

Public Health and Welfare

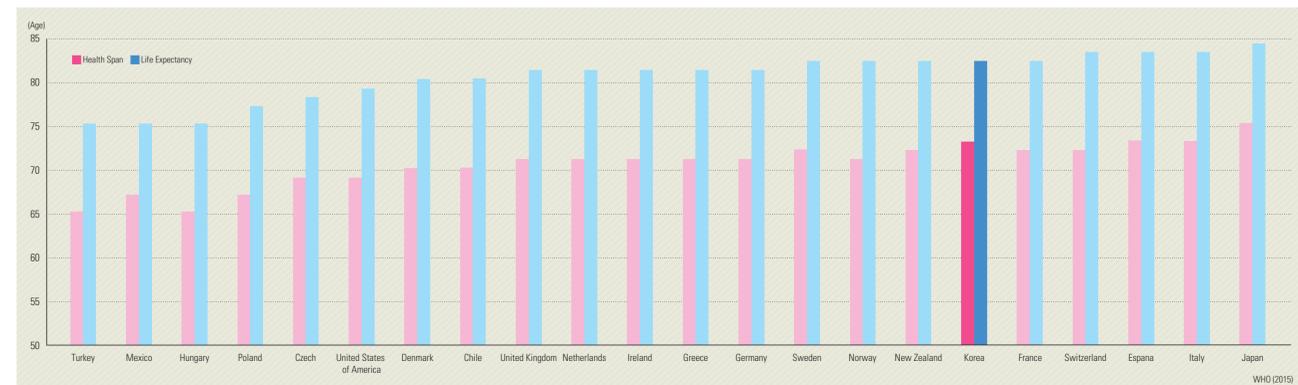
The introduction of modern medical science that paralleled economic growth was connected to a national interest in health that subsequently led to an increase in life expectancy. Life expectancy in Korea, as a result of an abundance of well-trained medical personnel, high-tech equipped medical facilities, and a systemically maintained health screening system, is shown to be very high compared with the rest of the world. Above all, the introduction of a universal health insurance

system allows all citizens to enjoy health insurance benefits. However, there are problems, such as increased medical expenses due to an aging population and a healthspan (the number of years that one lives in good health) that is shorter than the increasing life expectancy—in other words, people are living longer, but they are spending a greater percentage of their lives not in good health, as are also seen in many other countries. In addition, there are also a rising number of health

problems that need solutions, such as new types of diseases, differences between metropolitan and rural areas in health care access, and lifestyle changes. The issue of welfare is widely debated in Korean society. The discussion of welfare and social consensus on its expenditure centers on how to cope with the emergence of an at-risk group in Korea's population that was left behind in socioeconomic development as a result of

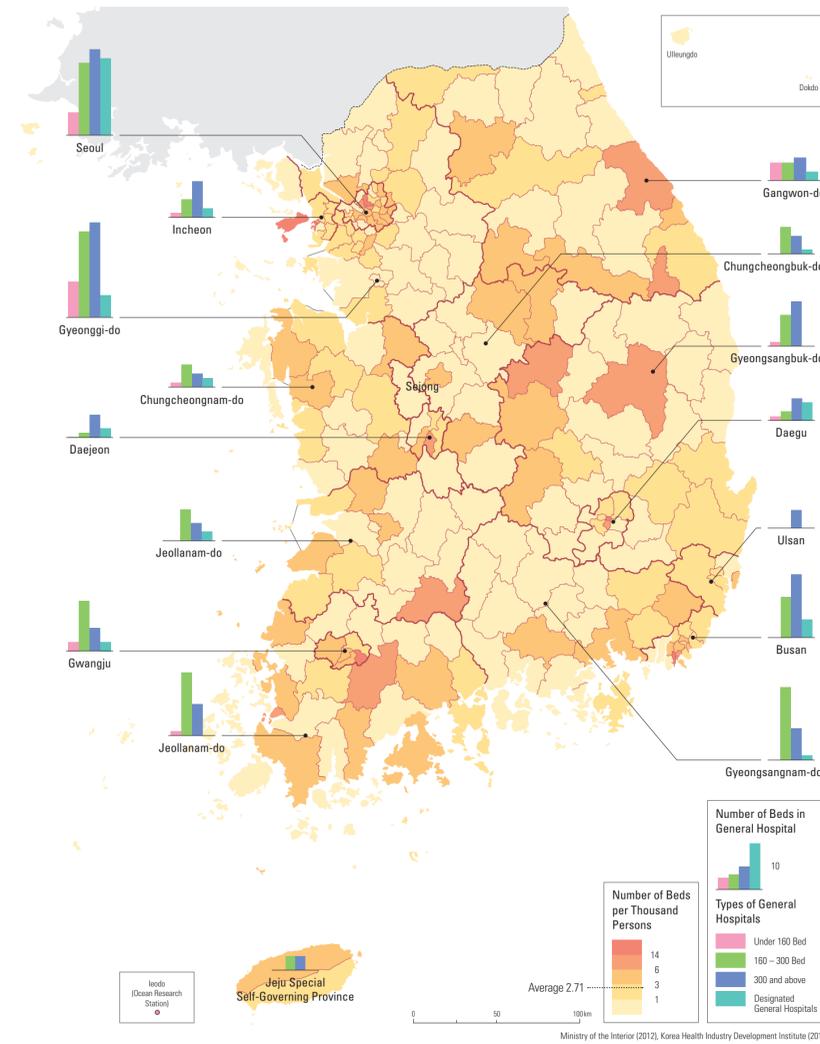
the intensification of a competitive society that constantly seeks a higher quality of life and economic growth. Government expenditure has been steadily increasing, and various types of welfare policies by age, gender, and social class have also increased. But the increase in welfare expenditure is a financial burden; the slowdown in economic growth, the rapidly aging population, and the decline in birth rate have become urgent problems that need to be solved.

Health Span and Life Expectancy of OECD Countries

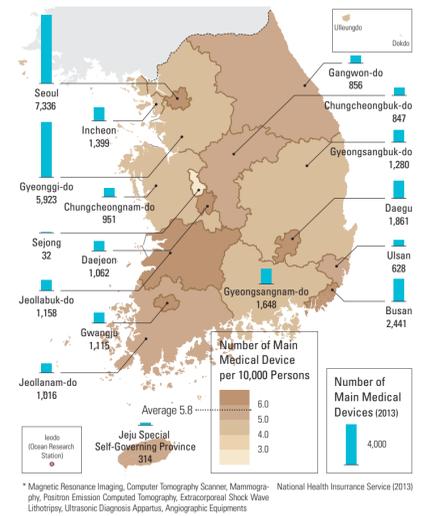


Health and Medicare Services

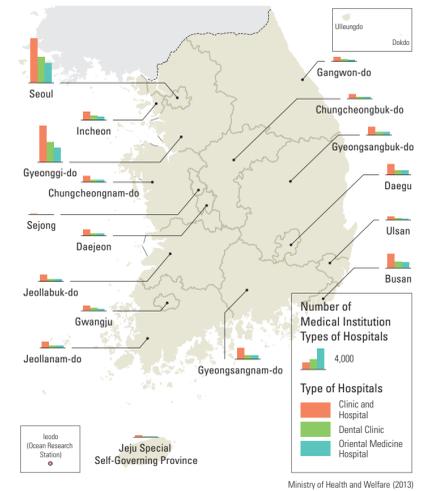
Distribution of General Hospitals and Number of Beds (2012)



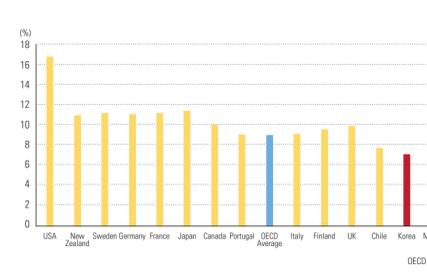
Number of Main Medical Devices (2013)



