

## 한국 정부 지원의 건강증진 연구

박성희<sup>1</sup>, 황정해<sup>2</sup>, 최윤경<sup>3</sup>, 강창범<sup>4</sup>

<sup>1</sup>한중대학교 간호보건대학 간호학과, <sup>2</sup>한양사이버대학교 보건행정학과, <sup>3</sup>한국방송통신대학교 간호학과, <sup>4</sup>한국건강증진재단 연구개발팀

## Health Promotion Researches Supported by the Korean Government

Seong-Hi Park<sup>1</sup>, JeongHae Hwang<sup>2</sup>, Yun-Kyoung Choi<sup>3</sup>, Chang-Bum Kang<sup>4</sup>

<sup>1</sup>Department of Nursing Science, College of Nursing and Health, Hanzhong University, Donghae, <sup>2</sup>Department of Health Administration, Hanyang Cyber University, Seoul, <sup>3</sup>Department of Nursing, Korea National Open University, Seoul, <sup>4</sup>Research Development Team, Korea Health Promotion Foundation, Seoul, Korea

**Background:** This study was carried out to examine the trends of government-supported health promotion research projects conducted in Korea over the past 12 years.

**Methods:** Research type, area of interest, organization, and expense of 726 research projects conducted from 1998 to 2009 were examined and the health promotion content analyzed.

**Results:** In Korea, 361 health policy researches (HPR) and 365 general health researches (GHR) were supported by the government during the defined time period. A total of 60.5 health promotion research were conducted annually with a total amount of 27.1 billion won provided (2.26 billion won per year). With the average research project lasting 8.5 months, HPR (7.7 months) projects were completed sooner than GHR (9.2 months). Those who majored in preventive medicine completed 177 research (24.4%), the most number of research projects, followed by public health (22.5%), and family medicine (15.6%). There were 641 health promotion research projects done mostly on policies, legal systems, and grasping current conditions, and only 85 (11.7%) clinical test research on the development or effects of health promotion programs.

**Conclusions:** HPR have been increasing annually. However, our study could not be certain of how close the studies were to the government's health promotion policies. Furthermore, the main health promotion area, 'healthy living', was not researched as often as should be. Additionally, to improve applicability of the research projects, interdisciplinary cooperation should be promoted.

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### INTRODUCTION

The Korean people gradually developed an interest in health in association with the rapid social development

and the advent of the nationwide healthcare system in the 1980s. Moreover, with the disease trend moving towards cancer and chronic diseases, the government began recognizing the need to change the direction of its public health policies. On January 5, 1995, the National Health Promotion Law was promulgated, and in December of the same year, the existing Public Health Law was revised to the Local Public Health Law to promote public health centers as the main institutions for the health care of local residents and to introduce self-governing health promotion services. Acute-care-oriented medical insurances were also trans-

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■ Corresponding author : **JeongHae Hwang, PhD**  
Department of Health Administration, Hanyang Cyber University,  
222 Wangsimni-ro, Seongdong-gu, Seoul 133-792, Korea  
Tel: +82-2-2290-0811, Fax: +82-2-2290-0601  
E-mail: jeonghae.hwang@gmail.com

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formed into health insurances aiming to safeguard the nation's health in a wider scope.<sup>1,2)</sup>

Since a national health promotion fund was created based on tobacco tax in May 1996, the National Health Promotion Law has begun to take a leading role in the national health promotion project, and the National Health Insurance Law also provided the basis for the activation of Korea's health promotion project. The Comprehensive National Health Promotion Plan, based on Article 4 of the National Health Promotion Law, is a national policy for the promotion of the nation's health through public health education, disease prevention, improvement of nutrition, and healthy-lifestyle adoption. Under the vision, "Healthy World for the Whole Nation," the Comprehensive National Health Promotion Plan consists of four core areas- 'healthy living,' 'disease control and prevention,' 'healthy environment,' and 'infrastructure for health promotion.'

