Individual and Community well-being

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CHAPTERS:

Concept of community well-being

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 competition in the markets for goods, and changes in the welfare state. Currently, the state's engagement in the well-being of peripheral northern communities is clearly being reduced.

Northern community economies are often resource based (fisheries, forestry, mineral resources) and are especially vulnerable because they share a narrow economic base. As a result, many of these communities in the process of transition, are faced with sharp population decline, loss of employment and income, and public services retrenchment (Aarsaether & Baerenholdt, 1998). For some communities, rapid social change opens new jobs and new perspectives (Hamilton & Seyfrit, 1993). However, in both cases, the key element to keep these communities attractive places to live, is the "good life" that people could enjoy living there.

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

One of the common ways to deal with defining and measuring the "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 indicates a necessity to consider different aspects of a community (such as quality of life), as well as economic and social structures.

The concept of community well-being is one of the frameworks for community assessment (among with other concepts, i.e. local community quality-of life studies, community health or community

capacity). As Kusel and Fortmann put it in their works on the forest communities in Canada, the concept is focussed 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 (Kusel and Fortmann, 1991).

The studies of community well-being use several approaches. Some studies analyze certain factors influencing well-being, such as poverty or economic development (for example, Cook, 1995). Other studies focus on general well-being and try to identify factors forming well-being in the communities (for example, Kusel and Fortmann, 1991). These studies build on a mix of social indicators, historical information, and data collection in the communities, regarding how people themselves perceive 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: qualitative-subjective and quantitative-objective. Subjective measures often require individual/community self-assessment (by selected informants or through surveys). Objective measures are based on data sets that document social structure variables. The discussions on the limitations of each approach can be found, for example, in Kusel's or Beckley's works on forest-dependent communities (Kusel, 1996; Beckley, 1995).

The selection of indicators reflecting individual/community well-being, depends upon the purpose of the assessment. For example, locally generated indicator lists may differ from public service generated lists. Nevertheless, there are certain widely accepted sets of indicators that focus on aspects of individual/community well-being that are easy to quantify, generalize and compare. These sets normally include such indicators as poverty, unemployment, personal physical and mental health, education etc. They also may include suicide, crime, divorce and other measures of social dislocation.

Major trends in Northern community 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 brief look at health status of inhabitants, unemployment rate, suicides, and the crime rate, of many northern communities, can make one consider overall well-being of northern peripheral communities, as lower in comparison to the more central regions of the countries those communities belong to. Differences

are also observed between the well-being of urban and rural northern communities, and in the well-being of indigenous and non-indigenous communities. There also can be found, both ethnic and occupational differences in the well-being of the residents in the same community, or between various social groups within a community.

Numerous studies alarmingly report:

"The health status of American Indians and Alaska Natives is not equal to the U.S. 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, report Health People 2000).

"Unemployment rate in the communities of Lapland (Northern Finland) in the mid 90s was about 25 per cent whereas the average employment rate in Finland was about 17 per cent" (Suopajarvi, 1998).

"Illness rate among children in the towns of Murmansk region (North-Western Russia) in 1997-1998 was 42% higher than Russian average" (Report from Murmansk Regional Committee on Environment Protection, 1998).

Young people living in small fishing villages of the North Atlantic tell:

Village of Isafiordur, Iceland: "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.

Village of Chisasibi, Canada: "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".

Village of Teriberka, Russia: "Today almost all the enterprises are stopped and this leads to increase in unemployment. The young generation has nothing to do in their spare time. Because of boredom, some drink, some smoke or sniff" (Northern Future - Young Voices. UNESCO MOST CCPP, Project Report, 2000).

Despite certain common traits like high unemployment and increased numbers of: persons in poverty, individuals with low education, children in households receiving public assistance income, and persons with low health status, the patterns differ throughout the North.

It is fair to say that living standards are especially low in the Russian North. For example, in the Murmansk region, (one of the most industrialized, urbanized and relatively well-off regions of the Russian North), according to official statistics, 21 percent of the population had incomes below the national subsistence minimum (poverty line) in 1997. Local research (see Riabova, 1998; Granberg & Riabova, 1998) has given even higher values doubling this figure by taking the regional consumption basket and unfavorable regional price changes into consideration (Granberg & Riabova, 1998). Research on the food situation in the Murmansk region has shown that diurnal caloric values of nutrition fell from 2445 k/cal in 1990 to 2060 k/cal in 1995, (which is much below the official estimates of daily need). Consumption of milk, eggs and fish products fell by about one half from 1988 to 1996. Only the consumption of bread, potato and vegetable oil remained stable (Granberg, Maretskiy and Riabova, 2000).

