

# Enhancing Well-Being Among Older People in Greenland through Partnerships of Research, Practice and Civil Society

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*This article focuses on the methodology of the project Ageing in the Arctic (AgeArc) – Wellbeing, Quality of Life and Health Promotion among Older People in Greenland, and how the use of a collaborative approach aims at integrating ageing research, practices and policies to the benefit of the Greenlandic society. Thus, the aim of the article is to discuss how collaboration between research and practice can be an important factor in sustainable development of welfare solutions for older people in Greenland. In the project we study ageing policy, homecare, institutions, professional practices and municipal administration of these as well as older people's health, well-being, everyday life and historical perceptions of the roles of older people in Greenland. Moreover, researchers and municipalities collaborate on developing policies, initiatives within municipalities and civil society as well as creating network across the municipalities and between municipal administrations and civil society. In addition to this, we develop educational material for healthcare workers and professionals and work to create more public awareness about ageing in Greenland. We present three examples of our collaborative methods and discuss how the approach influences development and implementation of specific co-creation projects involving researchers, professionals and citizens on equal terms.*

## Introduction

For centuries the governance of Greenland has been developed and managed by the Danish state. In recent years Greenland has become increasingly independent and succeeded in establishing national and municipal political and administrative structures. However, the past still influences political structures and practices of the Greenlandic welfare state, as it is still, to some extent, modelled after the Danish welfare state (Sørensen, 1995; Høiris & Marquardt, 2012). In Greenland, healthcare and education is public and free for all. Responsibilities for welfare services are shared

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by the national and the municipal authorities. Welfare services for older people include free healthcare in hospitals and health clinics, public pension, practical help in the home if the older person fulfills certain criteria, apartments suited for older people and nursing homes. The scarce and geographically dispersed Greenlandic population and the isolation of towns and settlements make it necessary to place welfare institutions such as hospitals and educational facilities in selected larger towns. The fundamental logistical challenges created by the geographical realities challenge both the political ambitions for provision of welfare and the municipal economy as well as the everyday lives of the population who must be mobile and travel long distances to obtain healthcare, education and jobs. This is also the case for the older parts of the population who often need to make life changing decisions about how and where to move, if they become dependent on regular healthcare and practical help to manage their daily lives.

The aim of this article is to discuss how collaboration between research and practice can become an important factor in sustainable development of local communities, welfare state benefits and meaningful and health promoting strategies with the aim to improve the everyday lives of older people in Greenland. It does so by presenting the collaborative methodologies used in the project *Ageing in the Arctic (AgeArc) – Wellbeing, Quality of Life and Health Promotion among Older People in Greenland*, and discussing how the project uses a collaborative project design to integrate ageing research, practices and policies to the benefit of the Greenlandic society in an ongoing dialogue between the project partners and participants. Since the project is only half way through its life span, we focus on the process rather than final results and products developed in the project. We will present some of the methodological activities of the project to show how AgeArc has embraced the research-practice collaboration from its initial explorative workshops to a specific co-created development project in a bigger town. The examples are followed by a discussion of the usefulness of this type of collaborative design, its implications and how we deal with some of the challenges that are often discussed regarding community research and projects using participatory methodologies.

### **Background: The Health and Everyday Lives of Older People in Greenland: Key Challenges, Knowledge Gaps and On-Going Initiatives**

In 2004, the Greenlandic public health report singled out older people as a particularly vulnerable demographic group, because they suffer from surprisingly high disease rates, including a high prevalence of lifestyle diseases. At present, 12.6% of the Greenlandic population is over the age of 60, a number which is expected to increase to 17.9% by 2035 (Bjerregaard, 2004). It is expected that the number of people over 65 years of age will be almost doubled by 2040 (Grønlands Statistik, 2017). This rise, combined with the high disease rates, presents the municipalities with growing financial and logistic challenges. This calls for the establishment and improvement of welfare structures and solutions to improve the state of health and independence of older people in Greenland. In spite of high disease rates and economical concerns about the increasing number of older people, their well-being, lifestyle and health have only played a minor role in recent Greenlandic public health and ageing policies (Nørtoft & Jensen, 2017a; Inuuneritta II, 2012; Ældrepolitik, 2014). In this project the definition of old age depends on the specific context in each sub study and development project. When we do policy analysis, old age is defined by politically decided definitions based on chronological age - typically counting people of 60 years and older. When we do ethnographic fieldwork in older people's associations, nursing homes and

social housing for older people, we include all residents and members of the association regardless of their chronological age. When we do historical research, we define old age according to the archival material we analyze whether they are policy documents, personal journals, church books registering births, deaths, weddings etc.

