

Thoughts about how to improve child and family health in Greenland



Headlines

The Greenlandic setting

The epidemiological transition

Child health

Indicators

The future: projects/ public mobilisation



Arctic climate

56.000 inhabitants

17 small cities/60
villages

No roads

90% Inuit

30 % children 0-18
år

19 % of children live
in a village

Health and disease in Greenlandic children

Earlier

High child mortality, infectious diseases, injuries

Today

More “western pattern”

Chronic diseases

Lifestyle related diseases and risk behaviour

“social diseases”

Both the “old” and the “new” disease pattern coexist today

Mortality

Early

- Perinatal causes
- Infections (TB, respiratory, lesser degree meningitis/ sepsis)

Later

Also natural deaths: injuries, suicides, homicide

Often connected to traditional lifestyle (drowning, fires, dog bites, falls – and today traffic accidents)

Morbidity

Oral health: high caries rates, early caries

Sexual health: Early sexual debut, high rate of sexual transmitted diseases, many abortions, early motherhood common

Overweight common (at school start from 10% to 23% from 1972-76 to 1997-2001 and early acquired overweight persisted in more than 50%). NIDDM beginning to show

Chronic diseases and handicaps: ADHD, autism, FAS?

Social ill health

- Pattern repeated
- Alcohol & hashish abuse
- Child neglect and abuse
- Attachment disorders
- Personality disorders - Fragile personal structure
- Psychosocial problems in youth

Objective

Overall

- Developing a coherent strategy on the improvement, protection, and monitoring of children's health and well-being in Greenland – seen in a social context.
- Secure focus on the priorities in the National Public Health programme “Inuuneritta” regarding children

