

HEALTH AND SOCIETY IN GREENLAND

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The land and people

Greenland is the largest island in the world covering 2,2 mill sq kilometers of which 90 % is covered by ice and 10 % is a narrow strip of land along the coastline. About 56 000 inhabitants are settled in 18 towns and 60 settlements along the coastline of 4000 kilometers as the crow flies. The towns have 600-6000 inhabitants with the exception of the capital Nuuk, which has 14 000 inhabitants. About 20 % of the population lives in settlements with 50-500 inhabitants. There are no roads between the towns or settlements. So you have to travel by helicopter, airplane or boat.

History

Greenland was colonized by the Danish in the 18th century and until World War II Greenland was a closed country. It did spare the Greenlandic people from many ill effects from the outside world. The people who were sent out to colonize Greenland were trade people and priests and by the end of the 18th century the Greenlandic people were Christianized. In the 18th century the Moravian Samuel Klein-smith invented the first script using the Latin alphabet. Thanks to him the Inuit language remains the dominant language in Greenland today. Books and newspapers are published in Greenlandic, and television and radio also

broadcast in Greenlandic. The first language taught in the schools is Greenlandic.

In 1862, a limited self government at the municipal level was established. Since that time, self-determination has progressed much in Greenland. In 1979, Home Rule was formally introduced. For most public sectors, there has been a gradual transfer from the Danish Government to the Home Rule Government of Greenland. In 1992, the transfer of the health sector began and it is still ongoing.

In Greenland, most of the economy is based on fishing. The Greenlandic economic is very dependent on the price of fish and shrimps on the world market and these prices have gone down in recent years. Currently, the Greenland economy is still heavily subsidized by Denmark.

Greenland, like many communities in the Arctic, is undergoing a painful process of social transition. As a people, we share a lot of common challenges due to our common past and our present health pattern, living conditions and culture. That is why we, in Greenland, find it interesting to look towards our kin living half way around the Arctic Circle for solutions to our common problems.

Health services

Greenland – as is the case all over the arctic region - is a vast country and its people are scattered over a large area. This poses a tremendous challenge with regards to developing adequate services for people and families in distress – both in general and in connection with specific health problems. In many places, we simply lack sufficient professional and trained staff to carry out the programs.

In Greenland, like in many other sparsely populated arctic regions, it is quite a challenge to establish an efficient and competent public health system. Health-care takes place in 17 district medical centers, one for each town including its settlements. The medical center is staffed by a physician, a nurse and an administrator. Depending on the population, there are 1-5 physicians, nurses, midwives, health-care assistants, lab technicians, translators and secretaries. It means a great deal to the local community that there is a medical center close to them, and there is a very close relationship between the health-care personnel and the local communities. The health services provided include perinatal care, child immunization programs, treatment and consultations.

Nuuk has the central hospital for specialized treatments and one of the university hospitals in Denmark is used for more intensive care or specialized treatments. So, in order to receive treatment for certain conditions, it may be necessary to travel several hundred, or thousands, of kilometers.

One of the goals of the health-care system is to provide equal access to the health-care services. To do that the health-care system has been working to introduce telemedicine

to overcome the distance between the local patients and the medical specialists far away. Telemedicine is also used to strengthen the connections between the remote units in the vast rural areas and the main hospital and specialists outside Greenland. There is good and growing experience in using telemedicine in education and video-consultation.

In Greenland, we find it necessary to renew the main focus of the health-care system. The Inuit maintain a high disease burden from infections and accidents. We still struggle with the health impact of alcohol and tobacco abuse, and suicidal behavior and new diseases, such as obesity and diabetes, resulting from the change in lifestyle, are also threatening the health of the people. The amount of money spent on health-care and treatment is constantly rising.

In Greenland, we spend 886 000 million Danish crowns on the health-care system every year. In per capita terms, this is more than in Denmark. A great portion of the money is not spent on direct health-care, but on indirect costs, such as the transportation of patients and the recruitment of doctors, nurses and midwives from outside Greenland.

The health-care centers in Greenland are undergoing changes. In the late 1980s the Greenland Home Rule Government endorsed the Ottawa Charter for Health Promotion. Since then, the health-care centers and the health-care educators worked to shift their focus from treatment towards prevention and promotion. We acknowledge that good health is a major resource for social, economic and personal development and an important dimension of

quality of life. We know that health is dictated by the choices that we make in our lifestyle, but we also acknowledge that a healthy lifestyle is dependent on the living conditions and the education level of the people.

Health is created in terms of the interaction between human beings and society. The most important factors for improving health are, on the one hand, knowledge about what represents a threat to your health and what can be done to promote a healthy lifestyle and, on the other hand, the skills and opportunities for transforming that knowledge into everyday actions.

As in the rest of the world, we know that even though we have a health-care system that can provide needed treatment, it does not solve all our major health problems. We experience a life-expectancy at birth that is lower than in Denmark and we still have a very high infant mortality.

In Greenland, we see a health gap between the educated people and the non-educated people. We see a gap between the smaller communities in the north and east of Greenland and communities in the more central parts of Greenland. That is why, in the coming years, we must come to understand why that is happening and what we must do to eliminate such inequalities.

In the health department of Greenland, there is a small office for prevention and promotion. The work is based on the country's health policy. It has been a goal for many years to diminish the use of alcohol and tobacco, and I must say there has been some success. In order to reduce the emerging new health threats, we need more research-based evidence. That is why we find the international co-operation between researchers in circumpolar health to be of great value.

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