In 2009, KIHASA produced 69 research papers and 109 policy papers, seeking to advance its role as a social policy think tank in helping guide health and welfare policies in Korea. Aiming for developing health and welfare policies in line with the national agenda of active welfare, our multi-faceted research was focused on a range of topics, including foundations for lifetime welfare, customized welfare, welfare through work, and efficient health welfare system management.

The global economic crisis triggered in 2008 spread social unrest across the country and a variety of economic measures in every level of government was taken to stabilize the society. However, it was agreed early on that, for the government to achieve social stability, it needed to turn their attention to social integration along with economic recovery. KIHASA has contributed to the development of policies for social integration by providing long-term vision and direction of health and welfare policies, through its research on the establishment of solid welfare policy for the vulnerable, advancement of the response system to the aging society with low fertility, social risk factor control for the people’s health and safety, and the establishment of the future-oriented health welfare policies geared up for social changes.

As a policy research institute, our research efforts have been concentrated on practical aspects of policy-making. We also spared no effort to deliver our results in a timely manner as demanded by the inherent characteristics of policy research, which should be able to respond to current issues and challenges. For that matter, we have
widened a channel through which to provide interim reports of ongoing research to policy makers as needs arise.

Our research is based on solid analytical foundations. Suggesting ‘what should be done’ is valid only when based on thorough analysis of evidence. KIHASA prides itself on its excellent statistical competence, which has given us edge over other institutes in social policy research. We published English working papers on some important research results to share our knowledge and experience with the global audience. In all this, we put emphasis on quality than quantity.

There is a Chinese poem I would like to share with you, which was composed by Professor Kim Choong Yeol from Korea University. He wrote this when he finished his book on his 60-year research into Daodejing, a magnum opus of an ancient Chinese philosopher:

箭分千古謎 Bamboo slips excavated from an ancient tomb of the Chinese state of Chu solved an immortal riddle,
帛説居間情 Laozi’s Daodejing (A magnum opus of an ancient Chinese philosopher Laozi) tells us stories of ancient days,
諸譯漫遺結 Numberless commentaries have made more knots than untied them
誰除使得乎 Who could reveal them as they truly are
老蠶殘燭夜 An old silkworm, deep into the silent night, as the candle light flickering out
吐盡夢方清 Having spun all the cocoons, finally feels relieved of the load, even in his dream.

Research can be a lonely and arduous journey, looking for a ray of light in pitch-black darkness. At the end of the journey, one feels the weight off his mind, putting a refreshing end to the hard work of unveiling the truth.

We are pleased to present the Annual Report 2009, the cream of strenuous efforts put together by our researchers. We cannot escape the feeling that there is still more that could have been done. We will carry this feeling forward as our debt to the society as we continue our journey, sparing no effort in helping build a healthy welfare state.

Had it not been for many helping hands from health welfare policy experts and practitioners, this annual report would not have seen the light. I am also deeply grateful to our KIHASA family for their hard work in the writing and editing of the report.

March, 2010

Yongha Kim
President, Korea Institute for Health and Social Affairs
## Message from the President

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## I. About KIHASA

- Objective
- Historical Development of KIHASA
- Functions
- Organization
- Vision & Mission
- Research Divisions and Staff
- Library and Publications
- KIHASA Websites
- Outreach and Cooperation in Research

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## II. 2009 Research Projects

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<td>Enhancing Preventive Health Promotion System</td>
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<td>Increasing Efficiency of Social Insurance and System Improvement</td>
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<td>Establishing Health Welfare Related Panels and Outcomes</td>
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## III. Other Research Activities

- 2009 Commissioned Research Projects
- KIHASA Periodicals
- International Conferences, 2009
About KIHASA

- Objective
- Historical Development of KIHASA
- Functions
- Organization
- Vision & Mission
- Research Divisions and Staff
- Library and Publications
- KIHASA Websites
- Outreach and Cooperation in Research
I. About KIHASA

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

1999.01.29 Transferred on January 29, 1999 to the Office of State Affairs Coordination pursuant to the Law on the Establishment, Operation and Promotion of State-Sponsored Organizations (Law 5733).

1989.12.30 Korea Institute for Health and Social Affairs (KIHASA). The former KIPH was renamed KIHASA on December 30, 1989 (Law 4181) with its additional function of research in social security.

1981.07.01 Korea Institute for Population and Health (KIPH), formed through the merger of KIFP and KHDI (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
- Conduct specific research and development projects commissioned by government, public and private organizations, home and abroad
- 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.
I. About KIHASA

Organization

President

Auditor

Audit Team

Management Center for Health Promotion

(Subsidiary) Korea Institute of Child Care and Education

Research Advisory Board

Research Planning and Coordination Division

Health Policy Research Division

Health Promotion Research Division

Social Insurance Research Division

Basic Social Security Research Division

Welfare Service Research Division

Low Fertility and Aging Society Research Division

Health and Welfare Statistics Division

Management Support Division

KIHASA Staff

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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

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Research Area</th>
<th>E-mail</th>
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</thead>
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</tr>
<tr>
<td></td>
<td></td>
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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 divisions 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

<table>
<thead>
<tr>
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</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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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 of the delivery of the National Basic Living Security.

- Core research staff

<table>
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<tr>
<td>Taejin Lee</td>
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<td></td>
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<td>Fellow Poverty and Inequality</td>
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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>
<th>Position</th>
<th>Research Area</th>
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<td>Yong Chan Byun</td>
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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**

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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:
Phone: 02-380-8229 E-mail: library@kihasa.re.kr

KiHAsA produces over 200 publications yearly in a variety of 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.

The list of publications is available upon individual request.

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.
- *Health Welfare Issue & Focus*, a weekly serving policy-makers and end-users by identifying and discussing major current issues in health and welfare.
KIHASA Websites

- **KIHASA website** (http://www.kihasa.re.kr): provides access to the full text of KIHASA publications, including periodicals. In addition, you can receive weekly KIHASA Webzine and monthly KIHASA e-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, webzines, 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 Gillabajifeatures, to cite just a few among many others, virtual smoking cessation classes for different groups of smokers, e-counseling, professional columns, and no-smoking webzine.

- **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 one site after another.
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 policy-making and advancing knowledge.
2009 Research Projects

- Efficient Management of Healthcare System and Supply Optimization
- Enhancing Preventive Health Promotion System
- Increasing Efficiency of Social Insurance and System Improvement
- Sustainable Social Finance and Effectiveness Evaluation
- Evaluation of Basic Living Security and Finding Alternatives
- Social Services Study for Pursuing Evidence Based Policies
- Establishing Response System to Low Fertility and Aging Society
- Enhancing Health Welfare Statistical Information System Foundation
- Establishing Health Welfare related Panels and Outcomes
2009 Research Projects

Efficient Management of Healthcare System and Supply Optimization

- Studies on Lifetime Medical Expenditures(I)
- A study for Unmet Health Care Need and Policy Implications
- Establishing an Integrated Health Delivery System
- The Demand and Supply of Major Medical Equipments and Policy Recommendations
- Ways to Improve Decision Making in Line with the Changing Health Technology
- Development and Management of Monitoring System to Improve the Efficiency of Health Care Resources Allocation
Studies on Lifetime Medical Expenditures (I)

Author | Young-Ho Jung, Ph.D
Co-author(s) | Sukja Ko

This study addresses three issues related on lifetime medical expenditures.

The first one is to estimate lifetime medical cost from birth to death (age 95). We have performed simulations 100,000 hypothetical cohort of men and women respectively. The results show that, on average, lifetime medical cost would amount to about 74,150 thousands Won for a man and 87,868 thousands Won for a woman. Half of lifetime medical cost would be spent after age of 64 for a man and 66 for woman, which gives important policy implications for preparing an ageing or aged society.

The second one is to estimate lifetime medical cost of cancer. In this case we have used a Markov model with 100,000 hypothetical cohort of men and women aged 30. The simulation gives us the following results; a man and woman aged 30 would be expected to pay 14,109 thousands and 10,513 thousands Won respectively during lifetime.

The third one is to estimate lifetime medical cost of smokers, non-smokers and ex-smokers focusing on cerebrovascular diseases. We find that lifetime medical costs for cerebrovascular diseases would be 29,818 thousands Won, 18,568 thousands Won and 21,536 thousands Won for smokers, never-smokers and ex-smokers,
A study for Unmet Health Care Need and Policy Implications

Author | Soonim Huh, Ph.D
Co-author(s) | MeeGon Kim, SueHyung Lee, SooJung Kim

This study investigated the relationship between reporting unmet health care needs in Korean publicly-funded health care system and socio-economic status, and explored whether there was differences among specific chronic conditions. Unmet health care need was identified as survey respondents’ perceptions of times they believed that they needed care but were unable to get it. This study examined unmet health care need at personal level and household level as well.

The 2005 Korea Health and Nutrition Survey, which included a single question about any unmet health care needs over the last year, and a measure of unmet medical needed keyed to the specific chronic conditions. In addition, a Research on the near-poor population included a question about unmet health care needs in household rather than personal level.

We constructed 3 measures of unmet need: general perceived unmet need (person and household level), unmet need for a specific chronic condition which was identified by medical professional(person level), and the amount that would meet unmet needs of household members.

Overall, 17.1% of respondents reported perceived unmet needs while about 12% at household level, People/household with low socio-economic status were more likely to have unmet health care needs across the 3 measures of unmet needs although condition- specific unmet needs presented less strong relationship compared with other measures.

Based on the findings, unmet needs pose a major challenge to the Korean health care system in terms of relief of financial burden for the low socio-economic status. Enhancing coverage of the National Health Insurance, in particular differential coverage according to economic status, would be a potential strategy.
Establishing an Integrated Health Delivery System: For Enhanced Quality and Effectiveness of Health Service

Author | Hosung Shin, Ph.D
Co-author(s) | EunJa Park, Chae Su Mi, SangYoung Lee, Chul Hwan Kim, Gwang Han Kim, MiYeong Hong

Care Coordination refers to care delivery system or service programs which involved multi-providers work in coordinated manner not only to improve care quality and patients satisfaction but also to use resources efficiently. The objectives of this study are to suggest a new primary care oriented coordination system based on the previous research evidence and data analyses.

For the purpose, the study analyzed patients’ perception and patients care utilization pattern using interview survey and 2004~2008 insurance claim data. To conclude, care coordination is limited and patient satisfaction is higher in the group which have the family doctor. We learn from OECD countries and study several care coordination model or schemes such as chronic care model, medical home model, and polyclinic.

Main characteristics of new system the study proposed, are as following. First, new scheme is based on the idea of patient centeredness. Patient-centeredness means to put priority on patients' perception, belief, value, and cultural background in making a decision of care service. Second, patients participated in the scheme have own a family doctor as a main service provider and care coordinator. Third, the scheme includes chronic disease management program as a part of care coordination. To efficient approaches, patient classification is needed based on case-mix. Fourth, the intergration of organizations would provide better seamless services because care fragmentation usually occurs in interface between the care organizations. Fifth, information technologies act on primary infrastructure, and shared patient information
would not only enhance the communication efficiency among service providers but also the effects of care coordination. Finally, carefully organized reimbursement plans for providers would increase the effectiveness of new scheme. For payments, a variety of method can be introduced including mixed payment with incentives, Paralleling with providers, recipient's incentive system also improve the participation rate and patients corporations,

Introducing a new system may be hampered by the obstacles from several stakeholders, especially providers' organization, Low level of care coordination would be a starting point, such as a family doctor for the chronic patients. Care coordination is getting a main policy issue for the health system performance improvement, First priority is the policy resolution for achieving the goals,
The Demand and Supply of Major Medical Equipments and Policy Recommendations

Author | Youngho Oh, Ph.D
Co-author(s) | JeongSoo Choi, NaniHee Yee

Need and Purpose of Research

A. Need

As medical technology advances, widespread distribution of medical tools and equipment has aided in the effective prevention, diagnosis, and treatment of chronic diseases. Diagnoses and treatment of once incurable diseases or diseases with unknown causes are now made possible with the advent of high-end medical technology, contributing to the healthy lives of people. From this perspective, we can anticipate an increase in correlation between the acquisition and utilization of high-end medical technology and the quality of health. Furthermore, as average income rates and demand for quality medical care increase, a significant increase in the utilization of high-end medical technology is also expected.

However, an increase in the utilization of high-end medical technology is not without problems, chiefly an increase in healthcare costs and challenges in the installation of such equipment. From a microscopic perspective, indiscriminate installation of high-end medical technology can lead to problems of increased administrative expenditures and over-diagnoses. On a macroscopic level, increased utilization of high-end medical technology will not only lead to increased healthcare costs for patients treated with said equipment, but also increase operational costs for medical facilities thereby increasing the probability of potential bankruptcies. Fees charged to patients for the use of high-end medical technology constitute a relatively large
portion of medical fees. Of the total healthcare cost of all the OECD member countries, medical technology usage fees make up for 45~55%.

The circumstances in Korea are not an exception. Government intervention in 1981 eased or abolished policies effectively deregulating the acquisition of high-end medical technology leading to microscopically and macroscopically negative consequences. With the sudden and rapid increase in the acquisition and utilization of high-end medical technology, in 2003 until present, the government has again called for policy changes and tightened regulations. Deregulation is considered a positive in the context of a free market economy; however, to adequately address issues of balanced and appropriate resource allocation, government regulation is required.

Accordingly, we need to be guarded about indiscriminate installation and diffusion of high-end medical technology and, as they have a direct influence on the health of patients, the safety and accuracy of medical technology must be strictly evaluated. The adequate supply and demand of high-end medical technology is one of the important public health issues we face today. Therefore, it is necessary to evaluate policies addressing the supply and demand and utilization of high-end medical technology.

B. Purpose

The specific purpose and goals of this research are as follows:

First, analyze the current trends and changes in the installation of high-end medical technology and project long-term supply and demand based on said analysis,

Second, investigate any imbalances in the distribution of high-end medical technology and quantify it and identify the causes of the imbalance,

Third, investigate the degree of awareness of policies regulating the installation of high-end medical technology and analyze the effect and influence of said regulations on the supply and demand of medical technology,

Fourth, review other countries’ regulatory policies regarding high-end medical technology and identify prescient points of interest relevant to our policies addressing effective management and utilization,

Last, suggest policy changes and amendments addressing the alleviation of distribution imbalances and effective utilization of high-end medical technology as well as suggest changes
in management and maintenance policies.

**Method and Content**

**A. Method**

**I. Review of Literature**

Methods to quantify the imbalance of distribution of high-end medical technology and models of supply and demand were established based on national and international literature on high-end medical technology. Reviewed other countries’ regulatory policies regarding high-end medical technology and identified prescient points of interest relevant to our policies addressing effective management and utilization.

**II. Data Analysis and Survey**

Data from the following institutes were used to analyze the current conditions and changing trends of high-end medical technology and to evaluate distribution imbalances: the National Statistics Office (2009), Research on the Actual Condition of National Public Health from the Korea Institute for Health and Social Affairs, Health Insurance Review Agency’s data on the actual conditions of medical treatment facilities, and the National Health Insurance Corporation’s patients’ medical utilization data (2008). The degree of awareness of policies regulating high-end medical technology will be evaluated based on interviews and surveys of representatives from relevant institutes such as the Ministry of Public Health, Korea Food and Drug Administration, cities and health centers.

**III. Models and Statistics**

Macroscopic data based Gini indices and regression analysis will be utilized to determine the distribution imbalance of high-end medical technology by city, district, and province. The Multinomial Logit Model and Ordinary Least Squares (OLS) will be used to analyze the causes of the imbalance by region. Curve Estimation and ARIMA models will be used to project supply and demand.

**IV. Literature Organization and Advisory Commission on Policy**
Issues not adequately covered by this research will be evaluated by organizing literature from public health experts; academic and specialist seminars; government and public health associations and evaluated through individual interviews, conferences, and workshops.

+ **Results**

**A. The Supply and Demand Imbalance of High-end Medical Technology Distribution**

I. Imbalance Analysis using GINI Index

A review of changing trends in the imbalance of major medical technologies and the Gini Index based on 2000 and 2006 statistics of 16 cities show that, with the exception of the CT, MRI, and Mammographs, the ESWL and RTE Gini indexes declined thereby alleviating regional imbalances in the distribution of medical technologies.