Through these areas, a total of 24 key research tasks were defined, and the goal, objectives, and detailed promotion plan of each were set. The strategies are the promotion of health behavior changes by developing a health-care system that parallels the life cycle through educational, political, economic, and systematic means, for health-related environmental and behavioral changes, and changing health-related social environments, offering prevention-based public healthcare services, and carrying out protective measures against harmful environments. To carry out these strategies more effectively, the project standardizes health promotion programs through the development of standard manuals, performs quality control by acquiring and retraining necessary human resources, provides systematic assessment tools, and connects statistical indicators and network systems.<sup>1,3)</sup>

The Korean health promotion research projects, based on Article 25 of the National Health Promotion Law, contribute to the formulation of health policies and the establishment of a knowledge base and mediating programs, and connect these to actual health promotion activities. In other words, the main goal of the health promotion research projects is not only to gather data but also to use these data as bases of actual health promotion activities. As health promotion research projects have advanced, the attempts and the need to measure the outcomes of such and to connect these to actual health promotion projects have become a policy issue in health care. Health promotion re-

search projects have been conducted in Korea for a decade, and the concepts in health promotion are gradually establishing social consensus.<sup>1)</sup>

For the last 12 years, Korea has provided support for over 700 research projects through the national health promotion fund. However, there have been only a few projects conducting a comprehensive analysis of the current status of the research projects funded by the government. This paper aimed to verify the scientific basis of health promotion projects by determining the trends of health promotion research projects performed in the last 12 years.

## METHODS

### 1. Objective

This research aims to direct the policy of future health promotion research projects in Korea by analyzing the key topics of these projects supported by the Korean government through its national health promotion fund and by determining the health promotion research trends.

### 2. Method

From 1998 to 2009, 726 research projects were supported through the national health promotion fund based on Article 25 of the National Health Promotion Law. The detailed analysis criteria were as follows:

- Research type was categorized into health policy research (HPR) and general health research (GHR). HPR is proposed in relation to the direct need for the government's policy and projects while GHR is proposed by researchers who creatively select research subjects to contribute to health promotion.
- Area of interest was divided into the four key project themes of the Comprehensive Health Promotion Plan- 'healthy living,' 'disease control and prevention,' 'healthy environment,' and 'infrastructure for health promotion.'
- Budget was based on the year funding, and research institution was divided into university and healthcare research institution.
- Location was categorized into Seoul, metropolitan cities, and rural areas.
- Majors of the principal investigators (PIs) were sub-

divided in a detailed way into preventive medicine, public health, clinical medicine, nursing, and nutrition.

• Nature of research was divided into basic research and applied research. Basic research is theoretical research for improving knowledge or discovering problems while applied research develops programs or policies for addressing actual problems.

## RESULTS

### 1. Overall status and research types

A total of 726 health promotion research and development programs were conducted based on Article 25, National Health Promotion Law since 1998, and 27.1 billion won (not including five programs in 2009) were provided. Every year, 60.5 programs were conducted, and 2.26 billion won provided. When this program was introduced in 1998, and as the price of tobacco rose in 2004, the support for health promotion research increased temporarily, stabilizing after 2007. As for research type, there were 361 HPR projects (49.7%) and 365 GHR projects (50.3%). Among the HPR projects, 16 were mid- to long-term projects (2.2%). From 2006, the number of HPR projects tended to increase more than GHR projects (Table 1).

HPR and GHR projects were provided 14.62 billion (53.8%) and 10.16 billion won (37.4%), respectively. On average, each research project received 37.66 million won.

Each health policy and GHR project was provided 42.99 and 27.85 million won, respectively. Compared to the GHR projects, the budgets for the HPR projects were 1.5 times higher. Eighty-three percent of the health promotion research received 50 million won or less, and 3.8% of the research projects received over 100 million won. Of the HPR projects, the mid- to long-term projects received over 100 million won (Table 2).

### 2. Research topics

Health promotion research is generally divided into four key parts: 'healthy living,' 'disease control and prevention,' 'healthy environment,' and 'infrastructure for health promotion.' A total of 283 research projects (39.0%) were on 'infrastructure for health promotion,' followed by 'disease control and prevention' (242, 33.3%), 'healthy living' (157, 21.6%), and 'healthy environment' (44, 6.1%). The total number of research projects on 'healthy living' (45.7%) was higher in the initial period (1999) but gradually decreased. The same trend was seen for research projects on 'disease control and prevention.' 'Infrastructure for health promotion' research showed a high ratio of 63.6% in the initial period; and after a short decrease, they continued to increase since 2004. After 2008, they accounted for almost all research projects conducted (Table 1).

