Active Ageing through Employment
Health Lens Project

FINAL REPORT

A collaboration between Public Health & Clinical Systems, Department for Health and Ageing and Country Health SA Local Health Network

October 2014
Acknowledgements

The Department for Health and Ageing (DHA) central office and Country Health SA Local Health Network (CHSA LHN) would like to acknowledge the contribution of time, knowledge and information from the many people involved in this health lens project.

The members of the Executive Oversight group provided strategic guidance to the project.

- Dr Stephen Christley, Chief Public Health Officer, Executive Director, Public Health & Clinical Systems
- A/Prof Belinda Moyes, Chief Executive Officer, CHSA LHN

The members of the working group provided invaluable expert advice, support and essential information.

- Nino DiSisto, Director, HSFKI Health Services, CHSA LHN
- Dr Kevin Buckett, Director, Public Health, DHA
- Kate Saint, Manager, Population Health Portfolio
- Rama Ramanathan, Primary Prevention Coordinator, CHSA LHN
- Amy Foote, A/Senior Manager, Aged Care Directorate, CHSA LHN
- Lee Martinez, Mental Health Directorate, CHSA LHN
- Carmel Williams, Manager, Health in All Policies, DHA
- Deb Wildgoose, Senior Project Officer, Health in All Policies, DHA
- Isobel Ludford, Senior Project Officer, Health in All Policies, DHA and Thinkers in Residence Catalyst, Department of the Premier and Cabinet
- Dr Lareen Newman, Senior Research Fellow and Dr Katy Osbourne, Research Fellow, Southgate Institute, Flinders University of South Australia are acknowledged and thanked for the critical research support and guidance they provided throughout the project. Thanks also to Dr Alexandre Kalache, Gabrielle Kelly and the Thinkers in Residence team, Department of the Premier and Cabinet, for their support for the project throughout Dr Kalache’s residency.

The working group would also like to acknowledge the work and commitment of the CHSA LHN staff who participated in the project:

- Carmel Daw, Port Augusta
- Chantelle Hislop, Riverland
- Brittanly Johnson, Riverland
- Kerry Dix, Riverland
- May Walker Jeffries, Whyalla
- Anna Angus, Port Lincoln
- Sharon Westerman, Port Lincoln
- Annabel Axford, Port Pirie
- Tracey Stringer, Port Pirie
- Vicki Hill, Mid North
- Melissa Koch, Mid North
- Mark Schuster, Inner North
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CE</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>DHA</td>
<td>Department for Health and Ageing</td>
</tr>
<tr>
<td>DPC</td>
<td>Department of the Premier and Cabinet</td>
</tr>
<tr>
<td>HiAP</td>
<td>Health in All Policies</td>
</tr>
<tr>
<td>HLA</td>
<td>Health Lens Analysis</td>
</tr>
<tr>
<td>RDA</td>
<td>Regional Development Australia</td>
</tr>
<tr>
<td>SA</td>
<td>South Australia</td>
</tr>
<tr>
<td>SASP</td>
<td>South Australia’s Strategic Plan</td>
</tr>
</tbody>
</table>
Executive Summary

The Active Ageing through Employment health lens project was a collaborative project undertaken by Public Health and Clinical Systems, Department for Health and Ageing (DHA) and the Country Health SA Local Health Network (CHSA LHN).

Like many countries, Australia has an ageing population and South Australia has one of the highest proportions of older people in the nation, with one in six people aged 65 years or older. The ageing population presents a number of opportunities and challenges, particularly for service delivery and employment. Increasing rates of chronic disease and workforce shortages are two ongoing concerns for the State, and this is particularly pertinent in regional areas where younger people are moving away for further education opportunities and subsequently finding employment in metropolitan areas.

It is well recognised that the health and wellbeing of the population is shaped by a range of factors that lie outside the direct control of the health system. Collectively referred to as the social determinants of health, factors such as employment, housing, education, social connectivity and transport all influence individual health and wellbeing. The importance of the social determinants of health on healthy ageing is reflected in the World Health Organization’s Active Ageing framework, which incorporates a specific focus on participation in social, economic, cultural, spiritual and civic affairs across the life course.

The importance of healthy ageing is reflected in South Australia’s Strategic Plan Target 48 Ageing workforce participation: increase the proportion of older South Australians who are engaged in the workforce by 10 percentage points by 2020. Increasing the paid work force participation of older people is one way to soften the economic burden of the ageing population, as well as providing positive health benefits for those who remain engaged in paid work activities through income and ongoing social connectedness. This was further examined as part of the residency undertaken by Dr Alexandre Kalache, 2011-2012 Thinker in Residence who examined how South Australia could become a ‘society for all ages’.

The Active Ageing through Employment project examined opportunities to increase the participation of older people in regional areas in paid employment. The project aimed to identify policy opportunities to increase the retention and re-entry of older workers (aged 45+ years) in regional South Australia. The project was designed to do this by building the capacity of the regional health workforce to address the social determinants of health in collaboration with non-health agencies.

The project had three distinct but interrelated phases: (i) stakeholder consultation with agencies (including CHSALHN) who have a policy influence over the determinants of employment in regional areas; (ii) a desktop analysis of policy opportunities to optimise workforce participation by older South Australians; and (iii) building on the existing capacity of CHSA LHN to act on the determinants of health.

Staff from seven CHSA LHN locations undertook mapping of opportunities to engage with key regional partners around employment for older people. Following machinery of government changes in late 2012, a project was ceased pending changes to community health in CHSA LHN and the structure of Public Health within DHA, and a process evaluation of the project was undertaken to obtain feedback from CHSA LHN on the nature of the project and the capacity building activities undertaken.
Background

Ageing in South Australia

South Australia (SA) has one of the highest proportions of older people in the nation, with one in six people over the age of 65. In the next 15 years that population will nearly double as the baby boomer generation ages. Over the next 20 years more than 40% of the current workforce may retire if the traditional retirement age is adhered to. Combined with a high proportion of people experiencing chronic disease, with approximately 46% of the South Australian population has at least one chronic disease, SA has the potential to experience a “double whammy” of workforce shortages through both ageing and ill health. This affect will be exacerbated in regional areas where older people are overrepresented.

Between 2001 and 2006, the largest increase in employment in regional SA was in people working in the health and community services sector. CHSA LHN is a significant employer of people in regional areas of SA and at the time of the project commencing, employed 8690 staff. The future impact of an ageing workforce on CHSA LHN is apparent when the age profile of staff is examined, with 62% of the CHSA LHN workforce was aged 45 years or older (at June 2011). At a time when there is increasing demand on the health and community services sector in regional SA, the ageing workforce presents a number of challenges in relation to supporting the health and wellbeing of the existing workforce, and the retention of the workforce as employees move towards retirement age.

