

PAARISA

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INUUNERITTA

Annual Report for 2006-2007



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Annual Report for Inuuneritta 2006-2007

Introduction

In 2003, the Greenland parliamentarian took an initiative to establish a comprehensive public health program. The program received the name "***Inuuneritta***", and was established by an act of the Greenland parliament, Landstinget, in the autumn 2006 session and began operating in December 2006.

It was decided to establish nine focus areas/target groups under Inuuneritta:

- Alcohol and drugs (formerly called "Alcohol and Hashish")
- Violence, rape and sexual assault
- Suicide
- Diet and physical exercise
- Sexual activity
- Smoking
- Children and youth
- The Elderly
- Dental health (formerly called "Dental Care")

Inuuneritta covers the years 2007-2012 and contains the Government's (Landsstyret) strategies and objectives, which can be read in the brochure "Public Health Program: the Government's Strategies and Objectives for Public Health 2007-2012". The brochure was distributed to households in Nuuk and Sisimiut and sent to hospitals and nursing stations in all of Greenland's towns and settlements.

The executive board made proposals for various initiatives under each of the focus areas. The projects initiated in 2007 have taken their point of departure in these proposals.

In order to be able to make more comprehensive efforts within the many focus areas, it was decided to give priority in 2007 to the areas of "Diet and Physical Activity" and "Dental Health".

Public health is a common task, and the objectives of Inuuneritta in this period can only be achieved by a common effort from many agencies, including the Department for Family and Health, the Family and Prevention agency, the Health Service, the educational institutions and the Police.

The Inuuneritta follow-up group consists of representatives of PAARISA, the Police, the Health Inspectorate (Embedslægeinstitution), The Knowledge Centre for Children and Youth (MIFI), the Nutrition Council, the Veterinary Inspectorate, Department for Family and Health, the Health Service, Elder Care, Dental Care, KANUKOKA and from the Church. The follow-up group has the task of monitoring the Inuuneritta process, conducting a mid-term evaluation, a post-hoc evaluation in 2012 and presenting recommendations for the eventual continuation of Inuuneritta after 2012.

Inuuneritta is placed within PAARISA, while the work occurs in cooperation with the Health Service, the local prevention committees, prevention staff members and many others. The responsibility for health cannot only be given to the health service alone. The entire society must share responsibility. Inuuneritta promotes a coordinated effort from all sectors of society and from the population. Individuals, family, school, workplace, settlements and towns must participate and take a co-responsibility for dealing with health issues.

General State of Health in Greenland

Indicators

Infant mortality

Infant mortality is defined as the number of stillbirths plus live births who die within the first year of life (0-1 yr.), divided by the total number of births (living and stillbirths), expressed as a proportion of per 1000 births.

Year		1976-80	1981-85	1986-90	1991-95	2005	2006	2007
Greenland	Boys	32.8	28.4	28.4	22.3	8.8	16.9	*
	Girls	27.3	25.7	21.5	27.4	6.9	14.0	*
Denmark	Total	9.0	8.0	7.8	5.8	4.0	4.0	4.0

Table 1. Infant mortality from 1971 to 2007 for Greenland and Denmark. *Infant mortality for 2007 is 21.0 (Embedslægeinstitutionen, 2008 & Danmarks Statistik, 2008).

Proportion with birth weight below 2500g

In 2006, out of 845 births, 53 (6.3%) weighed less than 2500g. In 2007, the number was 47 out of 852 births (5.5%) (Embedslægeinstitutionen, 2007 & 2008).

Average life expectancy

The "average life expectancy" indicator gives a good indication of public health. In Greenland, the lifespan is increasing slightly, so that Greenland is starting to catch up with the other Nordic countries. However, Greenland remains about 10-14 years behind Denmark (Embedslægeinstitutionen, 2007 & 2008). The most recent calculation is from 2006.

Year	1990	1993	1996	1999	2003	2004	2005	2006
Men	60.7	61.7	62.8	62.7	64.1	64.6	65.5	65.8
Women	68.4	68.5	68.4	68.0	67.8	70.4	70.9	71.2

Table 2. Average life expectancy for Greenlandic men and women from 1990 to 2006 (Embedslægeinstitutionen, 2007 & 2008).

Self-assessed health

The "self-assessed health" indicator is a description of the individual's own assessment of their general state of health. This indicator is obtained from the population surveys and is therefore not recorded each year.

State that own health is:	Per cent
Very good	19.8 %
Good	45.4 %
Average	32.2 %
Poor/very poor	2.6 %

Table 3. Self-assessed health in the population 2005-2007 – Greenlanders only (Bjerregaard et al., 2008).

Focus Area 1 – Alcohol and Drugs

Strategies

The future prevention and health promotion concerning alcohol and other euphoric substances, including hashish and sniffing substances, builds upon three strategies:

1. to develop the population's health behavioural competence concerning alcohol and drugs;
2. to minimize binge drinking, promote a healthy environment, healthy living conditions, and healthy lifestyle;
3. to promote the attitude among the population that use and abuse of euphoric substances is unacceptable.

Objectives

The objectives for the 2007-2012 period:

- children and adolescents able to live their lives without abusing alcohol or drugs;
- alcohol-free environments should be promoted and developed;
- treatment of alcohol and drug abuse must be free of charge;
- treatment should be multifaceted;
- importation and selling of hashish must be reduced;
- the total alcohol abuse in society must be reduced.

Indicators

Total alcohol imports

According to the Greenland Statistical Office, the import and production of alcohol in litres per person over 14 years of age was as follows in 2006 and 2007:

Year	Alcohol per person >14 yrs.
2006	11.68 ltr.
2007	11.97 ltr.

Table 4. Import and production of alcohol (in litres) pr. person over aged 14 in 2006 and 2007 (Grønlands Statistik, 2008).

Alcohol debut

In 2006, 90 % of the 11-12-year-olds and 65% of the 13-14-year-olds stated that they had never been intoxicated. This proportion is reduced to just 25 % of the 15-17-year-olds. Differences in drinking habits between Nuuk, towns, and settlements is not observed in the 11-12- and 15-17-year-old age groups, while among 13-14-year-olds the proportion who had never been drunk showed variations of 60%, 40%, and 72% for, respectively, Nuuk, towns and settlements (Nielsen *et al.*, 2007).

Proportion of youth who have smoked hashish one or more times

Among those aged 15-17 in 2006, 77% stated that they had never tried smoking hashish. Among girls, 18% had tried hashish and 27 % of boys (Niclasen *et al.*, 2007).

