

Population Strategy for Physical Activity in Korea

Moo-Sik Lee

Department of Preventive Medicine and Public Health, College of Medicine, Konyang University

우리나라 신체활동 및 운동사업에서의 인구집단 전략

이무식

전양대학교 의과대학 예방의학교실

= 초 록 =

현재 건강증진에 대한 다양한 논의가 진행 중으로 학자마다 정의가 다르고 동일한 학자도 문맥에 따라 다르게 사용하고 있는 경우가 많으며, 건강증진 내용의 스펙트럼이 행태변화만을 포함하는 가장 좁은 의미수준부터 지원체계, 질병예방, 건강보호 등을 포괄하는 가장 넓은 의미까지 다양하다. 건강증진의 개념을 어떤 것으로 받아들이든 정책, 개인 기술, 환경변화 등의 측면에서 지역사회(community)가 인간 집단을 포괄하고 있다는 점에서 건강증진의 가장 중요한 장이라는 것은 별로 이론이 없는 것 같다. 건강증진의 개념과 정의가 형성되어가는 시점에서 몇가지 주요한 논란점들이 있는데 그중에서도 건강증진의 접근전략에서 인구집단 전략과 고위험군 접근전략 간의 대립점이 가장 첨예한 논란중의 하나이다. 정부의 정책, 조직의 우선순위, 전문인의 행태 등이 각 개인의 노력과 같이 중요하거나 혹은 더 중요하다는 것이 이러한 입장이며, 건강과 행태에 영향을 미칠 수 있는 사회체계와 환경에 대해 보다 큰 의사결정권을 가지는 것이 건강증진을 위해 중요하다고 주장한다. 이러한 이유로 건강증진을 논함에 있어 지역사회 전체를 통한 접근이 점점 더 강조하고 있다. 지역사회 건강증진 프로그램은 지역사회자원을 효율적 활용을 통한 보다 강화되고, 통합된, 포괄적, 협력적으로 수행되어야한다. 이러한 방향은 1986년 오타와 헌장에의 건강증진의 정의에서 살펴볼 수 있으며, 광범위한 건강의 결정요인에 대한 접근이 필수적임을 알 수 있다. 신체활동은 건강의 주요한 결정요인이다. 인구집단 전략은 개인에 대한 신체활동 교육하는 것이 충분하지 않음을 제안한다. 개인 수준의 행태변화도 중요한 것이지만 이에 대한 집단적 변화를 불러줄 환경적 변화를 위한 전략과 균형을 이루어야 한다. 건강증진을 위한 신체활동 인구집단 전략은 사회적, 물리적 지지환경을 강화하고, 국가, 광역 및 기초자치 단체 수준에서 다양한 지역사회자원을 연계, 통합하여야 한다. 지속적인 공공교육 및 사회마케팅이 지역사회 신체활동 조직 및 기관, 산업장, 학교 등을 대상으로 지역사회 모든 주민들이 신체활동에 대한 관심을 증진시킬 수 있도록 협동적으로 이루어져야 한다. 정부와 기관 및 시민들은 지역사회차원의

* Corresponding author : 26 Naedong Nonsan Shi Chungnam Province Republic of Korea,
Tel: 82-41-730-5432, Fax: 82-41-5318, E-mail: mslee@konyang.ac.kr

운동개념으로 주취하고 참여하여 사회적 규범화 작업에 동참하여야한다. 기본적으로 적절하고 충분한 재원의 지원, 인적자원의 개발, 정책 및 입법이 제공되어야한다. 또한 국내외적으로 연구 개발과 지식의 공유 및 교환이 요구된다. 한국에서는 전략적 우선순위가 높은 신체활동 프로그램의 범주를 지역 보건소를 기반으로 한 환경적 지원, 생애주기별 접근, 고위험군 및 질환군 접근 등으로 구분하였다. 지역사회에 기반한 신체활동 핵심 프로그램으로 하부구조 구축, 지원적 환경 제공, 지역사회 캠페인, 건강증진 교육 및 홍보, 노인 및 비만인을 위한 신체활동 프로그램, 그리고 운동처방 프로그램 등을 포함하였다.

