Korea Institute for Health and Social Affairs

Annual Report
Message from the President

As the country’s top think tank in social policy research, the Korea Institute for Health and Social Affairs (KIHASA) takes great pride in having produced 81 Research Reports and 82 Policy Reports in 2008 alone.

An encapsulation of the result of all these studies conducted in 2008, the present Annual Report is a welcome contribution to the understanding and work of lawmakers, policymakers, experts, and the public.

The objective KIHASA set in 2008, with the inception of the current administration, was to assess and overhaul Korea’s health and welfare policy as a whole and chart a direction in which the government needs to move forward. Also, we have worked to provide mid-to-long-term solutions to many of the health and welfare issues the country faces today.

As the current global economic downturn deepens, the number of those whose very subsistence is being threatened is rapidly increasing. Moreover, a substantial portion of the middle class is at risk of falling into poverty. This is why many of the research projects we conduct at KIHASA are geared to reducing the gap between the rich and the poor and promoting social integration. We worked on policy options to respond to Korea’s low fertility and population aging. We pursued ways to establish and improve income protection and welfare services for the elderly and the disabled, ways to strengthen the state responsibility for child care and education, ways to create a health infrastructure that is both curative and preventive, and ways to provide tailored health services and integrated welfare services to the people in need. In all these we made progress.

The recently discovered work of Kim Jung-hee, a writer, scholar and calligraphic artist of the Chosun Dynasty, whose pen name was Chusa, reads: “How can an artist not be rigorous on his work, as once presented to the world it immediately becomes an object that people lay their eyes on and point at. Drawing an orchid is a simple skill, but only from good faith and right state of mind does it come.” If drawing a simple picture requires that much integrity, doing research intended to chart the course of national policy certainly takes much more of it.

KIHASA will continue to explore preventive, practical, and sustainable solutions to social problems of various kinds, with which the country’s decision makers can promote more widely shared economic growth. For the health of the people, we are working to develop a one-stop health service model, whose focus is more on the user than on the provider, with which to help promote social integration for all in the country.

As the economic downturn is becoming more pronounced, we at KIHASA are more concerned than ever about our role, about how best we as a responsible think can work to help the country address the many social problems it faces. In that regard, the publication of the present Annual Report is an occasion for us to reaffirm our resolution that we will do our utmost to contribute to the welfare of the people, I am deeply thankful to the KIHASA family, who have worked day and night and night and day to bring more than 160 reports to completion.

March 2009

Yongha Kim
President, Korea Institute for Health and Social Affairs
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2008 Research Projects

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- Enhancement of equity in health status among social classes
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- Establishment and achievement of social welfare panel surveys.
Effective management and optimal provision of healthcare services

- Total factor productivity and efficiency of Korean public health centers
  - Evidence from panel data

- A Study of Efficient Ways of Cooperation in Health Care and Medicine between the Two Koreas

- Development and Management of Monitoring System to improve the Efficiency of Health Care Resources Allocation
  - Health Care Resources, Korea, 2008
Total factor productivity and efficiency of Korean public health centers

– Evidence from panel data –

Hosung Shin · Sylvia Park · Youngho Oh

External experts: Baeg-Ju Na · Dong-Hwan Chen

Productivity is generally defined as the relationship between input and output, the ratio of the output that it produces to the input that it uses. The terms "productivity" and "efficiency" are often used interchangeably. Production frontier represents the maximum outputs attainable at the technical input level.

The study explores the productivity of public health centers over the period between 2004-2006 using data enveloping analysis (DEA) and stochastic frontier analysis (SFA) as well as Malmquist total factor productivity analysis. The study uses labor and annual expenditure as the input and the number of medical care services, the number of public health services, and administrative services as the output.

The panel data are primarily gathered through a mail survey, and complemented from the published national yearbooks or reports. The study makes use of a variety of methods to overcome the shortcoming of any specific analysis method, such as weighting schemes, bayesian method, and pooling efficiency scores.

Efficiency differs from the types of public health centers (PHC), classified by the location, Gu-PHC achieves the highest performance on the total activity of PHC, while the Si-PHC attains the first rank on health services, Gun-PHC shows generally low performance, and it has better efficiency score in health services than total activity. Organization characteristics, such as a well planned work schedule, organizing formal job meetings for problem solving, and specialized job function, often relates higher performance, but not the tangible/intangible supports from the municipal governments. Total factor productivity of PHC is increased due to largely efficiency changes. On average, efficiency is increased 3.1% point, but technical change is decreased 0.3% point over the period between 2004 to 2006.

The study describes the case studies of PHC located in Pusan to verify the study results’ adaptability or generalization, and introduces the experience of UK primary care trusts and US public health officer's efforts, MAAP and public-private partnership for community health gains, CHG. Lastly, we add strategic plans/ suggestions for enhancing the performance of PHC activity and customer satisfaction.

The study findings suggest that the allocative efficiency of public health resources, organizational reforms, job performance of health workers, and coincidental cohesion will be essential for future PHC reforms.
A Study of Efficient Ways of Cooperation in Health Care and Medicine between the Two Koreas

Sangyoung Lee · Nami Hwang · Hye-Ryun Kim

The socialist healthcare system that North Korea once had in place allowed access to free-of-charge treatment and preventive medicine for people. From the 1980s onwards, however, North Korea’s healthcare system began collapsing with a long series of economic woes and natural disasters, and its continuing stance of isolationism. Unable to handle the situation by itself, the North Korean government came to resort to the international community, calling for support in the provision of food and medical supplies. This was the beginning of support that numerous international and non-governmental organizations, including the UN, would provide for North Korea.

The medical and healthcare support the international community provided to North Korea was in the beginning confined largely to emergency drugs, medical supplies, and basic health and nutrition services for vulnerable groups, including children, mothers and the disabled, but more recently has extended to include pharmaceutical manufacturing, hospital modernization, facility development and disease prevention.

The intergovernmental relations between the two Koreas have been limited in many ways due to political reasons. Much of the support South Korea implemented as a response to requests from North Korea was by and large by non-governmental organizations with the financial means of the government’s “South-North Cooperation Fund”. Executed this way, South Korea’s support has contributed to some extent to improving the health of North Koreans as well as to building cooperative relationship between the two Koreas. On the other hand, however, a number of problems emerged in the process, including the shrinking of the South Korean government’s role, a lack of coordination among NGOs, and a lack of ensuring that the support provided was being allocated in a transparent way.

Thus, this study proposes the governance of exchange and cooperation. This incorporates the aforementioned and other principles and a plan of action which prescribes the objectives the South Korean authorities should pursue, which involve taking the initiative in support projects, building mid- to long-term strategies and setting common goals in cooperation with non-governmental organizations, and allocating authorities and resources to non-governmental organizations and coordinate, direct and support them toward the goals.
Development and Management of Monitoring System to Improve the Efficiency of Health Care Resources Allocation

– Health Care Resources, Korea, 2008 –

Youngho Oh · Hosung Shin

1. Objectives
- To develop and implement the health care resources monitoring system aimed at improving the efficiency of health care resources allocation

2. Methods
- Nationwide on-line survey based on the web system called HRSC (Health Care Resources & Service Information Center)

3. Procedures
- To develop health care resources monitoring system
- To publicize the survey to people in charge of public health centers and medical institutions,
- To conduct the health care resources survey of health care institutions such as clinics and hospitals
- To conduct a follow-up survey to increase the accuracy and reliability of survey data
- To manage health care resources monitoring system and analyze the survey data

4. Results
- Results of the survey
  - As of June 2008, the total number of health care institutions in Korea including pharmacies is 80,167. The number of hospitals and clinics is 29,861 which accounts for 57.2% of the total number of health care institutions and pharmacies make up 26.0% with 20,809 places nationwide. The number of inpatient beds is 456,220.
  - As of June 2008, 74,394 physicians, 19,974 dentists, 15,165 herb doctors, 105,955 qualified nurses, 103,957 assistant nurses and 32,158 pharmacists, including part-time employees are working in the health care institutions including drugstores.
  - As of June 2008, the number of medical equipments in Korea is as follows: ANGIO 362; CR · DR 1,553; gamma camera 318; PET 70; CT scanner 1,688; MRI 801; ESWL 617; mammographs 2,220, and radiation therapy equipments 292.

- Policy implications
  - Supply regulations of acute and long-term care bed are needed. According to the bed supply trends of OECD countries, acute and long-term care beds have been decreasing or stable. However, the number of acute and long-term care bed per capita in Korea is higher than the average number of those in OECD countries. Moreover, the trends in Korea seem to be on the rise. In this sense, it is necessary to devise comprehensive measures to meet new and various health care needs for bed.
  - Changes in health insurance payment system are needed to avoid over-supply of medical equipments. It is found that among the major medical equipments, the number of CT scanner, MRI, ESWL, and mammographs except radiation therapy equipment per million population is higher than the average number of those in OECD countries. The over-supply of medical technologies deepens supplier-induced demand, which may increase the national health care expenditures. Therefore, it is appropriate that the supply of medical technologies must be connected with health insurance payment system to control over-supply.
  - There seem to be imbalances in geographical distribution of health manpower. So it is important that medical policies be developed to minimize and alleviate the inequality of geographical distribution of health manpower. First of all, it is necessary to develop the monitoring system, which investigates the status of the demand and supply of health manpower and principles of the health manpower allocation based on the regional properties.

The health manpower allocation policy should include the reconstruction of manpower policy, development of the health manpower allocation formula, re-establishment of self-sufficient catchment area for primary health care physician and reinforcement of public health manpower. These plans should be supported by the central government and each region, which performs the consistent and systematic allocation policies for health manpower, especially primary health care physician providing essential medical care services such as primary health care service, emergency care service, baby delivery service and so on.
Enhancement of equity in health status among social classes

- Equity in Health Expectancy across Social Classes and Policy Suggestions
- Health Impact Assessment of the Dream Start
- Health Impact Assessment of High Speed Train (KTX) in Korea
- Climate change and burden of infectious disease
Equity in Health Expectancy across Social Classes and Policy Suggestions

Eunjeong Kang - Hosung Shin
External expert: Youngae Cho

Background

- Health expectancy, a summary measure of the health of a population that combines mortality and morbidity, can reflect the decline of the quality of life due to illnesses and disabilities.
- "The New Health Plan 2010", defines the two overarching goals of the national health promotion policy: the extension of health expectancy and the enhancement of equity. Therefore the equity in health expectancy as a combined form of these two goals should be monitored until 2010.

Purpose

- To analyze the equity in health expectancy by socioeconomic status
- Individual socioeconomic status was limited to sex and educational level

Methods

- Calculation of the life expectancy by educational level
- Data: The Cause of Death Statistics Survey and the Population Census by the National Statistics Office in 2005
- Analysis: A period life-table by educational level for those whose age was 20 and older
- Calculation of health expectancy by educational level
- Data: Life-table by educational level and the National Health Interview and Nutrition and Examination Survey in 2005 (health indicators: major chronic diseases, EQ-5D, self-rated health, activity limitation)
- Analysis: The Sullivan method was used to obtain the health expectancy at age 20 up to 75.
- Indicators of the equity in health expectancy: the absolute difference in health expectancy, the difference in the difference between life expectancy and health expectancy, the difference in the ratio of the difference between life expectancy and health expectancy to life expectancy

Results

- Life expectancy by sex
- Life expectancy was shorter for males and for females.
- Life expectancy by educational level
- The lower the educational level, the lower the life expectancy at age 20.
- The older the population, the smaller the difference in life expectancy across different educational groups.
- The sex difference in life expectancy was smaller for the higher educational groups before age 60, but the sex difference in life expectancy became greater for the higher educational groups after age 60.
- Equity in health expectancy by sex
- The health expectancy at age 20 was longer for males than for females.
- The difference between life expectancy and health expectancy and the ratio of this difference to life expectancy were bigger for females than for males.
- Equity in health expectancy by educational level
- The lower the educational level, the lower the health expectancy.
- The educational difference in health expectancy was larger than that in life expectancy.
- The lower the educational level, the larger the difference between life expectancy and health expectancy and the ratio of this difference to life expectancy.

