Supporting the Health of Low Socioeconomic Status Employees

Qualitative Perspectives From Employees and Large Companies

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Objective: The aim of this study was to identify alignments between wellness offerings low socioeconomic status (SES) employees need and those large companies can provide. **Methods:** Focus groups (employees); telephone interviews (large companies). Employees were low-SES, insured through their employers, and employed by large Washington State companies. Focus groups covered perceived barriers to healthy behaviors at work and potential support from companies. Interviews focused on priorities for employee health and challenges reaching low-SES employees. **Results:** Seventy-seven employees participated in eight focus groups; 12 companies completed interviews. Employees identified facilitators and barriers to healthier work environments; companies expressed care for employees, concerns about employee obesity, and reluctance to discuss SES. **Conclusion:** Our findings combine low-SES employee and large company perspectives and indicate three ways workplaces could most effectively support low-SES employee health: create healthier workplace food environments; prioritize onsite physical activity facilities; use clearer health communications.

Keywords: health promotion, poverty, qualitative research, workplace

Learning Objectives

- Discuss the health risks and contributing factors associated with low socioeconomic status.
- Summarize the findings of perceived barriers to healthy behaviors at work and potential support from companies in focus group discussions with low-SES employees.
- Summarize the findings on priorities for employee health and challenges reaching low-SES employees in interviews with representatives from large companies.

PURPOSE

Low socioeconomic status (SES), variously measured by income, education, and/or occupational prestige, is associated with modifiable risk factors for cancer and chronic disease, a disproportionate burden of disease, and higher mortality.[1–7] The association of morbidity and mortality with low SES stems in part from lack of income and lack of health insurance; low-SES individuals without either are among society's most vulnerable. Low-SES individuals who do have access to health insurance and employment are better off than their unemployed and uninsured counterparts, yet being employed and insured is not sufficient to undo the detrimental health effects associated with low SES.[6,8–11]

Unhealthy neighborhoods,[12] reduced access to resources, work environment, prejudice,[13] and stress[14] experienced by low-SES individuals can all lead to reduced access to care, poorer health, and increased likelihood of cancer and chronic disease.[15–19]

Effective ways to prevent chronic diseases such as cardiovascular disease, diabetes, and some cancers include healthy eating, adequate physical activity, avoiding tobacco, and receiving appropriate preventive care such as cancer screenings.[20,21] Previous studies have investigated barriers to these behaviors experienced by low-SES individuals, which can include out-of-pocket costs, lack of education about recommended health behaviors, lower health literacy, language barriers, neighborhood access to healthy foods and safe physical activity facilities, workplace food environment, long and inflexible work hours, lack of provider recommendations, transportation, lack of childcare, and low perceived susceptibility to disease.[22–28]

Workplace health promotion (WHP) could be an effective method to reach employed and insured individuals of low SES, and improve their health through better access to healthy eating, physical activity, tobacco cessation, and appropriate preventive care. Employed people spend much of their time at work, and WHP programs can reach these individuals with resources for health behavior change that can serve as a complement to insurance offerings.[29,30] Furthermore, work environments that foster social support may mitigate the deleterious health effects of stress.[31]

Large employers (1000+ employees) in the US employ the greatest number of low-SES workers, and many of these workplaces now offer some form of WHP.[11,32] Yet, there are indications that low-SES employees have unequal access to WHP compared with their higher-SES colleagues.[33–35]

Supporting health among low-SES employees is a topic of growing interest among researchers, but more needs to be learned about how WHP programs could better reach this group of employees. Qualitative data are comparatively rare on this topic,[36,37] although it can be a key method of identifying and treating organizational barriers that reduce access to programs and resources.[38]

Guided by the principles of grounded theory,[39,40] our study aimed to gain the perspectives of insured low-SES employees, as well as the perspectives of large employers, on how the workplace could most effectively support low-SES employees in healthy eating, physical activity, tobacco cessation, and appropriate cancer screenings. Areas of overlap between what low-SES employees need and what employers could provide can lead to concrete recommendations for employers that could increase the reach and impact of their wellness efforts.

APPROACH

Our research used focus groups with low-SES employees and semi-structured interviews with Human Resources (HR) leaders at large companies (1000+ employees).