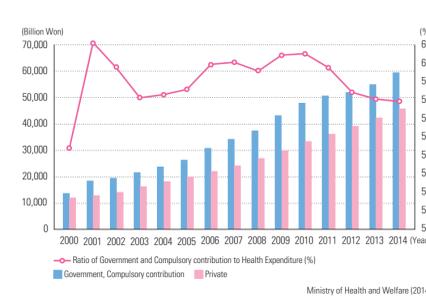
Distribution and Type of Hospitals



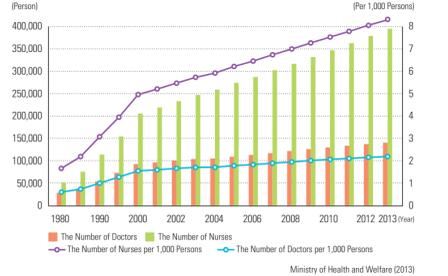
Ratio of Medical Expenditure to GDP in OECD Countries (2014)



Medical Expenditure (2000 - 2014)



Change in the Number of Medical Personnel per Thousand Persons (1980 - 2013)



Korea's medical expenditure per GDP is about 7 percent, lower than that of major countries of the OECD. However, medical expenditure has constantly increased as a result of an aging population and the increased interest in health care. Medical expenditure is classified into two categories: expenditure of government and compulsory contribution, and the private financial resources of private insurance and personal expenses. In

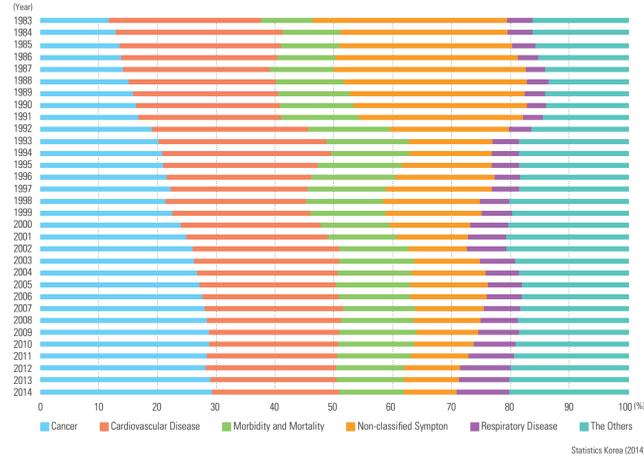
the case of medical expenses, public financial resources have steadily increased, but have begun to decline recently. An important issue for Korea is how to balance demands for increased health care spending with demands for fiscal sustainability by the government. Korea is very famous for well-trained medical personnel. The number of medical doctors and nurses is steadily increasing, and excellent med-

ical personnel are being educated at all levels in colleges and universities, but the number of doctors and nurses per 1,000 people is relatively lower than that of other OECD countries. Korea's medical institutions are largely divided into clinics, hospitals, and general hospitals, depending on the size of the institution. Mild diseases are treated at widely distributed clinics and hospitals by specialized doctors. Serious illnesses

or diseases are treated at the higher medical institutions, such as a general hospital. As many dental clinics are also widespread, access to dental clinics is good, too. Oriental medicine hospitals and clinics provide medical services based on oriental medicine. Medical access has greatly increased because general clinics and hospitals are evenly distributed nationwide, while general hospitals are mainly distributed in metropolitan cities.

National Health

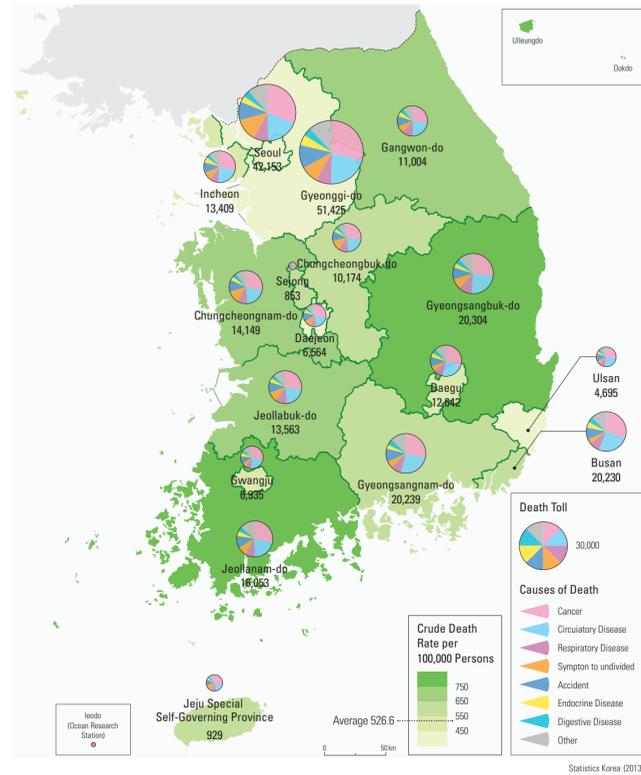
Change in the Causes of Death



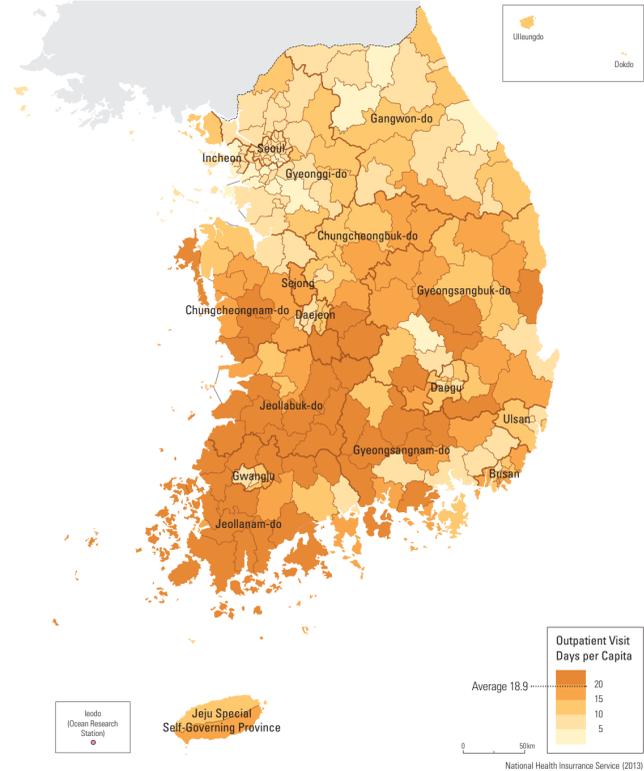
The cause of death has consistently changed according to changes in lifestyle and dietary habits and the development of preventative health care and improvements in medical technology. Among causes of death, cancer accounted for the largest proportion. The increase in cancer patients is related to early diagnosis through health screening and the development of medical technology for diagnosing cancer along with a change in lifestyle. Recent statistics revealed that the middle-aged population group has a very high death rate from cardiovascular disease. This cause of

death does not show a big difference by region, because Koreans generally maintain a relatively similar environment and lifestyle. Looking at the frequency of use of medical institutions, both the number of hospital usage days and the average for outpatient visit days are high in areas with a high proportion of older individuals. With an aging population, medical services for the elderly, and the prevention, diagnosis, and management of geriatric illness, become more important.

