

Healthy Korea 2010 : Role of the Health Educator

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Abstract

The Korean Government has produced the Health Plan 2010 aimed at setting up healthy Korea objectives, policies on preventing chronic diseases, reshaping the country's health and medical infrastructure. The policy goal targets the people's healthy life expectancy at 75 by 2010, and includes healthy life practice measures including health education, health improvement services, and disease management measures, in achieving the objectives. Also, the plan provides life cycle-based health improvement and disease prevention services, as well as pushes ahead with projects with greater ripple effects in each area. To this end, the government is simultaneously pushing to operate an experts-centered health promotion committee and establishing the infrastructure including the augmentation of national health improvement funds. Through its Health Plan 2010, the Korean Government will exert efforts to achieve its policy objectives as addressed in the measures by enhancing the national potential health and providing systematic disease prevention services.

I . Introduction

Entering aging society and increased prevalence of chronic diseases cause increased burden of socio-economic costs. About 4 out of 10 people in south Korea are suffering from chronic diseases. The proportion of annual loss of productivity is about 1.7% of GDP. To overcome the burden of chronic diseases, health policy has to focus on prevention rather than treatment of diseases. This is the major part of health promotion policy in South Korea (MOHW, 2002).

Since 1998, community health promotion and health education programs in Korea have been increased as the National health promotion Law was enacted in 1995. This is in part because the budget for health promotion programs has been increased. According to the National Health Promotion Law, the term "health education" means

education which leads an individual or group to practice voluntarily deeds beneficial to health. Health promotion programs mean the projects to improve health of the citizens through health education, prevention of diseases, improvement of nutrition, as well as practice of healthy life style (National Health Promotion Act, 1995).

Individual and groups' deeds for health, healthy lifestyles, have been clearly spelled out in the National Health Plan 2010 established by the Ministry of Health and Welfare in 2002. They are non-smoking and moderate consumption of alcoholic beverages, nutrition, exercise, and weight management. The goal of the Health Plan 2010 is to increase healthy life expectancy of Koreans. To accomplish this goal, the National Health Plan focuses on development and provision of health promotion and education programs.

Koreans' life expectancy was 75.9 years in 2000, and is projected to 78.8 years in 2010. However, Korean's health expectancy was 66.0 in 2000, and this means 13% of a person's life is spent with some sort of illness or unhealthy status. The proportion of life years with unhealthy status is relatively bigger than that in advanced countries such as Japan, Germany and France. Lifestyle factors such as smoking, drinking alcoholic beverages, lack of exercise are major causes of reducing healthy life expectancy. This is because chronic diseases are major public health threat during the last 10 years in Korea, and causes of chronic diseases are related to lifestyle factors (WHO, 2000).

The methods of health promotion for the nation have included public policies, environmental improvements, improved health services, reinforcing local activities and personal skill improvements. This paper gives an overview of the nation's health promotion policy objectives and programs and seeks to identify health education issues.

II. Background of Health Plan 2010

The Health plan 2010 was formally produced by the Ministry of Health and Welfare in 2002. It included health promotion objectives toward the year 2010. Its

Health Plan 2010, being seriously pursued in line with the law enacted in 1995 pertaining to national health promotion, signals that the Republic of Korea has shifted its medical and health services to a new paradigm.

With the rapid industrialization of Korea since the 1960s, the people have increased their income and enhanced their living standards, and also a need for the government's role in the health and medical area has been intensified. In 1977, the country introduced its medical insurance system, which benefited the whole nation in 1989. And the system contributed greatly to the outward development in medical service such as medical technology development and medical service expansion.

Increased national concern about health and development of medical care system have increased people's life expectancy. The nation's life expectancy increased greatly to 69.2 years for males and 76.3 for females in 1999, compared to 51.1 and 53.7 in 1960, respectively. Likewise, the death rate dropped remarkably from 61 per thousand persons to 7.7. With the average life expectancy increased, elderly people have rapidly risen with its population surpassing 7% of the whole population in 2001 (Aging society) and is projected to represent 14% in 2023 (Aged Society).

