

Final Report

European Welfare Models and Mental
Wellbeing in Final Years of Life
(EMMY)

Table of contents

1	General Information.....	3
1.1	Acronym of the collaborative project	3
1.2	Full title of the project	3
1.3	Project duration.....	3
1.4	Project coordinator.....	3
1.5	Project Partners	3
1.6	Project budget.....	4
2	Plain English Abstract	5
3	Achievements.....	6
4	Work Packages	7
4.1	Summary of Work Packages	7
4.2	Achievements	7
4.3	Deviations from the original work plan	12
5	Key Findings and Recommendations	13
6	Milestones	15
7	Deliverables.....	16
8	Outputs	17
8.1	Publication list.....	17
8.2	Presentations at (scientific) conferences and symposia, including JPI MYBL activities	17
8.3	Communications, public engagement activities and knowledge exchange events.....	19
9	Impact.....	20
9.1	Scientific impact.....	20
9.2	Societal impact	22
10	Data Management and Data Sharing.....	24
11	Collaboration.....	25
11.1	Collaboration within the project	25
11.2	Collaboration with Stakeholders	25
11.3	Collaboration with Patients and the Public	25
11.4	Collaboration with other JPI MYBL projects	26
11.5	Collaboration with other European/national projects.....	26
11.6	Added value of the International Consortium	26
12	What can we do for you?.....	27
12.1	What can we do for you?.....	27
12.2	Feedback for JPI MYBL.....	27

1 General Information

1.1 Acronym of the collaborative project

EMMY

1.2 Full title of the project

European Welfare Models and Mental Wellbeing in Final Years of Life

1.3 Project duration

Planned start date	01.01.2017
Actual start date (of earliest starting national partner)	01.01.2017
Planned end date	31.12.2019
Actual end date (of latest ending national partner)	31.12.2019

1.4 Project coordinator

Name	Prof. Kristian Wahlbeck
Institution	Finnish Institute for Health and Welfare
Country	Finland
Email	Kristian.wahlbeck@thl.fi
Funding Organisation	Academy of Finland
Duration project participation	01.01.2017 - 31.12.2019

1.5 Project Partners

Partner 2

Name of Principal Investigator	Dr Anna Forsman
Institution	Åbo Academi University
Country	Finland
Email	annakfor@abo.fi
Funding Organisation	Academy of Finland
Duration project participation	01.01.2017-31.12.2019

Partner 3

Name of Principal Investigator	Dr Jorid Kalseth
Institution	SINTEF Technology and Society
Country	Norway
Email	Jorid.kalseth@sintef.no
Funding Organisation	The Research Council of Norway
Duration project participation	01.01.2017-31.12.2019

Partner 4

Name of Principal Investigator	Dr Marta Miret
Institution	Universidad Autónoma de Madrid
Country	Spain
Email	marta.miret@uam.es
Funding Organisation	Ministerio de Ciencia, Innovación y Universidades
Duration project participation	01.01.2017-31.12.2019

Partner 5

Name of Principal Investigator	Prof Francesco Amaddeo
Institution	University of Verona
Country	Italy

Email	francesco.amaddeo@univr.it
Funding Organisation	
Duration project participation	01.01.2017-31.12.2019

Please insert further tables to add more partners, as appropriate.

1.6 Project budget

Please add the budget of the overall project (total budget) and the budget per partner in Euros.

	Funds awarded	Actual spend
Total Budget	€ 777 992	€ 733 124

	Funds awarded	Actual spend
Budget Coordinator	€ 357 304	€ 318 083 €
Budget Partner 2	€ 67 688	€ 67 649
Budget Partner 3	€ 263 000	€ 263 000
Budget Partner 4	€ 90 000	€ 84 392
Budget Partner 5	€ 0	€ 0

Please insert further rows of the table to add more partners, as appropriate.

2 Plain English Abstract

Please briefly summarise the project including its achievements and main conclusions in plain English (see <http://www.plainenglish.co.uk/free-guides.html>). This abstract will be made publicly available, including being published on the JPI MYBL website (max. 500 words).

The main aim of the EMMY project was to explore wellbeing (MWB) in oldest-old age (80 years and over) in response to the ongoing demographic transition. The mixed methods study used qualitative methods to explore what people themselves define as important for their MWB, and quantitative methods to analyse components of MWB oldest old age using existing data from the European Social Survey (ESS). Furthermore, a policy analysis mapped out how policy developments in the four partner countries (Finland, Italy, Norway and Spain) support MWB in oldest old age.

A total of 117 participants from all four countries were included in the focus group study, assessed by way of qualitative content analysis. Participants' perspectives on MWB were collated along four dimensions: functional, social, personal and environmental. Staying healthy and maintaining independence, having close relationships with others, and insightful experiences with friends positively contributed to MWB. Additionally, engagement in fruitful or inspiring activities contributed to enhance personal development, which, in turn, had beneficial effects on MWB. Having a positive outlook was also associated with MWB. Results reinforce multidimensional aspects of MWB. Supporting the social and physical environment as well as strengthening personal capabilities and self-esteem, can foster MWB among the oldest old population.

Quantitative analyses were based on data from Round 6 (2012) of the ESS which includes a broad range of items related to MWB. To increase comparability, data from the 24 countries was included. To explore MWB dimensions in old age Exploratory Structural Equation Model (ESEM) was performed based on initial results of Exploratory Factor Analysis (EFA).

Results from the ESEM analyses were used to construct MWB measures providing the basis of analyses of welfare system impact on MWB. Results indicate that high level of formal support and gender equality are beneficial for both subjective and psychological aspects of MWB. Furthermore, social trust, reduced income inequalities and long duration of labour market participation increased life satisfaction and happiness in the oldest old population. The most important aspects of welfare state for MWB included ability to cope on one's income, physical health and place in society, social trust and social interaction, learning new things and having an appreciation for ones surroundings.

Developing policies which support MWB also in the oldest old age group can harness existing resources such as MWB. Clearly defined and multifaceted measures of MWB are needed to sharpen evidence used in policy development, appraisal and evaluation in light of the considerable diversity of health and functional states experienced in later life.

Coverage and focus of policies tends to vary between countries. Less attention appears to be paid to concepts like 'personal outlook', 'autonomy', 'awareness', 'being active', 'personal development', 'privacy and self-comfort', 'rest and relaxation', 'spirituality' and 'stability'.

Innovative policy approaches supporting older adults exists, although MWB particularly in oldest old age tends to be given less policy attention.