However, review of data from 248 counties show that the Gini indexes of all major medical technologies including the CT, MRI, Mammographs, ESWL, and RTE declined thereby improving the distribution imbalance, The Gini Indexes of primary care physicians and dentists in 2006 showed a slight increase from that of 2000 showing no impact on regional imbalances.

II. Imbalance Analysis using Linear Regression Analysis

An evaluation of the distribution imbalance of major medical technologies in 16 regions shows that Incheon, Daegu, and Choongnam show a CT shortage of over 20%; Incheon, Daegu, Choongnam, Daejon, and Kyongnam regions show a MRI shortage of over 20%, Areas with an over 20% shortage of Mammographs are Incheon and Daegu, while areas with an over 20% shortage of ESWL are Daegu and Daejon. The regions of Kyongnam, Kyongbuk, Incheon, Daejon, Daegu, and Kwanju show an over 20% shortage of RTE.

**B. Analysis of the causes of imbalances in the health care workforce among regions**

I. Analysis using Multinominal Logit Analysis

A review of the causes of the distribution imbalance of CTs and Mammographs by region including those with general hospitals reveals that the principle variable that reflects the differ-
ences in adequate and inadequate supply the number of physicians per 1000 population. In other words, a lower number of physicians meant a higher chance that a region has a shortage of medical technology confirming the significant impact the supply of physicians has on the distribution imbalances of medical technology.

II. Causes of regional imbalances based on an analysis of supply and demand

As the number of physicians and acute-hospital beds for every 1000 persons increases, the supply of CTs increases. Conversely, as mammographs are used for mostly female patients, the ratio of women per 1000 persons has a significant impact on the supply of mammographs.

Accordingly, as the supply of equipment is dependent on the supply of medical workforce and facilities, issues of workforce and facility supply imbalances must first be resolved in order to address regional imbalances in medical technology.

The level of imbalance of medical technologies in individual regions should not be uniformly interpreted when drafting policies addressing the imbalances, Circumstances affecting regions with shortages of the same medical technology will be different based on each living space, thus region specific policies for each type of medical technology should be considered after thorough investigations of regional circumstances,

C. Projected Supply and Demand of Medical Technology

I. Supply and Demand Projections

A review of the supply projections for medical technology shows increases across the board, In 2010 the supply of CTs will be 1,884 to 2,087 and from 2,087 to 2,122 in 2025. In 2010, there will be a supply of 879 to 908 MRIs and a supply of 1,243 to 1,800 in 2025. In 2010, there will be a supply 2,157 to 2,378 mammographs and a supply of 2,536 to 5,364 in 2025. In 2010, there will be a supply of 654 to 705 ESWLs and a supply of 981 to 1,397 in 2025. Finally, the supply of RTEs in 2010 will be 259 to 262 and 364 to 366 in 2025.

A review of the demand projections for medical technology shows increases across the board, In 2010 the demand for CTs will be 723 to 757 and from 1,262 to 1,317 in 2025. In 2010, there will be a demand of 234 to 244 MRIs and 459 to 515 in 2025. In 2010, there will be a demand of 871 to 894 mammographs and a demand of 1,215 to 1,291 in 2025. In 2010, there
will be a demand of 86 to 91 ESWLs and a demand of 135 to 146 in 2025. Finally, the demand of RTEs in 2010 will be 416 to 432 and 531 to 546 in 2025.

II. Projected Supply and Demand of Major Medical Technology
An oversupply of CTs, MRIs, Mammographs, and ESWLs is expected to persist from 2010 to 2025 with the degree of oversupply increasing as over time. A consistent shortage of RTEs is expected over the same time period with minimal changes over time.

D. Review and Suggestions for High-end Medical Technology
   Installation Standards
   I. Awareness and Degree of Support for Installation Standards
   A survey of relevant authorities including health center directors and hospital administrators reveals an overall awareness of installation and acquisition standards for high-end medical technologies. However, there were more respondents opposed to the current requirements for acute hospital beds standards than those supportive of them.

II. Efficacy of Medical Technology Installation Licensing System
   Overall, more respondents acknowledged the impact of the licensing system in inhibiting the indiscriminate installation of high-end medical technologies; however, when asked about the effectiveness of the 200 acute hospital bed requirement standard in the utilization of medical technology, the respondents returned a generally negative view.

When asked about the efficacy of the 200 acute hospital bed requirement in reducing health care costs incurred by patients due to misdiagnoses and over-diagnoses, a higher number of respondents found the requirement to be ineffective.

III. Issues with Medical Technology Installation Regulation System
   Many of the respondents were of the opinion that in actuality many medical facilities engaged in the collusion of buying and selling of the required acute hospital beds and such practices are used to monopolize medical technology.

IV. Medical Technology Installation Regulation Reforms
An overwhelming majority of 81.9% of the respondents supported changes to the 200 acute hospital bed requirement.

Many of the respondents were of the opinion that medical technology installation requirements should be based on the number of newly established medical facilities and out patients. Others expressed the need to strengthen the regulation and evaluation of the physician workforce.

Majority of the respondents supported the current policy that requires medical facilities that collaboratively utilize medical technology to include acute hospital beds in the region where the medical technology is and not include beds from bordering regions.

**Policy Reforms for Optimum Supply and Demand of High-end Medical Technologies**

**A. Policy Suggestions for Optimum Supply and Demand Per Region**

I. Establishment of a Monitoring System

Despite an overall increase in the total number of high-end medical technologies, regional imbalances still remain. Therefore, the first step to alleviate the imbalance is to accurately and thoroughly verify the medical needs including medical facilities, workforce, and technologies in each region. Such a verification process should be conducted not only once, but continually on a regular basis.

II. Evaluation of Optimal Distribution per Region Schemes

The determination of need for high-end medical technologies should be based on a variety of factors including physical and mental health, public health, the disabled, and the elderly as well as an evaluation of pre-existing healthcare workforce. Based on the status quo of supply and demand, a rational system of distribution needs to be instituted. Furthermore, the government needs to institute policies determining the minimum or national standard for medical technology installation as well as other policies specifically designed to alleviate regional imbalances.

The level of imbalance of medical technologies in individual regions should not be uniformly interpreted when drafting policies addressing the imbalances. Circumstances affecting regions
with shortages of the same medical technology will be different based on each living space, thus region specific policies for each type of medical technology should be considered after thorough investigations of regional circumstances.

To resolve such regional imbalances, aforementioned macro level policies must be carried out with micro level factors such as the supply of medical resources including health care workforce, population and society, and economic particularities of each region in mind,

III. Policies to Strengthen Public and Private Health Sectors

Although efforts by each region to resolve the regional imbalances of medical technologies are essential, such efforts have their limits. Since the distribution of 90% of medical resources is determined by the private sector, it is understandable that private medical facilities and physicians are attracted to regions with purchasing power. The resulting regionally disproportionate distribution of medical technologies should be managed long-term through a revision of the system of medical resources distribution and allocation. In the short-term, however, the public health care sectors in regions with an undersupply of medical resources need to be strengthened as well as the collective or collaborative aspects of private health care sectors to reduce the damages or losses resulting from medical resource imbalances.

B. High-end Medical Technology Regulation Policy Reform

I. Installation Policy Reform

The number of required acute hospital beds (200 for cities and 100 for counties) should be determined in proportion to the total number of medical facilities and patients per region.

II. Human Resources Standard Reform

Realistic reformations of the human resource standards regulating the installation of high-end medical technologies are required, Up to now, the inadequate standards regulating the installation and acquisition of medical technologies and excessive competition among medical facilities leading to indiscriminate and disproportional distribution of medical technologies have lead to oversupplies compared to that of developed nations and have caused inefficient use of technologies, misdiagnoses and over-diagnoses. Policy reforms centered on minimum physi-
cian, facility, and quality standards will greatly impact peoples’ rights to health as well as prevent the leaking of health insurance finances. Establishing physician standards particularly in the use of CTs and Mammographs will be key to policy reform.

III. Operational Reform

Operational procedures such as installation, utilization, and registration of high-end medical technologies need to be revised. Currently, the installation of CTs and mammographs are redundantly registered at both the city and county offices wasting administrative resources. Therefore, changes that allow the county to have overall responsibility of managing high-end medical and radiology equipment are necessary as well as a supervisory system or installation of knowledgeable administrators.

C. Increasing the Effectiveness of the Public Health System

In order to effectively resolve regional imbalances including medical technologies, not only is it necessary to increase the effectiveness of the aforementioned macro and micro level policies, but also to increase the effectiveness of health care resource allocation system. Medical technologies and other health care resources exist to provide services to the consumer. These types of health care resources are limited and, to efficiently distribute and utilize such limited supplies, an effective public health system is a key component of a national health care system.

The current medical fees reimbursement system should be converted into a system similar to the medical fees system which pays per type of treatment. In other words, convert from a retrospective payment system to a prospective payment system that includes a total budget system and a total contract system. By doing so, the government can use reduction of expenditures as an incentive to encourage facilities to self-regulate indiscriminate acquisition and installation of medical technologies.

Fundamental issues of determining the value and extent of government regulation and the competition of market economy are important points to consider, they must be dealt with carefully and thoughtfully. Therefore, as a subcategory of focus, health care delivery system that includes regionalization needs to be established as well as the function of each health care workforce clearly defined,
Ways to Improve Decision Making in Line with the Changing Health Technology: With Special Reference to Drug Approval and Pricing Systems

Author I Sylvia Park, Ph.D
Co-author(s) I Jaegoo Jo, Gun-Chun Ryu, EunJa Park, SuMi Chae

This study investigated new trends in health technology and their policy implications for decision making in health care system. Recent advances in genomics and molecular biotechnology have paved the way for development of new drugs based on ‘personalized medicine’ and ‘targeted therapeutics’.

Personalized medicine enhance the ability to classify patients into sub-populations that differ in their susceptibility to a particular disease or their responses to a specific treatment, Targeted therapeutics, which is guided by the understanding of relevant molecular variations in the expression of diseases, have changed cancer from an acute, remitting disease to a chronic, manageable disease.

There is currently a high level of interest in the new patterns of drug development from a policy perspective not only because of the promise of improved patient care, but also because of the potential to impact decision making in health care system. However, new drugs developed from these new health technologies tend to lack evidence on safety, effectiveness or cost-effectiveness at the time of decision making in health care system.

Faced with challenges from new health technologies with promising effectiveness but with insufficient evidence, decision makers in other countries have tried new evidence-based health care decision making system. Drug regulatory organizations have introduced conditional marketing approval of a new drug or progressive licensing with which to evaluate efficacy and safety of a new drug throughout the whole life cycle. Third-party payers have also been trying
new risk sharing system based on the result of drug treatment. Under the result-based risk sharing agreement, drug manufacturers agree to refund the health service if a drug fails to meet agreed performance targets when used under appropriate conditions or drug price is changed to meet the ICER(incremental cost-effectiveness ratio) threshold according to the result of treatment.

In Korea, there has been increasing interest in the result-based risk sharing agreement for new drugs, as many of new drugs with promising effectiveness are not covered by the National Health Insurance because of their high price and insufficient evidence of their cost-effectiveness.

Result-based risk sharing agreement has the potential to reduce risk in health care decisions in times of new health technology and to ensure predictable health gains for a given drug expenditures. However until now it has not gained wide-spread acceptance because of its feasibility issues. Moreover it has not been fully evaluated yet. Result-based risk sharing agreement should thus be considered only for innovative drugs treating life-threatening diseases, for very specific target populations as an option to deal with insufficient evidence and to ensure access to essential medicines,
Development and Management of Monitoring System to Improve the Efficiency of Health Care Resources Allocation

-Health Care Resources, Korea, 2009-

**Author** I Youngho Oh, Ph.D

**Co-author(s)** I Hosung Shin, Seirok Doh, Dae-Soon Pork, NanHee Yee, ChungGun Lee, Chang-Kyoon Son, Sungeok Cho

**Objectives**

- To develop and implement the health care resource monitoring system aimed at improving the efficiency of health care resource allocation

**Methods**

- Nationwide on-line survey based on the web system called HRSIC (Health Care Resources & Service Information Center)

**Procedures**

- To develop health care resources monitoring system
- To inform the public health centers and medical institutions to conduct a survey
- To conduct survey on health care institutions such as clinics and hospitals regarding health care resources
- 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
Results of the survey

- As of June 2009, the total number of health care institutions in Korea, including pharmacies, reaches 80,161. The number of hospitals and clinics is 29,279, accounting for 36.5% of the total number of health care institutions. There are 21,351 pharmacies nationwide, making up 26.6% of the total. The number of inpatient beds is 448,604.
- As of June 2009, 81,324 physicians, 20,474 dentists, 15,564 herb doctors, 124,025 qualified nurses, 115,981 assistant nurses and 32,071 pharmacists, including part-time employees, are working in the health care institutions including drugstores.
- As of June 2009, the number of medical equipments in Korea is as follows: 402 ANGIOs; 334 gamma cameras; 77 PETs; 2,103 CTs scanner; 851 MRIs; 679 ESWLs; 1,567 mammographs; and 254 radiation therapy equipments.

Policy implications

- Supply regulations on acute and long-term care bed are needed. According to the bed supply trends of OECD countries, acute and long-term care beds have either decreased or remained constant. However, the number of acute and long-term care bed per capita in Korea is higher than the OECD average. 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 major medical equipments, the number of CT scanner, MRI, ESWL, and mammographs, except radiation therapy equipment per million population, is higher than the OECD average. The over-supply of medical equipments deepens supplier-induced demand, which may increase the national health care expenditures. Therefore, it is desirable to connect supply of medical equipments with health insurance payment system in order to control over-supply.
- There seem to be regional disparities with respect to the 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 into the demand and supply of health manpower and principles of the health manpower allocation based on the regional properties. In order to allocate manpower in efficient manner, the government should reconstruct manpower policy, develop health manpower allocation formula, re-establish self-sufficient catchment area for primary health care physician and reinforce public health manpower. These plans should be supported by the central and local governments, which perform the consistent and systematic allocation policies for health manpower, especially primary health care physicians who provide essential medical care services such as primary health care service, emergency care service, baby delivery service and etc.
Enhancing Preventive Health Promotion System

- A Study of the Establishment of Management Plan for Advancement of Food Safety Management
- Analysis of Trends in Obesity and Comprehensive Policy Strategy to Prevent Obesity in Korea
- Establishment of an efficient management system for enhanced outcome of the national health screening policy
- 2009 Health Impact Assessment System Building and Its Operation Volume 1: Overview
A Study of the Establishment of Management Plan for Advancement of Food Safety Management

Author | Kee-Hey Chung, Ph.D

Co-author(s) | JeongSeon Kim, Simon Yun, Shin JeongHoon, EunJung Kim, Jin-Wook Jung

This paper aims to establish a management plan for the advancement of food safety management after detecting and analyzing weakness in food safety during 2009 and investigating how the weakness in food safety is controlled in foreign countries. It includes the followings: i) government-led diagnosis on a food safety management system, ii) analysis on the response to food accidents, iii) analysis on the organizational restructuring and basic plan of KFDA, iv) examination on expert awareness, v) analysis on the prediction and control plan of hazardous materials, vi) investigation of the operation and management of a food inspection organization, vii) analysis on the collection system of food hazardous information and viii) development of a plan for advancement of food safety.

In terms of research methods, the followings have been conducted; collection of basic data and bibliographical study, analysis on domestic and foreign food safety management system, awareness survey, policy talk, advisory council meeting and statistical analysis. Regarding a basic direction for conclusion and policy suggestions, the followings have been considered; i) response to future environmental change, ii) improvement of expertise through the rationalization of regulations and ii) consumer-centered safety management. Then, the following suggestions have been made: 1. Establishment of a current system integration plan, new organization and current system maintenance plan for improvement of a food safety management system. In addition, food safety-related regulation improvement plan has been established 2. Establishment of a hazardous material control system, development of a specific execution plan, inte-
grated control on food chains, improvement of the preliminary control on hazardous materials in imported foods, establishment of work allotment (for central and local governments) and a plan for additional control on hazardous materials to strengthen the control on hazardous materials 3. Standardization of food inspection organizations by adopting world-level inspection criteria as a part of nurturing an advanced food inspection organization, supply of how to make practical standard operating procedures (SOP) and establishment of a government support and control plan 4. Collection and analysis of the information on hazardous materials, improvement of the functions of Food Safety Information Center, enhancement of information collection system, maximization of the use of the information on hazardous foods, active participate in Rapid Alert System for Food and Feed (RASFF) and improvement of consumer education and PR strategies
Analysis of Trends in Obesity and Comprehensive Policy Strategy to Prevent Obesity in Korea

Author | Hye-Ryun Kim, Ph.D
Co-author(s) | Young-Ho Khang, No-Seong Kwak, Eunjeong Kang, EoJina Kim

As obesity prevention becomes an increasing public health priority in Korea, the challenge that governments are now facing is how to set out systematic policy approach to increase healthy eating and physical activity.