Policy drivers

The Government of South Australia has long recognised that healthy and active ageing is beneficial to not only individuals by society as a whole, allowing people the choice to work longer, to contribute to the community and family, maintaining independence and reducing the burden of an ageing population on the State’s budget. Adding Life to Years was a recent past priority for the State Reform Agenda and focused on engaging with older South Australians as consumers, clients, neighbours, workers and citizens. Employment was identified as an important contributor to Adding Life to Years and it was recognised that the government needs to address barriers to older people participating in the workforce to realise the potential of older workers. The relationship between ageing and employment was further highlighted through the inclusion of Target 48 Ageing workforce participation: increase the proportion of older South Australians who are engaged in the workforce by 10 percentage points by 2020 in the 2011 revision of South Australia’s Strategic Plan (SASP).

The health sector has long recognised the importance of health and wellbeing across the life course. At the time the Active Ageing through Employment project was undertaken, healthy ageing had been identified as a key priority for SA through the Primary Prevention Plan 2011-2016 and Eat Well be Active Strategy 2011-2016. Both of these documents highlighted the critical importance of intersectoral action to support policies, plans and strategies that promote healthy ageing, supportive environments and positive community attitudes to older people. At the federal level, creating supportive environments is also a key strategy of the Council of Australian Governments Healthy Workers National Partnership Agreement which had a particular focus on reducing the risk of chronic disease through reducing obesity and increasing physical activity.

The policies and activities described above laid the foundation for a detailed examination of the relationship between employment and the health and wellbeing of older people in regional SA through the residency of Dr Alexandre Kalache, 2011-2012 Thinker in Residence. The focus of Dr Kalache’s residency was examining how South Australia could resolve some of the challenges presented by the State’s rapidly ageing population and become a ‘society for all ages’ through the application of the principles and strategies outlined in the World Health Organization (WHO) Active Ageing policy framework and Age Friendly Cities movement.

Active Ageing

Active Ageing is a life-long process that facilitates people reaching their physical, social and mental health and wellbeing throughout the course of their lives. Active ageing is not just about physical activity, but also refers to people continuing to participate in social, economic, spiritual and civic affairs. Civic participation and employment is one of the eight domains identified by WHO as being significant contributors to healthy and active ageing. These domains include community support and health, housing, communication and information, transportation, outdoor
spaces and buildings, respect and inclusion and social participation as described in Figure 1.\(^8\)

Figure 1. The determinants of active ageing.\(^8\)

Recognising that the determinants of active ageing are diverse and multi-sectoral, the Active Ageing policy framework recommendations that policy responses focus on the three ‘pillars’: health, participation and security. The health pillar focuses on reducing the risk factors for chronic disease and functional decline, while the security pillar includes a focus on the social, financial and physical security of people as they age. The participation pillar, of particular relevance to the Active Ageing through Employment project, outlines the need to support the full participation of the ageing population in socio-economic, cultural and spiritual activities, and the need for labour market, employment, education, health and social policies to align with these goals.\(^8\)

Rationale

While greater numbers of older people are working into older age, with the percentage of people over 55 in the paid workforce in Australia growing from 24% to 34% in the last 10 years, a focus on strategies for active ageing are important to realise the potential of an increased number of older people in the workforce.\(^10\) While many older people are unable to continue in paid employment or choose to leave earlier than others, research indicates that older people are not participating in the workforce as much as they would like to.\(^11\)

Increasing paid workforce participation of older people is one way to help soften the economic impacts of an ageing population as well as reducing the impact of social isolation on older people. As outlined in the Active Ageing policy framework, participation is a well-recognised determinant of health\(^7\) and increasing opportunities for people to remain engaged or re-engage in the workforce as they age is likely to contribute to improved positive health and wellbeing outcomes in regional SA.

Increasing workforce participation by older people is a multi-faceted issue that requires careful consideration of:

- Ensuring there is sufficient opportunity for older people to remain in the workforce longer – identifying the systems, infrastructure support and type of workplace culture required to support people who want to remain in the workforce.
- Redefining and rethinking retirement – creating a greater acceptance of and support for part-time work and the gradual transition out of full time work.
- Developing and maintaining work/life balance for the current and future workforce – as the workforce ages and moves into part time work or retires, it will put increasing pressure on a smaller group of workers. Active ageing in the workplace will require a greater level of flexibility to ensure workers are supported to be productive but not overburdened.
- Overcoming barriers to assist those currently not in the workforce but who want to work – for example, access to child care or aged care services, attitudes of employers, existing working arrangements and structures.
- Supporting lifelong learning in the workplace – opportunities for up skilling and retraining
which may need to be tailored to older people.

- Communicating to employers about the types of work that would be meaningful for older people and ways to encourage employers to redesign work if necessary, based on the skills of their current older workforce.

These challenges are not unique to country SA but can be further complicated by greater distance, reduced opportunities for engagement, the cumulative impact of young people relocating out of regional areas for education and employment, and older people migrating to rural areas for retirement and lifestyle change. Acting on the policy levers of employment for older people requires an intersectoral approach and in 2012 it was identified that the SA HiAP approach could be applied to the issue of active ageing and employment.

**Health in All Policies**

HiAP is a way of working across government to support and encourage all sectors to consider the health impacts of their policies and practices, and simultaneously examines the contribution that a healthier population can make towards achieving the goals of other sectors. The implementation of HiAP in SA was a key recommendation of Professor Ilona Kickbusch, 2007 Adelaide Thinker in Residence. The HiAP approach provides an opportunity for government agencies to work collaboratively to improve the health of the SA population by addressing the determinants of health—those factors that influence health but lie outside the policy responsibility of the health sector. In SA, HiAP is a joint program of work overseen by DHA and the Department for the Premier and Cabinet (DPC). A dedicated team in the DHA works directly with other government agencies to develop policy recommendations that optimise population health outcomes while simultaneously contributing to the achievement of partner agencies’ goals. The SA HiAP approach is applied to targets contained in South Australia’s Strategic Plan and other government priorities identified as priorities for action.

The SA HiAP approach incorporates a Health Lens Analysis (HLA) process through which partnership projects are undertaken. The HLA model (Figure 2) is characterised by interrelated phases through which the project focus is determined, stakeholders are engaged, there is joint exploration of the evidence and policy recommendations are developed. Every HLA is evaluated to examine the process, outcomes and impact of the project. Further information on the HLA process is available from [www.sahealth.sa.gov.au/healthinalpolicies](http://www.sahealth.sa.gov.au/healthinalpolicies).

**Healthy Weight Desktop Analysis**

In 2010-2011 the HLA model was applied to a health specific target, healthy weight, for the first time. The focus of the Healthy Weight Desktop Analysis project was to identify policy opportunities for other government agencies to act on reducing overweight and obesity in the SA
population. Importantly, it was recognised that the number of agencies who could take action and the range of policy opportunities was diverse and as such, the HLA model was adapted to incorporate a desktop analysis prior to the engagement phase.

The desktop analysis examined the relationship between the social determinants of health and overweight and obesity, and mapped policy opportunities to influence healthy weight outcomes across a number of state government departments. This provided a clear rationale and evidence pathway for then engaging with other agencies around a health focused target. The mapping document was used as a ‘conversation starter’ and the engagement and phases of the HLA process were used to further refine the policy recommendations for the government department. This ensured buy in and ultimately, endorsement of the final recommendations which were included in the Eat Well Be Active Strategy 2011-2016. The Healthy Weight Desktop Analysis project demonstrated the flexibility of the HLA approach and the critical importance of mapping the pathways between the determinants of health and the outcome of interest.

