



Voices from the Field: Ecological Factors that Promote Employment and Health Among Low-Income Older Adults with Implications for Direct Social Work Practice

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Abstract

We employed cumulative dis/advantage and ecological theories to identify risk and protective factors at the individual, family, institutional, and societal levels that promote employment and health among low-income older adults. The authors conducted semi-structured interviews with 26 older adults who participated in a federally funded training and employment program for low-income individuals 55+ years of age. Qualitative data were analyzed using thematic analysis. Approximately 60% of participants had experienced a lifetime of disadvantages (e.g. low levels of formal education, poor physical and mental health, enduring poverty, physically demanding jobs). Surprisingly, 40% of respondents had higher levels of education, excellent or good health, consistent lifetime employment, and personal drive to obtain employment, but had experienced a major health, economic, or social shock that resulted in unemployment, poverty and at times, homelessness. Their life stories, as well as the extant literature, enabled us to understand the many risk and protective factors across the ecological framework associated with employment and improved health. A holistic, strengths-based approach, which utilizes the full scope of biopsychosocial and service assessments is required to bolster employment and health of low-income older adults.

Keywords Ecological framework · Older workers · Cumulative dis/advantage · Risk and protective factors

Introduction

Although many have acknowledged the great diversity among the older adult population in the United States, current research, policy and practices have not adequately identified and responded to the many risk *and* protective factors affecting employment among low-income older adults. The extant literature has emphasized a wide range of risk factors across the ecological framework, and *some* protective factors at the individual level, that relate to employment (Carolan

et al. 2018; Hoare 2015). Consequently, our knowledge of factors that promote work beyond individual/work contexts is not fully known and limits the depth and breadth of social work practice. The purpose of this qualitative study was to listen to the life stories of low-income older adults, and elevate their voices and experiences in a federally funded job-training program, the Senior Community Service Employment Program (SCSEP), to help guide policy and practice. We sought to identify protective factors within the ecological framework that promote work and health. The study is unique in its utilization of ecological and cumulative dis/advantage theories to reveal not just risk factors but also protective factors among a very heterogeneous population of older adults in the United States. Findings can help inform direct social work practice, which complements and extends the American Academy of Social Work and Social Welfare's Grand Challenge efforts to promote long, healthy, and productive lives (Morrow-Howell et al. 2018).

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Ecological and Cumulative Dis/Advantage Theories

Ecological systems and cumulative dis/advantage theories are lenses to examine risk and protective factors at the individual, family, institutional, and societal levels across the life span (Bronfenbrenner 1979; Dannefer 2003). Specifically, ecological systems theory highlights micro to macro factors with synergistic effects to promote or diminish prospects for health and prosperity. Cumulative dis/advantage theory (CAD) complements and extends this framework by drawing our attention to the life-course and social structures that create and sustain inequities in health, education, and overall wellbeing. CAD, more so than the ecological framework, emphasizes chains of risk or protective factors across the lifespan. Dannefer (2003) states “early experience differentially marks individuals in ways that shape their understanding of the world, their development of skills, and their opportunities in ways that are seen to shape later life course outcomes” (p. S332). These frameworks are well suited to examine how early life experiences shape mid- and later-life outcomes among unemployed older adults.

Risk factors associated with unemployment among older Americans have been well documented using population-based datasets. These include disability or physical limitations, limited or outdated education and training, homelessness, limited English proficiency, lack of US citizenship, Black and Hispanic/Latinx background, and being female (Sum et al. 2011; Kogan et al. 2012; Kanfer et al. 2013; Anderson et al. 2013; Johnson and Karamcheva 2017). At the family level, unmarried individuals are at higher risk of unemployment (Mitchell 2013). Informal caregivers, a majority of whom are women, are regularly forced into retirement and have a weaker relationship with the paid labor force over their lifetimes (Gordon and Barrington 2016; Smith et al. 2019). Longitudinal analyses of the Health and Retirement Study (HRS) conducted by Gonzales et al. (2015) and Gonzales (2013) revealed that informal caregivers had significant barriers returning-to-work after retirement due to role strain of providing assistance to family members with limitations in activities of daily living and instrumental activities of daily living.

At the organizational and neighborhood levels, physical or cognitive work demands, membership in a labor union, and working in the service or trade sectors, are important factors relating to employment (Szinovacz 2011; Kanfer et al. 2013). A significant institutional factor (and possibly a community or cultural factor) that puts older adults at risk for unemployment or forced retirement is ageism, which impacts all aspects of their working lives, including job search, workplace conditions, occupational well-being,

and mental health (Aday and Kehoe 2008; Kadefors and Hanse 2012; Harris et al. 2017). Perceived age discrimination within the workplace is associated with higher rates of depression, compromised self-rated health, job dissatisfaction and an increased motivation to retire earlier (Marchiondo et al. 2015, 2017). Other researchers have shown that neighborhood characteristics, such as reliable public transportation, affordable housing, socioeconomic conditions, and rural status were distinct factors influencing older adults’ ability and propensity to work (Anderson et al. 2013).

