

Issue Brief

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Prescription: Read

By supporting early literacy, pediatric practices improve health and well-being of individuals and communities

Forget the lollipop. In many Colorado pediatric practices, providers give children an exam and any shots they need—*plus* a new book and a “prescription” for reading.

It’s part of Reach Out and Read Colorado, a program that partners with health care providers to give new, developmentally appropriate books at pediatric checkups to children from 6 months to 5 years of age. The practices also have gently used books in the waiting area—free for the taking. Some practices even have a volunteer who reads aloud. The used books in the lobby are donated. The practice receives pre-paid account funds for purchasing the new books from partners such as Scholastic.

It’s not a marketing ploy: Increasingly, research shows that a child’s future well-being, success and health are tied to early literacy.

Giving the child a book at each visit serves several purposes. The provider uses it as a tool to assess the child’s motor skills and social-emotional and language development. The parent learns about the value of reading aloud and about such milestones

as babbling and turning pages. And the child begins to build a library.

Reach Out and Read Colorado trains providers in how to talk with parents about the importance of reading aloud to and with their children; that conversation becomes part of the check-up.

Based on evidence

“Because our audience is medical professionals, it’s essential that we have a strong evidence base,” explains Meredith Hintze, executive director, Reach Out and Read Colorado. Many interventions “feel good,” and early literacy is certainly one of them, but it’s also supported by evidence. “For example, we know that brain capacity is 90 percent developed by age 5; that’s why reading aloud

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and early literacy is so crucial: They both help children acquire early language skills.”

Reach Out and Read has compiled substantial evidence supporting its efforts,¹ and the American Academy of Pediatrics’ (AAP) policy statement in support of early literacy also cites a wealth of research.² Here are some highlights:

- Reading aloud to infants and toddlers enhances language development.
- The relational aspect of reading aloud to babies and toddlers increases executive function capacity as they become young children.
- Early literacy is a strong, early predictor of preparedness for and success in school, and reading proficiency by third grade is the most significant predictor of high school graduation and career success. However, two-thirds of U.S. third-graders lack competent reading skills.^{3,4,5}

The AAP recommends pediatric providers explain to the parents of young children that reading aloud and talking about the pictures and words can strengthen language skills, literacy development and parent-child relationships, says V. Fan Tait, MD, FAAP, AAP’s chief medical officer. In fact, literacy promotion during check-ups has some

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of the strongest evidence-based support that it can improve the lives of children and families.⁶

The Academy offers an assortment of resources in its Books Build Connections Toolkit, available at littoolkit.aap.org/Pages/home.aspx.

Reaching out

More than 1,500 Colorado providers have been trained to use books as an exam room tool to discuss early literacy with parents and evaluate child development. Reach Out and Read Colorado is in approximately 300 sites in 61 of the 64 counties.

Each year, Reach Out and Read Colorado puts 200,000 new books in the hands of roughly 110,000 children—77 percent of whom are low income. That’s in addition to more than 100,000 gently used books. “Our goal is to add at least 10,000 children a year and, by 2020, reach every child in the state.”

To make that happen, Hintze and her team actively connect with as many members of the community as they can.

“Since last year, we’ve been involved with the Colorado Opportunity Project and its strategy to link parents and children through primary care services,” she says. Her team also works with Colorado’s Accountable Care Collaborative/ Regional Care Collaborative Organizations to connect with as many children as possible.

It all connects

Integrating with other community organizations makes sense. The conditions in which people are born, grow, live, learn, work, play and age have a

¹ A summary of some of the evidence is available at www.reachoutandread.org/FileRepository/Research_Summary.pdf

² AAP Statement: Literacy Promotion: An Essential Component of Primary Care Pediatric Practice COUNCIL ON EARLY CHILDHOOD Pediatrics Aug 2014, 134 (2) 404-409; DOI: 10.1542/peds.2014-1384

³ Trivette, CM, et al. Effects of Parent-Mediated Joint Book Reading on the Early Language Development of Toddlers and Preschoolers. Cell Reviews, 3(2). 2010 http://www.earlyliteracylearning.org/cellreviews/cellreviews_v3_n2.pdf

⁴ Fernald, A., Marchman, V. A. and Weisleder, A. (2013), SES differences in language processing skill and vocabulary are evident at 18 months. Dev Sci, 16: 234–248

⁵ The Science Of Early Childhood Development: Closing The Gap Between What We Know And What We Do. Center on the Developing Child at Harvard University 2007 <https://www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Documents/MO-ECCS-ScienceEarlyChildhoodDev.pdf>

⁶ AAP Statement, op. cit.

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To that end, efforts to integrate early literacy into other health and well-being initiatives are happening across the country, Tait says. “We understand more of the science and epigenetics of early childhood brain development. We’ve understood the power of early literacy and reading to babies at least since the publication of *From Neurons to Neighborhoods* in 2000.”⁷

What’s starting to happen, she says, is alignment across sectors regarding the value of literacy—not just in health care, but social service, public health, behavioral health and other organizations. It’s part of a larger focus on social determinants of health; she points out that food insecurity, lack of housing and other social determinants may have a direct and lasting impact on brain and child development.

That makes it critical to encourage activities that most effectively improve community and individual health and well-being. Fostering literacy is one of those activities.