**Table 1.** Annual health program research status

Category	Total	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09
Annual health program research status													
Health policy research, n													
Mid/long-term	16	- <sup>a</sup>	-	-	-	-	-	-	-	6	6	4	-
Short-term <sup>a</sup>	345	11	20	21	21	15	17	22	39	50	40	43	46
General health research, n	365	-	61	53	43	37	22	22	61	29	11	11	15
Fund, 100 million Korean Won	271	8.3	20.2	19.1	18.2	12.1	12.4	12.3	44.9	40.0	30.0	29.6	23.9
Total	726	11	81	74	64	52	39	44	100	85	57	58	61
Research subject by year, n (%)													
Healthy living	157	-	37	29	18	11	10	7	22	11	6	-	6
	(21.6)		(45.7)	(39.2)	(28.1)	(21.1)	(25.6)	(15.9)	(22.0)	(12.9)	(10.5)		(9.9)
Disease control and prevention	242	4	29	27	24	21	12	10	39	37	22	6	11
	(33.3)	(36.4)	(35.8)	(36.4)	(37.5)	(40.4)	(30.8)	(22.7)	(39.0)	(43.6)	(38.6)	(10.3)	(18.0)
Healthy environment	44	-	3	3	6	3	2	2	6	9	6	4	-
	(6.1)		(3.7)	(4.1)	(9.4)	(5.8)	(5.1)	(4.6)	(6.0)	(10.6)	(10.5)	(6.9)	
Infrastructure for health promotion	283	7	12	15	16	17	15	25	33	28	23	48	44
	(39.0)	(63.6)	(14.8)	(20.3)	(25.0)	(32.7)	(38.5)	(56.8)	(33.0)	(32.9)	(40.4)	(82.8)	(72.1)
Total	726	11	81	74	64	52	39	44	100	85	57	58	61

<sup>a</sup>Not done.

<sup>b</sup>Less than one year.

**Table 2.** Budget for health promotion research projects<sup>a</sup>

Category	Total	Less than 20 million Korean Won	20-	30-	40-	50-	60-	Over 100 million Korean Won
Research budget for health promotion research projects								
Health policy research								
Mid/long-term	16 (100.0)	<sup>b</sup>	-	-	-	-	-	16 (100.0)
Short-term <sup>c</sup>	340 (100.0)	6 (1.8)	45 (13.2)	111 (32.7)	94 (27.6)	34 (10.0)	39 (11.5)	11 (3.2)
General health research	365 (100.0)	105 (28.7)	115 (31.5)	81 (22.2)	46 (12.6)	17 (4.7)	-	1 (0.3)
Total <sup>d</sup>	721 (100.0)	111 (15.4)	160 (22.2)	192 (26.6)	140 (19.4)	51 (7.1)	40 (5.5)	27 (3.8)
Research budgets by subject								
Healthy living	156 (100.0)	48 (30.8)	49 (31.4)	28 (17.9)	22 (14.1)	5 (3.2)	4 (2.6)	-
Disease control and prevention	241 (100.0)	38 (15.7)	55 (22.8)	60 (24.9)	51 (21.2)	19 (7.9)	12 (5.0)	6 (2.5)
Healthy environment	44 (100.0)	9 (20.5)	8 (18.2)	10 (22.7)	9 (20.5)	3 (6.8)	3 (6.8)	2 (4.5)
Infrastructure for health promotion	280 (100.0)	16 (5.7)	48 (17.1)	94 (33.6)	58 (20.7)	24 (8.6)	21 (7.5)	19 (6.8)
Total <sup>d</sup>	721 (100.0)	111 (15.4)	160 (22.2)	192 (26.6)	140 (19.4)	51 (7.1)	40 (5.5)	27 (3.8)

<sup>a</sup>Values are presented as N (%).<sup>b</sup>Not done.<sup>c</sup>Less than one year.<sup>d</sup>Not including five health policy research projects due to missing data.

### 1) Research types by topic

Most of the health promotion research projects were applied research addressing actual problems (595, 82.0%) (16 projects were not included) instead of basic research for developing knowledge base on health promotion (115, 15.8%). Under basic research, 39 (33.9%), were on 'disease control and prevention,' 37 (32.2%) on 'healthy living,' 32 (27.8%) on 'infrastructure for health promotion,' and 6 (6.1%) on 'healthy environment.' As for applied research, 240 (19.8%) were on 'infrastructure for health promotion,' 200 (33.6%) on 'disease control and prevention,' 118 (19.8%) on 'healthy living,' and 37 (6.2%) on 'healthy environment.' In addition, most of the health promotion research projects focused on non-experimental research (641, 88.3%) compared to experimental research (85, 11.7%) on the effects of health promotion programs.