Following the identification of the employment of older people in regional SA as a priority of the application of HiAP, a working group comprised of staff from the HiAP unit, Public Health & Clinical Systems, DHA and CHSA LHN was established. The next section describes the scope and process undertaken during the Active Ageing through Employment project.
Project Description

Aims and purpose
The purpose of the Active Ageing through Employment project was to examine the determinants of active ageing with a particular focus on optimising meaningful opportunities for older people in country SA to remain in the workforce, if they chose to do so. The project was designed to consider the interaction between the policy settings of SA government departments and other key agencies in regional SA, such as local government and Regional Development Australia (RDA) committees, and the determinants of healthy ageing with a specific focus on workforce participation.

The aims of the project were twofold; to identify policy opportunities to increase the retention and re-entry of older workers (aged 45+ years) in regional SA, and to build on the existing capacity of CHSA LHN regional staff to address the social determinants of health in collaboration with non-health agencies, with a focus on employment.

Project governance
Two governance groups were established at the commencement of the Active Ageing through Employment project. The Executive Oversight Group provided executive oversight, strategic input into the directions of the project and was responsible for approving key project outputs. This group was comprised of executives from DHA and CHSA LHN, and was also responsible for liaising between DHA and the Thinkers in Residence program, DPC around Dr Kalache’s residency and the Active Ageing through Employment project.

The Working Group was comprised of project staff from the HiAP unit, DHA and CHSA LHN. The working group was responsible for the progress of the project, providing advice and hands on support to CHSA LHN regional staff. The group met regularly with CHSA LHN managers (cluster directors & community health managers) to inform and guide the project.

Project scope
The Active Ageing through Employment project was scoped by the project working group with input from researchers at Flinders University. The group considered the need to examine employment opportunities for older people in regional SA while recognising the diversity of CHSA LHN staff experience, engagement in local communities, and the nature of job opportunities and employers in regional SA. Incorporating a capacity building element was considered critical to ensure ownership by local CHSA LHN staff over the project process and outcomes, and the broader sustainability of the HiAP approach in SA. Three distinct but interrelated stages were identified in the scoping phase, as described below:

Phase 1 – stakeholder engagement and consultation
It was recognised in the scoping of the project that if work around employment opportunities for older people in regional SA was to occur, it was necessary to engage with key employers and economic development agencies in regional SA early in the project. Phase 1 was designed to ensure all interested state and local government agencies were informed of the project and invite to participate in the project. As CHSA LHN is a significant employer in regional SA, CHSA LHN central office and regional clusters were included in this phase.

Phase 2 – desktop analysis
Phase 2 focused on examining the evidence for the determinants of active ageing and mapping the pathways from these determinants to workforce participation by older people. Like the Healthy Weight Desktop Analysis project previously undertaken by the HiAP unit, it was recognised that the diversity of the agencies in regional areas and the diversity of the regional areas themselves, warranted a more detailed examination prior to engaging with regional agencies around employment matters.

The purpose of the desk top analysis was twofold: (i) to examine the policies and practices of key agencies operating in regional areas and determine which agencies have the potential to adapt or modify their policy directions to support active ageing, and (ii) determine opportunities for further action across agencies to support active ageing through workforce participation by older people.

---

a For the purpose of this project the older workforce was defined as those aged 45+ years, recognising that, at the time of the project, the retirement age was 65 years.
In order to do this, the desktop analysis process need to clearly articulate how the goals of each agency would directly benefit from changes make to their employment and workplace policies. Given the number of potential agencies to be mapped across regional SA, it was decided that agencies would be selected for inclusion in the desktop analysis based on their activities in regional areas, policy relevance and policy influence around workforce issues.

**Phase 3 – Capacity building**

As one of the key drivers of the project was around increasing capacity within the health system to undertake intersectoral projects using the HiAP approach, an explicit focus on capacity building was incorporated into the Active Ageing through Employment project. The purpose of Phase 3 was to build on the existing skills of CHSA LHN staff around intersectoral engagement, recognising that many staff had previously worked in community development roles and/or had close ties to the local community. The capacity building activities focused on the key concepts and implementation of a HiAP approach in the CHSA LHN context, reframing the health agenda to meet the needs of regional agencies and the skills required to undertake negotiation across sectors.

**Process and methodology**

*Establishment of the project governance structures*

The project commenced in early 2012 following the identification of employment for older people in regional SA as a priority for the application of the HiAP approach. The project proposal was developed jointly by the HiAP unit, DHA and the Population Health Portfolio, CHSA LHN, and was endorsed by the Chief Executive of SA Health in April 2012.

Following the endorsement of the project proposal the Executive Oversight Group and Working Group were established. At this time, the intersection with the residency of Dr Alexandre Kalache, 2011-2012 Thinker in Residence, was identified and as a consequence, members of both the Executive Oversight Group and Working Group were identified to contribute to the residency advisory group.

During this period the working group scoped out the methodology and audience for the project. It was determined that representatives from seven CHSA LHN regions would participate in the project and staff from each region (‘focal points’) were identified. Regional CHSA LHN staff were approached to participate in the project based on their positions (community health focus) and previous experience. Regional managers were engaged throughout this process to ensure they were aware of the project and supportive of their staff participating in the project.

*Evidence review of ageing and employment*

Two academics from Flinders University were engaged from the beginning of the project to provide advice around the methodology and evidence review of ageing and employment. A literature review examining the relationship between ageing and employment was commenced prior to the start of phase 1 and was subsequently refined and informed by workshops undertaken with CHSA LHN staff in mid-2012.

Key findings from the evidence review revealed that:

- Some organisations have an overall organisational policy for supporting mature aged workers (e.g. training for managerial staff, options to adapt and re-orient job roles to meet worker’s changing skills and abilities).
- Flexible work practices and provisions are essential to support the workforce participation of older people (e.g. support for caring duties, desire for travel, and phased transition to retirement).
- Occupational health and safety policy can address the requirements of older workers, for both injury prevention and promotion of health and wellbeing.
- Policies supporting education/training and professional development have a significant impact on retaining older workers (e.g. appropriateness of training method).
- Health promotion policies can also be implemented at the organisational level, based on healthy settings approaches to support workers’ health and well-being (e.g. support for physical activity, healthy eating, non-smoking).

The detailed findings of the evidence review can be found in Appendix 1. In addition to the evidence review, the desktop analysis mapping document used in the Healthy Weight Desktop Analysis project was reviewed and modified by the two academics to suit the context of the Active
Ageing through Employment project, as described in Figure 3.

**Figure 3.** Mapping the pathways between employment policy levers and benefits to the population

**Phase 1 – stakeholder engagement and consultation**

The stakeholder and engagement phase focused on establishing communication channels with relevant state government and regionally based agencies and determining their willingness to participate in the project. A number of key activities were undertaken during this phase, as described below.