신체활동증진 및 운동사업은 사회적, 물리적 지원환경 조성 등을 중심으로 전개하며, 보건소를 중심으로 한 운동사업은 지역 공공기관 및 민간기관 등과 연계하여 프로그램을 연동하며, 홍보 및 교육은 지역의 운동단체 및 기관, 각급 학교 등과 협력하여 운동에 대한 관심을 고취하고 신체활동 및 운동을 생활화하는 프로그램을 시행토록 한 전략을 지속, 강화토록 하여야 할 것이다.

핵심단어: 신체활동, 인구집단 전략, 건강증진

= ABSTRACT =

Health promotion has more comprehensive approaches in recent years. Nevertheless we accept the concept of health promotion differently, we are agree on that community is the most important field in health promotion which includes population at the aspect of health policy, individual skill and, environment. And there are a number of different approaches to health promotion. In them, 'population approaches' and 'high-risk group approaches' has the most different characteristics. 'Population approaches' is equally important or more important than 'individual approaches' for maintaining and promoting population health. Almost part of this article contents is the summary of the guideline and population strategy of health promotion in Korea, 1999 - 2005.

Community based health promotion program should be reinforced, integrated, comprehensive, collaborative through efficiently utilizing community resources. Recent new orientation of community health program is integrated health program, we can find this orientation at Ottawa charter 1986. Comprehensive approaches with the determinant factors for health are essential task. Physical activity is a key health determinant. The population-health approach suggests that educating people about physical activity is not enough. Individual behavior changes are important too, but need to be balanced with strategies for environmental change.

Population strategy with physical activity for health promotion should be developed through improving social and physical supportive environment, linking and integrating community resources between public and private sectors in national, regional and local level. Continuous public education and social marketing should be provided through collaborating with community physical activity organization, facilities, work-places and school for

increasing concern of all the people of community about physical activity. Governments, agencies and citizens should hold and participate to building movement. And the strategy that various 'active for life' program should be developed, delivered, maintained and reinforced continuously. Basically, adequate and sufficient financing, developing human resources, policies and legislation would be provided and supported fully too. At last, research development and knowledge exchange are required domestically and internationally. In Korea, we had classified the category of strategic priority of physical activity programs by environmental support, life-course approach, high-risk group approach and disease group approach for physical activity program based on community health center. Community based core programs for physical activity that includes infrastructure building and establishment of supporting environment, community campaign, health promotion education and public service announcement, physical activity programs for elderly and obesity, exercise prescription program.

KEY WORDS: Physical activity, Population strategy, Health promotion

Introduction

The Concept of health promotion is evolving and developing state in all over the world. Spectrum of contents of health promotion initiative are very diverse from only health behavioral risk factor reduction to comprehensive domain that include support system, disease prevention and, health protection as the concepts of health. The term 'health promotion' comprehensively includes 'the promotion of health-related lifestyle', 'the disease prevention' such as early diagnosis of disease, and 'a part of factors related to health protection'. Health promotion has more comprehensive, multi-strategy approaches that are consistent with the policy of World Health Organization, which places emphasis on main strategies the Ottawa Charter(World Health Organization, 1986 & 1997).

Trends and situation of health promotion

is summarized as follows: In regarding to the content and field of health promotion practice, health promotion has a simple characteristic to pursue the behavioral change at the beginning, but has more complex pattern currently. The concept of health promotion has an important relationship to physical and social environment. For achieving goals of health promotion, health planning and policy are emphasized. For implementing health promotion, co-operation, collaboration, and inter-relationship are essential components between various sectors and disciplines.

Therefore health promotion includes an enlargement of knowledge on physical function and methods about disease protection, improvement of appropriate in healthcare systems, and increase self-consciousness on political and environmental factors affecting health. The health promotion programs has initiated on the

point of behavioral change, and has widening areas and/or fields. We should develop health promotion programs not as independent programs but as beyond dimensions.

