

건강증진정책의 최근 동향

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건강증진이란 ?

- 사람들이 스스로 자신들의 건강을 관리 또는 통제할 수 있고, 건강수준을 향상시키는 것이 가능하도록 하는 **과정**이다.

*'Health promotion is **the process** of enabling people to increase control over, and to improve, their health.'*

(WHO. Ottawa Charter, 1986)

기타....

- 건강증진이란 건강에 영향을 주는 행태 (건강관련행태 - 건강행태)와 이러한 행태에 영향을 주는 **제한 생활 여건 및 환경을 사업대상**으로 하여, 이들을 건강에 이로운 방향으로 변화시키기 위한 노력을 사업 내용으로 하는 **다수준 및 다차원적인 노력**
- 구체적 접근으로는 건강행태에 자발적인 변화를 위한 교육적 개입이나 지원(건강교육)과 함께 여러 차원의 환경적 접근 즉, **사회적·경제적·조직적·정책적 접근**을 같이 하며, 필요에 따라 **강제성을 띠는 법적 및 규제적 접근**을 포함

(Green & Anderson, 1986)



건강생활실천사업

(금연, 영양, 운동, 절주...)

≠

건강증진사업



오타와에서 방콕까지...

- **1st International Conference on HP**
 - “Towards a new public health”, Ottawa Charter for Health Promotion, 1986
- **2nd Global Conference on HP**
 - Adelaide Recommendations on Healthy Public Policy, 1988
- **3rd Global Conference on HP**
 - Sundsvall Statement on Supportive Environments, 1991

오타와에서 방콕까지...(continued)

■ **4th Global Conference on HP**

- "New Players for a New Era", Jakarta Declaration on Leading Health Promotion into the 21th Century, 1997

■ **5th Global Conference on HP**

- Bridging the Equity Gap, Mexico Ministerial Statement for the Promotion of Health : From Ideas to Action, 2000

■ **6th Global Conference on HP**

- Policy and Partnerships for Action : Addressing the Determinants of Health. Bangkok Charter for Health Promotion in a Globalized World, 2005

오타와 대회

■ **제1차 건강증진에 관한 국제대회**

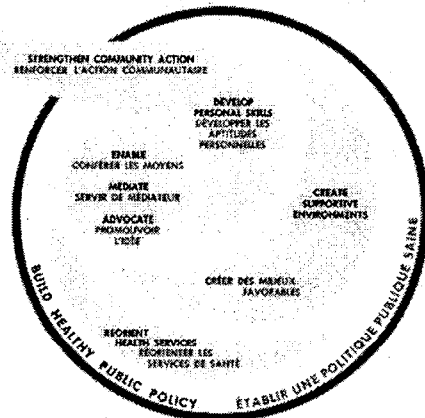
: 1986년 11월 캐나다, 오타와

- 건강증진의 정의, 3대 원칙, 5대 활동요소가 포함된 오타와 헌장 발표

오타와 헌장

건강증진의 주요 활동요소

- 국가 보건의료서비스의 재정립
- 개인의 건강관리 기술 개발
- 지역사회 활동강화
- 지원적 환경 조성
- 건강지향적 공공정책



아델레이드 대회

- 제2차 건강증진에 관한 세계대회
: 1988년 4월 호주, 아델레이드
- 오타와 헌장의 5대 활동요소 중 첫번째인
“**Healthy Public Policy**”에 대해 구체적으로
논의하고 회원국 정부에서 즉각적으로 조치해야
할 정책 영역을 요약
 - 여성의 건강을 지원하는 정책
 - 모든 국민들이 건강에 이로운 식품과 영양에 접근할 수 있게 하는 정책
 - 담배와 술의 생산, 판매, 소비 등을 감소시키는 정책
 - 지원적 환경을 창출할 수 있는 정책