At the cultural level, institutional racism, sexism and ageism cut across all ecological domains, from internalized beliefs of self to the implementation of policies and practices within workplaces. Gonzales et al. (2018) revealed that individuals who experience a variety of disadvantages, such as major lifetime discrimination, living in disadvantaged neighborhoods, and work discrimination, retired at age 62 on average, whereas members of advantaged groups who had little exposure to discrimination and lived in resourceful neighborhoods retired at age 65. Their study also revealed that ageism was among the top reasons for perceived discrimination across older Whites, Blacks, and Hispanics/Latinxs, along with perceptions of sexism.

This evidence underscores the importance of intersectionality theory to help understand experiences and consequences within subpopulations and how these cumulative disadvantages hasten retirement among the most disadvantaged. Furthermore, inadequate funding for programming that addresses unique needs of low-income unemployed older adults is a risk factor, with SCSEP being the only federally funded program that specifically helps such persons with training and employment services (Aday and Kehoe 2008; Kogan et al. 2012). Additionally, difficulties in enforcement of the Age Discrimination in Employment Act have left many older adults, particularly low-income older adults, at risk of not being hired, promoted, or trained (Anderson et al. 2013; Marchiondo et al. 2015).

The evidence of risk factors among most older adults is well documented. But this is a very heterogeneous population. Consequently, little information exists about the lived experiences and protective factors among low-income older adults, which constrains social work’s clinical capacity to assess, intervene, and maximize potential protective factors for employment and health. Most studies on resilience among older adults with low-socioeconomic status have focused on individual factors rather than the whole person in varied environments. A qualitative study by Kok et al. (2018) revealed six protective factors for successful aging utilized by older adults of low socioeconomic status: support from social networks (e.g., family members and neighbors), engagement with younger generations, working toward improving their socioeconomic condition in spite of limited

financial resources, valuing and feeling confident in their skills, keeping a strong spirit under challenging situations, and restoring control over their life. Other protective factors for this population include a renewed sense of self-efficacy, optimism, humor, persistence, and a strong work ethic (Carolan et al. 2018; Gross 2002).

To our knowledge, only a small handful of studies have focused on low-income older adults searching for employment. Anderson et al. (2013) performed a literature review on the possible risk and protective factors at the micro, mezzo, and macro levels that affect employment. There was strong conceptual reasoning that ageism, disability, racism, educational attainment, poverty, affordable housing, and neighborhood characteristics operate as acute and chronic barriers to work. The current study is a response to their call for future empirical work to test hypotheses. A study by Gross (2002) and Eyster et al. (2008) emphasized common protective factors at the organizational level, such as flexible work arrangements, training, and building relationships between employees and employers. Kogan et al. (2012) emphasized these important administrative efforts as well, but critiqued current practices that focus only on program eligibility and job training criteria without consideration for support services such as transportation and housing. Similarly, the US Department of Labor 2001 suggested nine “best practices” to help SCSEP participants gain employment (US Department of Labor 2001). Most of the best practices (six) focused on the organizational capacity with older adults and employers, two best practices focused on community collaborations and demonstrating added value to the community. Only one best practice suggested understanding the whole person.

The purpose of this study was to listen to, chronicle, and elevate the life stories of low-income older adults searching for employment and to examine protective factors at multiple levels to help inform policies and practices. Interviews were informed by ecological systems theory (Bronfenbrenner 1979) and cumulative (dis)advantage theory (Dannefer 2018) to discern individual, family, institutional, and societal level factors related to SCSEP participants’ levels of resilience before, during, and—if applicable—after their participation in the program. We focus on SCSEP because it is arguably the only federally funded program (authorized by Title V of the Older Americans Act and administered by the US Department of Labor) that helps low-income unemployed older adults with employment and health. Participants must be at least 55 years of age, unemployed, and have a family income of no more than 125% of the federal poverty level. Enrollment priority is given to those aged 65+, individuals with disabilities, low literacy skills, or limited English proficiency, veterans or qualified spouses, individuals living in a rural area, and people who are homeless or at risk of homelessness.

