Evaluation of Healthy City Project Using SPIRIT Checklist: Wonju City Case

Eun Woo Nam*, Jiyoung Moon**, Albert Lee***

* Healthy City Research Center, Institute of Health and Welfare, Yonsei University Wonju campus, Korea
** Healthy City Research Center, Institute of Health and Welfare, Yonsei University Wonju campus, Korea and Department of Preventive Medicine, Kangwon National University Hospital
*** School of Public Health and Primary Care, The Chinese University of Hong Kong, Hong Kong, China

<Abstract>
Objectives: The objectives of this study was to evaluate Wonju Healthy City project and identify its problems, and seeking a way for its improvement based on the Healthy City project philosophy and strategies. Methods: We used the SPIRIT Checklist that was a process evaluation tool and developed by Alliance for Healthy Cities for the study. We analyzed 39 related materials and gathered opinions on the evaluation result with Healthy City Team staffs, related department staffs and the advisory committee. Finally, a joint meeting with AFHC SPIRIT evaluation expert verified the result of the analysis. Results: The evaluation of Wonju Healthy City project confirmed that Wonju city is equipped with the resources, such as mid-term plan, infrastructure, cooperative organizations, and the Healthy City network to enable the consistent implementation of the Healthy City project based on strong political commitment. However, the necessity of additional complementary processes as well as the application of further improvements to assist health promotion strategies was evident. Conclusion: It is required to improve Wonju Healthy City project that activation of health promotion programs based on the political support and cooperation with public health center and Healthy City project departments in city hall.

Key words: Healthy City, Evaluation, Alliance for Healthy Cities, SPIRIT Checklist

I. Introduction

The Healthy City project was introduced in the 1980s to achieve Health for All, based on new public health concepts and the philosophy of health promotion(WHO, 1986; Kickbush, 1989; Ashton, 1992; Naidoo, 2000).

The approach of the Healthy City project is based on the philosophy that health is improved by social, cultural, and economic development, and accordingly plans to promote individual and environmental health (WHO, 2000; WHO, 2002).

Therefore, there are many difficulties in evaluating the Healthy City project due to the complexity of its implementation and participation from various stakeholder, etc. (Baum & Cooke, 1992; Ouellet et al., 1994; Nunez et al., 1994; Curtice et al., 1995). According to Duhl(1992), when considering these elements, the Healthy City project is not only defined by its health outcomes, but also the concept of health and the application of health promotion strategies. Hence, these procedures should be included in the evaluation(Boonekamp et al., 1999). Also, literature related to the Healthy City project suggests that for long-term development, the project should be evaluated in the initial few years, and in doing so, procedure rather than outcome must be focused on(Nutbeam, 1998; Werna & Harpharn 1996; Lee, 2005).

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Corresponding Author: Jiyoung Moon
Department of Preventive Medicine, Kangwon National University Hospital
Baengnyeong-ro 156, Chuncheon-si, Gangwon-do, Korea 200-722
Tel: +82-33-258-2091 Fax: +82-33-258-9495 E-mail: jy_moon@naver.com
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The Valencian Community Healthy Cities Network focused on discovering healthy public policy development processes, decision-making processes, and how these things may be affected. The Network carried out evaluation through interviews with coordinators of the Healthy City project in each city, and analysis of related documents (Boonekamp et al., 1999).

The Israel Healthy Cities Network began its Healthy City projects in 1990, and evaluated the projects in 2004 for the first time. At that time, they conducted a survey of Healthy City project coordinators in six dimensions—policy, management, community participation, activities, partnerships, environmental protection—related to the strategies and conduct of Healthy City project principles, and analyzed and evaluated the outcome.

As shown in this context, the Alliance for Healthy Cities in the Western Pacific region developed and spread the SPIRIT checklist (hereinafter referred to SPIRIT) as a tool for evaluating the Healthy City projects process of its member city. A performance-contingent reward is offered however, so far there has been no evaluation for member cities' Healthy Cities project by the Alliance for Healthy Cities.

Wonju city, a founding member of the Alliance for Healthy Cities in the Western Pacific region, joined the alliance in 2004 and subsequently announced the Healthy City Wonju Charter. Further political commitment for the Healthy City project was provided in the enactment of a Healthy City Ordinance.