This study analyze the current sex and age-specific trends in obesity among children, adolescents and adults, and examine various problems due to fragmented, overlapping policies and programs, and suggests comprehensive policy strategy for inter-sectoral activities and collaboration system.

This study is divided into four parts. The first part reviews speculation on various literatures about determinants and disease burden of obesity.


As for the result, there are significant difference in obesity trends between male and female. Both BMI and WC of male population show clear increase. In case of female, however, while age group over 60 showing considerable growth of obesity rate, population in the age group 20~39 demonstrate decrease in BMI and increase in prevalence rate of underweight. Obesity prevalence rate for children and adolescents (age group 2~18) rather distinctly elevated for male population, especially those of age 13~18, while female youth showing no significant increase.
The third part of this study focuses on current picture of obesity prevention and management, and addresses problems of fragmented, overlapping or contradictory policies within existing programs, legal statement, and their operations.

The final part of this research suggests a policy directions and sets out systematic approach with five proposals which would effectively carry out operation of obesity prevention through multi-sectoral collaboration as follows:

- Establishing national objectives and policy for coordinated obesity prevention efforts,
- Securing mechanism for inter-sectoral cooperation and coordination to avoid fragmented, overlapping or contradictory obesity programs,
- Connecting resources and infra-structure as well as sharing responsibilities among relative departments and organizations
- Installing informational windows(website) for obesity prevention by national level, and enhancing communication and education of reliable information toward public and professional,
- Promoting joint programs among relative departments and organizations for obesity prevention by using various sources of monitoring, manpower training, and implementing actions backed up by national health promotion fund,
Establishment of a efficient management system for enhanced outcome of the national health screening policy

**Author** | Eun Jin Choi, Ph,D
---|---
**Co-author(s)** | DongJinKim, Won-Chul Lee, In Young Hwang

**Purpose of the Study**

The purpose of this study was to investigate factors associated with outcome of the national health examination and draw implications for efficient management system of the national health screening policy. Specific research objectives are as follows:

- First, supply issues related to the national screening program provided by the National Health Insurance Corporation,
- Second, policy strategies to increase rate of screening
- Third, policy recommendation for concerted approach to follow-up programs and the national health promotion programs

**Method of the Study**

- literature review of legislative information, and screening related policy documents published by the government, the related organizations, and foreign government
- analysis of the data from the National Health and Nutrition survey in 2007.
Results of the Study

- There has been a legislative requirement to standardize and monitor screening institutions and personnel. But there has been increased demand for quality control of the national screening service.
- Diagnostic criteria of the screening program have been changed. This might increase proportion of the people who received additional test and treatment.
- Relatively low rates of screening was analysed with demographic variables. Age, educational level, and income status were significantly related to rates of screening.
- There has been increased need for utilization of the screening results in the follow-up program.

Policy Direction and Strategy

- Enhanced quality control of the national health screening program.
- Standardized treatment and follow-up program for those who went through the screening program. Utilization of results of the health risk appraisal in the follow-up program would increase impact of the preventive lifestyle change program. Cooperation between the public and private sector should be increased.
- Community based integrated health screening programs would increase preventive effect and rate of screening.
- Accessibility to the screening program among the low SES people. Higher attention on health inequality in the follow-up program may increase rate of screening of the low SES people.
Introduction

1) Background and purpose

Health Impact Assessment (HIA) can be helpful for implementing healthy public policy and hence it can ultimately improve population health and health equity. HIA has been implemented in many developed countries and it will also be implemented as a part of Environment Impact Assessment (EIA) in Korea starting from 2010. However, HIA in EIA is limited in that it will be applied to only three kinds of projects and it will assess the physical environmental factors.

In this sense, by conducting the current project, 'Building a Health Impact Assessment System and its Operation', we aim to construct a system where the health impact of a policy, a program, or a plan and its distribution across populations before it is implemented. Specific objectives are as follows:

One, to support HIA projects conducted at various governments
Two, to provide an education and training program
Three, to institutionalize HIA

2) Introduction to Health Impact Assessment

Health Impact Assessment (HIA) is a combination of a procedure, methods, and tools that
make it possible to systematically assess the potential health impacts of a policy, a plan, or a program and their distribution in the population (Quigley et al., 2006). The purpose of HIA is to maximize the expecting positive health impacts and minimize the negative health impacts. The basic values that HIA pursues include democracy, equity, sustainable development, ethical usage of evidence, and comprehensive approach to health. The typical procedure of HIA is consisted of six steps: screening, scoping, identification, appraisal, reporting with recommendations, evaluation and follow-up.

3) Introduction to 2009 HIA project

In 2009 project, we targeted Healthy Cities as the entry point of HIA implementation. Cities in general as well as Healthy Cities may affect more health determinants than the central government does. This means that local governments are responsible for policies, projects, or plans that may be subject to HIA and therefore implementing HIA at local governments including Healthy Cities can be effective.

Healthy Cities and HIA are the same in that both seek ‘healthy public policy,’ HIA in Healthy Cities can be a systematic framework that makes policy makers such as politicians and administrators consider the health and well-being of the residents when they are developing a policy, a program, or a project.

The purpose of the 2009 HIA project is twofold: implementing HIA in Healthy Cities and capacity building. The project was consisted of four areas to achieve these purposes: demonstration projects for implementing HIA in Healthy Cities, development of an HIA guideline, construction of HIA DB, and workshops for capacity building.

+ HIA demonstration projects

There were three purposes to do HIA demonstration projects. First, an HIA demonstration project can be a learning process where policy makers of other sectors outside of health sector are enabled to consider health in their policy making process. Second, accumulated experiences from many demonstration projects can be used to develop HIA guidelines. Third, demonstration projects can build the capacity of Healthy Cities to conduct HIA projects.
To recruit Healthy Cities that were interested in HIA, we sent a letter to all the community health centers. Three cities responded: Kangnam-gu, Gwang Myeong city, and Chang Won city. These cities submitted policies or programs they would like to apply HIA. Through pre-screenings, five HIA projects were selected: three for Gwang Myeong, and one for each of Gangnam-gu and Chang Won.

The table below describes the details of each of the five HIA demonstration projects.

<Table 1> 2009 HIA demonstration projects

<table>
<thead>
<tr>
<th>Local govern't</th>
<th>program/policy (Responsible department)</th>
<th>HIA type</th>
<th>Appraisal methods</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gangnam-gu</td>
<td>Carbon mileage program (Dep. of Regional Economy)</td>
<td>Rapid HIA</td>
<td>- community health profiling</td>
<td>9.24</td>
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<td></td>
<td></td>
<td></td>
<td>- stakeholder workshop</td>
<td>~11.30</td>
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<td></td>
<td>Artificial turfgrass in school playgrounds (Office of Education, of Adolescence)</td>
<td>Comprehensive HIA</td>
<td>- product test</td>
<td>5.13</td>
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<td></td>
<td></td>
<td></td>
<td>- student survey</td>
<td>~ 8.31</td>
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<td></td>
<td></td>
<td></td>
<td>- literature review</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>- consultation</td>
<td></td>
</tr>
<tr>
<td>Gwang Myeong</td>
<td>Night lighting program in school (Healthy City Team)</td>
<td>Intermediate HIA</td>
<td>- community health profiling</td>
<td>6.15</td>
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<td></td>
<td></td>
<td></td>
<td>- resident survey</td>
<td>~ 8.31</td>
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<td></td>
<td>- expert workshop</td>
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<td></td>
<td></td>
<td></td>
<td>- case studies</td>
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<td></td>
<td>Master plan for a waterside park (Dep. of Park and Green Zone)</td>
<td>Rapid HIA</td>
<td>- community health profiling</td>
<td>10.19</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- stakeholder workshop</td>
<td>~ 11.30</td>
</tr>
<tr>
<td>Chang Won</td>
<td>Bicycle policy (Dep. of bicycle policy)</td>
<td>Intermediate HIA</td>
<td>- community health profiling</td>
<td>8.14</td>
</tr>
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<td></td>
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<td></td>
<td>- citizen survey</td>
<td>~ 11.30</td>
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<td></td>
<td></td>
<td></td>
<td>- focus group</td>
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<td>- policy analysis</td>
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<td></td>
<td></td>
<td>- consultation</td>
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</table>

+ HIA guideline development

We reviewed existing HIA guidelines. Among those guidelines, ‘Health Impact Assessment’
A Practical Guide (Harris, Harris-Roxas, Harris, Kemp, 2007) was most recently developed and elaborated in detail and therefore was translated and enclosed as Appendix 1.

While guidelines provide general principles and methods, tools are specific measures that can be used when actually conducting an HIA project. We reviewed screening tools (Appendix 2).

Rapid HIA has been used most frequently in UK (Chilaka, 2009) and we assumed that rapid HIA would also be used most frequently in Healthy Cities in Korea, too. We translated Rapid Assessment Tool for Health Impact Assessment by Erica Ison with minor edition.

**HIA DB**

Providing HIA cases could be helpful for policy makers or scholars who are interested in HIA to easily comprehend HIA. In 2009, HIA's for housing and rapid HIA's were collected.

**Conclusions**

The 2009 HIA project has completed five HIA demonstration projects in Healthy Cities, developed HIA guidelines, started constructing HIA DB, and provided workshops for capacity building.

There were several successful factors in the 2009 HIA project. First, we have found that introducing HIA in Healthy Cities may be an effective approach and HIA can be a specific program for Healthy Cities. Second, the 2009 HIA project was an opportunity for us to let policy makers from sectors outside of the health sector know that their policies may affect health as well as the intended area. Third, it was found that HIA could help policy makers for their better decision. Fourth, many recommendations to improve the population health from HIA demonstration projects.

Despite the above successful factors, the 2009 HIA project has several limitations. First, the demonstration projects were implemented only in Healthy Cities and hence other cities interested in HIA were excluded. Second, the workshops for capacity building were provided only for the personnel for Healthy Cities program and no education or training programs for policy makers outside of the health sector were provided. Third, capacity building through education
and training was not provided for politicians and academia. Fourth, we did not assess the reliability of the evidence that was used in the appraisals. Fifth, we have not figured out the strengths and weaknesses of some tools. Sixth, we could have been more careful in selecting HIA subjects. One subject was the case that its health impacts had already been discussed and therefore additional benefits from HIA were difficult to extract. The other subject had few relevant evidence from which any reliable recommendations could be made.

We suggest that local governments should include HIA in the official system by an ordinance or an mayor’s approval. Specifically, local governments should do HIA’s on those policies or projects which are planned to be implemented the next year that may be important in light of the budget size and/or the impact size. Each HIA project should be conducted by the public health center and the relevant department and other stakeholders should be included in the steering committee. The HIA project team, however, may need to be consisted of experts from academia since the HIA capacity of civil servants may not be great for the time being. As for the HIA type, rapid HIA which requires relatively less resources and expertise is recommended.

Ministry of Health, Welfare, and Family Affairs can assist local governments to implement HIA in several ways. First, the Ministry can provide financial supports for HIA demonstration projects. Second, the Ministry can support those Healthy Cities implementing HIA. Third, the Ministry can provide a legal base for HIA implementation by including HIA in the National Health Promotion Act or the Fundamental Law for Health Care.
2009 Research Projects

Increasing Efficiency of Social Insurance and System Improvement

• A study for improving the efficiency of health security system: the division of roles between public and private health insurance

• A new strategy for the National Pension Fund Management after Global Financial Crisis

• Expanding Social Insurance to Vulnerable Groups

• A study on measures for raising the financial efficiency of National Health Insurance in Korea
A study for improving the efficiency of health security system: the division of roles between public and private health insurance

Author: Seokyo Hong, Ph.D

The Korean National Health Insurance (NHI), Korea's public health insurance, has made a great stride since its introduction in 1977. Despite its remarkable growth in both quantitative and qualitative terms, the coverage and financial structure of NHI have been criticized. Expansion of the role of private health insurance to overcome these weaknesses has become an issue of heated debate in Korean society. The point of the discussion is whether the expansion of private health insurance would result in undermining the foundation of the public health care system rather than complementing it. The key argument of the negative aspect is weakening of equity of medical services.

It is well known that health care is a sector in which the efficiency of market competition is relatively limited. Nevertheless, the need for adopting market competition is continuously argued for in areas where there is no rationale for government intervention. The U.S. government practices the competition principle even in health care and intervenes only in areas where external effect is maximized such as medical services for the underprivileged and R&D. On one hand, such policy has made great strides in medical technology. On the other hand, however, the U.S. faces serious problems such as rising health care expenses and a significant portion of the population left uninsured.

On the contrary, most OECD member states including western European countries have approached health care from the social security perspective. The traditional approach helped realize universal coverage, but has been criticized for not meeting the needs of the people in
responsiveness. To counter this weakness, ways of introduction of competition and appropriate utilization of private insurance have been explored.

Competition is a fundamental principle. But the problem is whether the principle of competition can effectively function in the health care system. Competition and choice in health care has intrinsic limitations because of asymmetric information with regard to medical goods and services. Therefore, European examples provide implications for Korea since they seek to provide medical services equally and efficiently for the whole population by strengthening the coverage of the public health insurance and containing demand based on the principle of equity.

This study has examined the current status of healthcare system in Germany, France, and the Netherlands. They view health care as public goods, and this approach has been criticized for not rapidly responding to customers' needs though it realized universal coverage. That was why many advanced countries have explored ways to adopt competition and make use of private health insurances. The role of private health insurance differs from one country to another. However, what is in common is that, the private insurance system is a pillar of social security while equity of health care system is maintained through strict regulations on private plans. The expansion of the role of private health insurance needs to be discussed from a number of different perspectives. If the topic is limited to responsiveness to consumer needs and weakening of equity in health care system with expansion of private health insurance, the European experience provides a lot of lessons to be learned,
A new strategy for the National Pension Fund Management after Global Financial Crisis

Author I Jongwook Won, Ph,D
Co-author(s) I Sung min Kim, Sung yoon Han, In Jae Lee

The global financial crisis has re-defined the concept of risk and return in the investment behavior. Since the National Pension Fund of Korea has not been fully engaging in overseas investment, especially U.S. security markets, the loss from the global investments have been very limited. In some sense, the global financial crisis has helped the National Pension Fund of Korea to grasp the fundamental and inter-related mechanism of the overseas financial markets.

The National Pension Fund of Korea must diversify its investment portfolio over the foreign financial markets to avoid heavy concentration of domestic investment. Therefore, this study has reviewed number of issues involved in foreign investment with respect to optimal portfolio spanning investment opportunities in foreign markets under the new global financial environment. This study utilizes CAPM analysis in assessing the optimal portfolios of diverse spectrum, including U.S, securities and gold, oil, and real estates. The issues of currency hedging is also analyzed to derive optimal hedging ratio for the foreign security investments.

The results of study suggest that investment in gold is an outstanding option in diversifying the risk and improving the return with the optimal weight in a range of 27%~30%. The CAPM analysis suggests that the U.S, corporate bond should be a major component of portfolio with suggested weight of 28%~40%. In analysis of U.S, equity market, the consumer goods should have the highest weight of 65.4%, the healthcare with 20%, and utilities with 14.4%,
Expanding Social Insurance to Vulnerable Groups
-With Special Reference to the National Pension Scheme-

Author | Sukmyung Yun, Ph.D
Co-author(s) | HwaYeon Shin, Hyun Wooong Shin

With the increasing average life-span and rapidly aging population, views are being aired that the demarcation between economically active population and retirees in the traditional sense will become blurred. It is thus inevitable to reform the outdated social insurance into a forward-looking one. The current social insurance system covering only certain age and income groups should be extended to include all age groups, income classes and generations.

