Human Health and Well-being Summary

Individual well-being is an inclusive concept, which covers all aspects of living as experienced by individuals, and includes the person’s subjective evaluation of his/hers objective resources. It therefore covers both the material satisfaction of vital needs and aspects of life such as personal development, being in control of one’s own life and destiny, and a balanced ecosystem. The individual experiences are however closely related to the collective well-being of social groups, communities and nations (Andersen et al. 2002).

The concept of well-being is a complex one with physical, mental, emotional and spiritual aspects. The complex interrelation between physical, mental/intellectual, spiritual, and emotional facets of wellbeing is a theme explored by many Indigenous cultures. For example, many Aboriginal societies use the “Medicine Wheel”, a symbol of holistic healing that embodies these four elements of “whole health”. The natural world is also a key part of well-being because of the intrinsic connections and interrelationships between people and the environment in which they live. Well-being flows from balance and harmony among these elements (Statistics Canada 2001).

There is obviously a discrepancy between the indigenous feeling of well-being and that defined by traditional Western social science researchers. And there might be discrepancies between the perception of well-being and quality of life among the indigenous and other Arctic residents. Hence, the concept and the analyses of well-being in the Arctic must reflect the ways of life and the priorities of the indigenous peoples as well as other residents of the Arctic (ICARP 2006).

To grasp the complexity of well-being it is thus necessary to ‘measure’ individual and collective material and non-material resources as well as the individual perception and evaluation of these resources. To further analyse the impact of changes (e.g. climate and other changes of the environment) to individual well-being it is important to monitor all relevant contextual factors.

Whereas studies of well-being and health in the Arctic used to be mostly community based (e.g. anthropological studies) or regionally/nationally based (e.g. official statistics) a number of initiatives have been taken within the different Arctic co operational frameworks (e.g. the Arctic Council and IASC) to establish Circumpolar monitoring, assessments and new research (e.g. IPY and ICARP II) to contribute to the total picture of factors affecting health and well-being, their interactions and impacts. The work of the Arctic Monitoring and Assessment Program, AMAP and the Arctic Climate Impact Assessment, ACIA; the Arctic Human Development Report, AHDR; ECONOR and Survey of Living Conditions in the Arctic, SLiCA are examples of such efforts. Recently ArcticStat a collection of and a shortcut to statistics on a variety of living conditions dimensions have been published and a project, Arctic Social Indicators, ASI, to single out a limited number of indicators to monitor Arctic human development has established.
Furthermore a number of projects encompassing parts of or the whole circumpolar Arctic and focussing on the need to gather data to monitor and analyse human development have been developed, encouraged by the launch of International Polar Year.

The presentation will stress the importance of getting an overview of existing data on health and well-being as well as other data relevant to assessing human development and, therefore, to which extent it is possible to establish time series and to contribute to the social sciences part of Arctic observational networks. The presentation furthermore highlights the necessity of collaboration between different research disciplines, collaboration between the research community and the national and regional statistical bureaus and the inclusion of the indigenous peoples and other Arctic residents as well as other stakeholders in this process.

The Survey of Living Conditions in the Arctic, SLiCA has a focus on individual well-being and a perspective to make data accessible without compromising respondents’ anonymity and the principles of confidentiality through a Remote Access Analysis System, RAAS.

Examples from SLiCA will be used in the presentation.

**References used:**