Nevertheless we accept the concept of health promotion differently, we are agree on that community is the most important field in health promotion which includes population at the aspect of health policy, individual skill and, environmental change. And there are a number of different approaches to health promotion. In them, population approaches and high-risk group approaches has the most different characteristics(Buck et al., 1997).

Health Japan .21 had suggested the direction of intervention in population than high-risk group for maintaining and promoting health(Japan Health Promotion & Fitness Foundation, 2000). But we have health promotion programs in all stages from healthy state, diseased state to death. We can develop detail programs after considering individual characteristics, pre-existing health programs, and the condition of health care providers. But this view point to health promotion is criticized because of having no difference with pre-existed health programs. And the strategy of approaches is also the same with the scope and range of traditional health program's contents.

Individual approaches is called as 'lifestyle approach to health policy'(Terris, 1980). For example, Lalonde had presented 'Health Field Concept' and suggested that individual behavior change as strategies of health status promotion in national level(Lalonde, 1979). Individual approaches

occupied essential component in almost health promotion strategies. United States has suggested the method to find and change controllable risk factors in the reports of DHHS from 1979 to 1991. Commercial program of health promotion is another example of individual approaches.

Some opinions were suggested that the factors of social system is more important than individual approaches. Social system includes social, political, economic, cultural, and judicial aspects, individual behaviors is built up in such a systemic environment. In this view, individual behavioral change especially means that voluntary behavioral change is accepted as an unfeasible goals due to the system around individual is more powerful and contributing factors in deciding health behaviors(Bracht, 1990). And also, government's policy that has accepted individual approach can be considered as a very conservative policy , and avoidance of government and social responsibility. Health promotion strategies are criticized because it is suitable for the middle social class and is the strategy which consider health harmful habits as individual faults than the result of social pressure and is the victim blaming strategy of weak population socially.

Therefore it is a core part of this arguments that government policy, organizational priority and behavior of professionals in this approaches is equally important or more important than individual effort. Also they had advocated that it is important for health promotion to have more powerful decision about social system and environment affecting health and behaviors. Due to above facts,

population and/or community approach is more emphasized in discussing health promotion, this is resulted from increasing awareness which environment around individuals definitely affect individual health behavior.

But there are few health promotion programs that effectively were implemented in community. The most health promotion programs is implemented actually on individual level. In some metropolitan cities and provinces of developed countries, efforts that reduce cardiovascular disease were implemented. Health promotion was raised, and efforts was increased that understand work-places or schools as one community and practice unit of health promotion programs(Sorensen et al., 1990; Bagnall, 1993).

In this article, I would like to describe the planning and operation of health promotion programs in aspect of population strategy. Especially, almost part of this article contents was the summary of the guideline of health promotion in Korea, 2005. Therefore this article was focused on the development of physical activity programme and priority setting with physical activity.

This study was conducted by data collection and analysis, literature review, analysis and investigation of health promotion project status being conducted by community health centers in Korea. Development and standardization of core health promotion programs were established through questionnaire survey with community health workers, health professionals and focus group interview, and discussion.

Programme Design

The goals of physical activity programme

The goals settings of physical activity are summarized; Increase the proportion of community residents who engage in physical activity; Build up social conditions and the environment for practice of physical activity; Achieve improvement of health status in community and reduction of morbidity and mortality rate.

The Goals of Healthy People 2010 of the United States is that improve health, fitness, and quality of life through daily physical activity(U.S. Department of Health and Human Services, 2000).

The goals of Canada in Pan-canadian physical activity strategy are to implement a comprehensive, national, integrated, and collaborative strategy to promote health through increasing the physical activity levels of all Canadians, with a short-to-mid term target of a 10% increase in each province and territory by 2010(The Coalition for Active Living, 2004). The principles of Pan-canadian physical activity strategy are as below: Federal, provincial/territorial, and municipal governments will work with the voluntary sector to develop and implement policies and legislation to fully support a comprehensive, integrated, and sustained strategy; Barriers to physical activity will be removed from the physical and social environments in which Canadian live, learn, commute, work, and play; Strategy will ensure that all Canadians can choose to be physically active; Evidence and best practices combined with community needs and assets will guide the work of all

sectors: A comprehensive research and surveillance system will ensure that information about current trends and effective policies and programs will be easily accessible.