Older people in Greenland have lived in a time of constant social change, and a society which is influenced by a mixture of Inuit and Danish values, identity, habits and traditions (Høiris & Marquardt, 2012). Moreover, regional and local differences in perceptions of health and ageing influences both local municipal planning, implementation and use of health initiatives, and individual lifestyle and health practices (Aagaard, 2015; Buchignani & Armstrong-Esther, 1999). Development of future policies, solutions and initiatives therefore necessitate locally specific knowledge, not only about the well-being, lifestyle and health of older Greenlanders, but also about culture and national, regional and local welfare benefits and political and care practices.

While the research literature on welfare policies and health care practices aimed at older people is scarce, there are, however, new local political initiatives that address the challenges of and among the older parts of the population in the five municipalities. The municipalities also engage in general health promotion and prevention of lifestyle and age-related diseases. A recent study of policy documents has found that these efforts include focus on dementia, which is a relatively new and growing challenge in Greenland caused by increased life expectancy, loneliness, and keeping older people longer in the labour market to encourage on-going personal development, health maintenance and financially sustainable solutions. Some municipalities are very specific about culture's relation to individual well-being, especially the interplay between traditions and everyday life (Nørtoft & Jensen, 2017a).<sup>1</sup>

At present, however, no systematic overview or exchange of initiatives and practice exist, and knowledge about the importance of including local and regional differences and similarities in solutions aiming to meet the needs of older people is insufficient. Sharing of local experiences with older people and institutional practices in political and developmental processes are vital if such ventures are to be valuable, both for older people and for health and care professionals.

## **Older People's Perceptions of Health, Life Quality and Welfare Needs?**

One of the fundamental challenges for the municipal development of ageing policies, initiatives and solutions is that the health, everyday practices, well-being, and quality of life of older people in Greenland and their relationship to the welfare state's different benefits and institutions is only sparsely researched (Laurson, 2003) compared to other socio-cultural related health challenges (Aagaard, 2015; Lynge, 2000; Curtis et al., 2002; Niclasen, 2015; Larsen, 2014; Pedersen & Bjerregaard, 2012; Bjerregaard & Larsen, 2015; Curtis et al., 1997; Niclasen et al., 2007). Until now, the conditions of older people in Greenland has mainly been studied in the context of general population studies and reports (Bjerregaard, 2004; Bjerregaard & Dahl-Petersen, 2008; Dahl Petersen et al., 2015) or in the context of geriatric research (Olsen et al., 2010; Jakobsen et al., 2013; Lassen et al., 2013; Andersen et al., 2005).

In AgeArc, we explore healthy aging from many angles; we look at public policy and welfare benefits regarding older citizens and ask what works as well as what is challenging from an administrative and healthcare professional perspective. We also ask older people what is important in their everyday lives in order for the individual to experience general wellbeing. Which

factors and elements are important to experience good life quality and how is it possible to have or to get those factors and elements into the individual's daily life?