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We chose the following criteria to define low SES: education $\leq$ high school, and/or annual household income of $25,000 or less. Regardless of income, individuals with a high school education or less may have limited health literacy and experience challenges navigating the health care system.[41] Likewise, individuals with a higher level of education but an annual household income of less than $25,000 are likely to face difficulties accessing and paying for quality health care.[42]

We chose focus groups as the most appropriate method to gain nuanced perspectives from low-SES employees. The University of Washington Institutional Review Board determined these focus groups to pose minimal risk to human subjects and exempted them from further review.

To gain the perspectives of large employers, we partnered with the American Cancer Society (ACS) to identify and approach representatives of large companies (eg, HR leaders) who would know the most about WHP efforts. ACS has formed strong partnerships with a group of 26 large Seattle-area employers who are active members of the local chapter of the CEOs Against Cancer network (http://www.cancer.org/our-partners/ceos-against-cancer). Companies like those engaged in CEOs Against Cancer have a large and diverse workforce, including employees who fit our criteria for low-SES.

Because interview participants were recruited through their organization's ongoing engagement in CEOs Against Cancer, and interviews focused on organization-level activities, the University of Washington Institutional Review Board did not consider these interviews subject to relevant federal guidelines and declined review.

In preparing this manuscript, we followed the consolidated criteria for reporting qualitative research (COREQ) guidelines.[43]

SETTING

Focus groups with employees took place at Consumer Opinion Services, a commercial focus group facility in Seattle, Washington. Groups were held during the afternoon and evening. Most interviews with company representatives were conducted via telephone by one or more members of the research team (AP, JH, CM, KH, MW). One interview was conducted (AP, JH) in person at the participants' workplace.

PARTICIPANTS

Employee Focus Groups

We contracted with Consumer Opinion Services to recruit participants. The facility used large databases of potential research participants, email blasts to industry lists, and snowball sampling (a common technique in which existing recruits are asked to recommend further recruits).

All focus group participants met the criteria for low SES, worked for any company in Washington State employing 1000 or more employees, and received health insurance through their employer. Employment by a company engaged in CEOs Against Cancer was not a criterion for focus group participation.

All participants were age 18 years or older, spoke English, and were offered an incentive of $75.

Company Interviews

At three CEOs Against Cancer chapter meetings (October 2013, January 2014, June 2014), a member of the research team (JH) informed corporate executives about the opportunity for one of their staff members to participate in a 30 to 60-minute interview regarding the most effective ways to improve access to and usage of preventive care services and programs among their low-SES employees.

Willing executives were asked to provide an introduction to a company representative knowledgeable about employee health programs. ACS staff followed up and connected participants with the interviewers.

All participants were age 18 years or older. Participants did not receive incentives.

METHODS

Employee Focus Group Procedures

To increase comfort level among participants discussing potentially sensitive subjects such as cancer screenings, focus groups were sex-segregated. Female-only groups were moderated by a female member of the research team (AP); male-only groups were moderated by an experienced male moderator. All groups were 90 minutes in length.

Both moderators used the same semi-structured discussion guide, minimally tailored for female or male groups (eg, questions about mammography were removed from the males' guide). Questions within the discussion guide were chosen on the basis of our primary research interest: how workplaces can most effectively support low-SES employees in healthy eating, physical activity, tobacco cessation, and appropriate cancer screenings. We focus on these four topics because they include the behaviors most effective in preventing some cancers and chronic diseases. They are also the areas of employee health where employers' WHP efforts can have most impact. The focus group guide included questions about participants' primary health concerns and current health behaviors, but focused primarily on understanding perceived barriers to healthy eating, increased physical activity, tobacco cessation, and recommended cancer screenings. Employees were asked their views on whether their workplaces could (and should) support them in these areas, and in what forms workplace support for healthy behaviors could be most useful and effective.

At the conclusion of each focus group, participants were asked to complete a brief survey covering demographics and average hours worked per week.

Due to a recruitment error, the first six focus groups were recruited using the low-SES criteria ''low-education or low-income'' rather than ''low-education and/or low-income.'' The criteria were adjusted for the final two groups.

Company Interview Procedures

Interviewers used a semi-structured interview guide developed by the research team and reviewed by a partner at ACS (MW).