However, with this trend of elderly people increasing, diabetes, hypertension and other chronic degenerative diseases are increasingly rising among the people. As shown in the fact that in 2000, cancer and cerebrovascular diseases were cited as the No.1 and No. 2 death causes, respectively, the death rate due to acute epidemic diseases has been decreased, while the death rate due to chronic degenerative diseases has increased. These diseases are attributed mainly to lifestyle factors such as smoking, stress, polluted air, lack of exercise, excessive diet, frequent drinking, and other bad habits. These chronic diseases are difficult to treat and take a long time to cure, they increase the national medical expenses rapidly thus having negative effects on the national economy.

These chronic health problems requires an active preventive health promotion policies by the government. Likewise, in the past, diseases due to individuals' smoking, lack of exercise, etc., were all attributed to individuals concerned, but today, a national

countermeasure is required to stop smoking, abstain from drinking, launch healthy campaigns, and support other projects for healthy life practice.

Against such a backdrop, the Korean government has been pushing with Health Plan 2010 aimed at preventing chronic diseases, reshaping the country's health and medical infrastructure, and thus bolstering the people's health levels.

Many countries around the world are already implementing their long-term health promotion plans as they sought to shift their national health and medical policy framework to a preventive health promotion paradigm in the 1980s. For instance, these programs include the U.S. Healthy People 2000 and Healthy People 2010, and Japan's National Health Promotion Campaign (1978 to 1987), Brisk Life 80 Healthy Plan (1988 to 1997) and Healthy Japan 21 (1998 to 2010).

Likewise, the Korean government has presented its blueprint for the future healthy society through Health Plan 2010, based on comprehensive studies thus far conducted.

This plan clearly sets the national healthy life expectancy at 75 years by 2010. Towards this end, it also seeks to practice abstinence from smoking and drinking, exercise, nutritious diet, and other healthy lifestyle, among people, provide mental/oral/maternal health, and other health promotion services, and manage cancer and chronic degenerative diseases (diabetes, arthritis, cerebrovascular and cardiovascular diseases, dementia, etc.).

The plan also aims to offer health promotion and disease prevention services according to one's life cycle involving infants and children, teenagers, adults, elderly people, and focus on major projects with great ripple effects in each area.

Likewise, the plan seeks to allow local communities to use private sources and take initiative in pushing ahead with health promotion projects through their respective public health centers.

<Table 1> Health Objectives for the year 2010

Division	Area		Present ¹⁾	2010	
Healthy life practice	No smoking	Adult smoking rate	Male	67.8%	30%
			Female	4.6%	4%
		Juvenile smoking rate	Male high school students in the third year	37.9%	5%
			Female high school students in the third year	10.5%	2%
	No drinking	Alcoholic beverage consumption per person		8.7 ℓ	7 ℓ
		Juvenile drinking rate		21.0%	5.0%
	Exercise	Regular exercise practice (3 times or more weekly, over 20 years of age)		8.6%	17.2%
	Nutrition	the ratio of people who take recommended nutrients		30%	50%
		Appropriate weight (18.5 ≤ body mass index < 25) population rate		68.7%	75%
	Mental health	Mental disease(including alcoholism)		14.4%	10%
% of mental illnesses Treated		2.7%	3.2%		
suicide rate(per 100,000persons)		19.9	15.9		
rated of perceived stress(per 100 persons)		36.7	32.7		
Oral health	number of natural teeth(Aged 65-74)		17.0	19	
	Dental caries Index	Aged 5	5.5	5.0	
		Age 12	3.3	2.8	

1) The current statistics were based on the year 2002.

2) Source: Ministry of Health and Welfare, Health Plan 2010, 2002.