As such, government support is necessary for the vulnerable who cannot afford to participate in the traditional social insurance system whose benefits are based on contributions. This study presents ways to improve the social insurance system to extend its coverage by carefully selecting new target groups and providing them with support, and encouraging their self-reliance. How the government can help cover a proportion of contribution for vulnerable groups is also explored in detail.
A study on measures for raising the financial efficiency of National Health Insurance in Korea

Author | Hyun Woong Shin, Ph.D
Co-author(s) | Young-Suk Shin, Phil Kyoung Yun, Ji-Young Bae

The financial crisis of the National Health Insurance caused by the separation of prescription and dispensing of drugs had been overcome due to the government’s urgent financial countermeasures, increase of contribution rate, and expenditure-control policies. However, the balance has became in deficit again for the years 2006 and 2007. Although the balance has turned into a surplus in 2008, it is expected that an increase in the contribution rate of 12~13% is likely with the aging of the population, increases in chronic diseases such as hypertension and diabetes, a rise in national income, and development of new medical technologies.

Moreover, as Korea’s total health expenditure (THE) remains at a very low level compared to many other countries’, it is expected that the insurance expenditure as well as THE will further increase. Due to the current economic recession, possible financial risk factors including the increase in the number of defaulters should be considered, too.

This study is intended to examine the measures for financial stability and to present the amendment of contribution rate of the insured as one of the measures for financial efficiency from the consumer side, in order to ensure efficient use of health resources.

- Amendment of contribution rate of the insured (short-term)
  - Hospital level medical care institutes: contribution rate of the insured = 40% of total treatment amount + (total treatment amount - doctor’s fee) × 40
  - General hospital level medical care institutes: contribution rate of the insured = 50% of
total treatment amount + (total treatment amount-doctor’s fee)*50

In case of short-term amendment of contribution rate of the insured, it is estimated that the benefit expenditure to be annually decreased by 306,300,000 thousand won (Hospital level medical care institutes) and 288,000,000 thousand won (General hospital level medical care institutes).

- Amendment of contribution rate of the insured (medium-and long-term)

  - See short-term amendment
  - Also, applying deductible at the level of doctor’s fee in case of treatment at clinic level medical care institutes

According to the long-term amendment, if the cases of treatment at clinic level medical care institutes are made deductible, the benefit expenditure is estimated to be decreased by 3,181,800,000 thousand won every year. For these cases, individual medical account (5,000 won/month) should be provided as individuals might be restricted from the use of medical care services because of financial burden. In addition to the individual medical account, it is necessary to come up with additional measures for low-income individuals to alleviate their financial burden. For example, 20% of reduced amount of money could be saved up for medical safety net fund in order to ensure their health care service use. In the long run, the individual medical account could be expected to be a preliminary scheme for Korean MSA (Medical Saving Account) through real-time qualification monitoring system,
2009 Research Projects

Sustainable Social Finance and Effectiveness Evaluation

- 2009 Social Budget Analysis
- 2009 Policy Agenda for Social Expenditure
- Establishing Social Welfare Expenditure Database (Third Year)
- A Study on the Effectiveness of Childcare Policies
- Evaluating Self Sufficiency Program
- A comparative study on active welfare policies in Europe
2009 Social Budget Analysis

The share of social budget in 2009 is 27.8% (79 trillion won), recorded historically the highest shares1).

Total government revenue of 2009 is 291 trillion won, consisting of general government revenue of 196.9 trillion won and fund revenue of 94.1 trillion won. Total government expenditure is 284.5 trillion won, consisting of general government expenditure of 204.1 trillion won and fund expenditure of 80.4 trillion won.

Increases in 2009 social budget are mostly shown in the pension, housing, and elderly budget.

2009 social budget is affected by economic crisis, leading large additional budget to support the poor, and to create employment.

* The problem of this temporary increases in social budget, reflecting cyclical budgeting, is that it is hard to abolish the once expanded budget and introduced programs, It would bring public resistance toward abolition of such programs and cutting the budget,
  
  – Rather than cyclical budgeting and temporary assistance, reinforcing social safety net through modification of the existing social assistance programs,

Social budget is expected to consistently increase in the future, but this increase in number does not necessarily mean that social welfare is improved, Restructuring in the general social welfare system may be required,

  – Performance based budgeting need to be established for efficient implementation of budgeting,

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1) This includes civil servant pension and private teachers pension expenditure,
2009 Policy Agenda for Social Expenditure

Author | Gun-Chun Ryu
Co-author(s) | Chamin Park, Taejin Lee, Sengeun Choi, Seokpyo Hong, HwaYeon Shin, GunJin Lee, Chung Hyun Cho

The economic crisis induced by global financial crisis had and has a significant effect on the social expenditure in Korea. This implies that the social security scheme is strongly related to the economic crisis. The fact that Korea had to make a largely expanded revised supplementary budget in social expenditure could mean that the Korea’s social security scheme has weak points with respect to the economic crisis. Through the investigation into the reaction of Korea’s social security schemes to the economic crisis and its results this study aims at getting policy implications for Korea’s social security schemes.

The results of the study indicate that Korea’s social security schemes has a large uncovered population. Particularly lower-income and lesser-educated groups and the aged belong to the uncovered population. They are nearly unable to find a decent job in the labor market and their unstable jobs give them normally no stable social security protection.

This leads to the necessity that the present social security schemes are to be modified in order to give them the social protection. In this respect ’the Hope Work Program’ that was introduced as the reaction to the economic crisis could be continued. In this case there must be the governmental services to find a job for them in the normal labor market because the government budget will not be sufficient to cover all the needs for that program.

The stabilization effects of Korea’s social expenditure has nearly the same features of the OECD results. They have a automatic stabilizers function in the case of economic crisis. And the results suggest that the larger social expenditure bring the stronger stabilization effects. The sub
areas of the Korea’s social expenditure that have the largest stabilization effects are ‘Old Age’ and ‘Health’, respectively 7.3% and 1.99%. Therefore the modifications of the national pension system and national health insurance that make the inclusion of the above mentioned social weak groups possible will have the good stabilization effects in the case of the economic crisis.
Establishing Social Welfare Expenditure Database (Third Year)
- With Special Reference to Central Government Budget Expenditure -

Author I Kyeong Hoan Gho
Co-author(s) I Sam Joo Lee, Sang Woon Lee, Ji Won Kang

Introduction

- We have financial information systems (i.e., e-Hozo, d-Brain) for transparency and effectiveness of financial flow each central and local governments. Information systems have been introduced just, when we analyze these financial data, segment has occurred by items-budget and programs-budget.
- This study is to establishing for the association with item-budget and program-budget and for the cooperation central and local governments.

- The purpose of this study is the building Social Expenditure Database for managing functional categories of social expenditure, developing indicators to compare local governments’ social effort, roles of central government and local governments.

Outlines

- Scope
  - DB be based on the IMFs’ to cover, that subsumes a range of government social welfare sector and non-financial public institutions. It is determined through the review and advisory Committee to review previous research.
Structure of Database
- Compare and Analyze items-based and programs-based budget
- Hierarchical structures: Basic, Function, Detail structure,

Start of Database
- Since 2004 year, Budget and financial expenditure

Indicators and analysis

Analyze DB
- link between items-budget and program-budget
- categorize central and local governments’ expenditure by functional and resources
- categorize by program-budget and functional categories: local governments
- compare social effort(234 unit) by local and communal

Develop indicators
- indicators consist of three type(Stability, growth, equity), four indicators each type,
A Study on the Effectiveness of Childcare Policies

Childcare policies in Korea have expanded rapidly in both the number of beneficiaries and the size of government expenditure. Childcare budget has increased from 300 million won in 2003 to 1,700 million won in 2009. The beneficiaries of childcare cost subsidy has expanded from the low income household to the middle income household. However, the childcare policy in Korea failed to provide with clear policy objectives and directions. The increases in the public expenditure do not guarantee the effectiveness of childcare policy, This study aims at analyzing the effectiveness of childcare policy in terms of female labor supply and the fertility rate.

The analysis shows that childcare policy has negative impact on the labor supply of the married women, in terms of both the labor force participation and the labor hours. This implies that the current childcare subsidy system has disincentive for labor supply. The benefit level is not continuous by means-tested income level, resulting income bracket creep. Labor participation of married women raises household income and this may lead to loose the childcare benefit.

The analysis also shows that break in career path from childbirth affects fertility rate in negative way. Comparing the public sector employees and private sector employees, married women in public sector that face less risks in loosing jobs show higher fertility rate than those in private sector. This implies that childcare policy should ease the risk of the break in career path that married women face. Childcare policy that alleviate the burden of childcare of working women may achieve two different goals of childcare policy, which is increasing female labor supply and fertility rate. This may require restructuring of current childcare policy in
Korea toward the third childcare policy model. It may include the reinforcement of incentive system for working women, and more active utilization of private sector by enhancing the competitiveness of childcare services market and less regulation on the market. In addition, the regional inequalities in childcare facilities need to be solved,
Evaluating Self Sufficiency Program:  
Policy design, Effectiveness and Challenges

Author: Kyeong Hoan Gho  
Co-author(s): WanSub Lim, JiWon Kang

Many countries around the world have comprehensive minimum-income programs in place for able-bodied vulnerable groups. They take the form either of a last-resort safety net combined with primary income replacement benefits, or of an instrument for the reduction of poverty and social exclusion.

Economic growth has contributed to raising people's quality of life, but it does not resolve all social problems. Despite greater prosperity, a substantial portion of the population continues to face such social risks as exclusion from work in prime age, isolation and limited self-sufficiency in old age, and the long-term poverty of lone parents.

The way social policies were set up in the past provides a possible approach to income maintenance. Active social policies, moving away from the reactive, compensatory approach of the past, places greater emphasis to investing in people and giving them incentives to participate actively in the labour market, so as to help them become self-sufficient, autonomous members of society.

Getting the jobless work and assisting the disadvantaged to acquire the skills to get higher pay are the best ways in which economic and social progress can be reconciled. The vicious cycle that goes from joblessness to loss of self-confidence, deteriorating skills, isolation, and exclusion, needs to be broken. To help young individuals overcome barriers to quality jobs, many countries introduce active social policies.

Programme evaluations are, of course, conducted with the general aim of improving pro-
programmes. They may also be conducted with the intention of identifying the effects of a programme on society, or to allow decision-makers to arrive at an understanding of the programme’s value.

Until now, evaluation of self-sufficiency program (‘jahwa’) has been based on the outputs and performance of local private providers (‘local jahwa centers’). This study focuses on evaluation of the three actors (participants, providers, governments) as well as of the effectiveness, design, efficiency, and sustainability of self-sufficiency programs.

*Figure 1* Evaluation process and issues
A comparative study on active welfare policies in Europe

Author: Seokpyo Hong, Ph.D

The development of European welfare states over the last 35 years can be divided into three phases. Up until the early 1980s, social policy-making in most European countries had focused on traditional social security tools such as unemployment compensation and subsidy. Since then, the overall direction of policy had evolved towards the so-called ‘active’ social welfare until the late 1990s. The level of benefits was reduced due to retrenchment, rights and obligations were rebalanced, and work incentives were strengthened by various employment programs. In this phase, most European welfare states created conditions for making work more attractive by implementing ‘making work pay’ policies and enhancing flexibility of labor, However, the concept of ‘active welfare state’ recently went through a transformation with the emergence of ‘knowledge economy.’ Welfare policies shifted toward securing more circulating capital by aggressively investing in human capital, thereby providing an educated workforce in order to dispel concerns that snowballing social welfare costs ultimately affect jobseeking and competition among social members. It is increasingly recognized that investment in human capital and policies for technology development are active tools not only to spur economic growth and innovations but to provide opportunities for all. Social security policy had to be restructured and redesigned to meet the new requirements. In other words, emphasis was no longer on compensation but on prevention. Such preventive approach to social policy-making reduces compensation for the unemployed while encouraging active participation in the labor market and improving the quality of human capital. The new social welfare policy is designed to help more people ‘work’ and make them responsible for their own living, thereby enabling people to increase investment in social and human capital and be more responsible for their life.
What then, are the implications that social policy and policy paradigm shift in Europe provide? This comes down to the following two key points:

First of all, the cause of the problems of welfare-to-work policies based on the traditional active welfare system should be identified and used for future policy-making. Welfare-to-work programs adopted by many countries for addressing poverty and inequality of certain social classes were intended to encourage the desire to work and self-reliance of the poor. Though these programs got people off benefits by giving them a job, they have been criticized for failing to get them off a vicious cycle of poverty. For example in the U.S, and Canada, the population in receipt of benefits has decreased but poverty rate has not reduced since the implementation of welfare-to-work programs, and even worse, some of the poor who got off benefits became recipients again.

It can be said that such problems of welfare-to-work system were caused by the recently emerging social risks such as short-lived employment of unskilled workers, low pay for unskilled jobs, and burden to support dependents (children and senior citizens). These issues tend to get more serious in times of economic crises. Therefore, welfare-to-work system should go beyond a simple job training program to develop into a more comprehensive social safety net to effectively address the problems of the poor; by providing higher education and other training opportunities, guaranteeing minimum wage, improving stability of the workplace, and sharing the burden of supporting dependents.

Second, crucial elements to be emphasized for future social policy-making should be identified. The first point to consider is the shift of focus from compensation for unemployment or health risks to prevention of such risks. It is assumed that, it is better to handle a crisis before it happens than to wait until the last moment because its impact might be larger than expected, and therefore, harder to remedy. It is also desirable for a social policy to offer individuals more opportunities to become an independent and responsible citizen. In addition, redistribution between the current generation and future generations should be highlighted rather than redistribution only within a generation. Social policy should focus on social integration by helping individuals get out of isolation and improve ability, or encouraging public/private investment in human capital.
Evaluation of Basic Living Security and Finding Alternatives

- Analysis of the Income Redistribution Effect of the Social Expenditures
- A Study on the Policy Strategy for Financial Inclusion for Low-income Families
- 2009 Monitoring and Evaluation of the National Basic Livelihood Security System
- 2009 Poverty Statistics Yearbook
- The Life and Work of the Poor
- Analysis of the Net Worth of the Poor in Korea
- Study on Introduction of Social Allowance in Korea
- A Comparative Study on the Minimum Income Benefits
- Policy Challenges to narrow Socio-economic Gap (Comprehensive Report)
Analysis of the Income Redistribution Effect of the Social Expenditures

Author: Dae-Myung No, Ph.D
Co-author(s): Kyung Joon Hong, Seung-Ah Choi, Jun Ji Hyun, Eun Young Park

Rapid increase in social expenditures brought again our attention to the effectiveness of the anti-poverty policy. In order to have good policy recommendations we need to have both theoretical and empirical discussions on the policy effectiveness of the social expenditures. The main purpose of the study is to examine the effect of the social expenditure on the income generation and income redistribution in Korea.

The Social Accounting Matrix (SAM) is used to test in what way, and to what extent, social expenditure has effect on the country's macro-economy. SAM is an useful tool for the income-expenditure stream of the economy in the sense that it can incorporate the general equilibrium framework. The SAM is a framework for organizing information about income, expenditure and financial flows in the economy. In this paper social expenditures are treated as exogenous in analyzing income generation and income redistribution effects.

SAM can be used to analyze the overall performance of the economy, and it can be used as a database for the development of the CGE model of the Korean economy.

In this study, SAM2006 is constructed in such a way that the income generating effect of the social expenditures on the household sector can be analysed in the model. The household sectors are divided into 30 subgroups so that we can classify policy target groups in a detailed way.

The findings show that the component of government expenditure exhibits comparatively large effects on the other sectors of the Korean economy. Among those, social welfare expendi-
ture shows larger income effects especially for the higher income classes.

While keeping the budget constraint, either the expansion of the coverage or increase the benefits of the Basic Livelihood Protection System might not be so effective in eliminating relative income inequality in Korea.

