

IMPROVED HEALTH KNOWLEDGE IN THE ARCTIC

It is uttermost important to have accurate information related to the health development in the Arctic. Generally, official registers present information about the inhabitants of the Arctic regions that is of equal quality compared to the non-Arctic parts of a respective country. There are, however, two major deficiencies; parameters that are compatible between the Arctic countries and data that has the capacity to illustrate the indigenous peoples separately.

One of IASC WGSN scientific foci is Human health & well-being. WG vice-chair Peter Sköld (Umeå University, Sweden) and WG delegate Arja Rautio (University of Oulu, Finland) received 5,000 Euro IASC funding for the arrangement of a workshop that aimed to discuss the best pathways for an improved data collection and construction. It aimed to highlight the obstacles to a sustainable and long-term health monitoring in the Arctic, and became one of the sessions during the 16th International Congress on Circumpolar Health (ICCH-16). The session was scheduled for Thursday 11th June.

Peter Sköld was the moderator of the session. In his introduction he emphasized the need for improved health data, and for international collaboration concerning the design of health statistics.



In his presentation *Re-thinking “data gaps” in Canada’s north: Understanding statistical information in a social field context* **Chris Andersen** (University of Alberta, Canada) stated that despite the growing strategic importance of Canada’s north with respect to resource-extraction industries, comparatively little data exists with respect to the kinds of “quality of life” indicators that are taken for granted in Canada’s more southerly regions.



He offered three major “gaps” to the existing statistical field (with specific respect to Indigenous populations) in Canada’s north: 1) the impact of the new National Household Survey on the ability of statistical actors to collect data on small communities; 2) the relative lack of “statistical literacy” among Indigenous organizations to analyze existing data in ways that make sense to them; and 3) the manner in which “the north” has been essentialized by geographical understandings, leading to a lack of discussion about the number of Indigenous individuals from/still connected to the north who actually live in “the south”.



Per Axelsson (Umeå University, Sweden) with the presentation *Ethnicity, statistics and health in Sweden – ways forward* and **Torunn Pettersen** (University of Tromsø, Norway) with the presentation *What kind of Sámi figures? Dealing with deficient data in*

Norway discussed the effects of ethnicity being excluded as a variable in official Scandinavian statistics for more than 50 years.

Peter Bjerregaard (University of Aarhus, Denmark) presented *Health data in Greenland* and **Lena Maria Nilsson** (Umeå University, Sweden) raised *A call for improving health strategies HLA-B27 carriers in the Arctic, by considering traditional knowledge along with scientific.*



Finally, **Per Henrik Bergkvist** (reindeer herder from Sweden) and **Petter Stoor**, (Umeå University, Sweden) gave *Breaking the silence – suicide prevention through storytelling among indigenous Sámi*. It was a plenary presentation with a personal witness of Bergkvist for the reasons behind his attempted suicide a couple of years ago. It clearly demonstrated the shortcomings of the health care system to prevent suicides and to support those in the risk zone.



Key findings of the workshop was that health is of course not equivalent to life-expectancy or mortality. Overall there is sufficient data for the Arctic regions to analyse the transition. But when it comes to methods and terminology aimed to cover life-quality,

marginalization, discrimination, mental health, and living-conditions it is much more difficult to compare across nations.

The Arctic countries also differ substantially in their efforts to include ethnicity. It is, however, often very difficult to trace ethnicity in both the historical records and in the present-day population statistics. Official and self-determined definitions have varied extensively over time, and between countries (ASI 2010: 35).

The insufficient inclusion and categorization of ethnicity in registers creates difficulties to estimate not only population size and composition, but also specific features such as languages, education, occupation, and health status (Axelsson and Sköld 2011). The UN Special Rapporteur Paul Hunt has pointed out that it is practically impossible to improve the situation of indigenous peoples if they are not visible through enumeration (Hunt 2007). Ethnicity is not included in population registers in Sweden, Norway and Finland making population estimates difficult (AMAP 2009). Norway, Sweden and Finland have developed systems of population registers that can be linked to social and health data that help to produce accurate, timely demographic data on most vital statistics. However, these registers are not open for ethnic self-identification which render indigenous people invisible in official statistics. This omission of data is particularly problematic since studies show that the Sami people represent one of few examples of a successful health transition. However, in Norway substantial governmental resources have been assigned to research the health condition of the Sami population and the second wave of SAMINOR studies is currently being evaluated. In Sweden the existing information on Sami health and mortality, that has been exclusively available for research, has not been updated since 2002, and there seems to be disagreement on how to proceed. In Finland the Sami health research is now starting, the health study of reindeer herders was done in 1986 and 1988.

There is a great need of improving and merging quantitative ethnic information at the individual level in official registers and statistics. This is a prerequisite for the understanding of the present situation, and for a sustainable development of indigenous cultures.