Division	Area		Present	2010	
Management of chronic diseases	Death rate by diabetes (per 100,000 people)		22.0	19.0	
	Hypertension morbidity rate(Age ≥ 30)	Male	26.6%	19.7%	
		Female	27.9%	20.7%	
	Cerebrovascular disease morbidity rate (per 1,000 Aged ≥ 30)	Male	9.5	9.0	
		Female	12.5	11.9	
	Ischemic heart diseases morbidity rate (per 1,000 Aged ≥ 30)	Male	18.0	15.2	
		Female	10.0	10.9	
	Arthritis morbidity rate (per 1,000 Age ≥ 19)	Male	5.5	5.5	
Female		15.7	16.0		
Maternal and child health	Maternal death rate (per 100,000 persons)		20	12	
	Infant death rate (per 1,000 persons)		7.7	5.4	
	Married women abortion rate		24.6%	10%	
	Delivery rate by Caesarean section		37.7%	20%	
Management of cancers	Early detection rate	Cervical cancer		33.9%	50%
		Breast cancer		13.9%	25%
		Stomach cancer		10.9%	20%
	Cancer death rate (per 100,000)	Stomach cancer	Male	31.3	20.0
			Female	17.2	14.0
		Liver cancer	Male	32.5	20.0
			Female	10.0	6.0
		Lung cancer	Male	36.1	35.0
			Female	12.6	12.0
		Breast cancer		4.9	4.5
Uterine cancer		5.6	2.5		

<Table 2> Tasks for Health Plan 2010

Practice healthy life	Prevent and manage chronic diseases	Promote health according to life cycle
<ul style="list-style-type: none"> <input type="checkbox"/> non-smoking and moderate consumption of alcohol, and engaging in regular exercise and balanced diet. <input type="checkbox"/> Link to local governments and private resources <input type="checkbox"/> Step up health promotion publicity/education 	<ul style="list-style-type: none"> <input type="checkbox"/> Prevention and management of chronic diseases <input type="checkbox"/> Strengthen the prevention and detection of cancer <input type="checkbox"/> Support medical services for vulnerable groups 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide health promotion services according to life cycle <input type="checkbox"/> Coordinate health projects at different levels in the community
<p>Structuring of Health Promotion Project Infrastructure</p> <ul style="list-style-type: none"> • Step up public health function of public health centers, etc. • Secure finances, manpower and other necessary resources 		

III. Details of Health Plan 2010

1. Organizing systems to manage chronic diseases

To intensify the management of the ever-increasing chronic degenerative diseases such as diabetes and hypertension, the government has step up the national monitoring system for the registration of cardiovascular diseases, spread prevention programs using health centers, support medical expenses for chronic renal failure dialysis patients, and augment support for rare and difficult-to-cure diseases.

Also, the national system for managing epidemic diseases has been built including the improvement of epidemic disease reporting system and the eradication of measles, as well as the quarantine system against communicable diseases from overseas.

2. Organizing national systems to manage cancers

With increased life expectancy and the change in lifestyle following the industrialization and urbanization, cancer patients are increasing, and cancer represents 22.3% of the national death causes, thus requiring a national countermeasure.

Thus, the government plans to establish a 10-year cancer combat project, expand researches designed to prevent and develop treatment methods for stomach cancer, liver cancer and other major cancers recurrent to Koreans, augment the base for treating cancers such as cancer registration project and bone marrow implantation, organize national early cancer examination systems in cooperation with health insurance and medical protection agencies, and carry out projects for improving the life quality of cancer patients such as hospice services for cancer patients.

In addition, with the opening of National Cancer Center, a world-class cancer research and treatment service has started, by introducing sophisticated equipment such as proton treatment devices.

3. Expanding projects to practice healthy lifestyle

The adult male smoking rate of the country is very high in Korea. Female smokers and youth smokers are increasing, the government decided to step up the no smoking project.

To this end, the government has provided TV public advertisements, internet-based programs, and diverse publications, publicized intensively the harmfulness of smoking, offer necessary information, and augmented no smoking campaign by featuring popular entertainers, etc.

