

## **Health communication in South Korea: Past, present, and future**

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As South Korea has experienced several serious public health outbreaks in recent years, public interest in and awareness of disease prevention and public health care has remarkably increased over time. Accordingly, it is

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demanded that the South Korean government acquires a sufficient level of knowledge, programs, skills, and systems to effectively respond to potential and immediate health threats and promote public health. Based on these needs and tasks, scholars in academia, not-for-profit organizations, health care industries have also made significant efforts to implement health communication into everyday lives of the public by organizing various health communication events and activities. Responding to the social demands and academic interests in health communication, this article points out and discusses some important topics to further develop health communication scholarship and praxis in South Korea.

*Keywords: Health communication in South Korea, Health communication education, Health literacy, Risk communication, Public health campaign*

## **Health communication in South Korea: Past, present, and future**

In recent years, South Korea has experienced several serious public health outbreaks that not only occurred within its national territory, but were also transmitted from various countries in different continents. For example, in 2015, the influx and spread of MERS (Middle East Respiratory Syndrome) from Middle Eastern countries threatened the entire population in Korea with a fear of sudden death. The social consequences of the foreign infectious disease included a severe economic and political disruptions resulted from the shut-down of factories, stores, and businesses nationwide, and ineffective government response in the crisis situation (See Cho & Yu, 2015 for details). Most public places became empty as few people came out of their homes due to the fear of this life-threatening infection, and the number of foreign tourists traveling to South Korea also significantly decreased (Korea Institute for Industrial Economics & Trade, 2015). Consequently, 186 people were infected by the deadly infectious disease, and 38 people died of it in South Korea (Korea Centers for Disease Control and Prevention, 2016). Internationally, MERS has killed 628 people between 2012 and 2015 (World Health Organization, 2016).

Other than international infectious diseases, such as MERS in 2015 and SARS in 2013, South Korea continues to experience both existing and newly emerging public health problems, such as increasing rates of cancers, diabetes, obesity, and mental illnesses (Korea Institute for Health and Social Affairs, n.d.). These public health threats have often upended

the entire population of South Korea. Due to the evidence of current health risks as citizens experience and observe the consequences of such public health threats, public interest in and awareness of disease prevention and public health care has remarkably increased over time. Along with this increased public interest and awareness, the South Korean government has experienced a great demand of knowledge, programs, skills, and systems to effectively respond to public health threats and promote public health.

Based on the social and governmental demands, the importance of health communication has been crystalized as health communication scholars and practitioners have vigorously provided ways in which people communicatively adopt public health information and practices, change their attitudes and behaviors, and support each other to maintain the changes sustainable over time. Furthermore, health communication professionals have contributed to the design and evaluation of public health campaigns and interventions as they have spanned their topical areas from physical health to mental health, crisis management to crisis preparation, and perceptual change to behavioral interventions.

In terms of academic research and activities, the history of health communication scholarship in South Korea is relatively new as the Korea Health Communication Association (KHCA) was established in 2009. However, within the short period, it has rapidly grown as indicated by increasing number of Korean health communication students and scholars at institutions of higher education in South Korea and overseas. Currently, KHCA is partnered with many organizations of public health promotion, hospitals, and governmental departments, introducing state-of-the-art technology, information, practices, and policies for promoting public

health communication in South Korea. In addition to the academic endeavor, not-for-profit organizations and health care industries have also made significant efforts to implement health communication into everyday lives of the public by organizing various health communication events and activities for public health promotion. Responding to these social and academic demands and interests in health communication, this article points out and discuss some important topics - health communication research and education, health literacy, challenges and opportunities for risk communication, and health campaign trends and strategy - to further develop health communication scholarship and praxis in South Korea. Finally, this article concludes with advice on directions for the future health communication in South Korea.

### **Health communication research and education**

Health communication research and education in Korea has significantly grown in both quantity and quality. More people have identified themselves as health communication researchers. The number of health communication related papers published in major communication journals in Korea has dramatically increased. Many communication programs in the country currently offer health communication (or related) courses to their students. These changes may have been influenced by several factors including the following: (1) many health related issues and problems that occurred in Korea in previous decades demanded systematic research and education about how we communicate about and through

various health issues; (2) an increasing number of scholars have identified health communication as their primary researcher area; and (3) institutional changes have built academic associations, interest groups, or working groups focusing on health communication.