Proportion of children and youth who had “sniffed”

In 2006, 92 % of the children and adolescents surveyed (aged 11-17 yrs.) stated that they had never tried sniffing, while 1% indicated that they have sniffed 20 or more times (Niclasen *et al.*, 2007).

Reported cases where alcohol is involved

According to the Greenland Police, the number of reported violations of the special law involving spirits in 2006 and 2007 was as follows:

Type of violation	Number of reported cases:	
	2006	2007
Violation of traffic laws with alcohol	140	125
Vehicle accident with alcohol	49	49
Public drunkenness	1,953	2,017

Table 5. Number of reported and number charged for violations of special legislation in 2006 and 2007 (Greenland Police, 2008).

Activities

In 2007, the issue of drugs was highlighted in the youth magazine INUK.

Each year, there is encouragement to hold a “Debate Week 18” in Greenland, where the purpose is on alcohol habits and practices. The theme for Week 18 during 2005-2007 was “Family, a positive attitude about life and engagement”, while the theme in the period 2008-2012 will be “Increasing the population’s knowledge about the harmful effects of drug abuse.” The “Week 18” debate has taken place annually since 1992. Applications for funds can be made to cover expenses connected with “Week 18” activities. The maximum grant for towns is DKK 5000 and for settlements DKK 1000.

Focus area 2 – Violence, rape and sexual assault

Strategies

The future prevention and health promotion within the focus area of violence, rape, and sexual assault is based upon three strategies:

1. breaching the taboos on domestic violence, rape and other sexual assaults and creating greater openness and knowledge about how best to assist children, youth and adults who are victims of violence;
2. to disseminate understanding that domestic violence and assault is not acceptable;
3. enhancing people's ability to care for each other, prevent violence and assault and assist each other.

Besides Inuuneritta's strategies, the working groups for the National Strategy for Health Promotion and Prevention of Violence, Rape and Sexual Assault decided to work according to the following fourth strategy:

4. ensuring a preventive effort, before the violence, rapes and sexual assaults take place.

Objectives

The objectives of the period 2007 to 2012 are the following:

- acts of violence and rape are to be reduced;
- the lives of children and youth are to be without violence, rape and sexual assaults;
- creating public debate about the extent, character and consequences of violence;
- strengthening citizens' sense of responsibility and caring competencies;
- ensuring that treatment and counseling facilities are available to both victims and perpetrators.

Indicators

Self-reported violence

The population survey from 2005-2007 (Bjerregaard and Dahl-Petersen, 2008) revealed that 59% of the adult population had at one time or another in their lives been a victim of one or more forms of violence or threats of violence. Broken down by gender, the proportions were 62% of adult women and 56% of adult men. Within the preceding year, 14% of Greenland's population has been victims of violence or threat of violence, equivalent to 16% of the women and 13% of the men.

Self-reported sexual assault

According to Curtis *et al.* (2006) 4.9% of boys and 23.2% of girls reported having been victims of a sexual assault. In addition, 20.6% of the boys and 64.3% of the girls

indicated that they had had sexual experiences with a partner older than 15 years of age while they themselves were less than 15 years of age (Curtis *et al.*, 2006).

According to Bjerregaard and Dahl-Petersen (2008) 31% of those surveyed reported having been victims of sexual assault, 21% of them as children 14% as youth and 9% as an adult. By gender, 43% of women and 16% of men reported being victims of a sexual assault.

Police reports of violence and sexual assault

According to the Greenland Police, the number of reported cases of incest, rape and other sexual offenses (children below 15 years) indecent exposure and domestic violence in Greenland in 2006 and 2007 were as follows:

Reported crimes	2006	2007
Incest	10	7
Rape incl. attempted rape ¹	196	159
Sexual offence, children under 15 years old	109	121
Indecent exposure	177	176
Domestic violence	821	808

Table 6. Number of reported crimes of incest, rape, sexual crimes, indecent exposure and violence (Greenland Police, 2007/2008).

Contact with shelters

In Greenland, there are “crisis centers” for women in Ilulissat, Aasiaat, Sisimiut, Qaqortoq, Paamiut, Narsaq, and Nuuk. The table below shows the number of visitors to the centers (women and accompanying children) (personal communication, Regine Enoksen, 2008 & Grethe Siegstad, 2008):

Shelter	Town	2006		2007	
		Number of women	Number of children	Number of women	Number of children
Naneruaq	Ilulissat			149	71
Qarajaq	Aasiaat			79	76
Oqqiffik	Sisimiut			113	45
Sikkersoq	Qaqortoq			92	77
Qimarsuik	Paamiut			47	46
Ornataq	Narsaq			26	31
Nuuk ²		49	49	43	55

Table 7. Number of visits to women’s crisis centers (shelters) in Greenland in 2007.

¹ Including children less than 15 years.

² The crisis centre in Nuuk is run by the municipality, whereas the rest are private.

Activities

The national campaign "STOP sexual abuse of children" was initiated in September 2006.:

- Thematic days for professional staff with Karin Dyhr, author of "Glaspige" (Girl of Glass), a documentary novel about incest.
- Various television and radio spots aimed at children, youth and adults focusing on children's rights, collective responsibility, rights and duties to inform and knowledge about grooming, which is the process whereby the elder and more experienced sexual violator utilizes manipulation, lies, flattery and compliments and then places responsibility and guilt feelings upon the victim in order to get the victim (apparently voluntarily) to participate in sexual activities which can satisfy the violator (Save the Children). The spots were broadcast from September 2006 to March 2007.
- Instructional material for the schools concerning children's rights focusing on dialogue and preparation of a national event where children and youth would participate publicly. The event focused on "children's rights to their own body" and was held in February 2007 as a public manifestation against sexual assault.
- As part of module-based training for prevention staff, a course was given on preventing sexual assault with Gitte Jakobsen, The Danish Ministry of Social Affairs.

Support and distribution of the Greenlandic film on sexual assault, "The Hidden Face".

Re-editing and reprinting of a book for very young children on prevention of sexual assault ("I have a secret").

Instruction in preventing sexual assault given to relevant professional groups, including students in the healthcare professions and staff working with prevention issues.

The documentary drama "It's being said" ("Det bliver sagt") Holbæk Theatre was performed in 2007. The play was performed twice in Katuaq, once for staff and once for the public in Nuuk. Following the performance, there was an open discussion between the audience and the playwright Kristian Ditlev Jensen and psychologist Kuno Sørensen.