Wonju city provided the professional foundation necessary for the promotion of the Healthy City project by establishing infrastructure through the organization of a Healthy City team, the employment of related human resource, and the establishment of a Healthy City Advisory Committee. For the duration of 2005, Wonju city planned and promoted a Five-year plan to promote the Healthy City project over five years, from 2006 to 2010 with the Healthy City Research Center, an academic institution at Yonsei University. Wonju city evaluated Healthy City project with SPIRIT in 2008, the third year of Five-year plan, for the purpose of reviewing and improving the Healthy City project based on its principles.

### II. Methods

#### 1. Subject

The subject of this study is Wonju city with a population of 304,620 persons as of June 2008, and the size of 867 km². Wonju has the Five-year plan for the Healthy City project, which was started in 2006. The implementation of the Wonju Healthy City project based on the Five-year plan required mid-term evaluation because it has been planned by the Five-year plan. This research evaluated the implementation of the Healthy City project in Wonju, and was conducted for the purpose of evaluating whether the Healthy City project was being undertaken based on its principles, with conclusions applied to the remaining two years of the Five-year plan.

#### 2. Evaluation tool

The SPIRIT Checklist was developed to recognize the progress of member cities by the Awards Committee of the AFHC, chaired by Prof. Albert Lee (The Chinese University of Hong Kong). The acronym SPIRIT was created from the evaluation criteria which consist of a total of 41 items across 11 evaluation areas (Appendix 1).

The items are composed of which are key features of a Healthy Cities should include high political commitment and mobilization, effective and strong leadership, intersectoral collaboration and involvement of key stakeholders, community participation, increasing awareness of health issues, capacity building, integration of activities in elementary settings, development of a city health profile and a local action plan, incorporation of views from all groups within the community, mechanism for sustainability, creation of network locally and overseas, information sharing, monitoring and evaluation, and research (Harpham et al., 2001; Leeuw, 1998; WHO, 2000; WHO, 2002).

Each question is a open-ended, which requires a responder to state the case example with support material for evidence (http://www.alliance-healthyCities.com/). The Checklist is focused on the activities from three years prior to assessment.
The SPIRIT was used to evaluate the process of the Healthy City project of Wonju city. The time frame for evaluation was from three years prior until its assessment, and that was from 2006 to 2008.

3. Analysis

Wonju Healthy City project evaluation team consists of five people: two project staffs, two expert advisors from the university, and an AFHC SPIRIT evaluation expert. The team collected all related materials with the cooperation of each department's project staff to conduct case studies most appropriate to each evaluation area. In order to make a process evaluation on Wonju Healthy City project, the evaluation team analyzed 39 documents and conducted an interview with the person in charge of the Healthy City team, in accordance with the SPIRIT. The analyzed materials are composed of 20 reports, 6 publicities, 4 membership lists, 5 public letters, 2 minutes, and 2 CDs (Table 1).

<table>
<thead>
<tr>
<th>Type</th>
<th>No.</th>
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<tbody>
<tr>
<td>- Reports</td>
<td>20</td>
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<td>- Publicities</td>
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<td>- Membership lists</td>
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<td><strong>Total</strong></td>
<td><strong>39</strong></td>
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The SPIRIT evaluation method uses a checklist. The checklist requires the most appropriate case for each question and its evidence material. Therefore, it was important to obtain agreement among all evaluators about whether each case was the most appropriate. To do that, Wonju Healthy City project evaluation team reached a final agreement about the most appropriate case after discussion of case studies chosen by each member among the materials provided. The validity of the data analysis was reviewed in a joint meeting about the final evaluation outcome with AFHC SPIRIT evaluation experts and the research team.

III. Results

1. S: Setting, Sustainability

1) Setting

In driving Healthy City project, Wonju city is conducting the project in accordance with the Setting Approach. Wonju Healthy City project by Setting Approach, which was described in the SPIRIT, is as follows:

(1) School setting

Students from the Department of Health Administration, Yonsei University at Wonju with an individual in charge of the health promotion program in Wonju public health center, ran a 'moderation in drink' program at Yonsei University for five months, from July to November in 2007 and 2008, and 2,800 persons participated in the program (2007 Yonsei Moderation in Drink Club, 2007; 2008 Yonsei Moderation in Drink Club, 2008). The students predominantly operated the program in cooperation with Wonju public health center, while Wonju public health center minimized its role by simply providing material and giving lectures on moderation in drink. By doing so, those who participated in the moderation in drink program felt they had something in common with the students who promoted the moderation in drink program, which persuasively functioned for the participants to accept the moderation drinking campaign. What is to be noted was an inducement of a number of students to the active participation in the moderation in drink campaign via an operation of a No Alcohol Café on the internet, whose main job was to provide material on moderation in drink and promote the campaign on its site.