Of the 157 research projects on 'healthy living,' 37 were policy research projects (23.7%) and 124 GHR projects (79.0%). Basic research projects were mainly on general health topics (86.5%). Specifically, 51 (32.9%) research projects were on tobacco control, 50 (32.3%) on food and

nutrition, 33 (21.3%) on physical activities, and 21 (13.5%) on substance abuse. Of the 239 researches on 'disease control and prevention,' 130 (53.7%) were HPRs and 110 (45.5%) GHRs. Specifically, 66 researches (27.6%) focused on chronic conditions (e.g., obesity, stroke, asthma, arthritis, etc.). Other topics included oral health (18.0%) and mental health (15.5%). Of the 44 researches on 'healthy environment,' two were mid- to long-term projects (4.5%), 19 HPRs (43.2%), and 23 GHRs (52.3%). Most of the researches (63.6%) focused on safety and damage (63.6%), and five to six projects focused on an additional research topic. Of the 283 researches on 'infrastructure for health promotion,' 12 were mid- to long-term projects (4.2%), 163 were HPRs (57.6%), and 108 were GHRs (38.2%). Most of the researches (83) focused on infra-construction (Table 3).

### 2) Budget by topic

The total budget for the researches on 'healthy living' was 4.34 billion won, and the average research budget per project was 27.81 million won. The research projects on 'disease control and prevention' received a total budget of

**Table 3.** Topics of the research projects<sup>a</sup>

Category	Total	Basic research	Applied research
Healthy living <sup>b</sup>	155 (100.0)	37 (23.9)	118 (76.1)
Food & nutrition	50 (32.3)	6	44
Physical activities	33 (21.3)	5	28
Substance abuse	21 (13.5)	5	16
Tobacco	51 (32.9)	21	30
Disease prevention and control <sup>c</sup>	239 (100.0)	39 (16.3)	200 (83.7)
Infectious diseases	18 (7.5)	3	15
Health screening	12 (5.0)	- <sup>d</sup>	12
Oral health	43 (18.0)	7	36
Alternative medicine	10 (4.2)	2	8
Chronic conditions	66 (27.6)	11	55
Maternal & infant health	16 (6.7)	1	15
Sexual health	9 (3.8)	-	9
Physical activity & fitness	21 (8.8)	5	16
Mental health	37 (15.5)	10	27
Rare diseases	7 (2.9)	-	7
Healthy environment <sup>b</sup>	44 (100.0)	7 (15.9)	37 (84.1)
Healthy city	5 (11.4)	-	5
Health equity	6 (13.6)	2	4
Safety & damage	28 (63.6)	5	23
Environmental health	5 (11.4)	-	5
Infrastructure for health promotion <sup>e</sup>	267 (100.0)	32 (12.0)	235 (88.0)
Knowledge base development	68 (25.5)	24	44
Infra construction	83 (31.1)	1	82
Strategic development	66 (24.7)	3	63
Policy/legal system	50 (18.7)	4	46

<sup>a</sup>Values are presented as N (%).

<sup>b</sup>Two projects were not categorized as they were summertime researches.

<sup>c</sup>Three projects were not categorized.

<sup>d</sup>Not done.

<sup>e</sup>Sixteen projects were not categorized.

**Table 4.** Research location status and period by year<sup>a</sup>

Category	Total	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09
Research location													
Seoul	472 (65.0)	11 (100)	53 (65.4)	52 (70.3)	36 (56.3)	28 (53.8)	25 (64.1)	22 (50.0)	61 (61.0)	60 (70.6)	34 (59.6)	46 (79.3)	44 (72.1)
Metropolitan cities	72 (9.9)	- <sup>b</sup>	6 (7.4)	5 (6.8)	7 (10.9)	5 (9.6)	5 (12.8)	6 (13.6)	11 (11.0)	10 (11.8)	9 (15.8)	4 (6.9)	4 (6.6)
Rural	182 (25.1)	-	22 (27.2)	17 (23.0)	21 (32.8)	19 (36.5)	19 (23.1)	16 (36.4)	28 (28.0)	15 (17.6)	14 (24.6)	8 (13.8)	13 (21.3)
Research period, mo													
Health policy research	7.7	9.4	9.8	10.5	10.1	10.0	9.0	6.8	6.1	8.0	6.2	6.2	6.6
General health research	9.2	-	9.3	10.0	10.1	10.0	10.0	9.6	9.6	7.6	6.0	5.3	5.9
Total, mean	8.5	9.4	9.4	10.1	10.1	10.0	9.5	8.2	8.2	8.1	6.6	6.4	6.4

<sup>a</sup>Values are presented as N (%) unless otherwise indicated.

