



Stefán Hrafn Jónsson

# Public Health in Iceland

Health at the Core or at the Margins?  
Rethinking Public Health in Rural Iceland  
from a Multidisciplinary Perspective

Nordic Ruralities 2026

Finland, Joensuu, May 19-21st.

## Health at the Core or at the Margins?

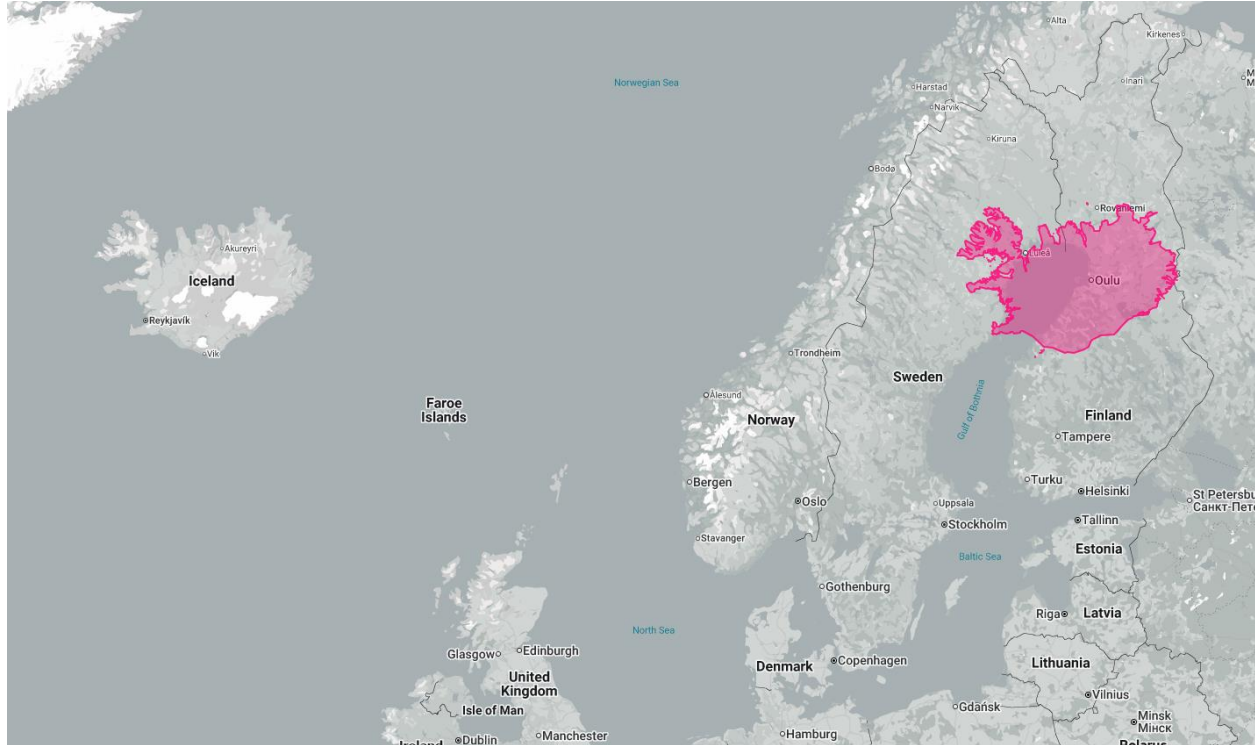
*Rethinking Public Health in Rural Iceland  
from a Multidisciplinary Perspective*







	Iceland as a setting	
	Personal family demography	
	Saving the Child (Garðarsdóttir)	
	Icelandic films: a short detour	
	The dark side of small places	
	Health at the core - WHO view	
	Good to grow old, integrated care	
	Voice, local knowledge, SAS	
	Breast cancer screening	
	Synthesis and closing	