Considering the structure of the Korean economy, social enterprises might be useful instruments for the self-support of the poor.
A Study on the Policy Strategy for Financial Inclusion for Low-income Families

Author | Taewan Kim, Ph.D
Co-author(s) | Tae Jin Lee, Moon Kil Kim, Jun Ji Hyun

It was since 2003, when the across-the-board credit crisis erupted with a staggering 3 million new credit defaulters, that financial exclusion and research thereof have come into the focus of public attention. From the 1997 economic crisis onwards until that time, financial exclusion has been less of a social malady than poverty, inequality and polarization.

The reason that credit defaulters as a social group have come to the fore is that because, with the limited access to formal financial services and no institutional recourse to turn to, they are exposed to such social risks as family destruction and life loss in situations where they have to rely on private services with unduly high interest rates. Moreover, credit defaulters often face difficulties getting a job or starting a business, which makes it all the harder for them to live as ordinary citizens.

In this regard, the government and the private sector embarked on the quest to protect and support credit defaulters. This effort has, however, been left thwarted as a result of the financial crisis that emerged at the end of 2008. The financial crisis has sent profound shockwaves throughout the globe, and Korea is also severely impacted, Unlike the one that hit the country in 1997, the 2008 crisis is known to have left its lasting impact more on socially underprivileged groups, non-regular workers and own-account workers, making it more difficult for them to have access to financial services and products.

The Korean government has recently designed means to support the financial excluded. A case in point is ‘Smile Microcredit Bank’ in 2009. Apart from this, there are several programs
such as debt restructuring programs, restructuring loans, revolving loans, and work support link program for self-reliance.

In this report, we review overseas cases of the causes and consequences of financial exclusion and the policy responses taken thereto in many countries in the EU region. We also examine financial exclusion in Korea and the government’s policy responses. Finally, we suggest effective policy recommendations.
2009 Monitoring and Evaluation of the National Basic Livelihood Security System: 10 Years after Its Enactment

Author: Taejin Lee, Ph.D
Co-author(s): Shin-Wook Kang, Taewan Kim, Hyun-Soo Choi, Chang-Kyoon Son, JinSoo Kim, Sun Huh, Deok Soon Hyang, Jin Young Moon, Chong Bum Ar, MoonKii Kim, JinYoung Yoo, KyungHee Park, SunHee Woo, JunJi Hyun

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 (NBLSS).

It has been 10 years since the National Basic Livelihood Security Act was legislated. There had been hot debates on variety of issues concerning NBLSS before and after the Act was enacted. The main issues debated at that time include its purpose, coverage, benefit level, and financial projection.

Ten years after the legislation, the system is troubled with gaps in its coverage, its budgetary burden and those who make fraudulent claims.

This study looks into a range of critical issues that had been debated 10 years ago in relation with the legislation and discusses the reason why those issues were raised and what changes took place since. Furthermore, this study attempts to evaluate and monitor the system operation by analyzing the attitude and public awareness both beneficiaries and the general public have of the system.
Research Project 2009-26-6

2009 Poverty Statistics Yearbook

Author | Taewan Kim, Ph.D
Co-author(s) | Hyun-Soo Choi, MoonKil Kim, SunHee Woo, EunYoung Pa

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 5.0% in 2008,
- Consumption decreased to 8.0% in 2008 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 0.289 in 2008,
- Consumption decreased by 6.0% from 0.315 in 1989 to 0.285 in 2008,

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 laborer, yearly)

<table>
<thead>
<tr>
<th>Year</th>
<th>Income</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Market Income</td>
<td>Current Income</td>
</tr>
<tr>
<td>1999</td>
<td>8.6</td>
<td>8.2</td>
</tr>
<tr>
<td>2000</td>
<td>6.9</td>
<td>6.4</td>
</tr>
<tr>
<td>2001</td>
<td>5.8</td>
<td>5.2</td>
</tr>
<tr>
<td>2002</td>
<td>4.7</td>
<td>4.2</td>
</tr>
<tr>
<td>2003</td>
<td>5.9</td>
<td>5.3</td>
</tr>
<tr>
<td>2004</td>
<td>5.9</td>
<td>5.1</td>
</tr>
<tr>
<td>2005</td>
<td>6.8</td>
<td>5.7</td>
</tr>
<tr>
<td>2006</td>
<td>6.2</td>
<td>4.9</td>
</tr>
<tr>
<td>2007</td>
<td>5.6</td>
<td>4.4</td>
</tr>
<tr>
<td>2008</td>
<td>5.8</td>
<td>4.3</td>
</tr>
</tbody>
</table>

**Note:** 1) one person household, agriculture area exclude.

**Source:** Korea national statistical office, Household Income and Expenditure Survey on city & Household Income and Expenditure Survey, raw data, each year.

### <Table 2> Gini index (City laborer, yearly)

<table>
<thead>
<tr>
<th>Year</th>
<th>Income</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Market Income</td>
<td>Current Income</td>
</tr>
<tr>
<td>1989</td>
<td>0.300</td>
<td>0.299</td>
</tr>
<tr>
<td>1990</td>
<td>0.291</td>
<td>0.289</td>
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<td>1991</td>
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<td>0.282</td>
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<td>0.281</td>
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<tr>
<td>1996</td>
<td>0.285</td>
<td>0.284</td>
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<tr>
<td>1997</td>
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<td>2008</td>
<td>0.306</td>
<td>0.298</td>
</tr>
</tbody>
</table>

**Note:** 1) one person household, agriculture area exclude.

**Source:** Korea national statistical office, Household Income and Expenditure Survey on city & Household Income and Expenditure Survey, raw data, each year.
The Life and Work of the Poor: 
a Psychological approach

Author | Hyonjoo Lee, Ph.D
Co-author(s) | Seo Yeon Ahn, Kyunghee Park

This study aims to investigate the properties in the psycho-social attitude of the poor to work and explain how past experiences make it. On the basis of result, this study gains the guiding principle for workfare policy.

Using the ISSP data, module for work orientation in 2005, cross national comparative analysis is done. The results say work incentive of the poor in our country is not low. But work commitment and job satisfaction are low. The interesting fact is intrinsic factors among work incentive is high comparatively.

Logistic analysis and regression using the welfare panel data is done to explain the causal relation between work and psychosocial properties of the poor. Then the result is that psychosocial properties have an effect on the work and psychosocial properties are under the influence of economic level of childhood.

To identify the mechanism past experiences make the attitudes to work, qualitative method is used. The results are as follow. Repeated frustrations in work have broken down the hope of success, so some poor become to work as less as possible. There is no future in the concepts of time of the poor so they don't make goal or plan. But qualitative data shows the hopeful clues to overcome the attitudes. Family is powerful incentive for work. And some poor people doing a job appropriate to one’s aptitude and capability have more positive attitude to work.

The results provide some suggestions for workfare policy. First, long-term plan and intervention should be prepared to reconstruct the dream of the poor. Second, the opportunity that the
poor participate in the planning process should be made. Third, healthy family should be restored and maintained. Fourth, the poor should be supported to be aware of the importance of their job. Fifth, jobs those are appropriate to the every poor individual’s aptitude and capability should be developed. Sixth, goal that is not too high should be set.
Analysis of the Net Worth of the Poor in Korea

Author | Sang-Ho Nam, Ph.D

Household assets can play a very special role in consumption smoothing especially in times of such economic downturn as the recent international financial crisis. Information on both income and wealth are required in evaluating income equivalent of the National Basic Livelihood Protection, which is the basis for the classification of Basic Livelihood Protection benefit recipients. Even though research on income inequality is quite popular in Korea, evidence is insufficient with regard to the nature of the wealth distribution of the poor.

In this study, we focused on the net worth, which is defined as the difference between asset and debt. We also proposed some policy recommendations for reducing inequalities in income. The concepts of both absolute and relative asset poor are used. In this study, the absolute asset poor is defined as the household that continues to have minimum cost of living for less than 6 months. On the contrary, relative asset poverty is defined as the household that has less than 40% of the median net asset. According to this criteria, the absolute asset poverty ratio is 13.3%, the relative asset poverty ratio 29.3%, the absolute income poverty ratio 10.2%, and the relative income poverty ratio 14.7%.

Some of the findings can be summarized as follows. First, the asset poverty ratio increases as the age of household head increases, and decreases as the education level of the household head increases.

Second, the Seoul Metropolitan area showed the lowest asset poverty ratio of 9.9%, where Cholla-Cheju showed the highest ratio at 19.3%.
Third, single families were the group that showed the highest poverty ratio, and their poverty ratio decreased as the number of household members increased.

Fourth, age, holdings of financial assets, housing tenure, urban residence are found to be major determinants of net-asset holdings.

Some of the policy implications can be summarized as follows, Asset-poor households are not able to accumulate net assets because they do not have enough income to cover basic consumption needs,

Therefore, in order to make the National Basic Livelihood Protection System more effective for the poor, creation of decent jobs and relaxation of the stringent family support criteria might be essential steps to take,
Study on Introduction of Social Allowance in Korea

Author I Dae-myung No, Ph,D
Co-author(s) I Eugene Yeo, TaeWan Kim, Won II

The social protection system in Korea still bears the traces of earlier history. It follows a long-established "developmental welfare state" tradition, continues to favour the residual welfare strategy. It is true that after the economic crisis of 1997 two democratic governments have reinforced or expanded main welfare policies like social insurances and social assistance. Nevertheless, there are the millions excluded from actual social protection system.

The aim of this report is to propose the long-term strategy for the introduction of social allowance policies, in its respective institutional, historical and cultural context. It mean that this report explore the possible strategies of welfare expansion in the time de economic recession.

The notion of (social allowance) is defined here by three viewpoints: 1) Basic Income, 2) Demogrannts, 3) Categorical Social Assistance, The concept of Basic Income is useful in the reconstruction of actual social welfare system in term of social allowance, Demogrant not introduced in Korea is rather useful in the proposition of realist welfare reform strategy. However, the Categorical Social Assistance favored by legislators indicate the actual feature of social allowance.

In fact, Basic Old-Age Pension and Basic Disability Pension is not the true pension but the categorical social assistance schemes that protect mainly the low income families. These are not encore social allowance programs. In this sense, it will allow us to propose the action plan(reform plan) toward the social allowance scheme that help expand the coverage of social
protection program despite budget constraint.

The last two governments have introduced the number of categorical social assistance program and took a heavy step toward the welfare expansion. However policy-makers are still reluctant to accept the arguments of specialists in favour of social allowance programs, because there is a widespread and strong belief in the merits of developmental strategy and the weakness of welfare strategy.

This report propose that the social allowance is a practical and effective method of improving the welfare of low income families, and that it must take the step forward with the more solide and differentiated strategies,
A Comparative Study on the Minimum Income Benefits

Author | Eugene Yeo, Ph.D
Co-author(s) | MeeGon Kim, Wan Sub Lim, MinHee Kim

This study aims to draw useful lessons on the welfare benefits system for low income families in Korea. In the process, this study analyzes and compares minimum income benefits (MIB) in Korea, Germany, Sweden, and the United Kingdom, in terms of their redistribution effects and their influence on work.

Chapter 2 introduces political, social and economical backgrounds against which changes were brought to welfare states. Global economy and the change of social structure led the break down of the former welfare structure. Various socioeconomic factors caused the crisis of welfare state and its restructuring during the late 1990s. Consequently, welfare states began to make changes in benefit systems on low income groups. The characteristic of benefit systems since these changes can be explained as workfare or welfare-to-work (or welfare-for-work), Whatever the term is, it emphasizes the work participation and integration; it does not simply stress the work incentives. Rather, it focus on bringing re-integration on labor market.

Chapter 3 introduces various programs for low-income families (i.e., cash benefits for able-bodied recipients). For each of the selected countries, cash benefit programs are examined according to their composition which contains social allowance, social insurance, social assistance and the benefit provided from taxes. Each country’s social and economical context has been presented as well as current changes on overall welfare systems. Three countries except...
Korea have tight benefits systems. Also they provide more general and preventive systems which are developed to prevent one from falling in poverty.

Chapter 4 is about the evaluation of the adequacy of benefits for the workable (ideal-type) families; single household, single parent with children household, and parents with children household. Using raw data from the SaMip (Social Assistance and Minimum Income Protection Interim Dataset) and the KoWeps (Korean Welfare Panel Study), the minimum income protection level has been compared. Korea has strengthened its livelihood benefits, while giving less attention to other benefits such as housing benefit. In general, benefits have increased when the minimum income protection level has been adjusted according to PPPs (except Sweden in mid-90s). However, the relative level of minimum income protection level (the ratio of it to the median income) has been fall in the early and mid-90s.

Income redistribution effect is explored in Chapter 5 using raw data from the LIS (Luxembourg Income Study) and Koweps. The level of poverty and inequality in respective countries have been brought up and consequently, the poverty reduction effect and redistribution effect of public transfers systems (in each kind of benefits) are examined. Comparatively, the redistribution effect in Korea was low and at the same time, the degree of poverty and inequality was low. This is because the poverty ratio and inequality ratio of market income were low and private transfers had a large role in redistribution. As Korea relied heavily on social assistance program in poverty reduction, the efficiency of welfare programs were high compare to Germany and Sweden.

Chapter 6 analyzes the work incentives of welfare benefits. As there is a huge concern over welfare benefits and its influence on work participation, this study attempts to understand the gap between hypotheses and the reality. In fine, it is expected to reduce labor supply when the qualification criteria of social assistance is loosen or when the social allowance is increased.

The implications on Korean welfare policy are discussed in Chapter 7. To look at the trend
of the benefits on low income families, it can be summarized as the one emphasizing ‘activation’ and preventing ‘social exclusion’. Moreover, three comparable countries developed various and preventive programs to deal with various needy groups. Also, these countries developed well-structured programs on housing benefits, not only focusing on livelihood benefits. Therefore as is the case with other economically developed countries, Korea needs to diversify the programs to fit the various needs. In addition, the reliance on social assistance should be reconsidered as it cannot avoid the controversy damaging work incentive even though it is useful way to targeting the needy.
Policy Challenges to narrow Socio-economic Gap (Comprehensive Report)

Author | Shin-Wook Kang, Ph.D
Co-author(s) | Daemyung No, Taewon Kim, So-Chung Lee, Won Il, EunYoung Park

This study analyses the causes and realities of enlarged disparities which occurred in many economic and social area, and proposes some policy mixes to enhance the degree of social cohesion.

For las two decades, disparity in productivity and profitability among fields has been continued in manufacturing industry. After 2000, that disparity has been mainly caused by different effects of trade with China. Since 1990, the gap in labor productivity, R&D investment, and establishment investment between big business and SMEs has been widened. The cause of these disparities seems not to be the size of business, but whether a company belongs to a conglomerate or not. In order to reduce the disparities among sectors it is required to build up competitive market condition. To prevent disparities among industries and firms from making disparities in employment, pro-employment industrial policy is needed, which will make it easy to launch innovative SMEs in particular.

After economic crisis in 1997, the income distribution in Korean got worse. The poverty and inequality has been increased and the size of middle class was reduced. Above all, the increase rate of household market income of low income class does not reach to that of high income class, after 2003 at least. This means that so called trickle-down effect of economic growth could not be expected any more. Recent trend in income distribution implies that multiple approach is required including cash benefit, in-kind benefit and job creation.

The main cause of increasing poverty and inequality is labor market segmentation, Failing to
cope with this problem, current social security system has much short fall and can not provide income support for the working poor. The best way to response to labor market segmentation is enhancing flexibility and security altogether. But, in case that this strategy is not possibile, it could be an policy alternative to increasing jobs in the first sector and enhancing security in the second sector. Considering that building universal welfare system in the short run, introducing public assistant program for the unemployed and extending the target group of EITC is required to reduce the excluded from social security system.

