Empowerment for Healthy Cities and Communities in Korea

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ABSTRACT *The Healthy Cities project started in 1998 in Korea. Around the world, public health and healthy cities are becoming bigger and bigger priorities. Capacity mapping is an important tool for improving a country's health status. This study aims to review the initiation of the Korean "Healthy City" project. Korea follows a bottom-up approach for the development of Healthy City policies and has implemented plans accordingly. Korea has created a unique program through Healthy Cities; it has developed a Healthy City act, indicators for evaluating the program, a health impact assessment program, an award system, and a domestic networking system.*

KEYWORDS *Healthy City, Health promotion, Capacity mapping, Korea*

Abbreviations: AFHC – Alliance for Healthy Cities; KHCP – Korea Healthy Cities Partnership; KHPF – Korea Health Promotion Foundation; MOHW – Ministry of Health and Welfare; SPIRIT – Sustainability, policy makers' commitment, policy and community participation, information, innovation/tackling new agenda, resources and research, infrastructure and intersectoral, and training; WHO – World Health Organization

INTRODUCTION

The Healthy City approach to addressing a variety of urban health challenges is increasingly important in the context of urbanization and globalization in all regions, including Southeast Asia and Western Pacific, which includes Korea. The Jakarta Declaration (1997) and the Nairobi Conference (2009) provided strong evidence of the importance of capacity improvement.^{1,2} Building capacity for health promotion was also one of the thematic tracks at the Nairobi Conference.

Capacity mapping is a useful tool introduced by the World Health Organization (WHO) to help planners and decision makers with successful Healthy City implementation.^{3–5} According to LaFond et al., mapping is the first step in designing capacity-building interventions and provides a useful framework to monitor and evaluate the effectiveness of a program.⁶

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Capacity mapping aims to identify existing resources and assess capacity needs. Even though capacity mapping is important in capacity improvement, Mittelman et al. explained that “there is no single way or a better way to make a capacity map.” An optimal method to map capacity is needed to identify, assess, and define users’ needs.³ However, for specific cases like the Healthy City approach, capacity mapping in Korea is still rarely undertaken. According to the result of capacity mapping, healthy city in Korea is well developed. To produce such a map, a combination of methodologies is unavoidable. Obviously, more resources (time, manpower, skills, and money) are required, and such resources are often limited. However, capacity building is a key to help strengthen capacity in Korea and to help healthy cities of other countries.

This study aims to review the Korean Healthy Cities program and to describe the unique form of the program in Korea. Lesson learned may be helpful for other countries as well.

METHODOLOGY

This study draws principally on the six kinds of information. The six kinds of information identified during the Healthy Cities program in Korea mapping process are the following: demographic and geographic profile; documents, policies, regulations, and acts; organizational structure; evaluation systems, settings and indicators; award system; and capacity building and budgeting. In order to map those dimensions, the present study used an extensive literature and document review. General data and information were obtained from relevant publications through Google Scholar and WHO publications.

We analyzed the policy research report by the Korea Health Promotion Foundation (KHPF) and Korean Healthy Cities articles. We also searched some website such as Statistics Korea, Alliance for Healthy Cities (AFHC), and Korea Healthy Cities Partnership (KHCP) for relevant data.

RESULTS

Demographic and Geographic Profile

Korea is located on the East Asia, southern Korean peninsula. General characteristics of the demographic and geographic profiles of Korea are shown in Table 1.⁷⁻⁹

Documents, Policies, Regulations, and Healthy City Acts

In order to implement and develop programs, countries and organizations must provide a policy framework that explains the objective to be achieved and the means by which it will be achieved. The Korea Healthy Cities report has been published every year since 2008 and provides general information about the status of the Korean Healthy Cities program. In addition, the KHCP published a Korean Healthy Cities White Paper in 2013. The 220-page white paper described the history of the program, summarized its current status, and outlined future plans for scaling up the program.^{10,11}

Korea has national guidelines for Healthy Cities implementation. The Korean Healthy City guidelines are published by the KHPF/Ministry of Health and Welfare (MOHW). Korea has local government acts and key recommendation statements that support local governments and the KHCP. The Korean Health Promotion Healthy City Act plays a key role in Healthy City implementation.^{1-3,7,8} Korea

TABLE 1 Demographic and geographic profile

Classification	Contents
Demographic	
Total population	50,219,669 (2013) ^a
Population growth per year	0.4 % (2013) ^a
Population density per square km per person	485.6/km ² (2013) ^a
Population of the largest cities	1,020,843 (Seoul, 2012) ^b
Life expectancy at birth (years) by sex (male/female)	78/84 (2013) ^b
Infant mortality rate per 1,000 live births (male/female)	3.1/2.9, average (3) (2013) ^b
Maternal mortality ratio per 100,000 live births	17.2 (2011) ^c
Geographic	
Number of provinces/prefectures	15 provinces and 1 metropolitan ^d
Number of districts/cities	228 districts/cities ^d
Number of healthy districts/cities	71 cities (2014 full members of Alliance for Healthy Cities) ^c