3 Achievements

Please describe the achievements of the overall project. There is space to elaborate on the achievements of individual work packages separately in the next section. The aim of the joint call was to support research which will improve the understanding of how different approaches to welfare secure the quality of life, especially on older people. The following research questions were asked:

- I. Understanding wellbeing: how appropriate are current measures of wellbeing across the changing life course?
- II. Intergenerational relationships: how can welfare models distribute resources, rights and responsibilities in fair and sustainable ways?
- III. Welfare models: How can welfare models secure the health and wellbeing for older people confronted to caring needs, subject to frailty and nearing the end of life?

Please explain how the project results contribute in answering these research questions (if applicable).

Understanding wellbeing: how appropriate are current measures of wellbeing across the changing life course?

Measures designed to tap MWB are often devised to evaluate the general population, and little is known about specific measurement tools that assess MWB in the oldest old.

A systematic review performed in WP1 found 28 measurement tools designed to measure MWB. Instruments evaluating different aspects of MWB simultaneously and the existence of subscales in most of them are support the notion of the multi-dimensional nature of MWB. A specific MWB tool designed to be used for the oldest old is lacking. The review provides the first comprehensive synthesis of the existing scales that assess mental well-being in older populations.

Furthermore, results from the focus group study (WP1 see below for further detail) pointed to the importance of the personal dimension of MWB, reinforcing the dynamic and multidimensional nature state of MWB, as well as highlighting the significance of psychosocial factors. Developing and implementing policy actions including a focus on the social and physical environment as well as strengthening personal capabilities and self-esteem, can foster MWB among the oldest old population.

Intergenerational relationships: how can welfare models distribute resources, rights and responsibilities in fair and sustainable ways?

Not relevant for the EMMY project.

Welfare models: How can welfare models secure the health and wellbeing for older people confronted to caring needs, subject to frailty and nearing the end of life?

Quantitative analysis of the ESS data (see WP2 for more detail) indicated that more highly developed welfare state and universalistic, service-based care regimes are associated with higher MWB in oldest old age, in comparison to less developed welfare state with family based care regimes.

Several individual level variables were analysed to select the variables which were significantly associated with either MWB, the strongest impact was found to result from 1) subjective sense of coping on income, 2) subjective health, and 3) place in society.

MWB seems to be context and policy dependent. The policy context has an important role in fostering MWB among its citizens, which is particularly important in oldest old age as the vast majority of this population group is reliant on some level of support.

4 Work Packages

Please complete the tables below which are intended to capture details of the achievements of the individual work packages. There is also space to highlight where you have had to deviate from your original work plans and why. This information will help us in anticipating problems that may be experienced by award holders in future joint calls. This section is for internal use and the information you provide will not be published.

4.1 Summary of Work Packages

WP	Title
WP 1	Mental Wellbeing Concepts
WP2	Welfare System Outcomes
WP3	Comparative Policy Analysis
WP4	Mental Wellbeing Impact Assessment Tool

4.2 Achievements

Achievements WP 1 - Mental Wellbeing Concepts

Please describe the achievements of work package 1 in relation to the initially planned objectives (max. 2 pages).

The aim of this work package was to strengthen the understanding of Mental Wellbeing (MWB) in oldest old age in relation to experiences and expectations, as well as underlying concepts and mechanisms.

This has been achieved via a qualitative study exploring MWB and its dimensions among the oldest old population (people aged 80 years and over) through several focus groups (FG), and the development of a systematic review of instruments to evaluate MWB in the ageing population.

Regarding the qualitative study and the purpose to achieve a definition of mental wellbeing, in general, respondents highlighted the complexity of the MWB concept, as well as its abstract, subjective and broad nature. Nearly all participants were prone to conceptualize MWB by specifying the factors that would increase it. Another group of individuals, however, perceived MWB as a calm attitude, being comfortable and fulfilled (with both the surroundings and oneself) and as a state of serenity where one could get a feeling of inner and outer peace. Some respondents spoke about happiness distinguishing between tangible contentment and perceptions.

The conceptual model of dimensions of MWB according to the participants' experiences reinforced the dynamic state of the MWB concept and its multidimensional nature, highlighting the significance of the psychosocial factors. Indeed, all emerged dimensions appeared to be closely linked to one another. Four main dimensions emerged: functional, social, personal, and environmental. The functional dimension was classified according to five categories: care assistance, energy and restful sleep, being healthy, independence and physical activity. Health was unanimously considered essential for MWB, as well as the sense of being free of illness and pain. Under social theme several categories emerged: social networks, social interactions, social support and social engagement. In terms of social networks, the nearest family (i.e. spouse, children and grandchildren) was, by far, the most repeated concept and key source for MWB, underlining the importance to be supportive and caring, and including frequent interactions with family members. Another fundamental source for MWB came from friends, while respondents living in nursing homes focused on relations to other residents and personnel. It was also highlighted the importance of remaining engaged in social activities in the community. The personal dimension concerned life engagement and positive outlook, and it comprised various categories: autonomy, awareness, being active, intimacy, personal development, positive outlook, rest and relaxation, spirituality and stability. Engaging in different activities and having goals and challenges were considered to maintain balance in life and enhance MWB, for example accomplishing the planning of a regular

day. Awareness included the acceptance of growing old and related life adjustments, and the majority of respondents showed confidence about the future, even if they reported that MWB depends on the enjoyment of the present and on what really matters. Finally, environmental factors were grouped as natural surroundings and living conditions indicators, and a peaceful and quiet environment was regarded as an important indicator for MWB. Even though MWB dimensions were similar in all participating countries, some differences were noted depending on the welfare systems and cultural norms. For example, strong interactions with the closest family seemed to be key for MWB in Spain and Italy, while Finish and Norwegian participants described the value of autonomy to a greater extent.

This work package has also contributed to the development of a systematic review of instruments to evaluate MWB in the ageing population. A critical appraisal of the instruments using the Consensus-based Standards for the selection of health Measurement Instruments (COSMIN) guidelines was performed, including quality indicators as well as psychometric properties. 2250 articles were screened. 20 original measurement tools designed for older population were found. An important aspect to consider when assessing these instruments in the context of older age is the different age range considered, which reflects the general disagreement and the difficulties in defining old age. The dynamic and multi-dimensional nature of MWB was observed in both the measurement tools evaluating different aspects of MWB simultaneously and the existence of subscales in most of the reviewed instruments.

Including the target group when creating instruments for and with the older adults is essential. Indeed, none of the MWB measurement tools were specifically created for the oldest-old population aged 80 years and older. Therefore, a specific MWB tool designed to be used for the oldest old is needed.

Achievements WP 2 - Welfare System Outcomes

Please describe the achievements of work package 2 in relation to the initially planned objectives (max. 2 pages).