# Presentation overview

---

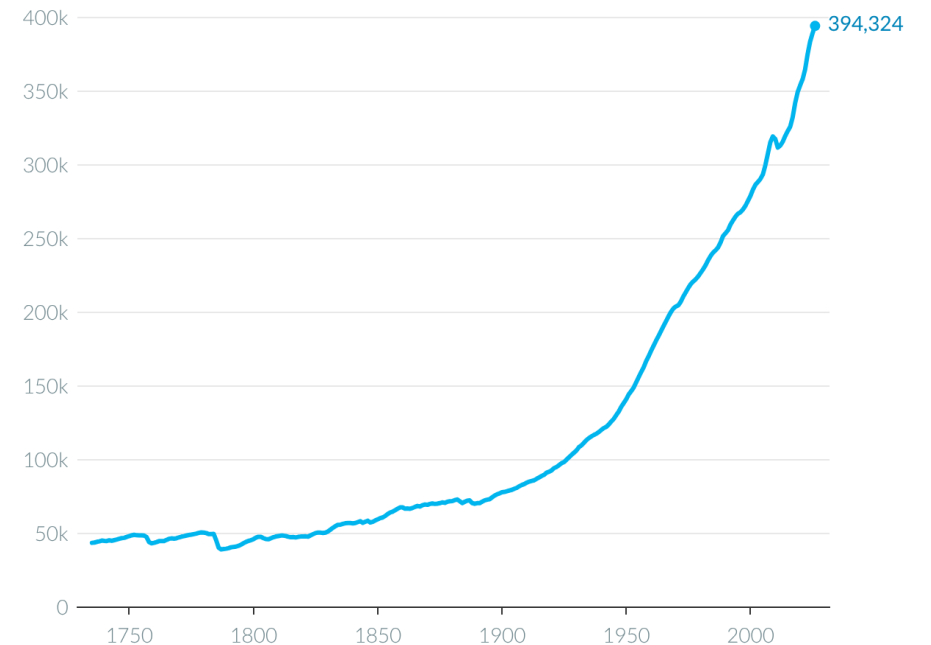
# Population and area size



	km <sup>2</sup>	ratio
 Greenland	2.166.086	1/21
 Sweden	450.295	1/4,4
 Norway	386.224	1/3,7
 Finland	338.145	1/3,3
 Iceland	103.000	1
 Denmark	42.947	2,4
 Faroe Islands	1.393	73,9
 Åland	1.581	65,1