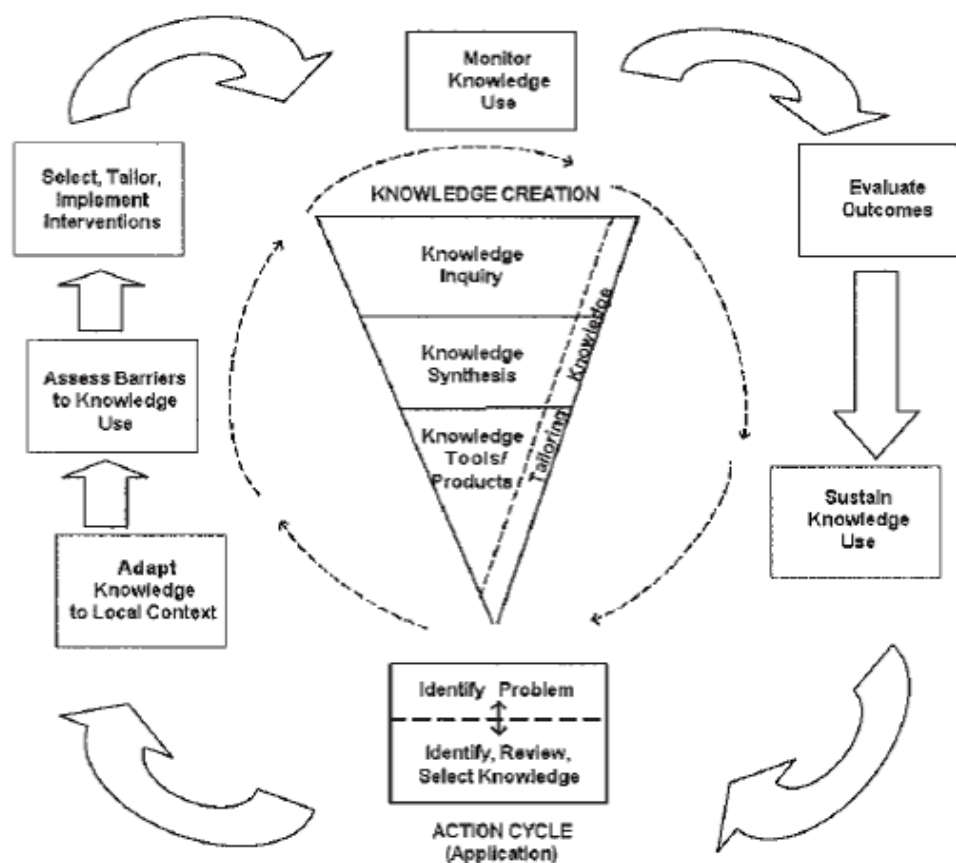
Previously ethnological and anthropological research about older people in the Arctic has primarily revolved around the perceptions of old age and cultural values of older people in Inuit societies (Collings, 2001) rather than on the everyday life, well-being, health and quality of life of older people in the 20th and 21st century welfare state. This focus stands in contrast to cultural analytical research on ageing conducted in Denmark from the 1980s onwards, where research into the cultural and social aspects of the lives of older people in and with the Danish welfare state gained momentum. This research resulted in a range of books and reports on various socio-cultural aspects of the interplay between the everyday lives and perceptions of older people and welfare state structures (Platz, 1987; Hansen & Platz, 1995; Blaakilde et al., 1991; Blaakilde, 1998; Andersen & Appeldorn, 1995; Swane, 1991). Moreover several recently established research initiatives study cultural aspects of ageing, the everyday life and lifestyle of older individuals, and their experiences with and of welfare state benefits, and integrate their findings into health studies, public initiatives and practice in order to improve health and well-being of older people, and to ensure the relevance of public benefits (Kofod, 2009; Nørtoft, 2017; Tomasen, 2009; Algreen-Petersen, 2011; Lassen, 2014; Nørtoft, 2013). AgeArc follows this tradition, but is in terms of its size, its inclusive focus and collaborative approach the first project of its kind in a Greenlandic context. Past and present municipal practices, policies and their interplay with the lives, wellbeing and health of individuals are both the starting and end point of the research, development and implementation activities inherent in the project. Resultantly, the collaborative approach necessitates an open research agenda that allows for the inclusion of themes throughout the lifespan of the project. Active engagement and integration of practice, research partners and older people are therefore key to the success of the project.

## **Collaborative Project Design and Research Methods**

AgeArc runs from 2017-2020 and combines research with development of welfare initiatives in a partnership between municipalities and researchers from a range of research and educational institutions. Both researchers and practitioners influence the project's research activities and the outputs and formats of the initiatives developed throughout the lifespan of the project.

The design of AgeArc is inspired by the knowledge-to-action process (Figure 1, Graham et al., 2006: 19), which emphasizes the need for continuous involvement and exchange between research and practice for the development of successful solutions for use in practice settings. In our case this means that a) the combination of fieldwork, analyses and development and implementation of practical solutions depend on active involvement of all the projects partners, and b) the design must facilitate optimal conditions for collaboration on the design of both the research conducted throughout the project and of the practical testing and implementation of the developed solutions.

**Figure 1:** The Knowledge-to-action-process (Graham et al., 2006: 19).



### ***Research Methods***

AgeArc is a mixed method collaboration project that unites municipal administrations and care personnel with researchers in public health, history, ethnology and sociology and older people. Thus, a multitude of methodologies and approaches co-exist within AgeArc.

The research part of the project combines studies of municipal ageing policies and practices (e.g., homecare, institutions, professional practices and municipal administration) and studies of the everyday life and historical perceptions of the roles of older people in Greenland with data on health status and health behavior. The aim of these studies is to gain knowledge about the health and well-being of older people and to develop policies, initiatives within municipalities and civil society as well as to create network across the municipalities and between municipal administrations and civil society. In addition to this we develop educational material for healthcare workers and professionals and work to create more public awareness about ageing in Greenland.

The project involves different research methods in order to gain broad knowledge about older people's physical health and general living conditions. Thus, AgeArc includes quantitative population surveys and anthropometry of Greenlandic and Danish older people. These are conducted by The Greenland Health Survey (NIPH) and by VIVE. The purpose is to gain essential background knowledge and to ensure that the proposed welfare solutions take existing general and regional health and social concerns into account. Thus, we create a unique combination of quantitative data on the health and well-being of older people within the Danish realm.