Work Package 2 (WP2) assessed the impact of welfare systems on mental wellbeing (MWB) in oldest old age in comparison to younger ages using existing data from the European Social Survey (ESS).

System level variables were derived from different web-based data sources such as ESS Multi-level Data, Eurostat, OECD, WHO. Different approaches to measure welfare system were used, including a welfare state regime typology (five types: Nordic social democratic, Continental European Bismarckian, Anglo- Saxon Liberal, Southern Europe, and Eastern Europe post-communist regimes), welfare state variables (constructed using factor analyses including a range of measures related to the welfare state).

In line with the planned objectives four main analyses were performed:

1. Investigating the structure of mental wellbeing in oldest old using the ESS data which is used as the starting point for measuring MWB.
2. Investigated whether the welfare system impact on MWB differ with age.
3. Comparing different approaches to measuring welfare systems, as well as different care regime measures in explaining variation at country level in MWB of the oldest old.
4. Finally, analysing intervening factors of welfare state influence on MWB in oldest old.

Welfare system impact on MWB was analysed using multilevel regression analysis.

Structure of MWB in oldest old

Using exploratory factor analysis and exploratory structural equation model (ESEM) on 28 items representing the different wellbeing aspects, the MWB among the oldest old were found to be representable by six or alternatively 5 factors (in the latter case the two first factor below constitute

one common factor) including the following:

- Evaluative wellbeing (life satisfaction)
- Positive emotional wellbeing (positive affect)
- Positive psychological functioning (autonomy, competence, self-esteem)
- Meaning and flow (presence and engagement);
- Positive and supportive relationships (support, respect, appreciation).
- Social engagement (social activities and interactions)

To keep the analyses of welfare system impact on MWB manageable we combined evaluative and emotional wellbeing into one Subjective wellbeing (SWB) dimension and positive psychological functioning, flow and positive and supportive relationship into one psychological wellbeing (PSW) dimension, excluding variables with low loading.

The items included in the social engagement were less reliable and could alternatively be viewed rather as determinants of MWB and are included in the analyses of intervening factor.

Welfare state, MWB and age

Age differences in MWB were found to be associated with welfare state measures. Low score on a welfare state variable was associated with a negative age gradient for both SWB and PWB, these differences increasing with age. Using the Nordic welfare model as reference category, we found no differences in MWB for the Bismarckian (continental) regime type, a decreasing difference for the Anglo-Saxon regime, and increasing differences with age between the Nordic and the Southern (SWB) and Eastern regimes. For Anglo-Saxon regime we find an increase in MWB with age (for middle aged+) while for Eastern the opposite is found. Also, for Southern regime we find a negative age effect for SWB (until middle age).

Comparing approaches for measuring welfare systems and care regimes

Three different care regime typologies were compared with the welfare state measures described above. The three care regime typologies apply slightly different approaches to separating the regime based heavily on family care from more service-based care regimes.

The following findings were notable in terms of differences in SWB and PWB according to different welfare systems and care regimes. Firstly, country level variation was higher for SWB than PWB in the oldest old age group. Additionally, welfare systems and care-regimes explain more of country level variation in SWB than PWB.

In terms of measurement approaches, welfare state measures explain more of country level variation than care-regime approaches. More developed welfare state and universalistic, service-based care regimes are associated with higher MWB than poorly developed welfare state and family based care regimes

Intervening factors of welfare state influence on MWB in oldest old

Several individual level variables were analysed to select the variables which were significantly associated with either SWB or PWB. For SWB the following variables affected the estimated impact of welfare system most;

- coping on income,
- subjective health,
- place in society.

Achievements WP 3 - Comparative Policy Analysis

Please describe the achievements of work package 3 in relation to the initially planned objectives (max. 2 pages).

Despite significant difficulties in getting access to the funding, WP3 was able to achieve some of the planned tasks.

A scoping review of legislations, policies and plans approved from 2007 to 2018 in four European countries was performed. The repository contains a fairly comprehensive selection of legislations, policies and plans which are considered to have an effect on the mental wellbeing (MWB) of the oldest old. All the documents in repository have been classified using a list of dimensions and sub-categories derived from the qualitative study.

The scoping review of legislation, plans and policies in relation to the oldest old age group were included a repository containing 271 documents, 42 from Finland, 90 from Norway, 59 from Italy and 80 from Spain. Looking at the geographical level of legislations, plans and policies, differing approaches can be seen to be taken in the Nordic countries (Finland and Norway) which include predominantly national coverage, in comparison to southern countries (Italy and Spain) where the coverage is distributed nationally, regionally and locally. Italy has more decentralised regulations with only 32% of national rules, Spain had 58%; while in Finland (100%) and Norway (98%) legislations, plans and policies were found to be at national level.

In each of the four countries the main topics are health and social issues, and most of them were found to relate to specific categories of citizens. In terms of policy relating to the dimensions of MWB outlined by the qualitative study, it was noted that policies tended not to include the personal dimension. There appeared therefore to be a lack of policy documentation pertaining to concepts such as 'personal outlook', 'autonomy', 'awareness', 'being active', 'personal development', 'privacy and self-comfort', 'rest and relaxation', 'spirituality' and 'stability'.

Furthermore, two policy examples were selected per country outlining innovative approaches covering topics and dimensions of MWB.

Achievements WP 4 - Mental Wellbeing Impact Assessment Tool

Please describe the achievements of work package 3 in relation to the initially planned objectives (max. 2 pages).

WP4 consisted of three main outcomes (a rapid review, a Delphi study and development of a Decision Support Tool) coordinated by THL and Åbo Academy University.

Rapid Review:

A rapid review was published entitled "Determinants of multidimensional mental wellbeing in the oldest old: a rapid review" exploring current research on determinants of mental wellbeing (MWB) for the oldest old.

This review was explored determinants of MWB in oldest old age in order to inform other areas of the EMMY project, and in order to place greater attention to MWB in the oldest old population group and advocate for a policy shift towards more focus on MWB.

An iterative rapid review approach was used to review existing literature in line with the four dimensions of MWB defined by the European Welfare Models and Mental Wellbeing in Final Years of Life (EMMY) study; functional, social, personal and environmental.¹⁰ A specific focus on articles employing multidimensional definitions of MWB was adopted.

MWB was defined around three separate domains; evaluative wellbeing which relates to satisfaction with life, hedonic wellbeing which is linked to positive and negative emotions or affect, and eudaimonic wellbeing with a focus on positive functioning, self-realisation and meaning. This iterative process resulted in a final 15 articles being selected for the review, comprising of 10 quantitative studies and 5 qualitative studies.