The Goals in physical activity of 3rd Health Promotion Programs(2000-) in adults of "Health Japan 21"(Japan Health Promotion & Fitness Foundation, 2000) are as below; Increase the proportion of adults who practice exercise consciously; Increase the number of steps during walking in daily living(about 1,000 steps, 15 minutes during walking, and 600-700 meters walking distance); Increase the number of peoples who exercise habitually(practicing exercise above 30 minutes once, above, twice per week, and more than 1 year).

Korea has divided the goals as the goals of health status and the goals of physical activity: Goal 1. Reduce the proportion of obese adults up to < 20% and obese adolescents up to < 15%; Goal 2. Above 40% of populations in South Korea regularly practice exercise 2 or 3 per one week; Goal 3. Above 30% of population in Korea practice exercise during leisure time(Ministry of Health and Welfare of Republic of Korea, 2005).

Programs

Physical activity programs must be suitable for the goals of national health promotion program. But evaluations should be done according to economic efficiency or effectiveness, appropriateness, acceptability, and equality in especially process stage among all stages for achieving goals of physical activity and exercise programs. Detail operation program of physical activity

should be recommended differently according to the amount of community manpower, budget and resources.

Physical activity programs should be implemented by an individual community situation, circumstances and stage of health project. We should investigate the proportion of persons in community who practice physical activity and construct a basis of physical programs such as an development of 'community program implementation model' and 'standard education and publicity programs' in first stage. In second stage, we should increase the proportion of community health centers which practice physical activity programs and the proportion of local authorities which support administrative and financial help, participate in physical activity programs of community health centers. And we should develop and apply standard for evaluation, implement investigation and evaluation, and influence future plan in last stage.

Governments, communities, agencies need a core strategy and set strategic priorities. A core strategies and strategic priorities of physical activity are an education and publicity for improving the rate of physical activity and exercise, providing guidance on physical activity to community population, making a given condition for leading environments of practicing physical activity by community, intersectoral cooperation and others.

And we need to consider about the contents and range of physical activity programs. Physical activity programs can be divided into an health education and publicity part, and basic and supported

environment construction dimension. An health education and publicity, guidance about practicing exercise of community residents, build an environment for physical active community, and intersectoral cooperation are need for increasing the proportion of persons which practice exercise. The programs of physical activity should set high priority programs, and need to insert into integrated programs such as nutrition, alcohol abstinence and smoking cessation programs. Detail operation program in physical activity should be recommended differently in amount of community manpower, budget and resource. Collaborating and dividing function between physical education sector, healthcare sector, national, and local government are needed in physical activity programs at the national level.

Implementing program

Below fundamental components are recommend to consider in the process of implementing program.

1. Setting goals

The goals must have evidences. For having evidences, we'll set detail high ranked goals based on basic investigation and set implementation strategies which are for achieving goals by the stages(years), subjects of program. The goals will be measurable and feasible.

In setting program goals, program should include the change in a knowledge and attitude of physical activity at the beginning, and include the change in the proportion of persons who practice exercise at next time, and apply indicators such as

the proportion of obese persons or persons who maintain appropriate weight at last. And we should express clearly definition of the terms for the proportion of persons who practice exercise, and the contents about a program promoting system, support mechanism and organizational function.

2. Community diagnosis

In community diagnosis, we need to consider the contents of investigation, sampling methods and sample size. The content of investigation should be related to the goals of programs and strategy development, and include awareness, attitude, practice, barrier to physical activity, current situation about practice of physical activity, and the needs on physical activity programs.

