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ABSTRACT

Aims & Relevance: The South Australian (SA) Health in All Policies (HiAP) initiative provides a framework and mandate for intersectoral policy work on the social determinants of health. Participation in decent and meaningful employment is a key social determinant of health, and is also an important strategy to promote 'active ageing' in the population. This paper reports on an intersectoral project undertaken by the Health In All Policies Unit and Country Health SA Local Health Network (CHSA LHN) in collaboration with Flinders University's SA Community Health Research Unit and Southgate Institute for Health Society & Equity. The project *Active Ageing and Employment in Regional South Australia* aims to identify policy levers to increase the workforce retention and re-entry for rural people aged 45+. The project is designed to do this by building the capacity of the regional health workforce to address the social determinants of health in collaboration with agencies outside of the health system. The project partners have adopted a 'learning by doing' strategy with the focus on employment and ageing.

Methods: The project included a number of activities, commencing with a literature review and leading to community workshops. Two major models were combined to categorise the relevant literature and guide project activities: (a) the Social Determinants of Health Framework and (b) the Active Ageing Framework (both developed by the World Health Organization). These suggested 4 levels of potential policy influence on workforce retention and re-entry: (1) Cultural/policy climate; (2) Work and non-work context of daily life; (3) Work and non-work social/community relationships; and (4) Individual behaviour. In this paper we report on results from the four community workshops held in rural South Australia in 2012 with predominantly CHSA LHN employees. Participants provided information on the local context impacting upon employment participation for workers aged 45+. They highlighted issues relating to their own workplaces that support or hinder active ageing, wider regional issues which impact upon employment participation beyond age 45, and how employment in their region can promote active ageing.

Results: This paper presents findings from the workshops about the work context and non-work contexts of daily life, including work and non-work social and community relationships. Whilst echoing many of the issues identified in the literature as relevant to promoting active ageing in the workplace (included flexible working options, professional development and training, job redesign), rural and regional participants also identified a number of broader social determinants which are less obvious in the literature about older workers, including transport, travel and housing.

Conclusion: The identification of strategies to support active ageing in rural Australia through workforce retention and re-entry for workers aged 45+ can be enhanced by combining an Active Ageing framework with a Social Determinants framework. In South Australia this was enabled by the Health in All Policies approach. It allowed rural communities to identify a broader range of issues influencing active ageing and employment than are present in the literature, which has focused to date predominantly on workplace change. We conclude with a broad discussion of some policy implications of increasing action on the social determinants of ageing and employment within and outside the health sector.