Also, the government has expanded no smoking projects for juveniles, stepped up health education including no smoking camps for juveniles, and offered no smoking education to guide middle and high school teachers and personnel at public health centers.

Likewise, the governmental policy decided no smoking zones in the government

buildings, public agencies, internet cafes and cartoon book shops frequented by juveniles, and medical service institutions, and seeking improved relevant systems. Already formed pan-national no smoking campaign headquarters comprised of civic health and medical organizations, religion community, and journalism committee have been driving civic-centered no smoking campaign.

In addition, there has been another support for healthy life practice programs such as abstinence from drinking and exercise, and developing and spreading dietary guidelines as well as programs necessary for healthy life practice targeting children, juveniles, adults, and elderly people with each group's characteristics considered. Also, NGOs seek to publish and spread comprehensive healthy life magazines and health news, offer appropriate health information through Internet, and offer health topics and information every month.

Provision of exercise counselling and education services according to age, gender and individuals' disease history has been implemented and educational programs on nutrition to local community dwellers and workers who use public health centers in their residential areas have been developed.

4. Offering health promotion services according to life cycle

The government has determined major health promotion projects according to one's life cycle, and provide support services for healthy life practice according to characteristics by age.

Targeting infants aged from 0 to 6 years, they provide inborn metabolism examination and growth development counseling services, and offer free medical checkup coupons for 6 month old or older infants together with maternal health pocketbooks, thus helping with their normal development in health centers.

They install counseling rooms at health centers and schools to guide juveniles aged up to 19 years on sexuality and drug addiction problems, nutrition improvement, and exercise practice. They likewise offer tooth decay prevention services to elementary school children such as preventive sealant treatment and thus guide them

to learn appropriate tooth brushing practice.

They provide healthy life practice programs according to gender and individuals' healthy status for young people and adults to be able to decrease risky behaviors such as smoking, drinking alcoholic beverages and other bad habits, and also to practice exercise and balanced diet. They offer information on the five major chronic diseases at the national and community level.

They have strived to step up the management of senile dementia as well as prevent and treat chronic diseases for elderly people aged 65 years or older.

5. Building infrastructure for health promotion

Health promotion infrastructure includes development of statistical indexes, organization of the national health promotion committee, strengthened health center based public health programs, and increased health promotion fund.

<Table 3> National Health promotion and health education plan according to life cycle

area	Objectives	Infants (Age 0~6)	Youth (Age 7~19)	Adults (20~64)	Elderly (Age ≥65)
Disease control	reduced rats of cases with Diabetes, Hypertension, Cerebrovascular disease, Ischemic heart disease, Arthritis	immunization	health education/counseling	Hypertension/diabetes/stroke management Home Visit Nursing Service Diet guidelines for major chronic diseases	Dementia control, /Arthritis control
		Provision of Health education, infectious disease monitoring system, care for the rare and incurable disease sufferers			
cancer control	Increase medical screening for cervical cancer, breast cancer, stomach cancer; reduce death rates caused by major 5 cancers ¹⁾	Childhood Leukemia & Childhood cancer		free cancer exam for low-income people, support cancer research and treatment system	palliative care for cancer patients
Mental health	reduce of cases with Mental diseases including alcohol use disorder; Increased rate of recovery from mental disorders, reduce rate of suicide, reduced rate of stress		mental health information service, alcohol & other drug dependence prevention	mental health information service, alcohol & other drug dependence prevention and management	
Oral health	Increase number of natural teeth fro those aged 65~74, Decrease dental caries for those age 5-12		school oral health program		denture & dental prosthesis program
		fluoridation of public water, moving oral health service			
Maternal and Child health	Reduction in Maternal death rate, infant death rate, abortion, cesarean section rate	Premature babies & congenital abnormality health checkup counseling for growth and development	sexuality education/counseling	Reproductive health awareness campaign Reproductive health care	
Healthy Lifestyle practice	reduce Adult and adolescent smoking rates, alcohol consumption rate, adolescent drinking rate; Increase regular exercise rate(3 times per week), rate of nutrient intake and keeping normal weight		prevention education material for alcohol and drug abuse	Non smoking education/service	
		Healthy lifestyle(Non-smoking, Moderate drinking, Exercise, Nutrition), health forecast			
Infrastructure	statistical system, health promotion committee, Public health programs, National Health Promotion Fund				

1) Stomach cancer, Liver cancer, Lung cancer, Breast cancer, Cancer of the Uterus

2) Source, Ministry of Health and Welfare, Health Plan 2010, 2002.