A large part of the research in AgeArc is ethnographic and historical studies with various foci. The purpose is to gain knowledge about the ways in which older people in Greenland relate to the welfare state, and of how health and ageing practices and policies affect the lives and health of older people in the past and present. To ensure the relevance of the research for the local healthcare practices, the specific field sites and focus areas are continuously discussed and selected by researchers and municipal practitioners. This part of the research uses ethnographic and historical methodologies and incorporates semi-structured interviews (Hastrup et al., 2012; Clarke & Warren, 2007), focus groups (Halkier, 2010), workshops and visual participatory methods (Clark-Ibañez, 2004; Mitchell, 2008; Pink, 2009), document studies (Lynggaard, 2010) and participant observation (Hillersdal & Nørtoft, 2015; Tonkin, 1989; Spradley, 1979) in municipal institutions, local associations, public spaces and in people's homes.

The insights gained through the research activities are continuously shared and discussed with the municipal partners of AgeArc. This ensures the continuous collaboration and dialogue between the project partners, which is crucial for the early development and testing of both small and large initiatives developed in the project. The outcomes range from small information flyers to citizens and practitioners, reports for administrative and political use and media stories about older people and care workers to development of educational material, the planning of a national conference and building projects for older people to get access to nature even with limited mobility.

### ***Co-Creation and Participation***

The collaborative approach and design inscribes AgeArc in the field of co-creation (Brandsen & Pestoff, 2006). The overall aim of AgeArc is too broad for all parts of the projects to co-exist and be involved in a single co-creation process. However, AgeArc has turned out to be an ideal platform for smaller and more narrowly defined co-creation projects that all fit into the overall scope of AgeArc. Hence the collaborative approach of the overall project fertilizes the ground for specific co-creation projects in the part of AgeArc focusing on developing, testing and implementing new welfare solutions. In some ways, the collaborative approach in AgeArc overlaps with Participatory Action Research (PAR) in which elements such as community research (Wallerstein & Duran, 2010; Robinson, 1996), the use of citizens as co-researchers (Moller et al., 2010; Hoare, Levy & Robinson, 1993) and Indigenous ways of knowing are emphasized (ibid., Cochran et al., 2008). However, AgeArc has not been planned as a PAR project and does not quite live up to those points of emphasis. In AgeArc, the research is conducted by academically trained researchers – even when focus points of the research are decided in dialogue between researchers and practitioners. The researchers explore ageing, wellbeing and professional practices and challenges from various perspectives. Rather than presenting Indigenous ways of knowing, the data are translated and synthesized into academic ways of understanding as well as into formats that are understandable and useful to policy makers, municipal practitioners and healthcare workers in the field. The level of community participation varies from one development project to the next depending on the character of the project and level of engagement from community members. In practice this means that one municipality has requested a qualitative study among older citizens focusing on a number of topics and resulting in a report written by the researchers. Other municipalities are engaging in ongoing dialogues about possible development projects resulting in a range of activities and products developed in collaboration between planners, researchers, practitioners and citizens depending on the specific process surrounding each project.

The term co-creation designates forms of collaboration between different actors in a process creating welfare (Brandsen & Pestoff, 2006). Some researchers define it as a process where citizens are involved “in the initiation and/or design of public services to develop a beneficial outcome” (Voorberg et al., 2015: 1347). In a Danish context the volunteer council (Frivilligrådet, 2013) has pointed out 6 principles for co-creation. The principles describe what co-creation is and what it implies: 1) the purpose of co-creation is to create new welfare in a local context. The involved parties should experience added value of the co-creation; 2) the center of the co-creation is the target group experiencing a problem. Various actors combine their resources and competences, thereby shedding new light on the problem and on possible solutions. Gradually the target group takes ownership of the problem and the other actors shift from being helpers to being collaboration partners; 3) it is crucial that the problem and actions taken are defined through a dialogue-based process between the involved actors. The problem and actions/solutions are continuously negotiable; 4) in co-creation everyone who is potentially relevant to the solution to a given problem can participate. Everyone can initiate a co-creation process, and everyone participates on equal terms; 5) the participating actors must be aware that the process implies acknowledgement and mutual respect, responsibility and dependency; 6) it is important that the actors in the co-creation process acknowledge their own limitations, dares to be open about them and show willingness to take risks and be open to other actors’ input and development of ideas. The good collaboration has to be democratic and fruitful for all (Pagter, 2006). All parties get insights into each other’s methods whereby they reach to an understanding of each other’s strengths and limitations. This makes it possible to see how best to combine the resources to solve the commonly defined problem.