Conclusions

- The health expectancy of females and those with lower education attainment was lower.
- Efforts are needed to minimize the differences in the educational attainment among different socioeconomic groups, to improve the health-related quality of life among women, and to provide better access to health care services to those with lower socioeconomic status.
- A continuous monitoring on health expectations across socioeconomic groups is needed at the national and the local levels.
Health Impact Assessment of the Dream Start

Eunjeong Kang

Purpose

* To suggest a health impact assessment model for welfare programs
* To help the policy makers and field staff who are involved in the Dream Start program for planning its program content and methods

Methods

* Setting a steering committee which consisted of the health impact assessment research team, experts, and the Dream Start management center staff
* screening-scoping-appraisal-HIA process evaluation
* Appraisal
* Program for HIA: Three Dream Start centers' 2008 Dream Start plans
* Health impacts to be assessed: prenatal care, vaccination, nutrition, access to health care services, and child abuse
* Methods of assessment: literature review, community profiling, focus group meetings with field staff and parents, interview survey and secondary data analysis

HIA results: Suggestions on the Dream Start program

* The Dream Start was expected to have positive effects on children's health, but improvements were needed to maximize its positive effects,
* Prenatal care
* Abstinence education for smoking and drinking during pregnancy; Provisions of programs for smoking cessation and cutting down drinking
* Only 50% of the infants received the inborn error of metabolism test and therefore educations on the importance of this test and a connection with the public health center for free tests are needed,
* Economic support for regular prenatal examinations and nutrition supplement provision along with health education from a nurse is needed,
* Vaccination
* Education on the importance of timely vaccinations and keeping the vaccination history card is needed,
* An alert system is needed to notify the free vaccination services provided by the public health centers and the vaccination schedule for each child,
* lest the parents should miss the timely vaccination period due to the long distance to the public health center and the long waiting time at the public health center, vaccination at the community center or the Dream Start center or vaccination vouchers can be considered,
* Financial support for high cost vaccinations such as A-type hepatitis, pneumococcus needs to be expanded,
* Nutrition
* Dinner program needs to be expanded to breakfast to reduce the breakfast missing rate,
* A continuing education program is needed for the health staff in the Dream Start center to have expertise in nutrition
* When the center provides any foods, a monitoring is needed to check if the food is taken by the child and if there are any food allergy problems along with nutrition education,
* A nutrition education for children is needed,
* A cooking class for parents is needed on nutritious snacks, nutritious menu, and cooking methods,
* Access to health care services
* A training program for the Dream Start staff on the importance of the access to health care services and the connection with available health care resources is needed,
* A standing system is needed to provide information on the health care facilities cooperated with the Dream Start center, health care cost comparison results, and list of guardians available when the parent is unable to take the child to a health care facility,
* A support for family members with chronic diseases is also needed,
* Child abuse
* Let alone the case management service, more prevention-oriented programs need to be provided for the entire Dream Start children and their families,
* Trust toward the Dream Start should first be established,
* A comprehensive approach is needed for the family of an abused child including mental health services and treatments

Importance and Application

* First health impact assessment demonstration project from the perspective of social determinants of health in Korea
* A model of health impact assessment for welfare programs
* Useful for developing the 2009 Dream Start guidelines
Health Impact Assessment of High Speed Train (KTX) in Korea

External expert: Jin hyun Kim

Since 2004, high speed train, KTX(Korea Train eXpress), has been operated in Korea. It is assumed that people living in cities along the KTX line increasingly visit big tertiary hospitals in Seoul, with an easy access through KTX. In line with this, the purpose of this research is to assess the health impact by KTX according to Merseyside Health Impact Assessment Guideline.

It is observed that after 2004, when KTX system was opened, the patients visiting big tertiary hospitals in Seoul rapidly increased, noticeably a dramatic change for patients with serious diseases or cancer. In the largest 5 hospitals in Seoul, the proportion of patients from Busan, Daegu, Daejeon, Gwanju has been expanded since 2004. Furthermore, the outcomes of patients treated in big hospitals in Seoul showed higher quality of life and consumer satisfaction than those in local hospitals being affected by KTX.

It is suggested that a decrease in travel cost from local cities be considered and a health policy reform to expand medical facilities remarkably and recruit well-trained physicians in local hospitals be implemented.

Climate change and burden of infectious disease

External expert: Hosung Shin

With its widespread environmental and human health impacts, climate change has become a global issue. Variability of weather condition and global warming of temperature affected the distribution of vector-borne diseases. This study estimated marginal temperature effect on five infectious diseases caused by climate change and examined the burden of its diseases.

During the period 2005~2007, the prevalence of infectious disease ranked tsetsefever (22.1%), malaria (11.7%), shigellosis (6.2%), leptospirosis (1.2%), and vibrio vulnificus sepsis (1.2) by order. The total amount of money spent for the disease treatments was the highest in tsetsefever and vibrio vulnificus sepsis was the first in the unit cost. Based on the three years prevalence, the study estimated the expected number of diseases due to unit degree increase of temperature. On average, the prevalence of five diseases was expected to increase by 4.27%.

The impact of climate change was ordered tsetsefever (5.98%), leptoerirosis (4.07%), malaria (3.40%), vibrio vulnificus sepsis (3.20%), and shigellosis (1.81%).

When considering future population pyramid change, the burden of disease varied across age groups and disease types. The absolute amount of disease burden was higher for the adults, but the burden of children and young adults (under 5) relatively increased due to decrease in the population size of those groups. The order of future burden of disease was estimated tsetsefever, shigellosis, malaria, vibrio vulnificus sepsis, and leptoerirosis.

Compared to its impact and distribution of climate change, the strategy development of adaptation and underlying research were in their early stage. As one of the most prominent and prompt preparations, vector-borne diseases attracted popular attention, but intervention for the future infectious disease outbreak was not fully developed. The first step of involvement
started to estimate the impact of future events. We hopefully expected this study to contribute to the development of an action plan.
Establishment of user-friendly health promotion policies

- Women’s Smoking and Drinking Behavior
  - Factors and Policy Options –

- Breastfeeding and Nutritional Health of Children and Adolescents
  - Analysis of Nutritional Status and Policy Prescription –

- Health Impact Assessment of the Chronic Disease Management Program for the National Sorokdo Hospital
Women’s Smoking and Drinking Behavior
– Factors and Policy Options –

Mee-Kyung Suh · Eun Jin Choi
External expert: Youngae Cho

This study analyzed factors related to the smoking and drinking behavior of adolescents and young women, whose smoking and alcohol consumption rates have continued to increase. Then the study suggested policy suggestions to address the issue. The study methods were as follow: we conducted a literature review, and analyzed the Korea National Health and Nutrition Behavior Survey and the Korea Youth Risk Behavior Survey.

The result showed that average smoking prevalence was 5.7% for middle school students, 17.5% for high school students (ranging from 15 to 20%), 18% for women in their 20s (ranging from 14.0% to 21.9%) and 10% for adults in their 20s was 10%. Smoking behavior of women are related to various factors such as socio-demographic environment, life style, and tobacco control policy. For this reason, women-specific and diversified approaches are needed for smoking prevention and tobacco control policy in South Korea.

Alcohol consumption rates for women continues to increase, especially on high risk drinking behavior. The factors that affect high risk drinking behavior are individual factors, social factors and policy factors. Therefore, any policy approach in this regard should be comprehensive in breadth, And it is necessary to make gradual process of the strengthening the policy for drinking behavior.

Breastfeeding and Nutritional Health of Children and Adolescents
– Analysis of Nutritional Status and Policy Prescription –

Hye-Ryun Kim · Nami Hwang
External expert: Jae Eun Shim

This study aims to examine nutritional challenges for children and adolescents, and to suggest policies and strategies to improve their health status. The study focuses primarily on three major issues: breastfeeding, overweight/obesity and poor nutrition in children and adolescents, and in women in their twenties.

First, the study analyzes the trends and determinants of exclusive breastfeeding using the National Fertility and Family Health-Welfare Surveys of 1997, 2000, 2003 and 2006. Cox’s Proportional hazard models were used to estimate risk factors affecting the prevalence of breastfeeding and its duration by socio-demographic factors and biomedical factors.

This study then analyzes problems of eating habits, trends of underweight and overweight/obesity, and the relationship between weight status and food intake levels among children and adolescents, and women in their twenties using 2005 National Health and Nutrition Survey and 2006 National Youth Risk Behavior Survey.

Lastly, it suggests policies that could promote breastfeeding and improve the nutritional status of children and adolescents, and women in their twenties.

The recommendations include the followings:

To improve and support breastfeeding, public education and campaigns need to be strengthened. Health care system should play an important role to facilitate breastfeeding. Protecting breastfeeding mothers in workplace such as investing in nursing rooms should be encouraged. Commercial advertisements of breastmilk substitutes should be monitored. Also, monitoring systems to identify the prevalence and duration of breastfeeding by region should be established.

To improve nutritional status and healthy weight for children and adolescents, intersectoral coordination mechanism between the Ministry for Health, Welfare and Family Affairs and Ministry of Education is integral for successful implementation of policies and action.
plans on nutrition.
Underweight, anemia, eating habit problems of women in their 20s are a serious problem particularly in Korea because of distorted body-image and excessive dieting for weight reducing. Under the current trends of low birth rate, a certain political attention should be paid on the fact that women in their twenties are at an important stage of their life cycle, entering childbearing age. For this issue, an effective approach to provide information on improving diet behaviors, change their attitudes, establish environmental support for healthy lifestyle should be arranged through communities, schools, and media.

Since circumstances surrounding nutrition-related policies for children and adolescence have changed greatly, a number of new initiatives such as a comprehensive plan for low-birth and aging society, Dream-start project in the field of social welfare, and other health programs are in the process of being promoted. In the series of those changes, it would be the first priority to arrange action plans to promote sound nutrition and health for the upcoming generations.

Health Impact Assessment of the Chronic Disease Management Program for the National Sorokdo Hospital

**Purpose**

- To make recommendations on the policy, resource, and programs at the hospital and the governmental level for providing a chronic disease management program for the National Sorokdo Hospital by using Health Impact Assessment of the Customized Home-Visiting Health Management Program and ultimately to improve the quality of life of the patients

**Methods**

- Conducted through the two steering committee meetings in September and October
- Health impacts to be assessed: Continuous treatment and control of high blood pressure and diabetes
- Methods of assessment: literature review, interview of the hospital personnel, observation of the home health care at the Sorokdo, workshop, secondary data analysis, community profiling

- Establishing a steering committee which consists of HIA experts, home health care experts, chronic disease management expert, and personnel of the National Sorokdo Hospital
- Screening
  - Conducted through two meetings in September, 2008
  - An intermediate HIA was adopted,
  - Scoping where the terms of reference was written

**Results**

- A special consideration is needed for the disabled in order to make the patients to continuously receive the treatment through medication consultation,
- The current home health care is better than the refer to the near community health center to provide disease management education,
- Additional nursing staff is needed to manage the medication diary,
- The religion groups should find their role in the chronic disease management for the psychological
support and health education,
• Consulting services are needed for patients to overcome their lack of treatment motivation and depression,
• Self-help group can be explored for the diabetic patients,
• An education program on chronic disease management should be provided to the nursing staff,

- Importance and Usage
  • An HIA model for those programs whose health impacts are mostly positive
  • Helpful for the development of the chronic disease program for the National Sonokudo Hospital
Social insurance: policy feedback and improvement plans

- Empirical Analyses of Supplier–induced Demand from a Single–payer System
- Performance Analysis of the National Pension Fund Management – 2006
- Monitoring the Designated Doctor System
- National Pension Fund’s concentration in domestic equity market and it’s implication on proxy voting
Empirical analyses of supplier-induced demand from a single-payer system

A central feature of medical marketplace is the agency relationship between doctors and their patients on the basis of information asymmetry. A standard model of this relationship in the health economics literature is that of "supplier induced demand(SID)," This model is based on "target income hypothesis" and holds that in the face of negative income shocks, physicians may exploit this agency relationship by providing excessive care in order to maintain their incomes. Payment methods for health services and competition among medical providers are considered as primary factors that affect physician’s income.

This study aims to investigate SID under the National Health Insurance(NHI) in Korea. We tested the SID hypotheses in two ways: 1) to identify the SID in inpatient care by analysing NHI claims data for 7 Diagnosis-related groups(DRGs). Medical providers could have participated in DRG voluntarily since 2002 and thus health services provided for DRG patients might be different from those for fee-for-service patients although they have same disease; 2) to examine the effect of competition on physician services. Although literature dedicated to SID empirical evidence is plentiful in foreign countries, only a few studies have been done in Korea.

Study findings indicate medical providers' significant response to payment methods in inpatient care for 7 DRG groups. Although these finding suggest possible SID evidence, further research needs to improve empirical estimation controlling for the potential self-selection with regard to voluntary DRG participation.

The evidence supports SID hypothesis in office-based practice. High physician density is positively associated with increased medical utilization under FFS payment system.

Results from this study suggest that payment methods such as DRG or global budget may diminish SID and improve efficiency of health care system. In addition, since competition affects physicians' behavior, it is required to have a supply plan to make optimum physician density in the long run,
Performance Analysis of the National Pension Fund Management - 2006

Jongwook Won

The National Pension Fund (NPF) is expected to give a great impact on the national economy, especially financial market in near future. The asset allocation between domestic market and foreign market is a key factor in diluting NPF’s concentration in domestic financial market. The paper analyzes the future size of domestic stock market and bond market to accommodate NPF’s domestic investment. This attempt was made to address urgency of channeling more assets to the foreign investment to avoid possible erosion of fund value.

Another important contribution of the paper is its trade timing analysis on major stocks. The methodology for evaluating the appropriateness of stock trade timing is developed and the result was presented. Also, classical attribution analysis is performed to identify contributions to the return from the selection of stocks and asset allocations in major industry sectors.

Monitoring the Designated Doctor System

Hyunwoong Shin - Young-Suk Shin

Korea’s Medical Aid Program has expanded over the recent years, but the management of the health of its beneficiaries has been less than satisfactory. In this regard, the government has since July of 2007 embarked on the “designated doctor system” as a way to both improve the health of the beneficiaries and stabilize the financial condition of the Medical Aid.

