The Well-being of Northern Peoples and Communities

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Contents

Key Terms and Concepts

- Community capacity
- Community health
- Community well-being
- Health
- Human capital
- Income
- Physical capital
- Social capital
- Social indicators
- Social services

Whitehorse, Yukon Territory.

Learning Objectives/Outcomes

Upon completion of this module, students will

- Have a basic knowledge of the theory of well-being studies as they apply to the Circumpolar world;
- Have general knowledge and understanding of the current problems of well-being facing residents in different parts of the North;
- Know the main problems of social services delivery in the North;
- Achieve an awareness of the value of the community perspective in northern well-being studies; and
- Know the main factors that are crucial to improving the well-being of northern communities under conditions of rapid social change.

Overview

The aim of this module is to develop students' understanding of individual and **community well-being** from a circumpolar perspective. First, the module presents the concept of community well-being and methods of well-being assessment. Then, the major trends in the well-being of northern communities are introduced. Trends in health status, income, unemployment, and other indicators of well-being are compared internationally (among other northern countries) and nationally (between the northern and the central parts of individual countries). The third part of the module deals with the problems of social services delivery in northern communities. The module concludes with a discussion of the issues of **community health** and how those issues influence human well-being and the health of the surrounding physical environment. Commu-

nity capacity and social capital, the key factors of community well-being, are also discussed.

The module will introduce students to the theoretical aspects of well-being studies and will make them aware of the current problems of well-being facing residents of different parts of the North. The emphasis is on the community level to show the value of the community perspective in well-being studies. In this module, students will learn how the well-being of northern communities is established and maintained, and how well-being may be improved under difficult conditions of rapid social change.

The Concept of Community Well-being

Changing Communities

Many, if not all, of the communities in the Circumpolar North are now in an active state of transition. This process is shaped by technological advances, increasing market competition for goods, and a clear reduction of state welfare and state engagement in the well-being of peripheral northern communities.

The economies of many communities rely heavily on resource-extraction industries such as fishing, forestry, or mining. Because of their narrow economic bases, when these industries fail—as so many have in recent years—many of these communities face loss of employment and **income**, retrenchment in the public service, and sharp population decline (Aarsaether & Baerenholdt, 1998). For some of these communities however, rapid social change gives people new perspectives and opens new possibilities for employment (Hamilton & Seyfrit, 1993). In either case, the key element needed to keep these communities attractive places to live is the concept of the "good life," those quality-of-life features that people enjoy through living in these communities.

Figure 1. The municipality of Bolungarvik in the West Fjords of Iceland led in the redevelopment of the community, both economically and socially, after the collapse of the fishery in the early 1990s. Successful economic restructuring in northern fishing communities was based on a wide variety of initiatives, including tourism, science, and high tech industries.

Individual and Community Well-being

But what is "good life" for people living in remote northern communities, and how do we measure it? How can communities create and take advantage of opportunities to make individual and communal life better, either in accordance with national standards or their own notions of good life?

One of the common ways of defining and measuring good life is to use the concept of individual and community well-being. According to Wilkinson (1991), well-being is a concept meant to "recognize the social, cultural and psychological needs of people, their family, institutions and communities." From this definition, the complexity of the concept is clearly seen. It points to the need to consider the many different aspects of a community, such as quality of life and economic and social structures.

The concept of community well-being is one of the bases for community assessment (among other concepts, i.e., local community quality-of-life studies, community health, or community capacity). As Kusel and Fortmann (1991) put it in their work on forest communities in Canada, the concept is focused on understanding the contribution of the economic, social, cultural, and political components of a community in maintaining itself and fulfilling the various needs of local residents.

Community well-being then, can be described as the process of recognizing and fulfilling the needs of the community residents aimed at providing such qualities of social, economic, political, and other aspects of community life that allow people to enjoy living in their place.

Quantifying Well-being

Studies of community well-being use several approaches. Some studies use social **indicators** such as poverty, economic development, and other factors that influence well-being (for example, Cook, 1995). Other studies focus on general well-being. They attempt to identify the set of factors that form well-being in communities (for example, Kusel and Fortmann, 1991). These studies build on a mix of social indicators, historical information, and data collected from people in the communities regarding how they feel about different aspects of their lives.

Despite the differences of the approaches, what is common for all of them is the use of **social indicators** as one of the main tools of well-being assessment. There are two well-being indicator approaches: the qualitative subjective and the quantitative objective. Subjective measures often require individual and community self-assessment through the use of selected informants or through surveys. Objective measures are based on data sets that document variables in social structure. The discussions on the limitations of each approach can be found in Kusel's or Beckley's works on forest-dependent communities (Kusel, 1996; Beckley, 1995).

Selecting specific indicators of individual and community well-being can be influenced by political dimensions, consideration of audience, or other factors. For example, locally developed lists of indicators might be very different from those generated by outsiders, for example, the public service. Nevertheless, there are certain, widely accepted sets of indicators that focus on aspects of individual/community well-being that are easier to quantify, generalize, and compare. These data sets normally include such indicators as poverty, unemployment, personal physical and mental health and education. They may also include such measures of social dislocation as rates of suicide, crime, divorce, etc.

Major Trends in the Well-being of Northern Communities

Comparisons of Well-being

"It is fairly easy to demonstrate the ill fate of many peripheral localities in the Northern area" (Aarsaether & Baerenholdt, 1998). Indeed, even a cursory look at unemployment,

suicide, and crime rates, and the **health status** of inhabitants of many northern communities can lead one to conclude that the well-being of northern peripheral communities is lower than in the central regions of the countries those communities are part of. Differences in well-being may also be observed between urban and rural northern communities and between Indigenous and non-Indigenous communities. Ethnic and occupational divisions can also be found in well-being of residents of the same community, or between other social groups in the same communities.