Methods

Study Design and Sample

Semi-structured, individual in-depth interviews were conducted in a setting of the interviewee’s choice to assure their comfort and privacy. Three trained researchers with considerable field research experience developed structured interview guidelines and protocols. This study received exempt status by the IRB at Boston University. We recruited current and previous SCSEP participants to explore risk and protective factors that may have influenced employment prior to, during, and/or after participation in the program. Only individuals who could communicate in English were eligible for the study. The convenience sample comprised 26 individuals who volunteered to be interviewed during a 3-month period in 2016. Six interviewees had exited the program because they had obtained unsubsidized employment or for personal reasons. All the other interviewees were current participants at the time of the interview. Every interviewee was assured of anonymity and confidentiality; thus we use pseudonyms throughout the manuscript.

Data Collection

SCSEP directors in the mid-west and eastern coast were asked to solicit volunteer participation in the study. We partnered with two organizations located in large metropolitan areas and one in a rural area. Each director sent an email to current and previous (within 1 year) SCSEP participants describing the study and announcing the opportunity to be interviewed and receive a \$20 cash gift card. Volunteers could contact the project director or directly contact the research team. The research team then gave additional details about the study and arranged an in-person interview.

Data are directly from confidential interviews. No administrative or demographic data about any participant was solicited from the SCSEP project. The research team developed a comprehensive semi-structured interviewer guide containing 10 explicit questions, each with follow-up prompts to elicit similar information from all respondents. Special attention was paid to detailed information on physical and mental health history, previous work experiences, personal challenges throughout the life course (e.g. finances, transportation, caregiving), and environmental barriers (e.g. neighborhood and housing quality), as well as opportunities over their lifetime. Whenever possible, we focused on the interviewees’ ability to overcome adversity at various stages in their lives. Specific questions addressed how SCSEP impacted their lives.

We used scripted questions regarding the participant's life before joining the program, various aspects of the aforementioned life circumstances and health history, and experiences during and/or after the program. While allowing the participants to talk freely, specific prompts assured that all of the research issues were covered. At the end of the interview, the participants were asked to provide demographic information. Interviews lasted between 55 and 125 min (averaging 105 min) and were recorded and professionally transcribed verbatim. After the 1st week of data collection, audio and transcribed files were reviewed to improve consistency among the interviewers. Interviewees were offered a copy of the summary report. Those who wanted a copy voluntarily provided a mail or email address to which the report was sent.

Data Analysis

We used thematic analysis (Braun and Clarke 2006) with constant comparison analytic procedures (Glaser and Strauss 1967) to capture rich, detailed, and complex descriptions of the data. Thematic analysis consists of six stages: becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing a report (Braun and Clarke 2006). Two team members read the transcribed interviews in Microsoft Word

separately and coded initial themes in Excel. We then cross-checked and compared implicit and explicit themes across all participants' responses. When we encountered different opinions, which was rare, the third author was involved to reach consensus. We discussed substantive aspects of themes, along with frequencies, potential overlaps between themes, and unique qualities between them. It required several iterations and tabulations before we reached consensus for the final codes.

Results

Participants

Most respondents were younger than 65 years of age (77%), female (85%), and African American/Black (46%) (Table 1). Interestingly, a little more than a third (35%) had a bachelor's degree or higher, while the remaining had less than a high school diploma (4%), a high school diploma or equivalent (15%), vocational or associate's degree (15%) or some years of college (31%). Analyses from the qualitative interviews and socio-demographic information suggests the majority (60%) of the participants reported experiencing a lifetime of disadvantages, such as low-formal education, enduring poverty, physically demanding jobs, a weak relationship

Table 1 Characteristics of interviewed participants and the nationwide SCSEP population
Source SCSEP Nationwide Statistics: US Department of Labor, Employment and Training Administration, SCSEP Quarterly Progress Report: Final Nationwide Roll-Up—Program Year 2015 (July 1, 2015—June 31, 2016)

Characteristic	Interviewed participants (<i>n</i> = 26)	SCSEP nation- wide participants (<i>n</i> = 65,170)
Age		
55–59	34.6	38.2
60–64	42.3	30.1
65–69	15.4	18.7
70–74	3.8	8.4
75 and older	3.8	4.6
Gender		
Male	15.4	35.0
Female	84.6	65.0
Race & Ethnicity		
African American/Black	46.2	39.7
Caucasian/White	38.4	51.0
Multi-race	15.4	0.8
Hispanic or Latinx	3.8	12.3
Educational attainment		
Less than high school diploma	3.8	18.1
High school diploma or equivalent	15.4	39.3
Vocational or post-secondary certificate	7.7	2.0
Associate's or 2-year degree	7.7	4.1
1–3 years of college	30.8	23.2
B.A. or 4-year degree or better	34.6	13.3

with the labor force, and poor health. Less than half of the participants (40%) were well-resourced, reporting high levels of education, good health, and consistent employment history, but then confronted by major shocks (e.g. cancer diagnosis, divorce, laid off, substantial loss of income) that led them to SCSEP.