The interview guide covered similar topic areas as the focus group guide, but questions were geared toward capturing the company rather than employee perspective. Company representatives were asked about company priorities around employee health, current offerings to support increased physical activity, healthy eating, cancer screening, and tobacco cessation among employees, methods of communicating these offerings to employees, challenges faced in connecting low-SES employees with these offerings, and potential avenues for increasing access to and usage of preventive care services. Because the intent of the interview was to capture the company perspective, company representatives were asked about the views of the company they worked for rather than their personal views.

As initial participation was low (two interviews), recruitment communications and question probes for subsequent interviews were reframed around reaching ''hard to reach'' employees, rather than ''low-SES'' employees, and the stated interview time commitment was reduced to 15 to 30 minutes. Content of the interview guide did not change.

Data Analysis

All focus groups and interviews, with the exception of one interview, were recorded with participant permission and later transcribed by a commercial transcriptionist (Proof Positive Transcriptions, Garland, Texas). The subject of the twelfth interview

asked not to be recorded; the interviewer captured data with detailed notes.

Focus group transcripts were imported into Atlas.ti (Atlas.ti 7.5.4 Scientific Software Development GmbH, Berlin, Germany), a software package for organizing and managing qualitative data. The researchers were guided by grounded theory,[39] a research methodology based around the grouping of data into themes, which allows for themes to emerge beyond those predicted by a pre-existing theoretical framework. We began by raising generative questions, which helped to guide our research but remained open-ended and flexible. We identified core concepts during data collection and developed proposed linkages between these core concepts and the data during analysis. Two research team members (CM, AP) finalized the initial thematic coding structure after reviewing two focus group transcripts. Initial codes were categorized into higher-order codes that reflected emergent themes. To ensure a high level of inter-coder reliability, both researchers independently coded each transcript, meeting regularly to ensure consistent interpretation of codes.

Interview transcripts were analyzed using a grounded theory approach. One research team member (KH) systematically reviewed each transcript to derive and classify themes and subthemes. Themes and subthemes were confirmed and distilled by a second research team member (AP).

Data from focus groups and interviews were then synthesized by two researchers (AP, KH) to draw out a) areas where themes from the two datasets converged, and b) other emergent themes of interest.

RESULTS

Participant Characteristics

Seventy-seven employed individuals of low-SES with health insurance through their employers participated in a total of eight focus groups (four male, four female), which took place between January and March 2014. Demographics were reflective of low-SES individuals in Washington State.[3] See Table 1 for full focus group participant demographics. See Table 2 for focus group participant employment industries and occupation categories.

TABLE 1. Characteristics of Participants in Eight Focus Groups of Low-SES Employed and Insured Individuals (Seattle, Washington, 2014) ($n = 77$)

Participant Characteristics	
Sex, $n = 75$ (%)	
Male	52
Female	48
Age, $n = 73$ (mean)	43
Race, $n = 75$ (%)	
White	69
African-American	15
American Indian/Alaska Native	4
Asian/Pacific Islander	1
Multiracial	10
Other	1
Ethnicity, $n = 72$ (%)	
Hispanic/Latino	7
Education, $n = 77$ (%)	
High school or less	47
Some college	32
College graduate	21
Household income, $n = 77$ (mean)	$38,400
Union member, $n = 76$ (%)	49
Current employment, $n = 75$ (%)	
One job/35+ h per week	69
One job/<35 h per week	17
Two+ jobs/35+ hrs per week	12
Two+ jobs/<35 h per week	2

TABLE 2. Employment Industry and Occupation Category for Participants in Eight Focus Groups of Low-SES Employed and Insured Individuals (Seattle, Washington, 2014) ($n = 77$)

Participant Employment Industry	Number of Participants (%)
Wholesale trade and retail	18 (23)
Education	11 (14)
Health care and social services	11 (14)
Government	7 (9)
Finance, insurance, and real estate	6 (8)
Administrative and support services	6 (8)
Information, science, and technology	4 (5)
Hospitality and food services	4 (5)
Construction and manufacturing	4 (5)
Transportation and warehousing	3 (4)
Other	3 (4)
Total	77 (100)

Participant Occupation Category	Number of Participants (%)
Administrator	18 (23)
Skilled tradesperson	14 (18)
Food service worker	7 (9)
Retail worker	7 (9)
Salesperson	7 (9)
Driver	6 (8)
Unskilled laborer	6 (8)
Educator assistant	4 (5)
Health care worker	3 (4)
IT administrator	3 (4)
Protective service worker	2 (3)
Total	77 (100)

