

The Health Care Needs of Local Residents in Korea

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Abstract

Background/Objectives: This study is to utilize the health services of N- citizens as a basic data for establishing the 7th Regional Health Plan (2018 ~ 2022) respectively.

Methods/Statistical analysis: Tools for measuring the health care needs of the subjects were revised and supplemented by the tools of the Community Health Survey. Data was collected through a questionnaire from August 1 to August 21, 2018. Although 447 questionnaires were collected, 403 questionnaires were used for data analysis, except for 44 which were not clear or missing. The collected data were analyzed with the SPSS 18.0 program.

Findings: The result showed that the overall health service level was 2.90 out of 4.0, and the kindness of staff in the sub - area was the highest with 3.32 points, followed by medical service level 2.86, modernization of facilities 2.77, and excellence in equipment 2.69 points. The total health care needs of the subjects were 3.38 out of 4.0, health care services and health promotion services were 3.41 points higher respectively. As a result of analyzing the difference between total health care need, health care service, health promotion service, elderly health service, maternal & child health service by general characteristics, only gender and total health care demand showed statistically significant differences($t=-2.095$, $p=.037$). The result showed that there was positive correlation of the total health care need, health care service($r=.862$, $p<.01$), health promotion service($r=.849$, $p<.01$), elderly health service($r=.868$, $p<.01$), maternal & child health service($r=.856$, $p<.01$) in citizens of N city.

Improvements/Applications: Development of a health promotion program is needed to improve the population's health potential and the ability to overcome the risk factors of the disease.

Keywords: *Health care, Health service, Need, Health care service, Resident*

Introduction

In the meantime, the healthcare environment is changing, such as changes in disease patterns, an increase in the elderly population, a decrease in fertility, and an increase in the demand for health and welfare services. In order to implement the division of medicine and promote health promotion projects, the need for basic data for establishing health plans and developing health promotion programs is increasing.

The challenge facing health centers as health administrative agencies is to carry out the broader primary health care needs of local residents. It also develops and expands basic health care services such as new approaches for the health management of the residents, such as disease prevention and poor health promotion projects [1]. In addition, it is urgently needed

to redefine the function and role of the public health center to proactively cope with new health care demands as well as the primary health care functions for local residents [2].

The Local Health Law stipulates that the head of local autonomous governments should set up a local health care plan every four years and establish an annual plan every year [3, 4]. In addition, in the 「National Health Promotion Act」, The plan for establishing and implementing a detailed plan for the promotion of public health is stipulated, and the importance of the local health care plan is increasing [5].

In addition, the World Health Organization (WHO) encourages the regular calculation of health policy indicators, health-related socio-economic indicators, health care management indicators, and health status

indicators necessary for evaluating the performance of health policy [6, 7].

Korea has been conducting national health indicator surveys every three years since 1983. However, this survey is a sample survey for establishing a national health plan at the central level, but local governments with different conditions use the result in health care planning, but there are limitations [3].

To establish a health care plan, comprehensive data on community health issues as well as health-related health indicators are needed [4]. The results of this survey will serve as an index not only for evaluating the performance of the health projects that have been promoted but also for establishing the health center plan of the public health center that meets the needs of the citizens.

In order to effectively promote health projects, it is necessary to set goals and develop strategies for health promotion projects based on information on the health level of citizens, the use of health institutions, and the health consciousness behavior of local residents. In addition, measures should be taken to maximize the utilization of available health resources in the community by inducing community involvement.

Therefore, in order to effectively promote the health and health promotion projects for citizens of N city, the health service for the 7th regional health plan (2019 ~ 2022) was established by conducting a survey on the health center service level and the health service needs of the residents. It will be used as basic data and as a data for developing health projects and health promotion programs.

Method

1. Research Design

This study is a descriptive study to utilize the health services of N- citizens as a basic data for establishing the 7th Regional Health Plan (2018 ~ 2022) respectively. It will be used as basic data and as a data for developing health projects and health promotion programs.

2. Data Collection

The subjects of this study were 447 people from N city by random sampling method. They explained that the purpose of the study and the data collected were not used for anything other than the study, and

the anonymity and confidentiality of the subjects were guaranteed. In addition, the subjects were explained to the subjects that they have the right to participate or refuse the study at any stage of the study. Afterwards, the survey was conducted after receiving written consent for the research subjects who voluntarily participated. Data was collected through a questionnaire from August 1 to August 21, 2018. Although 447 questionnaires were collected, 403 questionnaires were used for data analysis, except for 44 which were not clear or missing.

3. Instruments

Health service level

The tools for measuring the level of health services have been modified and supplemented in the tools of the community health survey [8]. The tool was developed in four categories and was evaluated on a four-point scale, with four points representing 'very good' and one point representing 'very bad'. Higher scores indicate higher levels of health service, and Cronbach's α is 0.816.