In a recent book on the Russian North by P. Zaidfudim and Y. Mizun, poor nutrition and unhealthy diet was indicated as one of the main reasons for the deterioration of health status and decreased life expectancy for the residents of the Russian North during the last decade (Zaidfudim & Mizun, 1998). In the Murmansk region, the average life expectancy was 70.3 years in 1990. In four years it has fallen to 63.1 years, which puts it below the 1994 Russian average of 64.0 years. After the year of 1994 the situation improved slightly, but this indicator in the Murmansk region remains below the Russian average. The same applies to other Russian Territories of the Barents Region (Economic Geography and Structure of the Russian Territories of the Barents Region, 1999.

A significant difference in the patterns of disease is observed in different parts of the Barents region. For men, cancer of the stomach is most widespread in the Russian regions, whereas cancer of the bladder and prostate are most widespread in the Norwegian and Finnish regions. Cancer of the respiratory organs and mouth is most prevalent in the Murmansk and Archangelsk regions, and is also high for the Finnish region. For women, breast cancer is most frequent in the Swedish region, and stomach cancer is prevalent in the Russian territories of the Barents region.

Very marked differences are observed between the regions belonging to the Nordic countries and the Russian ones, regarding tuberculosis. While diagnosed cases of tuberculosis make 2.6 cases per 100 000 inhabitants in the Norwegian Barents region, in the Republic of Karelia, it makes 71.4 cases, 56.6 cases in the Arkhangelsk region and 33.0 cases in the Murmansk region (Health Statistic Indicators for the Barents Euro-Arctic Region, 1998). For the Russian North, a dramatic increase in infectious diseases like tuberculosis and diphtheria (and other diseases that were extinguished some years ago), is one of the trends of the last ten years.

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

In the Russian North, illness rates for tuberculosis, hepatitis, respiratory infections and alcoholism are 1.5-2 times higher among the indigenous population than among the non-indigenous population (Zaidfudim & Mizun, 1998). Alcohol is one of the major problems for indigenous populations, (be it American Indians, Alaska Natives, Kola Sami or indigenous people of Siberia). Alcohol contributes to high rates of motor vehicle crashes, cirrhosis, suicide, homicide and domestic abuse. For example, in Lovozero district of the Murmansk region, (where Kola Sami reside) about 90% of Sami teenagers (under 16 years old) use alcohol, and every 9th Kola Sami youngster is addicted to alcohol (Zaidfudim & Mizun, 1998). Alcohol problems are typical for the population of the remote rural settlements in the region. This problem is especially acute in the places of compact residence. The percentage of the indigenous population living in places of compact residence is 7.9%. However, 16.6 % of the total number of individuals diagnosed with "alcoholism", are indigenous people living in places of compact residence (Murmansk Regional Committee of State Statistics, 1999).

Social services

Individual and community well-being is very much influenced by the state's social welfare performance, which in turn, varies in different parts of the North. Two welfare regimes dominate in the North. In accordance with the Esping-Andersen (1990) classification, they

are: the liberal regime and the social democratic regime. The liberal regime is dominated by means-tested benefits, which include modest universal cash transfers and some social insurance schemes. This regime is implemented in the USA and Canada. The social democratic regime provides many universal benefits as social rights based on citizenship and are financed by taxes. Benefits are relatively high, and the welfare state itself is extensive as in Scandinavia. Russia's present regime (as Granberg and Riabova argue in "Social Policy and the Russian North") can be described as "liberal, or even less" (Granberg & Riabova, 1998).

Presently, it is a common feature of all welfare regimes, that the state's engagement in people's welfare is being reduced via a reduction of social welfare expenditures and benefits. Social policy reforms, be it a gradual reformation of the Scandinavian welfare state, swift and profound reforms of the welfare system in Russia, or social service reforms in Canada, are much about the devolution of power over service planning with local and regional levels taking more responsibility (Riabova L., 1998; Browne A., 1999). This devolution often results in down loading the responsibilities without adequate financial resources or personnel in place. Today, the main barriers in service delivery to the remote Northern communities are: reduced geographical accessibility, a limited range of services, and a limited number of personnel delivering services.

In Canada, as A. Browne (1999) reports, in northern and rural regions, 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 expenses in the country in early 90s, led to great reductions in the quantity and quality of social services. Peripheral remote settlements have suffered most of all. In some cases, medical services and kindergartens are lacking or simply closed, and many schools do not have a complete staff of teachers. In the Russian North, where the distances between towns are great, the availability or absence of transport connections between the settlements, determines to a large extent the availability of social services and consequently, the well-being of the inhabitants (Riabova, 1998; Gutsol & Riabova, forthcoming).