## Population

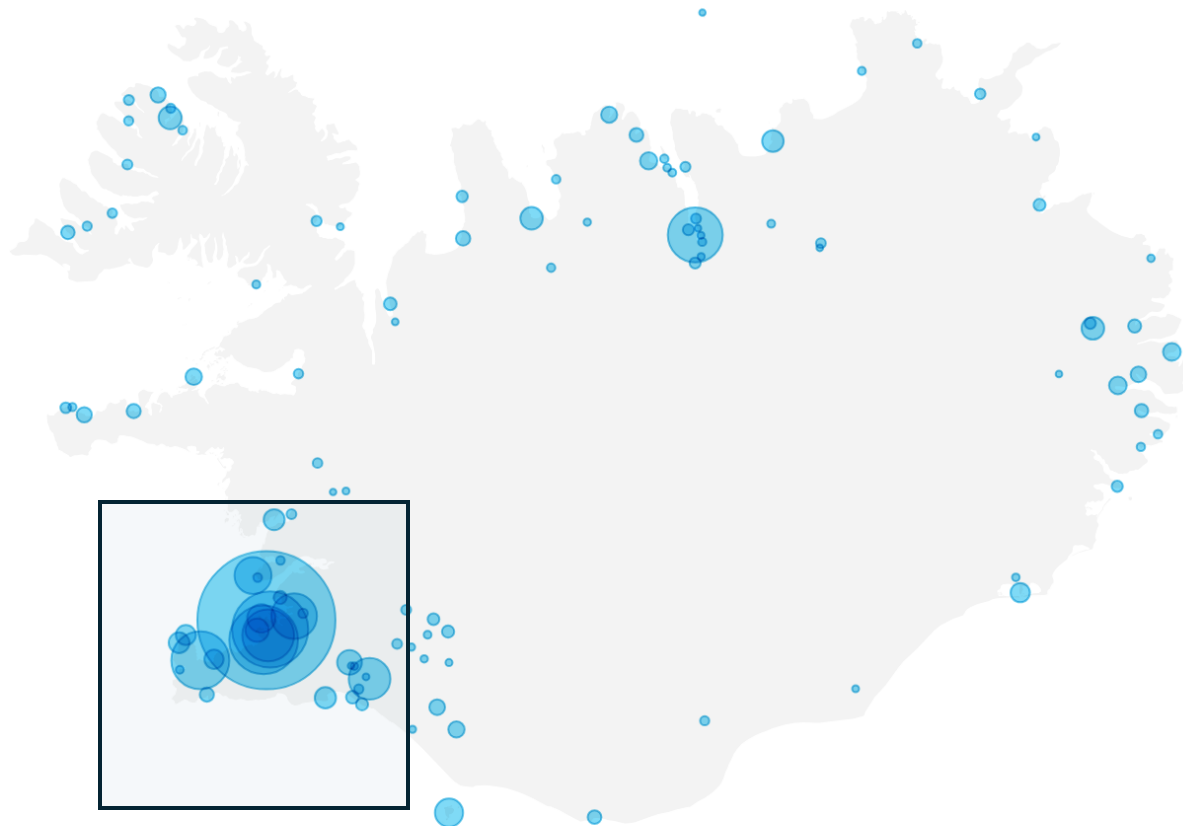
1st January



# Population distribution

## Population by urban nuclei

1 January 2026



## South-west concentration

- Iceland 394,432
- Reykjavik 139,804 (35.4%)
- Capital area 251,912 (64%)
- South west area 311,965 (79%) [The square]

Settlement category	Population	%
Densely-populated area	251,593	63.8%
Intermediate area	64,092	16.3%