However, there are still many critical issues that need to be addressed before health communication research and education is more firmly established in the Korean context. The purpose of this section is to identify and discuss those critical issues in health communication research and education in Korea. This section will particularly focus on the following four issues: (1) how we facilitate motivation to learn and conduct research about health communication among our students in the field of communication; (2) how we define what is “health” in health communication; (3) how we cover varying levels of analyses and domains of themes of analysis in our research and education; and (4) how we develop constructive relationships with scholars from other fields for both education and research about health communication.

First, health communication scholars in Korea need to find ways that creatively motivate our students to learn topics of health communication and conduct health communication research. Health communication researchers must ask themselves why they teach and conduct research about health communication in communication programs in Korea. Most of our students may not try to find jobs in health related fields. Some of them may participate, infrequently, in health related tasks not directly related to health issues (i.e., writing health related stories as a journalist, participating in public relations practice to deal with health related crisis, or designing public campaigns about health issues). However, it may be difficult for our communication students to realize the importance of

taking health communication classes in regard to their future jobs. One of the ways to address this problem is to put more emphasis on “perspective training” than “skill training,” by setting a primary goal of helping our students better understand how/why communication is an imperative and critical skill required for personal and social problem-solving in various domains of our lives, including health. In fact, health and risk issues have become one of the most serious problems that require personal and collective problem-solving efforts in our contemporary society.

Second, communication scholars need to figure out what they choose (and choose not) to teach in their health communication classes. One important task in tackling the “what-to-teach” matter is to build a clear definition of health communication that reflects the unique characteristics of Korean society. One of the particular issues to be addressed has to do with how we translate “health” into a Korean word. Currently, there exists no unity in agreement for a Korean word connoting a definition of the word “health” that embraces all major domains of health communication research and education. Some groups of people translate into “Boh-Geon (보건)” while others use the word “Euee-Ryo (의료).” Both have limitations. How “health” is translated into Korean is an important issue because it will define the boundary of health communication research and education. Therefore, it is suggested that health communication researchers should make special efforts to find Korean words for health communication. What is suggested as an alternative Korean word for health communication, at least as a trigger for further discussions, is “Bo-Geon Euee-Ryo (보건의료)” communication, which includes both clinical and public health aspects of health communication.

Third, as another issue related to the “what-to-teach” matter as discussed in the previous paragraph, our health communication research and education needs to be better structured to include various domains, themes, and levels of analysis. Health communication topics for research and education can be classified into the following various dimensions:

- Health communication as individual-level, societal level, or multi-level phenomena
- Health communication viewed through either a clinical vs. a public health perspective
- Health communication approached as a transmissional vs. a ritual process
- Health communication as causes of health problems vs. solutions to them
- Health communication focusing on “naturally” given messages (such as news or everyday talks) vs. strategically constructed messages (such as campaign messages)
- Health communication focusing on message effects vs. message construction
- Health communication as message production, circulation, or message use
- Health communication focusing on data, information, or knowledge
- Health communication as interpersonal process/effects vs. media process/effects

Reviewing health communication related articles (n = 95) that have been published in the last 20 years (1995 - 2015) in three major

communication and journalism journals in Korea, there have been bias that exist in research focusing on individual-level of analysis, public health approach, transmissional practices, solution-oriented perspectives, naturally given messages, message effects, and media process/effects. The results of the review provided suggestions for health communication research and education in Korea: (1) there should be more efforts to systematize categories of health communication research and education in terms of topic areas, approaches, level of analysis, and methodologies; and (2) there should be more efforts to find balances in health communication research and education in terms of topic areas, approaches, levels of analysis, and methodologies.

Fourth, health communication scholars need to understand how they build relationships with other researchers in health related fields outside the field of communication. Of course, the most important partners should include those from medicine, public health, and nursing. However, they also need to anticipate the creation of additional relationships that propose the availability of collaborative work with others from fields not directly related to health, such as medical sociology, geography, and computer science.

### **Health literacy in Korea: A brief review and recommendations**

This section summarizes what has been accomplished over the past 10 years and makes a few recommendations for future research endeavors.

While achieving these purposes, this section will additionally examine the definition of health literacy, followed by measurement scales and issues, subject populations, health literacy in contexts, the current state of health literacy level, antecedents, and outcomes for Koreans, and recommendations.

