

Life cycle Health Promotion Programs using Traditional Korean Medicine (HaPPs-TKM) and Activation Plan

Jae Kyung Jo Ph.D. KMD¹⁾, Sunju Park Ph.D. KMD^{2)*}

¹⁾ Clinic Director, Bluehill Kyunghee Clinic of Korean Medicine, Incheon, Republic of Korea

²⁾ Associate professor, Department of Preventive Medicine, College of Korean Medicine, Daejeon University, Daejeon, Republic of Korea

Abstract

Background : The Life cycle Health Promotion Programs using Traditional Korean Medicine (the Life cycle HaPPs-TKM) are the on-going 3rd stage projects that have centered on the development and dissemination of the standard life cycle HaPPs-TKM in the local community. The purpose of the study was to introduce the development background of the standard life cycle HaPPs-TKM and to suggest its activation plan.

Methods : Academic and government research reports on the life cycle HaPPs-TKM were analyzed to introduce the development process, development backgrounds and the details of KM-HPP for each life cycle, such as infants and toddlers, adolescents, pregnant women, adults and the elderly.

Results : We reviewed the development process of the standard life cycle HaPP-TKM consisted of a series of diagnosis on community members' health problems, establishment of project purpose, research on the involvement of KM intervention in a project, and final development of the project model. And we rediscovered that in the development backgrounds of KM-HPP, there were beneficial goals to manage and promote public health conditions for each life cycle.

Conclusion : To activate life cycle HaPPs-TKM, we would recommend that activation plan should include six factors through systematic analysis of research reports. These factors consist of diversified goals for each life-cycle, competency reinforcement of local project manager, diversified Korean Medicinal modalities to enhance Sasang Constitution and Qigong, development of standard Outcome Index, periodical holding of performance contest, and improved guidance of government and associated entities through whole process of HaPP-TKM.

Key words : standard Life cycle Health Promotion Program, Traditional Korean Medicine, standard Outcome Index

• 접수 : 2020년 11월 23일 • 수정접수 : 2020년 12월 14일 • 채택 : 2020년 12월 17일

*Corresponding author : Sunju Park, Ph.D. KMD, Department of Preventive Medicine, College of Korean Medicine, Daejeon University, Daejeon 34520, Republic of Korea.

전화 : +82-42-280-2618, 팩스 : +82-42-274-2600, 전자우편 : sjpark@dju.kr

I. Introduction

1. Brief history

The Health Promotion Programs using Traditional Korean Medicine (HaPPs-TKM) was started in 1998, by arranging Korean Medicine Public Health Doctors (KM-PHD) to Community Health Center (CHC)^{a)} in a rural area¹⁾. The 'Korean Medicine Community Health Pilot Project' (operation of Korean Medicine clinic) for local residents was carried out in 2001. Based on the 'Korean Medicine Fostering Act (2003)', the Korean Medicine Community Health Project was fully promoted²⁾, 23 Primary Health Centers (PHCs), starting with 8 programs were opened in 2005. The 'Hub Primary Health Center' that included a health promotion project (2005-2012) was the 1st stage project. Korean Medicine Health Promotion Project (KM-HPP) within the Community Integrated Health Promotion Project (CI-HPP, 2013-2014) was the 2nd stage project which conducted by dividing into essential and optional projects by disease group. Local Primary Health Center chose the health promotion programs which prioritized essential projects considering the situation of local community. The 'Life cycle Health Promotion Program using Traditional Korean Medicine (life cycle HaPP-TKM)' was the 3rd stage project (2015~) that focusd on the health problems according to the life cycle. The 3rd stage project centered on the development and dissemination of the standard life cycle HaPP-TKM

as an integrated health promotion programs in the local community³⁾.