Thinly-populated area	78,639	19.9%
<b>Total</b>	<b>394,324</b>	<b>100.0%</b>

**Densely-populated areas:** Areas with more than 1,500 inhabitants per km<sup>2</sup> and a total population exceeding **50,000** in contiguous areas.

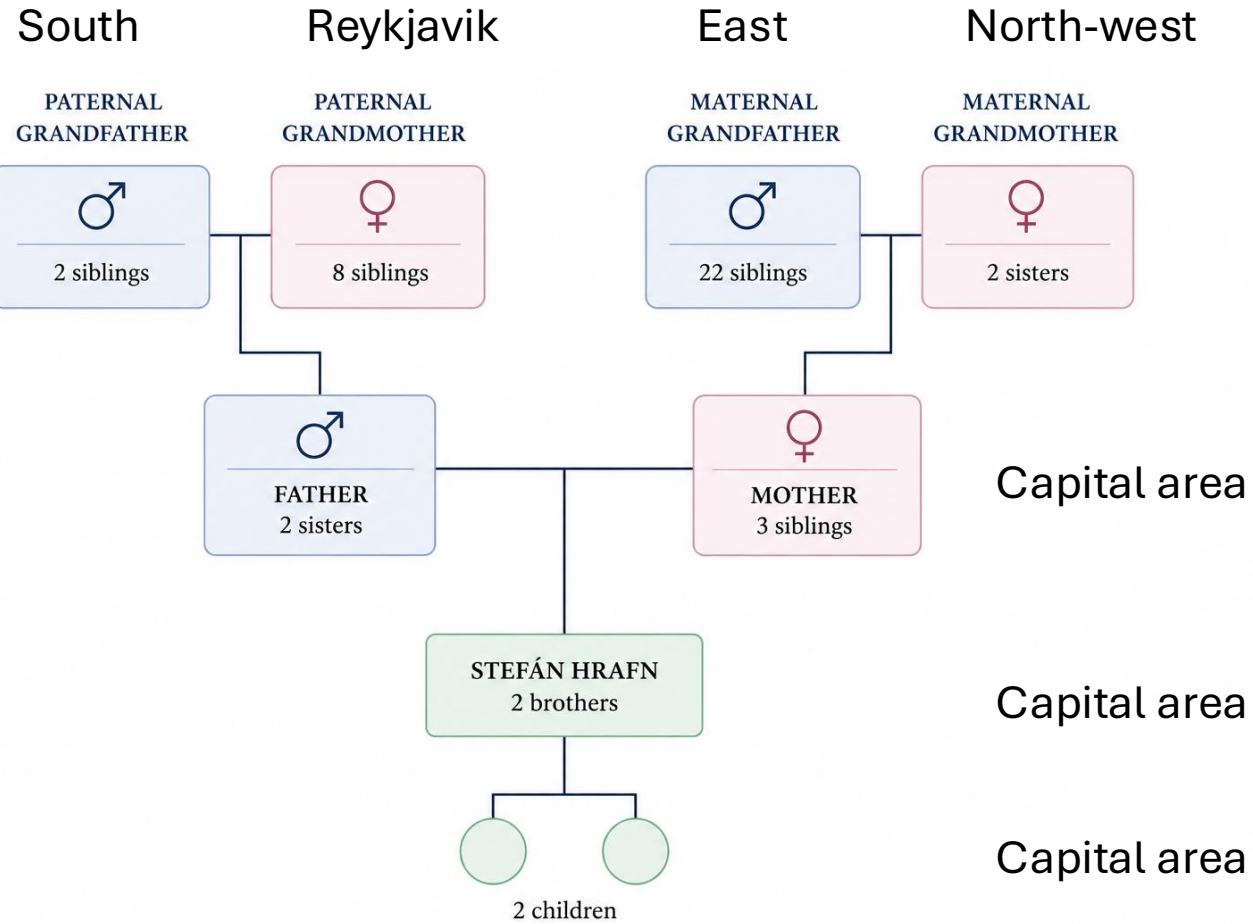
**Intermediate areas:** Areas with more than 300 inhabitants per km<sup>2</sup> and a total population exceeding **5,000** in contiguous areas.