<Table 4> Detailed health promotion program plan of the Ministry of Health and Welfare

(Unit: million won, %)

	Title of program/policy	program plan description	Budget (2002~2010)	Budget source ¹⁾
General	Health promotion committee	- Inaugurated in 2003, evaluate national health promotion program - comprehensive evaluation in Oct., 2010	371	H 100.0
	urban style branch health centers	- 50 sites for pilot program in 2004. - 100 sites in 2005 and additional 36 sites after 2006	53,900	F 48.4 L 51.6
	Health center's healthy lifestyle program	- 150 centers in 2004 - The program will be provided in all centers by 2006.	170,800	H 61.0 L 39.0
Healthy lifestyle	Increasing Non-smoking zone	- Designated non-smoking buildings included elementary, middle and high school buildings, nurseries, and hospitals - Facilities frequented by minors should designate the non-smoking area and the smoking area.	-	
	Non-smoking education program	- Development of smoking prevention educational materials(videos, CDs, and other materials - Provision of smoking prevention and cessation education for employees, military personnel, and general public - Development of smoking cessation programs(2004)	45,067	H 63.0 L 37.0
	youth drinking prevention education/cultural publicity	- Alcohol awareness and education programs for youth or college students(orientation education for college freshmen, providing educational materials, and monitoring TV and Radio broadcasts) - Provision of public announcement or advertisement to prevent alcoholism from 2003 - Developing prevention education and awareness programs from 2004	15,850	H 73.5 L 26.5
	increased exercise facility in Health centers & support physical activities	- Provide exercise facilities and space for training and education in public welfare facilities, health centers, and national hospitals - Support increased physical activity opportunities in private sectors - Mass media campaign to promote physical activities	41780	H 56.6 L 43.4
	exercise programs	- provision of exercise teaching programs for individuals - Tax exemption for use of exercise facilities	2,290	H 100.0
	Dietary guidelines to prevent obesity, diabetes and hypertension	- Revising dietary guidelines by 2004 - Development of guidelines for different age group - Provision of awareness material and educational program on the dietary guidelines by 2007 - Revision of the guidelines by 2010	864	H 100.0
	Nutrition care service for nurseries and social services	- Community nutrition program needs assessment and prioritize areas by 2004. - Evaluation of food and nutrition service in nurseries and social welfare facilities by 2007 - Policy development to support recipients and children in welfare facilities by 2010 - Development of nutrition program in health centers	1,900	H 100.0
	food labeling in processed foods	- Implementation for 4 years(2003~2006)	1,100	H 90.9 F 9.1

1) H : National Health Promotio fund, L : Local governments' annual budget, F : central government's public health budget in a fiscal year

2) source : Ministry of Health and Welfare, Health Plan 2010, 2002.