### Defining health literacy

Almost all Korean scholars overwhelmingly subscribe to the definition of *health literacy* (건강정보문해력 or 의료정보문해력, ‘의료정보이해 능력’ ‘건강문해력’) as: “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (“개인이 의료와 관련된 적절한 결정을 스스로 내리는데 필요한 기본적인 건강정보와 건강서비스를 제대로 얻고, 처리하고, 이해하는 능력”) (Institute of Medicine, 2004). On the other hand, Kim (2009) leans more toward skills-based notion of health literacy: ‘the cognitive and social skills, which determine the motivation and ability of individuals to gain access to, understand and use information in ways that promote and maintain good health’ (World Health Organization 2004).

Cho, Park, and Lee (2014) adopt and explore a similar concept, eHealth literacy. It is defined as “the ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem” (Norman & Skinner, 2006).

### Korean health literacy level

Several studies indicate that about one-third or more of Koreans may have low or inadequate health literacy. For example, 20-35% of elderly Koreans (measured with K-REALM) have limited health literacy (Kim, Kim, & Lee, 2005). Hong and Eun (2012) noted that 66.3% of the hospital inpatients had linguistic health literacy level of elementary school or lower, and only 45.5% patients had correct answers in functional health literacy test. Kim and Lee (2008) (measured with K-TOFHLA) reported that only 11-38% were able to understand information regarding treatment procedures, informed consent, or educational material for fall prevention. This percentage is the lowest among Organization for Economic Co-operation and Development countries (Korea Education Development Institute, 2001). Jeong, Park and Shin (2014) reported that among low-income elderly patients, about 40% had limited literacy, 32% possibly limited literacy, and 28% adequate literacy, respectively.

Antecedents to health literacy level include: age, education, income/wealth/ socioeconomic status, gender, marital status, health status/problems, and depression. Findings are mixed. Nevertheless, age, education, and income appear to be strong contributing factors to health literacy for general adult Korean populations. For instance, younger, more educated, and wealthier (greater monthly household income) subjects had significantly higher scores on health literacy (measured by KHLI). No differences were detected for gender (male vs. female), marital status (married vs. unmarried), and health problems (Kang, Lee, Paasche-Orlow, Kim, & Won, 2014). Hong and Eun (2012) found that health literacy level varied by age and educational level strongly, and somewhat by marital

status, socioeconomic status and their health status.

Lee, Lee, and Kim (2014) found that among 585 people (19 years old or older), women had a higher level of health literacy than men in understanding medical forms, directions on medication bottles, and written information offered by health care providers. Additionally, for Korean women, a higher level of health literacy was associated with attaining a higher education level and having a consistent place to receive care. Unmarried men and women who had higher self-rated health reported a higher level of health literacy compared with their counterparts. Lower level of depression and higher monthly income were significantly linked to a higher level of health literacy in both men and women.

### Outcomes from Korean literacy level tests

There are serious outcomes for Koreans stemming from low health literacy, including physical and cognitive elements, abuse and misuse of drugs, knowledge and understanding of disease, self-caring, etc. Kim (2009) reported that community-dwelling older Korean adults (e.g., 60 years old or older) with low health literacy (measured with KTOFHLLA) had significantly higher rates of arthritis and hypertension. Older individuals with low health literacy were likely to have higher limitations in activity, lower levels of physical functions, and lower subjective health. Limited health literacy is associated independently with higher rates of chronic medical conditions and lower subjective health status.

Lower health literacy level is associated with lower knowledge on medicine, higher abuse and misuse of medicine (Lee & Park, 2010) and with greater difficulty in understanding necessary information for medical

services (i.e., explanations of test results, agreement forms) (Kim & Lee, 2008). Kim and Yu (2010) found (measured with KTOFHLA) that low health literacy was associated with poorer physical and mental health status, and the effect of health literacy on physical and mental health status was mediated through self-efficacy. Jeong, Park and Shin (2014) reported that health literacy positively correlated with diabetes knowledge and diabetes self-care activities. Lee, Lee, Kim, and Kang (2012) broadly summarized that as health literacy declines, patients engage in fewer preventive health (e.g., cancer screening) and self-care behaviors and have worse disease-related knowledge.

