**Background**

- **Eat Healthy, Stay Active! (EHSAs)** is a community-based intervention focused on reducing pediatric obesity in the Head Start community (Figure 1).
- **EHSAs** aims to:
  - Promote healthy eating behaviors and physical activity in Head Start families.
  - Measure changes in health literacy using a validated tool, “The Newest Vital Sign” (NVS).
  - Introduce medical students to Head Start, the topic of health literacy, and the effects of poverty on patient health.

**Target Population**

- **Head Start children and families in Central Missouri**:
  - Live at or below 100% of the Federal Poverty Level.
  - Limited access to nutrition, health and physical activity resources.
  - 112 Head Start families have participated in EHSAs to date.
  - 385 Head Start children have experienced the EHSAs curriculum.

**Target Population**

- **Medical students** completed didactic series on topics including poverty, nutrition, health literacy skills and motivational interviewing. They also:
  - Participated in the “I CAN…Help My Child Stay Healthy!” training.
  - Completed a series of open-ended journal questions.
  - Surveyed their attitudes, knowledge, and skills regarding health literacy before and after the program.
  - Head Start families were exposed to curriculum that focused on:
    - Nutrition, exercise, health literacy, and goal setting.
    - Methods of data collection:
      - Medical student growth and competence was assessed using pre and post surveys as well as journaling/self reflection questions.
      - Head Start parent health literacy was assessed using the NVS (Figure 2).
    - Head Start children’s nutrition knowledge was assessed using a 4 question nutrition survey.

**Results**

- **Medical students** completed pre and post intervention surveys containing 14 questions in three areas: attitudes, knowledge, and skills/confidence regarding health literacy. Surveys were scored using the 5 point Likert scale.
- There was a statistically significant difference in pre and post intervention survey responses for the attitudes and skills/confidence components (Table 1). Head Start parent health literacy (assessed using the NVS) increased after the intervention. Head Start children nutrition knowledge increased after the intervention (as assessed using a 4 question nutrition survey) (Figures 3 and 4).

<table>
<thead>
<tr>
<th>Pre-Intervention Survey (overall mean)</th>
<th>Post-Intervention Survey (overall mean)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes (Q1-5)</td>
<td>3.5</td>
<td>4.32</td>
</tr>
<tr>
<td>Knowledge (Q6-10)</td>
<td>4.64</td>
<td>4.81</td>
</tr>
<tr>
<td>Skills/Confidence (Q11-14)</td>
<td>3.32</td>
<td>3.93</td>
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</tbody>
</table>

**Conclusions**

- **EHSAs** increases medical student attitudes, skills and confidence in working with low health literacy populations.
- **EHSAs** increases health literacy in Head Start children and families.
- Evidence supports EHSAs as:
  - a model for teaching health literacy to low income populations.
  - a valuable educational tool for medical students.
- Other medical schools may implement similar programs to improve preclinical training in the topics of health literacy and barriers to health in low-income populations.

**Acknowledgements**

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**Bibliography**


**Learn More about Eat Healthy, Stay Active!**

- EHSAs Year 1: https://www.youtube.com/watch?v=mQBUBFZc1e8V8
- EHSAs Year 2: https://www.youtube.com/watch?v=KcZ2b7Tfcsc