2. The life cycle Health Promotion Program using Traditional Korean Medicine (HaPP-TKM)⁴⁾

The KM-HPP was operated at Primay Health Center's discretion in conjunction with the Korean Medicine clinics and HaPP-TKM that was one of 13 CI-HPPs. The purpose of HaPP-TKM was to improve the health of local residents by solving the major health problems in the community by providing the health management method for each life cycle through HaPP-TKM that use Korean Medicine modalities^{5)b)}. Based on the main goals of the '3rd Comprehensive Plan to Foster Korean Medicine and Pharmaceuticals', HaPP-TKM was developed to enhance health knowledge by life cycle and control risk factors for each disease, such as reducing the prevalence of obesity.

The life cycle HaPP-TKM is composed of 'general' and 'standard' program. The 'standard HaPP-TKM' is a program that standardizes representative themes of each life cycle-infant and toddler', 'adolescent', 'pregnant', 'adult', and 'elderly'- so that it can be easily applied and implemented according to the characteristics of local governments, and consists of programs that have proven the effectiveness of health promotion. In connection with internal and external resources and other projects in the Primary Health Center, the working staffs performing the project are the members in charge of KM-HPP and

a) Public health institutions have a three-tiered structure consisting of primary, secondary and tertiary health care facilities to bring health care services within the reach of people. The primary tier is designed to have three types of medical institutions: Sub-Center(SC) for a population of 3000-5000, a Primary Health Center (PHC) for 20000 to 30000 people and a Community Health Center (CHC) as referral center for every four PHCs covering a population of 80,000 to 1,2 lakh.

b) The scope of Korean Medicine modalities includes Korean Medicine practices (acupuncture, moxibustion, chuna, herbal medicine, etc.) and Korean Medicine public health technologies for health promotion and prevention purposes. Included (refer to Article 2 of the Enforcement Decree of the Korean Medicine Promotion Act (Korean Medicine modalities))

professional personnel, Korean Medicine doctors (designated KM-PHDs and public KM health doctors).

In this study, we would review the development process, development background, and features of each life cycle HaPP-TKM to suggest future directions of the KM-HPP.

II. Methods

Research reports on the health promotion program developed by professors and researchers at each College of Korean Medicine on the request of Ministry of Health and Welfare were analyzed to investigate the background, development process, and details of the program for each standard life cycle HaPPs-TKM⁽⁶⁾⁽⁸⁾⁽¹¹⁾⁽¹⁴⁾⁽¹⁶⁾.

In detail, the program manuals of the health promotion project performed at the Public Health Centers under the guidance of the Korea Health Promotion Institute were referenced⁽⁷⁾⁽⁹⁾⁽¹⁰⁾⁽¹²⁾⁽¹³⁾⁽¹⁵⁾⁽¹⁷⁾.

Additionally, the advanced pilot project manual data were referenced to the changes in the details of programs which were relevant to the subjects for each life cycle, such as infants and toddlers, adolescents, pregnant women, adults, and the elderly in chronological order.

III. Results

1. Development process of the standard life cycle HaPP-TKM

When program developers developed the standard HaPP-TKM in the field, they followed the procedure below. At first, they diagnosed the health problems of the community in accordance with the demands of each local region. Secondly, they established the purpose of the project for each region. Finally, they conducted the research that was practically

helpful to involve the KM intervention in a project model. After these processes, the project model was developed⁴⁾.

After a project manager understood the needs of experts and local governments for the development of a standard program, a standard program was developed and performed thoroughly in order to reactivate the KM-HPP in the local community, train the related parties in an easy manual and cooperate with medical facilities. According to three stages of development, verification, and spread over three years by program from 2015, the target group for each life cycle was chosen through the advisory results necessary to standardize 'standard' programs and Outcome Indexes systematically.