**Thinly-populated areas:** All other residential areas.

Source: [Statistics Iceland methodological report on population classification](#)

# Short personal family demography

Year of birth



Female *TFR*

8

1908-1916

1939 & 1944

3,5

1968  
(1966 & 1970)

1,0

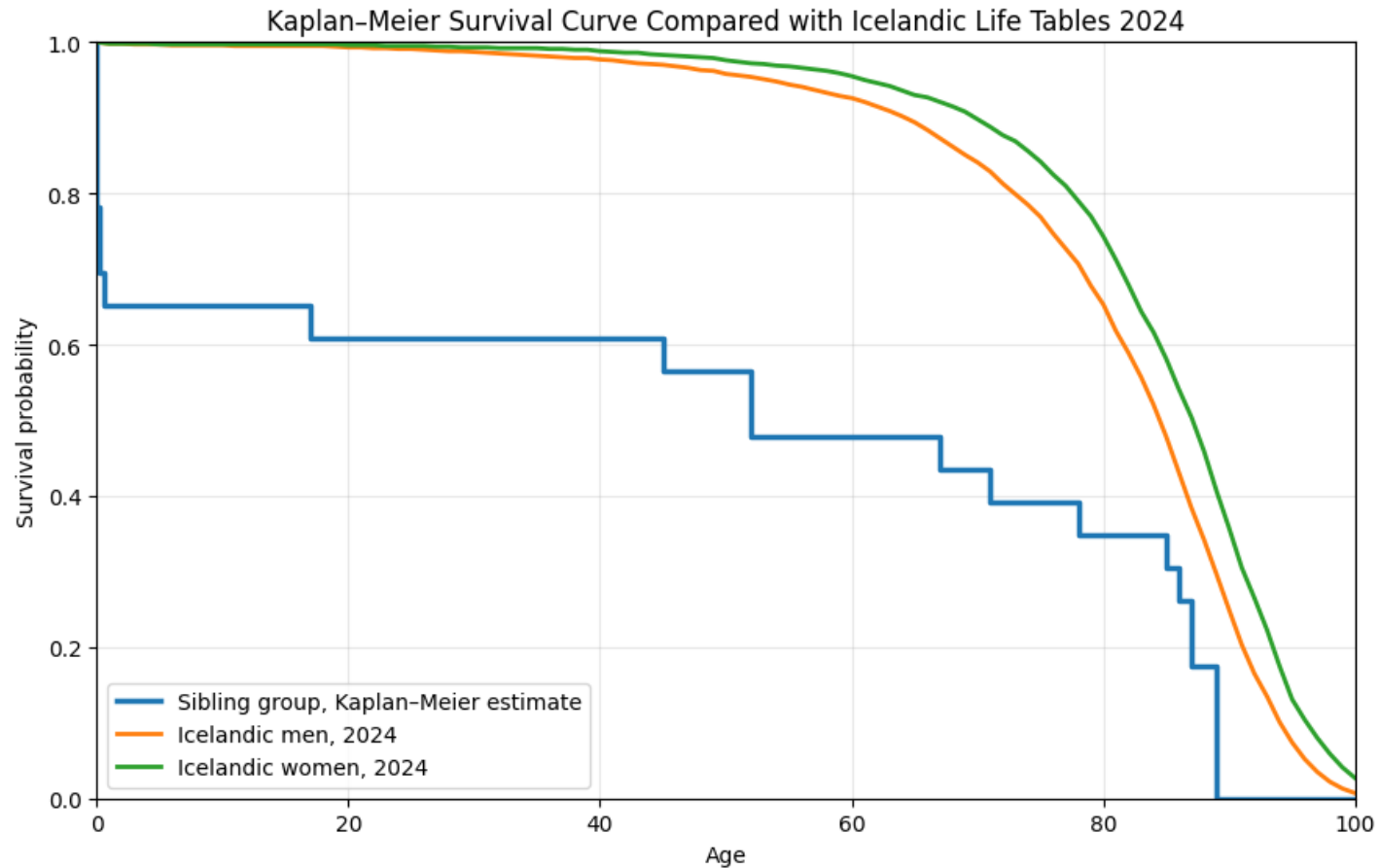
1992 & 2000

0,0

TBA, or not

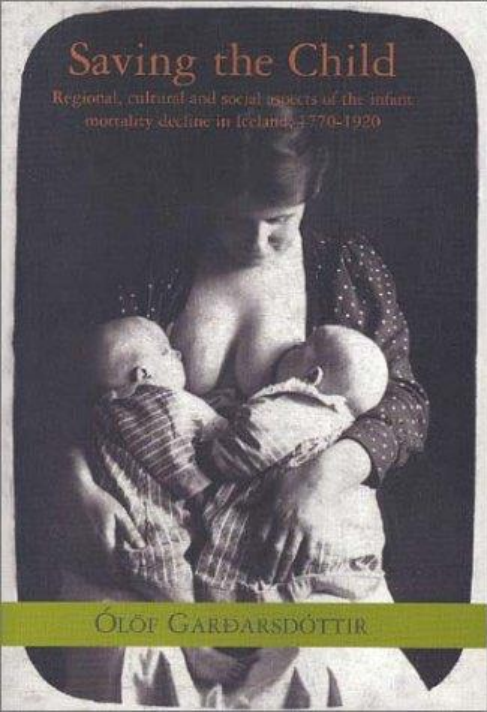
0 grandchildren

# Survival curve for my grandfathers siblings, compared with 2024 Life Table values



# Saving the Child

Regional, cultural and social aspects of the infant mortality decline in Iceland, 1770-1920