Addressing a somewhat different area of concern, Kim and Kim (2015) found a significant effect of health literacy on comprehension of informed consent. Levels of both objective and subjective understanding of informed consent were significantly higher in participants with higher levels of health literacy relative to those with low levels of health literacy. Further, people with higher literacy level were better able to tap into social capital with respect to health information sources, efficacy, and seeking (Kim, Lim, & Park, 2015). A related concept, Korean eHealth literacy strongly and positively affected health-app use efficacy, which ultimately impacted the extent of smartphone health-app use (Cho, Park, & Lee, 2014).

### **Recommendations for interventions and future studies**

A number of implications and suggestions are directed toward developing tailored intervention materials and boosting the sense of self-efficacy. For example, Kim and Yu (2010) suggested that the delivery of

care for older adults with low health literacy should include not only improving the readability of health-related materials, but also enhancing the self-efficacy of each individual. Lee, Lee, and Kim (2014) even suggested a gender-specific intervention program. Lee, Lee, Kim, and Kang (2012), based on literature review, suggested that healthcare providers utilize three groups of intervention: tailored counseling, self-monitoring, and periodic reminder. Specific strategies included written materials tailored to appropriate reading levels, materials using plain language, emphasizing key points with large font size, and using visual items such as icons or color codes.

Along with tailored approaches (e.g., health literacy level, gender, age, and self-efficacy), intervention programs should be accountable; outcome measures should be also developed and implemented. Another recommendation is that future research should include adolescents and college students. They are special kinds of people with life-long implications. As individuals become aware and their health literacy improves, personal well-being will be enhanced and social costs will be reduced. Some recent studies look at health literacy as a social and collective issue rather than a mere personal issue (Kim, Lim, & Park, 2015). This will help us better understand the overall picture of health literacy if we adopt, for example, a broader ecological approach.

### **Challenges and opportunities for risk communication in South Korea: A case study of MERS-CoV outbreak in 2015**

South Korea has several notable characteristics that can pose challenges

as well as opportunities for risk communication. As suggested by Slovic (1987), a brief case study of MERS-CoV (Middle East Respiratory Syndrome Coronavirus) outbreak that occurred in South Korea will be employed to examine challenges the Korean society faced during the outbreak from the psychometric paradigm on perceived risk. Drawing from the analysis, challenges and opportunities for risk communication in South Korea will be discussed with an eye towards offering insights into improving the effectiveness of risk communication efforts.

On May 20, 2015, the initial case of MERS-CoV was confirmed in a South Korean man who returned from a business trip to United Arab Emirates. Beginning with this case, the largest known outbreak of the virus outside the Arabian Peninsula took place in South Korea. As of October, 2015, the outbreak resulted in a total of 37 deaths (mortality rate of 19.89%). Given the actual number of deaths and fatality rate, the severity of the disease was comparable to that of SARS (severe acute respiratory syndrome; mortality rate of 15%; WHO, 2003), but was considerably lower than that of H5N1 avian influenza (60%; WHO, 2015a) or Ebola (50%; WHO, 2015b). Nonetheless, an unprecedented public apprehension about MERS-CoV was observed, accompanied by massive house quarantines, school closures, and a steep drop in the number of tourists, which collectively resulted in the forecast for gross domestic product dropping by 0.3% (Korea Center for Disease Control and Prevention, 2015). To contextualize the heightened levels of perceived risk generated during the outbreak in a risk communication research, two main dimensions of perceived risk, namely “unknown” and “uncontrollable” risk (Slovic, 1987), will be employed in the case study.

The “unknown” dimension of perceived risk refers to unknown (or

uncertain) and new aspects of a threat (Slovic, 1987). Many elements of “unknown” risk were evident in the South Korean MERS-CoV outbreak. Most notably, due to the scarcity of data from previous outbreak cases in the Middle East, not much was known about the disease itself. For example, the transmission route was (and still is) unclear: Although scientists and medical experts initially argued that the virus can only be transmitted through a direct contact with respiratory droplet, evidence that spoke to the possibility of airborne transmission emerged (Korea Center for Disease Control and Prevention, 2015), rendering publics to become uncertain about the transmission route. Another aspect of the virus that contributed to the heightened levels of “unknown” risk of the disease was the observed wide range of incubation period, which was inconsistent with the previous data collected from earlier cases in the Middle East. In essence, despite the fact that the knowledge on the incubation period was critical in determining individuals who need house quarantine, “the incubation period of this virus is not precisely known” (Medline Plus, 2015), which contributed to even greater levels of perceived risk caused by the unknown factor. Lastly, the Korean government was criticized not only for the lack of expedient responses in the early phases of the outbreak, which was identified as one of the primary reasons for the extensive spread (e.g., Lee, 2015), but also for attempting to hide, minimize, and distort MERS-related information and updates on the spread and fatality (e.g., Park, 2015). Consequently, the public began to express lowered levels of trust in the government as an agency handling the issue (Kim, 2015). As a result, the public started to cultivate the belief that reports and announcements issued by the government were not trustworthy, which likely have contributed to the “unknown” risk as they were left with no