Health care needs

A tool for measuring the level of health services was developed by modifying and supplementing the tools in the Community Health Survey [8]. The tool is divided into four categories and evaluated on a 4-point scale: 4 points for 'very necessary', 3 points for 'need', 2 points for 'not needed', and 1 point for 'not required at all'. Higher scores indicate higher levels of health care needs, and Cronbach's α is 0.961. The Cronbach's α value for health care needs was 0.961.

4. Data Analysis

The collected data were analyzed with the SPSS 18.0 program:

- The frequencies and percentages of the general characteristics of the subjects were calculated.

- To analyze the differences in the health care needs by general characteristics of the subjects, t-test and ANOVA were done. A Scheffe test was done as a post hoc test.

- The correlation between the health care need, health care service, health promotion service, elderly health service and maternal & child health service was analyzed with the Pearson's correlation coefficient.

Result

1. General characteristics

[Table 1] presents the general characteristics of the subjects. 28.3% of males and 71.7% of females had the highest age of 20 ~ 49, 58.5% of the total. The highest educational level was 45.4% for college graduates and 35.0% for high school graduates. The married status was the highest with 59.3% and the unmarried was 28.0%.

Table 1. General characteristics n=403

Characteristics	Categories	n	%
Gender	Male	114	28.3
	Female	289	71.7
Age(years)	10~19	71	17.6
	20~29	84	20.8
	30~39	84	20.8
	40~49	68	16.9
	50~59	39	9.7
	60~69	49	12.2
	70 over	8	2.0
	Education	Over college	183
High school		141	35.0
Middle school		38	9.4
Elementary school		41	10.2
Married status	Alone	113	28.0
	Spouse	239	59.3
	Bereavement	36	8.9
	Separation	8	2.0
	Divorce	7	1.7

2. Level of health service

The results of analyzing the health service level of the subjects are shown in Table 2. The overall health service level was 2.90 out of 4.0, and the kindness of staff in the sub - area was the highest with 3.32 points, followed by medical service level 2.86, modernization of facilities 2.77, and excellence in equipment 2.69 points.

Table 2. Level of health service

Division	Min.	Max.	M±SD
Health service level	1.50	4.00	2.90±.57
Kindness of Staff	1.00	4.00	3.32±.56
Modernization of facilities	2.00	4.00	2.77±.80
Excellence in equipment	1.00	4.00	2.69±.79
Medical Services	1.00	4.00	2.86±.67

3. Health care need

The total health care needs of the subjects were 3.38 out of 4.0, and the details are shown in Table 3. Among the sub-domains, health care services and health promotion services were 3.41 points higher respectively, followed by maternal and child health services 3.36 and elderly health services 3.34.

Table 3. Health care need

Division	Min.	Max.	M±SD
Total health care need	1.23	4.00	3.38±.48
Health care service	1.50	4.00	3.41±.53
Health promotion service	1.00	4.00	3.41±.54
Geriatric health service	1.00	4.00	3.34±.56
Maternal & child health service	1.00	4.00	3.36±.57

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4. Differences in the health care needs by the general characteristics

[Table 4] shows the analyzed difference in the health care needs according to the general characteristics of the subjects.

As a result of analyzing the difference between total health care need, health care service, health promotion service, elderly health service, maternal & child health service by general characteristics, only gender and total health care demand showed statistically significant differences($t=-2.095$, $p=.037$). In other words, total health care need was higher for female than for male.

The sub-regional health care service showed no statistical difference by general characteristics.

Table 4. Difference in health care needs by general characteristics

General Characteristics	Categories		Total health care need	Health care service	Health promotion service	Elderly health service	Maternal & child health service
Gender	Male	M±SD	3.31±.50	3.33±.53	3.36±.59	3.28±.61	3.28±.60
	Female	M±SD	3.41±.46	3.45±.52	3.43±.52	3.37±.54	3.38±.56
		t or F(p)	-2.095(.037)*	.704(.058)	-1.114(.266)	-1.534(.126)	-1.801(.072)
Age(years)	10~19	M±SD	3.36±.50	3.37±.57	3.36±.57	3.33±.56	3.35±.61
	20~29	M±SD	3.34±.50	3.34±.54	3.38±.52	3.30±.58	3.38±.65
	30~39	M±SD	3.40±.44	3.42±.51	3.44±.56	3.38±.54	3.36±.52
	40~49	M±SD	3.39±.47	3.45±.51	3.41±.53	3.32±.55	3.31±.54
	50~59	M±SD	3.37±.42	3.35±.48	3.43±.47	3.36±.53	3.36±.55
	60~69	M±SD	3.43±.54	3.54±.51	3.44±.61	3.37±.63	3.38±.63
	70 over	M±SD	3.52±.39	3.72±.45	3.55±.45	3.55±.43	3.39±.45
		t or F(p)	.343(.914)	1.477(.185)	.305(.934)	.390(.885)	.105(.996)