Numerous studies on northern social conditions report alarming situations:

> The health status of American Indians and Alaska Natives is not equal to the US general population. Poor nutrition, coupled with unsafe water supplies and inadequate waste disposal facilities, has resulted in a greater incidence of illness in the Indian population. (Department of Health and Human Services)

> **Unemployment rate** in the communities of Lapland (northern Finland) in the mid '90s was about 25 per cent whereas the average unemployment rate in Finland was about 17 per cent. (Suopajarvi, 1998)

> Illness rate among children in the towns of Murmansk region (northwestern Russia) in 1997-1998 was 42 per cent higher than Russian average. (Murmansk Regional Committee on Environment Protection, 1998)

The following quotations are from essays written by young people living in small North Atlantic fishing villages who participated in a survey conducted under UNESCO's Management of Social Transformations (MOST) Programme, Circumpolar Coping Processes Project (CCPP) (Bjørndal & Aarsæther, 2000):

> Village of Ísafjördur, West Fjords, Iceland (66°05' N., 23°10' W.): "The main occupation here is the fish industry, but it has been in a difficult position the last few years. The quota has been sold away, factories have been closed down and people have lost their work." (p. 42)
> (See the top map on p. 13)

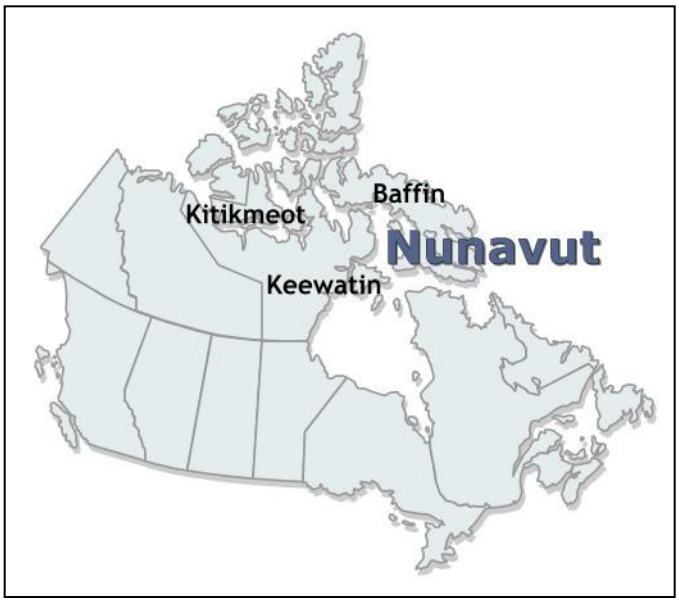
> Village of Chisasibi, on James Bay, Canada (53°40' N., 78°20' W.): "I like living in this community because it's fun. But there's just one thing, and that's alcohol and drugs. I don't like those things. And we don't have any privacy at night. Because those who are drunk always knock on everybody's doors." (p. 21)

> Village of Teriberka, Kola Peninsula, Russia (69°12' N., 35°06' E.): "There is not even a small club in the village and no events that might be of interest for

the youth. The young people are 'perishing' in the village. They have no idea of how to use their spare time, terrible things are coming out of this: lack of culture, many youngsters are drinking and sitting in sheds and garages." (p. 44) (See the bottom map on p. 13).

Income

Comparisons of **income** (the most usual indicator of well-being) show discrepancies between northern and southern regions, as well as between Indigenous and national populations. In northern Canada, the cost of living is much higher than in southern centres. Living costs in most communities in the Baffin region of Nunavut are 150 to 175 per cent of the costs in Montreal or Edmonton; in the Kitikmeot region in the far west Nunavut, costs are 185 to 200 per cent; and in the Inuvik region of the Northwest Territories they are 160 to 200 per cent. Comparisons of income of Indigenous and national populations cannot be made directly; there are hidden incomes such as subsidies, or so-called "free" food from the land (with its own hidden costs, such as boats and ammunition). The median income of Canadian Inuit in 1991 was CDN$ 13,400 for men and CDN$ 8,100 for women, while for Canadians in general it was CDN$ 25,600 for men and CDN$ 11,900 for women (Bjerregaard & Young, 1998).



Map of Canada showing the location of the Kitikmeot, Baffin and Keewatin regions.

In Alaska, among Eskimos, the **median family income** in 1990 was US$ 23,600, about 66 per cent of the figure for the US as whole. In Greenland, the average taxable income for Inuit was only 41 per cent of the average income of people of Danish origin living in Greenland. Food security (one of the ways of measuring poverty) is low among Aboriginal people: 13 per cent of Canadian Inuit in 1991 reported not having enough food to eat (Bjerregaard & Young, 1998).

Employment opportunities are lower in the North generally, and are less favorable for native people. In 1999, unemployment rates in the Northwest Territories of Canada were 17 per cent overall and 30 per cent for the aboriginal population (Ruttan, 1999). **Labour force participation rate** among Inuit in Alaska was 55 per cent for men and 48 per cent for women, compared to the national average of 74 per cent and 57 per cent respectively (Bjerregaard & Young, 1998).