In 2007, two working groups were established, one dealing with violence and the other with rape and sexual assault. The working groups were to elaborate a comprehensive plan of action for these two areas. The groups had their first meetings in December 2007. The National Strategy for Health Promotion and Prevention of Violence and Sexual Assault is expected to be completed at the end of 2008.

Focus Area 3 – Suicide Prevention

Strategies

The future prevention and health promotion activity within the focus area of "suicide prevention" builds upon four strategies:

1. enhancing the quality of life and the possibility to affect one's own life, including being able to handle the life conflicts when they arise;
2. countering the attitude that suicide can be a solution to life problems;
3. increasing the behavioural competence of citizens and community in preventing suicide and publicizing the usefulness of help;
4. coordinating local and country-wide initiatives and publicizing and disseminating "best practice".

Objectives

The objectives for the 2007-2012 period are:

- uniting social and personal resources in order to make life worth living, also when there are personal crises;
- strengthening the individual's capacity and opportunities to utilize their own and other's resources, take control over their own lives and participate actively in society;
- support a process where the individual is an active participant in their own lives and the life of the community;
- reducing the number of suicides and suicide attempts.

Indicators

Frequency of suicide

According to the Greenland Police and the Health Inspectorate (Embedslæge-institutionen) the number of suicides in Greenland in 2006 and 2007 was as follows:

Age (yrs.)	Women		Men		Total
	10-24	25+	10-24	25+	
2006	8	10	15	25	58
2007	9	3	12	14	38

Table 8. Number of suicides in Greenland by age and gender (Grønlands Politi & Embedslægeinstitutionen, 2008).

The significant decline in the number of suicides from 2006 to 2007 is probably due to random variation. In 2005, a three-year suicide-prevention project began. From January 1, 2008, the project is being administered by Inuuneritta. The number of suicides in 2005

was 48, while the average number of suicides per year during the 5-year intervals 1990-1994, 1995-1999 and 2000-2004 were, respectively, 53, 54 and 49.

Frequency of suicide attempts

A survey of 15-18-year-olds conducted in 2004-2005 showed that 11% of boys and 33% of girls had attempted suicide (Pedersen *et al.*, 2007b).

According to Bjerregaard and Dahl-Petersen (2008), 9.1% of men and 13.5 % of women stated that they had attempted suicide some time in their lives, 1.7% of the men and 3.3 % of the women had attempted suicide within the past year, and 89.2 % and 83.3% had never attempted suicide.

Activities

In the spring of 2005, a three-year project group was established consisting of three coordinators, the task of which was to implement the project's strategies. In the spring of 2007, the group was reduced to two coordinators. In January 2008, the formerly independent project was integrated into Inuuneritta's focus area for suicide prevention. At the same time, the project staff was reduced from three staff members to one project coordinator and one staff member. With the evaluation of the three-year project and exchange of experiences, cooperation was initiated in 2007 with relevant collaborating partners in Alaska and Nunavut.

In 2007, the anonymous telephone hotline "Attavik 146" began operation. The hotline is open twice weekly and serves all of Greenland. The telephone counsellors received training and supporting materials.

In 2007, the brochures "Do You Know Where You Can Go?" and "Suicide CAN Be Prevented" were written and distributed to schools and educational institutions.

In 2007, support was given to the publication of a "Memorandum on Youth with High Levels of Well-Being" and "Memorandum on Suicidal Thoughts and Suicide Attempts among Youth in Greenland" in cooperation with the Knowledge Centre for Children and Youth (MIPI).

In addition, the following are also being offered:

- Training of relevant professional groups, including prevention consultants, police, and health students;
- Special effort in municipalities where there are many suicides;
- Cooperation with the national crisis unit;
- Support for the establishment of student counselling services;
- Offer of supervision to key persons.

Focus Area 4 – Diet and Physical Activity

Strategies

The strategy for the future prevention and health promotion within the area of diet and physical activity is that more visibility should be given to the health issues related to diet and a physically active lifestyle.

Objectives

The objectives for the 2007-2012 period are:

- to promote knowledge about diet and physical activity;
- to promote behavioural competence in areas of health, diet, and physical exercise;
- to strengthen access to a varied offering of healthy Greenlandic and imported foods;
- to create frameworks for physical activity;
- to increase the elderly's behavioural competence in relation to a healthy and active lifestyle.

Indicators

Proportion with Body Mass Index ≥ 30

In 2006, the proportions of boys and girls 15-18 years old who were of normal weight, overweight and obese were as follows (Nielsen *et al.*, 2007):

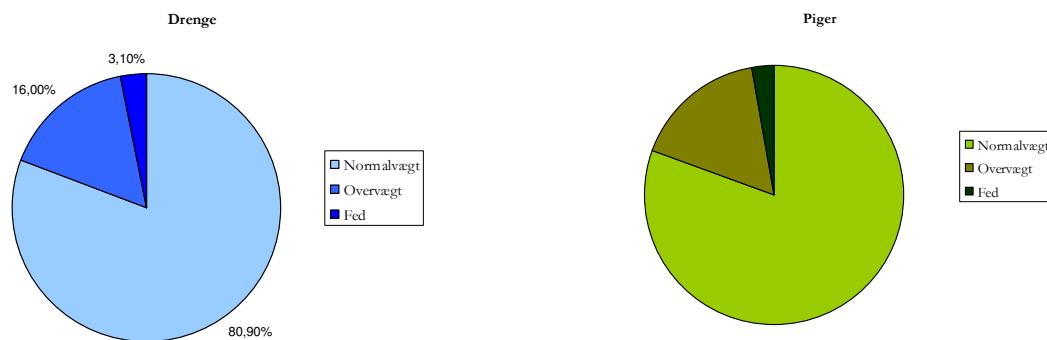


Figure 1. Proportion of youth (aged 15-18 yrs.) with normal weight, overweight and obese, divided by gender, 2006.

The population survey in 2005-2007 (Bjerregaard and Dahl-Petersen, 2008) showed that 23.9% of the population had a BMI ≥ 30.0 , i.e., severely overweight. Divided by sex, the proportions were 26.7% of women and 20.2% of men had a BMI of ≥ 30.0 .

Proportion who do not follow recommendations for physical activity

The proportion of the Greenland population who fulfil the Nutrition Council's recommendations of one hour's daily exercise, was 78% in 2005-2007 (Bjerregaard and Dahl Petersen, 2008). In the survey, several of the participants reported unrealistically high levels of activity, which indicates that the actual proportion of persons who are physically active for at least one hour a day is lower than reported.

