National Strategy for Chronic Respiratory Disease Prevention And Control

“We Can Control Our Chronic Respiratory Disease.”
Epidemiology

- Chronic Respiratory Disease is 8\textsuperscript{th} cause of death in Korea
  - Crude death rate: 15.5 per 100,000
  - Crude death rate among over 70s: 157.0 per 100,000 (5\textsuperscript{th} cause of death)

- Persistent increase in Prevalence
  - Physician diagnosed prevalence of asthma
Ten Major cause of death (2005)

- **26.7%** Cancer
- **29.8%** Etc.
- **12.7%** Stroke
- **1.7%** Pneumonia
- **3.1%** Chronic Respiratory Disease
- **3.4%** Liver Ds.
- **3.2%** Injury
- **4.9%** Suicide
- **4.8%** DM
- **7.9%** CVD
- **1.8%** HTN
Mortality rate of Chronic respiratory disease (2005)
Epidemiology

- Physician diagnosed prevalence of asthma

* Age-adjusted to 2005 Korea population
Health Care Cost

- Asthma only accounted for the expenditure of over 2 billion U.S $(2005)
  - Direct cost: 962 million $
    - Indirect cost: 1,086 million $
    - Total cost: 2,048 million $

- Cost of Chronic respiratory disease is estimated nearly the same as those for cancer or Cardio–cerebrovascular disease
  - Cancer: 5.53 billion
  - Cardio–cerebrovascular disease: 4.25 billion
CRD Management

- Management level for chronic respiratory disease is still very low
  - Poorly controlled risk factor (ex) high smoking prevalence (47.5%, 2006)
  - Proportion of Sub-optimally controlled asthma patient is high
  - Regular medical treatment during last 1 years
    - 23.0% of asthma patient, 13.5% of COPD patient
  - Only 14.5% of asthma participate in asthma education program
  - 48.8% of asthma patient try health supplementary food
CRD Management

- Asthma attack rate during previous 1 year

![Bar chart showing asthma attack rates in different age groups for South Korea and the United States.](chart.png)

- **South Korea (2005)**
  - 19-44 years: 41.05%
  - 45-64 years: 52.73%
  - 65-74 years: 54.52%
  - 75 years and older: 59.62%

- **United States (2005)**
  - 19-44 years: 37.12%
  - 45-64 years: 37.44%
  - 65-74 years: 30.81%
  - 75 years and older: 31.22%

**Notes:**
1. 2005国民건강영양조사
2. 2005년, National Health Interview Survey, Sample Adult File로부터 직접 계산
Use of Inhaled corticosteroid in asthma patient
Tobacco Control Policy – History

- 1995 Health Promotion Act
  - Designate Smoke-free areas
  - Restriction of cigarette advertisement
- 1998 Non-Smoking Campaigns and Community-based Tobacco Control Program
  - Budget: 0.7mil US$ (’98) → 312mil US$ (’07)
- 2001 National Tobacco Control Policy
- 2003 Expand smoke-free areas
- 2004 Raise Tobacco Price by 0.5$
- 2005 Smoking cessation clinic, Quit-line
5 Key Action Areas

- **Pricing and Tax Policy**
  - Tobacco tax raising
  - Stop supplying tax-free cigarettes for military

- **Non-price regulation**
  - Smoke-free area
  - Warning sign on cigarette package

- **Public awareness campaign**
  - TV, Radio, Internet etc.
  - No Tobacco day

- **Infra-structure**

- **Smoking Cessation Counseling**
  - Smoking cessation clinic (Local health center)
  - Quit-line

- Tobacco tax raising Tobacco tax raising Tobacco tax raising Tobacco tax raising
- Stop supplying tax-free cigarettes Stop supplying tax-free cigarettes Stop supplying tax-free cigarettes Stop supplying tax-free cigarettes
- Free cigarettes for military Free cigarettes for military Free cigarettes for military Free cigarettes for military
- Warning sign on cigarette package Warning sign on cigarette package Warning sign on cigarette package Warning sign on cigarette package
- Smoking cessation clinic Smoking cessation clinic Smoking cessation clinic Smoking cessation clinic
- TV, Radio, Internet etc. TV, Radio, Internet etc. TV, Radio, Internet etc. TV, Radio, Internet etc.
- No Tobacco day No Tobacco day No Tobacco day No Tobacco day
Asthma Policy: Vision and Goals

Improve Quality of Life
Reduce Socio-economic burden

- Reduce Morbidity & Mortality
- Reduce Hospitalization & ER visit
- Reduce absent days & restriction of physical activity

Best Practice Guideline
Improved Self-management

Trigger Control

Evidence-based health policy

- Public awareness campaign
- Appropriate management of asthma Symptom
- Build asthma-friendly environment
- Strengthen surveillance system
- Support socially disadvantaged people
## Targets for 2020

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Key Action Areas

- Public awareness campaign
- Support disadvantaged people
- Appropriate Management
- Asthma-friendly environment
- Surveillance R&D

5 Key Action Areas
1. Public Awareness Campaign

- Disseminating patient guideline to avoid triggers and prevent asthma
- Health education, especially for pregnant women about smoking cessation and breastfeeding
- Media campaign
- World Asthma Day
2. Appropriate Management & Treatment

- Develop best practice guideline and computerized decision support system
  - EAM (Easy Asthma Management) Program
- Enhance Self-Management Education
  - Asthma action plan
  - Web-based self-management education program
- Asthma Call Center
3. Build asthma–friendly environment

- Introducing asthma–friendly school program
  - Asthma friendly school certification
  - Building community network
  - Asthma management guideline for schools

- Improving living condition
  - Indoor air quality control guideline
  - Avoid asthma trigger
4. Surveillance, R&D

- Asthma Index
- Strengthen asthma surveillance and monitoring system
- Increase investment for R&D
5. Supporting disadvantaged group

- Support medical care cost
  - Medical counseling, medicines, special milk and powder specially designed for people with allergy

- Home visit health education
Thank you very much.