Twelve interviews were conducted with representatives of Seattle-area companies employing more than 1000 workers (range 1200 to 134,000 workers, mean 25,000). Companies represented the following industries: transportation (three), health care and social assistance (three), retail trade (two), insurance carriers (two), administrative and support services (one), utilities (one). Interviews took place between November 2013 and February 2015, with between one and three company representatives participating in each interview (total 12 female participants, seven male participants). With one exception (a communications strategist), company representatives all held professional roles related to human resources, employee benefits, and/or management of employee wellness programs. Interview length ranged from 18 to 49 minutes.

Employee Focus Group Findings

Low-SES employee views and recommendations were remarkably consistent between male groups and female groups. Some variations between the sexes emerged, but were not directly relevant to the focus of this research.

Employee Priorities Around Their Own Health

Low-SES employees consistently and without prompting identified healthy eating, physical activity, stress management, adequate sleep, and visits to the doctor as cornerstones of a healthy life, although they also identified key barriers to these behaviors. Tobacco use and cancer screenings rarely arose spontaneously.

Low-SES employees frequently mentioned feeling as if they know what to do to be healthy even though they often are not able to do it:

"It's not that I don't enjoy. . .eating healthy. If I had someone at home to push me to exercise, I probably would. But just at the end of the day, that's the last thing that I'm thinking about."

Healthy Eating

Many low-SES employees felt that fast food and junk food are more easily accessible than healthier options. Most believed that social support (such as spouses who help prioritize healthy meals) and creating an environment with few unhealthy options were the best ways to maintain healthy eating habits.

The most frequently expressed recommendation from low-SES employees to their companies, on any topic, was to provide healthier foods in the office break room and at meetings.

"Stop bringing all the sweets and treats."

Employees believed their employers used indulgent foods (such as doughnuts or pizza) as incentives to boost meeting attendance or reward work achievements. Most said that although they would eat unhealthy foods when provided, they would prefer to be spared temptation and to receive rewards in a different form (financial, public recognition).

A few employees also believed that overall workplace stress would be reduced and productivity increased if healthier foods were available at work.

Physical Activity

Focus group participants noted that inactive job roles combined with short, timed lunch breaks can make it difficult to exercise at work. Many also mentioned that long work hours and frequent overtime results in little time for recreational physical activity before or after work hours.

"Of course, I know that I need to have a better exercise regimen. . . We have our job which goes probably 10 hours a day, maybe 12 hours. And then you go home and you've got to tend to family and children. . ."

Several employees also identified challenges specific to being active outdoors, including short winter days, inclement weather, unsafe neighborhoods, and timing of work shifts.

Low-SES employees stated that the most effective way for their companies to help them exercise more would be to provide on-site physical activity facilities for employees to use before and after work, or during lunch breaks.

"Exercise machines or an exercise room. I mean, everybody at my job would like that, where on your break or your lunch or whatever you could go there."

While several participants mentioned subsidized gym memberships, many also noted that going to a separate gym facility requires extra time and motivation that may be lacking.

Cancer Screening

The most common barrier that low-SES employees identified to receiving recommended cancer screenings was cost, especially hidden or unexpected charges.

"My doctor said to me to go and get this [screening] done. . . I added up all the copays to go to these different people, I said, 'It's going to cost me $120 to have this preventative stuff done!'"

Low-SES employees believed that companies could best support them in receiving appropriate cancer screenings by structuring benefits to reduce costs, and ensuring costs are not hidden.

Although many employees stated that they had adequate flexibility and workplace support to schedule medical appointments, some found it a major challenge and would appreciate more company support for medical appointments during work hours.

Employees expressed conflicting views about the value of cancer screenings. While some said that screenings were essential, many others expressed reservations about undergoing a potentially costly and unnecessary procedure when they were experiencing no symptoms.

"No one in my family has this type of cancer. I'm not going to feel like it's a big urgent thing to go and get it done. . .especially if there's a cost associated with it."

Health Insurance

As low-SES employees discussed screenings, they also highlighted how the complex and confusing nature of their health insurance packages was a major barrier to obtaining other clinical preventive care.