There is a great potential for learning in co-creation processes where participants depend on each other and where learning is understood as a social process during which problems and solutions are shared and beliefs are continuously updated. However, the degree of successful implementation and policy change resulting from a co-creation process seems to depend heavily on local context e.g. organizational structures and traditions. Hence strongly regulated and rule bound political contexts apparently makes policy change and implementation harder than less regulated contexts (Voorberg et al., 2017). Research on the success of collaborative approaches in innovation and development initiatives within public welfare points out that the involvement of professionals and attention to their agency is important. It is suggested that professionals act as individuals rather than representatives of their organization when engaging in these processes. This calls for an understanding of professionals as learning, emotional and cognitive subjects with their own histories and experiences. According to the literature the professionals need to identify with the purpose of the co-creation process to be engaged in it, rather than relate to a grand narrative decided by the organization (Andersen, 2015). It is not unusual to see resistance on different levels in co-creation processes, depending on the specific approach and level of voluntary participation of the involved actors. However, not all resistance is destructive for a co-creation process, since resistance can lead to fruitful discussions and new insights and change throughout the co-creation process (Nilsen et al., 2016).

### **Selected Activities of the Collaborative Design and Work in AgeArc**

In the following we provide examples of the collaborative methods and activities we use in the project.

The two first activities we present were initiated by the research partners, while the third example was initiated by municipal partners. The examples are described from the AgeArc research partners' point of view as they are responsible for the various forms of academic presentations of the project. However, all project partners can present and publish insights, experiences and results from the project in ways that they find most useful.

### ***Start-Up Workshops***

In the Spring of 2017, we organized five workshops in Copenhagen, Ilulissat, Sisimiut, Nuuk and Qaqortoq: one with representatives from the involved research and educational institutions and one with various representatives from each of the four municipalities.<sup>2</sup> Each of the municipalities decided who should be invited to the workshop. Resultantly the participants varied in between the municipalities. The majority of the participants were administrative staff working with or responsible for the area of services to older citizens or representatives from nursing homes and homecare units. In some municipalities, members of local old age societies and local older people's councils also participated.

Besides performing a meet and greet function, the workshops had two purposes. One was to identify and discuss which specific topics within ageing the different partners prioritized. Another was to start a collection of systematic cultural analytical knowledge on perceptions and practices of old age and the everyday life of older people in different life stages and circumstances.

During these workshops the participants were presented with two exercises. The first was an individual exercise. During the exercise each participant had to place selected photos on an empty poster. The pictures had to represent elements or concepts that he/she perceived to be of importance to old age or ageing. All participants received identical sets of approximately 30 small photos displaying Greenlandic scenes of food, nature, transport, exercise equipment, buildings, advanced hospital equipment, sailing, hunting etc., and were also given blank cards to fill in if a certain subject or theme was missing. After selecting and placing the photos, everyone took turns telling about their poster.

Following this exercise, the participants were presented with a group exercise. Each group had to think of situations, events or projects concerning older people and/or ageing within the municipality that had been more or less successful. Each group then had to map the different actors involved in the chosen situation, event or project and discuss how they made use of each other, or how they potentially could make use of each other in the future.

The workshops ended with a session where the participants could comment on the workshop format and exercises and ask questions about the outcomes and the continuation of the process.

After the workshops the researchers analyzed the materials produced and wrote a short report for each municipality containing a description of the discussed themes. The municipalities were then asked to prioritize the themes and state which they wished AgeArc researchers to investigate (Nørtoft & Jensen, 2017b).

The workshop with researchers and staff from educational institutions had the same format as the municipal workshops.



**Figure 2:** The posters produced during one of the municipal workshops in May 2017.



### *Focus Groups on Activity*

The first series of workshops both became the starting point for a collaborative dialogue between the research and practice partners and informed the ethnographic fieldwork as well as the specific questions in The Greenland Health Survey mentioned earlier.

One of the themes to emerge from the workshops was activities for and among older people living on their own or in municipal care homes. One of the ways in which AgeArc has continued to work with this theme has been through the use of focus groups with older people. Between February and April 2018 seven focus groups were conducted in three different towns. For four of the focus groups, municipal staff helped recruit participants and for three focus groups, participants were recruited by the researcher in the local association for older people. Five of the focus groups were conducted with the help of an interpreter who was either a care worker or a consultant from the municipality. The remaining two focus groups were conducted with participants translating for each other and the researcher.<sup>3</sup>

The participants were asked to use photos, words or drawings to show which activities they take part in or wish to take part in in their daily lives. After telling about their current activities, the participants were asked to talk about which structures/persons/items they found would help make other types of desired activities possible. The participants were happy to share their ideas, experiences and wishes, and the format of the focus group allowed for both sharing of memories and conversations about how to make wishes come true.