The primary aim of the designated doctor system is to provide health care services through individually chosen physicians to those among the beneficiaries whom the government considers are using health care services more than necessary and therefore in need of its management. This study is initiated to monitor how well the designated doctor system has been operated since its inception in July 2007, in particular how appropriately health care provision has been provided under the system. The findings of the study include the following. First, designated doctors did not fulfill their intended roles. Second, there were cases in which some health care providers abused the system by refusing to issue referrals for further care at other health care institutions, limiting the right of Medical Aid beneficiaries to choose the services they want. Third, most of the Medical Aid beneficiaries were not aware of the designated doctor system. Fourth, the system could actually limit the right of Medical Aid beneficiaries to choose services they want. This study goes further to suggest ways to redress these issues and more.
National Pension Fund’s concentration in domestic equity market and it’s implication on proxy voting

As the size of the Korean Pension Fund increases at an exponential rate, Fund’s concentration of domestic equity market deepens each year. One major issue that arises from the high concentration in domestic equity market is exercising proxy voting rights. Korean National Pension Fund has paid less attention to the corporate governance while investment returns were the prime concern for last ten years.

Even UN asks major fund management companies including pension funds to make positive contributions in environment, social issues, and corporate governance through exercising proxy voting. Korean National Pension Fund will join UNPRI in 2009, and its proxy voting standard has to be reviewed to accommodate more active roles as a major share holder.
Strengthening of evaluation capacity for social finance.

- Equity and Efficiency of Income Transfer Payment
- Evaluating the family welfare service delivery
  - The counseling service networks
- Macroeconomic Analysis on the Effects of Tax and Social Security Burdens
- Forecasting Medicaid Expenditure for Low-Income Household
- Establishing a Database of Social Welfare Expenditures
  - Local Expenditure Budgets
- 2008 Policy Issues on Social Budget
Equity and Efficiency of Income Transfer Payment

Sengeun Choi

The tradeoff between efficiency and equity through redistribution is taken for granted in economic theories. Greater equity comes at the cost of efficiency. Tax-financed government expenditures cause economic distortions and inefficiency to some extent. Redistributive transfer payments reallocate resources, reducing total income of the society. The political question that remains is the value judgement or social agreement on the equity achieved at the cost of efficiency. However, not all redistributive transfer payments cause efficiency loss. For example, some transfer payments which improve human capital in the long-run and which do not bring distortions to the economic behavior of beneficiaries by imposing restrictions on entitlement may not cause efficiency loss while it increases social equity.

The study empirically analyzes the redistributive effect and efficiency cost of various income transfer payments such as public assistance program, social insurance and various government subsidies. For redistributive effect, the study analyzes various inequality measures including Gini-coefficient, and decompose the inequality measures by components of income and by income distribution. For efficiency costs, the study analyzes social welfare function, labor supply effect, and marginal welfare costs of income transfer payments. To do this, the study uses 8th and 9th waves of Korean Labor and Income Panel Study (KLIPS).

The findings of the study are as follows. First, public assistance program in Korea reduces inequality expressed in terms of Gini-coefficient by 0.003 to 0.004, such improvement in inequality level is more significant for the low-income group. Public assistance is found to little affect the high-income group and even adversely affect inequality among the middle-income group. As for efficiency, the study failed to find any effect of public assistance on the reduction of labor supply. However, the result does not entail that public assistance program does not incur efficiency loss. The result could have been due to problems in identification or in limited data or both. Second, social insurance program including pension, workers’ compensation, and unemployment insurance, reduces Gini coefficient by 0.01–0.012. Social insurance program reduces inequality for almost all income groups. Labor supply effect of social insurance showed mixed result, depending on econometric models used. Third, the marginal welfare costs of income transfer payments shows 0.188 to 0.191 on average. When the beneficiaries are expanded by 120% of minimum costs of living, the marginal welfare costs increases by 7.51% to 10.22% on average. In concluding, the estimated results suggest income transfer programs need proper design to reduce labor supply disincentive, and efficiency loss. By doing that, it can provide social unification and play the role as social investment improving long run human capital and economic growth.
Evaluating the family welfare service delivery

- The counseling service networks -

The current family welfare deliveries provide services separately with target groups, administrative departments, and dividing public-private sector. Therefore problems appear not only the duplication of single or similar services provided, but also low satisfaction with services used. Accordingly the improvement of family welfare service delivery system is established.

Despite an increase of concerning the family subject, family welfare delivery does not provide services in preventive and integrated perspective. And despite a variety of complex and diverse system, the satisfaction of user’s is also low. For the appropriate response to the demand of people and the efficient supply of service administrations, we evaluate the operation of the family welfare service delivery and then propose alternative delivery models.

Exploring the effectiveness of family welfare services delivery we looked at the service provider’s internal and external factors. It results in administrative efficient agencies about counseling services that all agencies provide appear only 3.3%. By region scale, efficient agencies appear more and more in the megapoleis and metropolis to cities and town. By agencies type, efficient agencies appear domestic violence clinics 2.9%, general social welfare centers 0.8%, healthy family support centers and sexual assault clinics 0.4% each. Secondly, individual provider's efficiencies are the most highest sexual assault counseling clinics (47.3%) and follow by family support centers (42.5%), integrated clinics (35.0%), domestic violence clinics (29.5%), general social welfare centers (21.7%). By regional location of efficiency agencies vary.

Thirdly, Regression analysis results as well in regular staff and volunteer numbers, expenditures of input variables, as in program and case management numbers of output variables. In addition, it appears noticeably that the clinics are significant with counseling, healthy family support centers with linking, and the general social welfare centers with counseling and treatment. Fourth, analyzing the
difference between the family welfare service agencies using the ANOVA, services differ in program and problem types. Finally, the need for cooperation of services agencies and civil societies shows all the family welfare services deliveries want to not only link the public sector to private sector but also between the service providers with the temporary income support, housing support, case management, etc.

In conclusion, we propose the two alternative models, Networking Family Service Delivery System strengthens the links between the existing service agencies to provide people with the appropriate service more efficiently. This model facilitates the service as can be accessible through the various channels (phone, cyber, visit), as be provided ongoing, comprehensive, and specialized with users. Cities and towns, the lack of immaturity of the service providers, causes the Integrated Family Service Model. It is required the existing agencies to multi-functions, but subject supply agencies (or, marriage and family support center, elderly welfare service center, etc.) vary.

Macroeconomic Analysis on the Effects of Tax and Social Security Burdens

- **Objective**
  In Korea, we have developed and utilized macroeconometric model for policy-making, policy effect analysis, and economic forecasting from the early 1970s. Korea Development Institute (KDI), The Bank of Korea (BOK) devoted their efforts to do this. Other research organizations such as SIFRI, LGFRI, KIPF, and DAWBI also devoted their energy to develop macro models for the policy analysis and economic forecasting.

  But these models are mainly focused on the general conditions of the economy, and thus social welfare related sectors could not get enough attention. Research results so far only analyzed the effects of economic conditions on the social welfare sectors, and thus did not focused on the effects of the social welfare sectors on the macro-economy. Especially, rapid aging or the interaction between social welfare sector and the general macro-economy were not able to get enough attention.

  In this research, we develop an econometric model that can be used to analyze the policy effectiveness of the policy change by incorporating social welfare and health related variables into a macro-econometric model as well as considering interdependency among them.

- **Main Contents of Study**
  In this study, we developed an annual macroeconomic model that composed of six sectors, such as final demand, supply and labor, wages and prices, money and finance and social welfare sector. It is medium sized model that composed of about 30 behavioral equations and 20 identities.

  The model is based upon so-called Keynesian income-expenditure model, and aimed to analyze policy effectiveness of the social welfare policy. Some of the special features of the mode are as follows: First, for the policy effectiveness of the social welfare related variables, they are modeled as endogenous variables in the system. Second, potential output is a major determinant of the price sector. Third, aging plays an important role in this model. Forth, in order
to capture the structural change of the economy, the estimation period is restricted to the 1980s and after. The model developed is mainly based on real-sector, and needs further development for more complete analyses of effectiveness of social welfare policy.

The contents of the research are as follows, Section 2 discusses the main features of the annual model developed, Section 3 discusses the specification of the individual equation, and the model structure. In section 4, we use the historical and policy simulations for the evaluation of the performance of the model system. Finally, in section 5, summary of the results and directions for the further research are presented, Variable list, estimation results of the individual equation, and graphs for the historical simulation and the policy simulation are compiled in the Appendix.

### Conclusion and Directions for Further Research

The aim of this research is to develop an annual econometric model that can be used to evaluate the policy effects of the social welfare related variables. The rapid aging due to the decline in birth rate and the increase in the life expectancy will definitely cause the structural change in the economy and slowdown of the growth potential. The rapid medical expenses for the aged and the deepening of the deepening of the poverty of the aged will oppress fiscal burden in the long-run.

The annual macro-econometric model developed in this study incorporated population aging and change of structure of population, etc, and reflect long-term influence of population aging properly. Here we constructed macro-econometric model to examine effect of taxation and social security burden on the macro-economy.

According to the simulation results, the taxation and the social security burden influence in disposable income and eventually decrease GDP and private consumption, and this agrees with the traditional Keynesian multiplier effect.

Recently, empirical findings on the existence of the expansionary effects of the fiscal contraction are reported in Korea. But these should not be regarded as the evidence of denying expansionary effects of the fiscal expenditure because there is some difficulty in satisfying necessary condition for the validity of the hypothesis.

This model hereafter continuously requires maintenance and improvement. Therefore, in upgrading the model developed here we might encounter some restrictions such as absence of adequate data, and lack of proper analysis technique. In spite of the long-lasting discussion on the stationarity of the economic time series, we cannot guarantee the power of a test in case of small-samples, and it is not quite possible to incorporate cointegration relationship in simultaneous equation system.

However, along with passage of time, it is expected that the restriction is mitigated in theoretical or technological side for the equation system of model developed in this study. Furthermore, we will have more adequate econometric model that fits policy analysis of the social welfare policy by improving the model to investigate the source of economic growth in detail and to develop the structure of the economy.

### Forecasting Medicaid Expenditure for Low-Income Household

Medicaid expenditure consists of large portion of public assistance expenditure, reaching 50% of total public assistance expenditure as of 2007. The rapid increase of Medicaid expenditure brought about substantial amount of outstanding payment to medical institutions. As Medicaid system has been frequently expanding for recipients, financial burden of the system is expected to increase further in future. While the importance of the sustainable Medicaid system is called for, the study on Medicaid expenditure forecasting is hardly seen. The difficulties in forecasting Medicaid expenditure lies in frequent changes of the system and relatively short period of data availability. Other concerns include forecasting eligible beneficiaries and hospital bills. Eligibility for the Medicaid is dependent on the eligibility for the public assistance program.

This study uses monthly data on medical bills to forecast medical payments, The number of beneficiaries are forecasted assuming the distribution of low-income household remained same as average distribution. Multivariate time-series model such as ARMA(1,1) is used to forecast medical payments per beneficiary and medical payments per medical treatment. In addition, medical treatment per beneficiary is forecasted using multivariate time-series model. In analysis, medical expenditure is decomposed into hospitalization, outpatient, pharmacetic expenditure.

The forecasting from 2009 to 2020 suggests that Medicaid expenditure increases 5~6% annually, assuming the current system will not be changed. In 2020, the Medicaid expenditure is forecasted to reach 8~9 trillion won from about 4 trillion won of 2007. The need for sustainable and effective Medicaid system is called for.
Establishing a Database of Social Welfare Expenditures

- Local Expenditure Budgets -

Sengeun Choi

Recently, Ministry of public Administration and Security operates local financial management system (e-Hozo, Hozo is the traditional political institution) that the local government works from organization to executive, evaluating, and settlement the whole process of financial activities. The system is beneficial the entire flow the local expenditure and is available the statistical analysis, However, this system has some problems,

First, only after introducing in 2008 the project budget system it is able to functional category of the expenditure budget. Therefore, it is difficult not only to link but also to analyze item budget data (before 2007) to item budget data, Because of this it is disconnected the financial trends or analysis with the central government and local government, Second, it is difficult to produce a variety of detail information through the cross-linking analysis with the central and the local governments,

The purpose of this research is to build the Local Social Expenditure Database that link the item budget system (2007 or earlier) to the project budget system (since 2008) and among general governments' social expenditure (central government, local government) to manage, evaluate, analyze etc;

Range of database is based on Korean social expenditure model that include from the public assistance and social security to the active labor market policy, education policy, housing and community, etc. The range of Database include all the local government social spending, targets are all the 254 Municipal Governments included. The collected Data are available since 2004 to consider dividing functional category in detail. When it is used the gross amount and the net amount to identify the social expenditures of local governments, we choice how to select the gross amount in this research, DB is 3 layers build the basic structure, functional structure, and detailed functional structure,

The outputs of the Korean Local Social Expenditure Database as follows. First, DB enable us to link the item budget structure (2004-2006) to the project budget functional categories. Second, DB enable us to categorize and identify the scale of the subsidized project and own business of the local government independently. Thus using this outputs, we will make more sufficient researches to analysis and compare among budgets or governments. Based on this researches, DB enable us not only to identify the size of budget and account in 254 local governments, but also analyze the functional categories of budget and account in detail. In conclusion, we compare the investment priorities among the local governments,
2008 Policy Issues on Budget for social expenditure

Sengeun Choi

Social expenditure has been rapidly increased since last few years. Budget allocation for social expenditure is expected to consistently increase in future, considering ageing population, the need for social safety net, and the expansion of social insurance. Priority setting for optimal allocation of budget and efficient use of public resources are called for more than usual. This annual report deals with major policy issues on social budget, and the main focus of this year is medical insurance system. The report consists of six individual papers in policy issues on social budget in general and medical insurance system.