ÓLÓF GARDARSDÓTTIR

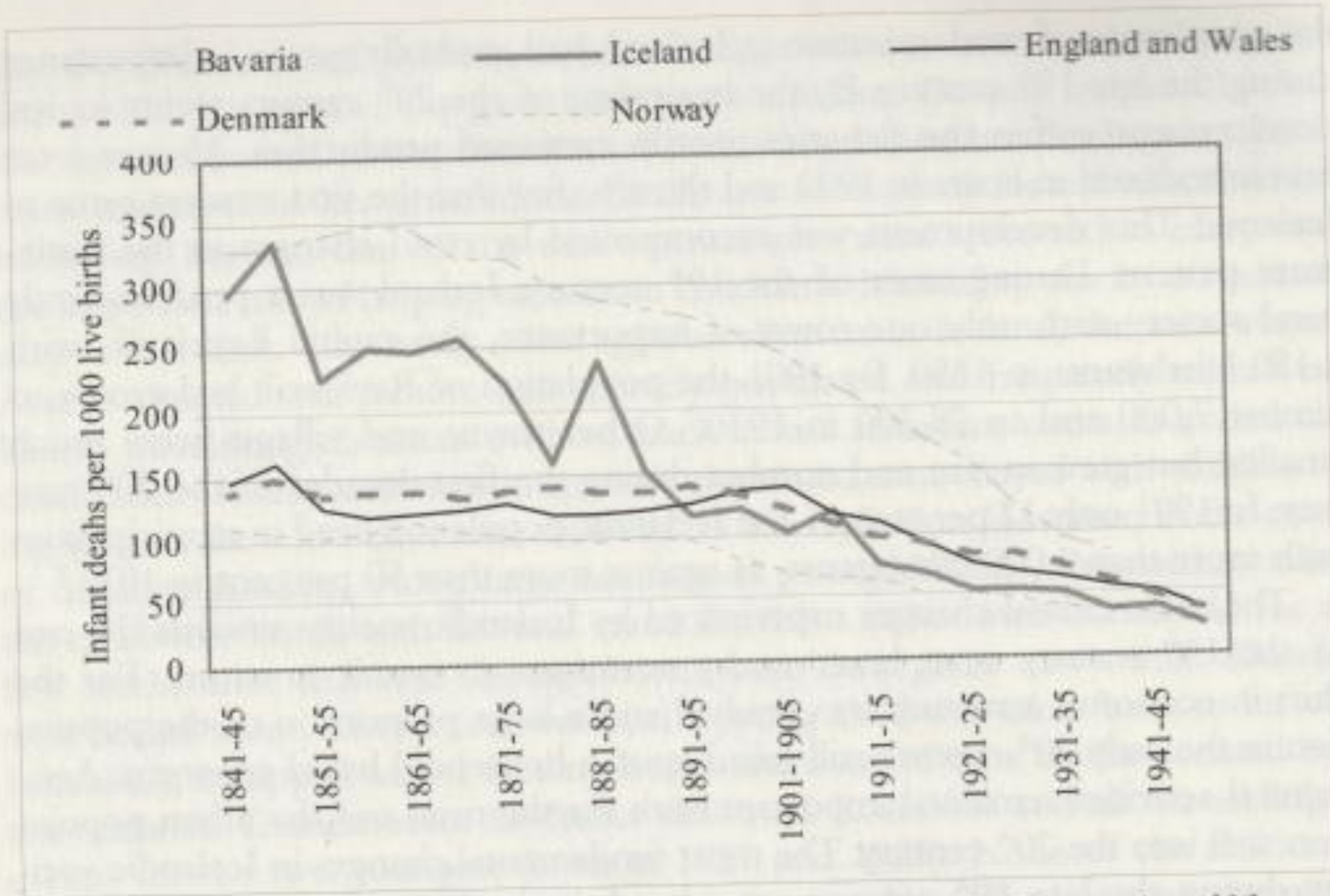


Figure 1.1. Infant mortality in Iceland, Bavaria, England and Wales, Denmark and Norway, 1841-1950

# A short detour:

## A large proportion of Icelandic films revolve around:

- men struggling in their relationships with women
- alcohol use and smoking is a dominant theme
- close to half of them portray rural spaces as emotionally heavy, marginal, or socially constrained environments.
- they use rural settings as stages upon which isolation, class inequality, silence, patriarchy, unemployment and violence unfold.
- Then again, Icelandic urban movies are not that positive either



# The Gossip Girl



# The positive woman in privileged Suðureyri



# Rethinking Public Health in Rural Iceland

Dimension	Earlier approach	Contemporary approach	Particular meaning for rural areas
What health is	Absence of disease, or the ideal of complete wellbeing	Wellbeing, functioning, adaptability, rights, equity	Health depends not only on healthcare, but also on transport, housing, and employment
Main focus	Individual and diagnosed disease	Individual, family, community, and systems	Local social conditions and infrastructure become part of the public health agenda
Core measure	Treatment and medical services	Prevention, health promotion, integrated care, participation	CHWs, mobile services, telehealth, and local collaboration become key tools
Indicators	Mortality, morbidity, service utilization	Equity, access, functioning, mental health, resilience, participation, wellbeing	Measurement must include travel distance, digital access, cultural safety, service quality
Chronic illness and ageing	Deviation from health	Normal part of lifelong health management	Requires continuity of care, rehabilitation, palliative care, social support, supported living
Role of state and society	Provide medical access	Ensure AAAQ, address social determinants, enable participation	Rural-proofing of health, social, transport, and digital policies becomes necessary