The most frequent risks among participants were physical health problems (e.g. breast cancer, osteoporosis, multiple sclerosis, falls, fatigue, sickle-cell/*tay sachs*), economic or social shocks (e.g. unemployment, divorce, defaulted mortgage), mental health problems (e.g. depression, PTS, grief/mourning), emotional struggles regarding employment (e.g. a lack of confidence or self-esteem), informal caregiving demands, and unplanned and forced relocation. Barriers also appeared at the institutional or environmental levels, such as a lack of workplace support and flexibility, social isolation, and ageism preventing them from accessing various opportunities or constraining their socioeconomic progress (see Carolan et al. 2018 for analyses on themes of risk). Nevertheless, many participants expressed protective factors that helped them manage these difficult situations, which motivated them to seek help through SCSEP, while also maintaining or even improved their physical or mental health. Before presenting the findings regarding protective ecological factors, we share six life stories from participants who exemplify the important themes of cumulative disadvantage or economic, health, or social shocks that precipitated their involvement with SCSEP.

Evidence of Cumulative Disadvantages

We interviewed a White woman in her 50s, with a high school diploma, who had a series of disadvantages: intergenerational poverty, alcoholism, family violence, abusive partner, depression, breast cancer diagnosis. Over her lifetime, she had low-skilled, low-paying, and physically demanding jobs that were nonetheless psychologically and socially rewarding (bus driver for children with disabilities). Her chronic health conditions included emphysema/COPD, back problems, declining vision, and two surgeries for breast cancer that led to being laid-off from her 17-year tenure as a bus driver. She enrolled in SCSEP after her physical health improved after the surgeries. She described her job-training assignment at an elementary school as a good fit considering her health conditions: *...since I have got back problems and I have had cancer and stuff and I have got some health issues, but it worked out for me, because I could also sit and make the sandwiches and do things sitting and taking a break and sit and work, still work, and then get up and do the dishes, different things. I got along with everybody. I loved it. When I had to leave, I cried, because I got a letter from Social Security...* At the time of this interview, the Social Security Disability office was performing an audit

on her health conditions and she was told to withdraw from SCSEP. Discontented with an idle life, we learned of her educational and career aspirations. With support from the federal government's Free Application for Federal Student Aid (FASFA), she enrolled in an online college, part-time, pursuing a degree in Healthcare Management. Her life experience as a breast cancer survivor led her to pursue a job in the health industry to raise awareness of breast cancer. She also volunteers and participates in the Race for a Cure.

Another interviewee was a White male in his 50s with a high school degree who was homeless. Prior to SCSEP, he was volunteering at a food pantry program. He enrolled in SCSEP to become a social worker—given his personal experience with health and economic issues and wanting to be a role model for others. He was experiencing several co-occurring risks: homelessness, PTS, COPD, chronic fatigue, sleep disturbance, bipolar depression. These risks were balanced with many individual resources such as a strong desire to find full-time work, and environmental resources (e.g. regular visits with a psychiatrist, Social Security Disability Insurance, Supplemental Nutrition Assistance Program).

We also interviewed a Black woman in her 60s who worked part-time cleaning office buildings. She had various employers across her lifetime. She unexpectedly became the formal guardian to her 6-year old grandchild with autism when her daughter suddenly died. Over the years, finding the right job with night hours was difficult but necessary because she had to care for the grandchild before and after school. Now that her grandchild is 15 years old, the participant can have work during daytime and attend evening workshops at a community college. With hopes of someday being self-employed, she enrolled in SCSEP to learn accounting, management, and advertisement.

Evidence of Shocks

Some interviewees were well-resourced with high levels of formal education, excellent or good health, consistent lifetime employment, but experienced a major health, economic or social shock that led to unemployment and poverty.

A White middle-aged woman with a bachelor's degree had a strong work history (two decades with the state health department as a writer and editor). She reported that life was good: she and her partner were working full-time and were about to get married, when he experienced a health shock and passed away. Without two sources of income, she was struggling to pay the mortgage. Then, she lost her job and, subsequently, she also lost the house. She describes those years as *very, very dark bad years...* She wondered aloud, *Now, I'm in my early 50 s trying to enter the workforce. I mean, I'm getting interviews, but ... before there was no problem getting positions. So, you think ageism is involved*

here? Is there something wrong with my resume? So that placed me in this program in order to get a job...