The standard program of HaPP-TKM was developed through 3 stages, development phase, verification phase, and spread phase that proceeded over three years. In the development phase of the first starting year, the first stage of the standard program, a new program was discovered, a draft of the program was developed based on the details of the program contents and protocol, and a preliminary research study process (pilot test) was conducted to develop a HaPP-TKM. In the second stage, the verification phase of the second year, based on the results of the preliminary research pilot (pilot test), after operating a pilot project for HaPP-TKM in each Primary Health Center, the applicability and effectiveness of the site was verified and demonstrated. In the third stage, the final third year, in the diffusion phase, a supplementary and completed standard program was provided to Primary Health Centers across the country through the pilot project conducted in the second verification stage to promote health promotion projects and promote the nationwide expansion.

Through this series of processes, the goal of standardized qualitative management of public health projects and promotion of public health was to achieve the final goal of strengthening

public health care by establishing program reliability and effective project performance.

2. Life cycle HaPP-TKMs

The KM-HPP was developed by classifying the targets for each life cycle, such as infants and toddlers, adolescents, pregnant women, adults and the elderly. In this section, we are to describe each development backgrounds and the details of each cycle. The overviews of each cycle are suggested in the Table 1.

1) HaPP-TKM for Infants and Toddlers⁶⁾

Korean Medicine Community Health Project was integrated into the CI-HPP in 2013. At that time, the demand for standardized evidence-based programs that induced infants and toddlers the right lifestyle was high. This was confirmed by experts consultation and the survey conducted by the Primary Health Centers.

Through the review of the previous programs related to the existing health promotion program for infants and toddlers, the details of the following programs were decided and promoted. As a result, the demand for Korean traditional medicinal parenting knowledge was considerably high, the importance of implementing health behavior was emphasized. The related part of education and counseling was provided by the appointment of a nurse and KM doctors from a local Korean Medicine clinic or Korean Medicine hospital. Thus, the 'HaPP-TKM for Infants and Toddlers' was developed to promote youth health and induce healthy living practices through improvement of knowledge, attitudes and behaviors related to health in children and adolescents.

Looking at major health problems in the early childhood period and programs to solve them, obesity and growth disorder (nutrition, sleep, etc.) were managed in the 'Growing Korean Medicine

parenting class', allergic diseases such as atopic dermatitis, asthma and rhinitis were managed in 'Prevention of allergic diseases class', and mother and child attachment and frequent diseases were managed in the 'Affirmation Parenting Health Class'. Consequently, the 'Health Care Program for Weak Children at Daycare Centers' (standard program) was developed to resolve immunity decline and establish healthy lifestyles⁷⁾.

2) HaPP-TKM for Adolescents⁸⁾

HaPP-TKM for Adolescents was developed under the development background to promote youth health and induce healthy living practices through improvement of knowledge, attitudes and behaviors related to health in children and adolescents.

The needs for the development of a standard program for adolescents that can be performed in the Primary Health Centers were high. The existing health promotion programs for adolescents, such as menstrual pain programs, obesity management programs, and musculoskeletal disease-related programs were revised⁹⁾. In the demand survey of the KM-HPP for adolescents, smoking, internet, and smartphone addiction were in high demand, and it was confirmed to be serious through focus group interview for middle and high school health teachers. Evaluation Index was evaluated and reflected through the smartphone addiction self-diagnosis questionnaire, concentration assessment test, and satisfaction survey¹⁰⁾.

3) HaPP-TKM for Pregnant women¹¹⁾

There were insufficient Korean Medicinal modalities to manage the healthy condition of pregnant women holistically. High prevalence of postpartum depression suggests that prenatal and postpartum management is necessary in order to prevent postpartum depression¹²⁾. As a result of grasping the needs of experts and local government officials