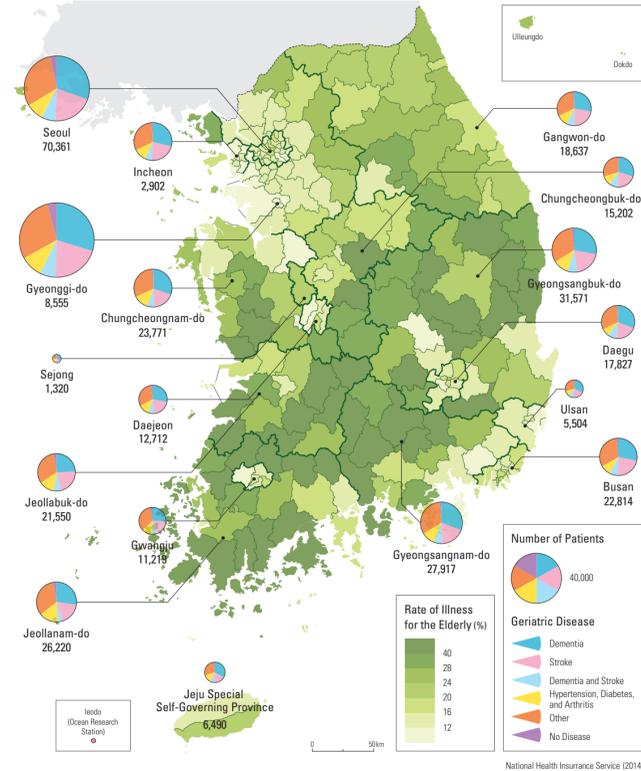
Causes of Death by Province (2013)



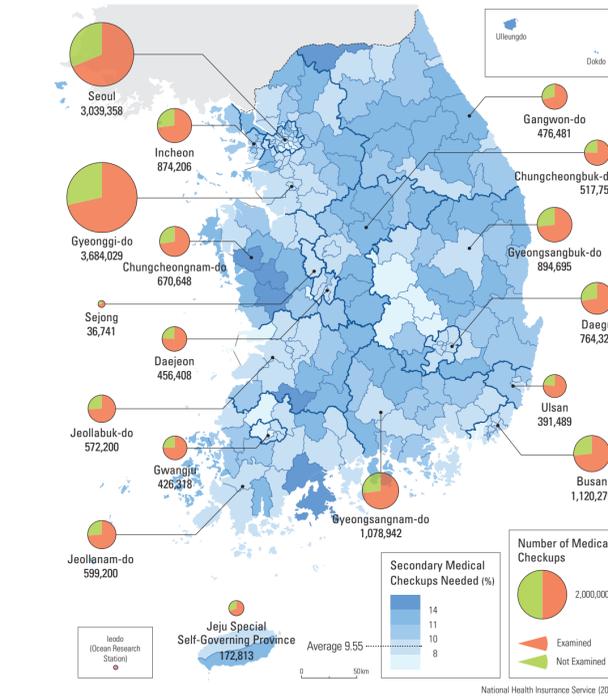
Hospital Visit Days per Capita (2013)



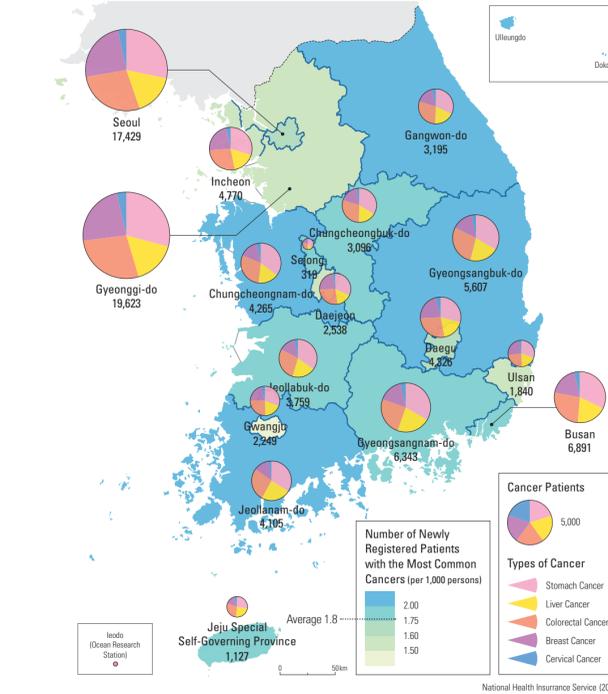
National Health Insurance Service (2014)



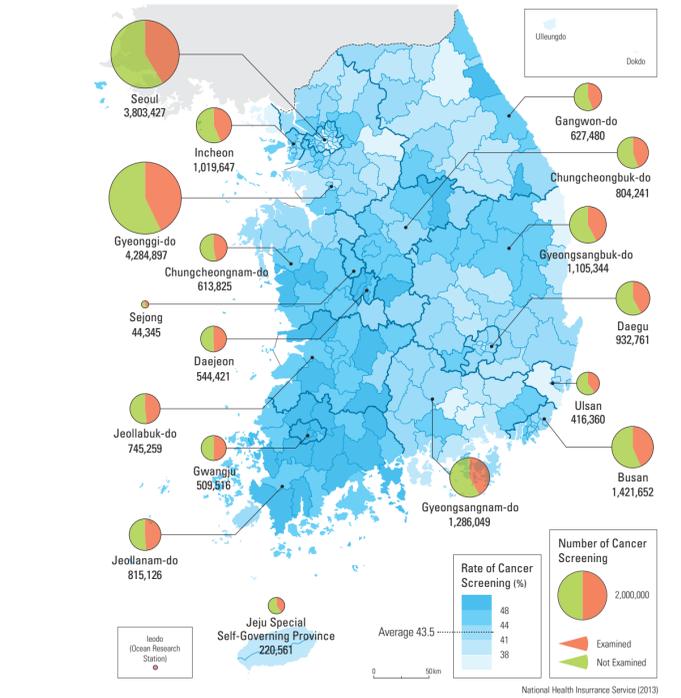
Medical Checkups and Secondary Medical Checkups (2013)



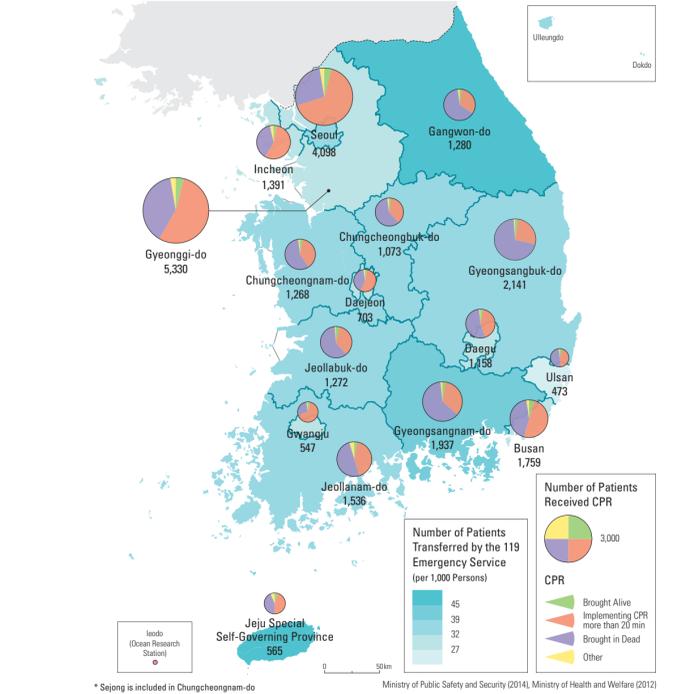
Number of Cancer Patients by Cancer Type (2014)



Cancer Screening (2013)



Emergency Medical Service and Cardiopulmonary Resuscitation (2012)



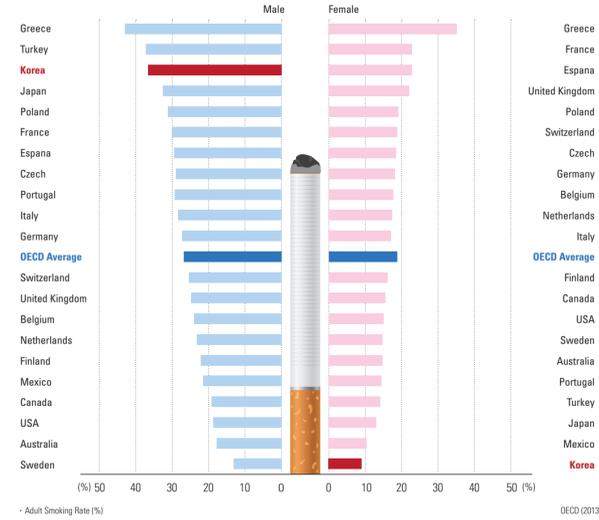
Regular health screening, which has led to systematic management of health and early diagnosis of disease, has highly contributed to the enhancement of national health. Korea has established a specialized medical checkup program by age and gender, and has encouraged consistent medical

checkups. Additional medical checkups can be made on the basis of the preliminary medical checkup results. In particular, screening for cancer, which is included in regular health screening based on life stages, recently has increased in order to cope