Consumption of fruits and vegetables

According to the 2004 Food Policy Report, the consumption of fruits and vegetables was about 100g per person per day. WHO's recommended standards are a minimum of 400g and the Danish recommendations are 600g.

In 2005-2007, 81.9% of Greenlanders stated that they consumed fruit at least once a week, and 86.7% that they consumed vegetables at least once a week (Bjerregaard and Dahl-Petersen., 2008).

Consumption of sugar

Based on import statistics for refined (white) sugar in solid form in 2002, the consumption of sugar was a minimum of 100g per person per day (Food Policy Report, 2004).

In 2005-2007, the average energy composition of the diet was: carbohydrates 47% (vs. recommended 55-60%), protein 20% (recommended 15-20%) and fat 33% (recommended maximum 30%) (Bjerregaard and Dahl-Petersen, 2008).

Schools participating in school lunch program

PAARISA cooperates closely with the Nutrition Council in the inter-departmental cooperation on school meal programs in 2006/2007. The school meal program places high priority, as do other initiatives, on healthy food for children and youth. Here it is ensured that the future school meal program should take its point of departure in the ten dietary recommendations.

The following municipalities applied for and were granted subsidies for their school meal programs in 2007: Nuuk, Sisimiut, Ammassalik, Narsaq, and Qaanaaq.

Activities

In 2006, the topic "Diet and Exercise" was highlighted in the health magazine *SILA*, which was distributed to all households.

The brochure "Food for Small Children, Breastfeeding Mothers and Pregnant Women" was edited in 2006 with new dietary information and an additional chapter on exercise.

In cooperation with the Nutrition Council, the campaign to promote the 10 dietary recommendations was initiated in 2006, including:

- Publication of the DVD with televised public service announcements about the ten dietary recommendations on KNR television, and streamers with dietary advice distributed via the shops;

- The comic book “Rekku’s Nightmare”, about a healthy lifestyle disseminated diet advice to 11-16-year-old school pupils. A catalogue of ideas for teachers accompanied the comic book in order to include it in their teaching;
- Publication of “The Health Game” for children and adults, where children compete about knowledge of healthy diet and exercise in dialogue with adults. Distributed to day-care centres, after-school centres and schools, and sold in shops.

The Nutrition Council, in cooperation with D.I.H. (the main hospital in Nuuk) edited and translated the brochure of the Danish Diabetes Association, ”Healthy Food When You Have Diabetes”.

In cooperation with the Danish Environmental Survey and AMAP Human Health Group, the Nutrition Council held a seminar in 2006 on Greenlandic diet and environmental pollution. The seminar prepared a document on the significance of environmental pollution. The Nutrition Council edited the brochure on contaminants with advice about which precautions are necessary when eating Greenlandic food.

On 31 January 2007, Inuuneritta signed a partnership agreement with the Greenland Football Federation (GBU) for the organizing of football schools in all Greenland settlements, including the training of football trainers. The football schools will be organized over a three-year period.

PAARISA participated in the start-up phase of the Greenland television program Inuuneq Peqqissoq (KNR); including brainstorming on the topics that were to be taken up in the four programs which were broadcast during 2007.

As follow-up to the 2004 food policy report, the Nutrition Council, in 2007, has given input to the food policy strategy and plan of action where parts of the strategy form the working basis for several tasks in the Council.

The first two broadcasts of the television program ”Diet and Exercise” were broadcast on Greenland television (KNR) in 2007. Eight more programs will follow in 2008.

In 2007, there has been a focus on education, where the Nutrition Council/PAARISA have participated in planning and conducting several courses. The counselling about diet and exercise must reach out to the individual citizen in each town. Hence, the training of key staff in the individual towns is essential.

In 2007, the following activities were carried out:

- *Module in the specially organized training for preventive staff.* General knowledge about the importance of diet and physical activity for health with a focus on prevention and health promotion.

In 2007, preparations were made for:

- *Course for Health Department personnel:* Course on healthy way of life with a focus on diet and exercise and how to offer health/dietary counselling. To be implemented in May 2008.
- *Diet policies in workplaces, institutions, etc.:* Course at INUILI catering school planned for 2008.
- *The Healthy Canteens project:* Local courses for food service workers. The pilot project is implemented at the College in Sisimiut in May 2008.

- *Artic cooperation* on nutrition issues and preparation of the Council's workshop at the International Arctic Social Science Association (ICASS) conference held in Nuuk in 2008.

In 2007, the national school competition "Health the Cool Way" was initiated, where all school grades were encouraged to contribute with ideas for healthy school food. The competition ends in April 2008.

In several studies, social consequences have been observed in connection with several nutrition problems, among them hunger, malnourishment and obesity. These problems are especially prevalent in the settlements and outlying municipalities. The Nutrition Council points to the necessity of assuring equal conditions within the economic and practical possibilities to ensure that the nutrition-rich foods reach the entire country, and one of the instruments is the service contract between the Greenland Home Rule Government and the supplier Pilersuisoq in the towns and outlying municipalities. Here the Nutrition Council has made proposals to the authorities for certain changes. These changes are in accordance with the objectives set out by Inuuneritta.

In cooperation with the Nutrition Council, PAARISA has initiated an evaluation of the dietary guidance campaigns carried out by company HS-Analyse, including the extent to which it is possible to follow the ten dietary recommendations in the entire country. The survey was initiated in 2007, and the final report is expected in mid-2008.

The secretariat function for the Nutrition Council is placed within PAARISA.

Focus Area 5 – Sexual Life

Strategies

The future prevention and health promotion within the focus area of sexual life builds upon three strategies:

1. that every sexual act should be based on desire, mutual respect and absence of sexually transmitted disease;
2. that every pregnancy should be desired;
3. to promote the population's behavioural competence in connection with healthy sexual habits.

Objectives

The objectives for the 2007-2012 period are that:

- youth can make competent decisions about their sexuality;
- all sexual acts should be voluntary and legal;
- strengthen men's and women's resources for planning pregnancy;
- every pregnancy should be wanted;
- anyone seeking an abortion should be offered guidance and counselling;
- sexually transmitted diseases should be reduced;
- those infected with HIV/AIDS should be assured sufficient resources so that they can have a safe sexual life.

Indicators

Births to adolescent mothers

The number of births among adolescent mothers in 2006 and 2007 was as follows (Embedslægeinstitutionen, 2007 & 2008):

Age	Number of births	
	2006	2007
<15	5	6
16-17	30	27
18-19	93	96
Total	128	129

Table 9. Number of births among teenagers in 2006 and 2007.