# Good to Grow Old



ACTION	STATUS
A.1 Pilot project on integrated home care services	Well underway
A.2 Home rehabilitation teams	Well underway
A.3 Development of adult day care services	Well underway
A.4 Pilot project on short-term admissions	Initiated
A.5 Standardized assessment tools and information sharing across service providers	Well underway
A.6 Single access point for all professional referrals to home care and adult day care services	Completed
A.7 Safety systems and enhanced collaboration with home care services	Initiated
B.1 Comprehensive health promotion	Well underway
B.2 Information, counselling, and specialized support for people with dementia and their caregivers	Well underway
B.3 Strengthened geriatric counselling services	Initiated

ACTION	STATUS
C.1 Public awareness campaign on healthy ageing	Completed
C.2 Strengthening information, research, innovation, and service development for older people	Completed
C.3 National information portal on services and rights for older people	Completed
C.4 Better-informed workforce	Initiated
D.1 Revision of legislation and temporary provisions related to pilot projects	Initiated
D.2 Centre for welfare technology solutions and assistive device use	Completed
E.1 Official definition of housing for older people	Early stage
E.2 Innovations in housing arrangements for older people	Early stage
E.3 Housing support for home modifications for older people	Early stage

# SAS and Respect



# Selected Public Health Indicators from the Directorate of Health

Indicator (Year, Unit)	Iceland	North	East	South	Southwest	Capital	West	Westfj.
 <b>Population</b> 2024 • Count	389,444	38,178	11,217	35,278	29,577	249,054	19,790	6,350
 <b>Population change 2019 to 2024</b> 2019–24 • %	+10.0	+5.9	+6.1	+17.4	+10.2	+10.1	+8.1	+4.6
 <b>Residents aged 80 and over</b> 2024 • %	3.6	4.4	4.1	3.7	2.3	3.6	4.1	3.8
 <b>Financial difficulties</b> 2024 • %	19.0	21.1	17.5	22.7	25.7	17.4	20.6	22.9
 <b>Unemployment</b> 2024 • %	3.4	2.4	2.1	3.2	5.4	3.4	2.7	2.4
 <b>Bullying, grades 6 to 7</b> 2025 • %	11.0	9.9	13.3	12.1	16.5	10.1	7.7	19.0
 <b>Drunkenness, grade 10</b> 2025 • %	3.0	2.3	2.7	3.5	2.7	2.7	7.0	4.4
 <b>Risky drinking, adults</b> 2024 • %	23.4	19.3	12.8	22.8	19.7	25.2	19.1	26.6
 <b>Physical health rated fair or poor</b> 2024 • %	41.3	48.1	43.0	45.7	45.2	38.7	45.7	42.8
 <b>Mental health rated fair or poor</b> 2025 • %	33.3	37.2	34.3	35.9	40.5	31.4	33.7	33.2
 <b>Antidepressant use, under 18</b> 2024 • DDD	32.3	29.5	33.8	35.6	43.8	30.8	36.3	21.6
 <b>Antibiotic prescriptions</b> 2024 • per 1,000	610.0	568.5	468.4	591.3	640.4	631.2	561.7	442.5
 <b>Nursing home waiting list, ages 80+</b> 2024 • per 1,000	29.6	36.2	24.7	30.4	47.3	24.8	56.6	24.7
 <b>Cervical cancer screening</b> 2024 • %	64.5	65.8	53.5	57.6	54.6	67.5	60.2	54.6
 <b>Breast cancer screening</b> 2024 • %	61.3	68.4	71.6	62.9	51.7	60.6	61.2	67.8
 <b>Premature death, chronic disease (ages 30 to 69)</b> 2020–24 • Probability (%)	7.9	7.4	8.8	6.9	8.2	8.0	7.4	8.9

