Aims and relevance: The South Australian 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 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 both the SA HiAP Unit and Country Health SA Local Health Network (CHSA LHN) that focused on promoting employment participation (both retaining existing workers, and enabling older individuals to re-enter the workforce) as a strategy to support active ageing in rural South Australia.

Methods: The project included a number of activities. The initial phase comprised a literature review to identify existing evidence on factors associated with employment participation among older workers (age 45+), and workshops in four areas of regional South Australia with CHSA LHN employees. At these workshops, participants provided information on the local context impacting upon employment participation. Following these initial steps, a desktop analysis was conducted to identify policy opportunities in each region to promote employment retention and re-entry. CHSA LHN staff were actively involved and supported by the HiAP Unit to engage with local non-health stakeholder organisations to identify and implement policy opportunities to enhance older rural residents’ employment participation.

Results: This paper presents preliminary findings from each of these aspects of the project. Two major models were combined to categorise the identified literature: the Social Determinants of Health Framework and the Active Ageing Framework (both developed by the World Health Organization). These suggested four levels of potential policy influence on workforce retention and re-entry:

- cultural/policy climate
- work and non-work context of daily life
- work and non-work social/community relationships
- individual behaviour.

Non-work contextual factors identified by workshop participants included housing and transport. The findings suggest that the involvement and capacity building of CHSA LHN staff offered benefits for their organisation and for the local stakeholders in the non-health sector, and ultimately improved employment opportunities for older rural workers in South Australia. However, this approach also presented a range of challenges and complexities.
Conclusion: We conclude with a discussion of policy implications for using a Health in All Policies approach to build capacity within and outside the health sector to promote active ageing through employment in rural areas.