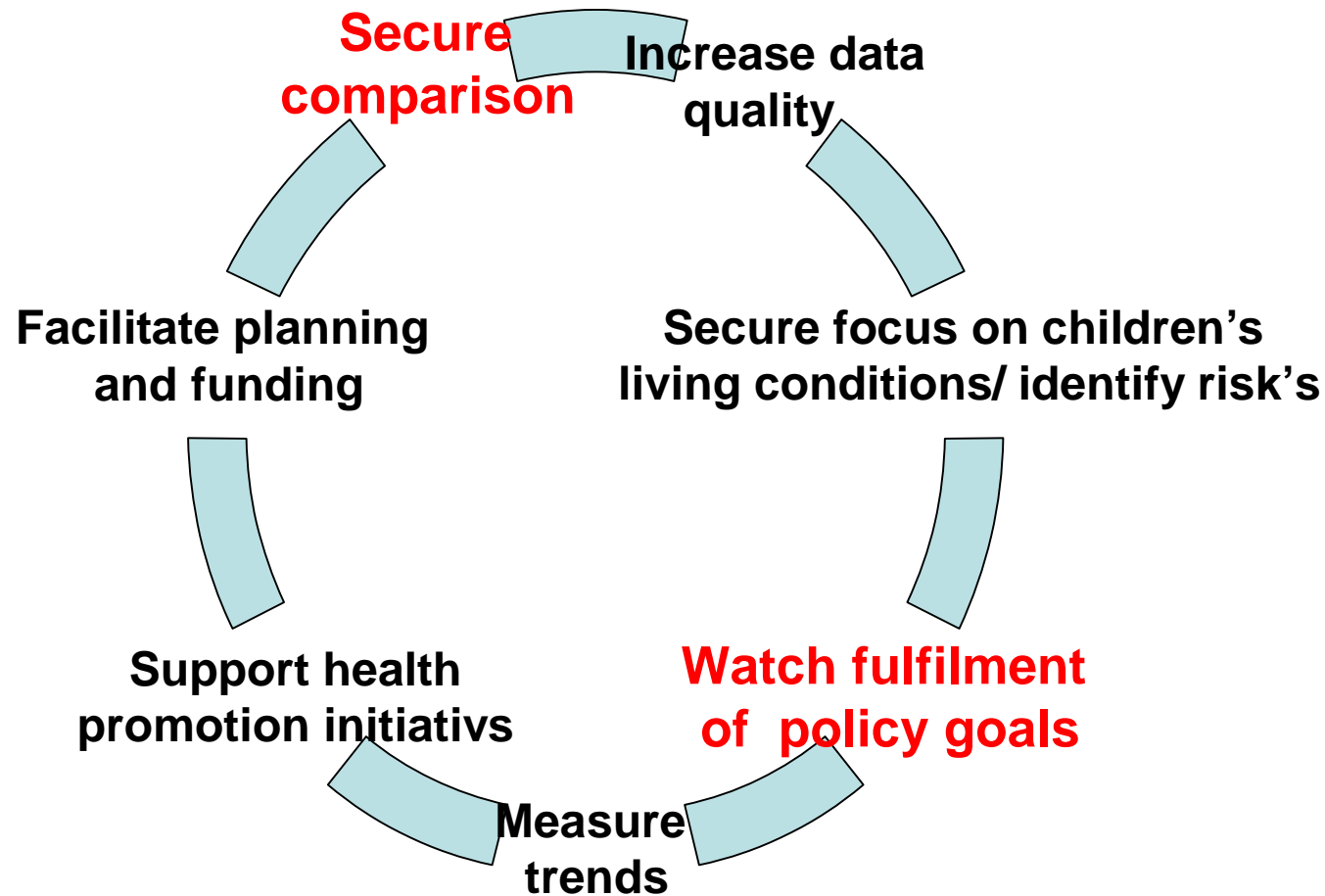
This project

- Explore differences within Greenland by comparing data on 1) different types of municipality and 2) capital/ towns/ and settlements

Background



Indicators – tool in improving child health and well-being by...



How?

- "Bottom up approach"
- Link between responsible level and data level
- Aiming at change
- Aiming at innovating the field
- Aiming at measuring progress
- Be few, concrete, and easy to understand

Resulting indicators and domains

- 30 indicators on the national level for immediate implementation
- 24 indicators for later implementation
- 24 indicators on the municipal level
- A. Demographic and socio-economic conditions
- B. Health status and well-being
- C. Determinants of health, risk and protective factors
- D. Health systems and health policy

Conclusions

(If implemented!)

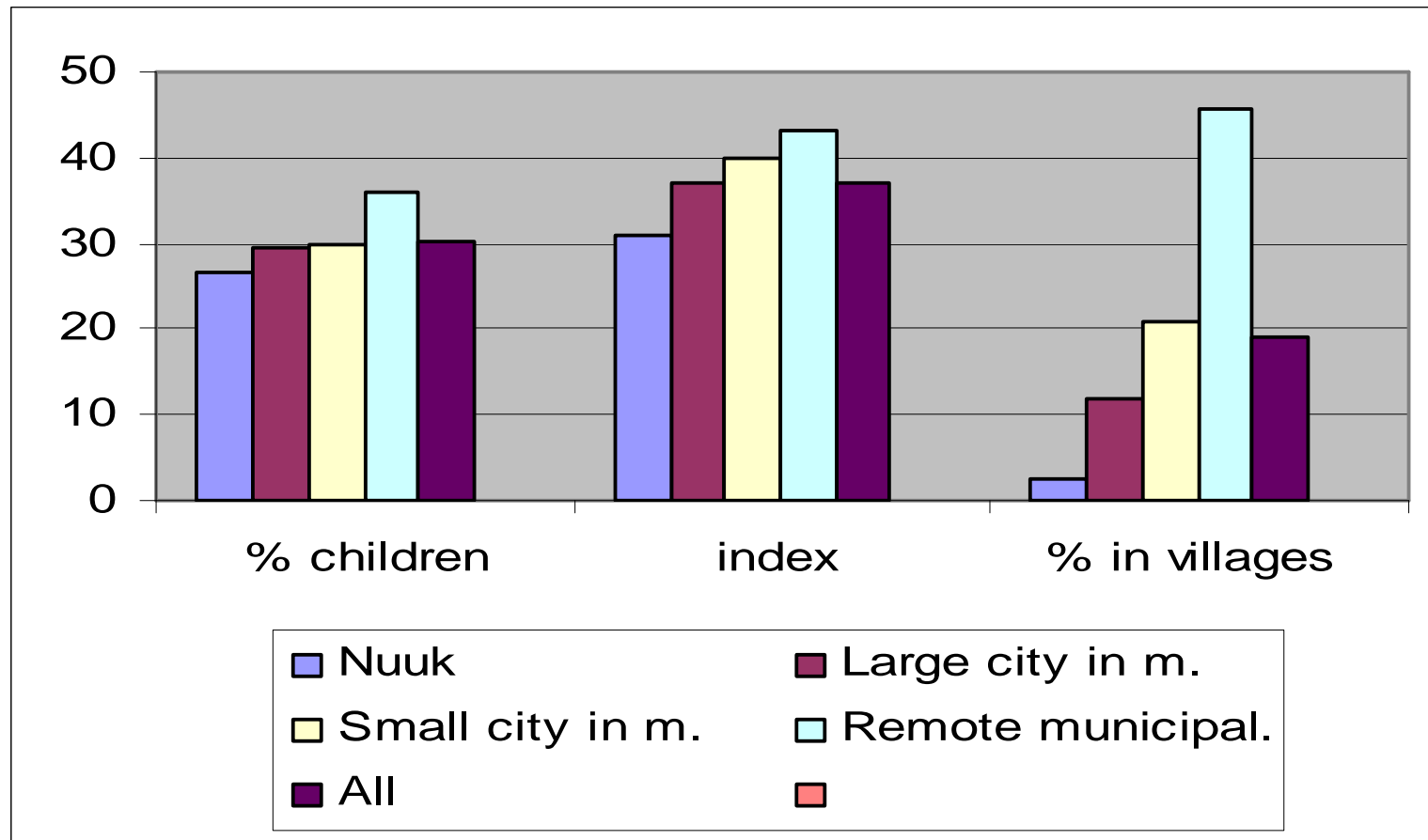
These few indicators can represent a large step forward in child health and well being