Multidimensional indicators reflect the multifaceted and multidirectional dynamics of wellbeing in

very old age. Considerable variety in both measures and terminology was found within the literature making precise comparison difficult. The rapid review took steps towards comparability by focusing on studies implementing multiple measures of MWB including evaluative, hedonistic and eudaimonic factors.

Clearly defined and multifaceted measures of MWB are needed to sharpen evidence used in policy development, appraisal and evaluation in light of the considerable diversity of health and functional states experienced in later life. Previous studies appear to line up the four main dimensions of MWB identified in the EMMY study. Actively improving opportunities for older adults to produce benefits to society can be done via a stronger focus on resources such as MWB.

Delphi Study

The Delphi survey was developed by the project team under the coordination of team members at Åbo Akademi University (FIN). The content of the survey questionnaire was based on a synthesis of the findings in the project work packages 1-2, questions related to Work package 3 as well as relevant indicators derived from the Mental Wellbeing Impact Assessment (MWIA) (Cooke et al. 2011).

The final version of the questionnaire was completed, translated and sent to 50 recipients per country representing the following categories: authorities, decision-makers in various capacities, senior citizens' or pensioners' organizations and experts (researchers, opinion leaders) in health promotion and other relevant fields. The Delphi survey was sent out in two rounds.

Results from round one were as follows: 70 % of respondents found it very important that "Policy should support mental wellbeing among the oldest old. And the same number of people found it very important that "Policy in my country should to a larger extent target the mental wellbeing of the oldest old (people aged 80+)".

In the second round of the Delphi survey, participants were instructed to choose which ten topics they find the most important to address in policy, considering the mental wellbeing of people aged 80+. In terms of important topics, safeguarding against age related discrimination and negative stereotypes, access to informal social (including intergenerational) networks, and housing security rose as the three most important areas of action.

Results from the Delphi study were used to inform the Decision Support Tool outlined below.

Decision Support Tool

EMMY project outcomes were summarised in a Decision Support Tool (www.emmydecisionsupport.com/) which guides the user through a series of assessments around how well a proposed project, policy and initiatives takes mental wellbeing into consideration for the oldest old population.

The main aim is to raise awareness about mental wellbeing (MWB) in oldest old age, and to encourage decision makers (users) to include MWB in their assessment procedures.

The Decision Support Tool was based on results from the EMMY focus group study which explored the meaning of MWB for older adults aged eighty years and over, as well as the EMMY Delphi study which gauged the opinion of a broad set of stakeholders with specialised knowledge of the oldest old age group.

The decision support tool is intended to support the development of actions with develop MWB in oldest old age and consists of two sections;

1. A Dynamic Model of Mental Wellbeing summarising how social determinants of MWB impact the oldest old
2. A Policy Assessment Tool which allows for policy assessments to be made.

The structure of the decision support tool comes from the Mental Wellbeing Impact Assessment (MWIA) toolkit developed by National MWIA Collaborative, using data from the EMMY project.

Dynamic Model of Mental Wellbeing

This model was based on one developed by the National MWIA Collaborative, and includes links to findings from the qualitative focus group study performed by the EMMY project. Focus group transcriptions were explored for the wider determinants of MWB.

Policy Assessment Tool

Results from the Delphi study were used to weight the answers in the Policy Assessment Tool. Each answer on the Likert scale was weighted according to the ranking order of the Delphi process and the value given by the end user.

These wider determinants of MWB were then collated into corresponding protective factors for MWB producing the end result. If the wider determinant impacted more than one protective factor, its weight was divided over all three.

Please insert further tables to add more work packages, as appropriate.

4.3 Deviations from the original work plan

Please describe any significant deviations from the original work plan at the level of the overall project and each individual work package. Describe how any deviations differ from the original plan and give clear reason(s) for the deviation(s) or anything not achieved to date.

Project outcomes were determined by the research proposal and no major changes were made to the research plan. However a significant complication was the severe delay in funding for the Italian partners. Although the EMMY project attempted to compensate for this lack of funding for many years, the final outputs of WP3 were in the end compromised.

Although WP3 was able to contribute to some degree with the planned policy analysis, Partners at University of Verona were not able to engage in the review with the level of detail as planned in the proposal.

The severe delay resulted in the University of Verona relinquish the funding in the end, as the EMMY project was coming to a close.

5 Key Findings and Recommendations

Please describe the key high-level findings of the research for each work package (max. four key findings per work package) and highlight recommendations associated with each key finding (e.g., recommendations for policy or practice).

WP 1	
Key findings	Recommendations
The importance of social dimension for MWB of the oldest old.	Policy actions which support social contacts with family and friends as well as enhancing social participation can be beneficial in oldest old age.
The importance of health for MWB of the oldest old.	Provide better assistance and assure independence. Organise physical activities.
Country specific differences.	In the planning of policies, initiatives and activities to promote oldest old MWB, culture norms and welfare systems has to be considered. The oldest old age group needs to be included in mental health promotion actions and research endeavours to a greater extent.
None of the measurement tools were specifically created for the oldest-old population aged 80 years and older.	Developing MWB measures specifically for the oldest old age group will improve likelihood of it being included within policy development.

WP 2	
Key findings	Recommendations
Welfare state matters for mental wellbeing in oldest old: Age pattern in MWB differ between welfare systems	Increased awareness that welfare policy has different effects for different age groups. It also highlights the importance of following developments for different age groups, including the oldest old.
More developed welfare state is associated with higher MWB in oldest old	Older adults are more vulnerable to a lack of welfare state policy - it is important to have good welfare schemes for the elderly.
Universalistic, service-based care regimes are associated with higher MWB than family-based care regimes	Care systems in which everyone has access to formal services when can improve MWB also in oldest old age.
Welfare state impact MWB by improving health outcomes and reducing financial and social inequalities	Generally speaking, welfare policy aiming to level out health, economic and social differences have a positive impact on the MWB of the entire population and particularly in older age.

WP 3	
Key findings	Recommendations
Provisional policy analysis found differing approaches depending on	Regional policy differences may produce inequitable access to actions which

geographic region. Nordic countries (Finland and Norway) included predominantly national coverage, in comparison to southern countries (Italy and Spain) where the coverage is distributed nationally, regionally and locally.	may improve MWB.
In each of the four countries the main policy topics relating to older age related to health and social issues.	Mental wellbeing should be included in routine impact assessment of policy actions.
Provisional policy analysis found the personal dimension (as defined in WP1) to be under-represented, with few references to ‘personal outlook’, ‘autonomy’, ‘awareness’, ‘being active’, personal development’, ‘privacy and self-comfort’, rest and relaxation’, ‘spirituality’ and ‘stability’.	Increased policy attention to eudaimonic or aspects of the personal dimension may be a channelled into impacting MWB in oldest old age.