other reliable source of information about the virus. The distrust in the government as an information source is evident in the widespread phenomenon of socially sharing information generated by third-party “experts” (e.g., medical doctors) through social media and mobile messaging application *Kakao Talk* (송동근, 민귀홍, & 진범섭, 2016).

The “uncontrollable” dimension of perceived risk concerns the degree to which the threat is perceived to be out of one’s control, have catastrophic potential, and fatal consequences. As all infectious diseases that cause epidemics are generally fatal and catastrophic, the focus of this analysis will be placed on a unique aspect of the Korean MERS outbreak that likely increased perceived uncontrollability. A vast majority of confirmed cases of the infection were caused by nosocomial transmission, which is a main characteristic of MERS-CoV infection in general. However, what was unique about the South Korean case was that the influence of this factor was amplified by systematic and sociocultural factors associated with healthcare settings that were beyond individuals’ control. For example, the healthcare system that allowed for frequent inter-hospital transfers and exposure to large number of contacts in large crowded tertiary referral hospital, led to the massive spread at the earlier stage of the outbreak (Korea Center for Disease Control and Prevention, 2015) are systematic factors that individuals typically do not assume control over. In addition, the custom of family members and friends to accompany or visit hospitalized patients in multi-bed hospital rooms was identified as another crucial factor that led to the expedited progress of the outbreak. Culture or custom is another social-level factor that individuals may find to be somewhat beyond their individual control. These factors

together likely have generated a greater sense of “uncontrollability” of the risk, resulting in heightened levels of risk and fear.

In conclusion, factors unique to South Korean MERS outbreak may have generated greater levels of perceived risk than was necessary. From this brief case study, it seems that the social amplification of risk (Kasperson et al., 1988) was expedited due to multiple factors working simultaneously. In part, the expedited social amplification might have been more evident in the South Korean case due to the high penetration of communication technology in South Korea, which facilitated transmission of risk-related information among the public. In fact, South Korea has one of the highest Internet penetration rates in the world at 92.3% (Internet World Stats, 2014) and, more relevant to the social transmission of information, South Koreans exhibit an active social media usage with 26% of South Koreans subscribing to *Facebook* and 93% of smartphone users using *Kakaotalk*, a mobile messaging application (Frier, 2013). However, this unique aspect of the Korean society can be converted into opportunities if accurate, fact-based, and appropriate risk communication measures are taken. The risk communication practitioners should take this traumatic incident as a learning moment and recognize that trivializing the impact of or limiting access to risk information and updates may backfire and contribute to even greater perceptions of “unknown” and “uncontrollable” risk.

## **Health campaign trends and strategies in Korea: Examples and perspectives of health care industry**

The number and scope of public health campaigns in South Korea has steadily increased each year, and the social impacts of these campaigns have been greater than ever. Notable examples among recent public health campaigns include anti-smoking campaigns, which have seen a recent change in communication strategy; campaigns addressing the high prevalence cardiovascular disease and COPD, which is the third leading cause of death in the world; and campaigns to prevent the spread of infectious diseases such as influenza and tuberculosis, which has seen a resurgence in South Korea during the 21<sup>st</sup> century. In 2015, the governmental budget for anti-smoking campaigns increased, and the campaigns began to focus on the risk of cardiovascular disease, which became more prevalent among males in their 40's, while alerting smokers to the dangers of smoking.

Recently, there have been 3 major trends in health campaigns in South Korea. First, campaigns have focused on understanding how to motivate and encourage target populations to actively participate in the campaigns. Second, there has been a strong focus on increase of public awareness of promoting screening, diagnosis, and changing daily lifestyles. Third, many campaigns have made significant efforts to expand their target populations from a specific group to the public.