Table 1. Overview of standard life cycle HaPP-TKM

Life cycle	Standard Program/Start year	Subjects	Objective	Site	Main Interventions	Entity	Main contents	Term
Infants & Toddler	Weak child Health Care Program /2018	Infants and toddlers : ≤ 5 years Adults : guardian, nursery teacher	Traditional parenting, strengthening immunity, preventing allergic diseases	Childcare institution	Sasang constitution, Qigong gymnastics, Yangseng, Korean medical treatment, Etc (KM massage etc)	the person in charge	For infants) experience activities such as touching herbal medicines, correct eating habits, education such as eating less snacks, physical activities such as children's growth and gymnastics, taking herbal snacks such as pear juice, and wearing a scarf to prevent colds and rhinitis. For parents) - Providing information on Korean medicine targeting 7 topics such as child characteristics, pediatric care, respiratory disease, digestive system disease, nervous system disease, allergic disease, growth and obesity. - Infant health education and counseling, distribution of health newsletters	Minimum 6 times
Adolescent	Smartphone Internet Overdependence Prevention Program /2018	C : elementary, middle and high school students Adults: : guardian, teacher in charge	Smartphone addiction and prevention and treatment	Middle and High School	Sasang constitution, Qigong gymnastics, Yangseng, Korean medical treatment, Etc (KM massage etc)	the person in charge	Simple & general types For students) The 'Smart Media Clean Class based on Korean Medicine': meditation, ascetic massage, Qigong gymnastics, education related to smartphone addiction Health education and writing activity sheet, meditation, healthy gymnastics, health acupuncture training For parents) Distribution of health newsletters	Minimum 4 times
Pregnant women	Postpartum stroke and postpartum depression Prevention program /2016	pregnant woman	Prevention of postpartum wind and postpartum depression		Sasang constitution, Qigong gymnastics, Yangseng, Korean medical treatment	KM doctor (specialty in pre- and postnatal care)	Regular training related to prenatal and postnatal management, Develop an online community to freely communicate with a pregnant Korean medicine doctor about various prenatal and postnatal care methods and parenting methods for pregnant women	Minimum 4 times

Adults	Menopausal Prevention and Management Program /2019	20~64 years adults	Understanding menopause, chronic disease prevention management, mental health management etc.	Public health centers, welfare centers, homes, others (parks, healthy living support centers), etc.	Sasang constitution, Qigong gymnastics, Yangseng, Korean medical treatment, Etc (Yoga, Tai-chi)	the person in charge	Motivation for practicing healthy life, Provision by health risk factors and health problems, Chronic diseases such as cardiovascular disease and Prevention of complications	Minimum 12 times
Elderly	Dementia Prevention Program /2017	Elderly: ≤65 years Adults: guardian	Dementia, stroke, depression prevention education, joint disease prevention through Qigong gymnastics	Public health centers, welfare centers, senior citizens' halls, homes, others (parks, health support centers), etc.	Sasang constitution, Qigong gymnastics, Yangseng, Korean medical treatment, Etc (Yoga, Tai-chi)	the person in charge	Chongmyeong (good memory) acupuncture treatment, Doin massage based on Donguibogam, and meditation applied to detailed programs	Minimum 6 times (Education Minimum 3 times)

for the development of a health promotion program for Korean medicine, project managers gathered opinions that it was necessary to find a program for health promotion for pregnancy and fetuses. With this development background, the first standard program, 'Health Management Program for Pregnancy Using Korean Medicine' was developed. The main purpose of the program for pregnancy was to perform the health management of both pregnancy and children born using Korean medicinal interventions. The main content was about traditional Korean parenting methods, which include traditional Korean medical knowledge to prevent and manage the "postpartum wind" that pregnancy was easily exposed to after birth, and how to form the attachment relationship necessary for parenting. The difference between the Korean medicine health promotion program for pregnancy and the existing health promotion program was that it was designed to prevent diseases and improve health behavior through prenatal and postnatal health management and provision of correct traditional child-rearing knowledge, not information related to untested postpartum management methods¹³⁾. The program was designed on the basis of scientific evidence that if a pregnant woman were emotionally stable, she could perform well as mother, and was effective in relieving the depression experienced after childbirth. This program showed positive results for pregnancy knowledge of health care, awareness of child-raising, and reduced depression during pregnancy.