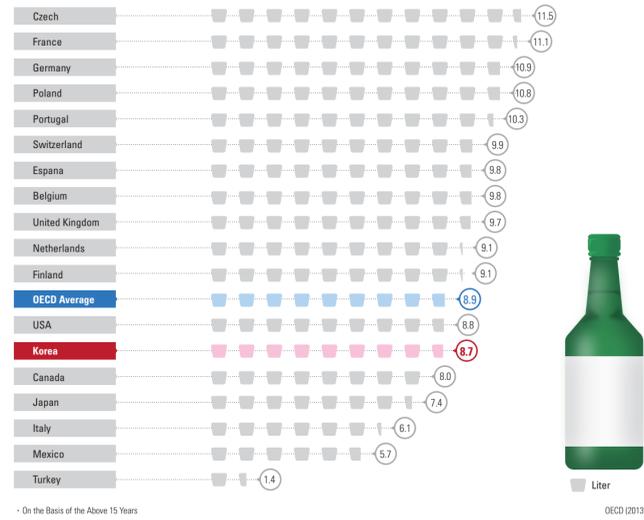
with increasing rates of cancer. Although Korea has identified the five most common cancers as stomach cancer, liver cancer, colon cancer, breast cancer, and cervical cancer, thyroid cancer for women and prostate cancer for men has increased due to changes in lifestyle and dietary habits.

Cardiovascular disease and cancer are major causes of death. In the case of cardiac arrest, the provision of emergency medical services is very important. However, looking at the statistics relating to cardiac arrests, the gap between regions in access to services is very large.

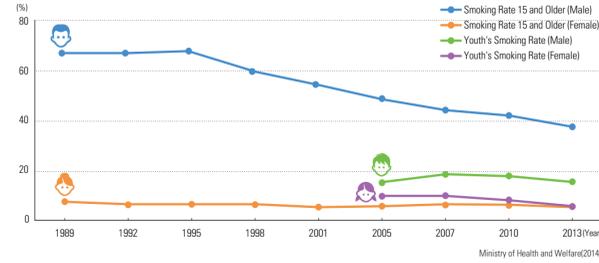
Smoking Rate of Main OECD Countries (2014)



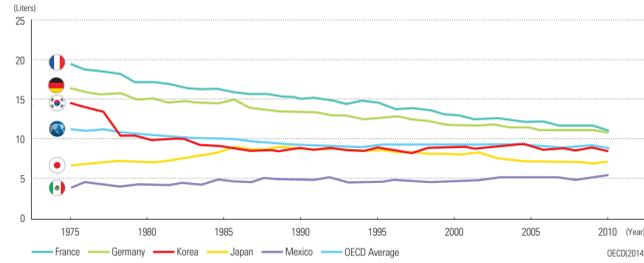
Alcohol Consumption of Main OECD Countries (2014)



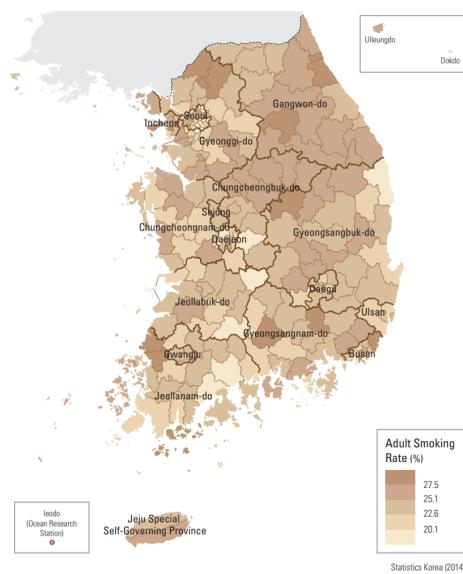
Smoking Rate of the Adult and Youth



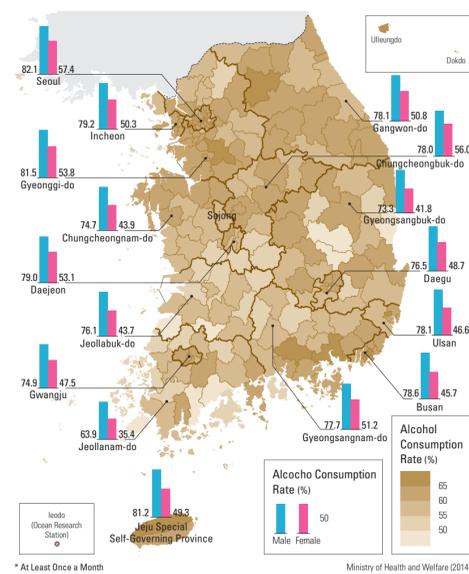
Annual Alcohol Consumption



Smoking Rate by Region (2014)



Alcohol Consumption by Region (2014)



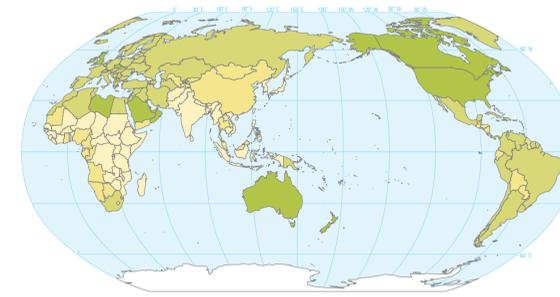
Smoking and alcohol consumption, as significant detrimental health habits, have been surveyed and controlled by a majority of countries following the recommendations of the World Health

Organization. Following Greece and Turkey, the smoking rate for adult men in Korea is very high compared to other OECD countries. The smoking rate is steadily declining due to an increasing

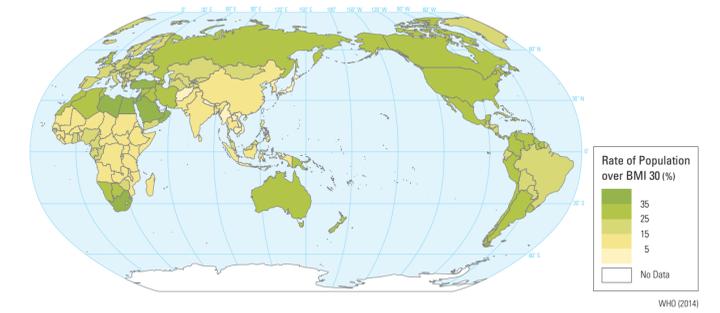
interest in health and antismoking campaigns. However, youth smoking has not declined, and has emerged as a social problem. In the case of alcohol consumption, Korea ranks lower than the

OECD average. In addition, alcohol consumption has steadily declined, although the drinking and smoking habits of some population groups required more consistent control or reduction.