<sup>b</sup>Not done.

8.62 billion won and an average budget of 35.77 million per project, and those on 'healthy environment' 1.77 billion and 40.22 million won, respectively. 'Infrastructure for health promotion' research projects received the highest total and average per-project budgets of 12.43 billion and 44.38 million won, respectively. 'Healthy living' re-

search received an average per-project budget of 10-20 million won (62.2%), 'disease control and prevention' 20-30 million won (43.2%), and 'healthy environment' and 'infrastructure for health promotion' 30-40 million won (54.3%) (Table 2).

### 3. Locations and duration

A total of 129 institutions participated, most being universities (524 projects, 72.2%) followed by research institutes (154 projects, 21.2%). Only 15 projects were carried out by public health centers (2.1%), and all before 2003. A total of 62 institutions (48.4%) participated in research only once while some institutions dominated- five institutions completed 302 projects (41.6%) those dominated institutions carried out more over 30 projects per institution. A total of 472 projects were carried out in Seoul (65.0%), followed by the rural regions (182, 25.1%), and metropolitan cities (72, 9.9%). In 1998, 11 projects were completed in Seoul while the proportion of rural researchers increased in the early 2000s; and since 2006, the number of projects in Seoul has increased again. The average research period was  $8.5 \pm 2.2$  months, with approximately 7.7 months for the HPRs and about 9.2 months for the GHRs. Since 2007, research periods appeared to have been shorter, with projects being completed within six months. Most of the HPRs were complete in five to six months while most of the GHRs lasted for nine to ten months (74.0%) (Table 4).

### 4. Majors of principal investigators and number of co-researchers in a project

While the majors of the PIs were diverse, many were from public health. With 177 researches, the largest number of PIs were from preventive medicine (24.4%), followed by public health (163 projects, 22.5%), clinical medicine (mainly family medicine; 113 projects, 15.6%), and nursing (86 projects, 11.8%). The others majors represented less than 5%. A total of 4,934 researchers participated in 699 researches with a mean of 7.1 researchers per projects overall (between 1 and 37 researchers) and 7.8 researchers per HPR and 5.8 researchers per GHR. After 2005, the numbers of researchers in health policy and GHRs both increased (Table 5).

## DISCUSSION

In this study, the research topics and characteristics of the 726 health promotion researches conducted in Korea from 1998 to 2009, which was supported by the national health promotion fund, were analyzed. This study targeted the health promotion researches conducted with support from the national health promotion fund based on the National Health Promotion Law. This is why as these projects lead the government's health promotion policies,

**Table 5.** Majors of the principal investigators and number of co-researchers in a project<sup>a</sup>

Category	Total	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09
Majors of the principal investigators													
Preventive medicine	177	3	12	16	12	18	9	11	25	22	17	18	14
Public health	163	4	17	12	15	10	13	11	18	17	11	14	21
Clinical medicine	113	1	13	14	10	8	6	6	18	17	11	7	2
Nursing	86	1	12	8	9	7	5	3	14	6	8	6	7
Nutrition	49	- <sup>b</sup>	10	9	6	1	1	2	8	6	1	2	3
Humanities	31	1	3	7	3	2	-	1	4	-	1	3	6
Dentistry	28	-	3	3	3	3	1	1	3	4	3	2	2
Economics	25	-	3	-	3		2	3	6	4	1	2	1
Physical education	17	-	4	3	-		1	1	3	2	-	2	1
Engineering	14	-	-	-	1	1	-	2	1	3	3	1	2
Statistics	8	1	2	2	1	2	-	-	-	-	-	-	-
Natural science	8	-	2	-	1	-	-	1	-	2	1	1	-
Korean medicine	5	-	-	-	-	-	1	2	-	2	-	-	-
Pharmacy	2	-	-	-	-	-	-	-	-	-	-	-	2
Total, n	726	11	81	74	64	52	39	44	100	85	57	58	61
Number of co-researchers													
Health policy research	7.8	13.7	8.2	7.1	6.2	6.3	5.2	6.1	8.4	7.7	7.7	8.8	8.3
General health research	5.8	-	5.2	5.1	4.5	5.3	6.3	6.7	7.1	6.7	6.0	6.2	7.0
Total, mean	7.1	13.7	6.0	5.7	5.1	5.6	5.9	6.5	7.6	8.6	9.0	8.2	7.9