Frequency of sexually transmitted diseases

According to the Health Inspectorate (Embedslægeinstitutionen) the frequency of venereal diseases in Greenland in 2006 was follows:

Age	<15	15+	Total
Gonorrhoea	8	800	808
Chlamydia	35	2544	2579

Table 10. Number of reported cases of venereal diseases gonorrhoea and chlamydia in 2006.

Frequency of induced abortions

According to the Health Inspectorate, the number of induced abortions according to age in Greenland in 2006 and 2007 was as follows:

Age group	Number	
	2006	2007
12-13 yrs.	3	2
14-15 yrs.	42	48
16-17 yrs.	92	91
18-19 yrs.	113	117
20-24 yrs.	273	271
25-29 yrs.	164	187
30-34 yrs.	80	97
35-39 yrs.	74	50
40-44 yrs.	23	22
45-49 yrs.	3	2
Total	867	887

Table 11. Number of induced abortions classified by age group, 2006 and 2007.

Activities

The working group on “Desired children” concluded its work in 2007 with the drafting of a plan of action for the reduction of unplanned pregnancies.

PAARISA encourages the observance of the annual International AIDS Day.

The topic “Me and My Body” was discussed in the health magazine INUK in 2006.

In 2007, an inspiration seminar was held for professional staff with a focus on the upcoming condom campaign, IGGU, to commence in 2008.

In 2007, 20 RealCare baby simulator dolls were purchased; the dolls were to be distributed so that all the municipalities would have 1-2 dolls for use in their preventive work. The target group is the 15-20-year-olds.

Since 1997, there have been ongoing purchases of condoms and their distribution in, for example, educational institutions.

The brochures, “Puberty – for Girls”, “Puberty – for Boys” and “Sex and Contraception” were published by PAARISA in 2007.

The “AIDS line”, an anonymous telephone hotline where people can obtain advice, is operated in cooperation with PAARISA.

Focus Area 6 – Smoking

Strategies

The future prevention and health promotion within the focus area of smoking builds upon five strategies:

1. to create a healthy lifestyle and healthy environment through more smoke-free areas;
2. to strengthen the knowledge of youth and adults concerning smoking and its harmful effects;
3. to promote the population's attitude toward smoking;
4. to create a considerate smoking culture among smokers and their non-smoking surroundings;
5. to create safer and smoke-free environments for pregnant women and for families with children.

Objectives

The objectives for the 2007-2012 period are:

- that fewer persons become smokers;
- that more people stop smoking;
- to limit the total consumption of tobacco in society;
- to make Greenland smoke-free for non-smokers;
- to strengthen the treatment of smokers by the health service.

Indicators

Proportion of smokers among adult population

In 2007, the total proportion of smokers among those 18 years and older was 66%. The proportion of smokers was higher among those who had completed primary school (70%) compared to the group with short-term educations (66%) and middle/higher education (56 %) (Bjerregaard and Dahl-Petersen, 2008).

Proportion of smokers among youth

The number of children who smoke daily was increasing with age in 2006. Among the 11-12-year-old age group, the proportion in 2006 was 5% daily smokers, increasing to 27% among the 13-14-year-olds, and up to half of the 15-17-year-olds. In terms of residence, the proportion of youth aged 15-17 who said they smoked each day was 38% in Nuuk, 56% in the towns and 59% in the settlements (Niclasen *et al.*, 2007).

Import of tobacco

According to Greenland's Statistics, the import of tobacco and fabricated tobacco substitutes to Greenland in 2006 was as follows:

	Value in DKK	Amount in kg
Tobacco and fabricated tobacco substitutes	7,107,117	36,659

Table 12. Import of tobacco and tobacco substitutes in 2006 (Grønlands Statistik, 2008).

Smoking practices in private homes

In 2005-2007, 62% of the respondents answered "Yes" when asked if there were limitations on where or when smoking may take place in the home. There was an association between frequency of smoking and the limitations on smoking in the home, in that 75% of those who had never smoked also stated that there were limitations, compared to 71 % of former smokers, 59 % of those who were light smokers, 50 % of heavy smokers and 42 % of pipe smokers (Bjerregaard and Dahl-Petersen, 2008).

Proportion of pregnant smokers

In 2006, 51.8% of all pregnant women stated that they smoked. Despite this alarmingly high proportion, it is positive that the proportion of pregnant smokers has declined from the 57.6% in 2004 and 57.5% in 2005 (Embedslægeinstitutionen, 2007).

Activities

Each year there is an annual school competition to be the year's "Smoke-free class". The winners in 2007 were the ninth grade class at Ole Reimerip Atuarfia in Kitsissuarsuit.

In 2007, two partnership agreements were signed with firms to implement smoke-free workplaces (cf. section on partnership agreements).

Each year, 2-3 courses are held to train stop-smoking instructors in different municipalities. In 2007, stop smoking instructor courses were held in Ilulissat, Nuuk, and Qaqortoq.

The health magazine for youth, *INUK*, had smoking as a theme during 2007.

Since 1997, PAARISA has drafted ongoing information and awareness-raising materials on smoking and its harmful effects. The "Stop Smoking" instructor brochure was translated into Greenlandic in 2003 and adapted to Greenlandic conditions. The concept was also expanded, and the new instructor concept tested.

Focus area 7 – Children and Youth

Strategies

The future prevention and health promotion within the "Children and Youth" focus area builds on four strategies:

1. promoting timely efforts and follow-up of pregnant women and their families, newborns and children in special risk groups and/or with special needs when the child's needs are at risk or not attended to;
2. ensuring a timely effort toward youth who exhibit risk-taking and abusive behaviour;
3. raising the quality of life and well-being of children and youth;
4. promoting the behavioural competence of children and youth toward a generally healthy lifestyle.

Objectives

The objectives for the 2007-2012 period are to:

- ensure a timely effort;
- reduce infant mortality;
- strengthen efforts toward care-deprived children and their families;
- create increased focus on caring for each other, especially towards children and youth;
- develop children and youth's behaviour competence toward a healthy lifestyle.

Indicators

Pregnant women who have followed the recommended examination program

The proportion of pregnant women who have been to 1-5 pre-natal examinations during pregnancy in 2006 was 91.7%, while 62.4% of those who were pregnant had been to five or more examinations with a midwife. Among those pregnant women who had not been to medical examinations or been seen by midwives, the figures were 3.4% and 5.6%. In 2006, 72.1% of pregnant women had been examined by nursing assistants, nurses or others (Embedlægeinstitutionen, 2007).