One of the reason the democratization of last two decades in Korea failed to result in welfare expansion and enforcement of social right is underdevelopment of party politics. Political party and labor union did not played much role in building Korean welfare system compared with the government and civil society. The increasing inequality among workers is connected with political environment. So building infrastructure for political competition on welfare policy is very urgent task.
Social Services Study for Pursuing Evidence Based Policies

- A study on Indicators Development and Measures of Social Crisis in Korea
- A Study on Changes of Family Crisis and Social Welfare Policies in Korea
- Recent Trends in the Linkage of Disability Benefits with Employment Policy in Selected Countries and Policy Issues
- The demand based welfare service reform for children and the youth
A study on Indicators Development and Measures of Social Crisis in Korea

Author | Seung-Kwon Kim, Ph.D
Co-author(s) | Kyung-Sup Chang, Ho-Ki Kim

The purpose of this study is to develop social crisis indicators in Korea; to measure the time-series crisis level based upon these indicators; and to propose policy recommendations to reduce the crisis level according to the measurements. The final social crisis indicators are determined by considering the findings of Delphi survey and respondents' comments. A total of 10 areas and 44 indicators are selected. The analysis results can be summarized as follows. First, Korean society experienced a moderate level of crisis (61~80 points) during 1996~2008, and the level of crisis was relatively low (41~60 points) in 1999, 2004, 2005, and 2007. The level of social crisis was at its lowest at 55.64 in 2005, rising in 2006 to 60.75 and remaining more or less the same thereafter. In 2009, despite of the immense effects of the global economic crisis, the level of social crisis increased only by 0.88 points from the previous year.

Based upon these results, this study proposes academic and policy recommendations. At the academic dimension, there is a need to establish the definition and theoretical foundation of social crisis, and further multidisciplinary studies should be conducted as to social crisis. The study results bring to light many aspects of policy implications as follows: establishment of social crisis management system and the concept of permanent job, prevention of middle and high school dropouts, and comprehensive review of the effectiveness of the current policies on low-fertility and aging.
A Study on Changes of Family Crisis and Social Welfare Policies in Korea: With a Focus on the Family Life Cycle Perspective After Economic Crisis

Author | Yu-Kyung Kim
Co-author(s) | Yang Hee Kim, SungEun Lim

This study analyzes, based on the theory of family life cycle, causes and types of family crisis under the current economic crisis in Korea, and through case studies examines various welfare needs of families in crisis. “Family crisis” is defined as a situation that the family cannot either successfully move from one stage of development to the next or complete developmental tasks in a given stage of the family life cycle due to the negative effects of the economic crisis on the family. Ultimately, this study aims to provide a comprehensive strategy for the families in crisis at each stage to prevent family poverty and promote healthy marriage. With a view to pursuing a comprehensive strategy to help families in crisis, the legislative support system needs to effectively respond to family’s diverse demand for social services such as cash, housing assistance according to their stage of family life cycle. Furthermore, the government needs to establish monitoring system to find out and support families facing financial difficulties and strengthen social safety nets, and provide universal services for families,
Recent Trends in the Linkage of Disability Benefits with Employment Policy in Selected Countries and Policy Issues

Author I Sang-Yong Yoon  
Co-author(s) I Taewan Kim, Min Hui Kang, SongHee Lee, YoungKyung Lim, MiYoung Choi, Dong Ki Kim

- Recent Trends in the Linkage of Disability Benefits with Employment Policy in Selected Countries and Policy Issues
  - The objectives of this study are to study the recent trend of disability policy in some developed countries connecting disability benefit and disability-related employment programmes and to introduce the basic principles to connect two programmes in Korea.
  - In contradictory situation of progress of people’s health and increase of disability benefit beneficiary, some developed countries have been working to change the paradigm of disability policy of disability benefit focused on policy into social inclusion policy through strengthening active labour market policy.
  - In the concrete, some developed countries have merged benefit agency and public employment service agency, which means to construct single assessment system of disability benefit and disability-related public employment services.
  - However the status of Korean disability policy is inferior to average of OECD countries, but also disability benefit and disability-related employment services are not connected.
  - Policy implications for Korea drawn through analysing some developed countries' recent trend in disability policy are development of work capacity of the disabled people, introduction of work ability as eligibility criteria of disability pension and expending disability-related public employment services agencies.
The demand based welfare service reform for children and the youth: case studies on urban and rural areas

Author | Meesook Kim, Ph.D
Co-author(s) | Seoung-Chun Kim, Ik-Jung Chung, Hyewon Lee, Seoung-Whan Oh, JuYeon Lee, OeJin Shin

This study aims to examine the current status and the various issues of the child welfare service supply and to propose recommendations on where it can improve. In order to overcome the weakness of a top-down approach, this study adopts a bottom-up approach by examining how the service recipients access the welfare system and how the service workers provide welfare services.

Considering the high needs of welfare services of children and youth in Korea, service infrastructure is still quite insufficient. For instance, the National Basic Livelihood Security services covers only 420,000 children and youth, only 45.7% of 920,000 children under the absolute poverty level. Most welfare service provision for children and youth are residual, targeting low-income needy children.

In addition, while the child welfare workforce is in great shortage, a long-term plan to provide the welfare service workforce to service fields has not been made yet. Especially, the number of trained services workers for children and youth in high risks(those who experience complex problems such as abuse and delinquency) is few and welfare workers are troubled in the vicious circle of low-payment, long work-hour and frequent turnover. This often lowers the quality of welfare services toward children and youths.

The welfare services for children and youths is delivered through a dual-system, one from the Ministry of Health and Welfare and the other from the Ministry of Public Administration and Security. Therefore, there is room to improve the efficiency of the service delivery system and
the expertise of service workers,

Case studies on the networking and the case management in 3 local communities were conducted. Personal interviews with agency service workers (both public and private) and the focus-group interviews were implemented in Gwan-ak Gu in Seoul, Ansan-city in Kyunnggi-do and Wanju-gun in Cheolabuk-do. The interview analysis shows below results,

First, the local community has not made any consensus both on the rationale and the standards of the case management services for children and youths. Thus, the case management services in a single community shows various types and standards, which often differentiates the quality of services. Secondly, the agencies are in need of qualified case management workers. Thirdly, local agencies suffers from insufficient budget and opportunities to train manpower. Lastly, there are difficulties to evaluate case management service and to properly provide supervision to service workers.

Based on the findings of the interviews, this study proposes a number of recommendations with a view to improve welfare supply system for children and youth. Those are to expand universal services for children and youth, to reorganize the delivery system of welfare services, to establish workforce supply plan and to build infrastructure of case management services,
Establishing Response System to Low Fertility and Aging Society

- The Future Policy Issues for Health of the Elderly
- A Profile of the Productive Activities of Older Persons and Economic Valuation
- Impact of Multi-cultural Family on Quantity and Quality of Population in Korea
- Policy Recommendation on the Quality and Quantity of Childcare Infrastructure in Response to Low Fertility
- Networking Healthcare and Social Services for Those outside the Long-Term Care Insurance
- Consumption and user Satisfaction of Senior-friendly Products
The Future Policy Issues for Health of the Elderly:  
Construction of Functional Independence Promotion System of Everyday Living Activity

Author | Duk Sunwoo, Ph.D  
Co-author(s) | Young-Hee Oh, SueHyung Lee, JiSun Oh, Sok Goo Lee

The purpose of this report is to develop policy issues for maintaining physical function health and activities of daily living, aimed at constructing the health care system for the elderly, and stabilization of health insurance and long-term care insurance finances. In addition, the report tries to determine whether the status of physical function and activities of daily living can be explained differently by demographic, socio-economic factors, health-related and social relationship factors.

The study population was defined as women and men aged 65 years who were interviewed to find welfare and long-term care needs and status of living arrangements and health and nutrition status, among national surveys conducted in 2001, 2004 and 2005. Bivariate analyses were run between dependent variables and main demographic, socio-economic factors as well as between health-related and social relationship factors. Unadjusted associations between categorical variables and functional status decline outcomes were significance tested using Chi-square and multivariate-adjusted odds ratios were computed using a series of logistic regression models.

The results were as follows, Multivariate-adjusted odds ratios of functional status decline was associated with main chronic diseases, dementia, regular exercise, hearing ability.

Policy issues can be suggested that firstly, the comprehensive health survey for the elderly should be done regularly, based on longitudinal study of ageing, and secondly, the specialized health promotion for the elderly be activated, based on strength enforcement and nutrition for
maintaining physical functions, and thirdly, screening system for finding the frail elderly be constructed, and fourthly, home health care system be constructed, centered on recognition of general practitioner (doctor) for the elderly, reviews of new visiting nursing care by nurses, etc., and fifthly, new rehabilitation system for the elderly be constructed, centered on recognition of general practitioner (doctor) for the elderly, especially centered on continuum of acute, sub-acute and chronic rehabilitative care in local government-operated hospitals and public elderly-specialized hospitals,
A Profile of the Productive Activities of Older Persons and Economic Valuation

Author | Kyunghee Chung, Ph.D
Co-author(s) | Yun Kyung Lee, JiEun Yoon

A wide range of policy measures have been implemented to help older persons become more productive and active in an increasingly aging Korea. However, due to the stereotype of older persons, their social contribution is often under-appreciated. Therefore, this study aims to make the economic values of older persons’ productive activities visible and thus reduce the stereotype of older persons as passive and unproductive.

This study consists of five parts. The first part reviews related discussions regarding the National System of Accounts and productive ageing. The second part analyzes the 2004 Time Use Survey of Korea and MTUS to review and compare the profiles of time use of older persons in Korea, Norway, Germany, UK, Spain, and Italy. The third part takes a close look at productive activities of older persons in six countries. The fourth part evaluates the economic value of the productive activities of Korean older persons. Lastly, policy implications and suggestions are made for further studies.
Impact of Multi-cultural Family on Quantity and Quality of Population in Korea

Author | Sam-Sik Lee, Ph.D
Co-author(s) | HyoJin Choi, Seong Jae Park

In recent years, the typical demographical and social features are low fertility, population ageing and increase in multi-cultural families in Korea. Especially, immigration policy, together with pro-natal policy, has been often discussed as a major option in response to low fertility and population ageing.

In this context, this report aimed to measure the repercussion of increase in multi-cultural families on both quantum and quality of total population, and thereby to suggest future policy options. The main method was population projection for marriage migrants and their descendants during the period from 2009 to 2050.

As a result, the increase of multi-cultural families will make a positive contribution on the side of population quantum. The size of migrant immigrants and their descendants will account for more than 5 percent of the total population in 2050. The size of workable population aged 15–64 will approach to 6 percent of that of the total population in 2050. Their age structure will contribute to attenuating the population ageing level by 4 percent.

The multi-cultural families are characterized by illegal status, high proportion of remarriage and big difference in ages between couples, low educational attainment and economical experience, vulnerability of child-care and education with discrimination, and low income. The increase in such family will lower the educational level and vocational ability of the total population, even though it is not significant. However, such low quality may be concentrated on multi-cultural families, which may be handed down to their posterity. Especially, the proportion
of marriage immigrants’ descendents to the total children will increase due to low fertility; as of 2050, they will account for 24.7 percent for pre-schooling population, 15.3 percent for primary schooling population, 12.0 percent for middle schooling population, and 10.1 percent for high schooling population. It implies that the quality of total population will be dependent on that of the marriage immigrants’ descendents to some extents.

In conclusion, the long-term policy efforts for marriage immigrants and their children should be made to maximize the positive effects on the side of population quantum and to minimize the negative effects on the side of population quality.
Policy Recommendation on the Quality and Quantity of Childcare Infrastructure in Response to Low Fertility

Author I Yoon-Jeong Shin, Ph.D
Co-author(s) I Jihye Yi

The fertility rate in Korea has decreased dramatically since 1980's. Although there were lots of changes in Korean society causing low fertility in Korea, there is few social support helping these changes. This is the most important reason explaining the low fertility rate in Korea. Child care system in Korea usually helps poor family rather than helps working mother or dual earner family. This study discusses availability and affordability of child care service in order to increase the fertility rate, women's employment, and social integration. This study compare the childcare service in Korea with the childcare service in European countries where fertility rate increase in recent days.

This study suggests the direction of policy on childcare service as follows; it solves the problem of low fertility by reducing the burden of childcare of family, it helps the work and life balance and utilizes women's workforce in the aging society, and it contributes social integrity by rearing healthy child.

The results of this study shows that the characteristics of childcare servies in quantity side are very similar with the European countries where the fertility rate is low. The compulsory education starts when child goes to elementary school in Korea. Korean family mostly uses informal childcare service rather than formal childcare service, Korean women uses longer childcare service than European women because Korean women hardly use part-time or flexible time in labor market.

There are quality control system in Korea but it is hard to control the quality of child care ser-
vice with this quality control system. Therefore in order to increase the quality of childcare service in Korea it is very important to establish reliable quality control system.

Korean government regulates the price of childcare service and support childcare cost for family. But many Korean families feel the cost of childcare service is expensive. The reason is that childcare facilities imposes extra charges besides the regular childcare program especially when child uses full time services.

Based on these results this study suggests the following policy recommendations, Korean child care service should focus on solving the problem of low fertility problem rather than just helping the poor family. The childcare policy should be conducted with labor market policy which enables women use parental leave, The childcare market structure should be improved for the government provide better childcare services, The policy on childcare allowance should be proceed with concerns that it may have problem such as decrease of women's participation and gender inequality in labor market. It is very important to introduce the early child education system in Korea and the government should re-modeling the roles of childcare and early education.
Networking Healthcare and Social Services for Those outside the Long-Term Care Insurance

Author | Young-Hee Oh, Ph.D
Co-author(s) | Yun Kyung Lee, Duk Sunwoo, Hyeyung Yoo, JJSun Oh

The Long-Term Care Insurance for the Elderly introduced in July, 2008, laid the groundwork for institutionalizing social services for the elderly. Meanwhile, the Ministry for Health, Welfare and Family Affairs has recently put out a guideline to incorporate local healthcare and social services into a network for the elderly who are outside the Long-Term Care Insurance either because they are ineligible or the premium they have to pay is financially too burdensome. According to this guideline, the National Health Insurance Corporation should classify those ineligible for the Insurance into ineligibility categories A, B and C and notify the registered names to city(si) and district(gun or gu) offices. These offices are supposed to coordinate local healthcare and social services to provide relevant services for the elderly in need. However, it has been pointed out that the coordination among local healthcare and social services are not smooth and that there are no preventive services available for the elderly outside of the Insurance’s eligibility categories.

Built on literature and case reviews, this study aims at exploring ways to establish a network of healthcare and social services available at local governments, public health centers, the National Health Insurance Corporation and elderly community centers, so as to better manage care for the elderly who are left outside the Long-Term Care Insurance and for those who are frail. This study includes foreign cases and focus group interviews on experts working at 6 different healthcare or social services organizations.
The study suggests in its conclusion that local governments should take a leading role in providing Long-Term Care Preventive Services and establish a cooperative relationship and share information with public health centers, social services organizations and non-profit organizations,
Consumption and user Satisfaction of Senior-friendly Products

Author I Soo-Bong Kim, Ph.D
Co-author(s) I Tae Burn Lee, Gyeong Rae Kim, Yun Kyung Lee, YoungA Kim

The purpose of this study is to survey the consumption and user satisfaction of senior-friendly products and seek alternative options to increase the consumption of these products. Among welfare equipments, slip-prevention products were most widely used (37.8%), followed by sticks, mobile toilet, and bath chairs. Meanwhile, consumer satisfaction among welfare equipments was highest with "safety handle" at 3.27 and the lowest with the highest at 3.03 to cushion the lowest pressure ulcer prevention. In the case of elderly-friendly supplies, consumer satisfaction was highest for blankets and pillows at 3.09 and lowest for health supplements for 2.65. Four areas of satisfaction, price satisfaction against funtion was lowest. In order to improve the priority is to reduce the burden of the price. To do this, calculation of the fair price should be preceded, as an alternative pricing system should be enabled or rental assistance. Finally, consumer protection system for the elderly should be introduced.
2009 Research Projects

Enhancing Health Welfare Statistical Information System Foundation

- Study on the Approaches to Integrate, Connect and Develop Ministry of Health, Welfare and Family Affairs Websites
- Health and Welfare trend of Korea; 2009
- Establishment and Operation of the Health and Welfare Statistical Information System
- 2009 Development and Operation of Gateway System for Internet Health Information
Study on the Approaches to Integrate, Connect and Develop Ministry of Health, Welfare and Family Affairs Websites

Author | Taemin Song, Ph.D
Co-author(s) | SeeWon Ryu, Dae-Soon Park, Hye Yeon Ko

Almost all public organizations including the central ministries and offices of government in Korea have operating websites. However, each administrative body has its own homepage so that integrated service through a single window is not well implemented. Public organizations do not satisfy the users’ expectations of integrated services and information because of the individual service of each ministry. This is caused by insufficient linking of information among ministries and offices of government and Internet-focused piecemeal channel service.

