



BRIEF REPORT

Korea Community Health Survey Data Profiles

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Abstract

In 2008, Korea Centers for Disease Control and Prevention initiated the first nationwide survey, Korea Community Health Survey (KCHS), to provide data that could be used to plan, implement, monitor, and evaluate community health promotion and disease prevention programs. This community-based cross-sectional survey has been conducted by 253 community health centers, 35 community universities, and 1500 interviewers. The KCHS standardized questionnaire was developed jointly by the Korea Centers for Disease Control and Prevention staff, a working group of health indicators standardization subcommittee, and 16 metropolitan cities and provinces with 253 regional sites. The questionnaire covers a variety of topics related to health behaviors and prevention, which is used to assess the prevalence of personal health practices and behaviors related to the leading causes of disease, including smoking, alcohol use, drinking and driving, high blood pressure control, physical activity, weight control, quality of life (European Quality of Life-5 Dimensions, European Quality of Life-Visual Analogue Scale, Korean Instrumental Activities of Daily Living), medical service, accident, injury, etc. The KCHS was administered by trained interviewers, and the quality control of the KCHS was improved by the introduction of a computer-assisted personal interview in 2010. The KCHS data allow a direct comparison of the differences of health issues among provinces. Furthermore, the provinces can use these data for their own cost-effective health interventions to improve health promotion and disease prevention. For users and researchers throughout the world, microdata (in the form of SAS files) and analytic guidelines can be downloaded from the KCHS website (<http://KCHS.cdc.go.kr/>) in Korean.

1. Introduction

Owing to the different health levels among communities in Korea, there is a need to implement policies aimed at planning appropriate health services to satisfy

residents' health requirements. In 1995, the Community Health Act was enacted to establish the appropriate health service plan for communities and to meet the residents' health requirements [1]. Because local governments are obliged to create their own health service plans, the

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demand for community-based health statistics has increased. Although local governments need their own community statistics to use the existing data such as death and health insurance statistics, they do not have any information available in the community [2,3]. Some local governments are researching the health level of residents on their own, however, survey indices and procedures are not standardized sufficiently to be comparable throughout communities or the nation. For this reason, the survey indices and procedures have not been usable as objective statistics comparable with national or other community surveys. Compared to national statistics, the survey items lack the knowledge and experience necessary to meet the demand of the communities. The Korea Community Health Survey (KCHS) is designed to establish the base for implementing well-grounded health services by producing community health statistics that establish and evaluate the community health care plan. In addition, it tries to integrate evaluation indices for the health services of local governments by standardizing survey indices and procedures comparable among communities. The KCHS was conducted by the survey performance team created in cooperation with 253 community health centers in cities, provinces, and universities within the communities. This was done to ensure a smooth survey process, improve the application of survey results, and strengthen community capability. A total of 35 universities (responsible universities) from all over the nation participated as community partners in conducting 4–14 surveys (average: 7) under the control of a community health center [4]. The Ministry of Health and Welfare and Korea Centers for Disease Control and Prevention (KCDC) standardized the survey methods, contents, and output indices to make the

survey results comparable among communities [5]. In addition to this, they provided service performance guidance, technical support, and related data guidelines. The operating system consists of KCDC, 16 cities and provinces, and responsible universities (Figure 1). To give stable and professional services, it makes decisions on major issues ranging from planning to official announcement of results, thus providing a channel for spreading decisions. The technical committee aids in management in each particular area and provides the operating committee with advice on current issues. The advisory committee is organized temporarily when other matters need its attention. The management office was created in KCDC to support in conducting surveys and statistical analyses. The responsible universities carry out general activities such as surveys, field supervision, training of interviewers, and data analysis. To standardize community surveys, KCDC supports survey conduction and item guidelines, interviewer training material, and data analysis syntax.

2. Materials and methods

2.1. Sample design

Because the main purpose of the KCHS is to produce health statistics comparable to the city (Si), county (Gun), and district (Gu) levels, the target population is defined as adults aged ≥ 19 years and who live in the jurisdiction of one community health center. Note, however, that it is impossible to interview the entire population residing in the area during the survey. For this reason, considering the representability and

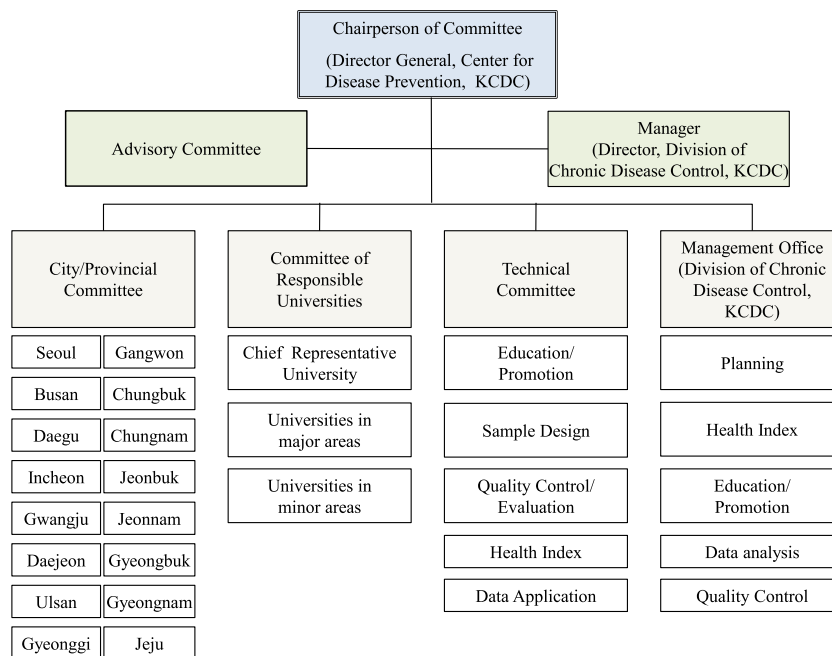


Figure 1. Korea Community Health Survey (KCHS) Conducting System. KCDC = Korea Centers for Disease Control and Prevention.

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