WP 4	
Key findings	Recommendations
Multidimensional indicators reflect the multifaceted and multidirectional dynamics of wellbeing in very old age. Considerable variety in both measures and terminology was found within the literature making precise comparison difficult	Actively improving opportunities for older adults to produce benefits to society can be done via a stronger focus on resources such as mental wellbeing.
Clearly defined and multifaceted measures of MWB are needed to sharpen evidence used in policy development, appraisal and evaluation in light of the considerable diversity of health and functional states experienced in later life.	Actively improving opportunities for older adults to produce benefits to society can be done via a stronger focus on resources such as MWB.
The majority of policy makers reported it to be very important that “Policy should support mental wellbeing among the oldest old (people aged 80+). In terms of important topics, safeguarding against age related discrimination and negative stereotypes, access to informal social (including intergenerational) networks, and housing security rose as the three most important areas of action.	The oldest old age group needs to be included in mental health promotion actions and research endeavours to a greater extent.
The decision support tool is intended to support the development of actions with develop MWB in oldest old age and consists of two sections; 1. A Dynamic Model of Mental Wellbeing summarising how social determinants of MWB impact the oldest old 2. A Policy Assessment Tool which allows for policy assessments to be made.	Further attention is needed to make evidence more accessible to those in decision making positions.

Please insert further tables to add more work packages, as appropriate.

6 Milestones

Please describe the milestone(s) for each work package and indicate when you achieved each milestone, leaving the final column blank if the milestone was not achieved.

WP	Milestone	Date achieved
WP 1	Preparation of the manual and obtaining ethical approval to carry out the focus groups.	M3
WP 1	Performing focus groups and transcription and translation	M6
WP 1	Data extraction, analysis and interpretation of the information obtained in the focus groups	M12
WP 1	Search of instruments to evaluate wellbeing in the ageing population	M19
WP 1	Critical appraisal of the instruments to evaluate wellbeing in the ageing population	M25
WP 2	Collection and preparation of data	M12
WP 2	Data analyses: 1) descriptive – outcomes by country and welfare regimes, 2) regression outcomes by welfare regime indicators	M24
WP 2	Interpretation and presentation of findings	M36
WP 3	Scoping review of existing legislations, initiatives and policies	M12
WP 3	Development of a tool to compare existing policies and collect contextual information	M24
WP 3	Qualitative evaluation of the existing policies	M36
WP 4	Literature review to establish the theoretical fundamentals for the tool	M6
WP 4	Interdisciplinary development of a mental wellbeing impact assessment tool	M9
WP 4	Involving European experts using Delphi technique	M12
WP 4	Piloting of the tool in the participating countries	M24

Please insert further rows to add more deliverables, as appropriate.

7 Deliverables

Please describe the deliverable(s) for each work package and indicate when you achieved each deliverable, leaving the column blank if the deliverable was not achieved. In addition, please report the dissemination level (i.e., public, confidential) and the format of the deliverable (e.g., report, video). Please collate copies of all the deliverables in a ZIP-file and submit the file along with this report. Please name the individual items in the ZIP-file identically to the deliverable names in the table below to enable easy identification.

WP	Deliverable name	Date achieved	Dissemination level	Format	Attached
WP 1	D1.1: Draft report on the conceptualization of mental wellbeing by elderly populations	Published 2019	Public	Scientific article	Yes
WP 1	D1.2: Report on instruments to evaluate wellbeing in the ageing population	Published 2020	Public	Scientific article	Yes
WP 1	D1.3: Final conceptual report	Dec 2019	Public (EMMY website)	Final EMMY report	Yes
WP 2	D2.1 Report on welfare system outcomes related to the mental wellbeing of elderly	Published Dec 2019	Public	Scientific article	Yes
WP 3	D3.1: Tool to perform comparative policy analysis and description of the contextual factors/system variables	Not complete	N/A	N/A	No
WP 3	D3.2: Comparative report on welfare models in the four participating countries	To be submitted by June 2021	Public	Scientific article	No
WP 4	D4.1: Tool for mental wellbeing impact assessment	Dec 2019	Public	Online tool (www.emmydecisionsupport.com)	No as it is online
WP 4	D4.2: Indicator set for monitoring of progress	Dec 2019	Public	Online tool (www.emmydecisionsupport.com)	No as it is online

Please insert further rows to add more deliverables, as appropriate.

8 Outputs

8.1 Publication list

Please list the publications that resulted from the funded project and indicate which type of publication (e.g., peer reviewed article, book/book chapter, review, communication in scientific congress, dissertation, other).

Title (Title of the publication and DOI number or other link)	Type
Comprehending Socio-relational Factors of Mental Wellbeing in the Oldest Old within Nordic and Mediterranean Countries (under review in Ageing & Society)	Peer reviewed article
Instruments to evaluate mental well-being in old age: a systematic review. Ageing and Mental Health, 2020. Doi: 10.1080/13607863.2020.1774742	Peer reviewed article
Understanding the multi-dimensional mental well-being in late life: evidence from the perspective of the oldest old population. Journal of Happiness Studies, 2020. 21, 465–484. Doi: 10.1007/s10902-019-00090-1	Peer reviewed article
El bienestar mental en la población de edad más avanzada: El proyecto EMMY. (2020). Actas de Coordinación Sociosanitaria, (27), 97-118. Available at: https://www.fundacioncaser.org/sites/default/files/adjuntos/fcaser_actas27_n2020_2706_lara.pdf	Article
Is Mental Well-Being in the Oldest Old Different from That in Younger Age Groups? Exploring the Mental Well-Being of the Oldest-Old Population in Europe https://doi.org/10.1007/s10902-020-00292-y	Peer reviewed article
Mental well-being among the oldest old: revisiting the model of healthy ageing in a Finnish context. https://doi.org/10.1080/17482631.2020.1734276	Peer reviewed article
Determinants of multidimensional mental wellbeing in the oldest old: a rapid review. doi.org/10.1007/s00127-018-1633-8	Peer reviewed article
Self-rated wellbeing and general health in final years of life: An exploratory population-based study among the oldest old. https://doi.org/10.1016/j.jpsychores.2018.03.049	Peer reviewed article
Mental well-being and its determinants among the oldest old. https://doi.org/10.1016/j.jpsychores.2018.03.086	Peer reviewed article
Self-rated wellbeing and general health in final years of life: An exploratory population-based study among the oldest old. https://doi.org/10.1016/j.jpsychores.2018.03.049	Peer reviewed article
Mental well-being and its determinants among the oldest old. https://doi.org/10.1016/j.jpsychores.2018.03.086	Peer reviewed article

8.2 Presentations at (scientific) conferences and symposia, including JPI MYBL activities

Please list the presentations at (scientific) conferences and symposia that resulted from the funded project.