INTRODUCTION

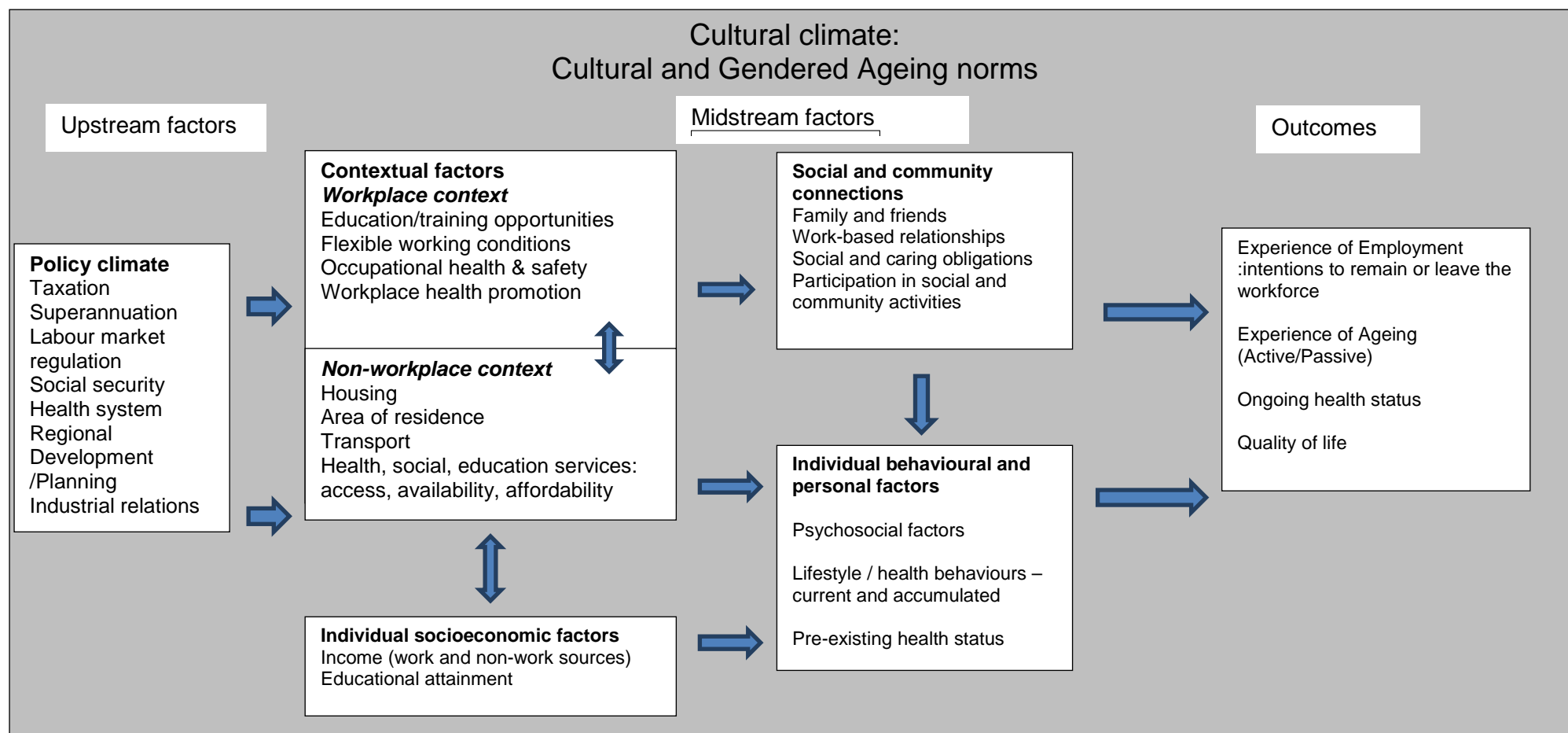
In South Australia the government has adopted Health in All Policies (HiAP) as a strategy to increase action on the social determinants of health and to increase joined-up policy making to improve public policy outcomes and population health. Health in All Policies has been in operation for five years^{1,2}. Within the health system the responsibility for implementation sits with the Health in All Policies Unit, Department for Health and Ageing.

An *Active Ageing and Employment in Regional South Australia* project was developed in order to promote active ageing through employment for older individuals (aged 45 and over) living in rural South Australia. It involves a partnership between the Health in All Policies Unit of SA Health and Country Health SA Local Health Network (CHSA LHN) with Flinders University's SA Community Health Research Unit and Southgate Institute for Health Society & Equity. The collaboration drew directly upon the contribution of South Australian Thinker in Residence on Ageing, Dr Alexandre Kalache³. The project presented an opportunity to share the HiAP Unit's experience of previous successful inter-sectoral collaborative projects and to build the capacity of the regional health workforce to address the social determinants of health by working with agencies outside the health sector. This paper analyses the findings of the project's first stage, which comprised four workshops, mainly with people in the rural health workforce.

'Active Ageing' is a significant strategy for policies and programs aiming to optimise health and quality of life as people age.⁴ This is particularly relevant in countries such as Australia that have an ageing population⁵. Enabling employment participation for the older working population (those aged 45+) is a pathway to promote active ageing⁴. Enabling older individuals to participate in paid work is compatible with broader policy approaches at both a state and national level. The economic implications of workforce losses caused by an ageing population and early retirement have made Australian Governments keen to retain older workers in the labour force for longer⁶. South Australia has the highest proportion of older people in mainland Australia. This is particularly the case in rural South Australia, which has a higher share of residents aged 45 and over than metropolitan areas. In the next 20 years, if the traditional retirement age is adhered to, more than 40% of the current rural South Australian workforce may retire.

This paper examines factors that will enable older rural South Australians to remain in or re-enter the paid workforce. Figure 1 presents a conceptual framework combining aspects of social determinants of health models^{7,8} and the Active Ageing policy framework.⁹ This paper first provides a background summary of the literature and then reports the results of rural community workshops in South Australia. It focuses specifically on relevant features of workplaces, and contextual determinants outside the workplace domain such as housing, area of residence and the availability of services. It analyses how these can support or hinder older rural residents to participate in employment in ways which enhance active ageing and well-being.