Several employees described lack of clarity about what is and is not covered, surprise costs, and opaque jargon—all of which may contribute to the under-utilization of benefits provided by their companies.

"Can you just put it in plain English in just normal words that make sense to everybody?"

Low-SES employees requested clearer and more personalized communications from their companies about health insurance offerings, and more guidance about whom within the company structure to contact with questions.

Stress and Unhealthy Behaviors

Low-SES employees frequently mentioned their feelings of stress at the workplace, as well as their frustrations at the role played by their workplace in creating such stress.

"Most of the companies these days. . .they're having you. . . commit to improving your health. What's interesting is that they're the ones that are killing you softly with. . . stress. . . It's like 'you all care about my health, but you're the ones helping in killing me?'"

Several employees linked such stressors to their difficulties in maintaining a healthier lifestyle.

"Psychological health is very important. If you're depressed or something, you're going to be far less likely to feel motivated to try to get healthy."

Among low-SES employees who use tobacco, stress was the reason cited most often for not being able to quit, or starting up again after quitting.

". . .I had quit smoking for like three years, and then I started up again because of the stress."

Many low-SES employees said they felt overworked and not cared for by their companies, which led to increased stress. To reduce stress, employees recommended that companies provide them with consistent and reasonable work hours, clear and respectful communications, and more assistance with workload.

Company Interview Findings

Identifying the "Hardest-to-Reach" Employees

When asked what kinds of employees may be low-SES or "hard to reach," company representatives never categorized employees by salary level or education. Most were very reluctant to discuss anything related to employee socioeconomic status, income, or education.

"Well, we have 20,000+ employees. . . We also have to be kind of fearful, you know, about what you track and how you categorize in our environment."

When willing to characterize employees by subgroup, company representatives were most comfortable referring to job types.

"We do have a trucking division and so you get long-haul truckers who drink and smoke. You get people working in construction, or our sales guys who are on the road all the time. Those are the ones that are really hard to reach."

Most companies ultimately identified hourly employees and those who are desk-bound as the hardest to reach.

"We have a group of operations staff that is dedicated to the phones. It's harder for them to get away to participate in the different [health promotion] events. I would consider them a harder-to-reach group."

A few companies also mentioned night shift and off-site employees, as well as those who do not speak English as a first language.

Top Priorities Around Employee Health

When asked about top company priorities around employee health, almost every company identified employee obesity and its related complications as their primary concern.

"Overweight is probably our biggest and most global issue."

Some companies also mentioned tobacco cessation as a key priority. Other major concerns included increasing employee use of preventive care, addressing employee stress, and increasing engagement in wellness offerings. Some mentioned challenges in addressing the health of employees in high-turnover positions.

"We are dealing with hourly employees with turnover metrics in the 50–60% range, and our populations change very dramatically year to year."

Current Efforts to Support Employee Health

Companies differed widely in the depth and breadth of offerings beyond insurance benefits to support employee health, including healthy eating, physical activity, and tobacco cessation. Some offered multi-component programs.

"We rolled out a pilot program starting with a wellness survey; gave incentives for biometrics, and then completed a health risk assessment. We have sponsored some employee-driven walking programs and offered Fitbits at a discount. . ."

The most common effort around employee health was to offer biometric screenings or online health assessments with financial incentives. Some companies also offered physical activity programs such as pedometer challenges (sometimes combined with gym discounts), and a few engaged in nutrition and healthy eating programs. There was little tracking of employee participation rates in company-led programs. Overall, most companies relied on insurance providers to lead any disease prevention efforts, and employees were expected to work on their health on their own time.

Many companies were beginning a move toward a multifaceted ''whole person'' wellness philosophy, including financial well-being, stress management, and other topics along with physical health.

Most companies were highly aware of the importance of manager/supervisor support for increasing participation in WHP and preventive care. Some indicated that they had begun to build up site-level or shift-level wellness champions to lead WHP efforts. However, they also noted the challenges inherent to asking managers to engage employees in wellness activities while also expecting peak productivity.

Cancer Screening and Preventive Care

While some companies identified cancer screenings as an important part of preventive care, others did not discuss screenings until probed. Overall, most companies did not view cancer prevention as a major wellness issue, relied on health care providers to inform employees about recommended cancer screenings, and seemed unsure about issues of inadequate screening among their employee populations.