	Title of program/policy	program plan description	Budget (2002~2010)	Budget source ¹⁾
Chronic disease management	Managing chronic diseases	- publicity for prevention until the year 2010/ epidemiologic monitoring & registration system	18,880	H 50.0 L 50.0 (H 100% funding after 2003)
	registering system for chronic diseases	- stage 1 (2003-2004) : computer-based programming of the registration system - stage 2 (2004-2007) : computer-based registration system - Major young chronic disease patients registration program in 16 regions until 2008. - Childbirth & maternal registration program in 4 cities and provinces until 2008/ increase the program sites to 16 cities and provinces until 2010	17,220	F 100.0
	health forecasting system	- formation of Taskforce team(2003~2004) and 2005년- development of Database	100	H 100.0
	Free 5 cancer exam for Low income people	- 2003 ; preparation & development of the program - evaluation during 2004~2010	249,112	H 16.0 F 34.0 L 50
	Hospice/palliative care	- survey of hospice · palliative care(facilities & personnel) development of education program and personnel, guideline for practice and pilot project in 2003 - evaluation of the pilot project and implementation(2004~2010년) - management of insurance coverage and quality assurance	3,269	F 100.0
	medical expenditure support leukemia patients in children	- financial support for low-income families' childhood leukemia patients	22,500	F 50.0 L 50.0
	voluntary bone marrow donation registration program	- increase voluntary donors of bone marrow - implement registration system and followup	16,632	F 100.0
	health center's home based management for cancer patients	- development of guidelines for home based care for cancer patients - implementation and annual evaluation (2004~2010년)	5,600	F 50.0 L 50.0
dementia control system	- Increase facilities and personnel that can cover about 20.9% of elderly population by 2010. - Provision of dementia counseling service in public health centers(48 centers/ 96 centers in 2002/all centers from 2003) - tax exemption for residential care cost of the elderly in medical welfare facilities	1,393,000	F 47.7 L 52.3	

	Title of program/policy	program plan description	Budget (2002~2010)	Budget source ¹⁾
Health promotion service based on life-cycle	Screening newborn babies for genetic and metabolic disorders /registration system to care for the children with some disorders	- Increasing recipients of the service : 2004~2006 - Increase screening items from 2 to 6 : 2007~2010 - Awareness and education : 2003~2010 - Registration & management of babies with genetic and metabolic disorders and premature babies : 2003~2010	84,793	F 40.0 L 60.0
	growth & development screening/counseling and education	- Development of screening guidelines for growth and development of young children(2003-2004) - Training of health center's personnel (2004-2007) - Implementing screening and counseling service in health centers(2003-2010)	17,580	F 50.0 L 50.0
	Youth sexuality health	- Development of adolescent sexuality related statics (2003~2005) - Training of personnel(2003~2007) - Implementation of supportive environment to eliminate risk factors and organize a consultation committee(2005~2007)	12,460	F 50.0 L 50.0
	Oral health room in schools	- Increase oral health room in health centers, elementary schools, and special schools	39,300	F 50.0 L 50.0
	Dental service room for disabled people in national hospitals	- Inclusion of handicapped people in the subjects of National Oral health survey 2003 - Increase sites annually	3,200	F 50.0 L 50.0
	Fluoridation of public water	- Evaluation of effectiveness of fluoridation - Mass media campaign - Financial support for fluoridation	29,970	F 49.2 L 50.8
	preventive sealant program	- Major recipients of the service are low-income families' children - Funding researches to evaluate the project	36,280	F 50.0 L 50.0
	prosthesis for elderly	- Provide the service to those over 70 from the year 2003.(5,000 recipients Annually)	62,200	F 50.0 L 50.0
	Moving oral health service for remote place residents and disabled people	- 2003년 Moving oral health service provided in 17 health centers in 2003. - Annual financial support (2004 ~2006)	3,640	H 50.0 L 50.0
	brushing teeth program for elementary school	- Health teacher training and education (2004년 ~ 2010)	14,400	H 50.0 L 50.0
	alcohol counseling center	- Locate one alcohol counseling center in each cities or districts with population over 2000,000 - A total of 96 sites will be set up by 2010	11,088 ²⁾	F 50.0 L 50.0
	social comeback facilities	- Locate a facility for each cities and districts	152,301	F 67.3 L 32.7

	Title of program/policy	program plan description	Budget (2002~2010)	Budget source ¹⁾
Health promotion service based on life-cycle	Budget increase and environmental improvement for the recovering institutions for patients with mental disorder	- Financial support, incentive system and evaluation	723,330	F 65.2 L 34.8
	Mental disease prevention & publicity	- Mass media campaign	1,925	F 66.2 H 33.8
	Community mental health programs	- Evaluation of community mental health programs and revision of mental health act - Increase number of mental health centers and community mental health programs - Training personnel	81,755	F 62.0 H 3.6 L 34.4