^aThe 2013 census (<http://kostat.go.kr>)^bThe 2012 census (<http://kosata.go.kr>)^cStatistics Korea (<http://kostat.go.kr>)^dMinistry of Administration and Security 2012^eCause-specific morbidity and mortality ratio by country (WHO) (apps.who.int/who/data/node.main.MATMORT?lang=en)

undertook the enactment of the National Health Promotion Act in 1995. The National Health Promotion Act was a milestone for initiating a national and local health promotion in Korea. Since then, local government and health centers are implementing Healthy Cities programs for communities. A portion of the national revenues from tobacco consumption taxes have been allocated to the health promotion in the Republic of Korea since 1998.⁴ Especially, Healthy City Wonju project is financed in a sustainable and sufficient manner using all of the revenues collected from local tobacco tax (USD 16 million) in the Healthy City project under conditions set forth in legislation approved by the city council.¹²

Organizational Level

The organizational level is an important area in mapping health capacity.⁶ Organizational level refers to structures, processes, and management systems, including humans and resources, that enable improved organizational performance. Korea has Healthy Cities organizational structures at all levels. At the national level, the Division of Health Policy of the MOHW collaborates with the KHPF for Korean Healthy Cities. At the city level, Healthy Cities are handled either by the planning department and health department or the planning department and public health center. The planning department takes charge of Healthy City projects in cases where they are carried out by the city government. On the other hand, if the public health center guides the project, the health promotion team or Healthy City team is responsible for it (Korea Health Promotion Foundation and Ministry of Health and Welfare).¹³

Evaluation System, Settings, and Indicators

Evaluation generally involves a process in which the objectives and targets planned and the objectives and targets achieved or met are compared. There are three

different levels of evaluation in health promotion: process evaluation, impact evaluation, and outcome evaluation.^{13,14}

In developing Healthy Cities programs, each country employs different concepts of evaluation systems, settings, and types of Healthy Cities, including indicator development, as shown in Table 2.

The Korean Healthy City evaluation is carried out by the central government, province unit, and local governments. The Korean government developed an evaluation system and indicators in conjunction with Healthy City experts in 2011. Subsequently, the Korean government plans to evaluate Healthy Cities that have applied for accreditation and to certify those that fit its criteria. The Healthy City Evaluation Index has a total of four categories. These four categories include three basic categories and one recommended category. The three basic categories have 62 indices which are divided into categories of “compulsory,” “great,” and “excellent” according to the defined standard satisfactory level, and one recommended category has 15 recommended indices.¹⁵ The Healthy City evaluation, which is carried out by the province, is only run in Seoul and Busan. The Healthy City team at the city government evaluates the work performance that is carried out with budget support in each *gu* (district), and the budget for the next year is graded according to its previous performance. The Healthy City evaluation carried out by the city evaluates progress toward achieving goals. In addition, some cities use the SPIRIT checklist which was developed by the AFHC for quality evaluation of the Healthy Cities program. Also, the World Health Organization for the Western Pacific Region is working to validate this evaluation system, which is in the development stage for the National Accreditation System for Healthy Cities.

TABLE 2 Evaluation system, settings, and indicators

Classification	Contents
By whom	
National level	MOHW
Provincial level	Healthy City team in Seoul and Busan Metropolitan City (2 out of 9 provincial level cities are implementing Healthy City projects)
District/city level	Healthy City project department or team
Time of evaluation	
National level	Developing an evaluation system with the MOHW
Provincial level	Every year
District/city level	Every year
Settings or types of Healthy Cities	Six types of Healthy Cities: healthy behavior practice, healthy setting, healthy environment, healthy transportation, health equity, and health industry innovation ^a
Indicators	
National level	Standards area: Healthy City system (16), city health profile (40), Healthy City program (6) Recommendation area: health impact assessment (15) ^b
Provincial level	Common indicators are n/a
City level	Common indicators are n/a, SPIRIT checklist ^c

^aNam et al. [11]

^bAnnual report on the cause of death statistics (2009, 2008) (<http://kosis.kr>)

^cMinistry of Administration and Security, 2012 annual report on the local government administrative district and population status, Seoul^{7,8}

The Korean Healthy Cities program is divided into six types according to the Health Promotion Research project: “analyzing the types of Healthy Cities and developing the strategies for Korean Healthy Cities,” which was performed in 2009.¹⁶ By 2009, Nam et al. analyzed the Healthy City projects, which Korean Healthy Cities are promoting, in order to classify the program and to analyze the plans of *si* (city), *gun* (county), and *gu* (ward). Healthy living project (type 1 project) includes 161 projects; type 2 includes healthy living place, and under this project, 58 projects are implemented; type 3 includes improvement of hygiene and environment (contains 48 projects); type 4 project includes healthy transportation project (contains 48 projects); type 5 includes improvement of health equity (contains 78 projects), and type 6 includes healthy industry innovation (contains 29 projects).¹¹

Reward/Award System

In Korea, best practice cities receive a commendation as a health-friendly city with a trophy from the MOHW Minister at the general assembly of the KHCP every May. The central government finds exemplary cases and conducts publicity campaigns to raise the quality of the Healthy City projects. The MOHW formulates the selection criteria, and the KHPF arranges details such as advertisements and screening.¹³