Cont... Table 4. Difference in health care needs by general characteristics

Education	Over college	M±SD	3.37±.50	3.41±.55	3.42±.56	3.31±.59	3.32±.61
	High school	M±SD	3.37±.49	3.38±.52	3.37±.55	3.35±.56	3.36±.58
	Middle school	M±SD	3.33±.40	3.30±.45	3.41±.49	3.29±.47	3.38±.47
	Elementary school	M±SD	3.51±.38	3.56±.48	3.48±.48	3.51±.46	3.50±.46
		t or F(p)	1.249(.292)	1.304(.273)	.518(.670)	1.488(.217)	1.198(.310)
Married status	Alone	M±SD	3.33±.47	3.34±.53	3.35±.52	3.30±.55	3.32±.55
	Spouse	M±SD	3.40±.48	3.43±.53	3.44±.54	3.34±.56	3.36±.58
	Bereavement	M±SD	3.39±.53	3.48±.55	3.37±.60	3.44±.64	3.38±.61
	Separation	M±SD	3.55±.45	3.67±.47	3.54±.82	3.66±.49	3.38±.58
	Divorce	M±SD	3.54±.36	3.52±.47	3.57±.47	3.45±.54	3.63±.45
		t or F(p)	.880(.476)	1.243(.292)	.852(.493)	1.206(.308)	.489(.744)

* p<0.5

5. Correlation between the health care need, health care service, health promotion service, elderly health service and maternal & child health service

As shown in table 5, the result showed that there was positive correlation of the total health care need, health care service(r=.862, p<.01), health promotion

service(r=.849, p<.01), elderly health service(r=.868, p<.01), maternal & child health service(r=.856, p<.01) in citizens of N city. This means that higher the total health care need in the citizens increase to more the level of health care service, health promotion service, elderly health service and maternal & child health service.

Table 5. Correlation between the health care need, health care service, health promotion service, elderly health service and maternal & child health service

Division	Total health care need	Health care service	Health promotion service	Elderly health service	Maternal & child health service
Total health care need	1				
Health care service	.862**	1			
Health promotion service	.849**	.713**	1		
Elderly health service	.868**	.696**	.647**	1	
Maternal & child health service	.856**	.634**	.642**	.713**	1

** p<0.01

Discussion

This study attempted to provide basic data for establishing and evaluating local health policies that actively cope with changing social environment, regional environmental characteristics, and local health care environment through health survey of citizens in N city. In order to promote the health of local residents and to provide high quality health care services, the organization began by recognizing the need for new challenges and countermeasures by strengthening the medical capacity of localization by linking the organizations and functions of public health centers and public health centers.

The results of analyzing the health service level of the subjects showed that the kindness of staff had the highest score of 3.32 points out of 4.0, followed by medical service level of 2.86 points. This was similar to the results of the Lee ^[9] study, which found that 60.3% were satisfied with the professionalism of health center doctors. Park, et al ^[10] suggested a way to improve the satisfaction level based on the opinions of public health service users. To this end, the public health center should devise ways to increase its utilization by reinforcing active publicity activities. In addition, health centers are not public private institutions, but public health institutions for residents, so they should be able to provide visiting services.

The total health service needs of the subjects were 3.38 out of 4.0, with health care service and health promotion service being 3.41, respectively. The results were similar to the results of the survey on local residents in C city ^[11]. The results were 3.30 out of 4 in health care services, including health clinics, health program support, national health examination, etc. The results showed a high score, and the health promotion services such as smoking cessation clinic and oral health were higher than 3.10. In this way, it is necessary to identify services that have high demands of local residents and to devise plans to efficiently provide public health services based on the contents of the services.

The health business at the health center was primarily responsible for maternal and child health care, prevention, family planning and acute infectious disease management and some public health care. Most medical services rely heavily on the private sector, so preventive health services and health care services are managed separately ^[3]. However, due to the implementation of the national health insurance system and rapid changes

in disease patterns, a system of health service provision should be established and the functioning of the public service sector should be strengthened ^[12, 13].

In order to effectively and proactively cope with health problems, active health policy is required rather than passive methods that rely on treatment after sickness. Therefore, it is necessary for N citizens to improve their health potential and to cope with disease risks by providing their own health practice and providing health programs at various public health centers. As a result, it is thought that local residents can improve their quality of life and improve health promotion by improving their proper functioning level by practicing their own health care.

Based on the level and needs of the public health services of the residents identified in this study, the development of high quality services and the effect verification study should be conducted. In addition, measures should be in place to expand the scope of service use so that residents can use and receive various public health services.

Conclusion

This study will provide basic data for establishing and evaluating the local health policy actively coping with changing social environment, regional environmental characteristics and local health care environment through N-citizen health care surveys. In order to effectively and actively respond to healthcare problems, aggressive healthcare policies are required instead of passive methods that rely on treatment after the disease develops. Therefore, by improving the self-health management ability of N-citizens, it is thought that the health promotion and quality of life of the subjects can be improved.

Ethical Clearance: Not required

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Conflict of Interest: Nil

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