Health

Bjerregaard and Young in their book, *The Circumpolar Inuit: Health of a Population in Tran-*

sition, present thorough information on life expectancy, birth and death rates, health status, and many other indicators of well-being of Circumpolar Inuit. For example, they show that life expectancy at birth of Inuit in Greenland, Canada, Alaska, and Chukotka (Russia) is generally about 10 years lower than that of the general population of the countries (e.g., in Greenland 76 years for people of Danish origin and 64 years for Inuit). Suicide rates in northwestern Canada are 2.5 to 5 times higher than the country's average (Department of Health and Social Services, 1996) and solvent abuse rates for the Aboriginal population are 24 times the national average (Bureau of Statistics, 1996). Violent deaths—accidents, suicides, and homicides—account for 36 per cent of all deaths of Alaska Natives and for 27 per cent of Inuit in Greenland (Bjerregaard & Young, 1998).

In spite of certain common traits that point at lower levels of socio-economic well-being in peripheral communities throughout the North—including considerably higher rates of unemployment, greater numbers of people in poverty and with low levels of education, greater number of children in households receiving public assistance income, and a large proportion of the population with low health status–the patterns differ in different parts of the North.

It would be fair to say that living standards are especially low in the Russian North. For example, in the Murmansk region, which is one of the most industrialized, urbanized, and relatively well-off regions of the Russian North, 21 per cent of the population had incomes below the national subsistence minimum (**poverty line**) in 1997, according to official statistics. Local research (see Riabova, 1998; Granberg & Riabova, 1998) has shown that this figure would be doubled if the cost of living were taken into consideration (Granberg & Riabova, 1998). This is twice the rate of poverty in, for example, the US, and four times the rate when the inaccuracy of official Russian statistics is considered.

Research on food security in the Murmansk region has shown that average **diurnal caloric value** of nutrition fell from 2445 k/cal in 1990 to 2060 k/cal in 1995, which is well below the official estimates of daily need. Consumption of milk, eggs, and fish products fell by about one half from 1988 to 1996. Only consumption of bread, potatoes, and vegetable oil remained stable (Granberg, Maretskiy & Riabova, 2000).

In a book on the Russian North by P. Zaidfudim and Y. Mizun (1998), poor nutrition and unhealthy diet was one of the main reasons for the deteriorating health status of residents of the Russian North and for decreased life expectancy during the 1990s. In 1990, in the Murmansk region, the average life expectancy was 70.3 years. In only four years it had fallen to 63.1 years, below the Russian average of 64.0 years. After 1994, the situation improved slightly, but life expectancy is still below the Russian average in the Murmansk region. The same applies to other Russian Territories of the **Barents Euro-Arctic Region** (Lausala & Valkonen, 1999). These are much lower than, for example, Denmark (72.2 years for men and 77.7 years for women in 1990-1991) (Bjerregaard & Young, 1998). Table 1 illustrates differences in life expectancy among the populations of different parts of the Barents region.

Significant differences in patterns of disease can be observed in different parts of the Barents region. For men, the most widespread cancer in the Russian regions is stomach cancer, whereas bladder and prostate cancer are the most widespread in the Norwegian and Finnish regions. Cancer of the respiratory organs and mouth is most

Table 1. Life expectancy in the Barents region, 1996.*

Life Expectancy (years)	Norwegian Barents Region	Swedish Barents Region	Finnish Barents Region	Murmansk Region	Karelia	Arkhangelsk**
Males	73.3	75.6	72.2	59.9	54.7	57.1
Females	80.2	80.7	80.9	72.4	69.2	71.0

*Source: Health Statistic Indicators for the Barents Euro-Arctic Region, NOMESCO. Copenhagen, 1998, p.10.

**1995

prevalent in the Murmansk and Archangelsk regions, and is also high in the Finnish region. For women, breast cancer is the most frequent type of cancer in the Swedish region, and stomach cancer is prevalent in the Russian territories of the Barents region.

Very marked differences in the incidence of tuberculosis are observed between the Nordic parts of the Barents region and the Russian Barents area. While tuberculosis is diagnosed in 2.6 people per 100,000 inhabitants in the Norwegian Barents region, in the Republic of Karelia it is found in 71.4 people per 100,000, 56.6 cases per 100,000 in the Arkhangelsk region, and 33.0 cases per 100,000 in the Murmansk region (NOMESCO, 1998). A trend of the late twentieth century in the Russian North has been a dramatic increase in tuberculosis, diphtheria, and other infectious diseases that were extinguished some years ago.

According to regional statistics, in the settlements of the Murmansk region, diseases of the respiratory system occupy first place on the list of the most widespread illnesses, diseases of the nervous system occupy second place, and blood and blood-forming organ diseases occupy third place (Murmansk Regional Committee on Environment Protection, 1998).

In the Russian North, rates of tuberculosis, hepatitis, respiratory infections, and alcoholism are 1.5 to 2 times higher among the Indigenous population than among the non-Indigenous population (Zaidfudim & Mizun, 1998).

Alcoholism

Alcohol is a major problem and risk factor for Indigenous people, be it North American Indians, Alaska Natives, Kola Sami, or the Indigenous people of Siberia. Alcohol contributes to high rates of motor-vehicle accidents, cirrhosis, suicide, homicide, and domestic abuse. Among Chukotka Inuit, 40 per cent of deaths are attributed to injuries, of which 80 per cent are considered alcohol related (Bjerregaard & Young, 1998). In the Lovozero district of the Murmansk region, where the Kola Sami live, about 90 per cent of Sami teenagers (under 16 years old) use alcohol, and one in nine Kola Sami young-

ster is addicted to alcohol (Zaidfudim & Mizun, 1998). Alcohol problems are typical for people living in the region's remote rural settlements. This problem is especially acute in places where the Indigenous people live in close proximity. Those living in close proximity comprise 7.9 per cent of the total regional population but account for 16.6 per cent of those diagnosed with alcoholism (Murmansk Regional Committee of State Statistics, 1999).