State government agencies were engaged through formal channels, with a letter sent from the Chief Executive DHA to the Chief Executives of the Department of Further Education, Employment, Science and Technology (DFEEST), Department of Manufacturing, Innovation, Trade, Resources and Energy (DMITRE), and Primary Industries and Regions SA (PIRSA), informing them of the project and inviting them to nominate a contact officer to liaise with the working group. Each agency indicated preliminary support for the project and nominated key contacts for the project however due to changes in project context (refer page 13) engagement with these agencies around employment opportunities for older people was not undertaken.

Although local government was not formally approached during this phase, informal contacts were made through the CHSA LHN workshops and informal discussions between CHSA LHN regional staff and their colleagues in other agencies. Members of the working group presented the project to the Chief Executives of the RDAs at an SA RDA networking meeting in Adelaide and received endorsement to engage with RDAs at the local level. However, as with the state government engagement, changing project circumstances prevented from this occurring.

CHSA LHN regional staff and senior executives were engaged through four workshops held in Port Pirie (20 April 2013), Mount Gambier (25 May 2012), Port Lincoln (1 June 2012) and Adelaide Hills (15 June 2012). The first workshop in Port Pirie coincided with Dr Kalache’s third visit to SA as Thinker in Residence and provided the opportunity for Dr Kalache to present on Building as Society for All Ages, and to engage regional staff in his residency and key concepts. A recording of this presentation was subsequently played at each of the later workshops.

The workshops introduced regionally based CHSALHN staff to the project and its aims, the preliminary findings from a literature review examining factors influencing employment and ageing issues for older workers, and the desktop analysis methodology to be used in phase 2 of the project. World Café sessions were held during the day to gather participants’ feedback on the enablers, challenges and opportunities for ageing and employment both within and external to CHSA LHN. The workshops provided insight into the employment and ageing issues for people aged 45+ years in regional SA, and identified that organisational policy within CHSALHN was critical to supporting the ageing workforce. Although there was interest in examining organisational policy in more detail, the focus of the project was restricted to the policies of other employers in the first instance and consequently, was not addressed due to the early cessation of the project.

**Stage 2 – Desktop analysis**

Focal points from seven CHSALHN regions were identified to undertake a desktop analysis of policy opportunities for the employment of older people in regional SA. The working group based in Adelaide supported each of the focal groups to undertake the desktop analysis mapping for one regional agency based in their area. The majority of focal points selected their local RDA committee due to the role of the RDAs in economic development and employment in the regions.

The aim of the desktop analysis was to build on the existing capacity of the CHSALHN staff to develop intersectoral partnerships, by first talking the time to develop an understanding of the core business and potential policy opportunities of other agencies. The desktop analysis focused on identifying the policy drivers of the RDA in their region, the policy opportunities to support older workers, and how the policy opportunities would support the local community, CHSALHN.
objectives and the core business of the RDAs.

Examples of the desktop analysis were provided to each focal point and staff from the working group and each focal point was provided with guidance by project staff from CHSALHN central office, the Health in All Policies unit and Flinders University to assist them to complete the desktop analysis. At the end of June 2013, five of the seven regions had completed a desktop analysis for their relevant RDA and one desktop analysis was in progress (see Appendix 2 for example desktop analysis).

**Phase 3 – Capacity building**

This stage complemented and contributed to stage 2 through the provision of a range of activities designed to build on the existing capacity and skills of CHSALHN focal points to undertake the desktop analysis methodology, engage with non-agencies and act on the social determinants of health. The capacity building covered the key concepts and implementation of a HiAP approach as well as how to apply the desktop analysis tool, and involved a range of workshops, teleconferences and face to face meetings facilitated by staff from the working group. The first meeting held in October 2012 enabled regional staff to get an update on the project’s progress, clarify their role in undertaking the mapping and anticipated stakeholder consultation and ask questions about the mapping process. A second meeting was also held in March 2013 to obtain feedback from the focal points around their experiences in doing the desktop analyses and the challenges they had faced, to share their findings and practice some of the negotiation skills required to establish intersectoral partnership projects.

**A note on the project context**

During 2013 there were a number of realignments within DHA that influenced the course of the Active Ageing through Employment project. A review of Community Health was undertaken in CHSALHN and there was a restructure within Public Health and Clinical Systems. These changes, coupled with the realignment of funding and positions, resulted in the CHSALHN staff being unable to progress to the negotiation stage of the desktop analysis. As a consequence, a process evaluation was undertaken to capture some of the outcomes from the phases that had been completed.

**Process evaluation: focal point survey**

The aim of focal point survey was to collect feedback from the focal points involved in stages 2 and 3 of the project, with a specific focus on:

- Describing the facilitators and barriers to applying the desktop analysis methodology to a specific policy issue
- Identifying the support required by focal points to undertake the work, both from an organisational perspective and from the project staff
- Reflecting on the capacity building undertaken with staff, both in terms of its focus and delivery, and identifying any gaps in its delivery
- Identifying future capacity building needs of the focal points to use the desktop analysis as an engagement tool with non-health agencies.

Ethics approval from the SA Health Human Research Ethics Committee was obtained prior to commencing the survey (reference no.: HREC/13/SAH/100). The survey was distributed electronically to CHSALHN focal points who contributed to desktop analyses as part of the project. The survey was anonymous and due to the small sample size, was reported by theme areas rather than feedback from individuals.

Key evaluation findings included:

- Facilitators to undertaking the desktop analysis – support from project staff, having a ‘champion’, having the desktop analysis template as a starting point, sharing ideas with others.
- Barriers to undertaking the desktop analysis – time, lack of management support
- Capacity building – having a ‘learning by doing’ approach was valued and many indicated they would use the approach again
- Impacts and outcomes – stronger networks, greater capacity to undertake intersectoral partnerships and collaboration, recognition that the desktop analysis is a useful tool and one that would be used again.
A summary of the evaluation findings can be found in Appendix 3.

Conclusion
The Active Ageing through Employment project successfully identified a range of policy opportunities to retain and re-engage older people in employment in regional areas of SA and strengthened the knowledge of CHSA LHN staff around intersectoral collaboration and the HiAP approach. The project highlighted the critical importance of employment opportunities for older people in regional SA, in maintaining their health and wellbeing, and the health and wellbeing and sustainability of regional communities. The desktop analysis methodology and HLA process provided a established framework in which to undertake the work, accounting for both the diversity of potential employers (by region and industry) and regional context. Whilst the project ceased prior to the engagement and negotiation of policy recommendations with the agencies that had been mapped, CHSA LHN valued the capacity building activities around negotiating for health and intersectoral partnerships, and indicated the process used in the project was helpful and provided them with another tool in their workplace practice.

Evaluation
The DHA commits to undertaking an evaluation for each Health Lens Analysis project. A process evaluation was undertaken by the HiAP unit in 2013, examining the experiences of CHSA LHN staff in participating in the project.