Traditionally, health campaigns were based on the health belief model, but recently there has been a rising trend to diversify the theoretical frame. In particular, in response to low recognition or lack of awareness of

diseases, campaigns have taken stronger approaches to changing public perception, working to create a sense of alarm. However, a recent vaccination campaign has received much attention for its effectiveness. The vaccination campaign was focused on a simple message targeting people aged 65 and over encouraging them to get pneumonia vaccinations. It was free and in 5 days, 60% of the target audience was vaccinated. In the last 4-5 years, tuberculosis prevention campaigns have invested \$1.4million reaching out to young adults in their 20's and 30's young, successively raising awareness and increasing the reach of TB screening, year to year.

As another notable trend, the branding of health campaign activities targeting the public sector began over the last three years. Some examples of branded campaigns are “Goham”, a youth suicide prevention campaign; a campaign to help people in emergency situations; and an online/mobile webtoon called “Sunday Counseling Centers”, which targets Korean youths, presenting information in a trendy but effective format. Leading all these notable movements, health communication professionals have played a larger role in the planning and execution of public health campaigns, and campaigns have started to focus on target behavior change and campaign evaluation.

There are several factors that need to be considered when designing a campaign from the perspective of a healthcare marketing and communication specialist in Korea. First, campaign design must be evidence based. Next is the level of intervention to be implemented in the target community. Also health information can be difficult for the public to understand, therefore it is also important that campaigns take into consideration the target's health literacy so that the campaign is easy to

understand.

### **Conclusion: Future of health communication in South Korea**

After the MERS outbreak, the Korean government learned a hard lesson in its failure to effectively communicate about the disease with the public. This failure fundamentally resulted from the lack of communication systems and infrastructure within the government. After learning this lesson, the government established a communication division under the Korean Center for Disease Control and Prevention (KCDC). This establishment led to a major change in communicating with the public about the Zika virus. This virus spread rapidly throughout South America in early 2016, and it was plausible that Koreans who travelled there could get infected. The communication division also formed a group of health and risk communication experts outside the government, utilizing social media for real-time feedback regarding public education, health messaging, and media relations. Alongside this positive change, several other developments point to a promising future for health communication in South Korea. Many persisting health problems require effective communication. Among these are the high rates of smoking, suicide, tuberculosis, and excessive drinking. Among OECD countries, South Korea rates are shamefully high in these problem areas. To help creatively solve these issues, many public health and medical experts acknowledge the key role of health communication, and often reach out to health communication experts for advice and collaboration. In addition, many Korean health communication researchers who received degrees in the

United States are now returning home, which helps establish a solid ground for expanding the field of health communication.

However, there are also some challenging aspects that threaten a gloomy forecast for health communication's future in South Korea. Medical and public health experts are still given priority, and they continue to receive disproportionate amounts of resources from the government. While the government underwent a major change as a result of MERS, its health communication systems and infrastructure need continued improvement, as certain areas lack the serious attention needed for improvement. As previously stated, the understanding among government officials of the importance of health and risk communication is imperative for the implementation of effective change to take place. While the new communication division under KCDC is an unprecedented and encouraging attempt towards this change, economically funds are needed as struggles occur due to the lack of staff and resources. If the division succeeds and spreads to other governmental bodies, it could accelerate the growth of the health communication field in South Korea. But, if it fails, the field's growth might slow down and stagnate.

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## 한국의 헬스커뮤니케이션: 과거, 현재 그리고 미래

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최근 수년간 한국은 각종 국민보건을 위협하는 질병 및 현상들을 경험하고 있으며, 국민들 또한 질병예방과 국민보건 전반에 대한 관심이 지속적으로 높아지고 있다. 이에, 한국 정부는 국민보건 향상과 질병예방에 대응하는데 필요한 정보, 지식, 프로그램, 효과적인 시스템 등을 어느 때 보다 절실히 요하고 있는 실정이다. 실질적으로, 학계와 많은 단체들이 대중들의 일상생활에 맞춘 국민건강 향상에 필요한 활동들과 프로그램들을 정착 시키는데 노력하고 있다. 이 모든 사회 및 학계에서의 필요성과 노력들에 대응하여, 본 논문은 보다 나은 헬스커뮤니케이션의 미래와 이에 병행되는 국민보건 향상을 위한 중요한 사항들을 논의하고자 한다.

주제어 : 한국 헬스커뮤니케이션, 헬스커뮤니케이션 교육, 보건/건강정보 이해능력, 위기대응커뮤니케이션, 국민보건 캠페인