선즈볼 대회

- 제3차 건강증진에 관한 세계대회 : 1991년 6월 스웨덴, 선즈볼
- 오타와 헌장의 5대 활동요소 중 두번째인 **“Create supportive environments”** 을 위한 네가지 기본 전략 확인
 - 지역사회 활동, 특히 여성들로 조직된 소집단 활동을 통하여 옹호(advocacy)를 강화함
 - 교육과 역량 강화 프로그램을 통하여 지역사회와 각 개인들이 자신들의 건강과 환경을 관리할 수 있게 함
 - 보건과 환경 캠페인간에 협동을 강화하기 위하여 보건부문과 환경부문간의 연합과 제휴가 가능한 조직들을 형성
 - 건강을 위한 지원적 환경에 대한 접근 형평성을 명확히 하여 사회적으로 갈등을 빚고 있는 이해관계를 중재함
- 특히, 선즈볼 선언에서는 **환경이란, 사회적·정치적·경제적·문화적 및 물리적 환경을 총칭**한다는 것을 확인

자카르타 대회

- 제4차 건강증진에 관한 세계대회 : 1997년 7월 인도네시아, 자카르타
- **“New Players for a New Era-Leading Health Promotion into the 21th Century”**
- 21세기 건강증진에서 우선되어야 할 사항들을 정리
 - 건강에 대한 사회적 책임 강조
 - 건강 개발을 위한 투자 증대
 - 건강을 위한 파트너십의 확대 및 강화
 - 지역사회 역량 강화 및 개인능력 함양
 - 건강증진을 위한 하부구조의 확보

멕시코시티 대회

- 제5차 건강증진에 관한 세계대회 : 2000년 6월 멕시코, 멕시코시티
- **“From Ideas to Action”**
- 최초로 세계보건기구(WHO) 회원국들의 장관급 인사들이 함께 모여 건강증진에 대해 논의하고, 최종적으로 성명서를 채택, 발표(대한민국 포함 87개국)
 - 도달할 수 있는 최고 수준의 건강을 얻는다는 것은 생애를 향유할 수 있게 하는 긍정적 자산이며, 사회적·경제적 발전과 형평성 달성에 필요하다는 것을 인식한다
 - 건강증진과 사회개발은 정부의 중요한 의무이자 책임이며, 사회의 모든 부문에서 공유해야 하는 일이라는 것을 인정한다
 - 최근까지 정부조직과 사회가 함께 지속적으로 노력하여 세계 많은 나라에서 보건의료서비스의 제공과 건강수준의 유의한 향상이 있었다.

Continued...

- 그럼에도 불구하고 여전히 사회·경제발전을 저해하는 많은 건강 문제들이 잔존하고 있어 건강과 웰빙을 얻기 위한 보다 나은 형평성 문제를 시급히 다루어야 한다
- 동시에 새롭게 나타나거나, 또는 다시 도래하고 있는 질병들로 인해 인류의 건강이 위협받고 있다는 것에 유의한다
- 건강의 사회적·경제적·환경적 결정요인에 대해 다루는 것이 시급하며, 이를 위해 사회의 모든 수준과 모든 부문을 망라하여 건강증진을 위해 협력하는 기전이 강화되어야 할 필요가 있다는 것을 이해한다
- 건강증진이 모든 공공정책과 모든 국가에서의 형평성과 보다 나은 건강을 위한 프로그램에 있어서 근본적인 요소가 되어야 한다는 것으로 결론짓는다
- 건강수준을 향상시키기 위한 훌륭한 건강증진 전략은 효과적이라는 충분한 근거가 있다는 것을 인정한다

방콕대회

- 제6차 건강증진을 위한 세계대회 : 2005년 8월 태국, 방콕
- 오타와 헌장의 원칙을 계승한 방콕헌장 발표
- **Scope**
 - Identifies **actions, commitments and pledges** required to address **the determinants of health** in a globalized world through health promotion
- **Purposes**
 - Affirms that policies and partnerships **to empower communities**, and **to improve health and health equality**, should be at the center of global and national development