Sampling methods and size must have a representativeness in surveyed community, sampling may be conducted by easy methods such as an electoral list used in an established administrative work or cluster sampling. The results from an investigation should be used for planning and implementing programs, and the data from investigated subjects is recommended to construct database as possible because of providing subjects of programs with systematic, comprehensive, and efficient services.

3. Target subjects and approaching strategy

Target subject of physical activity programs should be the total population in community because of ultimate goals of physical activity programs in community is to increasing a practice of physical activity, but the subjects of programs should be

suitable for program's goals. And methods of selecting subjects is different according to the contents of program. For example, subject for health education and publicity is the total population in community, but subjects of physical activity programs may be targeted for specific population group.

The strategy which increase and widen the subject of exercise programs should be approach step by step after deciding priority programs. Methods of controlling the subject of program can be various such as health status, life-cycle or programs.

The strategies that induce participation of the subject are an evaluation and a reward in the end of program, an inducing and supporting physical activity groups by participants of programs, and providing measurement of indicators such as an checking blood pressure before and after each programs and counselling.

Strongly recommended strategies for improving the proportion of persons who practice physical activity are an community-wide campaigns, individually-adapted health behavioral change programs, school-based physical education, social support interventions in community contexts and, creating or improving access to places for physical activity combined with informational outreach.

These large-scale, highly visible, multicomponent community-wide campaigns direct their messages to large audiences using a variety of approaches, including television, radio, newspapers, movie theaters, billboards, mailings and other mass media.

Individually-adapted health behavioral change programs are tailored to a person's

specific interests or readiness to make a change in physical activity habits. Teaching behavioral skills such as goal setting, building social support, self-rewards, problem solving, and relapse prevention all assist individuals in learning to incorporate physical activity into their daily routines.

School-based physical education seeks to modify school curricula and policies, and to increase the amount of time students spend in moderate to vigorous activity while in physical education class. Schools can accomplish this either by increasing the amount of time spent in physical education class, or by increasing students' activity levels during physical education classes.

The goal of social support interventions in community contexts is to increase physical activity by creating or strengthening social networks. Examples includes exercise contracts, and walking groups. Creating or improving access to places for physical activity combined with informational outreach ensures that the physical environment is conducive to physical activity, such that places where people can be physically active are readily available, accessible, and acceptable. Examples includes attractive sidewalks, stairwells, walking or biking trails, and exercise facilities in communities or in the workplace.

Informational outreach strives to make people aware of available resources, encourages them to take local action, or provides training, seminars, counseling, or risk screening so that resources are well used. The goal is to improve a quality of life and achieve livable communities.

In selection time strategy for promoting

physical activity, an information for motivation should be positioned in the place of selecting behavior by peoples. If the message paper is put on the place around an elevator, peoples will use stairs more safe and easily accessible than an elevator.

In physical activity programs for elderly persons, we should review about the data for understanding benefit of physical activity in elderly life to health, and support of guidance about exercise program which is able to practice in home. Policy and publicity strategy is making an environment for recommended active lifestyle in all age group as well as elderly. Healthcare system strategy are to support a political trials for increasing elderly participants in physical activity programs in the community when support costs for practicing physical activity by elderly, to develop a wide-spread range of physical activity recommendations and guidances for elderly, to cooperate with partners such as a teacher in sport-for-all and physical education in elderly when developing a guidance about physical activity in elderly

4. Ensuring manpower

The need of exercise-specific manpower can be different in view of contents of physical activity programs according to amount of usable manpower, budgets and resources. Supporting the manpower for implementing programs are needed that ensure manpower in process of implementing programs from community, organizations and institutions. Professional manpower for counselling programs are needed that ensure professionals from and out of community in process of planning,

implementing and evaluating programs. Constructed system can be support manpower in other department related to physical activity program of community health center.

The roles of professional manpower who has the whole responsibility for physical activity programs are as the following. At First, the role as professional in an exercise field of evaluation of health education and exercise status in community, the most comprehensive work, and policy-maker in planning, implementing and evaluating physical activity programs. Secondly, the role as person who prescribe exercise suitable for individual health and physical strength throughout various test results. Thirdly, the role as person who make an environment in which individual practice exercise regularly in a daily living.