Hungry children

The proportion of children and youth (aged 11-17 yrs.) who in 2006 indicated that they "never go to bed hungry" was 71% in Nuuk, 59% in towns and 50% in the settlements. The proportion of children and youth who indicated that the "always go to bed hungry" was 18% in Nuuk, 43% in towns and 39% in settlements (Niclasen *et al.*, 2007).

Proportion of children with good self-reported life quality

The graph below indicates the number of youth aged 15-16 in 2004 who have reported that they have a high level of well-being (Curtis *et al.*, 2006).

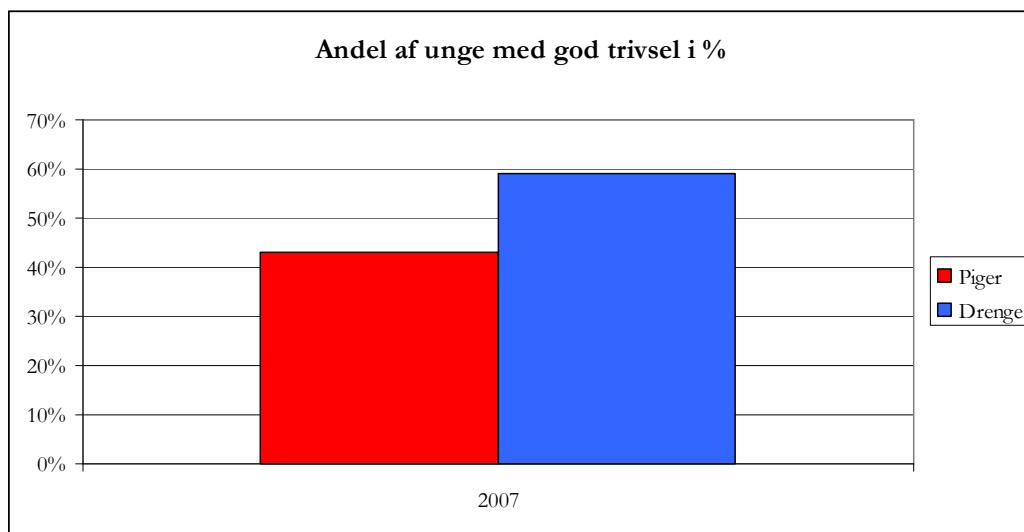


Figure 2. Proportion of youth reporting that they have high levels of well-being, by gender girls (■) and boys (■).

Children's consumption of fruits and vegetables

According to Niclasen *et al.* (2007) the proportion of pupils (aged 15-18) in 2006 who ate fruits and vegetables daily, classified by settlement type, was:

2006			
	Nuuk	Town	Settlement
Eat vegetables daily	38 %	42 %	24 %
Eat fruit daily	20 %	13 %	12 %

Table 13. Proportion of youth (aged 15-18) who in 2006 reported that they ate fruits and vegetables on a daily basis, classified by town/settlement, N=2164.

Children's consumption of soft drinks and sweets

According to Niclasen *et al.* (2007), the proportion of pupils (aged 15-18 yrs.) who, in 2006, reported that they eat sweets and drank soft drinks daily, classified according to city and settlement, was as follows:

2006			
	Nuuk	Town	Settlement
Eat sweets daily	32 %	39 %	44 %
Drink soft drinks with sugar daily	22 %	38 %	41 %

Table 14. Proportion of youth (aged 15-18 yrs.) who ate sweets and drank soft drinks daily, classified by town/settlement, N=2285.

Children who have obtained the recommended vaccinations

The objective of WHO and UNICEF is that more than 90% of children should receive immunizations, and that coverage in every municipality should exceed 80%. The Health Inspectorate assesses that vaccination coverage in Greenland for children as a whole is acceptable. The proportion of children who were vaccinated with MFR1 was 98.7% in 2006.

Telephone Hotline Contact with Children-Youth through the “134” Hotline

	2006		2007	
	No. calls	%	No. calls	%
Counselling	269	27.9	340	27.6
Information/caller hangs-up	695	72.1	894	72.4
Total	964	100	1234	100

Table 15. Contacts made through the Children-Youth “134” Hotline in 2006 and 2007 according to type of counselling conversation and requests for information on use of “134” and callers who stop the conversation prior to counselling (“hangs-up”).

Problem area	2006	2007
	%	%
Violence	12.9	11.9
Bullying	12.1	11.2
Substance abuse (excl. tobacco)	10.7	8.6
Arguments	9.6	7.2
Suicide	9.1	12.3
Upbringing	6.3	7.5
Experiences sexual abuse/violation	5.8	11.2
Boyfriend/girlfriend/romantic problems	5.5	-
Mental instability	4.1	5.1
Left alone by parents	3.6	-
Death	3.0	4.0
Divorce	3.0	3.1
General puberty issues	2.7	5.9
Loneliness	2.5	-
General sexual questions	1.6	1.1
Crime	1.4	-
Self-destructive behaviour	1.4	1.8
Placement outside the home	1.4	2.0
Sleep problems	1.4	3.3
Want to leave home	1.1	1.8
Melancholia/depression	0.8	-
Total	100	100

Table 16. Problem areas in counselling conversations in 2006 and 2007. Note that the areas “Romantic Problems”, “Left alone by parents”, “Loneliness”, “Crime” and “Melancholia/Depression” were not independent categories in 2007 but were included under other categories.

Activities

The project "Early effort toward pregnant families", which has the objective of supporting and monitoring vulnerable and weak pregnant women, was initiated in 2007 in cooperation with the Centre for Health Educations, where the project coordinator is employed. All expenses for the project were paid by Inuuneritta. The project was started in 2007 as a pilot project in the municipalities of Nuuk, Aasiaat, Illoqqortoormiit and Ammassalik. Approximately three municipalities per year will subsequently be added until all the municipalities participate. The pilot project will be evaluated during 2008.

Thematic articles about children and youth were published in the health magazines INUK and SILA. Articles on "Upbringing" and "Children and their needs" appeared in SILA, in respectively, 2006 and 2007 and "Talking with your parents" in INUK in 2006.

Translation of the revised Danish version of a brochure entitled "Short and Sweet about Breastfeeding" was initiated in cooperation with the midwives from DIH. The brochure is expected to be completed in 2008.

The national anonymous "134" telephone hotline for children and youth continued operation in 2007. The hotline is open for several hours daily.