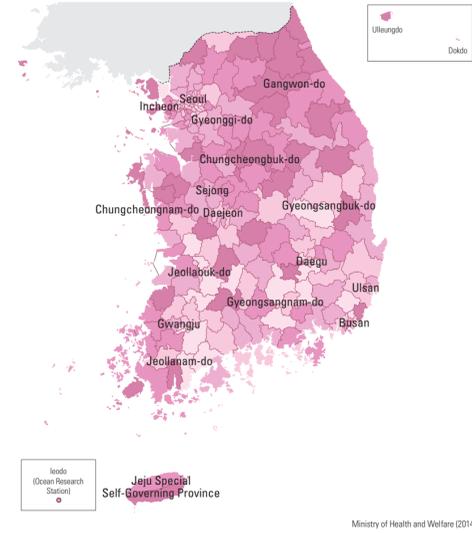
Obesity Rate: 18 Years and Older (Male)



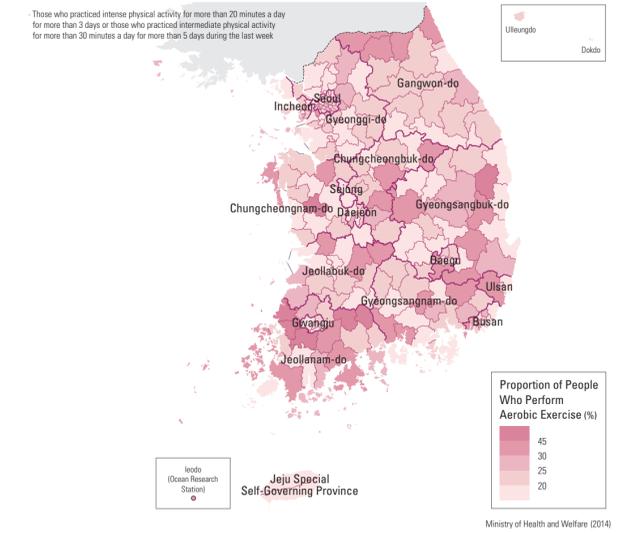
Obesity Rate: 18 Years and Older (Female)



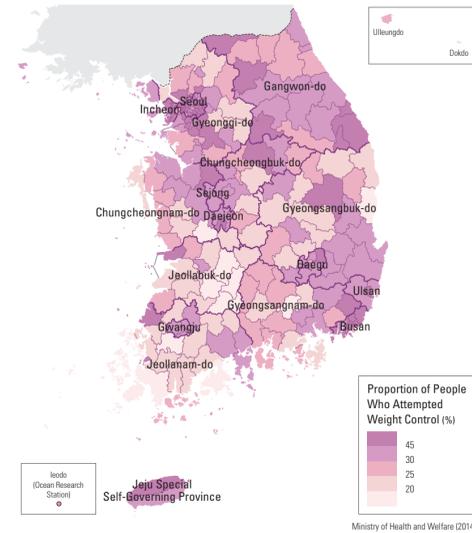
Obesity Rate by Region (2014)



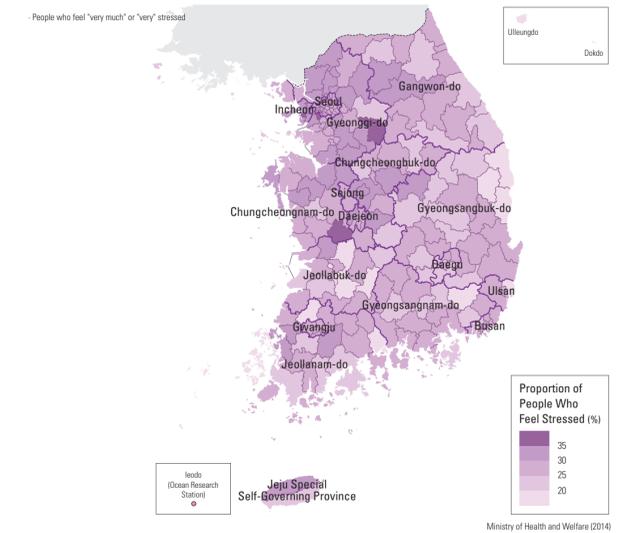
Aerobic Exercise (2014)



Weight Control (2014)



Mental Stress (2014)



Recently, obesity has been recognized as a disease that leads to various adult diseases and many countries are trying to reduce obesity rates. Compared to world statistics, the obesity rate in Korea is relatively low. However, changing dietary habits and lack of exercise are leading to a higher

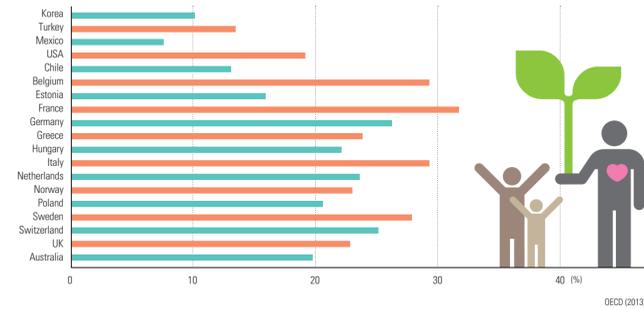
obesity rate, which has become a serious concern for Koreans. Therefore, more Koreans are trying to improve their dietary habits and exercise more. Concerning health, many people, influenced by the media and the growing weight control industry, are beginning to engage in exercise and diet

control because of the social norm for maintaining a slim and healthy body shape. Because of the increasing obesity rate among youth who are accustomed to a Western-style diet, a policy, which aims to promote healthy dietary habits in childhood, is being carried out. Also, public health pol-

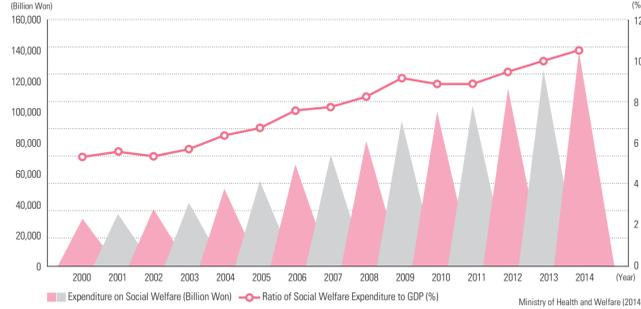
icies have been implemented to reduce obesity, such as encouraging the indication of calories and ingredients on food labels.

Social Welfare

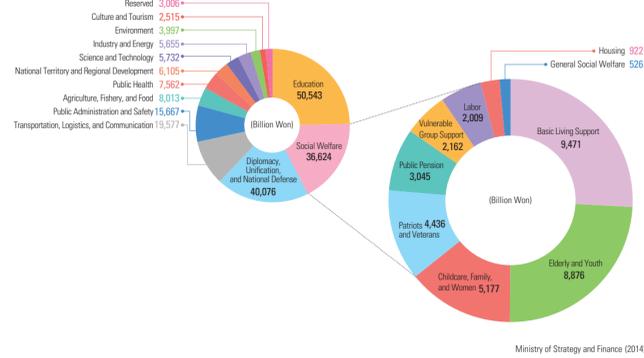
Ratio of Expenditure on Social Welfare to GDP by Countries (2013)



Expenditure on Welfare and GDP (2014)



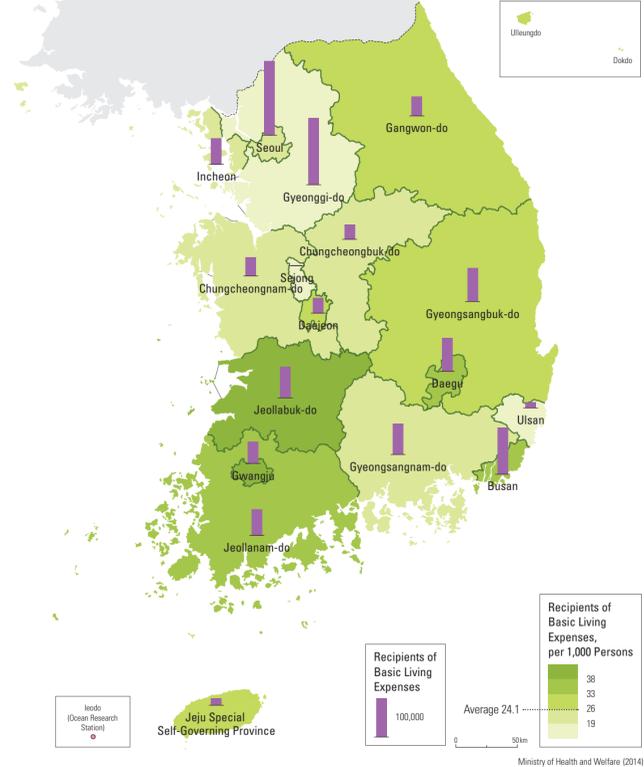
Proportion of Components of Social Welfare Expenditure