■ Critical factors

- Increasing inequalities within and between countries
- New patterns of consumption and communication
- commercialization
- Global environmental change
- Urbanization

■ New opportunities


- Enhanced information and communications technology
- Improved mechanisms for global governance and the sharing of experiences

■ Strategies

- **Advocate** for health based on human rights and solidarity
- **Invest** in sustainable policies, actions and infrastructure to address the determinants of health
- **Build capacity** for policy development, leadership, health promotion practice, knowledge transfer and research, and health literacy
- **Regulate and legislate** to ensure a high level of protection from harm and enable equal opportunity for health and well-being for all people
- **Partner and build alliances** with public, private, nongovernmental and international organization and civil society to create sustainable actions

■ Key commitments


- Make the promotion of health **central to the global development agenda**
 - Trade / products / services / marketing strategies
- Make the promotion of health **a core responsibility for all of governments**
 - Give priority to investment in health, within and outside the health sector
 - Provide sustainable financing for health promotion
- Make the promotion of health **a key focus of communities and civil society**
 - Lead in initiating, shaping, and undertaking health promotion
- Make the promotion of health **a requirement for good corporate practice**
 - Local settings / national cultures / environments / wealth distribution



Development of benchmarks for reporting progress on the implementation of the Bangkok Charter for health promotion in a globalized world

Muscat, Oman
18-20 Sep 2006

WHO

- 
- 6개 지역에서 2개국씩 12개국 참가
 - 3일동안 참여국의 경험 공유, 소그룹 토의 등을 통해 5 Action Strategy 와 4 Commitment 에 대한 지표 예시 설정
 - 2번의 검토를 거쳐 2007년 6월 IUHPE 대회에서 논의될 예정

For 5 required actions

■ Advocate

- Inform individuals living in member states that health is their human right
- Use existing structures such as the media and independent commissions on health to educate the population
- Build capacity by implementing successful health promotion programs at community level, focusing especially on disadvantaged population

■ Invest

- Develop sustainable mechanisms for the funding of HP
- Allow countries to allocate funds for HP based on governmental budgets
- Develop countries' infrastructure with regards to HP
- Address major determinants of health, set broad guidelines and let each country develop their own HP programs

■ Build capacity

- Start internally, with WHO, as well as Member States, to prioritize HP and institute HP as organizing framework
- Academic training of health promotion professionals to empower communities, thereby leading to continuation of *health promotion programs within the communities themselves*
- Explore options within communities: why are communities not engaging in health promotion although they may have knowledge? Must encourage implementation of health promotion based on the needs of community
- Establish health promotion curricula at academic institutions within member states, and ensure these programs are used to educate both members of communities and policy makers
- Invest in HP delivery systems
- Educate governments that health promotion is as essential as curative health programs, as it leads to lower incidence of diseases (both NCD's & communicable diseases & re-emerging infectious diseases) therefore lessening burden on health care systems



■ Regulate and legislate

- Encourage consumption of “traditional” (healthy domestic) foods within member states, as these foods are generally healthier than processed foods; also, provide education to prepare these traditional foods with less fat, salt, sugar etc. (note role of media, electronic and print media)
- Apply international frameworks at national level, such as the Framework Convention for Tobacco Control: develop a similar framework for healthy/unhealthy foods
- Encourage financial mechanisms, especially incentives such as taxes and subsidies to promote healthy foods, (e.g. fruits and vegetables). Implement Global Strategy for Diet, Physical Activity and Health
- Determine best ways to promote healthy foods
- Introduce “fat” taxes on “junk” foods and foods high in trans fat, etc
- Sounds management of chemicals at home, at work, in the environment, in industry
- Other environments for health regulation include worksites



■ Partner and build alliances

- Offer incentives to the private sector for introducing healthy product ranges, encouraging physical activity, etc.
- Use media to raise consumer awareness about health promotion and gain public support for sustainable health promotion policies
- Develop mechanism for integration of governmental departments to work for health promotion

For 4 key commitments

■ making the promotion of health central to the global development agenda

- An intra-UN dialogue in support of health promotion
- Collaboration among international NGOs
- Impact of trade agreements on health
- Contributions to the achievement of MDGs (and other developmental issues such as EFA) ...