Figure 1: Conceptual framework : Determinants of Active Ageing through Employment¹



¹ This figure was adapted from conceptual models relating to the Social Determinants of Health,^{7,8} and also drew upon the Active Ageing Policy Framework⁹

Active Ageing and Employment

Active ageing has been defined as:

the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age...It allows people to realise their potential for physical, social, and mental wellbeing throughout the life course and to participate in society according to their needs, desires and capacities⁴.

Participation in paid work is a significant social determinant of health¹⁰. Paid work can damage health where it is undertaken in poor conditions, relating, for example to: the nature of tasks performed by workers, the way the work is organised and level of job security, the physical and chemical work environment, ergonomics, the psychosocial work environment, and the technology being used¹¹. This South Australian HiAP project endorses the understanding of employment as described in the WHO Active Ageing policy framework, which outlines that paid work should be: ‘dignified work, properly remunerated, in adequate environments, protected against hazards’ (p.31).

Workplace context and active ageing for older workers

Research has identified relevant factors in an organisational and workplace context that contribute to enhancing active ageing among older workers and enables organisations to retain or hire such workers. The role of job-based education and training, flexible workplace practices, occupational health and safety, and workplace-based health promotion have all been viewed as significant.

Enabling participation in education and training is one significant strategy for attracting and retaining older workers¹². Important aspects are ensuring *access* to training, making sure that training methods are *suitable* for the needs and learning styles of older workers, and providing *age awareness* training for management¹³. Evidence suggests that, for older workers, training should be practical and linked to the job environment, self-paced and tailored to individual need¹⁴. Other strategies to engage and retain older workers include utilising older workers’ skills and experience by *adapting* and *re-orienting* their job roles to better meet their current skills and abilities. An example is involving older workers in professional development schemes, such as mentoring schemes, to facilitate knowledge exchange between older more experienced workers and younger or new-entry workers^{6,15}.

Evidence suggests that older workers require significant *flexibility* in how they undertake paid employment. Allowing flexible work arrangements, to enable a ‘phased’ entry into retirement, to pursue paid work after ‘formal’ retirement, or to have flexibility in regard to taking leave and returning to work, is a crucial retention strategy¹⁶. Flexible workplace practices can allow also older workers to manage any changes associated with ageing, and to continue working alongside other roles such as caring responsibilities^{17,18,16}.

One study has suggested that the ‘Baby Boomer’ generation is more likely than other generation groups to say that access to flexible work contributes to their success as an employee “to a great extent”¹⁹. They identify different types of flexibility, including, but not limited to, the five broad categories of options: (1) Flexibility in the number of hours worked, (2) flexible schedules, (3) flexible place of work, (4) options for time off, and (5) options such as control over the timing of breaks and transfers to a job with reduced responsibilities and reduced pay¹⁹.

Issues of personal health and well-being can take on increasing importance as workers age²⁰, and poor health is a significant reason why older workers leave the labour force²¹. Research suggests that occupational health and safety practices must be sensitive to the physical and functional changes that can accompany ageing, and be designed to enable workers to identify these changes early. As such, effective ‘age management’ strategies are crucial to OH&S practices¹⁴. In qualitative research older workers identify healthy lifestyle practices, such as participating in regular physical activity, as significant in enabling them to manage the challenges with paid work at older ages^{22,23}. The workplace is identified as a significant site for health promotion intervention, such as supported workplace-based physical activity designed for all workers but suitable to the needs of older workers²⁴. It is important for workplaces to be aware of changes that can be associated with ageing, in order to manage workplace tasks appropriately; however it is also necessary to recognise variation in how people age and not to adopt stereotypical views of ageing processes as inevitable and involving steep decline, which can lead to age-based discrimination¹⁴.

Research shows that supportive and good quality relationships with both colleagues²⁵ and managers²⁶ is important to enabling older workers to have positive experiences of work, and thus, allow them to remain in paid work. Managers’ role in supporting older workers is particularly important in relation to providing ongoing career guidance, support and assistance for workers as they get older, and managers need training to be aware and sensitive to the specific needs of, and issues faced, by older workers²⁷.