The first paper analyzes the current social budget system and major problems in formative issues, and provides policy suggestions for efficient use of resources. The second paper deals with the voucher programs, providing policy suggestions for effective outcome. The third paper discusses financial aspects of medical insurance system, suggesting ways for sound financial condition. The forth paper provides policy suggestions for sustainable medical insurance system. The fifth paper analyzes future prospects of medical insurance finance, providing the forecast of medical insurance finance from 2009 to 2030. The last paper discusses medicaid for low-income household, analyzing medical expenditures of beneficiaries. It provides policy suggestions for sustainable medicaid system for low-income household.
Current status of the socially excluded and ways to strengthen basic livelihood security through social inclusion

- Poverty Characteristics and Implications on Welfare Expenditure Programs Associated with Labor Supply
- A Study of Support for the Socially Excluded toward Social Integration
  - The Dynamics and Multiple Dimensions of Social Exclusion –
- A Study on a New Korean Welfare Regime
- 2008 Monitoring and Evaluation of the National Basic Livelihood Security System and Its Self-Sufficiency Base
  - A Qualitative Study of Recipients and Social Welfare Officers –
- A Study of Social Assistance Monitoring System
  - Basic Ideas and Practical Strategies –
- 2008 Poverty Statistics Yearbook
- Recent Trends and Issues of Working Poors in Developed Countries
Poverty Characteristics and Implications on Welfare Expenditure Programs Associated with Labor Supply

Shin-Wook Kang

External experts: Myung Jae Sung, Chun-in Lee

This report analyzes short-run and long-run poverty characteristics based on lifetime income flow, and proposes policy mixes to enhance the efficiency of fiscal welfare expenditure in association with labor supply. Long-term or lifelong poor households consist of those whose heads, as main income earners, are mostly retirees past their working age. It is unlikely for them to increase supply labor to earn income and successfully escape from poverty. It is also unlikely to expect to reduce the welfare expenditure to support the old households. Therefore, the policy goal of enhancing the fiscal efficiency is focused on those who are able to supply labor.

Poor households can be divided into temporarily, continuously, and repetitively poor households. Based on the KLIPS (Korea Labor and Income Panel Study) data for the recent eight years, their estimates are 67.0%, 15.5%, and 17.5%, respectively, among the households which have experienced being poverty at least once during the same period.

Unconditional cash subsidies more or less create moral hazard and discourage labor supply. We aim to minimize welfare dependence by differentiating poverty subsidizing tools in accordance with different characteristics of poverty.

Regarding unemployment insurance system, it is desired to reduce the maximum length of cash benefits provided to those in short-term poverty of six to four months, instead with higher benefit levels.

The National Basic Livelihood Security System (NBLSS) is known to discourage labor supply since it is not designed to correlate cash subsidies with labor supply. It is not likely for the beneficiaries to increase labor supply to escape from poverty under the system.

It is recommended to minimize moral hazard and enhance the fiscal efficiency that the combination of the EITC and the NBLSS is desirable with the exclusion of those who are able to supply labor from the NBLSS, and that the maximum length of cash benefits under the NBLSS needs to be limited to five years during lifetime, in principle.
A Study of Support for the Socially Excluded toward Social Integration

- The Dynamics and Multiple Dimensions of Social Exclusion -

Dae-myung No

This study carries out detailed empirical analyses of the various groups and areas of social exclusion and thereby proposes policy recommendations for social integration. The analyses cover not only poverty, the core of previous studies conducted of the socially underprivileged, but also the many aspects (including work, health, and housing) of such socially excluded groups as the elderly, the disabled, and children. In the process, this study goes over the welfare panel survey of the Korea Institute for Health and Social Affairs (KIHASA) and produces "core indicators" and "supplementary indicators" with which to understand the dynamics of social exclusion. The core indicators of each area are used further to analyze how each group is socially excluded and how devoid they are of various social resources. Based on the result of these analyses, this study goes on to suggest ways in which each group and area of social exclusion can be supported for social integration.

A Study on a New Korean Welfare Regime

Dae-myung No - Hyonjoo Lee - Shin-Wook Kang

- Research Aims
  - Korea's welfare regime has sustained pressure from the national task of increasing competitiveness and cost reduction. Despite this circumstance, it needs to expand its scope. As the society, the production pattern and political and welfare system are all changing, it is necessary to design a new welfare regime.
  - This study identifies the externalities influencing current welfare regime, review the underlying principle and philosophy of the social welfare, and discusses ways of reforming social insurance and public assistance systems.

- Main Research Results
  - It has been specified that the basic principle of welfare regime is to solve problems associated with the politics of welfare.
  - According to this, the priority of the reform is placed on the articulation of 'protection and activation'.
  - The reform of the social security system should be carried out based on various views so as not to leave out gaps and to reach the optimum rationality.
  - In relation to vitalizing the connection between the social security services: first, it is necessary to start with the basic pension and public assistance, the two systems that are currently debated about their reform. Second, there need to be a measure to achieve consistency in the method of classifying income and reporting the earned income for collecting social insurance fees.
  - The pension system should be reformed to seek balance between the National Pension Scheme and occupational pensions if substantiation of the social pension system is concerned. Also, the health insurance system needs increase in its protection function while reducing its financial deficits. Next, there need to be separation between the unemployment benefit and employment support service in the employment insurance system. Especially, the latter should to be a general service.
Lastly, the industrial accident compensation insurance should be more flexible in entering and receiving compensation for better protection of employees.

* It is required to substantiate the public assistance system and to expand the social services. First the public assistance system needs to be diversified starting from the basic livelihood security system on a way to minimize the incentive to enter the protection system. As the social service industry is less developed in comparison with others, it is necessary to predict the level of demand to prepare for supply.

2008 Monitoring and Evaluation of the National Basic Livelihood Security System and Its Self-Sufficiency Base

— A Qualitative Study of Recipients and Social Welfare Officers —

This study is the latest milestone in a series of studies that have been conducted since 2002 in an effort to monitor, evaluate, and improve the effectiveness and efficiency of the National Basic Livelihood Security System (NBLS). While the 2007 study in this series was a qualitative investigation into the recipient selection, benefit decisions, and payment process, the current study is geared toward assessing how effective NBLS has been in helping its recipients become self-sufficient. This study is concerned in particular with beneficiary selection process, follow-up services and support for self-sufficiency. The effectiveness of NBLS is measured in terms of how the beneficiaries' ability to work is determined and how they are being managed and placed with jobs by welfare officers. Also in focus is how willing the able-bodied beneficiaries are to work and the status of their employment. Whether NBLS helps its beneficiaries stand on their own foot and functions as a last-resort social safety net is thus examined throughout this study. The authors also discuss many of the issues surrounding NBLS—not least of its benefit rules and of the relationship of income verification with the individual's engaging in work activities—and deliberate how best to promote self-sufficiency among those dependent on NBLS.
A Study of Social Assistance Monitoring System

- Basic Ideas and Practical Strategies -

This study examines the theoretical background of social assistance monitoring, adds to the state of knowledge thereof, and, based on this, suggests practical strategies for the improvement of Korea's social assistance monitoring system. Behind the fact that the existing social assistance monitoring in Korea has been targeted by and large to fraudulent behaviors on the part of recipients is a politically-driven ideology. What this suggests is that to better implement social assistance monitoring requires understanding of its objectives and ideas underlying it. To this end, this study also takes a theoretical look at the ideological bases and approaches of social assistance monitoring practices in the US and the UK. Among the major findings is that Korea's social assistance monitoring needs improvement so that it can address fraud and underpayment on the part of providers. Finally, this study suggests a comprehensive model that covers a number of different dimensions including law, organizational structure, and information infrastructure.

Hyunjoo Lee • Taejin Lee

External experts: Bo-young Kim • Jae-Moon Jin

2008 Poverty Statistics Yearbook

- Research Aims -

By analyzing previous studies, in this research it is attempted to produce statistics on poverty and inequality based on the most rational standard possible. Also the research aims to achieve the most pure statistics on poverty and inequality.

- Main Research Results -

- Poverty ratio, based on disposable income, decreased from 9.3% in 1999 to 5.1% in 2007.
- Consumption decreased to 8.6% in 2007 from 18.5% in 1999.
- The disposable income Gini decreased after 1989, but turned to increase after the 1997 economic to reach a peak at 0.297 in 1999. After 1999, the Gini decreased again to reach 0.291 in 2007.
- Consumption decreased by 6.0% from 0.315 in 1989 to 0.296 in 2007.

- Expected Effects -

- By analyzing poverty and inequality with time series analysis, the scale of the poor and perspective on income distribution have been clarified.
- The statistics on poverty and inequality index produced will enable students and researchers the raw material for their research.

- (Table 1) Poverty ratio using Minimum Cost of Living of Government/City labor, yearly (unit: %)

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market Income</td>
<td>6.9</td>
<td>6.2</td>
<td>6.3</td>
<td>6.6</td>
<td>6.9</td>
<td>5.8</td>
<td>5.6</td>
<td>5.4</td>
</tr>
<tr>
<td>Current Income</td>
<td>6.4</td>
<td>5.2</td>
<td>5.1</td>
<td>5.3</td>
<td>5.9</td>
<td>6.8</td>
<td>6.1</td>
<td>6.1</td>
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<tr>
<td>Disposable Income</td>
<td>7.6</td>
<td>6.5</td>
<td>6.1</td>
<td>6.1</td>
<td>6.9</td>
<td>7.7</td>
<td>7.2</td>
<td>6.5</td>
</tr>
<tr>
<td>Consumption</td>
<td>14.3</td>
<td>11.4</td>
<td>10.3</td>
<td>8.7</td>
<td>7.7</td>
<td>9.6</td>
<td>9.2</td>
<td>8.6</td>
</tr>
<tr>
<td>Expenditures</td>
<td>13.0</td>
<td>7.3</td>
<td>6.6</td>
<td>5.8</td>
<td>5.1</td>
<td>6.3</td>
<td>5.7</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Note: 1) One-person households, agricultural areas excludes.
Recent Trends and Issues of Working Poors in Developed Countries

### Problematics

- This report aims to find the convergence and divergence in the social policies for working poor in developed countries after the late 1990’s, while searching the sustainable articulations between employment regime and welfare regime.
- We hope also this report will contribute to find the sustainable paradigm of welfare system in Korea, in the light of social policies for working poor, because the present social policies in our countries reaches the limits to reduce the high income inequality and poverty rate, in despite of the rapid development after the late 1990’s.

### Main Research Results

- The Research on the factors influencing the characteristics of working poor in developed countries has been carried out in the perspective of various comparison methods.
- The main argument in this report is that it was difficult to resolve the problem of working poor only the economic growth(GDP growth). It means that the working poor was augmented, even in the period of economic growth, by the growth of a-typical employment and the polarization of industry.
- This report highlight also on the low level of social expenditure and the de-regulation policies in the labor market in certain countries, because the flexibility of labor and the weak social protection system have invited the high working poor rate in the working population. It is the case of US and Korea, etc.
- It is evident that the flexibility of labor in the labor market was the imperative of economic policies to assure the international competition of enterprises in many countries. But for the government it was difficult to adopt literally this political imperative at the price of insecurity of employment and income inequality. In the results, we can see today the various modes of articulation between labor market policies and social protection policies.