(2) Hospital setting

Wonju Healthy City project does not have a program
targeting hospitals.

(3) Workplace setting

On April 7, 2008, the mayor of Wonju city proclaimed the Wonju City Hall to be a non-smoking building. He conducted an event which urged citizens who visited the city government and city officials to quit smoking by adhering a non-smoking plate to the city government building and holding a ceremony of cutting cigarette dummies with citizens. In order to measure effect of the program, ‘Non-smoking building- Wonju City Hall’, the Healthy City team conducted a project evaluation. The result was that, among the 393 smokers before the proclamation of a non-smoking building, out of the total 1,356 Wonju city officials, 49 succeeded in quitting smoking. Thus, the city official’s smoking ratio reduced from 29% to 25.4%.

However, investigation showed that the project targeting workplaces situated in Wonju city has not been carried out yet.

(4) Eating place setting

There was a program where ‘moderation in drink glasses’ were given to restaurants through the linking of a health promotion program to the Healthy City project. A ‘moderation in drink glass’, which is one-third the size of a standard Soju glass, was developed on the idea of a Wonju city mayor in order to encourage moderation in drink. Wonju city distributed these cups free to the Model Restaurants among the restaurants located at Wonju city (12,600 glasses to 130 restaurants in 2007). Citizens who visited the Model Restaurants and drinking bars used the ‘moderation in drink glasses.’ Wonju city provided incentives to the restaurants that positively jointed to the city policy, such as providing aprons, and encouraged restaurants to participate in the Healthy City project.

(5) Market, shopping mall

Wonju city promoted a modernization program for its traditional markets. Through the environment improvement and remodeling work of the traditional markets, the hygiene situation was improved, and a stability of food supplies was raised via a strengthened monitoring system of the origin label for food.

2) Sustainability

In order to maintain sustainability for the Healthy City project, Wonju city drew up a Five-year plan for the Healthy City project (Wonju city & Healthy City Research Center of Yonsei University, 2006) and secured resources for the Healthy City project by investing the whole amount of its tobacco consumption tax into the project (Nam et al., 2009).

2. P: Political commitment, Policy & Community participation

1) Political commitment

At the moment of starting the Healthy City project, Wonju city announced it would provide aggressive support for the Healthy City project, as shown by the proclamation of its mayor’s advocacy for a Healthy City and the preparation of the Healthy City Wonju Charter.

As another example for its policy support, there was funding for the Healthy City project. In the speech delivered at the Wonju International Conference of Healthy Cities, Professor Eun Woo Nam suggested that Wonju city invest its tobacco consumption tax for the Healthy City project (Nam et al., 2005). The mayor of Wonju city accepted the suggestion and made a decision to invest the entire amount of tobacco consumption tax, corresponding to the yearly 15 billion won, for the project, and Wonju city council approved the decision. Wonju city is the only local government that conducts such a policy among the 256 local governments across the nation (Table 2).

Every year Wonju city periodically conducts an evaluation on the whole municipal administration. Also, Wonju Healthy City project, making up an important part of Wonju policy, is evaluated at this time. The project evaluation of the year 2007 carried out the evaluation of 289 programs of 67 departments, including the Healthy City team by the expert in the University, for 12 days from January 25 to February 5, 2008. According to the finding, the Healthy City team, which is the department in charge of coordinating and organizing the Healthy City project, was awarded the cash reward of $862 for being selected as an excellent department.
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### Goals