Social Services

State Intervention

Individual and community well-being is very much influenced by the performance of the state's social welfare system. There are different social service programs throughout the North, but generally they fall under two regime classifications: liberal and social democratic. The liberal regime, used in the US and Canada, is dominated by means-tested benefits, modest universal cash transfers, and some social insurance schemes. The social democratic regime provides many universal benefits as social rights, based on citizenship and financed by taxes. Benefits are relatively high, and the welfare state itself is extensive. This regime is found in Scandinavia. As to Russia, the present regime, as Granberg and Riabova argue in "Social Policy and the Russian North," can be described as "liberal, or even less" (1998).

It is now common in all welfare regimes for states to reduce their involvement in people's welfare and to cut social-welfare expenditures. Social policy reforms—whether the gradual reformation of the Scandinavian welfare state, swift and profound reforms of the Russian welfare system, or the **social services** reforms in Canada—are, more than anything, a devolution of responsibilities for service planning and delivery to local and regional governments, bodies or agencies (Riabova, 1998; Browne, 1999). Devolution of this kind is often seen as shifting or down-loading the responsibilities but often without adequate financial resources or personnel in place.* Today, the main barriers to service delivery in remote northern communities are low geographical accessibility, limited range of services, and a limited number of service-delivery personnel.

In northern and rural regions of Canada, as A. Browne (1999) reports, family members, community nurses, family physicians, and social-service workers are left to cope with the acute health problems that people experience when they are either not cared for in hospitals or are discharged early. Unreasonable demands are then placed on the already overburdened community-based health services.

In the Russian North, the retreat of the state from the social sphere and the general cutback of social expenditures in the early 1990s led to great reductions in both quantity and quality of social services, particularly in peripheral, remote settlements. There, medical services are reduced, kindergartens are lacking or simply closed, and schools do not have enough teachers. In the Russian North, where distances are great,

* See Module 12, "Autonomy and Emerging Political Structures in the Circumpolar Region," for a more detailed discussion of downloading and devolution of government services.

the availability or absence of reliable, year-round transportation between settlements determines, to a large extent, the availability of social services and, consequently, the well-being of the inhabitants (Riabova, 1998; Gutsol & Riabova, 2002).

In remote settlements of the Murmansk region, where the only connection with the outside world is air transportation or, for limited periods, winter roads or water transport, regional television is not available, newspapers come but once a week in the best case, and electric power is often not available. Air connections are not regular and winter roads are often closed because of bad weather or lack of money to maintain them. All this makes it very difficult to obtain medical services that cannot be provided in the communities and to make regular supplies of food and other necessary goods. Literal isolation makes the traditional subsistence economy and traditional (Indigenous) medicine very important for survival.

Acute social problems are created by the practice of putting educating and socializing children in special schools (so-called *internats*) located in larger settlements. This system of education is usually practiced in Indigenous settlements of the Russian North, where parents work out on the land, away from their villages. Because children are brought up out of touch with their families, intergenerational ties are broken. As a result, there are serious consequences for the stability of Indigenous families.

Local Solutions

Throughout the North, recognizing and incorporating Native traditions, culture, and values into communities' social-service programs is important if they are to be made more effective in meeting the needs of these communities. The Community Wellness Movement, the Community Empowerment Initiative, started in 1996 by the Government of the Canadian Northwest Territories, aimed to deliver more effective, locally controlled services. The main idea was to have communities set their own priorities, make their own decisions about services that affect them, and develop the resources to meet their specific needs (Ruttan, 1999). Local control would mean not just delivery but also design of programs. This approach presents opportunities for greater emphasis on prevention, more culturally relevant approaches to healing, increased reliance on **elders** and traditional healers, and a chance to put a community vision of wellness into practice.

Community Health and Community Capacity

Social and Physical Environments

The concept of community health is part of the study of community well-being, quality-of-life studies, community sustainability, or community capacity (Beckley and Burkosky, 1999). The concept was applied in Canada when the Canadian Healthy Communities Project, which included more than 200 Canadian communities, was promoted from 1986 to 1991. Patterson (1995) sees the healthy community movement as an attempt to integrate indicator research on quality of life with policy concerns

regarding sustainable development. The concept addresses both the well-being of community residents and the health of the surrounding physical environment.

Within this framework, progress towards becoming a healthy community is the main goal. A **healthy community** is most often defined as "one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to support each other in performing all the functions of life and in developing themselves to their maximum potential" (Lane, 1989). The importance of the healthy community concept and movement is demonstrated in the community-level efforts to recognize the linkages between human behavior and ecosystems, and human well-being. To evaluate the progress towards becoming a healthy community, data are collected on such indicators as socio-economic status, education, social support, and cleanliness and safety of the physical environment. The concept is less popular in Scandinavia or Russia, where community well-being or sustainable communities approaches (i.e., Local **Agenda 21**) are more common.