The focus groups provided insights into the activities older people do, and into which kinds of activities they wish to engage in as part of a more active daily life. The focus groups also gave the participants a possibility to discuss possible ways to deal with practical, structural and social obstacles for some types of activities. In the focus groups that were conducted in collaboration with a member of the municipal staff, he or she expressed that the focus groups gave them an opportunity for participating in user involvement in a way they had not tried before, and they were very interested in the format and how the use of simple tools enabled conversations about daily matters such as activity in new ways. The staff members also noted that the focus groups facilitated the generation of new ideas for activities and suggestions for doable solutions to minor obstacles.

### ***Creation of a Specific Outdoor Area***

The third and final example of activities in AgeArc shows how we use co-creation in a specific development project which aims to design an accessible outdoor area outside a municipal social housing area for older people. The homecare management expressed a desire for some kind of ramp that could provide residents with restricted mobility access to the mountain area right next to the buildings. Simultaneously, they had initiated conversations about the idea with an administrative staff member in the municipality.

The preliminary results of the ethnographic fieldwork confirmed the needs for older people to be in nature, since experiences and activities related to nature is of great importance to their quality of life (Nørtoft & Jensen, 2017b). When the municipal partners decided to take action on the idea, the researchers provided background knowledge for the initial application for funds to begin the project.

After raising funds to begin the project, the design process was planned and conducted. The process consisted of three workshops and a presentation of the final designed and selected idea. The workshops were planned, arranged and facilitated in collaboration between an AgeArc researcher and a collaborating APEN<sup>4</sup> researcher and architect, the homecare management and staff members of the municipal administration.

The workshops were conducted in June 2018. The purpose of the design exercises was to learn what made an area suitable as a recreational outdoor area for the target group. Thus the exercises consisted of mapping and discussing current needs, good and bad experiences of and with different areas, which outdoor functions the older people were interested in as well as identifying the most suitable location by collectively studying existing outdoor spaces on site.

The design of the outdoor space was finalized in June and additional funding for the construction of the ramp was applied for and granted by Qeqqata Municipality's local development fund. When the construction is built, AgeArc will fund additional equipment for activities in the area such as places to sit, a fireplace for outdoor cooking, a stand for drying fish etc. In the late Summer of 2018 some of the ideas from the workshops that are less costly had been implemented in the apartment complex's existing outdoor area. The homecare management arranged a workshop with the residents making use of some of the same tools as was used in the previous co-design process. During the workshop it was discussed how the area could be more useful with places to sit and to do planting activities.

An AgeArc researcher has conducted follow up interviews with the participating staff from the homecare management and the municipal administration about the co-design process. A follow up study on participants' involvement in the design process, the implementation of smaller installations in the existing outdoor space and on the use of the new outdoor area will be conducted in the Summer of 2019 when the construction has been in use.

Moreover the experiences from the collaboration and participation of all involved in the design process will be gathered in a set of guidelines for citizen involvement. These guidelines will be shared across the municipalities and can be used in a variety of ways not only in new construction projects, but also in other types of projects and processes where municipalities and local organizations wish to involve citizens and gather knowledge for development of welfare solutions.

Figures 3-5. Workshop process posters, created by Sidse Carrol.



One of the tools in the design process was to make a process poster after each workshop. The posters were made immediately after the workshop and displayed in two central locations to create awareness about the project among the residents. The aim was that everyone should be able to follow the process and feel welcome to join any of the workshops, even if they could or would not participate in all three workshops. The three process posters are made by Sidse Carrol.

### Discussion

The descriptions of some of the activities in AgeArc highlight the interlinkages between the fieldwork activities of researchers and the goals and perceptions of municipal staff and civil society and how the oscillations between research and practice continuously broaden and enrich the

outcomes of the project in both research and development projects. These interlinkages ensure that the research and municipal partners have an equal interest in the establishment of the networks and contacts that are necessary to the fieldwork and ensures that the conducted research includes the interests of the municipalities. They also involve municipal staff and civil society directly in the project's ethnographic fieldwork and methodological reflections and work with collaboration and co-design. However, the success of the project is to a large extent dependent on the personal

relations between researchers and municipal key persons. Hence, the local development initiatives are more likely to be successful and have a lasting effect in municipalities where staff members become genuinely interested and involved in the project.

### ***Implication for Practice***

In projects with collaboration between researchers and community members, it has been discussed who should make the decisions about the research. In some projects, researchers train community members to do research (Hoare, Levy & Robinson, 1993). In other projects Indigenous ways of knowing are emphasized giving community members authority to define (parts of) the research (Moller et al., 2009; Cochran et al., 2009).

In AgeArc, decisions about the research are made in collaboration between practice and research partners. Practice partners point out relevant topics and directions for the research, and the researchers do fieldwork and analyse the data. All partners influence the research making sure that it is of relevance for practice (cf. Moller et al., 2009) as well as research. No partners have the final authority to make the decisions without the others.