Health Impact Assessment

The health impact assessment (HIA) is a policy tool for minimizing the possible negative health impacts and maximizing the possible positive health impacts of a policy, plan, or program by predicting and informing decision makers of its health impacts. The HIA aims to have health impacts considered in all policies rather than making health the top priority per se. The HIA demonstration project began in 2009 and covers the residential environment, sport facilities, park creation, transportation, and air pollution. The HIA demonstration project has created local government policies, works together with stakeholders, supports health equality across demographic groups, and has conducted health impact assessments of Healthy Cities and related research organizations in support of the HIA.^{17–19}

Capacity Building and Budgeting

The Korean national government provides statistics, training courses, and benchmarking to European and Japanese Healthy Cities for Healthy Cities officers. After receiving a budget from the MOHW, the KHPF creates a master plan and carries out the details, such as publicity campaigns, publications, and training programs. The foundation conducts publicity campaigns by running the Healthy City website (<http://hc.hp.go.kr>), providing information on Healthy Cities, and maintains a database to provide information on the status of Healthy Cities on a year-by-year basis. The foundation has published the Healthy City status report since 2008, through which it presents domestic and foreign cases, including WHO-awarded Healthy Cities (2009), an AFHC report (2009), and Healthy Cities in European countries (2009). In addition to the casebooks, the foundation has published yearly workshop sourcebooks from 2008 to 2011 and, moreover, has trained managers and hands-on workers once or twice a year since 2008.¹³

The Korean Healthy Cities program provides a good example in terms of budgeting. Korean Healthy Cities have developed a membership fee with the KHPF. In addition, Healthy City projects are self-financing, with support from the Korea Health Promotion Foundation.⁹ Korea and other countries have similarities in their development of Healthy Cities. Healthy City projects were developed when the

WHO established a World Health Day Theme in 1996 of “Healthy Cities for Better Life.” Korea has a key recommendation statement which provides support for local governments and the KHCP. The key recommendation statement certifies that the government supports the KHCP in implementing Healthy Cities, including funding and capacity building supports.

Healthy City projects in Korea are not limited to the public health field, and projects in Korea reflect the 11 requirements of Healthy Cities that emphasize the concept of health in the overall urban development planning, such as welfare, environment, urban planning, design, and economic growth.²⁰ In the Healthy Cities 2020 project plan, for example, Wonju City developed and promoted 66 programs, including Healthy City infrastructure establishment; Healthy City promotion, disease prevention, and rehabilitation, health promotion projects; welfare and culture projects; and improvement of the physical environment and health industry.²¹

Various WHO reports have played a part in the expansion of Healthy City projects in Korea and have also contributed to attracting interest in these projects from the MOHW.²² The reasons that Healthy City projects in Korea are so vibrant include great interest on the part of city mayors in health, and in addition, Healthy Cities are a practical use of the National Health Promotion Fund that was created by the tobacco consumption tax, and there is theoretical support for Healthy City projects from universities and research institutes located near each local government. Tobacco tax levied through a Korean central bank account assigned to the Ministry of Health and Welfare. Composition of the tobacco tax controlled by the Korea Health Promotion Foundation under the Ministry of Health and Welfare. There are 264 health centers across the country where funds are distributed for promoting health and for use for the healthy city projects.

Network

Healthy City projects in Korea began with four cities joining the AFHC in 2004 and were created by leadership of the central government.⁴ In 2011, 59 additional cities had joined the AFHC, representing a 15 times growth rate within 7 years (Korea Healthy City Partnership).²³ Healthy Cities in Korea have been active, and they compose 50 % of the AFHC. In addition, a domestic network, KHCP, was organized in 2006 and has been contributing to information exchange and development related to domestic Healthy City projects. The fervor for Healthy Cities, which has originated with local governments, caught the attention of the MOHW and has resulted in research projects (R&D) supporting Healthy City forums and Healthy City projects in 2006 and 2009 as well as the establishment of an award system by the government in 2010. In cooperation with the KHPF and the MOHW, this system is used in appointing a health-friendly city.¹⁵ The KHPF is an organization that advances health promotion projects through a National Health Promotion Fund, which was created by a tobacco consumption tax, and this fund provides seed money for Healthy City projects.¹⁵

CONCLUSION

Healthy Cities of Korea attempt to create healthy community dwellers by improving overall health of their population, services, and social and physical environment. Local government, community leaders, and communities have intensified their creative knowledge, developing a supportive environment to achieve health for all.

Healthy Cities of Korea are introducing a self-financing system and are financed from each city and the KHPF. Furthermore, regional and local levels of the Department of Health allocate budget for the Healthy Cities. Additionally, Healthy Cities programs that relate to the implementation of Healthy Cities in different settings are implemented directly by the Department of Local Government. To enhance the capacity of Korean Healthy Cities, the Healthy Cities need to implement evidence-based program, concerning not on indices improvement but on quality control with stakeholder participation. Also, greater political commitment and support for Healthy Cities are needed at the governmental level.

ACKNOWLEDGMENTS

The study was funded by a grant from the National Research Foundation of Korea supported by the Korean Government (NRF-20135145B8A01055336).

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