Pollution

The recognition, on personal, local, regional, and federal levels, of the linkages between safe physical environments and well-being in general is especially important for the Russian North where some territories are extremely polluted. The Murmansk region, one of the most urbanized industrial regions in the Russian North, with 92 per cent of its population living in urban settlements, can serve as an example. These urban settlements are, in most cases, industrial, one-company towns. The territories around the big industrial enterprises (e.g., the town of Monchegorsk (see photo at right) where the Severonikel combine is located and the town of Nikel with the Pechenganikel combine), are among the most polluted places in Russia. Research on the connections between human health and the state of the environment in the Murmansk region have shown a strong correlation between the state of the physical environment and rates of incidence of disease. The highest correlations between levels of atmospheric pollution and illness were detected in Monchegorsk, where copper and nickel are the main pollutants, in Nikel, where sulfur is the main pollutant, in Murmansk where levels of lead were high, and in some other towns. It was found that atmospheric copper pollution was a major risk factor for chronic lungs diseases, asthma, and stomach illnesses; nickel pollution was a major risk factor for asthma and blood diseases; and sulfur pollution was tightly correlated with asthma, cancer, and blood diseases (Zaidfudim & Mizun, 1998).

Mochegorsk. Photo by László Zentai.

Community Capacity

As described above, the "ill fate" of northern communities (often in the literal sense of the word) is now a reality for many of them. But at the same time, many of these communities refuse to accept their "ill fate" and possess the strength to respond to external and internal stresses, to create and take advantage of opportunities to heal themselves, and to meet the needs of their residents (Kusel, 1996).

The complex mixture of conditions and desires, resources and human determination is called **community capacity** (Kusel, 1996; Doak and Kusel, 1997). Community capacity requires the following components:

- **Physical capital** (the physical elements and resources in a community, as well as financial capital);
- **Human capital** (the skills, education, experiences, and general abilities of the residents);
- **Social capital** (the ability and willingness of residents to work together for community goals). (Kusel, 1996)

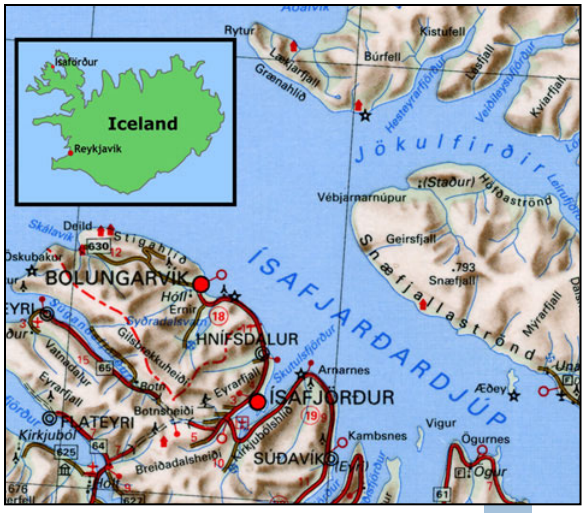
Community capacity has been identified as an important factor influencing community well-being (Kusel & Fortmann, 1991; Beckley & Sprenger, 1995; Doak & Kusel, 1996). Doak and Kusel define well-being as something that arises from both socio-economic status and community capacity. To measure socio-economic status of communities, they used length of housing tenure, levels of poverty or education, and employment as indicators. Their results show that communities with high socio-economic status do not necessarily have a high community capacity. The authors explain this weak correlation by pointing out the critical role of social capital. While socio-economic status reflects the wealth of people in the community, community capacity is about the willingness of these people to share this wealth.

Recent research projects that focused on northern communities gave many indications of the particular importance of social capital for improving the well-being of those communities. For example, research conducted as part of the UNESCO Management of Social Transformation (MOST) Circumpolar Coping Processes Project (CCPP), which dealt with restructuring in North Atlantic fishing communities, show that strong social capital was a major precondition for their economic and social recovery after the severe crisis in the **ground fisheries** at the beginning of the 1990s.

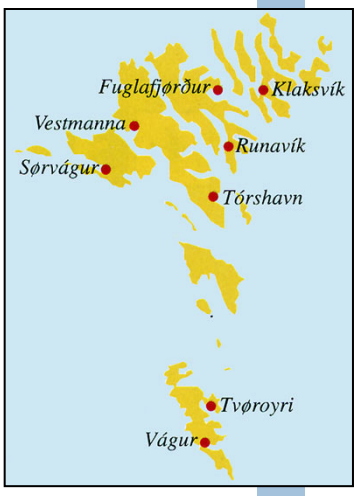
In a case study from Canada (Lower North Shore, Quebec), John Hull (1998) analyzed the attempt to create alternative income for local people after the closure of the ground fishery in 1992. The study illustrates how strategies implemented to develop small-scale **ecotourism** have been strengthened by the enthusiastic support of local people, proving the importance of the mobilization of local people to finding alternative sources of livelihood.

Another CCPP study was done in 2000 at Bolungarvík in Iceland (top, right), Vágur in the Faeroe Islands (middle, right), and Teriberka in the Murmansk region of Russia (bottom, right) by an international team of researchers. The authors, Unnur Dis

Skaptadóttir (Iceland), Jogvan Morkore (the Faeroe Islands), and Larissa Riabova (Russia), show how fishery-based communities are coping with the collapse of their economies in the early 1990s.



The most important feature of coping strategies in all three communities was strong municipalities that became the main "developers" of the villages, economically and socially. Another common trait was the attempts to diversify local economic life. Restructuring was based on a wide range of small companies in different sectors—not only fisheries, but also in tourism, science, high technology, and other industries. Cooperation between business people, municipalities, and local saving banks was a strategy used in Vágur and Bolungarvík. In Teriberka, Russia, the strategy was to attract foreign capital. Although it was the only realistic possibility to finance local development under the conditions, this strategy made the community vulnerable to outside forces.