Another challenge in community projects with a strong participatory element is the question of ownership of the research data (Robinson, 1996; Hoare, Levy & Robinson, 1993). In AgeArc, data are owned by the project. Results and insights from the research are continuously shared with practice partners and forms the base of the decisions made regarding the development projects in AgeArc. All partners are allowed to present the project in ways that are relevant for them as long as it lives up to the ethical guidelines of the project. It has not yet been relevant for any of our practice partners to write academic articles, but it is for the researchers. The practice partners have requested reports from the researchers. In such cases the researchers write the report and send it to the relevant practice partner for comments and changes before the report is made public. In those cases, a report written by researchers is then used as a tool by the practice partners to address a specific challenge to their administrations or local politicians. Both practice partners and researchers have presented the project in local and national media. In these cases, press releases are sent to and edited by involved partners to make sure that everyone's experiences are represented correctly (cf. Robinson, 1996).

In research there is often room to experiment and test initiatives that might not turn out to work as expected. In practice there are often more focus on investment leading to measurable results – very often economically measurable results. So how do we make sure that the projects in AgeArc are efficient? First of all, AgeArc is funded by a private foundation covering the salary of the researchers and research activities. In addition there is money set aside for smaller development projects. This means that the municipalities invest in AgeArc with their engagement and by letting some of their employees participate in meetings, workshops etc. regarding AgeArc. Since the municipal partners are part of deciding the directions of the project, we work on themes, development projects and solutions, which they would have to work on in their daily practice anyway. We hope that working together in this way across research and practice leaves lasting impressions in the municipalities. Some of these impressions will be ideas, discussions and ways of working that are taken forward by practice partners without the researchers. Other impressions can be physical products such as the ramp described in this paper, information flyers for citizens, tools for dementia care such as e.g. a book designed for conversation between staff/relatives and

people with dementia etc. Besides the specific products and ideas we leave, we will also do follow up activities to evaluate how the products and ideas are being used and developed, when the researchers are not around.

### ***Findings***

When new insights and ideas are developed in collaboration, all partners discuss how they can be translated into tools that can be used in practice. While the researchers might be the experts of synthesising insights from large data sets according to academic standards, the municipal partners are experts in practice and know what formats they can use to spread knowledge and ideas to politicians, colleagues and citizens. The ongoing dialogue between researchers from different disciplines and municipal staff means that knowledge can quickly be transformed into practice tools for various purposes. The close collaboration and mutual interdependence have incited researchers to present preliminary results and findings in the project group and practitioners and planners to share their experiences, knowhow and networks. At the same time the organizational structure is relatively loose making implementation easier than in a more rule bound and regulated society (Voorberg et al., 2017).

Besides developing a solution to an everyday life challenge, the described co-design process with the older participants was a learning arena for the participating municipal staff (cf. *ibid.*). In the process they learned and experimented with new methods for citizen involvement. This means that the four participating staff members got new experiences with and tools for working with citizens.

The co-design process could, however, not have taken place without the activities described in the two other activities described above. The personal connections made during the start-up workshops and the focus groups has not only established relations between the project partners, but also succeeded in involving older people, thus creating an interest for participating in and contributing to the design workshops. In this way the overall collaborative approach of AgeArc has proven to be a fruitful platform for specific co-created initiatives. The collaborative approach and the open dialogues create a community in which it is safe and rewarding to share ideas, participating in discussions and create new initiatives. If anyone has an idea for a welfare solution with older people as the target group, AgeArc is a platform with various resources, competences, expertise and local networks that can be combined and activated to solve the specific problem in question. The collaboration between municipal staff and researchers also prevents various kinds of resistance from the professionals as seen in other co-creation projects (cf. Nilsen et al., 2016). The projects are as much the professionals' own project as it is the municipal administration's or the researchers' project. The project is not only a grand narrative that participants are forced into. Rather they identify personally with the project, their participation and the results, thereby giving the project the best possible preconditions for success (cf. Andersen, 2015). In times of lacking engagement from specific municipal partners, the project 'takes a break' because it can only be ongoing with engagement of both practice and research partners.<sup>5</sup> In such situations, project activities are put into other sub projects, where all partners are engaged. For as long as the project is going on, any partners who 'had a break' are welcome to re-engage in the project.