In addition to providing the project partners with an insight into the impact of the project, the evaluation will also form one of the case studies for a broader, longer-term evaluation of South Australia’s HIAP initiative examining the impacts of the initiative on cross-government policy development. In 2010, Flinders University of South Australia was successful in obtaining a five year National Health and Medical Research Council (NHMRC) grant to evaluate the impacts and outcomes of the South Australian Health in All Policies model since its adoption in 2007. For further information on this work, please visit www.flinders.edu.au.
References

Appendix 1 – Evidence Review

ACTIVE AGEING & EMPLOYMENT – SUMMARY OF THE RESEARCH EVIDENCE
for Health in All Policies and Country Health SALHN, July 2012
By Dr Katy Osborne and Dr Lareen Newman
SA Community Health Research Unit and Southgate Institute for Health Society & Equity

A ‘scoping review’ of the academic and grey literature was conducted to address the question: What evidence exists on determinants of workforce participation for older people? ‘Older’ was defined as aged 45 and above. This summary only highlights selected key references from a comprehensive range of literature that was located during our search process. To interpret the evidence on this topic, the following framework was developed by combining the WHO Active Ageing Policy Framework and the Social Determinants of Health model.

Active Ageing and Employment Framework
Adapted by K Osborne from: Dallaglio & Whitehead, 1991 and: Karache & Getti, 2003

Finally, this document outlines some potential policy areas that could be addressed at the organisational level. This is based on the research evidence which is detailed in the sections that follow.

Summary of key findings relating to policy potential for organisations

- Some organisations have an overall organisational policy for supporting mature aged workers. Such a policy often includes training for managerial staff to ensure they are aware of the organisation’s desire to retain and/or recruit older workers (i.e. anti-age discrimination measures), and options to adapt and re-orient job roles to better meet workers’ changing skills and abilities.
- Flexible work practices and provisions are essential to support the workforce participation of older people, in particular to support caring duties, desire for travel, and phased transition to retirement. This may include flexibility in the number of hours worked, flexible schedules flexible places of work, options for time off.
- Occupational health and safety policy can address the requirements of older workers, for both injury prevention and promotion of health and wellbeing. The needs of mature-age staff in acute settings is a particular area of need due to the physical demands of the job.
- Policies supporting education/training and professional development have a significant impact on retaining older workers, e.g. appropriateness of training method, particularly in regard to training and support needed for computer-based online training, or online personal development.
Career counselling may support staff to find alternative roles rather than leaving the workforce. Such counselling can be based, for example, on chronological age, career stage or level of experience.

- Health promotion policies can also be implemented at the organisational level, based on healthy settings approaches to support workers' health and well-being, and to help them stay fit for work and manage ageing-related changes. This can include support for physical activity, healthy eating, non-smoking, etc.

The sections below identify in more detail some of the key themes to emerge from the literature in each area of this framework, and also report on participants' feedback at the four workshops organised by the HIAP Unit and CHSLHN in Port Pirie, Mount Gambier, Port Lincoln and Adelaide during April-June 2011.

1. Broader cultural and policy climate: National and State levels

In relation to broader cultural context in which older people live, work and interact with others, age-based discrimination is a key factor which impacts negatively upon their participation in society, including participation in the workforce (Bowman & Kimberley, 2011). Current policy approaches in Australia emphasise the economic benefits of retaining older workers in the labour force for longer periods than has been the case in the past. This represents a shift from policy approaches in the 1980s and early 1990s, when early retirement was viewed as a means to reduce unemployment (Walter et al., 2009). At a national level, there is an uncoordinated policy approach toward enabling older people to participate in the paid workforce, as there are a number of competing incentives and disincentives across the income support, taxation and superannuation systems (Spoehr et al., 2009). A recent report has emphasised the need for a more integrated approach (Advisory Council on the Economic Potential of Senior Australians [APEPSA], 2011a).

At a State level, a significant issue in South Australia is Workcover, and whether older workers will be covered if they have a workplace injury. For older workers that are of retirement age or above (65 years) who experience an injury, income payments are limited to two years, although these workers may still be eligible for ongoing medical payments beyond this time period.

1.1 Broader cultural and policy climates: issues reported at the workshops. Workshop participants identified Workcover as a factor which concerned them. Discussion around Workcover reflected a perception of risk in continuing to work beyond age 65 if they were not adequately covered in the event of a workplace injury.

In relation to community issues, the difficulties for older people in finding jobs in rural locations was discussed, particularly in regard to the limited opportunities that exist in rural labour markets as compared to metropolitan areas. Participants also reported instances that they knew of locally among friends and family where older job seekers felt they were discriminated against and not hired due to their age. In terms of broader economic and cultural issues in rural areas, the decline of prominent local industries and associated job loss was raised by workshop participants. The impact of an ageing workforce in industries such as agriculture, and a lack of younger labour to replace older workers, was raised.

2. Context of everyday lives: workplace setting

In relation to factors that enable older workers to stay in the workforce, research has focused on the ways in which workplaces can enhance their capability to retain or hire older workers. In regard to age-based discrimination, research has found a ‘double standard’ that whilst older workers in organisations may be valued, the same organisations may be unwilling to hire older workers into new positions (Spoehr et al., 2009). In relation to retaining older workers, the role of job-based education and training, flexible workplace practices, occupational health and safety and workplace-based health promotion, have all been identified as significant.

Education/training and professional development: Enabling participation in education and training is a significant strategy for retaining older workers (de Graaf et al., 2011), and three aspects of this are important: ensuring access to training, ensuring that training methods are suitable for the needs and learning styles of older workers, and providing age awareness training for management (Armstrong-Stassen et al., 2005). It is important that training is practical and linked to job environment, self-paced and tailored to individual need (Spoehr et al., 2009). 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 non-entry workers (Volt & Carson, 2011).

Flexible workplace practices: Evidence suggests that older workers require significant flexibility in how they undertake paid employment. Allowing older employees to have flexible work arrangements, to enable a
phased" entry into retirement, to pursue paid work after "normal" retirement, or to have flexibility in regard to taking leave and returning to work, is a crucial strategy to retain older workers. Flexible workplace practices can allow older workers to manage any changes associated with ageing, and to continue working alongside other roles such as caring responsibilities (Peterson & Murphy, 2010; APEPSA, 2011a).