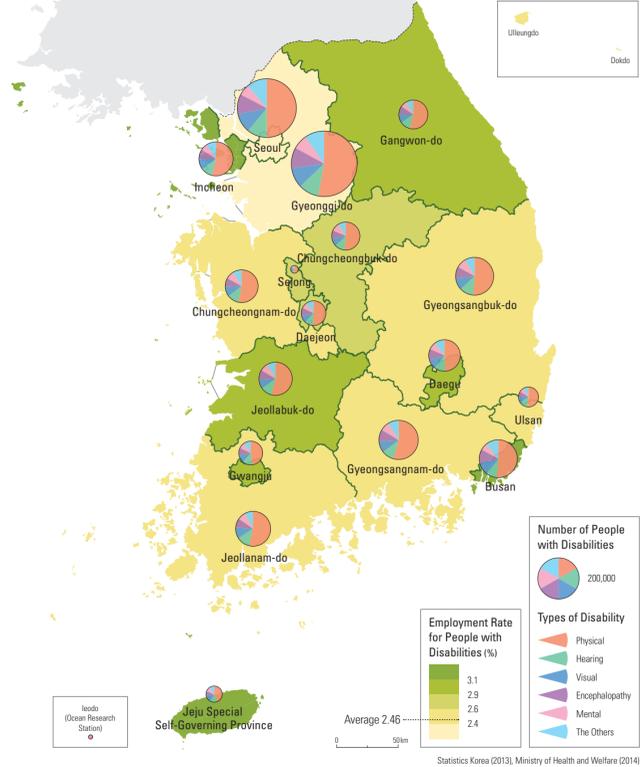
Recently, welfare in Korea has emerged at the center of political debate. Various debates relating to welfare have arisen, such as the range of welfare services offered, the appropriate level of welfare spending, and the priority of national resources to concentrate on, recent political focus has concentrated on the expansion of social welfare and the maintenance of fiscal soundness following the expansion of social welfare. Recent welfare-related expenditures have consistently increased. The sum of social welfare expenditures in the statutory private sector, which mandatorily spends from the private sector, and in the public sector, has substantially increased every year. The ratio of social welfare expenditure

to GDP has exceeded 10 percent in recent years. However, the social welfare expenditure to GDP ratio for Korea is still lower than that of other OECD countries, with the ratio of social welfare expenditure to GDP for European welfare states being 20 to 30 percent. Although this difference should be considered in the context of the proportion of elderly in the population and differences in social welfare policies, the likelihood that social welfare expenditure in Korea will continue to increase in the future is strong. With the increase in social welfare spending, the related budget is also steadily increasing. Social welfare related-government expenditure is allocated according to welfare categories, such as poverty, disabilities, women, children, and elderly, or to sectors such as housing and labor.

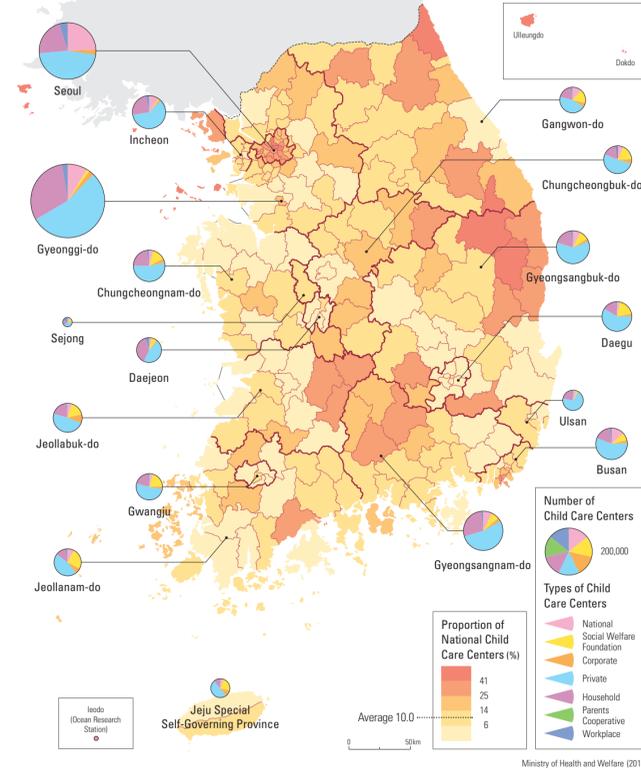
Recipients of Basic Living Expenses (2014)



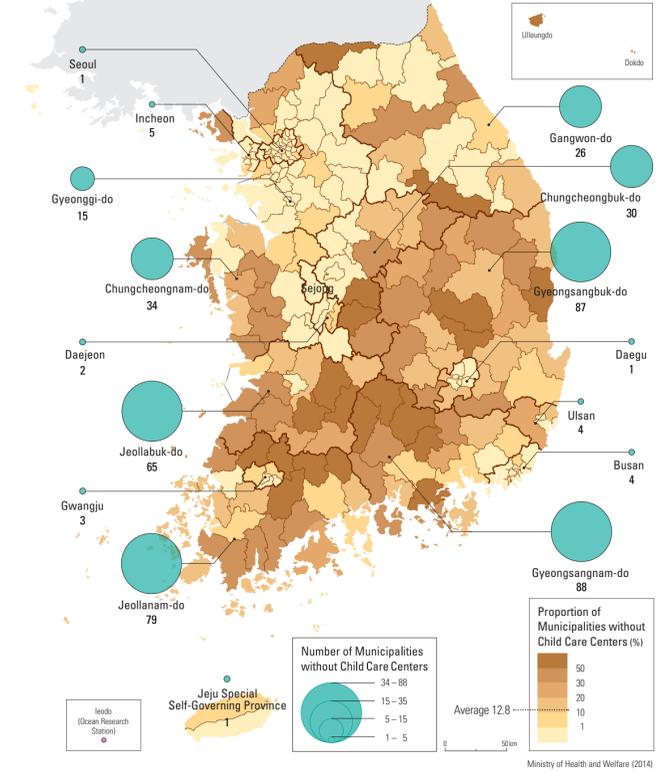
People with Disabilities and Employment Rate (2013)



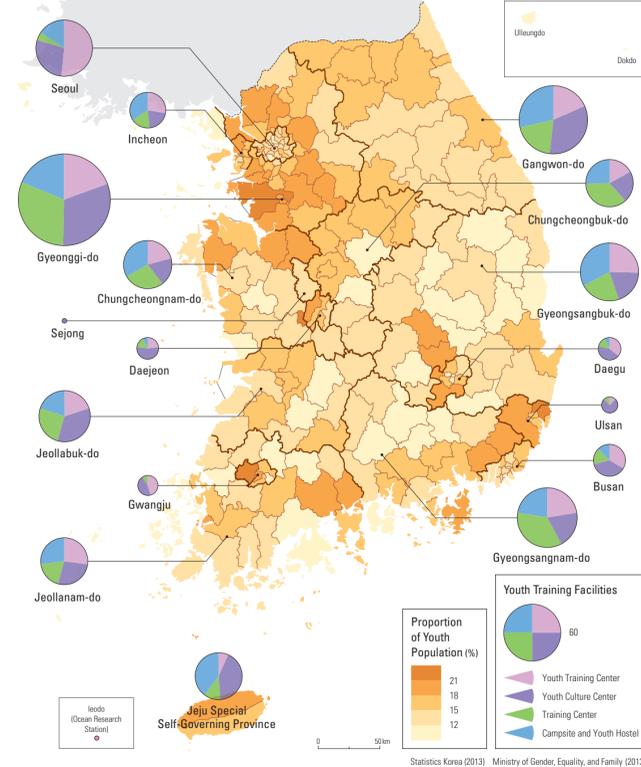
Types and Distribution of Child Care Centers (2014)