![Table 2] Gini index(City laborer, yearly)

<table>
<thead>
<tr>
<th>Year</th>
<th>Market Income</th>
<th>Current Income</th>
<th>Disposable Income</th>
<th>Consumption</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>0.300</td>
<td>0.299</td>
<td>0.289</td>
<td>0.315</td>
<td>0.331</td>
</tr>
<tr>
<td>1990</td>
<td>0.291</td>
<td>0.299</td>
<td>0.289</td>
<td>0.317</td>
<td>0.327</td>
</tr>
<tr>
<td>1991</td>
<td>0.284</td>
<td>0.282</td>
<td>0.277</td>
<td>0.316</td>
<td>0.323</td>
</tr>
<tr>
<td>1992</td>
<td>0.278</td>
<td>0.277</td>
<td>0.271</td>
<td>0.314</td>
<td>0.323</td>
</tr>
<tr>
<td>1993</td>
<td>0.277</td>
<td>0.276</td>
<td>0.272</td>
<td>0.309</td>
<td>0.317</td>
</tr>
<tr>
<td>1994</td>
<td>0.278</td>
<td>0.278</td>
<td>0.273</td>
<td>0.313</td>
<td>0.319</td>
</tr>
<tr>
<td>1995</td>
<td>0.281</td>
<td>0.281</td>
<td>0.275</td>
<td>0.307</td>
<td>0.316</td>
</tr>
<tr>
<td>1996</td>
<td>0.285</td>
<td>0.284</td>
<td>0.278</td>
<td>0.320</td>
<td>0.329</td>
</tr>
<tr>
<td>1997</td>
<td>0.279</td>
<td>0.278</td>
<td>0.273</td>
<td>0.303</td>
<td>0.314</td>
</tr>
<tr>
<td>1998</td>
<td>0.296</td>
<td>0.296</td>
<td>0.290</td>
<td>0.301</td>
<td>0.312</td>
</tr>
<tr>
<td>1999</td>
<td>0.304</td>
<td>0.302</td>
<td>0.297</td>
<td>0.308</td>
<td>0.320</td>
</tr>
<tr>
<td>2000</td>
<td>0.296</td>
<td>0.294</td>
<td>0.287</td>
<td>0.303</td>
<td>0.317</td>
</tr>
</tbody>
</table>

Note: 1) One-person households, agricultural areas excluded.
of low-wage workers in service sector, it is necessary to maintain the job security, to create the decent jobs and to reinforce the social protection system. Especially, it will be important to invest in the social service sector and to introduce the quality control system for the creation of decent jobs.

* In this respect, we conclude this report with three policy suggestions for social policies on working poor in Korea: 1) do not promote the flexibility of labor without resolving the problem of insider-outsider in the labor market, 2) must reform the actual public assistance system to cover the poor excluded from any protection system and to activate unemployed poor, 3) concentrate on the policy support for the inactive women who want to participate in the labor market.
Advancement of social welfare services to meet public welfare needs

- A study on determinants of happiness and happiness index

- Welfare Policies for Multicultural Families in a Multicultural Era

- An Estimation of Demand for Welfare Services of Children and the Youth

- The Terms and Prospects of Social Capital for the Invigoration of Community-based Welfare

- National Strategies for the Establishment of Active Welfare

- Active welfare through investment for health
A study on determinants of happiness and happiness index

The purpose of this study is to develop effective policies on happiness through understanding elements of human happiness, analyzing factors that impact on happiness, and measuring happiness level. To do so, literature review, Delphi method, and survey were used.

As a result of literature review, 10 areas and 41 indexes were selected as factors that determine happiness. Afterwards, 21 indexes among 41 were finally selected through Delphi method. The questionnaire was used to figure out the level of Korean's happiness and the survey showed that the average grade of Korean's happiness was 67.8 out of 100. This score infers that Koreans are relatively, if not much, happy.

More specifically, people who lived in metropolitan area were happier (scored 68.4) than those who lived in small towns (scored 65.1). In terms of gender difference, the female felt happier (scored 68.2) than male (scored 67.5). Also, the thirties marked the highest score as 69.4, comparing the least score 66.0 of the fifties or more. Lastly, married people were found to be much happier, scoring 68.3, than single people (including the divorced, the widowed, and the separated), who scored 59.5.

In order to increase the level of happiness, the following suggestions are made. In the personal aspect, firstly, people should be able to strike the balance between their needs and expectations. Secondly, individuals efforts are also needed in understanding family members, exercising regularly, empowering themselves, and getting along with the others. Also, taking pride in job and high self-esteem were also critical to increasing one's happiness. In the societal aspect, developing stable employment, providing enough working opportunities, enhancing social services and polices for families, eliminating potential problems that make families in danger, and supporting families play important role in impacting human happiness. Also, the government should provide enough health care services and strengthen policies in order to protect people from various diseases.
Welfare Policies for Multicultural Families in a Multicultural Era

Yu-Kyung Kim · Ae Joo Cho
External expert · Hyun Mi Choi

Despite rapid increases in the number of multicultural families in Korea, there is relatively little research into multicultural families in social welfare literature. Many of them are in the face of various difficulties, including ethnic prejudice, social isolation and language barriers, yet current social welfare policies do not address their needs.

This study examines the living conditions, family functions and structure of multicultural families, placing particular emphasis on the needs of multicultural families headed by single mothers. Of the survey sample of 1,600 multicultural families selected through snowball sampling, 1,196 female immigrants and 1,051 Korean spouses responded.

The survey brings to light many aspects of the multicultural families, including their structure and inter-familial relations, their financial backgrounds, employment status, health, childcare and social networks. Based on the findings of the survey, this study proposes a number of policy recommendations with a view to helping multicultural families cope with and overcome the difficulties and barriers they are facing in their lives.

An Estimation of Demand for Welfare Services of Children and the Youth

Meesook Kim

The purpose of this study is to estimate the demand for welfare services of children and adolescents. It utilized both the secondary data analysis and the delphi survey for which academic professionals, public employees, and field workers were interviewed. It divided welfare areas into four: basic life, health, safety and security, and child care, education and culture. The base year for calculation was 2007.

In the area of basic life, those in the absolute poverty are 910,000; in relative poverty, 1,440,000; those who involuntarily skip meals are ranging from 450,000 to 770,000. Those who live only with their grandparents are about 59,000 to 118,000. Children from diverse culture are 15,000 and those from North Korea are 5,000.

In the area of health, the under-weight new born are 23,000, those with weak vision are 790,000, children and the youth with obesity are 380,000, those suffering from depression are 570,000–620,000, and those with ADHD are 350,000–670,000. Those addicted to the internet are 90,000–1,000,000, to alcohol are 310,000–1,000,000, and to tobacco are 230,000–520,000. Those who commit suicide are 505 (and have potential of committing it are 1,570,000), and the disabled are 90,000.

In the area of safety and security, those who are abandoned and/or abused are ranging 5,000 to as many as 7 million, implying problems with official statistics. Those facing school violence are ranging from 350,000 to 1,610,000, and those who were sexually abused are 290,000. Those who sold their sex are 725. Those who were killed by accident are 8,560, who are missing, 8,602, and who are exposed to harmful means, 450,000–4,050,000. Those who ever visited harmful places are 330,000–9,980,000. Those who ran away from homes are 1,400,000, and who committed crime are 95,000.

In the area of child-care, education and culture, those who are currently using child care centers are 980,000, time based care 1,970,000, night child-care, 1,200,000, 24-hour child care, 580,000, and
holiday child care, 720,000. Those who are using after-school child care are 1,500,000, and after-school centers, 3,850,000. Those who are using youth after-school academies are 32,000, and the number of latchkey child in the academy is 97,000. Those who are using child welfare centers are around 100,000. Those who quit high-school are 51,000, and who are behind in school, 380,000. Those who need cultural opportunities are 7 million.

The major goals of welfare services for children and adolescents should be to raise the quality of their lives, by eliminating child poverty, maintaining healthy body and soul, keeping them from abandonment and violence, and providing enough after-school care and cultural opportunities. In order for this, policy strategies need to be geared toward supporting poor families, increasing welfare expenditures and the number of public employees, and reforming the welfare provision system and the formal education.

To achieve the above goals, we need to expand income support for the all eligible persons and families, increase health professionals, develop the standardized health examination form, intensify prevention and early intervention in safety and security, and promote various sound leisure activities for children and the youth.

The Terms and Prospects of Social Capital for the Invigoration of Community-based Welfare

Se-Kyung Park - Hyeyou Kang
External expert: Hyoung Yong Kim

The purpose of this study is to explore the effects of social capital on community welfare, and develop a practical strategy for invigorating community welfare provision. As decentralization proceeds, it has become increasingly difficult for local communities to depend on central government provision; and as a result, the need for local communities to develop its own social, economic capital to accommodate their welfare needs has gained increased importance. Thus, this study is intended to examine, first, whether there is a significant relationship between social capital and community welfare satisfaction level perceived by community members, and if so, what factors are at play.

For an accurate and comprehensive research survey, this study reviewed various studies and literatures on social capital and community welfare. Satisfaction based on previous studies, in this study social capital was measured in terms of trust, social participation, networks, reciprocity, while, community welfare satisfaction was estimated applying the 2008 Korea Local Community Welfare Evaluation. Data were collected by a telephone survey conducted over a total of 1,542 respondents. The collected data, then, were analyzed using a Hierarchical General Linear Model.

The result of this study suggests four important lessons. First, in Korea, social capital in the public sector is relatively low compared to the private sector, Second, in Korea, social capital especially in terms of trust, civil politics, and organizational interaction significantly varied from one community to another. Third, there is a significant relationship between social capital and poverty rate, whereas, municipal finance reliance and municipal population had no significant effect on social capital, Forth, there is a close relationship between the level of community welfare satisfaction perceived by community members and the level of community social capital, and especially, trust proved to affect community welfare satisfaction the most.

In conclusion, this study empirically shows that in Korea the level and formation of social capital is
different across community regions, and that social capital is important because it has a significant effect on community welfare. Thus, in the future, when planning and establishing community policies, social capital should be taken more seriously.

National Strategies for the Establishment of Active Welfare

- **Purpose**

  The Lee Myung-hak Government has set "Active Welfare" as one of its key policy goals. The policy of Active Welfare is designed to protect citizens from social risks, help them become self-sufficient by providing work opportunities, and deliver services to those in need at the right time. In other words, the goal is to pursue economic growth and social welfare at the same time by securing employment, protecting people from social risks, and helping people to actively participate in social activities.

  Despite such effort to build the active welfare state, many welfare experts and citizens have been questioning the philosophy of the new administration. The administration has been criticized for its welfare budget cuts, an overemphasis on personal responsibility in one's welfare, and insufficient provision of social services for children and families. Even proposed welfare policies have been considered to be inadequate. In addition, the increases in social welfare spending over the past few years had led to debates over its appropriateness. In this regard, an analytic study should be performed in terms of examining effectiveness on such welfare spending.

  The current administration is faced with a wide range of problems associated with new social issues, such as population aging, the rising health spending, moral hazard, the development of new technologies, and high unemployment rates. A variety of voucher programs are being implemented, but improvements are needed. Also, private sectors in the society, especially community organizations should play a critical role in delivering social services swiftly as well as dealing with facing problems, such as ineffectiveness of administering organizations, low-quality services, inadequate social welfare professions, unsecure employment, and poor working conditions.

  To resolve those issues, in 2007, the government set 'investment strategy for health' intended to develop
preventive integrated and customized services, but still there are many rooms for improvement in terms of comprehension and concreteness.

In conclusion, this study aims at developing the concept of the active welfare, setting the direction of welfare spending, and devising effective welfare policies.

- Contents

The first chapter is "The Concepts and Policies of Active Welfare," The main idea is defining "active welfare" and its principles. Using such definition, political suggestions are proposed. In this chapter, "active welfare" is firstly, the government has responsibility on prevention of social risks, resolving facing problems, ensuring human well-being, and helping people to become self-sufficient in cooperation with all sectors of society.

The second chapter is "A Study on the Adequacy of the Korea’s Social Budget and related Policy Issues," This chapter is about analysis of welfare conditions of the Korea focused on the level of welfare budget spending, the quality of social services, and investment on welfare. Especially, through applying 9 sectors of OECD SOCK to such current situations, this chapter proposes future plan and policy issues.

The third chapter discusses ways to improve the National Health Insurance, not least its coverage and financial management. This study suggests a multi-pillar scheme, in which the first pillar covers mild diseases with family medical savings accounts. For the second pillar, the current social insurance should be maintained so as to cover mild inpatient cases and high-cost outpatient cases. The third pillar is for high-cost, severe cases, and thus should be tax-financed. Also, capitated reimbursement, not the current fee-for-service method, will prove suitable for stabilizing the financing of the National Health Insurance and for strengthening its coverage.

The fourth chapter is "Active Welfare and Practical Welfare Services." The main idea is how feasible welfare services suitable for elements of active welfare would be established. As a way of developing practical welfare services, suggestions are as follows: integration of welfare services based upon life cycle, working out on customized and preventive welfare policies, adequate confrontation of traditional social risks and new social risks at the same time, keeping balance among family, corporations, community, and government in terms of responsibility, and expanding opportunity to empower citizens. In addition, this chapter also suggests practical welfare services on an area of child and adolescent, women, the elderly, and family.

The fifth chapter is "Active Welfare through Investment for Health." This chapter is about setting a paradigm of investment for health. To do so, firstly, the survey was used in order to figure out the top prior areas to invest. Also, proposals for expanding the area of investment and create an effective investment are made. The most important two ideas of this chapter are finding evidences to accept new paradigm and to achieve sustainable investment for health and enhancing law enforcement.

- Conclusion

The aim of the study is to design policy options to materialize the principles of active welfare. In this view, this study has 5 chapters performed respectively by different researchers in order to develop diverse perspectives on active welfare and various suggestions on welfare policy. This study is intended to be used in helping policy makers come to informed decisions.
Active welfare through investment for health

Background and purpose of the study
The Korea executive office under the President Lee has established “active welfare” as one of five strategies for the national administration. Active welfare is a welfare model with which to prevent social risks beforehand, serving as a stepping stone for individual’s independence and recovery, and providing warm hands by visiting individuals who need immediate help.