# Saving the mother

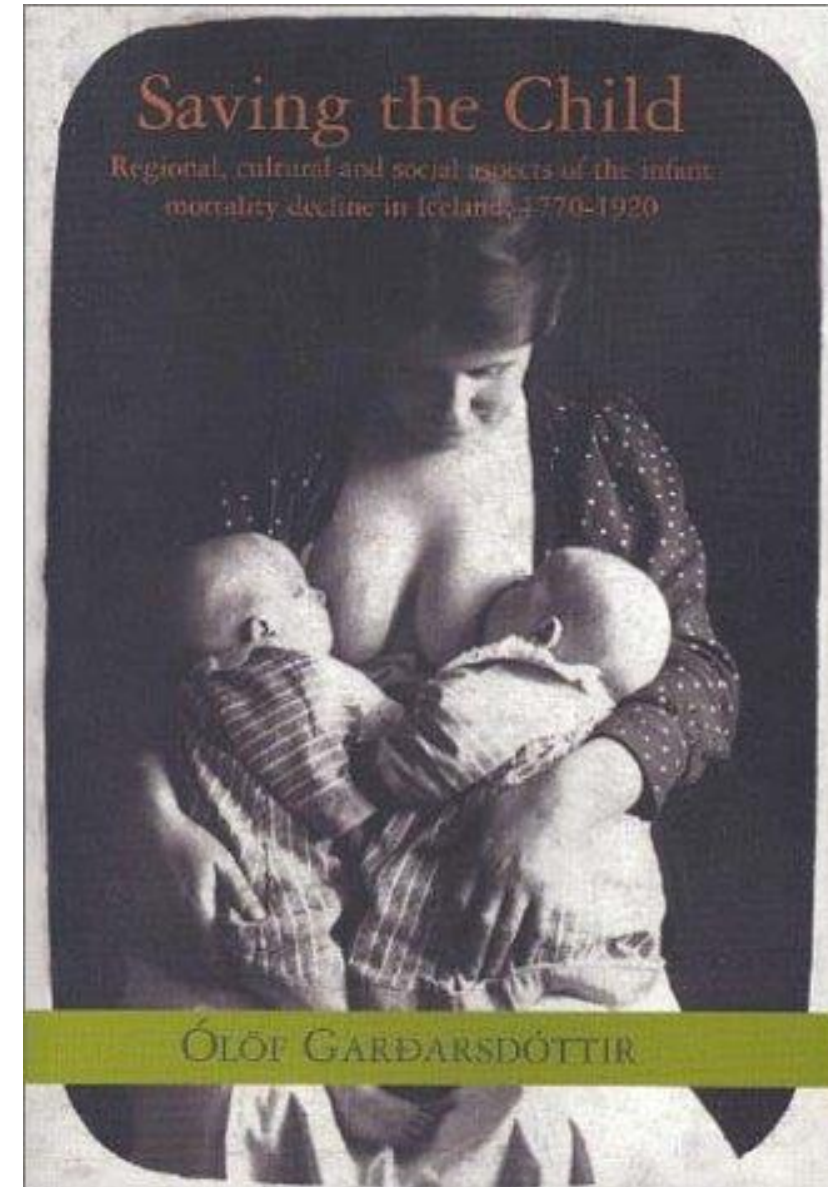
## Participation in screenings by nationality



### Breast Screening



### Cervical Screening



# Social capital and resilience in the Westfjords during COVID-19



# Closing

## Rethinking Public Health in Rural Iceland

Dimension	Earlier approach	Contemporary approach	Particular meaning for rural areas
What health is	Absence of disease, or the ideal of complete wellbeing	Wellbeing, functioning, adaptability, rights, equity	Health depends not only on healthcare, but also on transport, housing, and employment
Main focus	Individual and diagnosed disease	Individual, family, community, and systems	Local social conditions and infrastructure become part of the public health agenda
Core measure	Treatment and medical services	Prevention, health promotion, integrated care, participation	CHWs, mobile services, telehealth, and local collaboration become key tools
Indicators	Mortality, morbidity, service utilization	Equity, access, functioning, mental health, resilience, participation, wellbeing	Measurement must include travel distance, digital access, cultural safety, service quality
Chronic illness and ageing	Deviation from health	Normal part of lifelong health management	Requires continuity of care, rehabilitation, palliative care, social support, supported living
Role of state and society	Provide medical access	Ensure AAAQ, address social determinants, enable participation	Rural-proofing of health, social, transport, and digital policies becomes necessary

# Thank you

---

Email: [SHJ@HI.IS](mailto:SHJ@HI.IS)