A few companies noted that certain groups of employees face more barriers to care, such as lack of work flexibility for scheduling medical appointments, but many companies considered insurance status to be the only potential barrier to use of preventive care

Workplace Communication About Health Promotion

All companies communicated with employees about health topics, though most also noted concerns about being perceived as intrusive. Most companies expressed strong resistance to the idea of targeting communications toward low-SES employees, or any other subgroup of employees.

"I don't know that we could isolate that population and do something different for them. . ."

Companies indicated that they primarily communicate with employees about health using electronic media such as email or postings to the workplace intranet, with some print media also mailed to employees' homes. Some companies found these strategies had limited success, although they ultimately felt responsibility lies with the employee.

"When you're getting [our wellness newsletter] at home and you're just looking at it and throwing it completely out. . .you're choosing not to read it."

Most companies expressed little concern around communicating to employees with limited English or low reading level. Some companies noted that limited resources made them unable to provide translations, and several had a perception that most or all employees are comfortable reading English.

"I don't know that [providing non-English language materials] is something we've addressed. . . at least in the office they need to speak English. . ."

Only one company consistently provided employee-level materials in multiple languages, and only two prioritized producing communications appropriate for low reading levels.

DISCUSSION

Our results indicate that the health priorities of large companies and their most vulnerable employees align on several fronts, and in ways not previously understood. The most striking area of alignment between low-SES employees and large companies was the concern about growing levels of obesity. Far from viewing nascent company efforts around nutrition as intrusive, low-SES employees demand better workplace support around healthy eating, particularly reducing unhealthy foods in break rooms and at meetings, and replacing these with healthier options. This builds on earlier findings suggesting that employees are open to company support for healthy eating,[37] but counters the suggestion that low-SES employees are less open to workplace weight-management programming than their higher-SES counterparts.[44] Low-SES employees were explicit that while they enjoy the unhealthy options, and are aware their employers provide these as incentives, they would appreciate being spared temptation. There is existing evidence that providing healthier options at work can increase healthier food intake,[45] and may be more effective than communications encouraging low-SES employees to purchase healthier (and often costlier) foods.[25]

In the effort to reduce obesity, physical activity is a complement to healthy eating and many companies have already engaged in some form of physical activity program for employees. Low-SES employees want to be more physically active, yet a number of workplace barriers make this difficult even when a physical activity program is in place. Our results indicate that providing access to facilities is a key part of the solution, and an onsite indoor physical activity area is likely to be effective for low-SES employees. It is also important to consider the potential linkages between physical inactivity, stress, and absenteeism.[46,47] Ensuring employees have reasonable and predictable work hours, minimizing mandatory overtime, and allowing employees more flexible break-time would

not only facilitate employee physical activity but would also support a host of other employee health behaviors important to companies, including employee stress reduction, participation in WHP programs, and scheduling medical appointments for preventive care.

Among low-SES employees, adequate knowledge about health behaviors important for chronic disease prevention is generally not a barrier—employees know what they need to do, but need support to do it. Of the behaviors discussed, cancer screening may be the exception. Misinformation about the causes of cancer and the value of screening is still common, and coupled with concerns about hidden costs of care, could contribute to reduced screening rates in this population. Overall, we found that low-SES employees want more help from their work environments and their health insurance to help them eat healthily, be physically active, get screened for cancer, and avoid stress.

Our focus group participants discussed the stressors of their job roles as a major barrier to healthy behaviors. Workplace stress is a topic of interest for both researchers and employers, but employers often focus on stress-reduction programs that encourage employees to build new skills.[48] Our results suggest it may be as important for employers to focus on loosening restrictions on employees who are ''tied to their desks'' or who experience significant stress stemming from the structure of their job role. These positions are typically high turnover, which may explain why companies feel less incentive to improve conditions, but these positions are also likely to be staffed by the lowest-SES employees who are the most vulnerable and experience the greatest need. Finding ways to relax these restrictions could save companies money through reduced employee turnover, reduced employee stress, increased job engagement and job satisfaction,[49] as well as an increase in almost every healthy behavior proven to help prevent cancer and chronic disease.

