health promotion personnel at health centers.

To foster conditions congenial to anti-smoking projects, we shall designate non-smoking places including Internet cafes, comic book reading rooms, and medical institutions frequented by youths, as well as public and government buildings. To systematically pursue anti-smoking projects, we will further gather non-governmental anti-smoking momentum involving private healthcare institutions, religious circles and the press.

In addition, we will continue to expand

< Objective of the task of practicing healthy life >

	<u>Current</u>	<u>2005</u>	<u>2010</u>
Smoking ratio	35.5%	30.0%	15%
Daily drinking	6.6%	6.0%	5.0%
Obesity ratio	26.3%	21.0%	19.0%
Exercise practice ratio	8.6%	9.1%	10.0%

the support for the Healthy Lifestyle Project by developing and providing a variety of customized healthy lifestyle guides and programs that meet different needs of children, juveniles, adults and the aged. We will publish and distribute comprehensive healthy life magazines and health news, provide up-to-date and proper health information nationwide through the Internet, and set monthly health themes and practice guidelines.

In addition, we will develop exercise consultation programs that take into account individual differences in age, gender and clinical history in order to help an individual choose an exercise method most suitable and convenient. We will further expand and pursue programs to provide nutrition information and education to community residents and workers who use public health centers and workplace canteens.

○ Strengthening Community Mental Health Projects

We will push ahead with community-based mental health programs to prevent the occurrence

of mental diseases that are becoming increasingly prevalent with the process of social advancement, help mentally ill patients receive proper treatment and return quickly to society as participating members. We will also improve the treatment climate for mental patients and change the public perception of mental illness.

First, we will carry out nationwide surveys on the status of mentally ill patients to identify their size, the causes of mental diseases, and treatment types, and thereby formulate policies based on accurate diagnosis.

Alongside this, to give research support for the treatment and rehabilitation of mentally ill patients, we are positively considering establishing “A Mental Health Research Institute” pursuant to the Mental Health Act, and if detailed pursuit plans are formed, we will begin to establish the institute as early as the year 2002.

As the World Health Organization (WHO) has declared this year as “the year of mental health,” we will in cooperation with the media and press work to overcome the prejudice against mental diseases by carrying out

< Major objective of mental health promotion tasks >

	<u>Current</u>	<u>2005</u>	<u>2010</u>
Stress perception ratio	84.4%	80.0%	60.0%
Long-term hospitalization rate at mental medical institutions (over one year)	26.4%	25.0%	18.5%
Number of the people who use social welfare facilities	1,000	2,500	12,000

extensive publicity campaigns, encourage mentally ill patients to participate directly in sports and cultural events, and expand rehabilitation programs with the help from their families.

In addition, to help mental patients quickly return to the society, we will expand community-based social rehabilitation projects by establishing model mental health centers and health center based mental health centers along with improving rehabilitation programs being operated by social rehabilitation facilities.

We will also work to further the human rights of mentally ill people, shorten hospitalization and rehospitalization periods and augment daytime wards and open wards. To increase the openness and transparency of mental sanitariums, we will develop an evaluation system and increase financial support for them.

We will take into account the character destruction and the harmful effects of family

destruction associated with alcoholics in conducting preventive and curative treatments for alcoholism. Also, we will make efforts in cooperation with relevant institutions such as the Korea Drinking Culture and Alcohol Research (KODCAR) to establish hospitals specializing in treating alcoholism.

○ Establishing A National Cancer Management System

As the society is being industrialized and urbanized, the number of cancer patients are increasingly rising. In 1999, cancer death accounted for 22.3% of the total deaths in the country. This requires the government to take more progressive measures in managing cancers.