■ making the promotion of health a core responsibility of all of government

- Whole of government (WOG) commitment to promotion of health across all departments at the highest level, (e.g. may include a “health command and control centre”, possible to address within an existing high-level govt decision-making structure)
- Sustainable financing for health promotion (e.g. increase in % of govt budget dedicated to health)
- Focus on promotion of health in schools
- Addressing the determinants of health
- Health lens for all government policies (e.g. health-proofing, health impact assessment, equity lens)



■ **making the promotion of a focus of community & civil society**

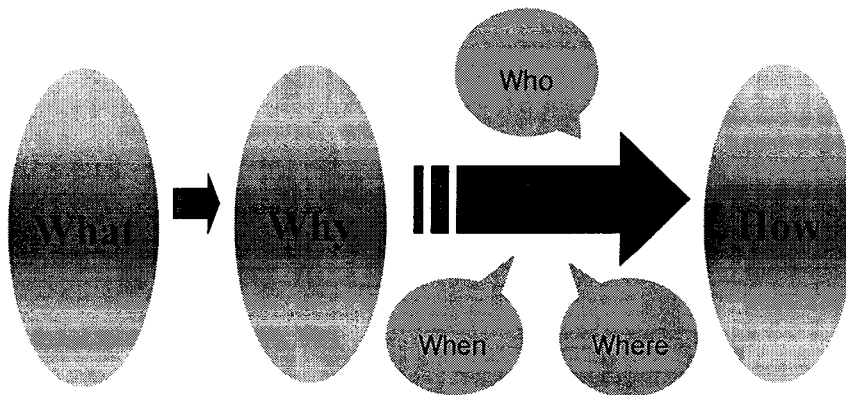
- Empowerment and structures in the community to promote interface between community and government for policy development
- Capacity building within local communities, including NGOs, to take control of their health as well as health workforce learning how best to work with civil society and communities
- NGOs to promote Corporate Social Responsibility
- Focus on promotion of health in school settings
- Investment in building social capital



■ **making the promotion of health a requirement of good corporate practice**


- Health promotion in the workplace
- Mitigation of the harmful effects of products and services on health
- re: CSR – attention to the financial implications of corporate is essential
- Develop a specific stewardship role of HP towards private industry/corporations
- Restriction of marketing of products harmful to health (e.g. trans fats) to certain target groups (e.g. children)
- Collaboration with industries to provide health choices

Approach to Health Promotion



“Overweight and obesity may soon cause as much preventable disease and death as cigarette smoking. People tend to think of overweight and obesity as strictly a personal matter, but there is much that communities can and should do to address these problems.”

Former U.S. Surgeon General David Satcher, M.D.



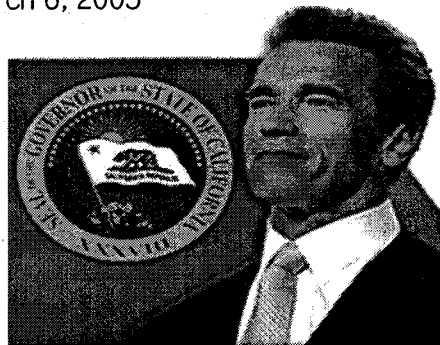
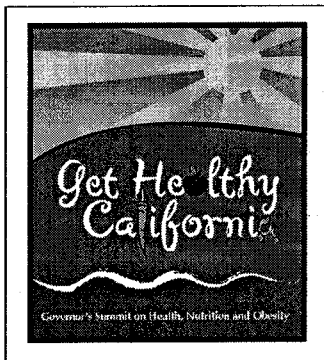
Disease Prevention & Promotion in California



Key Policy Developments in California to Create Healthy Food Environments

"I think we should use our vending machines in the public schools (to) fill them with good food and fresh vegetables."