The research revealed that an overlapping of networks and a high level of trust made it possible to generate new initiatives and have them diversify, elements that are crucial for communities surviving under new conditions. Strong social capital, based on family ties, traditions, and networks not only within, but also reaching outside the community, was witnessed in Vágur, where the strategies have been most diverse. In Teriberka, social capital was badly damaged in the shock of the transition to a new socio-economic arrangement that Russia went through, and remained weak. Social life there was seen as only part of the problem. The study concluded that social life (social capital, often neglected) is a major part of the solution for local problems.

This brief essay on the well-being of northern communities leaves much room for further investigation, but it also presents the important argument that any initiatives to improve the well-being of northern communities must first ensure that communities actively engage in the process of improving their own well-being and that this process be based on increasing local capacity with the emphasis on building social capital.

Supplementary Readings/References

Aarsæther, N. and J. O. Baerenholdt, eds. 1998. *Coping Strategies in the North: Local Practices in the Content of Global Restructuring*. Copenhagen, Denmark: Nordic Council of Ministers.

Beckley, T. M. 1995. "Community Stability and the Relationship between Economic and Social Well-being in Forest-dependent Communities." *Soc. Nat. Resour*. Vol. 8, pp. 261-266.

Beckley, T. M. & T. M. Burkosky. 1999. *Social Indicator Approaches to Assessing and Monitoring Forest Community Sustainability*. Information Report NOR-X-360. Edmonton, AB: Natural Resources Canada, Canadian Forest Service, Northern Forestry Centre. Print version available free from http://bookstore.cfs.nrcan.gc.ca/default.htm

Beckley, T. M. and A. Sprenger. 1995. "Social, Political and Cultural Dimensions of Forest-dependence: The Communities of the Lower Winnipeg Basin." In *The Economic, Social, Political and Cultural Dimensions of Forest Dependence in Eastern Manitoba*. RDI Report Series 1995, Vol. 1. pp. 22-61. Brandon, MB: Brandon University, Rural Development Institute.

Bjerregaard P. and T. Kue Young. 1998. *The Circumpolar Inuit: Health of a Population in Transition*. Copenhagen: Munksgaard.

Bjørndal, C.R.P. and N. Aarsæther, eds. 2000. *Northern Futures – Young Voices: A Comparison of Young People's Presentations of their Communities in Canada, Iceland, the Faeroe Islands, Norway, Sweden, Finland and Russia*. November. University of Tromsø, NO/ Paris: UNESCO MOST Circumpolar Coping Processes Project. Available online at http://www.uit.no/MostCCPP/publica/Young-V_final_print.pdf (2.6 MB)

Browne, A. 1999. "Health: Here's Why North Suffers." *The Prince George Citizen*. February 17, 1999.

Bureau of Statistics. 1996. *N.W.T. Alcohol and Drug Survey*. Yellowknife: Government of the Northwest Territories.

Department of Health and Human Services. 2000. *Healthy People 2000 Final Review*. Available online at http://www.cdc.gov/nchs/data/hp2000/hp2k01.pdf (3 MB).

Department of Health and Social Services. 1996. *Time for a Change*. Yellowknife: Government of the Northwest Territories.

Doak, S. C. and Kusel, J. 1996. "Well-being in Forest-dependent Communities, Part II: A Social Assessment Focus." Chapter 13. *Sierra-Nevada Ecosystem Project: Final Report to Congress, Vol. II, Assessments and Scientific Basis for Management Options*. pp. 375-401. Davis, CA: University of California, Centers for Water and Wildland Resources. Available online at http://geopubs.wr.usgs.gov/dds/dds-43/vii_c13.pdf (547 kb)

Esping-Andersen, G. 1990. *The Three Worlds of Welfare Capitalism*. Cambridge, UK: Polity Press.

Granberg, L., Y. Maretskiy, and L. Riabova. 2000. "Food Crisis in the Murmansk Region as Portrayed by Russian Statistics and Finnish Newspapers." GÉTIC Collection Recherche. Québec, QC: Université Laval.

Granberg, L. and L. Riabova. 1998. "Social Policy and the Russian North." In *The Snowbelt: Studies on the European North in Transition.* L. Granberg, ed. Kikimora Publications Series B2. Aleksanteri Institute, University of Helsinki. Helsinki, FI: Kikimora Publications.

Gutsol, N. and L. Riabova. 2002. "Kola Sami and Regional Development." In *Conflict and Cooperation in the North*. Kristina Karppi and Johan Eriksson, eds. Umeå, SE: Umeå Universitet. pp. 313-342.

Hamilton, L. and C. L. Seyfrit. 1993. "Town-village Contrasts in Alaskan Youth Aspirations." *Arctic*, Vol. 46, No. 3, pp. 255-263.

Hansen, E. and A. Tonnessen. 1998. *Environment and Living Conditions on the Kola Peninsula*. Oslo, NO: Fafo Institute for Applied Social Science.

Hull, J. "Coping with Closure of Fishery." *Coping Strategies in the North: Local Practices in the Context of Global Restructuring*. Copenhagen: Nordic Council of Ministers.

Kusel, J. 1996. "Well-being in Forest-dependent Communities, Part I: A New Approach." Chapter 12. *Sierra Nevada Ecosystem Project: Final Report to Congress. Vol. II, Assessments and Scientific Basis for Management Options*. pp. 361-373. Davis, CA: University of California, Centre for Water Wildland Resources. Available online at http://geopubs.wr.usgs.gov/dds/dds-43/VII_C12.pdf (188 kb)

Kusel, J. and L. P. Fortmann. 1991. "What is Community Well-being?" *Well-being in Forest-dependent Communities, Vol. I*. J. Kusel and L. Fortmann, eds. pp.1-45. Sacramento: California Department of Forestry and Fire Protection, Forest and Rangeland Resources Assessment Program. Available online at Berkeley Digital Library Project http://elib.cs.berkeley.edu/cgi-bin/doc_home?elib_id=1723

Lane, B. 1989. "Canadian Healthy Communities Project: A Conceptual Model for Winnipeg." *Urban Studies*. Winnipeg, MB: University of Winnipeg.