While offices under the direct control of the Ministry of Health, Welfare and Family Affairs and relevant organizations have about 40 websites, integration and systematic information services to improve the efficiency and productivity has not yet been implemented due to the lack of integration and linking of website services.

This study suggests an integrated website information management system enabling comprehensive administration by the ministry for user-focused integration and linking services. This will also enable efficiency and link the 40 websites currently operated by different offices under the direct control of Ministry of Health, Welfare and Family Affairs and relevant organizations.

To develop the integration and linking model, the standardization of the integrated menu structure, website integration and linking model, service integration and linking model, administrative system integration and linking model and integration and linking website system configurations were presented.

Furthermore, compliance with the website implementation standards, guidelines and tech-
nologies, implementation of user-focused integration and a linking website, implementation of the integration and linking website using new information technology, an approach to efficiently operating the target sites for integration and linking, an approach to improve loading time of integration and linking websites and qualitative and quantitative service enhancement were suggested.
Health and Welfare trend of Korea; 2009

Author | Young-Sik Chang, Ph.D
Co-author(s) | Kyeong Hoan Gho, See Won Ryu,
Jung Woo Lee, Na Yeon Kim

I. Research Background and Objective
- Health and welfare statistics has been played important role in welfare society, Sophisticated statistics and indicators are indispensable to the formulation and evaluation of health and welfare policy.
- Internationally comparable statistics should be developed and managed in order to respond to the request of international organizations such as OECD and WHO.
- By reviewing the published national statistics about health and welfare, It is needed to analyze trend of health and welfare status. In addition, it is required to introduce significant implications to the future of welfare state.
- The goal of this study was to not only develop the quality of indicators about health and welfare but also enhance the appropriate and timely use of them.

II. Research Contents and Methods
- We collected the published statistics about health and welfare of Korea, and classified by specific topics,
- Trend analysis has been made by using the published serial statistics about health and welfare status of Korea,
- We developed significant indicators to understand the status. Furthermore we analyzed the trend of health and welfare of Korea,
We facilitated comparative study and policy making by not only cross-sectional but also serial analysis of health and welfare in OECD member countries. Moreover we critically reviewed the classification and form of statistics of them, and suggested implications to Korea.

We evaluated the usability of existing statistics table form.

When doing the research, we met some professionals to get advisory comment.

III. Results

We reviewed health and welfare sector respectively and analyzed in detailed classification by using indicators.

Health sector was classified as health status, healthcare utilization, birth, death, disease, injury, health behavior and consciousness, healthcare cost and non-healthcare determinants of health by referencing the classification of the developed nations and international organizations.

• Healthcare level of Korean has been improved steadily. The fundamental reasons are prolonged life expectancy, expanded healthcare resource, increased healthcare utilization, and improved the consciousness and behavior of health.

• Health status of the citizens have been improved gradually. An important reasons are prolonged life expectancy, decreased infant and perinatal mortality, and improved children's health of teeth. However, the fact that under-weight infants are increasing is undesirable.

• Healthcare resources such as medical doctors, nurses, the number of beds, healthcare institutions and medical equipments have also been improved.

• Organ transplant operations which is desirable have been increased.

• Even though caesarean operations which is undesirable have been decreased, but still high.

• Mortality of illness has been decreased, but the suicide rate is still higher than other countries.

• The prevalence of hypertension and the incidence of cancer were revealed as high.

• Vaccination rate for children is high.

• By considering GDP, Nation health expenditure has been increased as the developed nations did.
• The percentage of the overweight and the obese has been increased.
• Smoking rate and liquor consumption have been dipped.

The level of welfare service of Korea has been advanced as the socio-economic progress.
To be specific, not welfare services but policies for low-income families and the under-privileged have been introduced actively.

• The level of minimum cost of living, medical assistance and benefits to the men of national merit also have been increased.
• Medical security for the whole nations are implementing well. Members of national pension, pension for public service personnel and pension for teachers at private institutions have been increased.
• The number of worker’s accident compensation insurance member are increased and actual worker’s accident has been increased steadily too.
• Businesses and employees who are insured the unemployment insurance have been increased steadily.
• National welfare services for the aged, the disabled and children have been expanded.
Especially, policies such as pension for the aged, allowances for the disabled and child protection are planning to be introduced.
Establishment and Operation of the Health and Welfare Statistical Information System

I. Background and Purpose

- In the past, statistics was of interest to only such specialized groups as policy makers, producers of statistics and some related experts, but as the quality of life is increasing with economic growth, the public's interest in statistics is also on the rise.
- The government and related agencies have been investing significant budget and efforts to meet the rising demand for statistical information services, but even the existing statistical information cannot be easily accessed by users.
- Management system is needed for the following objectives: Making an environment where the existing statistical data can be used more actively; improving graphical layout; maximizing the provision of user-demanded statistical data; forecasting statistical demand; ensuring statistics data integrity.
- Create a database which includes the National Statistics Office-approved survey statistics that KIHASA produces, various basic statistics in the form of papers, statistics based on administrative records, and raw data in file forms, for the better and systematic data management and services, to improve the use of statistical information, and to provide high quality statistical services for the public.
- This study aims at creating a seamless system of information service delivery that will enhance the public's access to health and welfare statistics by maximizing the user-friendliness and developing a portal. It also aims at creating an environment for the efficient
provision of statistical data on which evidence-based health and social welfare policy measures are based.

II, Contents and Methods

- Developing an Information Strategy Plan to establish a Health and Welfare Statistical Information System
- Constructing a necessary infrastructure for the creation of the Health and Welfare Statistics Database, starting in 2010,
- Selecting KIHASA papers that contain priority data or data that has played an essential role in the government's policy making or that has had a high demand,
- Redesigning statistical tables with a high potential to be used as basic data for policy implementation by analyzing and selecting the data analyses made in the previous research papers and the statistics produced in the past research projects,
- Suggesting ways to establish a database of raw data for customized statistical services
  - Extracting repeatedly researched variables by analyzing research items from periodic results data from the raw data of research projects routinely conducted by KIHASA,
  - Establishing metadata of comparable time-series variables through the analysis of the statistical data of the periodically conducted research projects
- Benchmarking other statistical services, domestic as well as foreign,
- Presenting AS-IS and TO-BE as statistics production processing models for establishing a Health-Welfare Statistical Information System,
- Seeking a mid- and long-term direction for the establishment and operation of the Health-Welfare Statistical Information System,

III, Research Results

- Examined Health and welfare related statistics-producing agencies in Korea, i.e. the Ministry for Health, Welfare and Family Affairs, the Korea Institute for Health and Social Affairs and the Centers for Disease Control and Prevention;  
- The Ministry is publishing Statistics Yearbooks, producing mostly statistics based on administrative records, and providing research statistics produced by research projects del-
egated to research institutes. Its Internet homepage provides statistics on health, welfare, e-country indicators, and statistics produced by other agencies,

- The Korea Institute for Health and Social Affairs is providing more than 40 types of raw data, obtained from its nationwide research on health care, national pension, national insurance, social welfare, and social policy. It is making its various research statistics available to the public,

- The Centers for Disease Control and Prevention keep 13 types of data files, including files on diarrhea group patients, patients of acute infectious diseases, immigrants, and patients of infectious diseases, and provides only the list of raw statistical data. The statistics related to its varied research projects seems to be in the preparation phase for future services,

- KIHASA research statistics have been examined and sub-categorized into regularly produced statistics and irregularly or one-time produced statistics

- Statistical data from ‘Survey on Living Conditions of the Disabled,’ ‘National Survey on Fertility and Family Health and Welfare Conditions’ and ‘Survey on Patients’ are going to be analyzed, and the other research projects are going to be annually analyzed, taking into account the frequency of use and importance of the statistics,

- The problems with the health and welfare statistics available now are as follows: 1) most of the data in forms of an excel file or printed publication; 2) no time-series management of statistical data is being done; 3) regular updating of statistical tables is not being done; and 4) no thematic classification standards are available in providing the statistical tables, lacking in information accuracy and in the provision of the latest information,


- Differentiated services or functions need to be provided for the general public and professional users,

- Examined websites of statistical services abroad, including ‘E-Stat of Japan’s Statistics

- Australia’s National Health Data Dictionary is judged to be an advanced model after which services of KIHASA raw data can be improved.

- The following need to be considered for the establishment of Health Welfare Statistical Information System:
  - One stop search function for statistical data based on meta data, ways to utilize raw data, protection of private information, and information security
  - The range of chargeable services and the quality, standardization of the data, and securing data reliability
  - Ways to meet various consumer demands, such as Online Analysis Process, Contents Management System, and Customer Relationship Management
  - Differentiated Services through consulting or data re-processing
  - Development and provision of statistical indicators that support rational policy-making
  - Web 2.0 technology which does not require an Active X in developing and realizing systems
  - Ways to provide statistical information in a more user-friendly way, in particular, by using various graphic images
  - Enhancing searching accuracy and reliability of statistical data

- Examined research statistics production process, ranging from statistical research, data collection, data management, to information services, to study better ways of producing statistics

- A priority job process to effectively provide health-welfare statistics is as follows:
  - Collect health-welfare statistical terms and develop standard definition process
  - Select and commit a full-time agency to managing and providing raw data
  - Statistics table list management and database registration through input management system
  - Save and manage guidelines on questionnaires and encoding in the database upon raw data submission
  - Make meta data when saving raw data, statistical tables, and other related data in the database
What the health-welfare statistical information system envisages through its establishment is to provide high-quality statistical services for health and welfare policy making and to support rational decision making. Its goal is to establish a user-friendly integrated health-welfare statistical information management system.

The future model of the health-welfare statistical information system is founded on establishing a foundation to more effectively provide reliable high-quality statistical information for the users by defining in detail the concepts of micro data (raw data), statistical data, meta information, online analytical processing, and web portal system and integrating them to ensure the timeliness of information exchange between systems and the accuracy of information processing.
2009 Development and Operation of Gateway System for Internet Health Information

Author | Young-Chul Chung
Co-author(s) | Ki-Ho Lee, Joo Heun You, Sue Jean Kim, Youngil Choi

Following are the results of the operation of 「Health Information Park」(healthpark.or.kr), the gateway system for Internet health information which was built and has been operated since 2004, based on the “Quality Evaluation of Health Information”, a discussion that began at the beginning of the century.

「Health Information Park」supplemented the implementation goals including the establishment of a health information monitoring system, implementation of health education and information service base and service improvement. It has been providing additional services including search, health Widget, RSS, a blog and bookmark with 6 main subjects: Health News, Health Content, Health News Monitoring, Health Education, Health Knowledge Search and Medical Service Information.

The resources of 「Health Information Park」accumulated as of December 2009 include 4,366 items for Health News, Health Content (10 kinds for recommended contents, 99 items for self-diagnosis), 209 items for Health News Monitoring and 664 items for Health Education. There are 118 information partners, the subjects of Health Knowledge Search, 2,051 items for health tips (12 themes), 4,232 items for disease information (17 themes), 195 items for experts' columns, and 149 items for health rules.

Major information that visitors use in 「Health Information Park」includes Health News, Health Content and Self-Diagnosis. It was found that sufficiency, usefulness, reliability, ease of search, ease of understanding, timeliness, ease of use, overall service satisfaction and accessi-
bility were substantially improved compared to those in 2008.

Furthermore, the average number of daily visitors to "Health Information Park" was 2,930 in 2009, which had increased by 22.6% compared to the 2,390 visitors in 2008.

In conclusion, "Health Information Park" achieved its implementation goals in 2009. In addition, developing the new national self-diagnosis management model applying ubiquitous technology as well as building more specific and specialized services, a health information monitoring service link system with mass media at the national level and a service system to share and use multimedia health education information at the national level are necessary.
Establishing Health Welfare related Panels and Outcomes

- Statistical Report on Wave 4 of KOWEPS Survey
- An In-depth Study of 2008 Korea Welfare Panel Study
- A Report on the Korea Health Panel Survey of 2008
Statistical Report on Wave 4 of KOWEPS Survey

Author | Chang-Kyoon Son, Ph.D
Co-author(s) | MeeGon Kim, bongJoo Lee, Shin-Wook Kang, Gye yeon Kim, Ji Hyun Oh, MinHee Kim, JaeDong Shin, GiCherl Son, Eun Joo Kim, Tae Sung Kim, In Hoe Ku, Sang Kyoung Kahng, Seo Yeon Ahn, Won Jin Lee

Social welfare policy should be able to cope flexibly with changes in people’s economic situation, consumption, sense of values, poverty and actual conditions of distribution. However, cross-sectional surveys are limited in analyzing the socio-economic dynamics due to age effect and cohort effect.

Mindful of this, the Korea Institute for Health and Social Affairs (KIHASA) and the Seoul National University (SNU) embarked on Korea Welfare Panel Study (KOWEPS) in 2006 and established 7,072 households originally sampled in the first wave year. The questionnaire for this survey consists of 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. They are 3,500 households with 60% of the median income and below and 3,500 households over 60% of the median income. The attrition rate of the fourth wave survey carried out in 2009 as compared to first wave in 2006 is 16.08%, which is the lowest in Korea.

This wave surveyed 6,207 previously surveyed and new households, which, in terms of the number of household members, consists of 12,611 individuals aged 15 and over and 612 children aged between 12 and 15.

This is a descriptive report providing a wide variety of data and information about people's general and economic conditions, employment, social security, welfare needs and understand-
ing of welfare, all of which are the among the special topics of the fourth wave. Our results are very analogous to those from other cross-sectional surveys, such as ‘Population and Housing Census’, ‘Household Income and Expenditure Survey’ and ‘Economically Active Population Census,’ This attests to the reliability of the Korea Welfare Panel Survey.
An In-depth Study of 2008 Korea Welfare Panel Study
- Analyzing Social Indicators -

Author | Eugene Yeo, Ph.D
Co-author(s) | Gye Yeon Kim, Ji Hyun Oh, JaeDong Shin, MinHee Kim

This study aims to describe Korea’s present situation and its changing aspects in five parts: distribution, housing, health, labor, and social security by analyzing raw data of the Korea Welfare Panel Study (KOWEPS) from 1st to 3rd Wave. As the first social indicator, distribution is analyzed with poverty index including poverty ratio and poverty gap, and inequality index containing Gini coefficient, Entropy Index, Atkinson Index, and Distribution ratio. Also the effects of poverty reduction and inequality alleviation have been studied. As the second social indicator, housing is analyzed with the index of housing stability, housing amenity, housing affordability, and housing poverty. Third, health is examined by the index indicating subjective health, depression, smoking behavior and drinking behavior. Fourth, labor is observed with the economic participation rate, the employment and unemployment rate, the occupation status, the number of family member employed, and the ratio of work in hazardous circumstances. Fifth, social security is analyzed by observing the recipient ratio of the public assistance, social insurance and the other welfare related services. Since the indicators above are analyzed with the various criteria such as household income, education level, gender, age, and region, this study gives significant meaning presenting the current situation and social trend in Korea. Also it gives political implication which Korea has to carry out.
A Report on the Korea Health Panel Survey of 2008

Author | Young-Ho Jung, Ph.D
Co-author(s) | Sukja Ko

The health care sector has rapidly changed and medical expenses have increased at growing speed. These changes increasingly demand improvement in efficiency, effectiveness and equity from the national health care sector.

To achieve such goals, the government has to secure basic statistical data in order to make evidence-based scientific policies. In particular, a database must be built to cover issues such as: 1) scientific data production with respect to medical utilizations and out-of-pocket medical expenses; and 2) complicated and diverse cause-and-effect relationships relating to behaviors of using health care services, health conditions, and health behaviors.

A wide variety of survey subjects should be included in panel surveys based on the conceptual framework pursued by the Korea Health Panel. In summary, the survey subjects in this report can be categorized into: 1) demographic and socio-economic characteristics of individuals and health equity; 2) health awareness and behaviors; 3) health levels and restrictions on activities; 4) social capital and network; 5) residential environment; 6) use of health care services; 7) accessibility to and satisfaction with medical services; 8) expenditure level of medical expenses; 9) financial resources for medical expenses; and 10) private health insurance payments.