Presentation [Title presentation] at [name scientific conference] by [presenter name]	Date
Mental wellbeing in oldest old age: separating dimensions from determinants. Age Institute and Finnish Institute for Health and Welfare joint annual conference on ageing and wellbeing, Johanna Cresswell-Smith	May 2021
Welfare, wellbeing and demographic change: Understanding welfare models.	December

JPI MYBL's sessions at the European Week of Active & Healthy Ageing, Johanna Cresswell-Smith	2020
Una revisión sistemática de los instrumentos para evaluar el bienestar subjetivo en las personas mayores. Oral communication at Congreso Internacional en Contextos Psicológicos, Educativos y de la Salud. Natalia Martín-María	November 2020
Mental Wellbeing Concepts and Instruments. Final Conference EMMY project - Universidad Autónoma de Madrid. Dr Marta Miret	December 2019
Welfare System Outcomes and Mental Wellbeing; findings from the European Social Survey. Final Conference EMMY project - Universidad Autónoma de Madrid. Dr Jorid Kalseth	December 2019
Comparative Policy; the journey towards including mental wellbeing within policy development for the Oldest Old. Final Conference EMMY project - Universidad Autónoma de Madrid. Prof Francesco Amaddeo	December 2019
Re-packaging the prize; incorporating evidence in decision making. Final Conference EMMY project - Universidad Autónoma de Madrid. Johanna Cresswell-Smith	December 2019
Poster: Welfare state matters for mental wellbeing of the oldest old. 12th European Public Health Conference, Marseille. Jorid Kalseth	November 2019
Poster: Staying healthy and maintaining independence contributes to Mental Wellbeing. 12th European Public Health Conference, Marseille. Marianne Ådnanes	November 2019
Poster: The EMMY Project: Older Adults' Mental Wellbeing from a Policy Perspective – The Finnish Case. 12th European Public Health Conference, Marseille. Anna K. Forsman.	November 2019
Poster presentation: Welfare state matters for mental wellbeing of the oldest old. 12th European Public Health Conference, Marseille. Jorid Kalseth	November 2019
Country-specific Differences about Mental Well-being in Late-life: The Perspective of the Oldest Old Population. Poster at International Association of Gerontology and Geriatrics European Region Congress. Elvira Lara	May 2019
Innovative Person-Centered Approaches to Promote and Protect Mental Wellbeing and Social Inclusion in Later Life. The EMMY Project: Older Adults' Mental Wellbeing from a Policy Perspective - The Finnish Case. International Association of Gerontology and Geriatrics European Region Congress	May 2019
Exploring the constructs of mental wellbeing in the oldest old: an analysis of ESS survey data. 13th ENMESH International Conference, Lisbon Portugal. Jorid Kalseth	June 2019
Comprehending the personal dimension of mental well-being from the experiences of the oldest old population: a qualitative study. Poster at ENMESH Managing mental health system complexity. Johanna Cresswell-Smith (presenter); Elvira Lara (first author)	June 2019
La influencia de la dimensión social del bienestar subjetivo en personas en los últimos años de vida: un estudio cualitativo. Oral communication at IV Congreso Nacional de Psicología Positiva. Elvira Lara	October 2018
Mental well-being and its determinants among the oldest old. Journal of Psychosomatic Research. 109, 113-114. Poster at 6 th annual Scientific Conference of the European Association of Psychosomatic Medicine. Valeria Donisi (presenter); Elvira Lara (first author)	June 2018
Self-rated wellbeing and general health in final years of life - an explorative population based study among the oldest old. 6th Annual Scientific Conference of the European Association of Psychomatic Medicine. Valeria Donisi	June 2018

Mental well-being and its determinants among the oldest old. 6th annual Scientific Conference of the European Association of Psychosomatic Medicine. Elvira Lara	June 2018
EMMY Project Poster Presentation at JPI More Years Better Lives Conference – Brussels. Johanna Cresswell-Smith	February 2018

8.3 Communications, public engagement activities and knowledge exchange events

Please list the communications, public engagement activities and knowledge exchange events where results from the funded project were shared with specific audiences, including the general public.

Activity or event	Date
Presentation of results from WP2 in a mini-seminar on Quality of life for old people, arranged by SINTEF and Norwegian University of Science and Technology, open for all (general population, policy makers, researchers, etc)	March 2020
Demographic Change, Equality and Wellbeing: Integrating policies, programmes and services in an ageing society. Kristian Wahlbeck, Johanna Cresswell-Smith	October 2019

9 Impact

9.1 Scientific impact

Describe the nature of the major scientific impacts of your results, i.e. the addition to the current state of knowledge (new data, new methods, new perspective, confirmation of theses, first transnational approach). Describe to what extent the scientific impact has been promoted through the international and comparative perspective of the various members of the consortium (max. 2 page).

New perspectives and paradigm shifts.

The EMMY project was timely due to some fundamental paradigm shifts which are currently underway. The first one relates to the current demographic transition, shifting increased attention to an ageing population which will no doubt have broad reaching global impacts on a multitude of sectors. The second relates to an increased level of attention which placed on salutogenic perspectives, that is the notion of supporting wellbeing rather than focusing purely on approaches based on action to ill health. Both of these are topics of research which remain largely unexplored and under researched.

This paradigm shift is approached by the EMMY project by highlighting the benefits of attending to mental wellbeing also in oldest old age. Mental wellbeing has been found to centre around three separate domains; evaluative wellbeing which relates to satisfaction with life, hedonic wellbeing which is linked to positive and negative emotions or affect, and eudaimonic wellbeing with a focus on meaning in life.

Paradoxically, the oldest old have received little attention in terms of wellbeing, or more specifically even mental wellbeing, with research endeavours focusing more often on physical aspects and functional ability. By combining these two contemporary approaches, the EMMY project sought to find a unique ways of harnessing and supporting resources stemming from mental wellbeing in oldest old age.

The overarching aim of the EMMY project is to improve knowledge and understanding of how different welfare models and related policies, target mental wellbeing in the oldest-old. Results suggest that including more eudaimonic features in policy areas such as health, social support, finance, transport and environmental planning as well as aspects of long term care could be beneficial for mental wellbeing in oldest old age.

Social aspects of mental wellbeing were found to be of particular importance. Feelings of being needed and connected were important for mental wellbeing, while fears of loneliness and isolation affected mental wellbeing in a negative manner.