Data from the Age & Generations Study (Pill-Catsouphes et al., 2009) suggest that respondents from Generation X and older Baby Boomers were more likely than the rest of the generation groups to say that having access to flexible work options contributes to their success as an employee "to a great extent". There are many different types of flexibility, including, but not limited to the following five broad categories of options:

- **Flexibility in the number of hours worked**: Options for the number of hours one works in a given week, month or year eg part time work, part year work, job share, phased retirement, and having input into overtime.
- **Flexible schedules**: Options with regard to work schedule eg frequent requests for changes in starting/ending times, occasional requests for changes in starting/ending times, compressed work week, schedule that varies from typical schedule, choices about shifts.
- **Flexible place**: Options with regard to the location of work eg being able to work from home/remote site, or being able to select or periodically/seasonally change the work location (if the employer has more than a single worksite).
- **Options for time off**: Allows employees to take time off for either short or extended periods of time, so that the employee can most responsibilities at work and/or at home eg paid leave for caregiving/personal/family responsibility, extra unpaid vacation days, paid/ unpaid time for education/training, paid/ unpaid sabbatical, and paid time to volunteer.
- **Other options**: Control over the timing of breaks, and allowing employees to transfer to a job with reduced responsibilities and reduced pay, if they want to. (Pill-Catsouphes et al., 2009)

**Occupational health and safety and health promotion**: Research suggests the importance of occupational health and safety practices being sensitive to the physical and functional changes that accompany ageing, and designed to enable workers to identify these changes early. As such, effective "age management" strategies for occupational health and safety practices (Specht et al., 2006). Furthermore, research suggests that older workers identify having 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 (Gabrielle et al., 2008). The workplace can be a significant site for health promotion intervention, such as supported workplace-based physical activity designed for all workers and suitable to the needs of older workers (Kenn, et al., 2009).

### 2.1. Workplace setting issues from the workshops

Many of the above themes from the literature were echoed by participants in the workshops. Overall, it was felt that CHSA was a good organisation to work for, however it was felt that there were a number of bureaucratic inflexibilities within CHSA to facilitating job-redesign and flexible work practices which would benefit older workers. The idea of re-orienting the job tasks of older workers to facilitate involvement in mentoring schemes was also an issue discussed favourably in the workshops as a way to both acknowledge the acquired expertise of older workers and to provide them with an alternative role if they are unable to continue existing work eg due to failing eyesight. There was discussion about how such job re-design should be facilitated without excessive bureaucracy.

In relation to training, many workshop participants reported that some forms of on-the-job training, particularly online training, were not adequately designed or accessible for them. Such training assumed a level of IT skill that workers did not necessarily have, and had not received training in, and furthermore, access to computers to be able to complete such training was limited in some situations.

Flexible workplace practice was an issue that came up frequently in all the 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, and innovative leave approaches that, for example, would allow longer blocks of leave to be taken and for workers to return to work, in a way similar to maternity/parental leave. Flexibility is also important for sustaining workers' interest, and can include exchange/partnership work with other organisations to share ideas and work together, especially as country sites may have far smaller number of workers and limited roles. Enrichment and variety may be achievable through the future planned HiAP work between CHSA and other organisations in country.

Whilst workshop participants did not report perceptions of a reluctance to hire older workers in new positions within CHSALN, this was an issue reported by workshop participants in their broader communities and may be a relevant issue for CHSA to consider. Within CHSALN, exit surveys are
already collected, and workshop participants suggested better analysis of them and use to inform retention
issues/abatement.
3. Context of everyday lives: non workplace environment

In relation to non-workplace aspects of the everyday environment (such as neighbourhood, housing,
education and health care services, transport), and how they can enable or constrain older people from
participating in the workforce, less research was identified in this area than on the role of workplaces and
organisations. The AERSA report (2011a) on enabling participation discussed the importance of
housing and urban design in facilitating healthy, age-friendly communities, and also discussed the role of
lifelong learning as crucial to promoting the economic and social participation of older Australians.

Broader issues for rural workers and residents more generally (not necessarily older workers) include
a lack of appropriate housing in rural areas (Garnett et al., 2008), a lack of accessible transport options
other than owning and driving a car (Byles & Galleine, 2012), and limited access to health services (Allan
et al., 2007).

3.1. Non workplace environment: issues from workshops. A major theme to emerge in workshop
discussions was the issue of transport and travel demands working in a rural environment. The need to
drive long distances as part of work was discussed as a burden for all workers, but can be viewed as
particularly difficult for older workers in light of physical changes associated with ageing. Other issues
include the high cost and limited availability of housing, 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. An issue raised at the workshops for CHSALHN to consider is whether it is possible in such
situations to arrange for job exchanges or transfers, to enable workers to move to different CHSALHN
sites, so that they do not need leave the CHSALHN workforce when then move.

4. Social and community relationships: Social relationships at work.

Research shows that supportive and good quality relationships with both colleagues (Henkens & Leenders,
2010) and managers (Lonie & Knaas, 2011) is important to enabling older workers to have positive
experiences of work, and thus, allow them to remain in the paid workforce. The role of managers in
supporting older workers is particularly important in relation to providing ongoing career guidance, support
and assistance for workers as they get older, and it is crucial that managers are trained to be aware and
sensitive to the needs of older workers (Armstrong-Stassen & Templer, 2000).

4.1. Social relationships at work: issues from workshops. Issues discussed at the workshops include
the notion that CHSALHN can improve its organisational culture to be more supportive of older workers, and
one way of doing this would be to offer ongoing career counselling and support throughout the working life
of employees. Such counselling could be sensitive to the career transitions associated with ageing and be
pro-active in considering these.

Options for CHSALHN could include providing career counselling across the workforce, but with special
“age or stage-related” related counselling for older workers, with focus on how to retain rather than leave.
Alternatively, CHSALHN could provide targeted career counselling for older workers specifically.

5. Social and community relationships: Outside of work

Evidence suggests that good quality spousal relationships are associated with intention to retire (Henkens
& Leenders, 2010), which suggests that spending more time with a partner is a reason for older people to
leave, or to reduce their part in the paid workforce. Furthermore, older people often have extensive family
and caring demands, such as for their partner, elderly parents, grandchildren or other family members (Brown
& Danon, 2003; Speoerl et al., 2009). Older people who are carers, if they are receiving carer’s payments,
are likely to face the financial barriers to engaging in paid work or other types of economic participation,
such as education (Speoerl et al., 2009).

5.1. Relationships outside of work: issues from workshops. The issue of the ‘sandwich generation’
was discussed in the workshops, whereby those people broadly in the ‘baby boomer’ age group face the
demands of both caring for their elderly parents and taking on responsibility for assisting with childcare of
grandchildren, in addition to immediate caring responsibilities that may arise to support partners and
children. Caring obligations for family members was a key reason why workshop participants required
flexible working options.

6. Individual behavioural and personal factors

Issues relating to personal health and lifestyle can be influenced and shaped by the ‘upstream’ social
determinants discussed in the previous section. Issues of personal health and well-being take on
increasing importance as workers age (Firca & Dępczynski, 2011), and poor health is a significant reason
why older workers leave the labour force. At the behavioural level, as already mentioned above, habits such as regular physical activity, healthy eating, low consumption of alcohol and not smoking are crucial to preventing or minimising the declines associated with ageing and enabling older workers to remain in the workforce (Gabrielis et al., 2008). These issues are amenable to intervention, both in workplaces and outside of workplaces in other community settings.