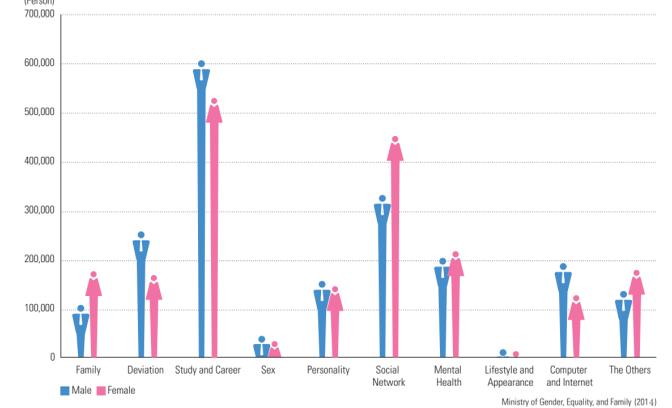
Municipalities without Child Care Centers (2014)



Youth Training Facilities (2013)



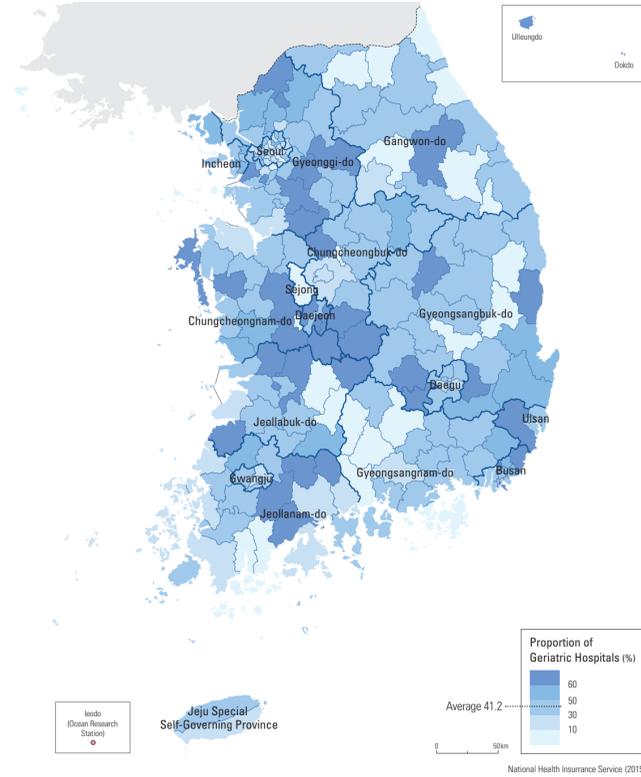
Support Counseling for Youth (2014)



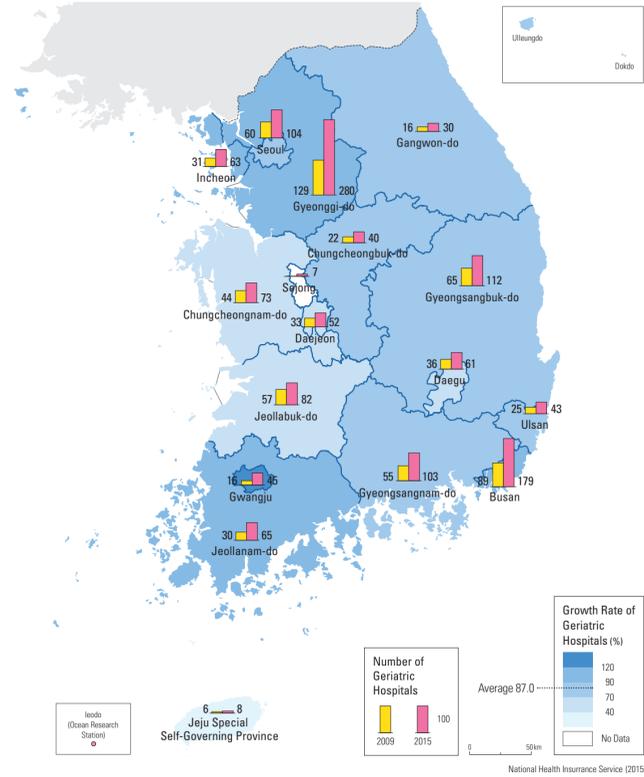
A recent interest in a childcare policy is growing because of a need to cope with the increasing entry of women into the workforce and the decreasing birth rate. There are various types of childcare centers, including centers run by national or local governments, and workplace and privately-run centers provided by social welfare or religion foundations. In general, people are demanding more public childcare centers. Looking at the regional base, some rural areas' lack of childcare centers present a hardship for local residents.

Social welfare for youth is focused on counseling and problem-solving. Youths received counseling at welfare centers for various problems, mainly for their academic progress and for career preparation, for interpersonal relationships, for mental health issues such as stress and delinquency, and for computer and internet addiction. Additionally, in order to aid the physical and emotional growth of youth and the exchange and sharing of culture, youth training centers, culture centers, training centers, campsites, and youth hostels are distributed throughout the country.

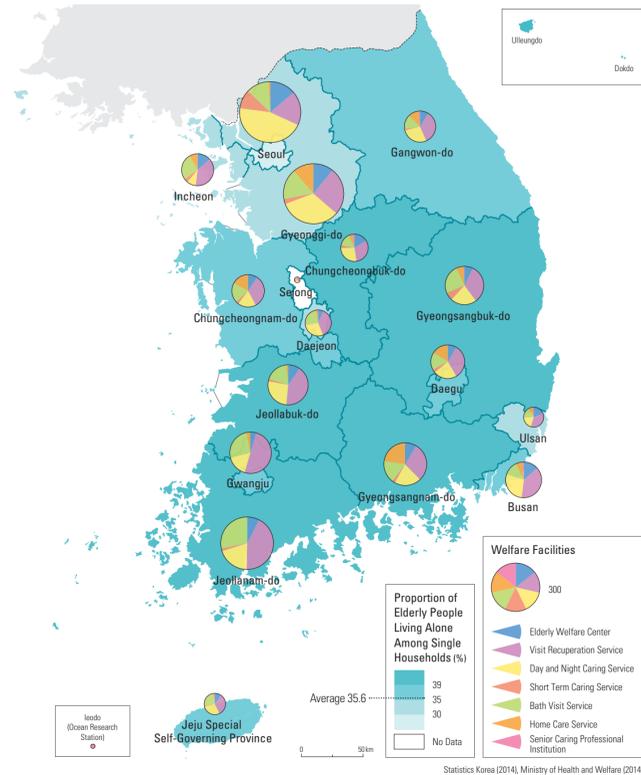
Geriatric Hospitals (2015)



Change in Geriatric Hospitals (2009 – 2015)



Living Arrangements of the Elderly and Welfare Facilities (2014)



Characteristics of the Elderly (2014)

Classification	Proportion(%)
Sex	
Male	41.7
Female	58.3
Age	
65 – 69	31.7
70 – 74	27.1
75 – 79	20.6
80 – 84	12.6
Above 85	8.0
Spouse	
Yes	61.4
No	38.6
Household Type	
Living Alone	23.0
Husband and Wife	44.5
Living with Descendants	28.4
Others	4.0
Education Level	
No Education (Illiterate)	9.6
No Education (Literate)	20.9
Elementary	32.0
Middle and High School	29.9
College and Above	7.8
Employment	
Employed	28.5
Not Employed	71.5
Annual Household Income	
0 – 763	20.0
764 – 1,193	20.0
1,194 – 1,849	20.0
1,850 – 3,170	20.0
Above 3,171	20.0
Physical Ability	
Limited	81.8
Not Limited	18.2
Age to be Considered as a Senior	
60 – 64	3.4
65 – 69	12.1
70 – 74	59.1
75 – 79	11.3
Above 80	13.3

Ministry of Health and Welfare (2014)