Interesting cross country differences were found in line with this for example in terms of the relevance of relationships for mental wellbeing. Participants from Spain and Italy placed focus mainly on interactions with the closest family, while Nordic countries giving relevance to both informal relationships and formal social participation.

Additionally, the value of autonomy was articulated to a greater extent in Nordic countries in comparison to Mediterranean countries. These values are important aspects to acknowledge within national policy development. Initiatives which take such nuances into account may be more likely to improve and sustain mental wellbeing in oldest old age.

Outcomes from the EMMY project suggest that more attention should be paid to recognising and promoting positive emotions, attitudes and resources, such as resilience, optimism, purpose, and self-esteem, that impact satisfaction with life and happiness in oldest old age, since they may not be the natural focus of the statutory services and healthcare professionals.

By incorporating a Decision Support Tool stakeholders are able to make simple mental wellbeing impact assessments which can raise awareness and provide a snapshot of how mental wellbeing

could be supported within different programme and policy areas

The demographic transition may have considerable policy impacts and therein also economic consequences. The oldest old is a heterogeneous population group with considerable variation in health and wellbeing. Regardless, policy approaches for the oldest old tend to approach ill health and functional impairment. Resource based approaches improve opportunities for older adults to nurture their mental wellbeing and also produce benefits to society.

Our results justify support initiatives that build resilience, allow for life-long learning, and safeguard social recognition and engagement (for example through activities which such as volunteering) into oldest old age. Such approaches do not happen by themselves, but have to be developed and nurtured and can have a mutual benefits to for this age group, but may also present as a valuable societal resource with the potential to have financial benefits to communities.

Harnessing this resource may potentially also have cost implications, something which could be an interesting avenue of study following the EMMY project. On an individual level, economics and financial security was also mentioned as an area of relevance in terms of mental wellbeing in oldest old age. The vast majority of the over 80 age group will be retired and often reliant on pension or other welfare policies or family support. Several participants in the qualitative study mentioned the importance of having enough money to afford their own food and medicines as well as maintaining a financial cushion to cover unexpected expenses.

Ensuring people in this population group have adequate means to meet their needs is a fundamental policy item which can have far reaching impacts on physical and mental health. Also quantitative results from the EMMY study suggested more developed welfare state and universalistic, service based care regimes are associated with higher mental wellbeing than poorly developed welfare state and family based care regimes.

Scientific impact of mixed methods approach

Qualitative data produced unique insights of this often forgotten about population group. Results reinforce the dynamic and multidimensional nature state of mental wellbeing.

Qualitative aspects of the EMMY study which found health and functional ability to be important in line with five categories: care assistance, energy and restful sleep, being healthy, independence and physical activity. Health was unanimously considered essential mental wellbeing as was the feeling of being free of illness and pain. Being healthy was also related with the idea of keeping fit and in good shape.

Participants who expressed higher levels of mental wellbeing usually reported some sort of exercise in their daily routine. Nearly all participants mentioned the importance of staying independent, emphasising the importance of freedom of movement and performing daily activities.

Quantitative results show welfare state measures to explain a considerable amount of country level variation of mental wellbeing with high levels of formal support and gender equality enhancing mental wellbeing in oldest old age. Quantitative analyses making use of open access data from Round 6 (2012) of the European Social Survey (ESS) explored a broad range of items related to MWB which can be useful for investigating mental wellbeing in oldest old age or indeed other age groups.

Increased awareness that welfare policy has different effects for different age groups. It also highlights the importance of following developments for different age groups, including the oldest old. Older adults are more vulnerable to a lack of welfare state policy making it especially important to have good welfare schemes for the elderly. Universal care systems in which everyone has access to formal services when can improve MWB also in oldest old age.

Generally speaking, welfare policies aiming to level out health, economic and social differences have a positive impact on the MWB of the entire population and particularly in older age. Welfare

state may therefore impact mental wellbeing by improving health outcomes and reducing inequalities and enhancing social trust.

9.2 Societal impact

Describe the impact of the results on different target groups (e.g., health professionals, policy makers, patients), including the pathway to reaching this impact. Describe how the results have been or will be used, disseminated and implemented by each target group, including beyond the lifetime of the project (max. 2 page).

Public services and societal functions

The overarching aim of the EMMY project is to improve knowledge and understanding of how different welfare models and related policies, target mental wellbeing in the oldest-old.

Results suggest that including more eudaimonic features in policy areas such as health, social support, finance, transport and environmental planning as well as aspects of long term care could be beneficial for mental wellbeing in oldest old age.

Social aspects of mental wellbeing were found to be of particular importance. Feelings of being needed and connected were important for mental wellbeing, while fears of loneliness and isolation affected mental wellbeing in a negative manner. Interesting cross country differences were found in line with this for example in terms of the relevance of relationships for mental wellbeing. Participants from Spain and Italy placed focus mainly on interactions with the closest family, while Nordic countries giving relevance to both informal relationships and formal social participation.

Additionally, the value of autonomy was articulated to a greater extent in Nordic countries in comparison to Mediterranean countries. Such areas are important to acknowledge within national policy development. Initiatives which take such nuances into account may be more likely to improve and sustain mental wellbeing in oldest old age.

Outcomes from the EMMY project suggest that more attention should be paid to recognising and promoting positive emotions, attitudes and resources, such as resilience, optimism, purpose, and self-esteem, that impact satisfaction with life and happiness in oldest old age, since they may not be the natural focus of the statutory services and healthcare professionals.

The EMMY project also reported on the lack instruments which assess mental wellbeing in older populations and produced the first comprehensive synthesis of existing instruments that assess mental well-being in older populations. This knowledge base could be further built upon in order to develop a specific mental wellbeing tool for the oldest old age group which could be useful within health and social care.

Engaging with different stakeholders

The EMMY project tackles two topics of research which remain largely unexplored and under researched namely the multidimensional nature of mental wellbeing in oldest old age.

Outputs from the EMMY project may have benefits to a multiple stakeholders and sectors. The EMMY project engaged representatives from different sectors on different levels in the Delphi study including national and regional authorities, decision-makers in various capacities, senior citizens' or pensioners' organizations and experts (researchers, opinion leaders) in health promotion and other relevant fields. Based on this broad panel of experience and opinion the study was able to harness the type of priorities which stakeholders hold for oldest old population.

The Delphi process highlighted that the majority of stakeholders felt that addressing mental wellbeing in oldest old age is an important endeavour and entails broad-based actions and an area in need of further attention. In terms of important topics, safeguarding against age related discrimination and negative stereotypes, access to informal social (including intergenerational)

networks, and housing security rose as the three most important areas of action, all of which can have implications for social factors in society.