Arnold Schwarzenegger March 6, 2005



Senate Bill 965 School Soda Ban

From this...



To this...



Senate Bill 281 Fruits and Vegetables in School Breakfasts



California, U.S.A



"We're changing the way people think about health..."

- Aging
- Alcohol
- Asthma
- Cancer
- Child Welfare
- Chronic Disease
- Communicable/ Infectious Disease
- Community Health
- Disability
- Drug/Substance Abuse
- Environmental Health
- Family Planning/ Reproductive Health
- Genetics
- Health Policy Research
- HIV/ AIDS
- Homelessness/ Indigent Care
- Lead Poisoning Prevention
- Leadership Development
- Managed Care
- Maternal & Child Health
- Media Advocacy
- Mental Health
- Nutrition/ Physical Activity
- Occupational Health
- Pharmaceutical Access
- Program Evaluation
- Rural Health
- Social and Behavioral Science
- Tobacco
- Violence Prevention
- Welfare Reform
- Women's Health



Children's 5 a Day - Power Play!



5 a Day Retail Program

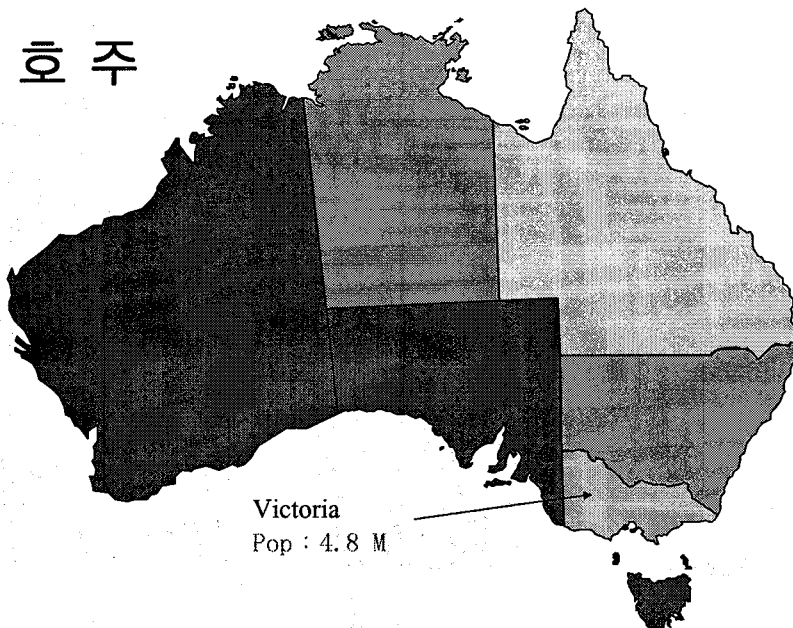


*African American
5 a Day Campaign*



*5 a Day Worksite
Program*

호 주



A PICTURE OF FINANCING (2002–2003)

- **9.5%** of GDP (up from 8.5% in 1999–2000)
- A\$72.2 billion total health spending or \$3,652 per person (up from A\$54 billion total and \$2,817 per capita in 1999–2000)
- Governments funded 67.9% of health expenditure (down from 71% in 1999–2000) – average real growth in out-of-pocket expenditure is 8.3% per year since 1997–98
- Increase in health expenditure and Commonwealth funding mainly due to private health insurance rebate (A\$2.3 billion in 2002–2003)
- Real expenditure on pharmaceuticals growing at 11.6% per annum since 1997–98
- Commonwealth provides 46.3% (through general revenue and hypothecated taxes)
- States provide 21.6%
- Private, non-government, and individuals contribute 32%