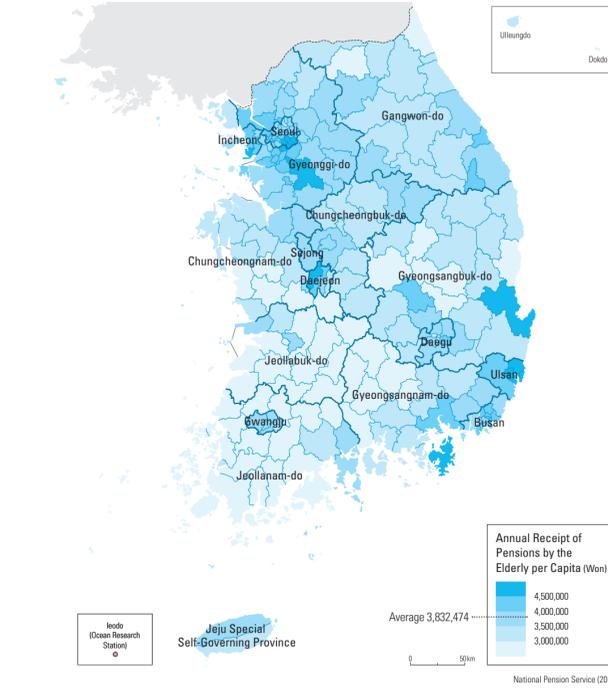
Elderly Households

Classification	Percentage of Elderly Households (%)	Percentage of Elderly Households Living Alone (%)
2015	20.6	7.4
2025	29.5	10.7
2035	40.5	15.4

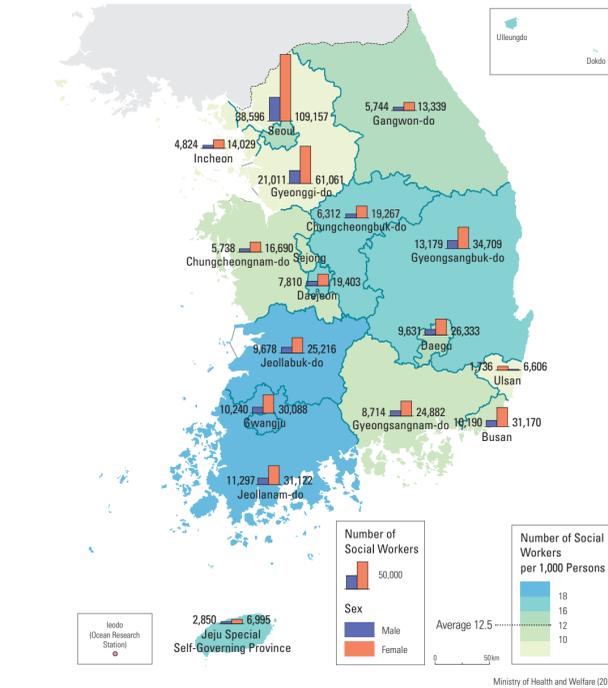
Statistics Korea (2015)

The phenomenon of an aging population experienced by many advanced countries has become a major social issue in Korean society. An increase in average life expectancy has led to an increase in the elderly population, and the proportion of elderly is increasing as Korea's fertility rate has sharply decreased. By contrast, because the proportion of the working age population is declining, Korean society, with the world's lowest fertility rate, faces the difficult task of supporting an elderly population while maintaining a vibrant economy and society. Senior citizens in Korea are those age 65 and older, and are of a generation that was born and grew up with socioeconomic difficulties after the period of Japanese occupation and the Korean War. In this generation, women statistically outnumber men. Implementing an efficient government welfare policy is very important because many elderly face financial difficulties due to less education and a lack of advanced preparation for old age. The recent increase in the aging population has led to an increase in geriatric hospitals that serve patients needing long-term care, mainly the elderly and patients suffering geriatric-related diseases. Compared to the growth rate of general hospitals, geriatric hospitals stand out, and many of them are created on the outskirts of cities.

Annual Receipt of Pensions by the Elderly (Won)



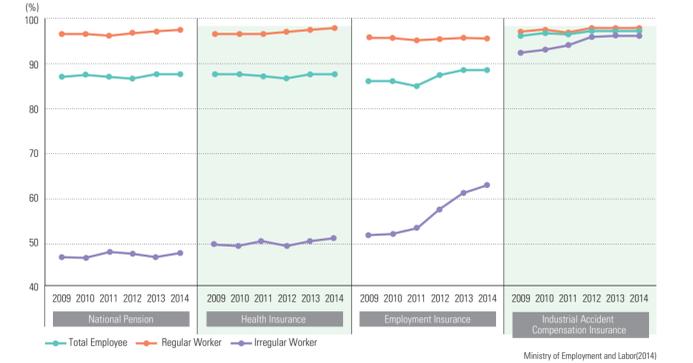
Social Workers (2013)



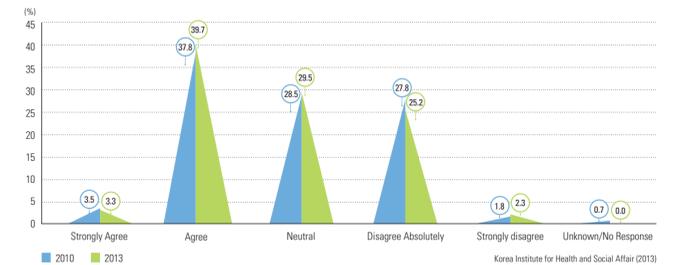
Various social safety nets exist in Korea, with social insurance represented by four kinds of insurances, namely national pensions, health insurance, employment insurance, and industrial accident compensation insurance. These accounts provide for a stable life during old age, medical support, unemployment and reemployment sup-

port, and preparation of compensation for occupational accidents, respectively. However, a significant number of temporary or contract workers do not enroll in social insurance. Korea has educated and trained many social workers in order to deal with various social welfare demands. These social workers provide their

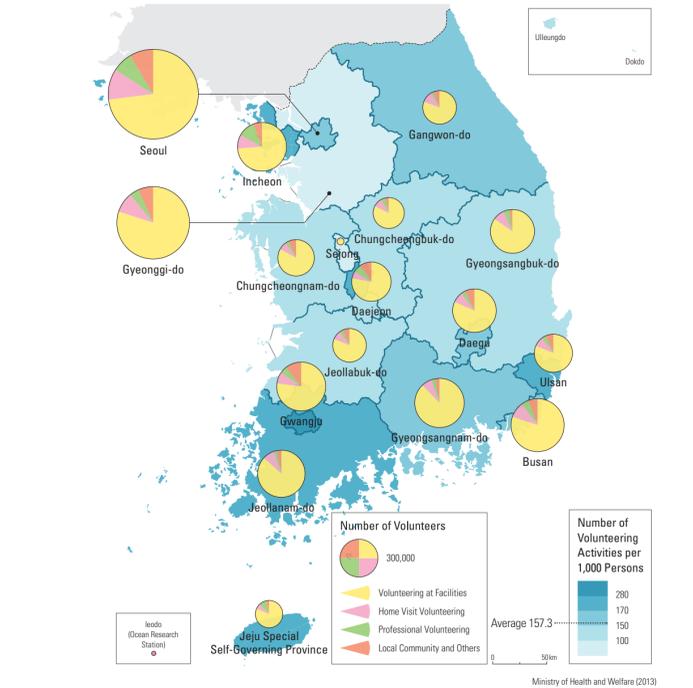
Proportion of Workers Covered by Social Insurance



Survey on Social Welfare Expenditure



Volunteering Activities (2013)



expertise to national, medical, and social welfare institutions, or through their own activities. In addition, as the culture of volunteering and donating spread throughout society. The challenge of expansion of social welfare faced by Korean society is inevitably connecting to the increase in social welfare expenditure.

According to a recent study on the expansion of social welfare, about 40 percent of the population agrees with increased taxes for social welfare, 30 percent neither agree nor disagree, and 25 percent disagree. Social consensus on increased social welfare and expansion of fiscal outlay is becoming more important.