We also interviewed a highly educated Black business woman who had some savings and an Individual Retirement Account. She suddenly experienced unlawful termination of employment. After withdrawing her entire pension, she was able to have a small but sufficient bank account to pay the mortgage, utilities, and groceries. Unfortunately, her daughter had illegally withdrawn the participant's entire personal savings to support an opioid drug addiction. Subsequently, without her savings, our interviewee lost her home and became homeless. As an older woman, and in need of a job, she found herself in SCSEP.

A third interviewee's personal and professional life had been progressing smoothly. She was a Black woman, married for 28 years, and had moved up the career ladder during an 18-year tenure with the federal government. Along with her husband, they purchased a home, owned two cars, and saved for retirement. Because of this positive employment and fiscal situation, and with her husband's support, she resigned from her job to pursue a bachelor's degree full-time toward a degree in communications—ultimately wanting to become a writer and journalist. Soon after receiving her bachelor's degree, her husband had a stroke and she became his full-time caregiver. During this time, she discovered her husband's infidelities. She was divorced within a year. She subsequently lost her house, was unemployed and unable to find a job, and ultimately lost her car. Unable to pay rent, she would have been homeless but was fortunately able to live with her sister and mother. Despite many job applications, the only employment she could find was in "mediocre," low-paying, and insecure jobs with no benefits. Having heard about SCSEP from a relative, she applied and enrolled. She commented, *SCSEP was a lifeline. It motivated me. It put me back in the working field...the most rewarding [part] was because I was helping others.*

Protective Factors at the Individual Level

The most cited individual resources included psychological resources (e.g. strong motivations to gain education, training, and employment, generativity, and sense of giving back to the community), human capital (e.g. knowledge, personality, and skillsets), social capital (e.g. strong relationships with others and in the community), and religiosity or spirituality. Given the in-depth nature of the interviews and the respondents' willingness to share life-course details and intimate feelings, we were struck by the high number of participants who exhibited considerable individual resources and psychological resilience in the face of very difficult circumstances. The majority of participants exhibited inner strength and strong optimism that their situation would improve or that it could be worse than it was.

I think it is time that I find a job. And I will. And then another thing I have is my church and my faith. Because if I didn't have faith then I would be insane.

Mary (60, Black & Native American, 4-year degree)

It took me through a lot of things: depression, fatigue... Now, the medical part, still a lot of pain. I still go through a lot, but regardless of what I go through, I still kind of keep it to myself and just keep standing tall. [Laughs]"

Donna (57, Black, 2-year degree)

That's when I started to do the childcare thing in my home. I was doing that up until I found [a SCSEP position]. We (my granddaughter and I) were in the apartment, probably our first 2 months there, it caught on fire... It was just a series of little things that were trying to like knock the wind out of us but we are winners.

Susan (59, Black, some college)

Many of these positive traits helped them to manage their lives with a self-assessment of being strong and optimistic about their situations. They were committed to keeping their knowledge and skills up-to-date and staying engaged in their community. Their positive nature led them to seek an opportunity with SCSEP. They kept themselves motivated to work and maintain family responsibilities.

I was well-versed with computers. I kept my skills up. Even though I was unemployed, I still kept up with the latest programs and the latest things. I kind of kept up. When I came to SCSEP, I was ready to run and do whatever I needed to do.

Kathleen (58, Black, 4-year degree)

Protective Factors at the Family Level

Some participants emphasized that they had good relationships with family members. Family was a reason for them to stay alive, work harder, and work towards a better future. Despite their difficulties (e.g. being homeless; losing jobs), they maintained strong relationships with family members, relied on this relationship to keep themselves motivated, and accepted the reality of their dilemmas in the most positive way. Some participants were emotional, thanking family members and talking about how the relationship shaped and influenced who they were.

My utopian retirement... would be having something to do with watching my daughter develop through her life and things work out for her and me being a part of

that. Me being a positive influence on her development and her success.

John (59, White & Native American/Indian, vocational or technical school)

It's stress and the anguish when you're already ...your life has been turned upside down and you're devastated... I said, I'm just thankful for when my parents taught me to be strong and never give up. I said you know because there are a lot of people would've given up.

Nancy (66, White, some college)

When going through difficult times, some participants said that their family members provided both emotional as well as financial support. In particular, some participants described basic challenges with the costs of food, transportation, and housing.

Because my family helps me out, that is the thing. If I didn't have family, I would be in a lot of trouble.... I wouldn't be able to eat if my daughter didn't live here [in her neighborhood] and buy food... As I said, I make just enough to pay the taxes and utilities. There would be no money for food. So, without the help of my family, I would be in trouble. A lot of trouble.

Debra (60, Black, some college)

I have a large and very close family. A number of things have gone wrong... Well, I couldn't even get in the [SCSEP] if it wasn't for my daughter, because I don't have a car. So, she has a car. If I couldn't use her car, I wouldn't have been able to do anything.