	Title of program/policy	program plan description	Budget (2002~2010)	Budget source ¹⁾
Equity of Public health service	Public Health doctor system for health services	- Training of public health doctors by 2002. - Evaluation and revision of the new system in 2003. - Locate public health doctors in every health center in 2004.	50('02)	F 100.0
	Home visiting health service	- Home visiting health service in 14 large cities in 2003 - Increase home visiting health service in health centers(2004~2010) - Monitoring and evaluation of home visiting health service	95,592	F 41.9 H 8.1 L 50.0
	Public health service in National hospitals	- Evaluation of pilot project in 23 institutions in 2002 - Increase financial support	1,400	F 50.0 L 50.0
	medical assistance for patients with rare and incurable illness	- Increase range of the rare and incurable illnesses covered by medical insurance	1,099,520	F 50.0 L 50.0

IV. Implementation Direction for Health Plan 2010

Health Plan 2010 aims to establish each year's action plan under the master plan, amend and complement itself based on each year's performance, adjust to the changing environment, implement each year's action plan within the whole framework, and enhance the possibility of its practicality.

Also, in order to effectively push ahead with the Health Plan 2010, they operate the health promotion committee comprised of experts in health, medical and academic circles, augment funds, and thus cement the ground for implementing the plan.

Through the Health Plan 2010 as established, the government will strive to enhance the national health potential, offer systematic services for preventing and treating diseases, and thus achieve its policy objectives.

However, this Health Plan 2010 cannot be attained by the government alone. First and foremost, it is very important for all the people to practice a healthy life to protect their health, and also experts across health and medical circles as well as relevant civic and public sectors are required to jointly push ahead with tasks under Health Plan 2010, thus creating conditions for the people to have a healthier life.

V. Role of Health Educators in Implementation of Healthy Objectives for the year 2010

1. Teaching evidence based health education topics

- Health educators has to choose health themes that have impacts on preventing major chronic diseases such as cancers, heart diseases, and diabetes. They have to teach topics such as smoking prevention and cessation, alcohol consumption, stress management, and nutrition/diet. The content of these themes have to show clear evidence of preventing major chronic diseases.

- Evidence based health practise information have to be collected by health educators and health professionals. This information have to be shared and evaluated among health education professionals.

2. Training programs on the health education topics

- The health educators need to be trained to teach appropriate skills to change individual's behaviors. The government has to provide many chances for training. The health related professional organizations have to develop sound training programs for health educators.

3. Communication and coordination

- Since the policy for healthy Koreans focused on community based health promotion activities, health educators need to show skills of communication and coordination.
- Health educators has to introduce appropriate community resources to the low-income and vulnerable groups.

4. Evaluation of health education activities

- In whatever settings, health educators have to evaluate on-going health education programs, conduct documentation and report. They need appropriate skills to conduct an evaluation.

Reference

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Healthy Korea 2010추진과 보건교육 인력 활용 전략

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보건복지부에서는 2002년 2010년을 향한 국민건강증진종합계획(Health Plan 2010)을 수립하여 발표한 바 있다. 이 계획에서는 국민의 건강증진을 위하여 건강수명을 연장하는 것을 목표로 하고 있으며 우리나라 국민건강증진의 방향을 반영하고 있다. 2000년 현재 우리나라 국민의 평균수명은 75.9세이고 2010년에는 78.8세가 될 전망이다. 건강수명은 2000년 현재 66.0세로 나타나 평균수명에 대비하여 볼 때 평생의 약 13% 정도를 질병이나 장애로 인해 불건강을 겪으며 살게 된다고 볼 수 있다. 특히 흡연, 과음, 잘못된 생활습관, 운동부족 등으로 인한 비만, 정신질환 등이 사망과 질병의 원인이며 건강수명을 단축하는 요인으로 작용하고 있다. 일본, 독일, 프랑스 등 선진국과 비교시 우리나라 국민의 평균수명 대비 불건강으로 지내는 기간의 비율은 다른 선진국에 비하여 12% 높은 편이다. 따라서 향후 2010년까지 목표로 하는 75세까지의 건강수명 연장에 도달하기 위해서는 정부차원에서 국민의 건강잠재력을 제고하기 위한 구체적인 방향 제시와 함께 지역사회의 각 부문에서 건강증진사업을 펼쳐나갈 수 있도록 적극적으로 지원하는 것이 필수적이라고 할 수 있다.