4) HaPP-TKM for Adults¹⁴⁾

The development background of a standard Health Promotion Program for adults was as follows.

First, the importance of adult health care and the need for menopausal health care increased due to the increase of life expectancy and chronic diseases.

Second, both women and men had various mental

and physical changes resulting from sudden changes in menopausal hormones, and health management during the same period was acting as a major variable in the health and quality of life of adults.

Third, the guideline was developed and distributed worldwide by actively utilizing traditional medicine and Complementary and Alternative Medicine(CAM) for menopausal health management during the period of program development¹⁵⁾.

Fourth, The necessity to develop an evidence-based Health Promotion Program using Korean Medicine reflecting these research results was raised.

5) HaPP-TKM for the Elderly¹⁶⁾

The development background for a standard Health Promotion Program for the elderly was as follows.

First, the need for health promotion for the elderly has increased to resolve the elderly medical expenses in the elderly society.

Second, as the demand for evidence-based projects increased, the need to develop a standardized Health Promotion Programs for the elderly that could be performed in Primary Health Centers has increased.

Third, elderly patients had a very high use rate of Korean medical institutions, and Korean Medicine had a positive therapeutic effect on elderly health care.

Fourth, Health Promotion Program for the elderly was selected as top priority in the mid- to long-term plan of the Korean Medicine Health Promotion Project¹⁷⁾.

IV. Discussion

In the course of the 2005-2012 Hub Primary Health Center Project, the Primary Health Center was an increasing trend that actually performed the KM-HPP. The quantitative infrastructure of

the project was also expanded accordingly. After improving health satisfaction of the middle-aged and the elderly local residents in the urban and rural areas in the KM-HPP, there was an increase of the number of Primary Health Centers performing KM-HPPs. Besides these, the followings must be improved to successfully spread and settle the HaPP-TKM.

By overviewing the standard life cycle HaPP-TKM (Table 1), to meet the variable needs of each community, the target unhealthy condition or disease status must be diversified especially for adolescents, adults, and the elderly since it is confined to smartphone and internet dependence, menopause, and dementia, respectively.

The entities are mostly the person in charge except for program for pregnant women, KMDs (Table 1), thus the empowerment of local project managers are also important as they determine success or failure of future KM-HPPs. For the KM-HPP to continue to be maintained and to settle in and succeed in the local community, it is essential to strengthen the capabilities of the Primary Health Center project manager and Public Health Doctors. The project managers of the KM-HPP in the Primary Health Center should understand the Korean Medicine technology and the goal of each program, but also develop the ability to operate, and evaluate program.

According to the Park's study, when conducting the KM-HPP, there were demands for supports such as manpower, facilities, education materials such as project operation manual, and establishment of a department dedicated to KM-HPP¹⁸⁾.

In particular, it is necessary to expand education and training opportunities for project manager in the Primary Health Center to accept comprehensive opinions on problems and aggravating factors. In addition, it can make project manager in the Primary Health Center estimate qualitative evaluation rather than quantitative evaluation and coordinate smooth delivery of health care services

to community residents. It is confirmed that specialized education and training for project managers and Public Health Doctors who perform KM-HPP is also an essential factor for creating better future health promotion program model.

For intervention, Sasang constitution and qigong are included in all standard life cycle HaPP-TKMs (Table 1). That means the demand of those intervention is high and is effective, and it is considered as a characteristics of HaPP-TKM. However, to spread and expand its application, the Korean Medicinal modalities also should be diversified.

Although not presented in the text, development of standard Outcome Indexes is necessary for the sustainability of KM-HPP. The development of Outcome Indexes for the KM-HPP is one of the main assignments of the '3rd Comprehensive Plan to Foster Korean Medicine and Pharmaceuticals' to verify the improvement of health level, since 'The Build-up of Korean Medicine Health Promotion Statistics Database' was included in the '4th Comprehensive National Health Promotion Plan (HP2020)'. It is convincing that the evaluation of health promotion projects in Primary Health Centers should be reflected through outcome evaluations such as input, process, output, and results. The modification of Outcome Indexes which focus on the process of identifying, improving, and reflecting project difficulties will be needed in the development of Primary Health Center-level outcome indexes.