Ageing is associated with health changes, although these vary greatly between individuals in the same age group, and depend upon life history of accumulated behaviours and risks (Spoehr et al., 2009). Ageing-related changes can be minimised or prevented by healthy lifestyle practices. Broadly, ageing is associated with gradual decline in visual and hearing abilities, musculoskeletal capacity and some cognitive functions, for example in reaction time and speed of processing. However, other cognitive abilities do not necessarily decline with age and evidence suggests they can improve. It is important for workplace to be aware of the changes associated with ageing in order to manage workplace tasks appropriately, however it is also necessary to realise that there is variation between people as to how they age and not adopt stereotypical views of the ageing process as inevitable and involving steep decline, which can lead to age-based discrimination.

6.1 Individual behavioural and personal factors: Themes from workshops. Workshop participants discussed the physical demands of the work they do and how this was a challenge to cope with as they age. Patterns of gradual decline in vision and hearing and physical/musculoskeletal capacity as reported in the literature were echoed by workshop participants. There was discussion of the strengths of older workers, including the value of the wealth of experience and knowledge that they possess, and how this can be better utilised within CHSA by re-designing job tasks as workers age.

References


Appendix 2 – Example of desktop analysis

RDA – Yorke and Mid North

Potential to promote Active Ageing in the workforce for a win-win outcome

THE WORK OF RDA – Yorke and Mid North

Has a commitment and responsibility for developing the regions economic, social and cultural capital as well as ensuring regional sustainability. This initiative brings together all levels of government to enhance the development of Australia’s region.

WHAT’S IN IT FOR the RDA?

Supporting older rural workers will increase the labour force participation and support raising the profile of a highly skilled workforce within the Mid North. Continuing to engage an older workforce will assist the region to achieve the economic growth indicators, as it will provide a pool of highly skilled workers to address the current workforce shortage. Continuing to engage older workers within the workforce will assist the RDA achieve its key result area within strategic plan 2010-2013.

MAIN PATHWAYS TO HEALTH (see page 4)

RELEVANT KPIs or TARGETS

* KRA 1 Employment and growth attraction
* KRA 2 Community development
* KRA 4 Workforce development

RELEVANT COAG AGREEMENTS

* Social Housing, Homelessness, Remote Service Delivery, and Remote Indigenous Housing

LINKING RDA POLICY AND THE EVIDENCE FOR Active Ageing OUTCOMES

The WHO Active Ageing framework provides an overview of the determinants of active ageing. It is now believed that many of these determinants can be influenced within the workplace setting for example, Economic – remaining engaged within the workforce for longer enables older adults to enhance their financial security. Social – workplaces provide an important social outlet for older adults, providing they are supportive environments. Physical – it is recognised that workplaces are ideal settings to support older adults to maintain a healthy lifestyle which in turn enables them to remain engaged within the workforce for a longer period of time.

WHO Active Ageing Framework

Evidence also suggests that the supportive environment of a workplace can influence older adults’ decisions to remain within the workforce for longer which in turn can have either a positive or negative impact on their health and wellbeing. Evidence of the factors influencing older adults participating the workforce include:

- Age based discrimination
- Competing incentives or disincentives for example, income support
- Work cover and the problem of older workers (65+) being covered if they have a workplace injury

Within the Mid North and Yorke Region it is also known that:

- Indications are that further consolidation of farm ownership will continue in the short term. There will be some people looking for new employment opportunities as a result and they will need assistance for this transition.
- The impact of drought on the agricultural and viticultural sector will continue and flow on effects will be felt in service and retail sectors.
- In the short term unemployment is likely to increase across the region and projects will need to focus on volunteering, training and work experience to keep people engaged and prepared for when employment related labour market demands improve.

Mid North Regional Profile 2010

POPULATION CHARACTERISTICS

Mid North have relatively middle aged population profile with above average proportions of people over 45 years of age or older (2010 Regional Profile Mid North)

Education and qualification in the Mid North region is below the state average, with low levels of school achievement and post-school qualifications (2010 Regional Profile Mid North)

*Indications of further consolidation of farm ownership will continue short term. There will be some people looking for new employment opportunities as a result and they will need assistance with this transition. The impact of drought on the agriculture and viticulture sector will continue and flow on effects will be felt in service and retail sectors* (2010, Regional Profile, Mid North)

Government of SA, (2010) Workforce Planning and Policy, Regional Profile, Mid North, viewed online


According to the 2011 census data the Mid North has the following population profile characteristics:

- 39.6% of the population are aged between 45 and 74 years.
- 6.3% of the total population are unemployed as compared to the SA average of 5.7%.
- Within the Mid North Pt Pirie (10.1%) and Peterborough (11.5%) have significantly higher unemployment rates as compared to the state.

According to the 2011 census data the Yorke Peninsula has the following population profile characteristics:

- 45.6% of the population are aged between 45 and 74 years.
- 5.7% of the total population are unemployed as which is in line with the SA average of 5.7%.
## Current directions & core business

- Build and harness community capacity to grow and develop the York and Mid North
- Increase labour force participation
- Develop opportunities to facilitate workforce skills, labour and training to the needs of the industry
- Raise the profile of highly skilled workforce development across the region
- Support new and existing businesses with workforce development and retention
- Target underemployed potential workforce participants
- Relatively high middle aged population profile which could contribute positively
- Farm consolidation is continuing, older adults will be looking for employment opportunities
- Common barriers that prevent people participating in the workforce include lack of transport and licensing

## Active Ageing & Employment policy potential

- RDA to explore opportunities to develop an organisational policy to support mature aged workers
- Policy may include up skilling staff with options to adapt and reorientate to better meet workers changing skills and abilities
- Explore opportunities for flexible work practices
- Targeted programs for middle aged adults who are unemployed to encourage skill development, volunteering and work experience.
- Develop opportunities for older adults to share skills and knowledge with younger people.

## Active Ageing employment benefits

- Relate
  - Farmers
  - Older adults
  - Small businesses
  - Younger people
  - Aboriginal people
  - Marginalised groups
  - Residents of nearby communities
  - Middle aged older adults who are unemployed.

## Benefits for the agency

- Valuing the expertise of older adults
- Achieve targets and priorities of business plan quicker
- More skilled staff with the opportunities for employment
- Mentoring opportunities for younger people to gain new skills
- Value expertise of Aboriginal elders

## Longer term active ageing benefits

- RDA becomes leader in addressing employment issues
- Over older adults will have pathways to transition into retirement.
- Increased number of older adults choosing to remain within the workforce for longer.
- Increased skill base within the region.
- Economic benefit for the region - increased pool of potential workers for new and existing businesses.
- Improved health and wellbeing for older adults through influencing the SDOfH

## Cross cultural interaction

- Builds community cohesion
- Become leader in up skilling marginalised groups
Appendix 3 – Summary of process evaluation findings

Background to focal point survey
Evaluation is a standard component of all Health in All Policies (HiAP) projects. A process evaluation was undertaken at the conclusion of the Active Ageing through Employment project with the purpose of capturing feedback from focal points on the project process, desktop analysis methodology and capacity building activities.

The evaluation was undertaken by a member of the HiAP unit who was not involved in the project. An online survey was developed by the project team and independently reviewed by an academic from Flinders University. The research was approved by the SA Health Human Research Ethics Committee (HREC/13/SAH/100).