The medical costs continue to rise because of an increase in morbidity of chronic diseases. In this consequence, concept of health investment focused on advanced prevention is well-connected with the concept of active welfare. In January, 2007, the Ministry of Health, Welfare and Family declared health investment strategies and visualized their desire for preventive dimension of health investment. However, there is a strong need for reconstruction of health investment when it is reflected with active welfare strategy. Because it possesses some limitations for providing preventive, individualized and integrated health service; practicing market function plans to induce health investment of individuals; and establishing the safeguard from social risk.

The purpose of this study as follow:
- Establish the rational for the realization of active welfare in health investment strategy;
- Establish the rational of health investment by life cycle and domains;
- Develop the health investment strategy in order to satisfy the health investment demand of citizens.

Method of the study
- Set up the directions of health investment for establishment of active welfare by re-analyzing the concept of social investment;
- Review background of social investment concept and current situation;
- Develop the direction of health investment related to changes in Korean modern society;
- Analyze outcomes and limitation of existing health investment strategy; analyze health investment strategy within the health part and derive a project
- Analyze the direction of health investment in Health Plan 2010
- Analyze health investment strategies in 2007.
- Review cases of health investment strategy for international organization and other foreign countries’ government
- Foreign cases that apply similar concepts of active welfare
- Extensive health promotion plans of foreign cases
- Create health investment strategic plans for the realization of active welfare
- Analyze domains for health investment for each life cycle;
- Analyze major services for each field;
- Conduct general public and professionals opinion survey
- Conduct online survey and health investment demand survey to 1,000 adults who are 20 ~ 50 years old;
- Conduct survey to professionals related to health investment field.

Result of the study
A, Study and Paradigm of health investment as the active welfare
Global trends in health investment paradigm: Health of public is the major goal of country development. At the same time, it is the major tool to accomplish other major goals of country development such as the elimination of poverty.

The importance of life style and socioeconomic environment factors are embodied as determinants of health. The national health investment should focus on supporting and inducing various groups in society to resuscitate as active health subjects.

Social investment country is where it emphasizes the investment of a human capital and at the same time, it operates to positive welfare society that has a notion, which substitutes welfare country.

It is suitable to see the social investment as the investment for family because family supports and roles take large portions of citizens’ life and well-being in Korean society.

The country is an active health subject. Therefore, it should support each social group individually and should prepare synthetic health governance system for organic cooperation of different social groups.

Preferred policy field in health investment: aging society (seniors), low-birth society (pregnant mothers and infants/toddlers), overeducaution society (adolescents), external growth society (workers), polarized society (the poor), individualized society (solitary living), multi-cultural society (labor, immigration by international marriage), risk society (inhabitant).

B, Awareness Survey on Priorities within Health Investment
[Awareness survey of general public: age 20~50]
The total smoking rate was 29.7%, average tobacco consumption per day was 16~20 pieces of cigarettes, but individual who had experiences with smoking prevention or tobacco control education has lower tobacco consumption. Smokers are more likely to answer that their health status were poorer than a year ago.

In the average alcohol consumption for male,
32.8% male consumed 1 bottle of Soju, for female, 35.8% of female consumed 5 cups of Soju. Individual who had experiences with alcohol prevention education and abstinence of alcohol behavior had lower average alcohol consumption.

Individual who have experienced with suicidal thoughts because of his/her annual stress was 65.4% from the total population, Financial hardship made up 37.2% of stress cause.

Individual who have any diseases during the last 3 months was 12.8% and individual who had experiences of health examination was 56.6% and who had experiences of cancer checkup were 77.0%.

Individual who had collaboration experiences with community members during the last 3 months was 15.5% and individual who contacted with community members such as dining, tea time or happy hour was estimated about 29.3%.

Individual or their families who had experiences of visiting health centers were estimated 48.7%.

Awareness survey of professionals)

The total 16 professionals were answered to the survey and their fields of study were comprised of public health, nursing, medical, and policy.

Professionals recognized that smoking prevention and tobacco control projects were the most successful policy and project during the last 3 years. And the least successful policy and project was the suicide prevention.

They believe that the fields that need to be extended in health investment are suicide prevention, cancer prevention and management, and safety management of food and drugs.

They believe that major target population for extensive health investment are health promotion of school children and worker, and health promotion of aging population. The needs for systematic infrastructure and establishment of evaluation system were also mentioned.

C. Priorities in Health Plan 2010 and Implications for future

In Health Plan 2010, it recognizes physical social environment, individual, population, biological characteristics and life style and health system as health determinants. Through health policy and health promotion project, we will develop a policy based on process model of health determinants, which will explain health status can be improved by giving impacts to health determinants mentioned above.

The government had set up plans to conduct projects such as expansion of healthy life practice, prevention centered health management, health management by population groups and establishment of healthy environment; in order to strengthen the health potential for accomplishing goals of increasing life expectancy and consideration of health equity and to accomplish the reduction of morbidity and early death, and the mitigation of health disparities between population groups.

The major health indicators are smoke-free, alcohol-free, exercise, nutrition, cancer management, management of chronic diseases, management of infectious diseases, mental health, dental health, health of infants/toddlers, health of mothers and health of aging population(seniors), etc.

Health Plan 2010 should be complemented flexibly in accordance with health investment demand of modern society that changes variously. In addition,
Development of an effective system in response to low fertility and population aging

- Policies on Low Fertility and Population Aging
  - Current Status and Improvement Strategies

- Major Issues in and Policy Responses to Korea’s Low Fertility and Aging Population

- A Study of a Model for Evaluating the Effectiveness of Policies on Low Fertility

- Policy Direction for the Utilization of Women’s Human Capital in a Low-Fertility and Aging Society
The rapid aging of the Korean population is regarded as a great threat to the country’s socioeconomic realm as a whole. The government of Korea in this regard has embarked in August 2006 upon the "First Basic Plan for an Aging Population(2006-2010)", which comprises a total of 256 detailed measures. Every year new action plans are being established, implemented, and assessed in accord with the Basic Plan at both the central and local levels. The year 2008 marked the midpoint of the target period of the Basic Plan, a year in which to carry out a midterm review of progress made and identify and address areas for improvement.

This study places its focus on proposing efficient ways to push ahead with the first Basic Plan and its sequels, which taken as a whole will cover a span of at least thirty years. For this, this study discusses and analyzes the progress made and the public awareness with respect to the Basic Plan and its major components, and the environment in which it is being proceeded and how best to implement it.

This study suggests that the most urgent task in taking prompt and successful policy responses is to revamp the administrative capability of the government agencies concerned. As part of that effort, metropolitan governments and smaller local governments should be equipped with adequate units and human resources in charge of implementing policy delivery at both the central and local government levels. Local governments will also have to build up their capacities to implement policy responses that are socioeconomically workable.

Another important point this study is making is that because most of the responsibilities of caring for the elderly are shifted to the family is due largely to the malfunctioning of local communities, much has to be done to reinvigorate local communities. The importance of public relations must be more widely recognized, because policy responses to aging and low fertility are mid-to-long-term projects that require consistency, sustainability and, above all, public support.
Major Issues in and Policy Responses to Korea’s Low Fertility and Aging Population

Despite the issue of low fertility and population ageing has attracted increasing attention in Korean society, fertility trends have shown no signs of reversing. Posting the total fertility rate of 1.08 in 2005, the birthrate rose slightly in two succeeding years. However, there are signs that the recent economic recession is further decreasing the birth rate. Due to the recent recession, young people are delaying marriage while married couples avoid or postpone having children. Moreover, considering that the proportion of Korean population aged 65 and over has reached 10 percent in 2008, the society is expected to gradually experience problems that an aged society will bring about.

The government has already taken pre-emptive measures, particularly including the Basic Plan on Low Fertility and Aging Society1, to deal with problems associated with low fertility and population ageing. However, the Plan is at a critical juncture for the re-examination of its long-term direction since now is the time to establish the Second Plan.

Problems associated with low fertility and population aging are not restricted to a decline in the number of children or problems of the elderly, but low fertility and population aging cause various socio-economic problems as well. Problems arising from demographic imbalance have a negative influence on the society as a whole. Therefore, a nation’s future depends on how to respond to these challenges.

In this regard, this study has selected six issues that are important in addressing low fertility and population aging: labor market, economic growth and education policy for low fertility and utilization of the elderly labor force, elderly-friendly industry, and housing policy on population aging. In addition, strategies have been drawn up from a macro perspective rather than a micro perspective.

Among the key recommendations are the following. Since the difficulty of balancing work and family after childbirth due to tend to toward a small family or family breakdown, and a high cost of the reproduction of the labor force are impediment to childbirth, efforts are needed to reduce the cost of reproducing the labor force and strengthen family ties. Population policy must undergo qualitative changes, which focus on reducing the level of expenditures for the education of children and providing quality education to increase the productivity of next generations. Recognizing individual differences among the elderly individuals, elderly employment service needs to be more concerned about the quality, not the number, of jobs it provides. A comprehensive and systematic roadmap for elderly-friendly industry is necessary. Lastly, housing policy has to be strengthened in order to cater to the needs of elderly people.
A Study of a Model for Evaluating the Effectiveness of Policies on Low Fertility

The Korean Government has launched the First Basic Plan for Low Fertility and Aged Society (2006-2010) with a budget of around 20 trillion won. Since the Second Basic Plan will take effect from 2011 and a huge amount of investment has been made, the issue of how effective the related policies have been has attracted considerable attention. Nevertheless, few attempts have been made at evaluating the effectiveness of the policies, due mainly to the short period elapsed since the enforcement of the policies.

This study is an attempt to develop models for evaluating the effectiveness of the policies in response to low fertility, reviewing previous research cases, analysis on the structure and current status of the policies on low fertility, systematization of fertility related indicators, and comparative analysis on the level of policies among OECD countries. As a result, several models were developed to measure the effectiveness of the policies, based on the logical model established for the casualty between policy and fertility. Such models approved, through simulations, to be adequate for and applicable to evaluate the effectiveness of the policies in response to low fertility.

Policy Direction for the Utilization of Women’s Human Capital in a Low-Fertility and Aging Society

Low fertility and population aging not only reduce the productive working population but also decrease the productivity of labor, leading to declines in the economy’s competitive power. Previous studies show that women’s participation in the labor force is low because of the burden of child care, domestic affairs, the conservative environment. Also, women have invested less than men in human capital. This study examines how women’s human capital has been utilized and analyzes problems involved. This study then draws policy suggestions for the utilization of women’s human capital in order to create growth engines for a rapidly aging Korea.

This study examines macro data released by the Korea National Statistical Office and shows women’s educational attainment, attitudes towards investment in human capital, and characteristics, both quantitative and qualitative, of labor force participation. This study also analyzes data from KlaWIF (Korean Longitudinal Survey of Women and Family) and examines factors related to women’s labor activities. Especially this study uses traditional human capital models to see how the quality and quantity of education and training affect income and labor activities of women.

The results of this study shows that women who have high education show high level of income. Especially, women who have special education closed related to job are more likely to have high level of income. The women who get the education which is competitive in the future society such as high-tech information are more likely to have high income and regular job. It indicates that if women get out of traditional fields and enter into fields which are play an important roles in the future society, they may get high level of income and work at stable working condition. If the relevant education is invested for women, they would be paid regardless of their social background. It emphasizes the importance of the investment for women’s human capital.

Of course, the difficulty of balancing family and work and discrimination for women in labor market are the obstacles for the utilization of women’s human capital.
capital in Korea. Besides these environmental factors the women’s choice which chooses uncompetitive major for the education and accumulates unpopular skills for the labor market may be the important reason for the low utilization of women’s human capital.

In order to increase women’s labor participation it is important to give incentives and pay for their investment for education. It is important for women to realize the labor market participation is the way to return to society what they get from education. The Korean government should provide opportunities to the women for developing their talent and removing the obstacles when they invest in their human capital and participate in the labor market.
Foundation-building for improvement in the quality of life of the elderly.

- Analysis of the Multifaceted Structure of Old Age Inequality
- A Study on the Improvement of Long-Term Care System for the Elderly
- A Study of Development of Community-Based Health and Social Service System Model to Maintain Independence of Activities of Daily Living for Older People in Rural Area
  - Focused on Madrid International Plan of Action on Ageing –
- On the Efficient Use of Human and Real Estate Resources for Elderly Life
Analysis of the Multifaceted Structure of Old age Inequality

So-Chung Lee · Kyunghee Chung

The elderly as a proportion of the Korean population has risen to 10% and is still on the increase at an unprecedented pace. Moreover, the average life expectancy of Koreans is expected to reach 78.2 years for men and 84.4 years for women in by the year 2020. Not only do these figures indicate that the proportion of elderly population is growing but also the welfare or lack thereof, of older people is becoming more of a national concern. It is in such aspect that the intra-generational inequality of older people gains significance. Until now, the problem of inequality among older people had only minor effect on the integration of society, but in the coming years, it is expected to bring greater consequences.