The role of non-workplace factors in enabling positive employment participation

Compared to research which considers the roles of workplaces and organisations, we found less research relating to how older people are constrained or enabled in workforce participation through non-workplace aspects of everyday environments. One Australian report²⁸ discussed the importance of housing and urban design in facilitating healthy ‘age-friendly’ communities, and identified lifelong learning as crucial to promoting the economic and social participation of older Australians. Significant issues faced by all rural workers (regardless of age) include a lack of appropriate housing in rural areas,²⁹ a lack of accessible transport options other than owning and driving a car³⁰, and limited access to health services³¹.

In relation to social relationships outside of work, evidence suggests that good quality spousal relationships are positively associated with intention to retire²³, which suggests that spending more time with a partner is a reason for older people to leave, or to reduce time spent in the paid workforce. Furthermore, older individuals often have extensive family and caring demands, such for their partner, elderly parents, grandchildren or other family members.^{14,32} Older people with caring responsibilities who receive carer’s payments may find this income is threatened if they undertake paid work or study¹⁴.

Overall, we found limited research specifically relating to employment participation for *older* residents in *rural areas* in our literature search, and as such, the workshops we report on in this paper can contribute towards increasing knowledge in this area.

METHODS

Four workshops were held in regions of rural South Australia between April and June 2012. These workshops involved a range of younger and more experienced clinical and non-clinical staff across the various levels within CHSA LHN. They explored factors that enable or prevent the participation of those aged 45+ in the rural workforce. A small number of older workers aged 70 + also attended three of the four workshops and they provided important

insights about what is being done and what else needs to be addressed to support their ongoing employment.

The workshops took place in Port Pirie, Mount Gambier, Port Lincoln and the Adelaide Hills. The first three towns are significant regional centres in the mid-north, south east and south west of South Australia and serve large rural areas. The Adelaide Hills workshop enabled attendees to attend from 'inner rural' regions closer to Adelaide, such as the Fleurieu Peninsula.

The workshops involved a presentation by SA Thinker in Residence Dr Alexander Kalache. They also involved presentations providing information on the HiAP /CHSA LHN partnership and the preliminary findings from a literature review undertaken by Flinders University to identify factors influencing employment and ageing issues for older workers. The purpose of the workshops was to consult with CHSA LHN staff based in these regions about employment and ageing issues for people aged 45+. The workshops followed a world café format to encourage interaction. Participants sat on tables of 8-10 people and, after an initial presentation by Dr Alexander Kalache, had discussions with the group sitting at their table. Table discussions were themed around areas, and participants were asked to move tables regularly to facilitate discussion of different topics with different groups of people. The world café sessions were run by an overall facilitator and table facilitators (all staff of CHSA LHN) who were experienced in these style of workshops.

Participants discussed issues including:

- Opportunities, enablers and barriers to promoting active ageing within the existing CHSALHN workforce in their region
- Key issues for older workers in their region in general (i.e. beyond CHSA LHN)
- Workplace culture issues that support or hinder active ageing through employment
- Flexible employment options
- Job related education and training
- Geographic location and isolation

After a period of discussion, facilitators at each table prioritised the issues according to significance and reported the discussions at their tables back to the whole group. Participants provided insights relating to their own experiences and those of their colleagues in CHSA LHN, and more broadly for older residents of their local area who do not necessarily work for CHSA LHN. Workshop facilitators took extensive notes during both table-based and whole-of-group discussions. The workshops concluded with a panel discussion on how the collaboration between HiAP and CHSA LHN could progress the key issues discussed in the CHSA LHN workforce and the broader region, in order to promote active ageing through employment.

FINDINGS

Employment and Active Ageing

Across all workshops, participants agreed that employment could be a very positive experience which enhanced active ageing. This was linked with a variety of factors including the sense of meaning, identity and purpose that come from satisfying employment, positive relationships with work colleagues, the ability to make a contribution and be a productive member of society, the personal independence and autonomy that is enabled through

employment participation, opportunities for education and lifelong learning provided through work, and the material and financial resources provided by employment. However, it was evident from the discussions that paid employment was not necessarily characterised by these factors, and in some cases could be demanding and gave rise to stress which did not promote active ageing.