The aim of the survey was to collect feedback from the focal points involved in phases 1 and 2 of the project, with a specific focus on:

1. Describing the facilitators and barriers to applying the desktop analysis methodology to a specific policy issue
2. Identifying the support required by focal points to undertake the work, both from an organisational perspective and from the project staff
3. Reflecting on the capacity building undertaken with staff, both in terms of its focus and delivery, and identifying any gaps in its delivery
4. Identifying future capacity building needs of the focal points to use the desktop analysis as an engagement tool with non-health agencies.

The survey was designed to provide the project team with a better understanding of how the desktop analysis and capacity building activities have contributed to focal points’ ability to undertake intersectoral partnership work and apply a HiAP approach to their work.

Methodology
The survey was distributed electronically using Survey Monkey to all focal points who contributed to desktop analyses as part of the Active Ageing through Employment project. Focal points were invited to participate in the survey via an email with a plain language statement describing the study, including the survey link in the body of the email. Participation in the survey was voluntary.

Technical issues with the electronic survey were identified during the period the survey was accessible via Survey Monkey, which may have impacted upon the participants ability and willingness to fully complete the survey and contributed to the low response rate (25%).

Analysis and reporting of results
The responses to each survey question were collected using Survey Monkey. Responses were analysed by a project officer not involved in the project to ensure confidentiality of responses. The responses were coded according to broad thematic headings using Word documents.

Summary of results
Due to the low number of responses the results need to be interpreted with caution, however, there are some emerging themes which provide preliminary insight into the facilitators and barriers to applying the desktop analysis methodology and the capacity building needs of health professionals around intersectoral action for health.

1. Facilitator and barriers
Facilitators identified in the survey included:

- **Support**: support provided by the project team and Flinders University researchers through various communication methods throughout the desktop analysis process, namely the workshops, regular teleconferences and the sharing of ideas with other regions (not working alone).
- **Champions/leaders**: Having a champion or advocate to provide extra support outside of the scheduled project sessions.
- **Resources**: Having a matrix template as a ‘starting point’ for undertaking the desktop analysis.
• **Network**: Sharing of ideas and working with others (those within the same region and also those from different regions) via the teleconferences and workshops provided a mechanism to link in with a wider group and discuss how others were tackling the desktop analysis process and how challenges were being addressed.

• **Prior knowledge**: Knowledge of the HiAP initiative was identified as a facilitator.

• **Briefing process**: Briefing-up process to executive level as a useful component and utilising/leveraging on the high level commitment throughout the desktop analysis process.

Barriers identified in the survey included:

• **Lack of management support**: Even though some management support was identified as a facilitator, a lack of management awareness and support was viewed more strongly as a barrier based on the participant responses. In particular, work not being seen as core business by managers.

• **Time**: Competing priorities and existing workload, particularly when management support was identified as being low or there was a lack of management awareness. This was a particular issue for those with no past experience in completing the desktop analysis methodology.

• **Difficulty engaging colleagues**: difficulty in getting other staff on board to collaborate on the work. This finding suggests the importance of having explicit management support in order for staff to effectively work through the desktop analysis methodology with the right level of support to promote capacity building.

2. **Organisational support**

The focal points were asked to describe the level of support provided by key groups during the desktop analysis process. Actors who were ‘closer’ to the work (project team) were reported as providing more support than those who were not as hands-on with the process (management). The majority of respondents indicated the level of support received from Flinders University, CHSALHN central office staff and HiAP unit staff as excellent. Participants generally indicated that support from CHSALHN regional staff (line managers and team leaders) and CHSALHN regional executive was either poor or ‘unknown’.

When focal points were asked how the support could be improved, the majority of respondents felt that increasing management support was a key factor to further facilitating the adoption of the desktop analysis methodology. Allowing focal points and other staff to participate in the process from the beginning was also important, to ensure the links with other focal points/regions and the wider project group are established as early as possible in the process.

3. **Desktop analysis methodology**

All focal points who responded to the survey agreed that they would consider using the desktop analysis methodology to identify future opportunities for intersectoral work. Focal points were also asked if the desktop analysis methodology has been used by other staff at their location as a result of their work. All respondents indicated that this had not occurred, however one respondent identified that consideration was being given to using the desktop analysis process with local government to explore policy opportunities in regards to early childhood development.

4. **Delivery of capacity building and future needs**

The majority of respondents reported that the delivery modes of the capacity building activities meet their professional development needs. Although not explicitly stated, respondents inferred that the ‘learning by doing’ approach was a very useful capacity building strategy.

The need for managers to understand the process and be on-board was again emphasised as a future need if further capacity building was to be undertaken. This strengthened commitment, along with refresher training, was acknowledged by focal points as further capacity building activities which they would have liked to see if the desktop analysis progressed to being used as a tool to engage with the Regional Development Australia committees (RDAs).

5. **Impacts and outcomes of the desktop analysis work and process**

An underpinning principle of the HiAP initiative is creating partnerships and the participants identified that stronger networks have been built across CHSALHN as a result of the project.
Further, focal points generally agreed that one of the key benefits of being involved in the project was a greater understanding of the RDAs and their business. Other outcomes identified by participants related to the transfer of knowledge (in regards to the HiAP approach and an understanding of other agencies’ business, in particular RDAs) and a willingness to use and adopt HiAP philosophy in future work.

Discussion

A key focus of the Active Ageing through Employment project was to build on the existing capacity of CHSALHN staff to develop intersectoral partnerships, by first taking the time to develop an understanding of the core business and potential policy opportunities of the proposed partner agencies. Overall the focal points provided a positive account of their experience working through:

a) the desktop analysis of policy opportunities for the employment of older people in regional SA and
b) the capacity building activities around intersectoral partnerships.

Ongoing support and open communication were reported as key facilitators to applying the desktop analysis methodology to the policy issue and participants identified a lack of management support as a barrier to the process which may have also contributed to participants reporting time constraints as an issue. Responses to the survey also highlighted the challenges of undertaking intersectoral work in a service delivery environment, and the need for organisational support to undertake the work.

Strengthened collaboration and partnerships were identified by participants as an outcome of the project process and while such constructs are difficult to measure, the preliminary findings suggest that respondents recognise the importance of reciprocal partnerships as important system building strategies for action on the social determinants of health.

Conclusion

The HiAP approach recognises the need for health to work across sectors to effect change in the determinants of health and wellbeing. Building the skills and knowledge of the health workforce to undertake intersectoral work has been identified as critical to this work occurring. The process evaluation for Phases 1 and 2 of the Active Ageing through Employment project, conducted via a survey of focal points, provides insight into the workplace and organisation environment conducive to intersectoral action for health, and the capacity building needs of program staff working in the health sector. Further, the project highlights the importance of having a sound theoretical and practical framework for undertaking intersectoral policy analysis. The results of the survey will contribute to the overall project evaluation of the Active Ageing through Employment project, as well as inform future capacity building activities around intersectoral action for health to be undertaken by Public Health & Clinical Systems, SA Health.