Company representatives were extremely reluctant to discuss issues connected to SES, and many were reluctant even to discuss how people in different job roles might experience different barriers. Company representatives may have been aware that if low pay and inflexible job roles adversely affect employee health, the company itself could ultimately be implicated. Yet, at a time when companies are investing increasing amounts of time and money in WHP, company reluctance to consider differences between groups of employees is counterproductive for their efforts to improve employee health. In the meantime, our results suggest that health promotion messaging from policymakers, researchers, and practitioners to companies on this topic may be more effective if it frames programs and communications that benefit low-SES employees as benefitting all employees (which is generally true).

Many companies wished employees would engage more with preventive care options, yet low-SES employees reported that previous experiences with hidden or unexpected charges, and lack of clarity about insurance coverage, meant the cost of even ''free'' care such as cancer screenings was unpredictable and therefore prohibitive. Despite this, companies largely depend on insurers to lead disease prevention communications and programs for their employees.[44]

Previous studies indicate that individuals with low education and/or low income are more likely to struggle with health literacy,[50] and thus are potentially less likely to engage with preventive health services,[51] and may have lower information seeking and self-efficacy for things like cancer screenings.[52] Limited health literacy appears to be costly for both the health care system and for individuals, and evidence indicates that workplaces could play a crucial role in mediating the problem.[53] Thus, company reliance on communications from insurance providers may be misguided (employees consistently find them unclear), and dependence on passive company email blasts and home mailings may be misplaced (both companies and employees find them somewhat ineffective). Rethinking approaches to employee health communications could have a high payoff for companies. Our findings suggest that if companies could take on a more active role in clarifying insurance benefits and costs of care, use multiple avenues to communicate with employees, and prioritize communications in multiple languages and at a low reading level, low-SES employee participation in benefits offerings and WHP programs could dramatically increase.

Limitations

This study has limitations. Our use of a convenience sample in Seattle, Washington, potentially limits the generalizability of findings. We approached 26 companies for interviews and secured 12; companies who declined to be interviewed about their low-SES or ''hard to reach'' employees may have different views than those who agreed. All companies we approached were affiliated with CEOs Against Cancer; although CEOs Against Cancer includes companies in a range of size and industry categories, these companies may be systematically different than organizations not affiliated with CEOs Against Cancer. Although several companies had an international business presence, most interviews focused on policies, programs, and insurance offerings at U.S. worksites, which may limit the applicability of these findings outside the U.S. All focus groups were conducted in English, therefore non-English speakers, overrepresented among low-SES employees, were excluded; opinions and barriers may be different in this population. Furthermore, neither the focus group guide nor the company interview guide directly addressed issues of racial/ethnic bias potentially experienced by some low-SES employees. Our definition of low SES does not account for household size; others have found that doing so does not meaningfully affect results.[11] By design, the study targeted employed and insured individuals of low-SES and thus did not include some of the most vulnerable and lowest-SES populations.

The first six of eight focus groups were recruited using the low-SES criteria ''low-education or low-income'' rather than ''low-education and/or low-income,'' which may have resulted in underrecruitment of the most disadvantaged employees. However, in the observation of the researchers, opinions and descriptions of behaviors expressed in the latter groups were consistent with those in the initial groups. In data analysis, no systematic differences were found.

Conclusion and Recommendations

Low-SES individuals are vulnerable to cancer and chronic disease, even when they are employed and insured. WHP could be an effective method to protect this population's health. Large companies typically offer some form of WHP, yet these efforts may not be reaching low-SES employees. Our research combines the qualitative perspectives of insured low-SES employees and large companies to indicate three ways in which workplaces could most effectively support low-SES employee health:

- Create a healthy workplace food environment;
- Provide onsite, indoor physical activity facilities for employees (prioritize this over providing gym memberships);
- Take a more active role in health communications with employees, including clarifying insurance benefits and costs, and providing communications at a low reading level in multiple languages.

These recommendations are not new to the world of WHP, yet this research has provided new evidence about their importance to the health and wellbeing of low-SES employees, who can face different barriers than their higher-SES counterparts. More needs to be done to ensure that low-SES employees have adequate health support in the workplace, and it is heartening that these recommendations are actionable, welcomed by low-SES employees, and typically within a large company's capacity to achieve. Supporting the health of low-SES employees is a goal within reach.

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