Workplace context

Workshop participants spoke about options for job re-design to enable older employees to remain in the CHSA LHN workforce and have positive experiences of work. Mentoring schemes were discussed favourably as a way to acknowledge the acquired expertise of older workers and to provide an alternative role if they were unable to continue in existing work due to health problems such as increasing vision impairment. There was some discussion of ways to facilitate mentoring across different work sites in the same rural region, particularly in situations where some CHSA LHN rural work sites had small numbers of staff. This would pose more challenges in areas of the State that are more remote, as compared to 'inner rural' areas such as the Adelaide Hills and Fleurieu where distances between towns are not as significant.

In cases where older workers remained in the CHSA LHN workforce despite ill health or other challenges, this was often due to supportive working relationships with supervisors and colleagues, and a commitment to accommodate the older workers' needs because their value and expertise were recognised. It was discussed that such positive outcomes are limited and can only be achieved in an 'ad-hoc' fashion if they rely solely on the commitment and goodwill of individuals. The idea was also raised of re-orienting job tasks to remove workers over age 60 from physically demanding work, and to enable their involvement in professional development activities such as mentoring schemes. It was recognised that the potential to redesign jobs may be limited in rural settings which often have staff shortages or only a small number of workers at one site, often precluding the potential to offer older workers alternative job tasks which avoid physical demands. However, within CHSA LHN, participants (and especially those in supervisory roles), also identified room for improvement within existing work arrangements that could better facilitate job redesign and flexible work practices to benefit older workers. There was also discussion about how such job redesign could be facilitated without additional bureaucracy.

Flexible workplace practices were frequently raised in all workshops. The diversity of requirements of older workers for flexible workplace conditions was apparent, with much discussion of flexible hours (to accommodate the desire to work part-time). Innovative leave approaches were also discussed which might, for example, allow longer blocks of leave and for workers to return to work, in a way similar to maternity/parental leave. Flexibility was seen as important for sustaining workers' interest and enhancing their experience of paid employment. CHSA LHN staff discussed opportunities for partnership and 'job exchange or work transition opportunities' with other local organisations to share ideas and work together, especially where rural sites have small numbers of workers and limited roles.

In relation to training, many participants reported that some forms of on-the-job training, particularly online training, were not adequately designed or accessible for people of their age. Such training assumed a level of IT skill that workers did not necessarily have, and had not received training in. Access to computers to complete such training was also limited in some rural areas and/or rural workplaces.

In relation to other workplaces, participants reported general difficulties for older people in finding jobs in their region, particularly limited opportunities in rural labour markets as compared to metropolitan areas. The decline of prominent local industries and associated job

loss was raised by workshop participants in some regions, and such job loss was perceived to impact on older workers more negatively than younger workers.

Participants spoke about recent opportunities for rural workers to find new jobs in mining and resource-related industries in other parts of South Australia, and the supports needed to adopt Fly-in Fly-out or Drive-in Drive-out work practices. However, due to the extensive travel and time demands, these were mainly seen as opportunities for younger workers. The impact of an ageing workforce in industries such as agriculture, and a lack of younger labour to replace older workers, was raised frequently. Workshop participants also spoke about instances where older jobseekers in their family and friendship networks had felt discriminated against by local organisations due to their age.

Non-workplace contextual issues

A major theme to emerge in workshop discussions was the issue of transport and travel demands which were common to working in a rural environment but which are not prominent in the literature on ageing and work. The need to drive long distances as part of everyday life, both for work and non-work commitments, was discussed as a problem for all rural residents. It was viewed as particularly difficult for older workers in light of physical changes that can be associated with ageing, such as declines in vision, hearing and confidence. The necessity to drive long distances for work simply because this was a feature of rural living was identified as a significant demand on older workers that would not be experienced by older workers in Adelaide. A lack of quality public transport in rural centres was also raised by participants as increasing a dependence on cars for older workers to get to work. Solutions to this issue were discussed, and in one region the idea of using school buses for public transport outside of school hours was raised to enable adults to travel to and from work.

Other issues raised included the high cost of housing in rural areas, and the need to manage children's transitions from school to further education in early adulthood, which may involve relocating the child or the entire family to the city. Participants also suggested that CHSA LHN could consider the possibility of facilitating job exchanges or transfers to enable workers to move to different CHSA LHN sites, so that they do not need leave the CHSA LHN workforce when they relocate.