Debra (60, Black, some college)

I was homeless. I had nowhere to go. I moved in with one of my younger sisters...I left her home and moved in with my older sister because she ended up moving to [another city].

Kathleen (58, Black, 4-year degree)

Protective Factors at the Institutional Level

The most frequently noted institutional resources were a good fit with the physical, cognitive, and social demands of the job-training assignment; physical variation of the occupation; expert assistance with resume and cover letter development; and flexibility with time or scheduling. Some of the participants said additional training and practice services were helpful and useful to move forward with their job search. Examples include dress for success (provides free clothing appropriate for job interviews), instructions for online job-searching, and job-interview practice and

training. These types of assistance gave them the confidence, self-esteem, and encouragement needed to present themselves in the best light possible at job interviews. Many participants also mentioned good relationships with SCSEP staff and their responsiveness when guidance or assistance was sought. Some of the participants said that their community service job assignments expanded the possibility of getting back into the labor market. Susan (59, Black, with some college) had raised her grandchild alone and gone through major difficulties—her apartment caught fire and she and her family were living in a shelter. Through SCSEP, she became the permanent assistant director at her assigned host agency. She explained [*SCSEP*] *has been actually life changing*.

My unemployment had run out and I needed to find some work immediately. This program allows you to have a host agency. It allows you to go for workshops, such as interviewing, resume writing, cover letter writing. And while you are still seeking employment you do get a little paycheck, which helps with gas.

Mary (60, Black/Native American, 4-year college degree)

It's [impaired hearing] difficult and I read lips most of the time. ...but nobody wants to hire somebody that can't talk on the phone... Terry who's our boss... assured me again last Monday ...he said... that is a minor thing with you not being able to talk on the phone. And he said everything else that you offer outweighs that.... It makes you...you feel you're appreciated.

Nancy (66, White, some college)

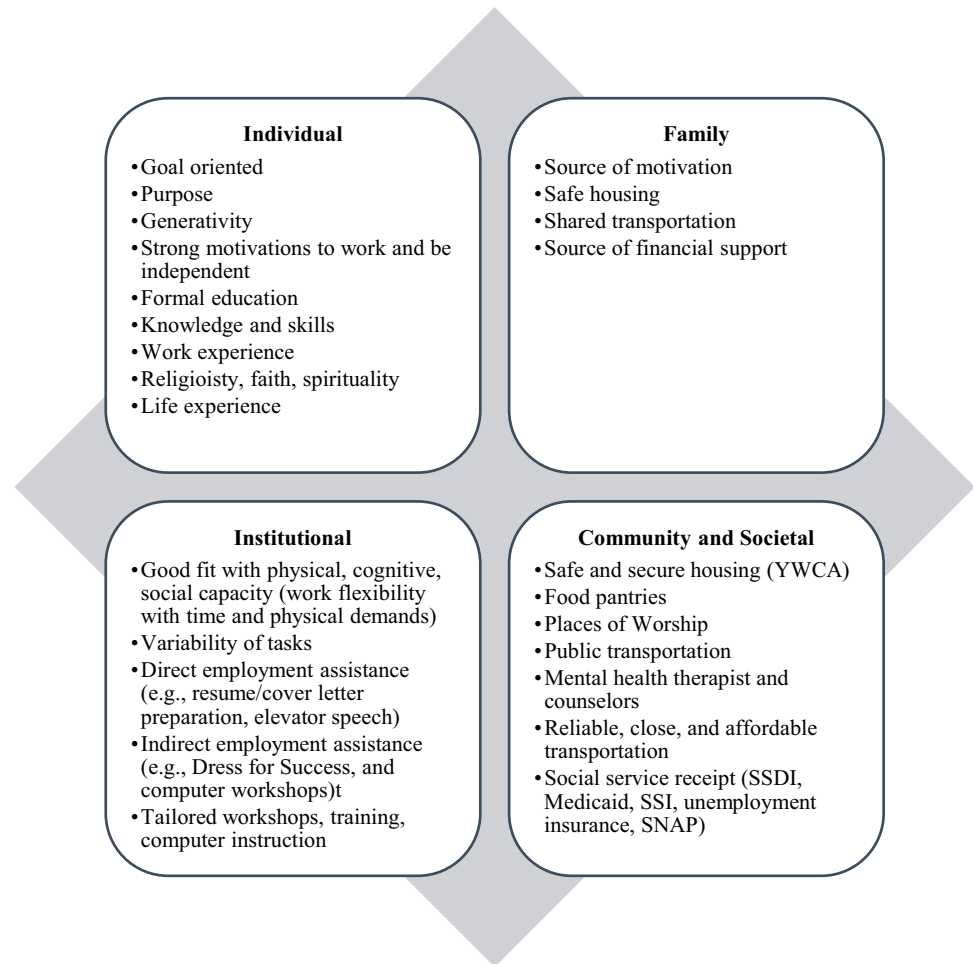
Approximately 70% of the interviewees reported that their physical, emotional, and social health improved because of employment training and positive work environment. This proportion is similar to the one reported in the annual SCSEP independent sample survey of participants' experiences in SCSEP (Fig. 1).

