

## **Health Research in Greenland.**

### Health Research Board.

Board Members: Gert Mulvad, Karin Ladefoged, Knud Brinkløv Jensen, Peter Bjerregaard, Tom Greiffenberg, Søren Rendal, Henning Sloth Pedersen, Ruth Montgomery, Marianne Arnfjord.

The goal for the Health Research Board in Greenland is:

To discuss the general aspect of health related research in Greenland.

To introduce health research priority for the Greenland Home Rule.

To strengthen the health research network.

To take part in the public debate about health and health research.

## **Health Research Strategy 2004-2008**

1. Social development and its impact on health patterns.
2. Children in Greenland. Greenland for the children: including the family's social and health behaviours.
3. Social and geographical inequalities in health, including health standard in rural areas.
4. Health services and health promotion research, including health intervention
5. Human biological research.

### Social development and its influence on the health patterns

Since the creation of the Home rule government, there has been very little analysis of the consequences the accelerated development of the last decade and its influence on the society. At the same time the social sciences and health research that could set a focus on alternative development perspectives have been at a minimum.

There is a need to understand and explain the developmental process within several areas of society and therewith create an arena that sets the stage for evaluating the possible consequences of these actions and choices.

As the Greenlandic society develops at record breaking speed both economically and politically, the traditional family structure has been transformed. Norms and value systems, including gender and generational relationships have also changed dramatically. With these changes within the society, many social and psychological problems have been brought to the surface.

Many of these problems are well known in other Inuit and Aboriginal societies that have experienced similar changes in lifestyle. With this in mind analysis of living conditions and human behaviour should be a cornerstone in Greenlandic research.

Social research and mental health research; with a focus on child mental health, family health and social / psychological development should be supported. This research should be followed up with an increase in pedagogical research and child development research.

The areas where research needs is needed and where the effect of research are greatest are the following theme areas:

Children in Greenland and Greenland for the Children!

Too many children die, become critically ill or do not thrive. Often ill health is a result of and influenced by social welfare and/or chronic illness that has developed over a longer period of time. Even with access to advanced technology and know-how there is still a limited possibility for therapeutic cure for all of today's health problems and this will become even more evident in the future.

It is necessary to intensify the health promotion initiatives and through research create a better understanding of the relationship between the social, cultural and environmental health parameters.

Research has suggested that the main cause of diseases can often be found in life's earliest stages: in pregnancy where the vital organs are developed, in the early years of childhood and during adolescence where habits and exposure can have lifelong influences upon our health.

The securing of Greenlandic child's social, psychological and physical nurturing and the role and responsibility of the family is the one most important factor for the future of our country.

With this in mind, research programs should focus on the Greenlandic family nucleus and its framework for development during the formative period and during the childrearing years.

Programs of research should focus on social and cultural aspects, including ill health, lifestyle and cognitive development.

Research should have a long-sighted timeframe and should include the testing of theories and methods of health intervention.

We suggest that this area be strengthened and a multi-sector focus intensified. There is a need to establish a research database that continually contributes information that is of relevance to the Greenlandic society; this should supplement to the projects and research environments that already exist.

#### Social and geographical inequalities in health, including health in the rural areas.

Social difference in health is known in all countries, also in Greenland. Research has shown that social disparity exists and can be defined within several areas, such as education, work or ownership of material wealth.

The population in the settlements has lower educational level than that of the population in the towns and cities, and there are fewer jobs for people with an education in the settlements. But there are several other areas where life in the settlements and in the towns differs: living accommodations, infrastructure and access to healthcare.

Women in the settlements have a lower health status than that of the women in the cities and towns, even when social differences are taken into account. There is no measurable difference among men.

Healthy lifestyle is taken on more readily by members of the higher social strata.

Among the children of school age, there are huge disparities between city and settlement. Unhealthy lifestyle is more apparent in settlements. Child mortality is higher in the settlements than in the cities, but mortality in comparison to social strata has not yet been researched.

In a country where the principals of social equality in health and equal access to health care are political goals, it is important to research social inequalities and its determinants.

There are already large quantities of data that can be analysed when looking into the differences between city- settlement and social inequalities. Newer research that is especially designed to focus on these questions is needed.

#### Health services research and health promotion, including health intervention

Although 900 million Danish crowns are used yearly in the health services, the result is not always equal to the amount of money invested in our health care system. There is no doubt, that there is an imbalance between investment in health promotion and treatment. There has been a non-discriminate use of health care modules, created for completely different environment. What is the best means for organising the health care system in a society with the cultural and geographical background of Greenland; this is a research topic that is far from being obsolete.

There is a need for health care research with a public health perspective.

There is a need to monitor population development carefully. We suggest the development of health indicators that can be incorporated in health statistics, for example indicators selected from WHO list, within the "Health for all" monitoring system.

New interventions and health promotion initiative need research based evaluations.

Health information accessed in routine surveys should be deposited in a health relations database. There is a need for longitudinal information concerning lifestyle, nutrition, environmental exposure, health, ill health and mortality within the population.

Tools for monitoring development in the regional health conditions are needed. This data should be accessible for research in health planning, health intervention and health promotion planning.

This means, a complete data base concerning cancer, births, hospital records, communicable disease; all registered in a database. Coordinated with the National Statistic information bank concerning lifestyle and quality of life statistics, this will give informative data concerning health development in Greenland.

#### Human biomedical research

The population lives in a unique climate and under unique conditions. It is important to research the human ability to adapt to the climate, to document the changes that affect the Inuit peoples because of the accelerated changes in conditions of lifestyle, housing, nutrition and environment.

The genetic mass of the family of man is consistent across the borders of race and geography, yet in Greenland there is a high precedence of Cholestasis familiaris, Byler's Disease. It is a recessive disease and is preventable through the use of screening, genetic mapping and genetic counselling. It is important to continue the use of genetic mapping and record its influence on health and ill health.

The precedence of communicable diseases is high in Greenland where tubercular and venereal disease rates are high. The relation between micro organisms and humans in the arctic milieu is in constant change and research is imperative in order to follow this development.

Viral infections such as hepatitis and HIV are common in Greenland, research concerning debut, development of these infections and how patients respond to treatment needs to be recorded and analysed.

Cancer is a growing phenomena and demands intense and dedicated research.

Substance abuse and the use of nicotine are extremely high. There is a need for even more research concerning the consequences for the population as a whole and for the individual; focusing on the neurophysiologic aspects in such areas as cognitive understanding, concentration and development of social skills.

The precedence of asthma and allergy are accelerating. What are the reasons?  
Obesity and diabetes are on the rise. What are the reasons?

There are many areas to put our efforts into within medical research in Greenland. The means are limited and it is therefore necessary for a political prioritisation of our efforts.