1. **Health promotion**
   - Life style improvements
     - 2007: 0.5, 2008: 0.6, 2009: 0.6, 2010: 1.8
   - Expanding life style improvement
     - 2007: 0.1, 2008: 1.0, 2009: 0.8, 2010: 0.9
   - Nutritional improvements
     - 2007: 0.5, 2008: 0.5, 2009: 0.7, 2010: 0.7
   - Smoke-free zones
     - 2007: 0.1, 2008: 0.1, 2009: 0.1, 2010: 0.2
   - Bicycle paths
   - Increased exercise facilities
     - 2007: 0.6, 2008: 0.6, 2009: 0.6, 2010: 0.6
   - Community health promotion plan
     - 2007: 0.95, 2008: - , 2009: - , 2010: 0.1
   - Reducing unequal access to health care
     - 2007: 0.5, 2008: 0.5, 2009: 0.5, 2010: 1.0
   - Operating target group and life phase specific health promotion programmes
     - 2007: 0.15, 2008: 0.2, 2009: 0.2, 2010: 0.2
   - Developing settings-based health promotion programmes
     - 2007: 0.1, 2008: 0.1, 2009: 0.1, 2010: 0.1
   - Managing chronic disease programmes
     - 2007: 0.5, 2008: 0.5, 2009: 0.5, 2010: 0.5

   **Sub-total**
   - 2007: 5.5, 2008: 5.6, 2009: 5.6, 2010: 6.1

2. **Healthy environments**
   - Community education programmes
     - 2007: 0.2, 2008: 0.2, 2009: 0.2, 2010: 0.3
   - Prevention of accidents
   - Healthy City Day in Wonju
     - 2007: 0.1, 2008: 0.1, 2009: 0.1, 2010: 0.1
   - Building a Healthy Cities database
     - 2007: 0.35, 2008: - , 2009: - , 2010: -
   - Development of a monitoring and evaluation system
     - 2007: 0.2, 2008: - , 2009: - , 2010: -
   - Green city project
     - 2007: 0.2, 2008: 0.1, 2009: 0.2, 2010: 0.2
   - Developing an environmentally friendly green eco-city
   - Clean water supply
   - Improvements of housing (improving the housing policies)
     - 2007: 0.2, 2008: - , 2009: - , 2010: -
   - Monitoring and evaluation system
     - 2007: 0.15, 2008: - , 2009: - , 2010: 0.1
   - PR office for the Healthy Cities project
     - 2007: 0.1, 2008: 0.3, 2009: - , 2010: -

   **Sub-total**
   - 2007: 5.0, 2008: 5.0, 2009: 5.1, 2010: 5.1

3. **Identifying solutions to health care related problems**
   - Survey for the elderly and the disabled
     - 2007: 0.1, 2008: - , 2009: - , 2010: -
   - Developing an information dissemination programme
     - 2007: 0.2, 2008: 0.1, 2009: 0.2, 2010: -
   - Financial programmes to solve priority problems
     - 2007: 0.5, 2008: 0.8, 2009: 0.8, 2010: 0.7
   - Supportive policies for the poor
   - Prevention plan for communicable diseases
     - 2007: 0.1, 2008: - , 2009: - , 2010: -
   - Increased accessibility to health care
     - 2007: 0.5, 2008: 0.55, 2009: 0.6, 2010: 0.6
   - Support for rare or chronic diseases
     - 2007: 0.5, 2008: 0.5, 2009: 0.5, 2010: 0.5
   - Continuous information dissemination
     - 2007: 0.15, 2008: 0.15, 2009: - , 2010: -
   - Health maintenance programmes for foreigners
     - 2007: 0.15, 2008: 0.15, 2009: 0.2, 2010: 0.2
   - Free health examination for low income families
     - 2007: 0.6, 2008: 0.55, 2009: 0.4, 2010: 0.3

   **Sub-total**
   - 2007: 3.8, 2008: 3.8, 2009: 3.7, 2010: 3.4

4. **Health industry development**
   - Hosting exhibitions related to health care
     - 2007: 0.05, 2008: 0.05, 2009: 0.05, 2010: 0.05
   - Hosting International healthy Cities seminars
     - 2007: 0.05, 2008: 0.05, 2009: 0.05, 2010: 0.05
   - Establishing networks
     - 2007: 0.1, 2008: 0.05, 2009: 0.05, 2010: 0.05
   - Establishing the "Wonju Future Healthy Cities Forum"
     - 2007: 0.2, 2008: 0.25, 2009: 0.25, 2010: 0.25
   - Developing the traditional medicine industry
     - 2007: 0.5, 2008: 0.5, 2009: 0.5, 2010: 0.5
   - Developing a biotechnology centered health care industry
     - 2007: 0.3, 2008: 0.3, 2009: 0.3, 2010: 0.3
   - Developing an IT-centered health care industry
     - 2007: 0.2, 2008: 0.2, 2009: 0.2, 2010: 0.2
   - Educational infrastructure
     - 2007: 0.1, 2008: 0.1, 2009: 0.1, 2010: 0.1