Inusuttut Akisunnerat consists of the homepage www.inuusuttutakisunnerat.gl with a chat forum, letterbox and youth broadcasts on KNR radio every 14th day. PAARISA provides professional and financial support for the project.

Focus Area 8 – The Elderly

Strategies

The future prevention and health promotion within the focus area of the elderly builds upon three strategies:

1. to enhance the quality of life and well-being of the elderly;
2. to set up resources available to the elderly which provide the possibility to improve/rebuild their quality of life and physical abilities;
3. to ensure high quality in the health service's preventive efforts toward the elderly.

Objectives

The objectives for the 2007-2012 period are:

- to ensure a rich and dignified life for all seniors and elderly citizens;
- improve the functional level of the elderly in their everyday life and reduce the occurrence of symptoms and long-term illnesses among the elderly.

Indicators

The proportion of seniors (those over 60 years old) is increasing. In 2006, there were 5,552 persons aged 60 and over in Greenland, corresponding to 9.8% of the population.

Self-assessed health

Among elderly men, 64% assessed their health as good, versus only 55% of the women (Bjerregaard and Dahl-Petersen, 2008).

Active and inactive elderly

The population survey among adults allows analysis of physical activity among the elderly, but an indicator in this area has not yet been developed. The elderly are generally less physically active than younger people. The table below shows how much time is used per week for non-motion activities among the elderly.

Age	Average amount of time used for passive activities per week
60-64 yrs.	23 hours
65-69 yrs.	22 hours
70-74 yrs.	23 hours
75 + yrs.	29 hours

Table 17. Average time used for passive activities per week for the elderly, classified by age groups (Bjerregaard Dahl-Petersen., 2008).

Activities

Among the activities carried out in 2007, one was aimed directly at the elderly. In the TV program “Diet and Exercise”, the first of which was broadcast in 2007, two programs concerned healthy diet and exercise recommendations for the elderly. These two programs were broadcast in early 2008.

Focus Area 9 – Dental Health

Objectives

The objectives for the 2007-2012 period are:

- to improve the quality of dental care and the total dental health in the population;
- to promote behavioural competence in relation to dental health and diet.

Indicators

Proportion of six-year-old children without visible tooth decay

No data exists for this area for 2006 and 2007. Registration of children without tooth decay is being started from 1st January 2008.

Proportion of children who follow the recommended preventive check-ups

No data exists for this area for 2006 and 2007. Registration of children who follow the recommended preventive check-ups is being started from 1st January 2008.

Activities

The dental health strategy for Greenland, which shall be implemented during the 2008-2012 period, is integrated into Inuuneritta. The strategy is a natural follow-up to the general plan with special emphasis on the following areas: registration of dental health, formulation of dental health goals and intensified efforts for prevention and health promotion. The strategies contain the following procedure for the calling in of children for dental examinations: no later than 1st January 2008, calls will be issued for all children aged 8 months, all those approx. 6 yrs. and all those approx. 12 yrs. Subsequently, all other children are to be called in for check-ups under the existing system.

In cooperation with the Coast Administration, the “National Tooth-brushing Day” was started in April 2007. The objective of the event is to call attention to the importance of good dental hygiene. The day will be marked annually.

PAARISA purchased electric toothbrushes for distribution in the eldest classes in connection with the National Tooth-brushing Day in 2007.

In 2007, PAARISA issued the brochure, “What Should Your Child Drink?” with good advice to parents of small children about how they can give their children healthy drinking habits. The brochure was distributed to all day-care centres, kindergartens, and dental clinics.

The dental care book ”Quppersagaaraq immuttuit pillugit” was updated and reprinted in 2007.

Extra issues of the health magazines *INUK* and *SILA* in which the topic of dental health was discussed, were distributed in 2007.

The tooth decay campaign began in 2007 and will run through 2008. The campaign contains TV spots, posters and lapel pins.

The Inuuneritta Fond

Disbursements in 2006-2007

The purpose of the Inuuneritta Fond is to provide support for preventive and health-promoting initiatives/projects which take their point of departure in Inuuneritta. Special emphasis is placed on projects that have target groups of children, youth and the elderly, that take place in the local communities, and that highlight a cross-disciplinary understanding, e.g., involving health-related, social and cultural aspects.

The funds from the pool are disbursed twice yearly, in spring and autumn. The first disbursement was in the autumn of 2006; there were two regular disbursements in 2007 and a Christmas disbursement in November 2007. The Christmas disbursement had the goal of supporting smoke-free and alcohol-free Christmas celebrations, which could strengthen the bonds between friends and family generations.

Ansøgninger til Inuuneritta Puljen

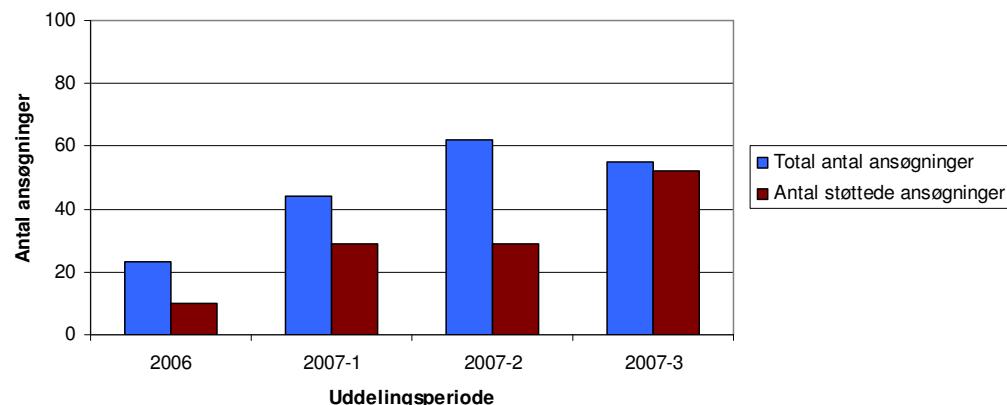


Figure 3. Total number of applications (■) and number of funded applications per disbursement (■) from 2006 to 2007. Disbursement periods 2007-1 and 2007-2 were, respectively, the spring and autumn, while 2007-3 is the Christmas disbursement.

In the past, evaluations from the supported projects have been submitted from applicants on a voluntary basis. Starting with the 2008 grants, an evaluation form will be sent together with the funding grant, so that the evaluation must be completed and re-submitted before the applicants can be considered again. In this way, the evaluations from those applicants who have already received funding can also submit evaluations when the new applications are evaluated.