Inuuneritta's focus areas

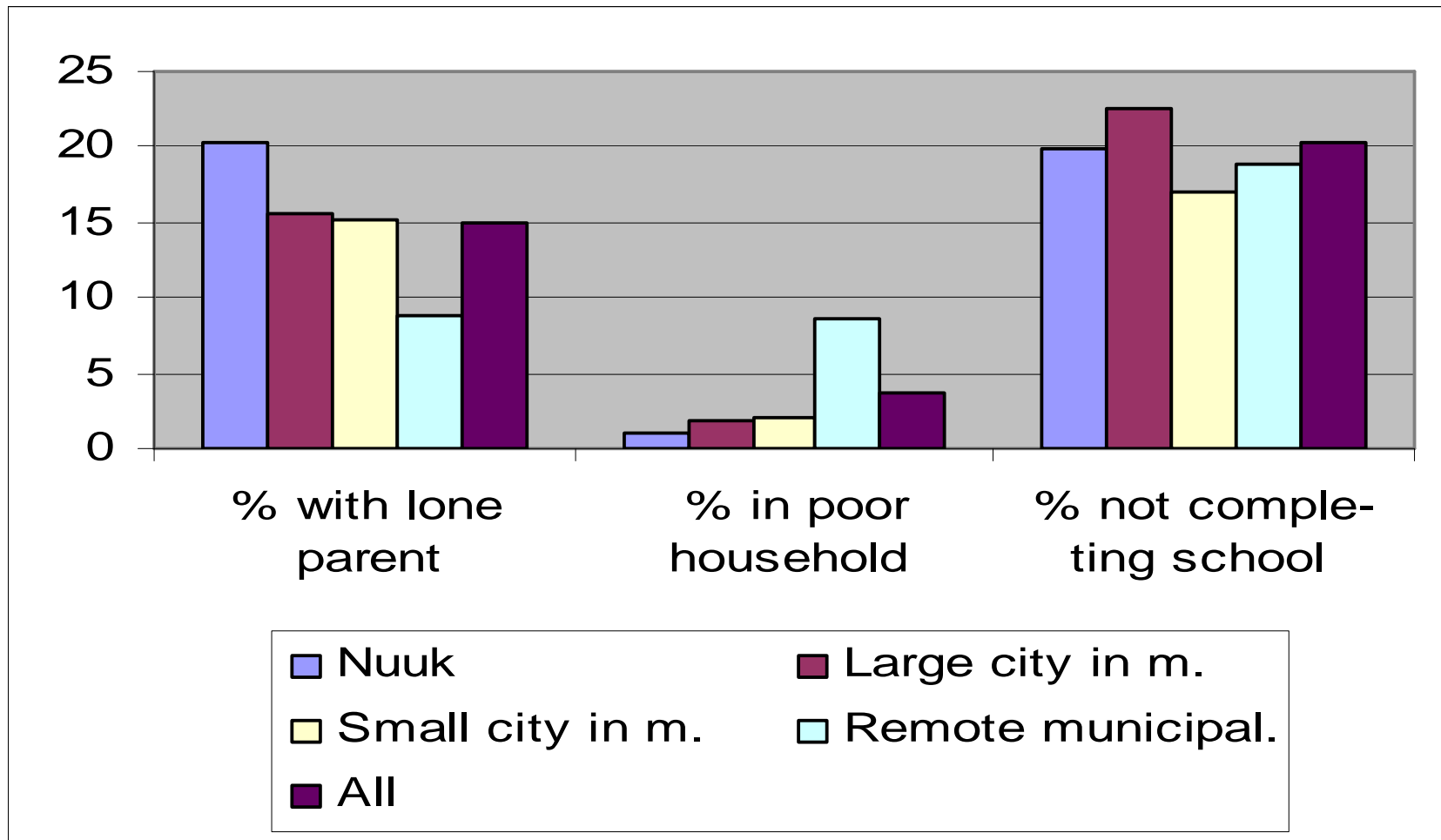
Health promotion and prevention, especially regarding:

- Alcohol use and smoking
- Diet and physical activity
- Sexual health, violence and abuse
- Continues programs on suicide prevention, early interventions to secure health and development, and dental health.