By incorporating results from the Delphi questionnaire into the Decision Support Tool stakeholders are able to make simple mental wellbeing impact assessments which can raise awareness and provide a snapshot of how mental wellbeing could be supported within different programme and policy areas.

The main aim is to raise awareness about MWB in oldest old age, and to encourage decision makers (users) to include MWB in their assessment procedures

10 Data Management and Data Sharing

Describe how this project contributes to sustainable data and research infrastructures; including a description of the sustainability of the research results within the wider research community. Please take into account the [FAIR data Principles](#) and indicate if your project (partly) contributes to these principles (max. 1 page).

The project made use of existing datasets from the European Social Survey, including data from all EU and EFTA Member States. Existing data sources were prioritised in order to explore how these can be used in the context of MWB, making use of the FAIR data Principles.

Mental wellbeing as a concept in the oldest old age group was explored via a set of gender balanced focus groups in each partner country, including people aged 80+ with different levels of functioning. A focus group interview guide informed the process in all countries and assured participants of anonymity. The focus group discussions were digitally recorded, documented by field notes, transcribed verbatim and translated into English. Personal data was recorded anonymously using identification codes. Data extraction was performed for qualitative analysis. Agreement for sharing data was not agreed in the consent form.

A systematic review of mental wellbeing measured was performed produced a comprehensive synthesis of instruments assessing mental well-being in older populations. The systematic review was guided by a clear protocol, which is published.

Publicly-funded research data are valuable, long-term resources that, where practical, should be made available for secondary scientific research. Some funders expect that all data created or repurposed during the lifetime of a grant will be made available for re-use or archiving, recognising that some research data are more sensitive than others. If you have created or repurposed data as part of your project and it has been made available for re-use or archiving, please use the table below to indicate where it can be accessed and who it can be accessed by.

Dataset	Available for	Available at
Name of the dataset	Who can access the data?	Link to the dataset (if applicable)

11 Collaboration

11.1 Collaboration within the project

Are the academic collaborations within this project new or were these existing collaborations? How did you involve the different academic partners in the project?

The EMMY consortium build partially on collaborative consortiums from previous project partnerships. It did however – ‘cross pollinate’ these collaborative consortiums which resulted in new connections for individual partners and partner organisations.

For example, the Norwegian partner SINTEF had experience of working with THL and Verona, but not with Åbo Academy University or Universidad Autónoma de Madrid and vice versa. Several project proposals included these new contacts, and will no doubt continue to do so in the future. Further collaborations in include joining up with new team members for analysing and writing articles, for example a new collaborative effort with University of Cadiz (Juan Luis Gonzalez-Caballero, Department of Statistics and Operational Research, Faculty of Medicine, University of Cádiz, Spain).

Several PhD candidates and young researchers were involved in the project, promoting career development and new opportunities.

11.2 Collaboration with Stakeholders

Are the collaborations with stakeholders within this project new or were these existing collaborations? How did you involve the different stakeholders in the project?

The EMMY project made use of a broad stakeholder base for its focus group study (WP1) and in terms of the Delphi study.

Focus group participants were recruited in senior community centers, adult day care centers, and nursing homes, relying on contacts to be made with municipal services, third sector organisations, and with social and healthcare sector workers. Furthermore, due to the nature and needs of the focus group participants, some employees of the focus groups sites had a practical role within the process, helping participants feel comfortable and aiding with practical aspects. It was also an opportunity for researchers to come into direct contact with people who work with older adults.

The Delphi study relied on contacts with different stakeholders such as municipal authorities, decision-makers in various capacities, senior citizens’ or pensioners’ organizations and experts (researchers, opinion leaders) in health promotion and other relevant fields.

11.3 Collaboration with Patients and the Public

How did you involve patients and/or the public in the project? Were patients and the public actively involved in research design and delivery? Did decisions about the research include the patient and public perspective Note, when we refer to patient and public involvement in research we mean research being carried out with and by patients and the public, not to, for or about them (see, www.invo.org.uk). We do not mean patient and public engagement, where research information is presented or disseminated to patients and the public.

The EMMY study used mixed methods in order to gain a deep insight into MWB in oldest old age. Considering the dearth of research in the area, refining what MWB means in the age group via qualitative methods was considered key. By allowing old adults to themselves define what constitutes MWB, nuances of the concept were clarified.

Also the ESS data used in the quantitative aspects of the project builds on subjective experiences

captured via interview.

11.4 Collaboration with other JPI MYBL projects

Please describe any connections, bilateral meetings, knowledge exchange etc. between your project and other JTC projects funded by the JPI MYBL.

The EMMY project made use of events organised by the JPI MYBL and attended events in Brussels, Helsinki and during the Covid pandemic via online platforms.

11.5 Collaboration with other European/national projects

Please describe actual and intended collaborations with other European/national projects (e.g. collaboration with related projects not funded by JPI MYBL).

The work in EMMY has led to several national project applications.

11.6 Added value of the International Consortium

Please describe the added value of working as an international consortium, compared to project partners each working separately at the national level. In what way and to what extent did the international cooperation in the project help to broaden your perspective on demographic change in Europe and beyond?

Collaborative working has many advantages, and funding sources aiming to connect different research teams has definite benefits. Not only facilitating interdisciplinary actions, international collaboration also allows for cross country comparison and collaborative learning.

The international collaboration in the EMMY project allowed for aspects of MWB in oldest to be explored from different cultural perspectives. As the EMMY project has reiterated in several of its outputs, MWB is a multi-dimensional concept building on different factors.

For example, even though MWB dimensions were similar in all participating countries, small differences could be noted depending on the welfare systems and cultural norms. Strong interactions with the closest family seemed to be key for MWB in Spain and Italy, while their Nordic counterparts perceived, on a slightly lower level, that both informal relationships and formal social participation were important indicators for MWB.

Additionally, Finish and Norwegian participants described the value of autonomy to a greater extent, corresponding with their cultural principle of self-determination. Furthermore, the Nordic respondents most frequently emphasised the outdoor environment, offering great opportunities for active ageing.

Also the partially completed policy analysis pointed to differences in how policy is developed, and allowed for comparisons to be made.

12 What can we do for you?

12.1 What can we do for you?

What can we do to help you to amplify your message? How can we help you to connect to the right people/stakeholders (e.g. to share your research results)? How can we help you to add value to your results?

Many thanks for disseminating our outputs via your website or otherwise.

12.2 Feedback for JPI MYBL

Please provide any feedback arising from this project so we can improve our procedure for any future joint calls.

All funders need to adhere to the agreed timetable. The delay in Italy severely compromised the work of the Italian project partner.