Among the newly developed standard programs, Outcome Indexes to evaluate specific health promotion effects of highly effective programs can be applied to existing HaPP-TKMs.

The development of standard Outcome Indexes to objectively evaluate the performance of the project is also an important key to the success or failure of the health promotion project.

In addition, performance contest is the essential element for the sound performance of KM-HPP

health projects and motivation of project managers and related other personnels.

Every December, the performance contest of the KM-HPP is held, and the operating institutions and Primary Health Centers that perform the KM-HPPs are evaluated and selected. The performance contest, in which best practices are selected and announced through performance evaluation and awards, is intended to motivate Primary Health Centers and project managers to perform their projects and to share and spread project experiences to other Primary Health Center staffs through compensation for efforts.

Above all, it is essential that the series of planning, development, evaluation, support, and feedback of the HaPP-TKM should be proceeded for other specific groups under the guidance of the related government body, authorities and community health organizations.

Accordingly, it is necessary to strengthen the role of local government department through supporting budgets so that they can play a significant role between the government department and front-line Primary Health Center¹⁹⁾. It is required to introduce a private consignment method together with the government-led health promotion project in the KM-HPP in relation to the subject of project promotion. The public sector plays a leading role in the KM-HPP and requires cooperation at multi-faceted levels. The participation of the private sector is one of the essential factors for good performance²⁰⁾. In order to trace the past, present, and future trajectories of KM-HPP correctly, the most important things are to check participants' needs and satisfaction, and the effectiveness of KM-HPP. The public officers of Ministry of Health and Welfare, affiliated organizations, and community should work together to create the common goal of creating KM-HPP. In addition, each detailed process manual of KM-HPP needs to be upgraded continuously.

This study reviewed the life cycle HaPP-TKMs

and various factors including private sector that could have influence on needed health promotion services, because whether KM-HPP in the future would succeed or fail depends on those factors. Under the big goal of the 3rd Comprehensive Plan to Foster Korean Medicine and Pharmaceuticals (2016-2020), it is necessary to successfully promote the future KM-HPP based on the past and the present²¹⁾. In this regard, the goal of the KM-HPP should be achieved in a larger proposition, such as improving health equity and extending life expectancy of the National Health Promotion Comprehensive Plan²²⁾.

According to the paper, 'Integrated health promotion strategies', review of health promotion interventions working on a wide range of health issues and health determinants suggests that the most effective interventions should take multiple health promotion strategies, operate at all levels including social and personal sectors, work with other partners and combine with integrated actions²³⁾. In the future, HaPPs-TKM should be performed to improve the public health level by multi-layered and multi-faceted strategy.

V. Conclusion

To activate life cycle HaPPs-TKM, the followings must be improved.

First, the goals for betterment of unhealthy condition or disease status should be diversified uniquely for adolescents, adults, and the elderly respectively.

Second, the competency reinforcement of local project managers is also crucial as they decide success or failure of future KM-HPPs.

Third, the Korean Medicinal modalities also should be diversified to spread and enhance the application of Sasang constitution and Qigong, characteristics of HaPP-TKM.

Fourth, standard Outcome Indexes are crucial

for the sustainability of KM-HPP.

Fifth, the performance contest is the inevitable element for the solid performance of KM-HPP health projects and motivation of project managers and related other personnels.

Lastly, it is essential that the procedure of planning, development, evaluation, support, and feedback of the HaPP-TKM should be done for other specific groups under the guidance of the related government entity, authorities and community health organizations.

When these various measures are realized in the future, the possibility of success of the Korean medicine health promotion project will be further enhanced.