In order to accomplish political objectives in the health care sector, it is imperative to primarily track down pathways relating to complicated and diverse cause-and-effect relationships among medical utilizations & behaviors, health conditions and health behaviors which deter-
mine medical expenditures. This is attributable to likelihood of establishing desired policies when phenomena are accurately apprehended and respective determinants are scientifically investigated. In that sense, the Korea Health Panel is expected to play a politically and academically important role and bring about the following effects. First, the panel allows for understanding of dynamic changes—which is impossible with cross-sectional data-enabling cohort analyses (such as effects in a specific period of time and on the specific age group). Second, the panel provides diverse access to health, likely boosting the understanding level of health-related policies. Third, in-depth studies about medical utilizations and expenses should likely lead to comprehension and analyses of dynamic changes with respect to payments for services not covered by the health insurance, medicine and private health insurance of individuals and households,
2009 Research Projects

- Efficient Management of Healthcare System and Supply Optimization
- Enhancing Preventive Health Promotion System
- Increasing Efficiency of Social Insurance and System Improvement
- Sustainable Social Finance and Effectiveness Evaluation
- Evaluation of Basic Living Security and Finding Alternatives
- Social Services Study for Pursuing Evidence Based Policies
- Establishing Response System to Low Fertility and Aging Society
- Enhancing Health Welfare Statistical Information System Foundation
- Establishing Health Welfare related Panels and Outcomes
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(An academic journal, published twice a year, covers theories and policies in healthcare, social security, low fertility and aging, and health and welfare information and statistics)

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# Health-Welfare Policy Forum
(A monthly designed to share with readers the latest findings of domestic as well as foreign policy trends and in-depth analyses in health-welfare policies)

## January
**(Volume 147)**

**Foreword**
Changes and Outlook of Health-Welfare Policy 2009
(Kim Yong-ha, President, KIHASA)

**Focus of the Month**
Changes and Outlook of Health-Welfare Policy 2009
- An Analysis on the 2009 Budget of Ministry for Health, Welfare and Family Affairs
- Health Policy Direction and Issues
- Changes and Outlook in Food Safety Management in 2009
- Prospects for Social Insurance Programs in 2009: With Special Reference to Public Pension
- Change and Outlook of the Basic Guarantee System in 2009
- The Prospects of Social Welfare Service Policies in 2009

**Policy Analysis**
- The characteristics of old age preparation of Korean Adults and policy implications
- Basic Principles to Connect Disability Benefits with Employment Services for the Disabled

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- Adoption of the Guidelines for the Implementation of the Framework Convention on Tobacco Control
- Contents of healthy living coordination program of Chiba prefecture in Japan and its implications
- Enhancing the Community Social Services Innovation Project based on the Analysis of US Block Grant Programs

## February
**(Volume 148)**

**Let’s Overcome the Economic Crisis by Working Together**
(Jun Jae-Hee, Minister, Ministry of Health, Welfare and Family Affairs)

**Economic Crisis and Policy Challenges**
- A Basic Policy on Social Safety-nets in Times of Economic Crisis
- The Significance of Social Service Jobs in Times of Economic Crisis
- Policy Suggestions on Emergency Support Program in Times of Economic Crisis
- A Plan for the Improvement of the Crisis-led Poverty in Health Care
- A Plan for Reducing Housing Poverty in Times of Economic Crisis
- A Plan for Expanding Public Assistance in Times of Economic Crisis

**Policy Analysis**
- Dental Hospital Accreditation Demonstration Project
- Self-reliance Delivery System: Recent Improvements and Tasks Ahead
- Future Directions of the Long-term Care Policies for Persons with Disabilities

**International Health-Welfare Policy Trends**
- Review on the Food Safety Agreement between USA and China
- Family policy regimes in OECD countries and its implications for Korea: with reference to Norway, Austria, Italy, New Zealand and Korea
- Implication of Health Behaviors in Socioeconomic Health Inequalities and Policy Directions
- Implications of the supply of physician workforce in Japan

## March
**(Volume 149)**

**How to perceive health inequalities?**
(Kim Chang-yeop, President, Korean Society for Equity in Health)

**Health Equity in Korea and Policy Challenges**
- Socioeconomic mortality inequalities in South Korea
- Equity in health expectancy across sex and educational attainment and its policy implication
- The evolution of health and utilization inequalities over time
- Implication of Health Behaviors in Socioeconomic Health Inequalities and Policy Directions
- Changes in financial burden of health expenditures by income level

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- Policy issues for maintaining living activity function of elderly people
- Trends of Health and welfare in Korea

**International Health-Welfare Policy Trends**
- Implications of the supply of physician workforce in Japan
- Policy implications of Japan’s new policy on low fertility
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**Current State and Future Direction of the Welfare Policy for the Disabled**  
(Ko Gyung-Seok, Chief, Bureau of Policy for Persons with Disabilities)

### Focus of the Month

**Living Conditions of Persons with Disabilities and Policy Implications 2008**
- Violence and Discrimination against People with Disabilities
- Public Support for People with Disabilities
- Social and Leisure Activities of People with Disabilities
- Persons with Disabilities and Their Marriage Life
- Health and Medical Care for People with Disability

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- Analysis of Changes in Tobacco Sales and Smoking Rates
- An Evaluation of the Child Educarer Supply Program in Child Welfare Centers

### International Health-Welfare Policy Trends

- The Trend of u-Health in Japan
- Recent Development in France’s Policy Response to Low Fertility
- Taxes on Health-related Goods in Selected Countries

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(Volume 154)

**Climate Change and Adaptation Strategies of Healthcare**  
(Park Yun-Hyung, Professor, Soon Chun Hyang University College of Medicine)

**Climate Change related Disease Aspects of Healthcare Sector and Future Responses**
- Climate Change and the Adaptation Development of Health and Social Sector
- Safety Management Policy and Policy Issues for Foodborne Disease
- The climate change adaptation strategies for infectious diseases
- Health Adaptation to Climate Change in Seoul Metropolitan Government

### Policy Challenges for the Healthcare Safety Net

(Kim Chang-Heop, President, Korean Society for Equity in Health)

**Policy Challenges for the Healthcare Safety Net**
- Gaps in Health Security and Ways to Narrow Them
- Health Care Safety Net in Korea: Issues and Policy Options
- Government’s Programs Supporting Medical Expenses of the Low-income Population

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(Volume 155)

**Current Situation and the Management Policy on Vitamin and Mineral as Health Functional Foods**
- Maternal Health and Nutritional Status of Marriage-Based Women Immigrants in Korea and Policy Directions

**New Health Technology Assessment and Health Insurance Coverage Determinations in Canadian Medicare**
- Victoria’s Mental Health Reform Plan 2009–2019
- Food Accreditation Systems in Selected Countries
April (Volume 156)

Foreword

Issues and Challenges of the Elderly Welfare Policy

(Oh Seong-Joo, President, Korean Gerontological Society and Professor, Yonsei University)

Focus of the Month

Issues and Challenges of the Korean Elderly Welfare Policy

- Policy Measures for Enhancing the Financial Security of Older Persons
- Expansion of Reverse Mortgage Schemes
- Current Situation and Policy Implications for the elderly Long-term care Insurance
- A study of Elderly suicide preventive measures
- The Prevalence and Risk Factors of Dementia in the Korean Elderly

Policy Analysis

- Cost of Illness and Health-friendly Fiscal Policy
- Changes in Funeral Trends and Policy Responses to Them

International Health-Welfare Policy Trends

- European Charter on Counteracting Obesity and its Implications for Korea
- An Overview of Japan’s Long-term Care Insurance
- The Trends of Individual Development Accounts for home buyers in the United States

May (Volume 157)

Current State and Challenges of Health-Welfare Statistics

(Lee Seung-Uk, Professor, Seoul National University Graduate School of Public Health)

Focus of the Month

Current State and Challenges of Health-Welfare Statistics

- Current Status and Implications of Health Data in Korea
- State and Challenge of Panel Survey in Korea
- Development of Regional Statistics from a Demand/Supply Perspective
- Evaluation of the Quality of National Statistics and Future Plans
- Survey Industry in Korea: Current Status and Tasks Ahead

Policy Analysis

- Medical Utilizations of the Aged: Issues and policy Tasks
- Social Welfare Budget: Leaks and Challenges

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- The Reform of Health Care Reimbursement Systems in France and Germany (Soom Huh)
- Child Care Performance Management System in UK

June (Volume 158)

In-Depth Analysis of the Korea Welfare Panel

(Kim Tae-Sung, Professor of Social Welfare, Seoul National University)

Focus of the Month

In-Depth Analysis of the Korea Welfare Panel

- The Korean Welfare Panel Study and Its Advantages
- KOWEPS Social Security Index
- Health Index on the Basis of Korea Welfare Panel Study
- Housing Index on the Basis of Korea Welfare Panel Study
- The Weighting and Development Plan of KOWEPS

Policy Analysis

- A Proposal for Improving the Regulatory System due to the Permission of Functional Claims to Ordinary Foods
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- Drug Shortage Program in the US FDA
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## Health Welfare, Issue & Focus

(a weekly serving policy-makers and end-users by identifying and discussing major current issues in health and welfare)

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International Conferences, 2009

International Symposium on Beyond the Economic Crisis: Social Integration and Shared Prosperity

- **Date**: Wednesday, May 27 - Thursday, May 28, 2009
- Hosted by the Ministry for Health, Welfare and Family Affairs
- Organized by NHIC, NPS, and KIHASA
- **Venue**: Ruby Hall, Yeong Bin Gwan, Shilla, Seoul

**Program**

**Wednesday, May 27, 2009**

**Opening Ceremony** 09:00~10:10

- Opening Remarks || Jae-Hee JEON_Minister, MHWFA
- Welcoming Remarks || Cae One KIM_Chair, NRCS
- Keynote Speech || Neil GILBERT_Professor of Social Welfare and Social Services, UC Berkeley, U.S.A

**SESSION I. Economic Crisis and Social Integration (Cases of the U.S., EU and China)** 10:30~12:30

- 10:30-11:00 Gary BURTLESS_Senior Fellow, Economic Studies, Brookings Institution, U.S.A
- 11:00-11:30 David STANTON_Chair, Indicators Sub-Group of the Social Protection Committee, European Union
- 11:30-12:00 Gong-Cheng ZHENG_Professor, School of Labor and Human Resources, Renmin University of China

**SESSION II. Economic Crisis and Social Integration (Cases of the Netherlands, Germany and France)** 14:00~16:00

- 14:00-14:30 Karen ANDERSON_Professor, Department of Political Science, Radboud University Nijmegen, Netherlands
- 14:30-15:00 Martin SEELEIB-KAISER_Professor of Comparative Social Policy and Politics, University of Oxford, UK
- 15:00-15:30 Etienne WASMER_Professor of Economics, Sciences Po, Paris, France
SESSION III, Economic Crisis and Social Integration (Cases of Denmark, Korea and Japan) 16:20~18:20

16:20-16:50 Peter ABRAHAMSON_Professor, Department of Social Welfare, Seoul National University, Korea
16:50-17:20 Yong-Chan BYUN_Director of Research Planning and Coordination Division, KIHASA
17:20-17:50 Takanobu KYOGOKU_Director-General, The National Institute of Population and Social Security Research, Japan

Thursday, May 28, 2009

SESSION IV, Economic Crisis and Health Insurance 10:00~12:00

10:00-10:30 Jinsoo KIM_Research Fellow, National Health Insurance Policy Research Institute
10:30-11:00 Jongyeon PARK_Research Fellow, National Health Insurance Policy Research Institute

SESSION V, Economic Crisis and National Pension 13:30~15:30

13:30-14:00 Joon-ho BAE_Professor, Japanese Studies, Hanshin Univ.
14:30-15:00 Jhin Young SHIN_Professor, School of Business, Yonsei Univ.

SESSION VI, Overall Discussion: Social Integration and Shared Prosperity 15:50~17:50
International Seminar on the German Artist Social Insurance and its Implications for Korea

- **Date**: June 5, 2009
- **Hosted by**: KIHASA and German Minister of Labour and Social Affairs Delegates
- **Venue**: KIHASA Conference Hall
- **Theme**: Artist Social Insurance

**SESSION 1**

14:00-14:40  
Korea’s National Pension and Coverage of Artists  
**Presenter**: Yongha Lee, Senior Research Fellow, National Pension Research Institute, National Pension Service

**SESSION 2**

15:00-15:40  
Introduction Measures of the Artist Mutual Practice  
**Presenter**: Tae Wan Kim, Research Fellow, KIHASA

**SESSION 3**

15:40-16:50  
The German Artist Social Insurance  
**Presenter**: Dr. Jorg Peschner, Consultant within the Ministry of Labour and Social Affairs in charge with the German-Artist Social Insurance

International Forum on Improving Minimum Income Measurements

- **Date**: July 16, 2009
- **Hosted by**: KIHASA
- **Venue**: Flamingo Hall, Grand Hilton Hotel
- **Theme**: Improving Minimum Income Measurements

**SESSION 1**

14:20-15:00  
Britain’s Public Aid and Minimum Income  
Jonathan Bradshaw (Professor, University of York)

**SESSION 2**

15:00-15:40  
Japan’s Public Aid and Minimum Income  
Rie Iwanaga (Professor, Kanagawa University of Human Service)

**SESSION 3**

16:00-16:40  
Korea’s Public Aid and Minimum Income  
Mee-Gon Kim (Director of Basic Social Security Research Division, KIHASA)
Member Countries’ Working Group Discussion on Establishing the Article 14 Guidelines of The WHO Framework Convention on Tobacco Control

○ **Date:** September 2, 2009
○ **Hosted by:** KIHASA and the Ministry for Health, Welfare and Family Affairs
○ **Venue:** Gloria Hall, Koreana Hotel
○ **Theme:** Tobacco Use Cessation (Developing Guidelines on “Tobacco Use Cessation Services” of the Article 14 (Working Group Discussion among Member Countries))

NIPH · KIHASA Joint Symposium

○ **Date:** December 18, 2009
○ **Hosted by:** NIPH and KIHASA
○ **Organized by:** NIPH
○ **Venue:** Conference Hall, NIPH
○ **Theme:** Challenges and Development of the Long-Term Care Insurance

10:10 ~ 10:40 Dr. Young-Ho JUNG, Research Fellow, KIHASA
“Recent Trends and Issues of Health Service Utilization and Korea Health Panel Survey”

10:40 ~ 11:10 菅原琢磨, Chief, Health Service Assessment Section Department of Management Sciences, NIPH
“Evaluation of Social Benefit from Regional Medical System”

11:10 ~ 11:40 Dr. Eunjeong KANG, Associate Research Fellow, KIHASA
“Recent Trends and Issues of Health Impact Assessment”

11:40 ~ 12:10 山岡和枝, Chief, Health Technology Assessment Section, NIPH
“Study of Social Determinants of Health: International Comparative Study on Subjective Health in Japan and South Korea”
International Seminar on Low Fertility and Work-Life Balance

- **Date**: October 2009-10-08
- Hosted by the Ministry for Health, Welfare and Family Affairs
- Organized by KIHASA
- **Venue**: Conference Hall, KIHASA
- **Theme**: Directing Policy Response to Low Fertility by Identifying the Correlation between Low Fertility and Work-Life Balance

10:00~10:50 Kazuo Yamaguchi (Professor & Chair, Dept of Sociology, The University of Chicago, USA)  

International Seminar on Policy Response to Low Fertility: With Focus on Korea and Europe’s Experiences

- **Date**: October 26, 2009
- Hosted by KIHASA, EU Research Center (SNU-KIEP EU CEnter), French Embassy, European Commission Korean Delegation
- Organized by KIHASA, EU Research Center (SNU-KIEP EU Center), French Embassy, European Commission Korean Delegation
- **Venue**: KIHASA Conference Hall
- **Theme**: Low Fertility (Sharing Europe’s Experience with Low Fertility)

14:20 ~ 15:50  
**Julien DAMON** (Professor, Sciencespo, Paris) _“Family Policy in Aging France”_  
**Ralf JACOB** (Chief, European Commission Census Bureau) _“Family Policy in the EU and its Member Countries”_  
**Yoon-Jeong Shin** (Associate Research Fellow, KIHASA) _“Korea’s Policy Response to Low Fertility”_