Has social equality in health increased or decreased in Greenland since 1992?

Peter Bjerregaard\textsuperscript{1}, Inger K Dahl-Petersen\textsuperscript{1}, Christina VL Larsen\textsuperscript{1}

\textsuperscript{1}National Institute of Public Health, Denmark, pb@niph.dk

In 1992 the Greenland Government took responsibility for health care and thereby for creating a more equal distribution of health in the country. The purpose of the presentation is to analyse the development of health equality in Greenland during the last 25 years. With a Gini-coefficient of more than 34 (in 2013) which is higher than the EU average of 30 and much higher than that of other Nordic countries, economic inequality is prominent in Greenland. This is a major risk factor for inequality in health. Inequality in health exists at several dimensions, e.g. between Greenland and Denmark, regionally between towns and villages and between West and East Greenland, and at the individual level according to social position.

For the period 1990-2014 we have analysed inequality in health for selected indicators of physical and mental health. Infant mortality and suicides were analysed using the mortality registries for Greenland and Denmark; suicidal thoughts, self-rated health and smoking were analysed using data from four population health surveys during the period. As examples, suicide rates in East Greenland remained three times higher than in the rest of the country throughout the period of study while the prevalence ratio of smoking among the least wealthy relative to the wealthiest Greenlanders increased from 1.2 to 1.8. Although there may be exceptions equality in health has not generally increased in Greenland during the last 25 years.