In the Murmansk region, in remote settlements limited means of communication include air transport and occasional road and water

transport for a limited period. TV channels are not available and newspapers come once a week at best. The air connection is not regular and the winter roads often are cut because of weather conditions. Thus, it is difficult to obtain medical services that cannot be provided in the local communities. Transport difficulties also create shortages of food products and other necessary goods. Such isolation makes both a traditional subsistence economy and indigenous medicine, important for survival.

One of the most acute problems is the upbringing and education of children away from their families, in special schools (so-called internats) located in bigger settlements. This way of organizing education is most often practiced in the indigenous settlements of the Russian North, where parents are working outside of settlements in the tundra, and this has had serious consequences for indigenous family stability, often resulting in a loss of ties between generations.

Throughout the North, recognizing and incorporating native traditions, culture, and values into northern community social service programs is important in order to make them more effective in meeting the needs of the community.

Community health and community capacity

The concept of community health is part of the studies dealing with community well-being, quality-of life-studies, community sustainability and community capacity (Beckley and Burkosky, 1999). The concept was used in Canada, when the Canadian Healthy Communities Project (that included more than 200 Canadian communities) was promoted from 1998 to 1991. Patterson (1995) sees the healthy community movement as an attempt to integrate research on quality of life indicators 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 city is seen as the main goal. A healthy city 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 a healthy community concept has been the community-level efforts to recognize the linkages between human behavior, the ecosystem and human system well-being. Indicators of socio-economic status, education, social support, clean

and safe physical environment are used for the evaluation of progress towards becoming a healthy community. The concept is less popular in Scandinavia and Russia, where community well-being or the sustainable community concept (i.e. Local agenda 21) are more in use.

The recognition of the linkages between a safe physical environment and well-being (that should take place at the personal, local, regional and federal levels), is especially important for the Russian North. It is well known, that some territories in the Russian North are extremely polluted. The Murmansk region, one of the most urbanized industrial region in the Russian North (with 92% of its population living in urban settlements), can serve as an example. The urban settlements are in most cases, industrial one-company towns. The territories around the big industrial enterprises (e.g. the town of Monchegorsk where Severonikel combine is located) are among the worst polluted areas in Russia. The research on the connections between health status and environment in the Murmansk region has shown very high indexes of correlation between the state of the physical environment in the industrial towns and rates of various diseases. The highest indexes of correlation between the levels of atmospheric pollution and cases of illnesses were detected for Monchegorsk (cooper and nickel as main pollutants), Nikel (sulfur as main pollutant), and Murmansk (lead). It was found that atmospheric cooper pollution was a major risk factor for chronic lung diseases, asthma and stomach illnesses. Nickel pollution was a major risk factor for asthma and blood diseases while sulfur pollution tightly correlated with asthma, cancer and blood diseases (Zaidfudim & Mizun, 1998).

As described above, the "ill fate" of northern communities (often in the literal meaning) is a reality for many. Many of these communities refuse to accept their "ill fate" and possess a strength to respond to external and internal stresses in order to create and take advantage of opportunities to heal themselves as well as meet the needs of residents (Kusel, 1996). This "ability" is conceptualized as community capacity (Kusel, 1996; Doak and Kusel, 1997).

Evaluation of community capacity requires consideration of the following components:

- Physical capital (the physical elements and resources in a community and 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 and Fortmann 1991, Beckley and Sprenger 1995, Doak, and Kusel, 1996). Doak and Kusel define well-being as a function of both socioeconomic status and community capacity. To measure the socioeconomic status of communities they used indicators of housing tenure, poverty, education level, and employment. Their results show that communities with high socio-economic status do not necessarily have a high community capacity. According to the authors, this weak correlation highlights the critical role of social capital. While socioeconomic status reflects the wealth of people in the community, community capacity is about the willingness of these people to share wealth.

Recent research projects focused on northern communities give many indications of the particular importance of social capital for improving community well-being. For example, research within the UNESCO MOST (Management of Social Transformation) Circumpolar Coping Processes Project, dealing with North Atlantic fishing based localities, revealed that strong social capital was a major precondition for economic and social recovering after the severe crisis in the fisheries that took place in the beginning of the 90s. Within the project, numerous case studies revealed evidence of the vital importance of local networks and trust for building social capital in the communities. It was empirically proven that overlap of networks and high levels of trust made it possible to generate diverse new initiatives crucial for community survival under new conditions (Aarsaether & Baerenholdt, 1998).

This brief essay on northern community well-being leaves room for further investigations. However, it makes the important contribution that efforts to improve the well-being of the northern communities, first of all, should be directed to ensure that communities can be actively engaged in the process of improving their own well-being and this process should be based on increasing local capacity with an emphasis on social capital building.

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