## Recommendations for Research and Practice

If other researchers, practitioners and/or administrative should want to engage in collaborative projects as equal partners, we offer the following recommendations:

- 1) Openness and acknowledgement of each other's competences and resources as well as the partners' own lack of expertise in specific areas are crucial attitudes for an equal partnership. Any project will have a better chance of success if the partners' resources are accumulated for the good of the project. Acknowledgement of the partners' interdependence and different expertise areas will be likely to lead to all partners experiencing that they gain more from working together than if they worked without the others (cf. Pagter, 2006).
- 2) An open and flexible research agenda is important if the research should have direct relevance for the practice partners (cf. Robinson, 2006; Cochran et al. 2008; Moller et al., 2009). It is important with dialogue about focus areas so the researchers' interference in practice is experienced as a relevant contribution rather than a burden and a hindrance for the execution of daily tasks. Researchers need to be open for the fact that their ideas may be rejected, or that practice partners might want to bring ideas forward without the researchers. Practice partners must be open to researchers' possible rejection of their ideas, if these ideas are outside the scope of the externally funded project.
- 3) Transparent communication about results, insights, directions and progression of the project is important. It is necessary for the fruitful dialogue between the partners and it is crucial for the relationship between the partners who need to trust in each other to be able to contribute with ideas and competences (cf. Wallerstein & Duran, 2010). All partners should be able to follow the process and progress. When some partners are not engaged, the project will not be likely to move very much forward, in those specific areas.

## Conclusion

The aim of this article was to discuss how collaboration between research and practice can become an important factor in sustainable development of local communities, welfare state benefits and meaningful and health promoting strategies aiming to improve the everyday lives of older people in Greenland. We have presented the methodology of the research and development project Ageing in the Arctic (AgeArc) and shown how use of a collaborative project design succeeds at integrating ageing research, practices and policies to the benefit of the Greenlandic society in an ongoing dialogue between the project partners and participants.

Start-up workshops made it possible for representatives from both research partners, practice partners and civil society to influence the point of departure for the research in the project. The workshops also worked as arenas for establishing personal relations between project partners as well as informing municipal practitioners and local associations of older people about the project. Focus groups about activity with older people and with the assistance of municipal healthcare workers was part of the ethnographic fieldwork. Besides from generating knowledge about the participant's preferred activities and their possibilities for engaging in them, the focus groups taught the participating municipal staff new methods of user involvement.

Knowledge from both start-up workshops and focus groups supported an idea from the homecare management to create access for people with restricted mobility to an age-friendly outdoor area

close to a municipal apartment complex for older people. The personal relations and the sharing of knowledge and experiences between researchers and practitioners fueled a co-creation process that is still ongoing. In this process an architectural researcher was invited to help with a co-design process where all residents in an apartment complex was invited to contribute to the design process. While everybody participating learns more about older people's specific experiences, needs and wishes for outdoor spaces, the municipal staff taking part has experienced methods of user involvement that can be used in other projects in the future. The experiences and methods are shared with all partners of AgeArc in order for all municipalities to have access to and knowledge about this approach.

The collaborative work in AgeArc has shown that the Greenlandic context is very fruitful for collaboration, development and implementation of new initiatives, when personal relations and partnerships are continuously maintained through dialogue between research and practice. However, the importance of personalized relations and the limited number of municipal employees makes development and implementation of new initiatives vulnerable.

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Ageing in the Arctic. Well-being, Quality of Life and Health Promotion among older People in Greenland (AgeArc) ([www.arktiskaldring.ku.dk](http://www.arktiskaldring.ku.dk)) unites the Greenlandic municipalities, health and care personnel, older people and researchers and educators from the University of Copenhagen, Ilisimatusarfik (University of Greenland), University of Southern Denmark, Aarhus University, VIVE – The Danish Center for Social Science Research and University College Copenhagen.

Ageing in the Arctic (AgeArc) has received 5.6 million DKK in funding from the VELUX FOUNDATION's crosscutting call for cooperation between research and practice, and the project will last until the end of 2020. The project has also received support from the EGV Foundation for fieldwork activities, writing workshops and student activities.

## Notes

1. In the late summer and autumn of 2018, fieldwork focused on dementia is taking place within the larger AgeArc project.
2. At the time there was four municipalities in Greenland. By January 1<sup>st</sup> 2018 Qaasuitsup Kommunia split into two new municipalities, Avaanaata Kommunia and Kommune Qeqertalik.
3. In Greenland, Danish has been, and still partly is, the language used in national and municipal administrations, and many, especially the older parts of the population, are fluent in Danish. Since many employees in administrations and health services and some owners of private businesses are Danish, official messages from authorities are often in both Greenlandic and Danish. Hence it is not unusual for older people to be in situations, where translation between Greenlandic and Danish takes place and the translation was not an obstacle for the conduction of the focus groups.

4. APEN, Activity and health enhancing Physical Environment Network is a research network hosted at KADK, Royal Danish Academy of fine arts, schools of architecture, design and conservation.
5. Some municipalities have a high degree of turn-over in administrative and practice positions meaning that contact persons for the project change often. Some municipalities are (re)structuring their organization meaning that they cannot focus on AgeArc for four years without breaks.

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