Lausala, T. and L. Valkonen, eds. 1999. *Economic Geography and Structure of the Russian Territories of the Barents Region*. Arctic Centre Reports No. 31. Rovaniemi: Arctic Centre.

Murmansk Regional Committee of Environment Protection. 1998. *Годовой отчет Государственного комитета по охране окружающедей среды Мурманской области–1998 г. (Annual Report of Murmansk Regional Committee of Environment Protection, 1998)*. In Russian. Available online at http://www.murman.ru/ecology/comitet/report98/index.html

Murmansk Regional Committee of State Statistics & Russian Agency of Statistics (1999). *Osnovnye pokazateli sotsial'no-ekonomicheskogo polozseniya raionov prozsyvaniya narodov Severa na territorii Murmanskoi oblasti v 1998 godu (The Main Indicators Of Socio-economic Situation in the Places of Indigenous Population Residing in the Murmansk Region, 1998)*. In Russian. Murmansk: Murmansk Regional Committee of State Statistics & Russian Agency of Statistics.

Murmansk Regional Committee of State Statistics & Russian Agency of Statistics (1998). *Города и районы Мурманскй овласти в1998 году (сентбрь). (Cities and Areas of Murmansk Area in 1998)*. In Russian. Murmansk: Murmansk Regional Committee of State Statistics & Russian Agency of Statistics.

National Public Health Performance Standards Program. *Glossary*. Atlanta, GA: Centers for Disease Control and Prevention.

Nordic Medico-Statistical Committee (NOMESCO). 1998. *Health Statistic Indicators for the Barents Euro-Arctic Region*. Copenhagen, DK: NOMESCO.

Patterson, J. 1995. "Green City Views: Public Opinion and the Urban Environment in Ten Canadian Cities." Research and Working Papers No. 39. Winnipeg, MB: University of Winnipeg, Institute for Urban Studies. Abstract available online at http://io.uwinnipeg.ca/~ius/Research/Work39.htm

Riabova L., 1998. "Social Consequences of the Reforms in Russia: Towards Human Social Policy?" *BEARing the European North: The Northern Dimension and Alternative Scenarios*. Rovaniemi, FI: Arctic Centre.

——. 1998. "The Last Fishing Village on the Murman Coast: Analyzing the Process of Coping." *Proceedings from IIFET '98, The Ninth Conference of the International Institute of Fisheries Economics and Trade, Vol. 2*. Arne Eide and Terje Vassdal, eds. Tromsø, NO: The Norwegian College of Fishery Science, University of Tromsø. Available online at http://www.nfh.uit.no/dok/IIFET98proceedings/riabova.pdf (47 kb)

Ruttan L. 1999. "Community Wellness, Community Empowerment: Changes to Social Service Delivery and Training in the Northwest Territories." *Securing Northern Futures: Developing Research Partnerships*. Edmonton: Canadian Circumpolar Institute Press. University of Alberta.

Skaptadóttir, U. D. 2000. "Coping strategies in an Icelandic Coastal Village." *Community Viability, Rapid Change and Socio-Ecological Futures: Papers from the Conference on Societies in the Vestnorden Area*. Ingi Rúnar Eðvarðsson and Jónas Gunnar Allansson, eds. Akureyri, IS: Stofnunar Vilhjálms Stefánssonar/Stefansson Arctic Institute.

Skaptadóttir, U. D., J. Morkore, and L. Riabova. 2000. "Overcoming Crisis: Coping Strategies in Fisheries Based Localities in Iceland, Northwestern Russia and the Faeroe Islands." Paper prepared for the UNESCO MOST CCPP workshop "Whether, how and why regional policies are working in concert with coping strategies locally?" 15-19 November, 2000. Joensuu, Finland. Available online at

http://www.uit.no/MostCCPP/Huhmari/joe_pap/JOE_Coping-Stress.pdf (120kb)

Suopajarvi, L. 1998. "From the Grass-Roots-Level: Environmental Conflicts and Coping in Lapland." *Coping Strategies in the North: Local Practices in the Ccontext of Global Restructuring*. Copenhagen: Nordic Council of Ministers.

Wilkinson, K.P. 1991. *The Community in Rural America*. Westport, CT: Greenwood Press.

Zaidfudim, P. and Y. Mizun. 1998. *Rossiiskiy Sever (The Russian North)*. Moscow: EKIZ.