   **Sub-total**

**Total**
- 2007: 15.8, 2008: 15.9, 2009: 15.9, 2010: 16.1

1) Health Promotion section includes lifestyle, setting approach, infrastructure fields.
2) Policy & Community participation

In formulating a healthy public policy, Wonju city positively reflected the opinions of the Advisory Committees consisting of the local experts and research institutes. The preparation for the countermeasure for climate change, under the motto of "Clean and Green" in 2008, was one such example (Lee et al., 2008). Accepting the opinion of its Advisory Committee, which stated that there was a need to prepare for climate change in a report for the Healthy City project, Wonju city created a climate change countermeasure team, secured its team members, and rose funding in the amount of $1,465,517 for developing the project. Wonju city also investigated green gas emissions and did research on finding a countermeasure for such green gas emissions.

3. I: Information, Innovation

1) Information

Wonju city has a City Health Profile that analyzed the city’s major health problems, economical and social determinants of health, healthcare delivery system, certain population groups facing health risks, health promotion programs, awareness of a local society for health, and the primary health care level of the city, etc (Wonju City & Yonsei University, 2004). Also, Wonju city provided its citizens with the Healthy City information on its homepage and Database (http://healthycity.wonju.go.kr).

Based on the City Health Profile, SWOT analysis was implemented and it was used to discover the major health problems of Wonju city and, from that analysis, Healthy City programs were developed (Table 3).

<table>
<thead>
<tr>
<th>Table 3</th>
<th>SWOT analysis</th>
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| **Strengths** | Low rate of smoking - Wonju city (26.2%), Nationwide (28.9%)  
| | Low rate of drinking - Wonju city (46.4%), Nationwide (54.6%)  
| | Low rate of suicidal thinking - Wonju city (12.0%), nationwide (18.5%)  
| | Sufficient medical facilities and personnel within the area  
| | Healthy City project was being implemented |
| **Weaknesses** | Low rate of regular exercises - Wonju city (45.0%), Nationwide (46.8%)  
| | Low rate of health check-up - Wonju city (46.2%), Nationwide (47.4%)  
| | High rate of subjective good health (rate of respondents who said ‘Good’) - Wonju city (32.7%), Nationwide (46.8%)  
| | Experience in Osteoarthritis 7.7%, High Blood Pressure 11.2%  
| | High rate of death due to cancer, cerebrovascular disease and heart disease (43.9%)  
| | Increase in death due to cancer, diabetes, chronic lower respiratory diseases and suicides  
| | Rate of tooth brushing before breakfast and sleeping at night (69%), after lunch (36.3%) and after dinner (38.4%)  
| | 92% of medical facilities concentrated in dong areas  
| | Great difference in heath care behavior between eup and myeon areas and dong areas |
| **Opportunities** | Systematic Healthy City projects have been implemented - Since 2005  
| | Sufficient civic health care and medicine-related organizations - 21,289 persons in 12 organizations are conducting activities at the moment  
| | High possibility of use of regional university resources  
| | A plan to build a new public health center |
| **Threats** | Low rate of heath consciousness ex; Many respondents think that smoking does not hurt their health (44.5%)  
| | Low level of perception on public health center  
| | - Outdated facilities and equipment - ranked 1st (23.8%)  
| | - Inconvenient transportation system - ranked 2nd (20.8)  
| | Insufficient equipment in public health center |
2) Innovation

While drawing up a Five-year plan for the Healthy City project, Wonju city made use of its City Health Profile and conducted the project under such a profile. ‘The creation of bicycle-only roads’ is a representative of such project. Thus, the profile suggested that Wonju city carry out connecting the bicycle-only roads to each other and construct new bicycle-only roads. In the Five-year plan for the Healthy City Project, Wonju city also set up a program encouraging citizens to expand health service by conducting a u-health program, such as home visiting health care service (Wonju City & Healthy City Research Center of Yonsei University, 2006).