So, I just like to be happy and I wasn't happy. I was sick and depressed and miserable and I didn't like being that person.... It [SCSEP] turned my whole life around because I am learning every day... So, I am out and about and communicating. I am keeping busy. I really enjoy learning and I enjoy helping other people. And the extra money has given me the opportunity to fulfill my bucket list. [Laughs]... So, just being here [SCSEP] and feeling better and learning has just taken all that stress and that depression out.

Karen (64, White, 4-year college degree)

I was depressed.... I think it runs in my family or something. But, when I started working, I lost all of

Fig. 1 Protective factors identified in the study sample at multiple levels



that. I am happy. [Laughs] I have a social life and working and I lost weight, too.

Maria (56, White, some college)

On a scale of 1–10 [self-rated health], I'm an 8½ because of my hypertension... I think working helps. The SCSEP program was my lifeline. It motivated me. It put me back in the working field.

Kathleen (58, Black, 4-year degree)

Well, I'm go on and say that this program really boosted my confidence just being out and about. Sometimes when your home shut in, it's your little world and your little realty. That's what was going on... I shut down. It was just the day to day—the food, the grocery store, the lights... This program pulled me out. I'm doing the steps by myself. I can work. I can stay here longer... the program gives me the energy to go forward [with] the possibilities of me being an executive director. Can I go back to school? I think I can. I really think I can. I really would like to go back and finish.

Susan (59, Black, some college)

Protective Factors at the Societal Levels

The most frequently cited macro resources, other than SCSEP, were Social Security Disability Insurance, Supplemental Nutrition Assistance Program (SNAP) benefits (i.e. food stamps), and reliable or convenient public transportation. Other resources may have equal or more importance to particular individuals (e.g. shelters for abused women, food pantries, legal assistance, physical therapy, access to psychologist/social worker/therapist/counselor). In a few cases of interviewees with special challenges, non-profit organizations or agencies devoted to that population (e.g. people with multiple sclerosis) were singled out for their assistance not only in job searching but in resolving everyday problems. This safety net, combined with individual and institutional resources, helped to buffer against poverty and declining health.

Like when I raised my granddaughter, that presented a whole other set of things. We had to be a part of the food stamp program, thank God for them.

Susan (59, Black, some college)

I was living on a very low income from my Social Security. I did get food stamps and I got housing assistance, because my income was so low... I had just gotten diagnosed and when I got sick, I got the approval on the [subsidized] housing... I was able to move in there.

Karen (64, White, 4-year degree)

Through different social services, many participants increased their trust in the community and became active community members.

I wanted to visit [one of the cities in this study] and I ended up staying about four or five weeks and kept looking at jobs thinking, “Wow.” Because there were signs, help-wanted, everywhere. So the job market was so strong... I came prepared and I do believe this area, which is a very right... area... for people of color in the community... viable people in the community. I’m a viable member of the community again.

Cynthia (64, Black & Native American/Indian, 4-year college degree)

Discussion and Implications for Direct Social Work Practice

Ecological systems theory helped to identify protective factors at the micro, mezzo, and macro levels, while cumulative dis/advantage theory helped to understand risk and protective factors at particular life stages and across their lifespan. While the presence and magnitude of risk factors cannot be overlooked (Carolan et al. 2018), respondents’ exhibited a great deal of grit and found support from a number of resources within their social systems. This qualitative study was especially useful in that it contextualized networks, routines, psychosocial fears and hopes. They handled difficult situations well and tried to turn such adversity to a stronger, healthier path. Our findings are similar to that of other social scientists who have revealed how self-regulation, spirituality, employment hope, and grit are important psychosocial factors associated with the acquisition of employment (Anderson et al. 2018; Hodge et al. 2019; Key et al. 2019; Nakai et al. 2011; Uphoff et al. 2013). An emerging evidence-based program, TIP (Transforming Impossible into Possible, Hong 2016; Hong et al. 2018), describes how social workers can meet the clients where they are at and help achieve their full potential by digging deeper into the meaning making level of

identity, hope, and life goals. Briefly, TIP is based on social constructivism and Freirean critical consciousness (Hong 2016) to promote intrinsic motivations through existential reflections and hope-based commitments. In turn, this helps the individual to generate power to claim self-determination, self-awareness, hope, goal-orientation, accountability, conscientiousness, resilience and grit.