However, previous studies on the inequality of older people has two limitations, First, most of them were focused on the problem of poverty, not inequality, Second, most of them addressed inequality in terms of income inequality. But sociological theories suggest that inequality has multiple dimensions including consumption inequality, social network inequality and health inequality. These various aspects of inequality become more important when analyzing the inequality of older people because income stops playing a major role during old age. Thus, this study analyzes the structure of intra-generational inequality among older people in terms of income, consumption, social network and health in order to draw significant policy implications for elderly wellbeing.

A Study on the Improvement of Long-Term Care System for the Elderly

Duk Sunwoo

This report was written to review the current LTC system for the elderly in Korea and to reconstruct the desirable scheme from a practical perspective of long-term sustainability. This report contains basic conceptions (for example, the scope of beneficiary or services, delivery procedure, infrastructures and funding methods etc.) of LTC, re-analysis of beneficiary recognition system, service support system and cost-remuneration system, besides community-based health and social service system.

Policy suggestions for the current system of long-term care for the elderly are as follows,

Firstly, service delivery system should be improved towards strengthening the remaining functional ability of disabled people or complementing their lost functions, For mildly disabled persons, social support should be delivered in a way to help them stand on their own feet.

Secondly, it is necessary to simplify beneficiary recognition procedure of deciding the status of functional ability and to specialize an assessment team of physicians, nurses, and social workers.

Thirdly, it is necessary to improve the contents of the standard care plan sheet toward applying compulsorily to public medicare beneficiaries in order to control the needless quantity of LTC services. This is because public medicare beneficiaries have no co-payment in receiving LTC services and therefore are not cost-conscious.

Fourthly, it is necessary to remunerate suppliers for their costs in consideration of level of beneficiary’s status, This is because beneficiaries with behaviour problems or dementia are harder to care than with any other cases,

Fifthly, it is necessary to control new entry into a scheme in advance to maintain a proper number of beneficiaries. Health promotion services and social activities for the elderly should be prepared in public.
health center or adult day senior center (tentative) as a program for preventing functional disability.

Finally, local governments should, with budgetary support from the central government, implement a variety of programs to prevent people’s functional disabilities.

A Study of Development of Community-Based Health and Social Service System Model to Maintain Independence of Activities of Daily Living for Older People in Rural Area

With the implementation of the National Long-Term Care Insurance from July this year, the issue of how to finance LT-CI is being raised. This study is intended to develop a coordinated health and social service model to maintain physical and cognitive function for independent living abilities as long as possible in aging rural areas.

While aged inhabitants in rural areas have much difficulty in ADL & IADL or in the risk of low cognitive ability or depression, they do not receive proper necessary services because of the shortage of welfare infrastructures or fragmental service delivery system. Therefore, policy issues are as follows. Firstly, the public community health care institution-center network system is necessary to be constructed, comprising of community welfare service institution and NGOs. Each institution delivers health promotion (for example, exercise or nutrition), personal and domestic services on the ground of continuum of care methods. Secondly, service coordination is necessary in community settings.

Focused on Madrid International Plan of Action on Ageing

Kyunhee Chung - So-Chung Lee

From increasing social and policy concerns on the aging population, the government of Korea in September 2005 enacted Basic Law on Low Fertility and Aged Society Policy. Furthermore, based on the law, "Plan for a Low Fertility and Aging Society" is established both at central and local levels every five years, the Implementation of the plans of central government and local governments are evaluated annually. However, these attempts consist mainly of the examination of national situations and lack international perspective. Therefore, this study aims to review current policies regarding population ageing from an international perspective, The Madrid International Plan of Action on Ageing (MIPAA) is the point of reference.

This study consists of five parts, The first part reviews MIPAA and guidelines for the national implementation of MIPAA. The second part examines regional strategies for the implementation of MIPAA. The implementation strategies of UNECE and those of UNESCAP are compared. The third part reviews the policy concerns of WHO and ILO regarding population ageing. Also, suggested research agendas regarding MIPAA and indicators to monitor and evaluate the implementation situation of each country are studied. In the fourth and last part, reviews of the implementation of MIPAA in Korea in terms of policy and academic areas are conducted and implications are suggested.

On the Efficient Use of Human and Real Estate Resources for Elderly Life

Soo-Bong Kim
External expert - Jin soo Kim

This research focuses on the maximization of the life-cycle income. The uncertainty of the elderly life will be increased because of the change of the labor market environment and reduction of the pension amount as a result of the pension reform.

In our pension systems the worker must stay for the sufficient pension in the labor market as long as possible. When an older worker suddenly retires without sufficient financial means, he and his family are likely to be in economic difficulties. Moreover, if the older worker has little chance of re-employment, he and the family may fall in long-term unemployment and then poor groups.

Introducing of the progressive retirement schemes for older worker could pass gradually to partial work and get partial income guarantee to complete wage income loss. Part-time work may be an alternative job-sharing between the young and older generations and even care for elderly parents. Gradual retirement and postponement of retirement will help solve the financial problem of the pension schemes in the long run and improve post-retirement living standards.

Severance pay can be used an alternatives of the wage loss in partial work. Before long retirement annuity systems will be fixed in multi-pillar income security systems, then elderly worker enjoy the part time job without getting reduced public pension benefits.

This report investigates also how housing equity and real estate contribute to secure the income of the elderly. To this end, I used the concept of a reverse annuity mortgages as the mechanism for the conversion of housing equity and another real estate into cash-flow. Current reverse mortgage restricts house of 'Housing Act' and moreover couple are 65 years old. Then the most aged in rural area cannot use this mortgage systems, because they have the rice field, orchard and small house. Finally the reverse
annuity mortgage will be expand the coverage -
objects and age - income security for the aged,
Establishment and achievement of social welfare panel surveys

- Third Wave Korea Welfare Panel Study
  - Descriptive Report –

- A Report on Korea Health Panel Pilot Survey

- A Report on the Procedure of Korea Health Panel Survey
Third Wave Korea Welfare Panel Study

- Descriptive Report -

MeeGon Kim · Chang-Kyoon Son · Eugene Yeo

Social welfare policy should cope flexibly with changes of people's economic situation, consumption, sense of values, poverty and actual conditions of income distribution. However, there is a limit to cross-sectional surveys to analyze the socioeconomic dynamics due to age and cohort effects.

Allowing for this limit, the Korea Institute for Health and Social Affairs and Seoul National University began Korea Welfare Panel Study in 2006 and established 7,072 households originally sampled at the first wave year. Questionnaires of this survey comprise three parts which are for households, members aged 15 and over belonging to households, and special topics (supplements). Household samples also consist of two groups, which are 3,500 households under 60% of median income and 3,500 households over 60% of that. The attrition rate of the third wave survey carried out in 2008 compared to first wave in 2006 is 13%, which is the lowest rate out of many panel surveys home and abroad.

We have plan to publish the result of this survey through three kinds of report. One is descriptive report about the actual condition of samples, another is in-depth analysis report, and the third is a report of papers for a conference. This report corresponds to the first.

This descriptive report provides a wide variety of contents about the general, economic conditions, circumstances, employment, social security, welfare needs and understanding of welfare which is the special topic on the third wave. Our results are very analogous to other cross-sectional surveys, such as 'Population and Housing Census', 'Household Income and Expenditure Survey' and 'Economically Active Population Census' and this means Korea Welfare Panel survey is very reliable.

A Report on Korea Health Panel Pilot Survey

Young-Ho Jung · Chang-Kyoon Son

The objectives of this pilot study are to:
- evaluate the questionnaires and examine the results of the pilot survey
- reconsider strategies related to the response rates, interview time and item accuracy
- establish the practical considerations and recommendations for efficient and effective survey

The first pilot survey was conducted from 14 June to 15 July 2007 (1st round) and from 2 to 19 Oct. (2nd round) for the 398 selected households which are located in Seoul, Kyeonggi-do, and Chungchong-do. This survey involved that the general characteristics of households, the level of receipt collection with medical utilizations, the problems on writing the health diary, and appropriate level for compensation.

During 18 July 2007 to 21 Sep, 2007 for the 866 interview-based households the second pilot study was conducted. This survey was designed to examine the respondents' understanding of survey contents, which include demographics, economic activities, household income, private health insurance, social network, health status, expenditures for health services, sources of payment and so on.

From this pilot study, we derived strategies for efficient and effective 'Korea Health Panel Survey' process,
A Report on the Procedure of Korea Health Panel Survey

Young-Ho Jung

The Korea Healthcare Panel (KHP) is a nationally representative, longitudinal study that examine dynamic influences on the use and expenditures of healthcare services. The KHP is conducted by a consortium of the Korea Institute for Health and Social Affairs (KIHASA) and the National Health Insurance Corporation (NHIC).

The objectives of KHP are to:
- provide decision makers with timely national estimates of healthcare utilizations and expenditures, and;
- collect information about factors influencing health outcomes and healthcare use in order to identify, model, and forecast the impact of changes in policy.

This survey covered a broad range of topics including healthcare expenditures, private health insurance coverage and costs, source of payment, health status, use of prescribed medicines, employment, income, housing, and individual and household demographics. Through pre-contact interviews, the respondents were required to record the health events diary provided. 7,000-8,000 households were designed by stratified sampling and selected from 2005 Census sample frame, which is representative of the Korean population. The response rate of the KHP was 86.2% (n=7,768 households).
Other Research Activities
### 2008 Entrusted Research Projects

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**Policy Report 2008-29**  Improving the Basic Social Security System: Housing Benefits  
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Policy Report 2008-75 A Study of the Employment Potential of the Third Sector

Health and Social Welfare Review
an academic journal open to submissions written in English and Korean, is published twice a year.

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2 A Study on the Factor for Evaluating the Usability of the Special Public Portal Site and Its Increase: e−Welfare Portal Site Kyun Jick Lee
3 Social Consensus in the Process of Pension Reform in Canada Thomas Klassen
4 The Demand and Supply for Registered Nurses in Korea and Policy Recommendations Young−ho Oh
5 A Study of the Enactment of National Basic Livelihood Security Act in Korea: with Special References to the Role of NGOJ Jin Young Moon

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6 Effective Coverage of Selected Health Services in Korea : Pop− smear Screening, Hypertension, and Arthritis control Housung Shin Jeesuk Jeong Soomin Huh
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8 A Study on the Projection of Long−Term Care for the Disabled in Korea Hee Sang Yoon Sook Kyung Lee
9 Analysing Disability Discourse through the Process of Enactment of Disability Discrimination Act in Korea Minhee Kang
# KIHASA Periodicals

## Health – Welfare Policy Forum

is a monthly designed to share with readers the latest findings from KIHASA’s current research projects.

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- A Strategy for Child and Adolescent Health Promotion: Nutrition, Overweight and Obesity
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- An Overview of Korea Health Panel Survey - Contents and Method
Conferences and Forums in 2008

International Conferences in 2008

- International Seminar on consumer organizations’ activities on food safety issues 2008.2.21
- International symposium on fighting old-age poverty 2008.07.16 ~ 2008.07.17

Forums in 2008

- POVERTY FORUM4
  - 1st (May 29, 2008)
    - National basic livelihood security system: 2007 Monitoring and evaluation (Taewan Kim)
    - A study on factors affecting dropouts from rehabilitation programs (Taekyun Yoo and Kyunghui Kim)
  - 2nd (June 27, 2008)
    - Concepts and history of social rights and its measurement (Jinyoung Moon and Jinwook Kim)
  - 3rd (August 29, 2008)
    - A study on the effectiveness of cognitive capability improvement services for children (Bongyou Lee)
  - 4th (December 19, 2008)
    - Analysis on pension resource allocation by sex (Jaeeun Seok)

- SOCIAL FINANCE FORUM4
  - 1ST (May 14, 2008)
    - Evaluation of social finance: selection of target programs
  - 2nd
    - Consultation with local government officials for the effective selection of target programs for evaluation of social finance
  - 3rd (September 18, 2008)
    - Long-term valuation of healthcare expenditure
  - 4th (October 13, 2008)
    - Evaluation of the effectiveness of social welfare services: with focus on the application of DEA and its interpretation
HEALTH PROMOTION POLICY FORUM

1st (January 7, 2008)
- Assessment of health promotion policies in Korea and ways to secure health promotion funds

2nd (March 6, 2008)
- Strategies for the provision of health promotion services in Korea and ways to distribute roles between public and private sectors

3rd (April 17, 2008)
- Improvement plans for health promotion policies through inter-sectoral collaboration

CONVENTION ON THE RIGHTS OF THE CHILD FORUM

1st (January 25, 2008)
- Improvement plans for "restriction of parental rights" to protect the rights of victims of child abuse

BASIC SECURITY MONITORING FORUM

1st
- Gender-based evaluation of basic security system

2nd
- Basic security system: labor capability appraisal and its management

3rd
- Evaluation of the effectiveness of rehabilitation programs

4th
- Estimated income and labor incentive
KIHASA
the present condition

- History
- Vision & Mission
- Organization
- Research Divisions and Staff
- Library and Publications
- Kihasa Websites
- Outreach and Cooperation in Research
Objective

KIHASA strives to contribute to the establishment of national long and short-term health care and social welfare policies by conducting systematic research and evaluation as well as activities to gather public opinion and increase awareness on policy tasks related to health care, national pension, health insurance, social welfare and social policy.