Partnership Agreements

A partnership agreement is a binding agreement between two or more parties regarding a joint solution to a specific, time-delimited project. Inuuneritta is seeking partnerships with institutions, organisations, associations, firms and professions, private individuals or others who have a specific idea for a health-promoting and/or illness-preventing effort. The agreement requires positive cooperation based upon the free will of the two parties.

In 2007, Inuuneritta concluded three partnership agreements:

Date	Partner firm/organisation	Purpose
31 May	Katuaq Cultural Center	Smoke-free environment at the workplace
31 May	TelePost Greenland	Smoke-free environment at the workplace
31 December	Greenland Football Federation (GBU)	Football camp in all Greenland settlements

Table 18. Partnership agreements concluded in 2007 between Inuuneritta and firms or organisations.

PAARISA

PAARISA is intended to provide the Greenlandic people knowledge about and strategies to live a healthy life with good life quality. PAARISA works for a general improvement of public health for the entire population, focusing especially on children and youth and the elderly.

PAARISA's objectives and tasks are formulated in association with the Inuuneritta Public Health program and with the principles of the World Health Organization's (WHO) Ottawa and Bangkok Charters.

Schematic overview of PAARISA's mission, vision and strategy

Mission	PAARISA is the Greenland-wide centre for the promotion of public health. The core of activity is the execution of health promotion and preventive efforts and coordination of central and cross-sectoral health-promotion activities.
Vision	<p>PAARISA is an innovative and professional organisation, which is the natural centre for carrying out the tasks mandated to Inuuneritta.</p> <p>PAARISA works to optimize society's utilization of existing knowledge about health promotion and prevention.</p> <p>Health is considered as a dynamic condition of physical, mental and social welfare and not only as the absence of disease.</p>
Strategy	<p>PAARISA formulates strategies for special focus areas on the basis of Inuuneritta.</p> <p>All activities are formulated on the basis of evidence-based knowledge and are founded in health-pedagogical thinking. Work is conducted in a project-oriented system with inputs aimed to increase the population's behavioural competence and knowledge, and create debate about the attitudes and norms which surround health-related problems.</p> <p>PAARISA's strategic themes contain:</p> <ul style="list-style-type: none">- interdisciplinarity- visions- early efforts- involvement- information- values- partnerships

PAARISA Staff

In 2007, the following persons were on the staff of PAARISA:

- Director Bodil Karlshøj Poulsen
- Administrator Miki Willumsen
- Staff member Sofie Jessen
- Staff member Anita Johansen
- Staff member Berti Bourup
- Project coordinator for suicide prevention: Jette Eistrup
- Coordinator for suicide prevention: Maren Heilmann
- Project coordinator for Inuuneritta: Lone Nukaaraq Møller (hired 15 February 2007)
- Academic administrator for Inuuneritta: Bolatta Vahl

In addition, the following persons were affiliated with PAARISA in 2007:

- Business school (TNI)- intern Dorthea Mathæussen (from 24 November 2007)
- Public Health student Klaus Grabbert (1 April to 31 August 2007)

Conference- and meeting participation

Conference/meeting	Date	Person
NRK board meeting	07.-14.01	Berti Bourup
Alcohol conference, Roskilde	03.-10.04	Berti Bourup
Seminar on public health scientific problems in Greenland	04.04	Lone N. Møller
UIO, Suicide prevention, Oslo	21.-25.04	Jette Eistrup
NFBO conference, Iceland	17.-26.05	PAARISA
Children's conference, Sisimiut	03.-07.06	Bodil Karlshøj Poulsen Berti Bourup
Nordic Public Health Conference, Sweden	09.-14.06	Bodil Karlshøj Poulsen Anna Rask Lynge
Ph.d. seminar, Kangerlussuaq	08.-09.09	Lone N. Møller
Nordic meeting, Sweden	10.-15.09	Bodil Karlshøj Poulsen
NFBO board meeting		Anita Johansen
Meeting with Food Products Agency		Anita Johansen Anna Rask Lynge
Seminar on obesity among children and youth	15.-20.12	Anita Johansen Anna Rask Lynge

Filed visits

Municipality	Purpose	Date	Person
Sisimiut		14.-21.01	Sofie Jessen
Kangerlussuaq	Staff visit	29.-31.01	Bolatta Vahl
			Lone N. Møller
Paamiut		09.-16.02	Sofie Jessen
Narsaq	Staff visit	13.-16.02	Lone N. Møller
			Bolatta Vahl
Paamiut	Staff visit	18.-20.02	Bolatta Vahl
Nanortalik	Staff visit	19.-23.02	Berti Bourup
Nanortalik		22.-29.04	Sofie Jessen
Qeqertarsuaq	Staff visit	09.-15.06	Bolatta Vahl
Qeqertarsuaq	Staff visit	13.-17.9	Lone N. Møller
			Bolatta Vahl
Ilulissat	Staff visit	17.09	Lone N. Møller
			Bolatta Vahl
Tasiilaq	Staff visit	27.09-04.10	Julia Dorph Lyberth
Tasiilaq	Staff visit	01.-04.10	Berti Bourup
Qaanaaq	Evaluation of the committee's work	04.-13.11	Bodil Karlshøj Poulsen
Qaanaaq	Staff visit	04.-13.11	Berti Bourup
Ilulissat		02.-05.12	Sofie Jessen

Courses/training

Course/training	Date	Person
Project manager course	16.-17.01	Lone N. Møller
Supervision training	19.-26.01	Julia Dorph Lyberth
Greenlandic language course	03.-07.-03	Lone N. Møller
Supervision training	09.-11.03	Julia Dorph Lyberth
Microsoft Access Basic course	17.-18.03	Lone N. Møller
Microsoft Access Advanced course	25.-26.03	Lone N. Møller
Course in child interviewing for counsellors	08.-10.04	Anita Johansen
NHV, Health Promotion	25.03-04.04	Bodil Karlshøj Poulsen
Course with "Lifeline"	26.-28.05	Jette Eistrup Julia Dorph Lyberth
Supervision training	20.-24.05	Julia Dorph Lyberth
DPU	29.08-10.09	Sofie Jessen
Training instructors for stop-smoking course		Anna Rask Lynge
NHV	03.-10.10	Bodil Karlshøj Poulsen
DPU		Sofie Jessen
Course, Nyborg		Sofie Jessen
NHV	05.-12.12	Bodil Karlshøj Poulsen
Course in prevention of sexual abuse	01.-03.11	Bolatta Vahl
DPU	17.-21.11	Sofie Jessen

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