In this context, the government will establish and implement a ten-year project against cancer and expand cancer research efforts to develop measures for preventing,

< Major objective of cancer management tasks >

Cancer death ratio (per 100,000 people)		<u>Current</u>	<u>2005</u>	<u>2010</u>
Stomach cancer	Male	30.3	25.3	20.3
	Female	17.6	13.1	8.6
Liver cancer	Male	31.7	26.4	21.1
	Female	9.5	8.1	6.7
Lung cancer	Male	32.8	37.6	42.3
	Female	11.3	11.8	12.2
Breast cancer	Female	4.8	5.6	6.4
Cervical cancer	Female	5.6	4.2	2.8
Cancer treatment ratio		30%	45%	60%

diagnosing and treating stomach liver cancers that are common among Koreans. The government will also pay particular heed to augmenting the foundation for treating cancers by conducting a number of subprojects, including cancer registration and bone marrow transplantation.

In cooperation with health insurance and medical protection corporations, we will develop an early cancer detection program covering the whole population along with carrying out other projects-such as hospice project-with a view to improving the quality of life of cancer patients.

In addition, we will continue to nurture the National Cancer Center, which was established in June this year, to become a world-class cancer research and treatment institution by introducing state of the art medical equipments such as proton treatment equipment, and will build a cancer research institution, and cancer research buildings, by 2003.

○ Chronic Degenerative Disease Management

We will step up the management of chronic degenerative diseases such as diabetes and hypertension that are increasingly rising with the increasing number of aged people and the changing lifestyles, strengthen the national monitoring system for cardiovascular disease control, improve health center based disease prevention programs, augment support for treating rare and incurable diseases, give priority of financial support to self-paid patients having chronic dialysis renal failure.

In addition, we will strengthen the national management systems for controlling communicable diseases by improving the communicable disease report system, and make efforts to eliminating measles. And, we will also improve the quarantine systems against overseas diseases.

< Major objective of disease management >

Death ratio (per 100,000 people)	<u>Current</u>	<u>2005</u>	<u>2010</u>
Cardiovascular Diseases	123.7	Status quo maintained	Status quo maintained
Diabetes	21.1	Status quo maintained	Status quo maintained
Hypertension	8.4	6.4	4.2

○ Strengthening Oral Health Projects

We will carry out the first-ever nationwide surveys on oral health, thereby laying the groundwork for conducting diagnosis-based oral health projects. We will further expand tap water fluoridation projects by extensively deploying fluorine injection devices at water purification plants and augment the financial support for fluorine injection. Also, we are planning to increase the number of oral health rooms in health centers, elementary schools and schools for the disabled to provide comprehensive oral health services to the disabled and the elderly who are particularly vulnerable to oral health problems.

In addition, on the occasion of the 20th anniversary of the inception of tap water fluoridation project, we will step up the publicity of oral health and carry out oral health education programs including proper tooth brushing techniques.

III. Conclusion

Today’s changing healthcare environment no longer allows us to be content with the healthcare policies focusing on the provision of preventive and curative medical services. In particular, as both the elderly population and the incidence of chronic degenerative disease increases, the national medical expenditures continue to rise and the national healthy life expectancy gets lowered due to a diverse range of diseases.

Against the backdrop of the changing healthcare environment, the government of Korea, having adopted the policy of preventive health promotion as the centerpiece of its healthcare policies, will continuously work to extend the health promotion projects.

We also will establish an efficient national management system for controlling chronic

< Major objective of oral health tasks >

	<u>Current</u>	<u>2005</u>	<u>2010</u>
5 yr. DMFT index	3.1	2.7	2.2
12 yr. DMFT index	3.1	3.0	2.8
12 yr. DMPT index	54%	47%	40%
15 to 19 yr. scaling-required people ratio	36%	33%	30%
65 to 74 yr. No. of natural teeth	17	18	19
The ratio of the beneficiaries of tap water fluoridation	13%	26%	40%

degenerative diseases such as cancers and diabetes, and bend our energies in developing measures to prevent and cure these.

Finally the government alone cannot make such changes that are required to be achieved.

We need unremitting commitment from all of us, including healthcare professionals in both public and private sectors, to work toward meeting these overriding challenges of the 21st century.