One non-work issue identified both in the literature and the workshops was that many people over age 45 are part of the 'sandwich generation', facing the demands of both caring for elderly parents and increasing responsibility with childcare of grandchildren, in addition to immediate caring responsibilities for partners and children. Caring obligations for family members was a key reason why workshop participants required flexible working options, and participants discussed that this was a significant reason why older employees left the workforce. Although not specifically raised in the workshops, caring obligations may require greater time commitment for rural older workers compared with their urban counterparts, if larger travel distances are involved.

Policy implications

Building healthy sustainable communities is an important goal of both state and federal governments in Australia, with expectations that economic, environmental and social drivers of change will be addressed^{33,34}. This policy imperative is driving agencies to work collaboratively and develop joined-up policy solutions. Action to address the health of rural populations requires health agencies to move beyond their traditional scope and to work collaboratively with other parts of government or local institutions to shape the strategic policy directions in a way that improves regional health. This need for collaboration is particularly important in rural areas where personnel and services are reduced.

The findings of the South Australian workshops presented in this paper are the product of an early activity of an ongoing partnership between HiAP, CHSA LHN and Flinders University to build capacity in the CHSA LHN workforce to promote health through employment and active ageing. Opportunities for designated and trained CHSA LHN staff to partner with local organisations (e.g. Regional Development Australia bodies and Local Councils) are currently being explored to improve meaningful work opportunities for older workers living in rural and regional SA.

Some key policy implications from the workshops include:

- **Flexible work practices and provisions** are essential to support the workforce participation of older people, in particular to support caring duties and phased transition to retirement. This may include flexibility in the number of hours worked, flexible schedules, flexible places of work, and options for time off.
- **Policies supporting education/training and professional development** have a significant impact on retaining older workers
- **In rural areas, local older workers are an ‘untapped resource pool’** which can be drawn upon when major local developments are proposed, rather than bringing in outsiders.

Policy opportunities suggested by the rural workshop participants and being explored as areas for CHSA LHN to collaborate with relevant local partners, include:

- Re-skilling or up-skilling older workers to act as mentors where the regional employment/training focus is on younger workers;
- Developing programs to move older skilled labourers from declining industries into expanding industries
- Developing policy on employment pathways for older Aboriginal workers to participate in environmental management which values their traditional land management expertise;
- Supporting local employers/businesses to develop a policy and culture valuing and supporting the retention and re-entry of older workers;
- Identifying ways to provide local training opportunities which negate the need to drive long distances to city-based central training;
- Training some older workers to introduce online training to other older workers with low digital literacy.

CONCLUSION

From our review of the literature and the qualitative workshops, it is clear that both workplace settings and non-workplace factors are relevant to influencing the workforce retention and re-entry of people aged 45+ in rural South Australia. Workplaces have a key role in enabling active ageing in rural areas through providing effective training and professional development, job re-design, enabling flexible workplace practices, supporting workplace healthy worker initiatives, and by considering the non-work factors which also influence workforce participation.

Adopting an approach which combined the WHO Active Ageing framework with the Social Determinants of Health framework enabled us to broaden the scope of inquiry about impacts on workforce participation as it influences active ageing. Rural South Australians particularly identified negative impacts on workforce participation or re-entry for those aged 45+ from

the demands of living in a rural environment, where these impacts are specific to rural areas and not well addressed in the literature, which appears to focus predominantly on urban workforces. Such demands identified by rural workers in our workshops included travel factors in getting to work and travelling during work as physical faculties and confidence may be declining, the costs and limitations of rural housing, and a lack of adequate public transport choices, as well as difficulties managing life transitions for themselves and family members in a rural setting where lower levels of services and greater travel distances are involved. More research is needed to examine how employment participation among older rural residents is influenced by the broader social determinants of health that are external to the workplace setting, such as rural availability of transport and other services, and how these can be better supported.

One caveat relevant to rural areas is that a single major change, such as the closure of one company or the decline of an industry sector, can have a significant impact on a whole rural or regional population. The partnership-based work led by the health sector, which we have reported in this paper, is one way to plan ahead for the impacts of such changes and to mitigate the impact on older workers by working more broadly to support active ageing through alternative employment when such changes occur.

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