2001년 우리나라 사망자의 사망률이 높은 사인 순위를 보면, 암(악성신생물), 심장질환, 뇌혈관 질환의 순으로 높으며, 운수 사고, 자살과 같은 사고 등의 순으로 나타난다. Health Plan 2010 계획에서는 장기적 목표인 건강수명연장을 달성하기 위해 건강생활실천, 정신보건, 구강보건, 모자보건, 만성질환관리, 암관리 등 건강증진부문이 선정된 바 있고 각 부문별로 세부 목표들이 명시되어 있다. 이 세부목표를 달성하기 위한 건강증진사업은 생애주기별로 영유아기에서 노년기에 이르기까지 개략적인 계획이 개발되어 있다. 특히 취약계층의 건강권 보호와 건강증진을 위하여 취약계층이 주로 찾는 보건소 등 공공보건기관을 확충하고 기능을 강화시키는 것을 골자로 하여 공공보건기관 확충 및 도시형 보건지소 설치를 통한 의료취약지역 보건의료·건강증진서비스

스 제공 확대를 계획하고 있으며, 보건소·국공립병원·국공립대학병원을 연계하는 공 보건의료전달체계를 구축하여 저소득층에게 양질의 보건의료서비스 제공하려고 한다. 그리고 가정간호사업 활성화 및 대도시 지역 방문보건사업 실시를 통해 저소득층의 의료비 부담을 경감시키려고 하고 있다.

국민건강증진종합계획에서는 건강증진사업의 효과적 추진을 위하여 중앙에 국민건강증진위원회를 구성하고, 도시형 보건지소 설치, 보건소 건강생활실천 사업확대 등을 주요내용으로 하고 있다. 사업에 따라서 국민건강증진기금뿐만 아니라 국비 및 지방비의 지원이 필요한 사업도 있다. 국민의 건강증진을 위하여 국민건강증진위원회 구성, 도시형 보건지소설치, 보건소의 건강생활실천사업 확대 등을 통해 사업기반을 구축하고 만성질환관리, 생애주기별 건강증진서비스 제공, 보건의료서비스의 형평성 제고 등을 2010년까지 추진하는 것을 계획하고 있다.

정부의 건강증진 목표를 달성하기 위해서는 보건교육사업이 중요한 위치를 차지하고 있고 이에 따라 보건교육사의 역할은 더 확대될 전망이다. 주요 만성질환의 위험요인이 금연, 절주, 운동, 영양, 스트레스관리 등이며 이에 대한 적절한 과학적 정보의 수집이 필요하다. 보건교육사는 이러한 보건주제와 관련하여 행동변화의 훈련이 필요하다. 또한 건강증진사업이 지역사회에 보건소를 기반으로 하고 있으므로 지역사회내의 각 기관간 커뮤니케이션과 상호협력을 조정하는 일이 중요한 역할이 될 전망이다. 또한 국민건강증진기금의 지원으로 보건교육사업을 확대하기 위해서는 보건교육사업의 적절한 평가가 이루어지고 보고되어야 한다. 따라서 평가를 실행할 수 있는 적절한 능력이 요구되므로 향후 전문가집단에서 훈련프로그램을 다양하게 개발하여야 할 것이다. 또한 정부 및 공공에서는 보건교육사 훈련의 기회를 확대해야 할 것이다.