Wonju city is promoting a project by drafting the health promotion programs plan for citizens’ health promotion from 2006. It began to develop health gymnastics by cooperating with the Lifestyle Sports Council and an Exercise Prescribing Center in 2007.

4. R: Resources, Research

In 2008, the budget for the Healthy City project was $686,277,545, while the budget for the Healthy City team was $23,300,257. The investment in research for Healthy City up to August in 2008 accounted for $130,881 (0.02%) of the total Wonju city budget of $760,151,411 (Nam et al., 2009).

In terms of the research for Healthy City, local experts in various areas have been engaged in research projects. For example, the Center for Exercise Medicine of Yonsei University developed and distributed the ETS physical exercise. Also, the Center checks the citizens’ physical and exercise abilities and prescribes appropriate exercise to them.

The division of environmental engineering in Yonsei University conducted a research and analysis of greenhouse gas emissions in Wonju (Lee et al., 2008). Results of the research showed that at 48%, the primary cause of greenhouse gas emission was transportation, 24% greenhouse gas was exhausted from residential and commercial buildings, followed by industry (20%), and personal, misc. 8%. Based on the results, Wonju city made a plan for reducing greenhouse gas emission.

The Healthy City Research Center developed a Five-year plan for Healthy City project (Wonju City & Healthy City Research Center of Yonsei University, 2006). Also, they conducted a Wonju community health survey and published a report of the survey (Nam et al., 2007).

5. I: Infrastructure and Intersectoral

In 2006, the Wonju local government created the Healthy City team to carry out the Healthy City project. Instead of changing the name of an existing team in the organization, the local government established a new team under the division of Health and Sports in the bureau of Resident Living Aid. The team is composed of four members (a manager, an assistant manager, and two employees) who are in charge of Healthy City.

There is no professional coordinator for the project outside of the organization, but Yonsei University provides technical support as a part of the industry-academia cooperation between Wonju city and the university.

The Advisory Committee of Healthy Life Practice, one of committees for the project, pointed out that the smoking rate in Wonju city is higher than other cities and then raised to importance the need for the designation of non-smoking buildings and streets. As a result, the mayor of Wonju city designated the Wonju city hall as a non-smoking area on April 10, 2008.

6. T: Training

Wonju city made efforts to help the public employees in charge of the project further understand the Healthy City project in its initial stage, from 2004 to 2006. For instance, the city was in cooperation with Yonsei University in operating training programs from 2005 to 2007, sending 24 public employees to participate in a short-term program operated by the Secretariat of AFHC and others to Japan to observe practices of a Healthy Cities program. The Best Wonju Academy programs were provided as educational programs to promote the health of public employees in non-health sectors. For the program, experts
were invited to offer education on health management twice a month. As for the training for public employees in charge of the Healthy City project, since 2008, the public service workers participated in a basic course and have been participating in an expert course workshop for strengthening the capabilities of Healthy Cities offered by Korea Healthy Cities Partnership.

Moreover, education for the public is entrusted to the Healthy City Research Center in Yonsei University. The Center operated health-related educational lectures for local residents once a month, from 2007 to 2008. A total of 13 lectures have been offered (Healthy City Research Center of Yonsei University, 2007; Healthy City Research Center of Yonsei University, 2007, 2008).

IV. Discussion

Wonju Healthy City project is promoted by Healthy City team in local government, in contrast to most Healthy City projects in Korea, which are conducted by public health centers. This reflects the strong political commitment of policy makers and the city council's support and interest on Healthy City project, and the benefit when planning and adjusting diverse fields of program has been confirmed. Furthermore, cooperation work with universities located in the region was a strength of Wonju Healthy City, enabling academic and professional support of the Healthy City project.

However, the promotion of the project according to the strategies of health promotion was revealed as a weak point. For example, the cooperation with Healthy City project team and public health center did not proceed well; in the case of public health center, with limited budget and human resources, the implementation of the project at many setting was unsatisfactory. In addition, cooperation between related institutions in the community was lacking. Providing a system which enables the participation of citizens in the community is necessary. Also, strengthening of the Healthy City project is necessary through enhanced cooperation between health promotion departments in public health centers and Healthy City team in city hall.

