

Educational Program Resource Exchange: *Small Steps to Health and Wealth*

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Good health and financial security are both important resources for living a happy and successful life. Unfortunately, many Americans have concurrent health and financial "issues" such as obesity, diabetes, low savings rates, and high household debt. However, health and personal finances are generally treated as separate topics in educational programs, publications, and research (Vitt, Siegenthaler, Siegenthaler, Lyter, & Kent, 2002). This is unfortunate because there are many parallels between factors that affect good health and those that foster financial success, such as personal qualities (e.g., focus and discipline), time, goal-setting, and environmental influences (Hollerich, 2004; O'Neill, 2004).

In addition, financial "issues" can affect personal health status and vice versa. For example, overdue medical bills can result in physical symptoms of stress and/or delayed or inadequate treatment and high health costs can lead to a poor credit history and/or bankruptcy (Drentea & Lavrakas, 2000; Himmelstein, Warren, Thorne, & Woolhandler, 2005; O'Neill, Sorhaindo, Xiao, & Garman, 2005). People in poor health often die young and spend thousands of dollars- money that could have been invested- on prescription drugs and health care costs.

On the other hand, those who practice recommended health behaviors will more likely exceed average life expectancy and need a large retirement nest egg to insure that they don't outlive their assets (Lee and McKenzie, 1999). Another health and wealth relationship is the sheer cost of unhealthy habits. Eliminate a \$10 a day smoking, gambling, and/or junk food habit, for example, and you can save \$3,650 annually, plus interest.

The purpose of this presentation is to expand participants' knowledge of linkages between health and financial topics and introduce them to a new interdisciplinary Cooperative Extension program, *Small Steps to Health and Wealth*TM (SSHWTM). This program was designed to motivate learners to adopt behavior change strategies that simultaneously improve their health and personal finances (O'Neill, 2005).

Three overriding themes of SSHWTM are the need for personal responsibility, similarities between health and financial well being, and 25 behavior change strategies that can be applied to simultaneously improve both aspects of life. These strategies are drawn from both empirical research studies (e.g., the Transtheoretical Model of Change and Attribution Theory) and frequently cited health and personal finance recommendations. Program participants are encouraged to adopt 3 or 4 of the suggested behavior change strategies and develop a personal action plan to improve their health and/or personal finances.

There are six SSHWTM program components, many of which will be under development throughout 2006. They include an annotated, two-hour *Small Steps to Health and Wealth*TM PowerPoint presentation for consumers (currently available on CD-ROM) and a 31-chapter workbook available (Spring 2006) both in print and as online fact sheets. In addition, there will be a participant registration and impact evaluation Web site, ongoing research about health and wealth associations, and capacity building of Extension faculty as funding permits. As of January 2006, Cooperative Extension specialists and agents in five states (AZ, KS, NJ, VA, and WI) have received training to deliver the SSHWTM program.

The EFERMA conference presentation will include a discussion of all of the above-mentioned SSHW program components. Highlights from the SSHWTM presentation for consumers will be described, including a BINGO game (icebreaker) and a *Wellness Wheel* activity for participants to assess various aspects of their wellness (physical, spiritual, social, financial, etc.). Participants place a mark on the wheel (handout) to indicate how "well-rounded" they believe they are in each area of their life. There is also another worksheet for learners to describe a personal health and finance goal, attach a picture or drawing of the goals, and list small steps to achieve them, obstacles to overcome, and periodic progress check-up dates.

The objective of the SSHWTM consumer presentation is to help participants identify and implement small behavior changes that can produce substantial positive results over time (e.g., cutting 100 calories per day and saving 1% more of pay in a 401(k) plan). Any small positive change is better than taking no action at all. Post-class evaluations measure planned behavioral changes and periodic follow-up evaluations measure actual behavior changes. By aggregating the data collected across county and state lines, there is the potential for a large program impact.

Twenty parallels between health and finances are discussed in both the SSHWTM consumer presentation and workbook. For example, the fact that drastic solutions (e.g., gastric bypass surgery and bankruptcy) have serious drawbacks and that people who practice good health behaviors need to plan carefully so as not to outlive their assets. In addition, problems (e.g., weight gain and high debt balances) generally develop slowly over time and take time to address and lack of limits causes problems and restrictions help avoid them.

There is also ample evidence of denial and disconnects between what people do and say they're doing and many people expect quick fixes and are susceptible to fraudulent health and financial claims. Moreover, employers and the federal government have recently shown more interest in addressing both health and personal finance problems.