5. Training manpower

Health promotion program should be planned comprehensively in planning community health. The responsibility of manpower is not only implementing health promotion programs but also promote by having linkage to established programs of community facilities(example, public health center), having cooperation network of the whole department, and comprehensively approaches. Therefore the training about direction and operation about detail program and professional knowledges about physical activity should be implemented for all personnels in community as well as personnels responsible for physical activity programs. In Japan, Deutsch and United States, various government organizations and incorporations are training exercise

prescription professionals. But in United Kingdom and Australia, exercise prescription professionals don't exist and similar professionals such as sports medicine specialist doctors, exercise and health management specialist, health education trainer and sports trainer (example of USA, program director, exercise trainer in clinical track, health/fitness director, instructor, and group exercise leader in health/fitness track, Certified Athletic Trainer) occupy the position of exercise specialist. Exercise specialist training and management systems in each country are various. Requirement for the learning and training course is limited to person who graduate from the department of physical education, nursing, public health and nutrition in university, and a specialist medical doctor. Lessons of the learning and training course composed of practical training related to physical education and health-related field. The time of the learning and training course are from 120 to 650 hours.

As methods for maintaining and promoting people's health, exercise specialist who guide and prescribe exercise, planning and implementing exercise program must have relatively long professional training course, practical training, field experience and rigid certification test.

Volunteer participating in physical activity programs should be considered. Evoke interest, cooperation and publicity of programs should be induced by conducting an education course throughout workshops, seminars and lecture to leader in community, related institutions and organizations.

6. Facilities and equipments

Basically, facilities and equipments which were used in physical activity programs are established primarily at the parks and physical education facilities in community for making physical activity usual routines in everyone's daily living. To establish facilities and equipments in community health center is optimized, but it is appropriate to ensure primarily facilities and equipments necessary for specific physical activity programs in specific population group.

In community health center, to use materials which is usable easily in daily living or home is more appropriate for continuing and practicing subjects' exercise regularly and than expensive facilities or equipments. But specific programs such as body fitness diagnosis room will be need specific facilities and equipments for operation of specific programs above. Essential facilities includes health education, physical activity education room and health information room to ensure room for health education (Wolf et al., 1996), ensure health information room in which health personnels as well as community residents should be provided to read, rent and have a consultation service for books and audio-visual materials.

7. Making a foundation of programs and a given condition

For physical environment, we should make people exercise easily by making physical environment through establishment of exercise facilities in community health center, local authority or park in community, make people more accessible to

exercise life by establishing cooperation network of using exercise and leisure facilities in community's public organization. When exercise facilities are ensured in community health center, the facility must be operated flexibly in regard to a convenience of peoples. And we should provide exercise self-help group necessarily with audio-visual materials of physical activity programs, make, and support condition for practicing physical activity themselves.

For socially supporting environment, there are need to open various festival or ceremony for establishing social condition which peoples can exercise. Festival should be suitable for program's goals, use strategy which make all the people participate in festival, and be open regularly to make physical activity boom in community. We held the festival to provide the service of blood pressure measurement, consultations service about health and various health education materials concurrently is appropriate strategy. We must induce physical activity self-help group.

We can use mass media, newsletter, leaflets and placards as materials for publicity. Use of materials for publicity should be selected in regard to characteristics of the community and its residents. Announcement meeting of peoples in the community and festival opening can induce participation of peoples in the community.

8. Linking resources in community

We ought to understand usable resources of community in which connection in operating physical activity programs is

primarily need. There are the manpower, budget, information, facilities and organizations as community resources. After dividing resources into the community residents population, professionals, organization, and connection strategy can be started.

Physical activity program includes health education and publicity program and physical activity program. Community health center based physical activity program should be linked to public and civil organizations. In health education and publicity, linking between physical activity group, organization and school is for advocating interest in aphysical activity nd implementing program which make physical activity daily event.