The peculiarity of SPIRIT is that it is able to conduct self-evaluation, this evaluation report is then re-evaluated by Healthy City experts, so it is different to the Valencian Community Healthy Cities Network or The Israel Healthy Cities Network cases, in which cities directly evaluate the Healthy Cities project of other member cities. The self-evaluation approach has the advantage of being practical, but producing an objective evaluation report is difficult. Thus, the necessity of developing complimentary SPIRIT evaluation methods is evident. The other case that was reviewed follow.

In Noarlunga, Australia, the methods used in the evaluation of the Healthy Cities pilot project are face-to-face interviews, self-completion questionnaire surveys, community awareness surveys, and questionnaire surveys for committees, carried out among key informants. These methods were conducted, and an evaluation was produced by all participants in the project, which produced both quantitative and qualitative evaluation methods. (Baum & Cooke, 1992).

Therefore, the addition of the quantitative evaluation method to the SPIRIT is necessary because it enables objective comparisons between cities of the extent to which the Healthy City project's principles are applied, and the degree to which the health promotion project is reflected in the process of carrying out the Healthy City project.

V. Conclusion

For the improvement of Wonju Healthy City project, the SPIRIT, developed by AFHC, evaluated Healthy City project processes.

The city developed the Five-year plan for Healthy City project to sustain the development of Healthy City project, and it was developed jointly by Wonju city and the Healthy City Research Center. The city put its top priority in the city’s public policies, spearheaded by the mayor and city council. The city encourages communities to participate in urban development for better health and quality of life. The city has a City Health Profile and developed a specific program based on the City
Health Profile (lifestyle, disease prevention and rehabilitation, setting approach, infrastructure, environment, health industry, and evaluation and feedback). The city has a Healthy City Advisory Committee composed of 25 representatives from all sectors and local stakeholders. The city has health promotion training courses, offered through the Best Wonju Academy as an educational program for the non-health sector. Wonju city is able to upgrade the Healthy City Project through feedback according to the SPIRIT Checklist.

In its initial stage, the project was developed after surveying public employees and city council members on their demands, which were meaningful (Wonju City & Yonsei University, 2006). However, it is regrettable that residents’ demands were not captured. Based on the strong will of the mayor, the local government building was designated as a model building prohibiting smoking. The building was chosen for the non-smoking campaign because it was easier to encourage public service workers to stop smoking compared to other work places. The campaign in the local government building has been successful. Therefore, the Healthy City project needs to expand to other work places. The current Healthy City project, established in 2006, will end in 2010. When new project is created in 2010 for the next five years, it is necessary to survey the demands of not just public officials and municipal assembly members but also the local residents.

Finally, with the addition of a quantitative evaluation method to the SPIRIT, which was previously a purely qualitative evaluation process, the necessity of an objective evaluation of achievement between Healthy Cities has been propounded.

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본 연구의 목적은 원주 건강도시사업을 평가하여 문제점을 확인하고 건강도시사업의 원칙과 전략에 근거하여 사업을 발전시키고자 하는데 있다. 연구를 위하여 건강도시연맹에서 개발한 과정평가 도구인 SPIRIT Checklist를 사용하였다. 평가팀은 39개의 관련문서를 분석, 평가하고 건강도시사업 담당자, 관련부서 담당자, 자문위원과의 회의를 통해 평가 결과에 대한 의견수렴을 실시하였고 최종적으로는 AFHC의 SPIRIT평가 전문가의 연석회의를 통하여 분석 결과를 검증하였다. 원주시의 건강도시사업을 평가한 결과 강력한 정치적 지원에 근거하여 지속적인 건강도시사업을 가능하게 하는 자원, 중기사업계획, 인프라, 협력적 조직, 건강도시네트워크 등이 갖추어져 있는 것을 확인하였고, 건강증진 전략을 적용한 사업의 보완 및 개선이 필요한 것으로 나타났다. 건강도시사업의 과정평가를 위해 개발된 SPIRIT 체크리스트는 질적 평가도구로서, 향후 건강도시시간의 비교를 위하여 질적 평가방법에 기초한 양적 평가 지표를 추가할 필요가 있다.

주제어: 건강도시, 평가, 건강도시연맹, SPIRIT 체크리스트