The SSHW™ presentation also includes a description of 10 of the 25 behavior change strategies contained in the workbook. These recommended behavior change strategies include meeting yourself halfway (i.e., reducing problem behaviors by one-half), tracking current behaviors (e.g., eating and spending), automating good habits (e.g., exercise regimes and saving via payroll deduction), and applying recommended benchmarks (e.g., body mass index and consumer debt-to-income ratios).

SHW™ program facilitators are encouraged to incorporate personal change strategies of their own prior to program implementation. By doing so, they can fully appreciate the challenges that will be experienced by learners and can serve as positive role models by sharing personal success stories.

Following is a complete list of the 25 behavior change strategies described in detail in the *Small Steps to Health and Wealth™* workbook. Each strategy has a worksheet that participants can use to "personalize" it to their situation and formulate a behavior change action plan.

1. Track Your Current Behavior
2. Unload Your Childhood Baggage
3. Put Your Mind to It
4. Commit to Making a Change
5. Defy Someone or Defy The Odds
6. Think Balance-Not Sacrifice
7. Control Your Destiny
8. Make Progress Every Day
9. Get Help and Be Accountable
10. Meet Yourself Halfway
11. Say "No" to Super-Sizing
12. Convert Consumption Into Labor
13. Compare Yourself With Recommended Benchmarks
14. Use Easy Frames of Reference
15. Automate Good Habits and Create Templates
16. Live "The Power of 10"
17. Take Calculated Risks and Conquer Your Fears
18. Appreciate Teachable Moments and Wake-Up Calls
19. Weigh the Costs and Benefits of Changing
20. Step Down to Change
21. Kick It Up a Notch
22. Control Your Environment
23. Monitor Your Progress and Reward Success
24. Expect Obstacles and Prepare For Relapses
25. Set a Date and Get Started...Just Do It!

The *Small Steps to Health and Wealth™* workbook will be published in Spring 2006 by the Natural Resource, Agriculture, and Engineering Service (NRAES) at Cornell University. It will be available to Extension professionals and other health and financial educators nationwide. The online SSHW™ fact sheets and registration/evaluation system will be hosted by Rutgers Cooperative Research and Extension and the University of Arizona's Take Charge America Institute for Consumer Financial Education & Research, respectively.

Small Steps to Health and Wealth™ is unique in that it integrates financial and health topics (e.g., body mass index and 401(k) plans) that are typically discussed in separate venues. It is, thus, an ideal program for Cooperative Extension faculty to implement because two important objectives of family and consumer sciences programs are improving the diet/health and the financial security of program participants.

The focus of SSHW™ is not on the subject matter, per se, but, rather, the motivational strategies that participants can adopt to improve their well being. An interdisciplinary approach also provides a wider array of potential program funders, publication and presentation outlets, and media outreach opportunities. Further information about SSHW™ can be found at www.rce.rutgers.edu/healthfinance/.

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Endnotes

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Small Steps to Health and Wealth Get Acquainted Bingo

Directions:

- ◆ Circulate with your fellow class members. Introduce yourselves and ask if they can provide a "yes" answer for any of the blocks on your bingo card. If they can, ask them to put their initials in the block. *You can only get one signature from each individual.*
- ◆ When you get a bingo (four corners, a complete row, a complete column, or a complete diagonal line), shout "BINGO" and a prize will be provided.

B	I	N	G	O
Owns one or more mutual funds Name(s) _____?	Walks 10,000 steps most days of each week	Regularly invests in a retirement savings plan (e.g., 401(k), 403(b), IRA)	Has improved a health habit over the past year Describe _____?	Takes food home from most restaurant meals
Knows personal body mass index number (BMI)	Saves pocket change regularly in a can or a jar	Follows a written spending plan (budget)	Exercises for at least 30 minutes a day most days of each week	Uses computer software (e.g., Quicken) to track income and expenses
Understands the "Stages of Change" (Transtheoretical) Model of Change	Pays credit cards in full each month, thereby avoiding interest charges	Eats 5 to 9 servings of fruits and vegetables most days of each week	Believes in the saying "If it is to be, it is up to me"	Has regular physicals and health screening exams
Has a credit score of 720+	Belongs to a weight loss (e.g., Weight Watchers) and/or exercise (e.g., Curves) program	Saves at least 10% of annual gross income	Uses a treadmill, elliptical trainer, and/or exercise bicycle regularly	Has a disability insurance policy to protect against loss of income
Has experienced some type of health "wake up call" (e.g., life threatening illness)	Eats low-fat foods such as dairy products and salad dressing	Has calculated the amount of savings required for financial goals	Gets support from family and/or friends for health and financial goals	Has calculated household net worth (assets minus debts)

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