<sup>a</sup>Values are presented as N.

<sup>b</sup>Not done.

they have direct implications on policies and are more appropriate as government policy projects. This study, thus, aimed to contribute to more appropriate and efficient research for future health promotion goals and policy establishment of the government.

### 1. Research type

In this study, the research type was classified as HPR and GHR. GHR topics could be freely selected whereas HPR topics were predetermined based on the national policy. Of the 726 projects receiving support from the national health promotion fund, 50.3% were HPR projects, which increased consistently from 25% in 1999 to 75% in 2009. Compared to GHR, HPR has the advantage of having a direct and close relation to the government's health promotion objectives. As noted by Moon<sup>4)</sup>, it is uncertain, however, how appropriate HPR topics were and whether these topics were selected considering the urgency and importance in light of the nation's health threats. Thus, it is difficult to confirm the effectiveness of HPR on the government's health promotion activities. With regard to the length of study, the research period of HPR was generally shorter on average by two months compared to GHR, as the former dealt mostly with urgent actual policies.

### 2. Research topics

Based on Article 4 of the National Health Promotion Law, the national health promotion projects focused on four key topics- 'healthy living,' 'disease control and prevention,' health management by demographic groups, and establishment of a 'healthy environment.'<sup>5)</sup> The researches focusing on 'healthy living' accounted for 45.7% of all research conducted in 1999 and decreased steadily to only six projects (9.8%) in 2009. Similarly, the researches focusing on 'disease control and prevention' accounted for 36% of all projects in 1999 and remained at 30-40% thereafter, but decreased to around 10% in 2008-2009.

Conversely, the researches focusing on 'infrastructure for health promotion' started at around 14.8% of all researches conducted in 1999, then soared to 72.1% in 2009. The research on 'infrastructure for health promotion' sought to acquire infrastructure and resources as means to effectively promote health promotion projects. Generally,

acquiring infrastructure and resources requires continuous investment, including the establishment of health control centers, monitoring and assessment systems, and comprehensive information control systems. Health promotion projects have already been under way, however, for over 10 years.

Research on 'infrastructure for health promotion' was hardly considered at the beginning with its necessity recognized only later. Research on 'healthy living' consists of key areas including quitting smoking and drinking, physical activity, and nutrition, each of which is an important factor for good health.<sup>6)</sup> Research on disease prevention and control also requires proactive investment to prevent social and economic loss due to death- or disease-related expenses. The proportions of research on 'healthy living' and 'disease control and prevention' are relatively small compared to that of research on 'infrastructure for health promotion.' For the nation's long-term health promotion strategies, these research areas need more attention.

### 3. Research Types by Research Topic

Of the HPRs that have been conducted, 21% were on 'healthy living,' 53.7% on disease prevention and control, 43.2% on health support environment, and 57.6% on 'infrastructure for health promotion.' In particular, there were much more GHRs on 'healthy living' than HPRs. While research on 'healthy living' are highly dependent on the national health promotion fund, those on 'disease control and prevention' and 'healthy environment' also receive support from diverse private and public research funds in Korea. It is clear that the number of researches on 'healthy living' should continue to be increased.

In terms of the key health promotion areas, there was more applied research (76.1-88.0%) than basic research (12.0-23.9%); and compared to other fields, more basic research focused on 'healthy living.' This is because these projects aimed at developing and realizing intervention methods for health behavior changes.

Of the applied research, 84% focused on 'disease control and prevention,' and the proportions of research focusing on oral health, chronic diseases, and mental health were considerably higher than those focusing on other topics. Meanwhile, deaths from cancer and cardiovascular and cerebrovascular diseases continue to increase in Korea

but the proportion of research focusing on these issues seems to be smaller than it should be. It appears that this is also due to the fact that these researches also receive support from other research support provision bodies such as the National Cancer Center.