9. Strategy by the life-cycle

When the health organization in the community and community health center implement physical activity instruction program, to classifying a subject is necessarily for effective physical activity instruction(Table 1). We should consider interest and body strength and relation to play in children. Especially physical activity program in regard to characteristics of a subject are absolutely needed for participation by all the peoples in community.

Core program of Physical Activity in Community Health Centers in Republic of Korea, 2005

In 2004, there are 63% community health centers which were performed public health promotion practice in Korea and they had been disseminated all health center in 2005.

Table 1. Example of classifying the subject groups according to the life-cycle for physical activity instruction

	Age	Considerations	Remark
Children	5-13	Interest and body strength	Exercise relating to play
Adolescents	14-19	Using leisure time and strengthening body strength	Exercise for strengthening body strength
Female adults	30-55	Preventing chronic disease such as obesity and diabetes mellitus	Aerobic exercise
Male adults	30-55	Preventing chronic disease and strengthening body strength	Exercise practicing in home and workplace
Elderly persons	Above 55	Maintaining and promoting health status	Exercise and leisure-time activity for maintaining physical function
Persons with disability	No limitation	Maintaining minimum body strength and improving physical function	Physical education and stretching for persons with disability

Table 2. Classification of essential physical activity program in Korea, 2005

Domain	Essential programme	Classification for executing programme			
		Administrative level	Rural/Urban	Adequate time for starting program	
Build infrastructure	Build infrastructure & supporting system	Linkage with community resources	District, Region	Rural, Urban	Short-term
		Support and activation community physical activity organization	District, Region	Rural, Urban	Short and long-term
		Prepare community facilities of physical activity and exercise	Nation, District	Rural, Urban	Long-term
	Campaign, education and PR, provide information	District, Region	Rural, Urban	Short and long-term	
Life-cycle programme	Gymnastics/Physical activity programme for elderly	Region	Rural>Urban	Short-term	
Programme for high risk group	Gymnastics/Physical activity programme(class) for obese children and/or adults	Region	Rural, Urban	Long-term	
Other professional programme	Exercise prescription programme	Region	Urban>Rural	Long-term	

There was no standard health promotion programs. So, many health officers in community health center have difficulty in doing health promotion practice.

We had executed the study through the investigation of health promotion program being conducted by community health centers in Korea and developed countries and healthy cities, combined literature review with focus group research, and the survey research of health professionals, and health workers. Development and standardization of core health promotion programs were conducted through questionnaire survey, focus group interview and discussion.

We had classified the strategic priority programs by environmental support, life-course approach, high-risk group approach and disease group approach for physical activity program based on community health centers. Community based core programs includes infrastructure building and establishment of supporting environment, community campaign, health promotion education and public service announcement, physical activity programs for elderly and obesity, exercise prescription program(Lee & Moon, 2004).

Conclusions

Community based health promotion program should be reinforced, integrated, comprehensive, collaborative through efficiently utilizing community resources. Recent new orientation of community health program is integrated health program, we can find this orientation at Ottawa charter 1986. Comprehensive

approaches with the determinant factors for health are essential task. Another pattern of this movement is the concepts of healthy city and healthy village.

Physical activity is a key health determinant. The population-health approach suggests that educating people about physical activity is not enough. Individual behavioral changes are important, but need to be balanced with the strategies for environmental change. Population strategy with physical activity for health promotion should be developed through promoting social and physical supporting environment, linking and integrating community resources between public and private sectors in national, regional and local levels. Continuous public education and social marketing should be provided through collaborating with community physical activity organization, facilities, work-places and school for increasing community and all of people concern about physical activity. Governments, agencies and citizens should held and participate to building movement and boom. And the strategy that various active for life program should be developed, delivered, maintained and reinforced continuously.

Basically, adequate and sufficient financing, developing human resources, policies and legislation would be provided and supported fully too, there is no more mention about this. At last, I would like to comment about that research development and knowledge exchange are required domestically and internationally.

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