HEALTH SYSTEM PERFORMANCE

- Good health status – life expectancy (81 years for women and 75 years for men) and infant mortality (6 per 1000 live births)
- Major burden of disease – chronic diseases and mental health
- Unequal health status – Aboriginal health, low socioeconomic groups, rural and remote population
- Relatively constant proportion of GDP spent on health but unequally distributed
- Success with targeted programs

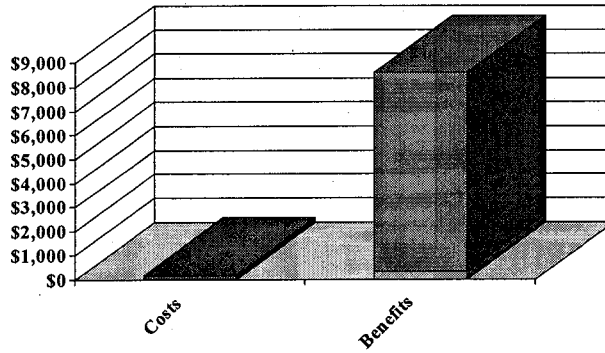


HEALTH AUSTRALIA REVIEW (1995–7)

- Major successes – tobacco control, road accident prevention, and HIV/AIDS
- Key success ingredients – technical expertise, strategic policy direction, supportive structures (and financial resources)

Returns on Investment in Public Health

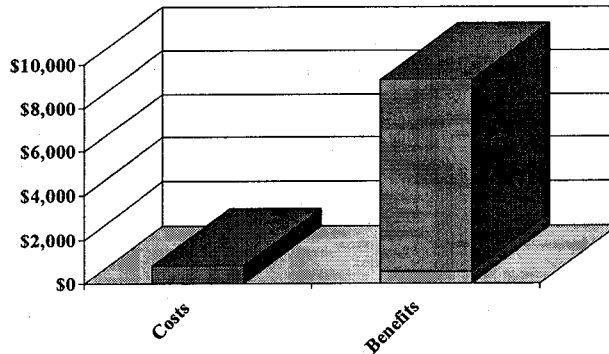
Costs and benefits of public health programs to reduce tobacco consumption, Australia 1970-2010 (\$million)



Source : Applied Economics 2001

Returns on Investment in Public Health

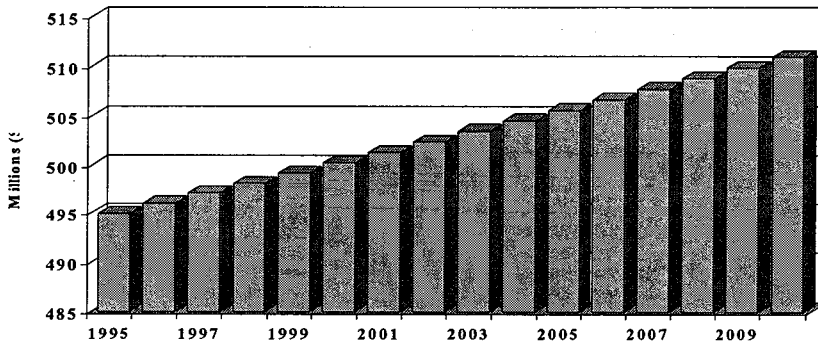
Costs and benefits of public health programs to reduce coronary heart disease, Australia 1970-2010 (\$million)



Source : Applied economics 2001

Cost of Obesity

Estimated increases in health system costs of obesity, 1995-2010



Source : AusDiab report, 2001; NHMRC, 1997, Acting on Australia's weight

KEY LESSONS

- The health promotion approach – multiple strategies more effective than singular approach
- Translating the evidence into practice
- Empowering the consumer and community
- Structural reinforcement and supportive environment
- Integrated primary health care system



HEALTH AS A RESOURCE

FOR EVERYDAY LIFE !!!



감사합니다