Socio-demographic conditions in children, I



Socio-demographic conditions in children, II



Alcohol use and smoking at age 15

	Nuuk	Large	Small	Remote	
Non smokers	51	27	31	31	***
Daily smokers	21	47	43	34	***
Never drunk	35	30	34	43	***
Drunk 2+ times	54	54	39	31	***

	Nuuk city	Cities	Villages	
Non smokers	51	30	28	***
Daily smokers	21	38	38	*
Never drunk	36	35	38	-
Drunk 2+ times	55	43	29	*

Diet

	Nuuk	Large	Small	Remote	
Candy/softdrinks daily	37	48	53	50	***
Fruit intake daily	20	13	12	13	***
Seal or whale + weekly	11	26	28	44	***

	Nuuk city	Cities	Villages	
Candy/softdrinks daily	37	48	54	***
Fruit intake daily	20	13	12	***
Seal or whale + weekly	15	36	38	***

Physical activity

	Nuuk	Large	Small	Remote	
1 h daily, moderate	27	28	28	32	*
4+ h weekly vigorous	26	22	21	20	*
½ h or less weekly, vigorous	33	36	42	36	**

	Nuuk city	Cities	Villages	
1 h daily, moderate	27	29	30	*
4+ h weekly vigorous	26	22	20	*
½ h or less weekly, vigorous	33	40	34	**

Sexual Health

	Nuuk	Large	Small	Remote	
Chlamydia, age 15-19	20	20	18	18	*
Girls 15-17 giving birth	2	4	4	4	*
Abortions in girls 15-17	9	10	8	8	*
15-17 years sex active	59	79	80	70	***

	Nuuk city	Cities	Villages	
Girls 15-17 giving birth	2	4	3	***
15-17 years sex. active	58	77	75	***

Early intervention

	Nuuk	Large	Small	Remote	
Recommended no. pregnancy investigations	88	92	89	69	***
Mothers smoking	41	58	65	68	***
Low birth weight	6	4	5	7	-

	Nuuk city	Cities	Villages	
Recommended no. pregnancy investigations	88	84	73	**

Dental health

	Nuuk	Large	Small	Remote	
Brushing teeth/ d	89	80	80	75	***
Caries at age 6	69-75	71-92	76-95	81-97	**
	Nuuk city	Cities	Villages		
Brushing teeth daily	89	80	75		***

Resources

	Nuuk	Large	Small	Remote	
Bilingual	70	63	64	58	***
Food security in home	71	57	61	49	***
Symptoms < weekly	58	59	56	54	-
Good relation to friends	87	82	81	83	-
Like school	72	76	78	83	***
Never bullied	59	46	49	50	*

	Nuuk city	Cities	Villages	
Bilingual	70	66	55	***
Food security in the home	71	59	50	***
Symptoms less than weekly	58	58	54	-
Good relation to friends	87	83	81	*
Like school	72	80	78	**
Never bullied	59	52	39	***
Good relation to parents	70	69	69	-

Conclusion

Systematic differences seem to exist in:

- social determinants of health
- health it selves
- health behaviour
- distribution of health care

Children in the most remote and poorest municipalities are less healthy, often have more negative health behaviour and less access to health care.

What do we do?

- **Political:** Focus on children and youth, focus on social inequality, Inuuneritta
- **Policy:** Programs on suicide prevention, program on intervention early in pregnancy, focus on mental health and addiction, school meals, physical activity
- **Health care sector:** Reconstruction of the delivery (regions and telemedicine), more focus on delivering service according to needs, becoming initiators in local prevention projects
- **Municipalities:** Children and youth strategies, Prevention consultants

Local projects and initiatives

- Paamiut asasara
- Many help phones
- Public mobilisation ex. children & youth, "healthy may"

Early intervention project

- Homerule initiated
- Cooperation between project, midwives, health nurses, and the municipalities
- Today in 5 towns (municipalities) – spreading within 2 years

Paamiut اساسارا

- Public mobilisation project
- "5 year feast"
- From vulnerable to able
- Indicators on Inuuneritta, political Project on different levels
- Closely integrated with research and evaluation



Public mobilisation

- Within the last year 2 new **local** organisations aiming to improve childrens conditions
- Fosterparents organisation in Nuuk
- International or external organizations (Save the Children, Children in Greenland etc.)

What does the future bring?

I think ...

- More focus on social differences (larger municipalities)
- More focus on education (focus area)
- More public initiatives

I hope ...

- More local (neighbourhood projects)
- "Greenland asasara"