Zentai, László. 2000. Photographs taken during a trip to the Intercarto6 Conference, Apatity, Russia, August. Available online at http://lazarus.elte.hu/hun/dolgozo/zentail/ut/apatity/monchegorsk/monchegorsk.htm

Useful Web Sites

Online Web Translator
http://www.translate.ru

Agenda 21 - Table of Contents
http://www.un.org/esa/sustdev/documents/agenda21/english/agenda21toc.htm

Agenda 21 (with Rio Declaration on Environment and Development)
http://habitat.igc.org/agenda21/

Canada and Agenda 21
http://www.iisd.org/worldsd/canada/projet/c06.htm

UN Department of Economic and Social Affairs, Division for Sustainable Development – Agenda 21
http://www.un.org/esa/sustdev/documents/agenda21/index.htm

UN Department of Economic and Social Affairs, Division for Sustainable Development – Publications
http://www.un.org/esa/sustdev/publications/publications.htm

US Healthy People ... Tracking the Nation's health
http://www.cdc.gov/nchs/hphome.htm

US Healthy People 2010
http://www.healthypeople.gov/document/tableofcontents.htm

National Roundtable on the Environment and the Economy (CDA)
http://www.nrtee-trnee.ca/eng/

Quality of Life in Canada - Canadian Policy Research Networks
http://www.cprn.org/en/theme-docs.cfm?theme=15

Resources for Sustainable Local Communities
http://www.nrec.org/synapse44/sustainpart4.html

UNESCO Management of Social Transformation (MOST)
http://www.unesco.org/most/

Circumpolar Coping Processes Project
http://www.unesco.org/most/p91.htm http://www.uit.no/MostCCPP/

These links were last verified 20 March 2004.

Study Questions

- Explain how and why well-being studies, as they apply to the Circumpolar World, might be different from such studies done in large urban centres.
- Describe some of the current problems of well-being facing residents in northwestern Russia, in northern Finland, and in northern North America.
- List, describe, and explain the main problems of social services delivery in the North.
- Why is the community perspective valuable in northern well-being studies?
- List, describe, and explain the main factors that are crucial to improving the well-being of northern communities under conditions of rapid social change.

Glossary of Terms

Agenda 21: Agenda 21 is "a comprehensive plan of action to be taken globally, nationally and locally by organizations of the United Nations System, Governments, and Major Groups in every area in which human impacts on the environment" (UN Department of Economic and Social Affairs, Division for Sustainable Development).

Barents Euro-Arctic Region: A multinational region, also referred to as BEAR, established in 1993. It includes the northernmost provinces of Norway (Finnmark, Troms and Nordland), Finland (Lapland and Oulu), Sweden (Norrbotten and Västerbotten) and the Russian territories (the Murmansk and the Arkhangelsk regions and Republic of Karelia).

Community Capacity: A measure of a community's ability to advance toward well-being. It includes: physical capital, human capital, and social capital.

Community Health: The overall physical, emotional, and mental health of a community of people.

Community Well-being: The overall health, vitality and general happiness or self-satisfaction of a community and its people. It is a concept that recognizes the social, cultural, and psychological needs of people, their family, institutions, and communities. Community well-being is measured using such indicators as poverty, unemployment, personal physical and mental health, education, and measures of social dislocation such

as rates of suicide, crime, and divorce.

Diurnal Caloric Value: The energy or nutritional value of the average daily intake of food.

Ecotourism: Tourism to exotic wilderness or natural (sometimes threatened) environments, often intended to support conservation effort. It is an attractive industry to many northern regions because it often requires little in the way of capital investments for such things as luxury hotels or entertainment facilities.

Elders: Members of the community who are venerated for their age and the wisdom they have acquired. Elders are often consulted on day-to-day matters and before important decisions are made, but they are also the repository of the community's history, traditions, norms, and mythology.

Ground Fishery: The industry involved in fishing for bottom-dwelling species such as halibut, sole, and cod. It is the traditional "inshore" fishery, often family enterprises using small boats.

Health Status: "Health status can be measured by birth and death rates, life expectancy, quality of life, morbidity from specific diseases, risk factors, use of ambulatory care and inpatient care, accessibility of health personnel and facilities, financing of health care, health insurance coverage, and many other factors" (*Healthy People 2010*, Vol. 1).

Human Capital: The skills, education, experiences, and general abilities of the people of a community.

Income: A statistical measure of money received yearly. It does not include the value of other, non-monetary, assets received, such as those from hunting, fishing, or sharing.

Indicator: "A measurement that reflects the status of a system. Indicators reveal the direction of a system (a community, the economy, the environment), whether it is going forward or backward, increasing or decreasing, improving or deteriorating, or staying the same" (National Public Health Performance Standards Program, *Glossary*).

Labour Force Participation Rate: A statistical measure, expressed as a percentage, of the number of people who are working for wages (or self-employed), or seeking work, as compared to the number of people who could be could be employed or seeking work. A labour force participation rate of 80 per cent means that 80 per cent of the people who could be working are either in the work force or attempting to enter the work force. The remaining 20 per cent have chosen, for whatever reasons, not to participate. (Compare to **Unemployment Rate**.)

Median Family Income: The mid-point of family incomes designated in such a way that all individual family incomes have an equal chance of falling above or below the median.

Physical Capital: The physical elements and resources in a community, as well as its financial capital.

Poverty Line: A monetary value given to the annual income required to secure the necessities of life.

Social Capital: The ability and willingness of residents of a community to work together for community goals.

Social Indicators: Social indicators are statistical measures of social phenomenon used to compare well-being among communities and social groups. They include such things as poverty, unemployment, income, personal physical and mental health, education, and measures of social dislocation such as rates of suicide, crime, and divorce

Social Services: Community services sponsored by (and usually provided by) a government agency or charitable organization. Social services include health care, housing, education, relief for poverty, and other services that individuals and families cannot afford.

Unemployment Rate: A statistical measure, expressed as a percentage, of the number of people who are working for wages (or self-employed) as compared to the number of people who are available for work at a given time. An unemployment rate of seven per cent, for example, means that seven per cent of the people who would like to be working are not working. The measure may be misleading because it does not include people who have given up searching for employment because of lack of skills, a general lack of work in the area, or other reasons. (Compare to **labour force participation rate**.)