Importantly, findings from this qualitative study support the US Department of Labor (2001) emphasis on assessing and understanding not just psychosocial factors of the individual but also needs and preferences for optimal job conditions, health care, housing, transportation, and nutrition—essentially, the whole person (Armstrong-Stassen 2008; Armstrong-Stassen and Ursel 2009; James et al. 2011; Pak et al. 2018; Slack and Jensen 2008; Smyer and Pitt-Cat-souphe 2007; Steenstra et al. 2017), our results suggest that SCSEP’s participant assessment should include more specificity regarding lifetime health history and explore more broad domains such as environmental factors (e.g. housing and neighborhood quality). Where feasible, SCSEP staff can initially assess areas related to job training and employment, and then at the client’s discretion, social workers can probe into biopsychosocial assessments to more accurately identify the need for social supports and assistance, along with safe housing (sheltered housing, long-term care residence). A complementary and expanded assessment may help social workers delineate important areas of physical functioning, medical history, pain and medication management, nutrition, spiritual and religious beliefs, leisure and recreational activity, military history, and abuse, neglect, or exploitation. In 2011, the Administration on Aging supported a pilot intervention of an evidence-based program, the Chronic Disease Self-Management Program, among SCSEP participants (Yulikova, Karchmer, & Savage, n.a.). Eligible participants received Home Care Aide training and attended relevant disease and medication workshops. Evaluation results were positive, indicating participants were willing to discuss health and health management with SCSEP staff. The intervention increased awareness of chronic conditions and resources to manage co-occurring health issues during their employment training process. By exploring these key domains, social workers can get a better understanding of their client’s needs, preferences, and capacity for unsubsidized employment and help link clients with social services that are beyond the scope, but just as essential, as job training and employment assistance.

Across these life stories, we are reminded of the importance of a “good fit” through balancing work assignments with factors such as health, family circumstances, and life aspirations. In addition, many interviewees wanted to give back to their community, such as sharing their life experiences, raising awareness of breast cancer, or assisting the homeless. Moreover, the life stories of the well-resourced

individuals who experienced a shock remind us that up to 80 percent of adults in the United States will experience at least 1 year of economic insecurity between ages 25 and 60 (Rank et al. 2015). SCSEP was a place and program where they could bounce back. It was possibly the only support for them to advance their employment prospects. Indeed, SCSEP focuses on those who are *most in need*, which is a priority in its program performance measures. More research and advocacy efforts are required to ensure that, in addition to SCSEP's assistance, the broadest array of social supports are secured. Social workers' involvement with SCSEP organizations are key to not only providing immediate, collaborative and comprehensive support for these most disadvantaged older adults, but also advocating for further development and impact of this program on society.

Limitations

A comparison of the sample's characteristics with those of the nationwide SCSEP population may reflect a self-selection bias among the volunteer interviewees, because they were disproportionately female, younger, White, and better educated than the nationwide SCSEP population in 2015–2016. For future research, we recommend establishing strong partnerships with SCSEP directors early on and, instead of email, doing site visits to introduce the study to program leadership in person. If possible, the same in-person introduction and description of the research could be given during the standard quarterly meetings for all active participants, thereby potentially boosting the number and variety of volunteer interviewees. Future research can more clearly discern the prevalence and magnitude of risks, barriers, and resources addressed in this pilot study. With a much larger convenience sample, it would be interesting to perform cluster analyses and examine the number of unique groups that emerge. Additionally, longitudinal analyses can help to examine the impact SCSEP has on participants' overall well-being (health, social circumstances, and economic) over time. Longitudinal effect outcomes would reveal the extent to which SCSEP can be viewed as a community-based health intervention.

Conclusion

This qualitative research study underscores the heterogeneous context of risks and protective factors that shape older adults' employment and health. While we expected many participants to represent cumulative disadvantages, we were surprised by the number of well-resourced individuals who experienced unexpected economic, health, or social shock that led to a relatively rapid downward spiral. Nonetheless, these life stories reveal a wide spectrum of individual

and institutional strengths. A large majority of participants demonstrated considerable resilience to poverty and health difficulties, drawing on their personal strengths that are bolstered by protective factors across the ecological systems. Wherever feasible, social workers should assess and maximize participants' assets, helping the participants realize the many protective factors. Wrap-around social services can potentially secure a strong safety net to low-income older adults engaged in employment training programs. When high quality wrap-around supports are available, utilized, and carefully managed, participants whose primary intention is to gain employment will likely further have an opportunity to age more healthfully.

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