Historical Development of KIHASA

- 1989.01.29 Transferred on January 29, 1989 to the Office of State Affairs pursuant to the Law on the Establishment, Operation and Promotion of State-Sponsored Organizations (Law 5739).
- 1989.12.30 Korea Institute for Health and Social Affairs (KIHASA). The former KIFH was renamed KIHASA on December 30, 1989 (Law 4189) with its additional function of research in social security.
- 1981.07.01 Korea Institute for Population and Health (KIFPH), formed through the merger of KIFP and KHD (Act 3417) on July 1, 1981.
- 1976.04.19 Korea Health Development Institute (KHDI), established on April 19, 1976 (Law 2857).
- 1971.07.01 Korea Institute for Family Planning (KIFP), established on July 1, 1971 (Law 2270).

Functions

- Evaluate national systems related to health care, national pension, health insurance, social welfare and population, and develop policies
- Conduct national household surveys to help develop and establish policies related to health care and social welfare
- Formulate mid and long-term development plans for health care and social welfare
- Support government policy committees on health care and social welfare
- Collect public opinion on major policy tasks related to health care and social welfare
- Conduct joint research projects and active information exchange programs with domestic and international organizations related to health care and social welfare
- Provide education and training on health care and social welfare
- Undertake many other works necessary to achieve the objective of KIHASA.

Our Vision

We will continue to contribute our knowledge and professionalism to the making of good policy and, in so doing, assure our future place as a go-to hub for social policy research across the country and beyond.

Our Mission

KIHASA is premised on the belief that robust research evidence will lead to better policy decisions and, ultimately, to improved living conditions for people. As such, KIHASA pursues the two-fold remit of providing empirical and analytical bases for short-and long-term policymaking in health and welfare and facilitating the public’s understanding of policy issues that concern them.

Our Culture

The sense of quality runs deep in us.

Otherwise is unthinkable, given that our work, every bit of it, concerns the quality of life of people. KIHASA has in place an inclusive process for ensuring the quality of every project it undertakes. The process starts even before the birth of a project and lasts until it culminates in publication. Stepwise peer reviews that involve both in–house and outside reviewers are a facet of KIHASA’s quality-oriented culture where all its researchers consider objectivity and analytic rigor de rigueur for every research project.

In our teamwork, another common fiber that runs through KIHASA, fresh ideas bud, blend, and burgeon into rounded–out analyses.

KIHASA researchers come from a wide breadth of backgrounds, from economics to the humanities, each ready to fill the bill. Formed on a project basis and as needed, each team here is less a showcase for individual researchers to go through their paces than a venue for them to collaborate with one another toward an aggregate goal. In our cooperative teamwork, we listen to, learn from, and spur each other.
Introducing the new KIHASA logo

MEANING

The bold and stable ‘KIHASA’ wordmark represents the robust research foundation of KIHASA as a government-run policy research institute. The letter ‘T’, symbolizing both a human being and the number 1, reflects KIHASA’s strong determination to become the best as a research institute as well as to build on people-centered research.

Letter ‘T’: people-centeredness, leadership, supremacy
White: future-orientedness, challenge, passion, dynamism
Arrows in letter ‘K’ and ‘A’: challenge, progressive spirit, energy

‘KIHASA Dark Blue’ and ‘KIHASA Light Blue,’ with a sense of stability and trust, signify KIHASA’s intention to get closer to the members of the society and its responsibility to the society as a social policy research institute.

WORDMARK

The KIHASA wordmark is a representative symbol of KIHASA and a core element of its new logo. Voluntary modification of the mark and its colors is forbidden.

LOGO TYPE

Korean logo type
English logo type
Chinese logo type

Grid system

Research Divisions

- Health Policy Research Division

The primary aim of the division is to improve both the qualitative and quantitative aspects of the current health care system and facilitate integrated delivery of health care services. For this, researchers look into the characteristics of people with complex and chronic health care needs and ways to increase the efficiency in the allocation of workforce and resources for the enhancement of community health care. How to raise the financial sustainability of health care is also one of the thematic issues that the division delves into. Another focus is on improving access of socially vulnerable populations to health services and reducing health disparities by socioeconomic factors. The division also works to improve pharmaceutical policy by closely examining the economic impact that the market entrance of new drugs has on people’s health care use and national health expenditure.

- Core research staff

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<tr>
<th>Name</th>
<th>Position</th>
<th>Research Field</th>
<th>Institution</th>
<th>Email</th>
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<tbody>
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</table>
Research Divisions

- **Health Promotion Research Division**

The goal of the division is to increase people’s health promotion practice and improve food and nutrition policy. The work here includes studying policy strategies to reduce and prevent health risk behaviors and to promote healthy behaviors in a multifaceted way. The division is responsible for evaluating policies, programs and interventions designed to encourage people’s health behavior with respect in particular to smoking cessation and obesity prevention. Research and national surveys into food safety and nutrition issues are also part and parcel of its work.

- **Core research staff**

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<thead>
<tr>
<th>Name</th>
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</tr>
</tbody>
</table>

- **Social Insurance Research Division**

The division’s quest is for a new social insurance architecture where the country’s pension and health insurance schemes will be more sustainable and efficient than they are now. Here the work is about developing concrete proposals for the reform of social insurance programs in a way to arrive at cost–effective solutions to the multilayered problems created by our aging population and rapid socioeconomic changes. Every solution that the division proposes is drawn up in a way to fit the context of the national economy. The effect of social welfare spending on poverty reduction and economic growth is another research theme that interests the division.

- **Core research staff**

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<thead>
<tr>
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</tbody>
</table>
Research Divisions

- Basic Social Security Research Division

Government policies that improve the lives of low-income families are a central concern to the division. In addition to working on ways to make public assistance more equitable and efficient, the division explores ways of helping socially vulnerable groups become self-sufficient. Factors responsible for entry into poverty and exit therefrom have been of particular research interest. The role of cash assistance and of other public assistance modalities as means of poverty reduction is also a subject that researchers here are keen to explore. Other responsibilities of the division include the monitoring, evaluating and studying the delivery of the National Basic Living Security.

- Core research staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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</table>

- Welfare Service Research Division

The division works on a wide range of policy issues. Here researchers conduct policy assessments, program evaluations, and research studies concerning the welfare needs of vulnerable children, families, and the disabled. Also, the division is at work to find policy options to relieve family caregivers’ burden, safeguard children’s rights and help underprivileged children break the cycle of poverty. The National Welfare Information Center, housed in the division, is aimed at increasing the public’s knowledge about welfare issues and policies.

- Core research staff

<table>
<thead>
<tr>
<th>Name</th>
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</table>
# Research Divisions

## Aging and Low-fertility Research Division

Proper policy responses to population aging require research efforts on a grand scale. Here, work includes demographic forecasting and exploring socioeconomic implications of low fertility and aging. This is a way to understand how an aging population affects work, family, and social networks, and how the delivery of long-term care services and government support should be provided. The division also puts its utmost into finding ways to develop the socioeconomic structures that are conducive to taking advantage of the opportunities underlying an aging society.

## Core research staff

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## Health and Welfare Statistics Division

Drawing on highly sophisticated survey methods, the Division produces reliable statistics and indicators on national health and welfare status, and provides them to a wide variety of stakeholders including the government, decision-makers, the academia, international organizations, and the public. The division is also continuing to work with statistical institutions from home and abroad on ways to improve the management of health and welfare statistics. A prominent example in this regard is the effort it exerts to manage panel surveys and other surveys in an integrated manner, with a view to raising the quality of both surveys and research. To better the understanding of people on their health and welfare situations, the division is at work to establish a system of survey data delivery for the public. In addition, it actively supports, with its wide-ranging databases, not only in-house projects, but also those conducted by outside researchers and organizations.

## Core research staff

<table>
<thead>
<tr>
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The contents of the document have been naturally extracted and represented in plain text format.
Library

KIHASA’s library holds a large collection of professional publications and academic journals on health care, social welfare, social security, population and family planning. It maintains nearly 50,000 volumes of monographs, research papers, dissertations, and conference proceedings, and a collection of over 750 periodicals in 25,000 volumes and 300 CD-ROM titles. The library also provides a database of more than 9,000 journals. The library is open to the public, 9am to 6pm, Monday to Friday, by appointment. Visitors may make reference use of the library holdings and have online access to articles in the database collection.

For appointment and help:
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Publications

KIHASA produces over 200 publications yearly in a variety formats. They cover the gamut of social policy issues that require consideration and solutions.

- Research Reports serve as a contribution to the state of knowledge. Their forte is that they are theoretically-grounded and methodologically rigorous. They define problems and present the findings to academics, the research community, and policymakers, helping them see issues from multiple perspectives.
- Intended to contribute to informed decision making, Policy Reports explore current policy issues and provide analyses and solutions that are highly specific to the needs of policymakers and lawmakers.
- Slim in form and pithy in substance, Working Papers highlight the development, key findings of work in progress.

- Periodicals

- Health and Social Welfare Review, an academic journal open to submissions written in English and Korean, is published twice a year.
- Health and Welfare Forum is a monthly designed to share with readers the latest findings from KIHASA’s current research projects.
- International Social Security Today is a quarterly covering latest development in social insurance and public assistance on the global scene.

KIHASA Websites

KIHASA website provides access to the full text of KIHASA publications, including periodicals. In addition, you can receive weekly KIHASA Newsletter by signing up to join the KIHASA’s mailing list through our website.

Management Center for Health Promotion (http://mchp.hp.go.kr) : Established with the aim of enhancing the efficiency of National Health Promotion Fund, the management center, composed of experts in public health and health promotion, provides support for health promotion policy–making and conducts the assessment of national health promotion projects.

Health Guide (http://www.hp.go.kr) : Health Guide provides a wealth of most updated health information. Topics on the Health Guide cover virtually every conceivable aspect of today’s healthcare in Korea, including disease prevention strategies, drug information, and hospital administration. Also, this is an excellent storehouse of health statistics and education materials, newspaper and broadcast reports, professional views, research outcomes, webineers, self–diagnosis tools, and question-and-answer services.

Geumyeon Gillajabi (http://nosmokeguide.or.kr) : Korea’s high rate of smokers put the health of many of its people in jeopardy, which called for an effort to implement a national smoking cessation program. An integral part of this effort was the establishment in 2001 of the portal site Geumyeon Gillajabi. A rich wellspring of smoking cessation information, Geumyeon Gillajabi features, to cite just a few among many others, virtual smoking cessation classes for different groups of smokers, e–counseling, professional columns, and no-smoking website.

Healthpark (http://www.healthpark.or.kr) : The Internet has made it easier and faster to find health information; but the flipside of such convenience is that much of Internet information is unreliable and misleading at best. Healthpark is a trusted website where users can find to-the-point and reliable health information without having to surf through many sites.

National e–Welfare System (http://www.e–welfare.go.kr) : Commissioned by the Ministry of Health, Welfare and Family Affairs and run by the National Welfare Information Center of KIHASA, the National e–Welfare System provides information on the availability of local welfare facilities and programs, welfare information for different age groups, and latest news on social welfare.
Outreach and Collaboration in Research

We take the outreach of our research seriously. It is because our work is not only for our clients, but for the public as a whole, the ultimate “end-users.” Making the work we do known to the public is integral in translating it into policy and practice. We want our reports to be occasions for increasing the public’s knowledge base concerning issues that concern them. Going beyond merely publishing our work for an audience of clients and peers, we sponsor and hold policy forums and hearings on a regular basis to exchange ideas and facilitate a better public understanding of our work and government policies. Also, our researchers frequently contribute op-ed articles to major newspapers and disseminate their research findings via media comments, lectures, and interviews.

Further, KIHASA has actively promoted and engaged in joint research projects with a broad range of research organizations and academic communities from around the world, sharing and exchanging ideas, experience and knowledge. Our recent research partners include: East–West Center (EWC), Hawaii; United Nations Population Fund (UNFPA); International Social Security Association (ISSA); National Institute of Population and Social Security Research (NIPSSR), Japan; National Institute of Public Health (NIPH), Japan; Taiwan Provincial Institute of Family Planning (TPIFP); World Health Organization (WHO); the World Bank (IBRD); the OECD; the Institute of Population and Labor Economics, Chinese Academy of Social Sciences, China; Population Research Center, University of Texas at Austin; National Opinion Research Center, University of Chicago; and UCLA Center for Health Policy Research.

KIHASA is strongly committed to forging research partnerships and collaborations that strengthens our prominence on the world stage. We go on helping policymaking and advancing knowledge.
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<td></td>
<td>Eunjeong Kang (Associate Research Fellow)</td>
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<td>Yoon-Jeong Shin (Associate Research Fellow)</td>
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<td>Secretaries</td>
<td>Soseon Kang (Senior Specialist)</td>
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