References

1. Kim KH, Lee JA, Go H-Y, Choi J, Park S, Lee MS, et al. A review of the development of the public health doctor system in Korea —The role of traditional Korean Medicine. *European Journal of Integrative Medicine* 2016;8(5):841-46.
2. Act on the promotion of Korean Medicine and Pharmaceuticals Article 6, (2008).
3. Kim KH, Choi J, Go H-Y, Lee JA, Lee MS, Park S, et al. Health Promotion Programme using Traditional Korean Medicine (HaPP-TKM): An overview. *European Journal of Integrative Medicine* 2015;7(6):628-33.
4. Korea Health Promotion Institute (KHPI). 2020 Community Integrated Health Promotion Project (HaPP-TKM). In: Ministry of Health and Welfare, editor. Ministry of Health and Welfare 2020.
5. Enforcement Decree of the Act on the promotion of Korean Medicine and Pharmaceuticals Article 2, (2020).
6. Park HM. Development of Korean Medicine Health Promotion Program for Infants and Toddlers. Ministry of Health and Welfare: Sangji University, 2016 Contract No.: Policy 16-13
7. Korea Health Promotion Institute (KHPI). Infants and Toddler Health Management Program Education Plan, 2016.
8. Jung MS. Development of Korean Medical Health Promotion Program for Juvenile. Ministry of Health and Welfare: Wonkwang University, 2016 Contract No.: Policy 16-12.
9. Korea Health Promotion Institute (KHPI). Adolescent Health Management Program Education Plan, 2016.
10. Korea Health Promotion Institute (KHPI). Development of Korean Medical Health Promotion Program for Juvenile, 2016.
11. Korea Health Promotion Institute (KHPI). Korean Medicine Health Promotion Life Cycle Education Manual. In Korea Health Promotion Institute (KHPI), editor. Korea Health Promotion Institute (KHPI): Ministry of Health and Welfare; 2016. p. 157-59.
12. Lee SY, Leem JY, Hong JP. Policy Implications for Promoting Postpartum Mental Health. Korean Institute for Health and Social Affairs (KIHASA). 2017.
13. Korea Health Promotion Institute (KHPI). Pregnant women Health Management Program Education Plan, 2014.
14. Kim HJ. Development of Health Promotion Program using Traditional Medicine for adult: Woosuk University, 2017.
15. Korea Health Promotion Institute (KHPI). Adults Health Management Program Education Plan, 2017.
16. Lee SD. Development of a HaPP-TKM for the elderly. Ministry of Health and Welfare: Sangji University, 2015.
17. Korea Health Promotion Institute (KHPI). Elderly Health Management Program Education Plan, 2015.
18. Park S. Primary Health Center Korean Medicine

- Health Promotion Project (KM-HPP) Model Development. Ministry of Health and Welfare: Daejeon University, 2016 Contract No.: Policy 16-24.
19. Hwang N, Jo N, Jang Y, et al. Maternal and Child Health Leadership Guide (Policy Report). Ministry of Health and Welfare: Korea Institute for Health and Social Affairs, 2001.
 20. Lee JY. Improvement Directions of the Community-Based Integrated Health Promotion Program. Health and Welfare Forum, 2017: 32-40.
 21. Ministry of Health and Welfare. 3rd Comprehensive Plan to Foster Korean Medicine and Pharmaceuticals (2016-2020). In: Ministry of Health and Welfare, editor. KIOM: Ministry of Health and Welfare; 2016.
 22. Korea Health Promotion Institute (KHPI). 4th Comprehensive National Health Promotion Plan (HP2020). In: Ministry of Health and Welfare, editor. KHPI: KHPI; 2017.
 23. Jackson SF, Perkins F, Khandor E, Cordwell L, Hamann S, Buasai S. Integrated health promotion strategies: a contribution to tackling current and future health challenges. Health promotion international, 2006;21(suppl_1):75-83.