For 'healthy environment,' there was more research focusing on safety and damage than on equity in health, health city, and environmental health. This is because the importance of these topics has been distributed by the acute-care hospitals' care quality assessment system, and through the relevant assessment agencies and internal organizations, a monitoring system has already been established promoting the increase in research. Minimal research has been conducted, however, on health support for the vulnerable, revealing a definite necessity to increase focus in this area.<sup>4,7)</sup>

#### 4. Research institutions and locations

Most researches were conducted by universities and professional research institutes. In preparing the basis for health promotion policies for the whole nation, it is necessary to promote research that encourages the participation of local residents and that are spearheaded by community public health centers rather than by special research institutes. This study showed that only 2.1% of all research was spearheaded by public health centers.

Further, while there were some changes each year, about 74.9% of the research was conducted mainly in large cities, including Seoul. To promote more effective research project activities, health promotion research projects should convey diverse viewpoints from various locations.

#### 5. Majors of principal investigators and number of co-researchers in a project

The majors of the PIs are an important factor in constructing the direction and content of research projects. Most of the PIs of relevant research projects majored in preventive medicine, followed by public health and nursing. While it is natural that the proportions of these majors tend to be higher in research projects on health promotion, considering that most of the health promotion research projects focused on the establishment of health

promotion infrastructure, the participation from non-clinical majors was too low. Health promotion research projects that convey diverse social viewpoints require researchers from diverse backgrounds.

Our study also showed that the number of researchers in HPR was higher than that in GHR. Generally, the number of researchers in a project should be seen in light of the research budget. Policy research projects usually have longer terms than general research projects, and accordingly, higher budgets, and more researchers. While the appropriateness of the subject matter to the policy should be determined first, based on interdisciplinary participation, it is believed that the greater the number of researchers within an appropriate scope, the better.

In this study, the research topics and characteristics of the 726 research projects conducted in Korea over the last 12 years with support from the national health promotion fund were examined. Our results showed that while the HPR topics closely related to the government's policy projects continued to rise, it was not clear whether these projects were valuable or applicable to the national health promotion policies. Of the four main areas of health promotion research projects proposed to achieve the ultimate goal of improving the nation's health, the proportion of projects on the practice of 'healthy living' was not as high as was hoped for. Moreover, the research locations were mainly Seoul and other major cities, and the research bodies were mainly universities and professional research institutes. To convey the diverse viewpoints on health promotion in Korea, including that of the vulnerable class, it is necessary that the majors of the research principals be more diversified, and long-term research based on interdisciplinary participation should be promoted more vigorously.

## 요 약

**연구배경:** 본 연구는 지난 12년간 수행된 정부지원 건강증진연구 동향을 분석하고자 하였다.

**방법:** 1998년부터 2009년까지 시행된 건강증진연구 과제 726개를 대상으로 연구유형, 연구분야, 수행기관 및 연구비 등을 분석하였다.

**결과:** 지난 12년간 실시된 총 726과제 중 정책연구는 361과제(49.7%)였고 일반연구는 365과제였다. 연간 평균적으로 60.5개의 과제가 진행되었으며, 매년 22.6억 원씩

12년간 총 271억 원이 지원되었다. 연구기간은 평균 8.5개월이었으며, 정책연구(7.7개월)가 일반연구(9.2개월)보다 짧은 경향을 보였다. 연구수행자는 예방의학 전공자가 177과제(24.4%)로 가장 많았으며, 보건학 22.5%, 가정의학 15.6% 등의 순이었다. 건강증진연구는 대부분(641과제) 정책이나 법·제도 등에 관한 연구, 현황 파악에 대한 조사연구 중심이었고, 건강증진 프로그램 개발이나 효과를 분석한 임상시험연구는 85과제(11.7%)에 불과하였다.

**결론:** 건강증진연구 중 정부의 정책 사업과 밀접히 연관된 정책연구 과제가 지속적으로 확대된 것으로 보이고 있으나 ‘건강생활실천’ 영역이 차지하는 연구비중이 높지 않았다. 또한 연구의 적용가능성을 향상시키기 위하여 다학제 간 참여가 활성화되어야 한다.

**중심단어:** 건강증진, 연구, 한국, 정책, 보건

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