Mitigating the impact of poverty

Reach Out and Read Colorado makes a concerted effort to put books into the hands of children living in poverty. Colorado has a high childhood poverty rate of 15 percent,⁸ and the evidence shows that poverty is the single best predictor of a child’s failure to achieve in school. Children from low socioeconomic backgrounds are significantly more likely to have reading problems, to repeat a grade, and to have learning disabilities diagnosed.^{9,10,11} One study found that 5-year-old children of lower socioeconomic status score more than two years behind on standardized language-development tests than do their more affluent peers.¹²

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As these children become adults, their poor reading skills are associated with reduced economic potential and with the perpetuation of cycles of poverty and dependency.¹³ They are also associated with poor health outcomes.¹⁴

⁷ Institute of Medicine. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. The National Academies Press 2000.

⁸ Colorado Children’s Campaign, 2016 www.coloradokids.org/KIDSCOUNT2016

⁹ Douglas-Hall, A. Chau, H. . *Basic Facts about Low-income Children: Birth to Age 6*. New York: National Center for Children in Poverty, Columbia University, Mailman School of Public Health. October 2008

¹⁰ Jumpstart, “*America’s Early Childhood Literacy Gap*,” 2009 www.oregon.gov/osl/LD/youthsvcs/reading.healthy.families/Research/AmericasEarlyChildhood-LiteracyGap.pdf

¹¹ Ferguson H, et al. The impact of poverty on educational outcomes for children. *Pediatrics & Child Health*. 2007;12(8):701-706.

¹² Fernald, A., Marchman, V. A. and Weisleder, A. (2013), SES differences in language processing skill and vocabulary are evident at 18 months. *Dev Sci*, 16: 234–248

¹³ Klass P, et al. Reach Out and Read: Literacy Promotion in Pediatric Primary Care. *Advances in pediatrics*. 2009;56:11-27. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3095493/>

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The most effective way to improve a child’s reading ability is to improve access to the written word. But preschoolers from low-income families have far less access to age-appropriate books than do their more affluent peers and have fewer literacy resources within the home. They are also less likely to be read to regularly.^{15,16,17}

That, say both Tait and Hintze, is why it’s essential to get books into the hands of parents and their babies as soon as possible.

Engaging, not blaming, families

Of course, none of that matters if parents aren’t actually reading to their children. But parents served by Reach Out and Read Colorado are two-and-a-half times more likely to read aloud than those who aren’t, says Hintze. “Children in our program have language skills that are anywhere from two to six months ahead of their peers. That’s significant when you are talking about, for instance, a 36-month-old child.”

“When we put out our early literacy policy statement about a year ago, we said to read to your children when they are months—not years—old. Books build and strengthen the connection to the family,” Tait says. Moreover, hearing that recommendation from a trusted clinician in the health care setting carries considerable weight with parents, adds Hintze.

Tait stresses the importance of working *with* the family to encourage early literacy. “When a family is dealing with difficult social determinants of health, how can they build critical relationships in early childhood? How can those children have the early development?” she asks. “One of the basic things we’ve known forever is that you have to be healthy to learn. It seems so obvious, but people are just beginning to look at that.”

To have health and well-being, social determinants must be addressed. For many families, the need to simply survive pushes out other concerns. “You may say a child needs early intervention. But how can a parent leave work and get the child the intervention she needs if the family lacks enough food, or are is on the verge of homelessness?”

It doesn’t make them bad parents, she says. It’s just that families need to be connected to the resources they need. “How do we help parents be the best they can be? That’s the question,” says Tait.

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That’s another reason incorporating literacy into the health care setting is so important. “We know there are significant disparities in health outcomes. We know that extreme poverty, lack of care, other social determinants—they all connect with early literacy,” she says. “We want children to do more than survive. We want children and families to thrive. Early literacy makes that more likely.”

Hintze agrees. “By improving the lives of children and families in Colorado, we build stronger communities, benefiting everyone.” ■

¹⁴ Dewalt DA, et al. Literacy and health outcomes: a systematic review of the literature. *J Gen Intern Med.* 2004 Dec;19(12):1228-39. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1492599/>

¹⁵ AAP Statement, op. cit.

¹⁶ Jumpstart, “America’s Early Childhood Literacy Gap,” op. cit.

¹⁷ Annie E. Casey Foundation. Early Reading Proficiency in the United States: A KIDS COUNT Data Snapshot. Baltimore, MD: Annie E. Casey Foundation; 2014. www.aecf.org/m/resourcedoc/aecf-EarlyReadingProficiency-2014.pdf



MEREDITH HINTZE
Executive Director
Reach Out and Read Colorado

MEREDITH HINTZE has worked for the past eight years at Reach Out and Read Colorado. She provides direct support to children and families; at the state level, she focuses on facilitating systemic change through strategic partnerships and a results-based approach.

She has traveled across Colorado to collaborate with community groups, school districts, hospital administrators, state officials, medical providers and oral health care providers.

In January 2016, she was selected by Reach Out and Read National to serve as the Reach Out and Read national training project director to lead and facilitate the creation of a new Reach Out and Read training module, a tool that will be used by more than 20,000 medical providers around the country.

Hintze is a member of the 2011 Impact Denver Class. She earned her master's degree in public administration (with a concentration in nonprofit management) at the University of Colorado. She also holds bachelor degrees in psychology and Spanish from the University of Southern California. She lives in Denver with her husband and daughter.



V. FAN TAIT, MD, FAAP
Chief Medical Officer
American Academy of Pediatrics

V. FAN TAIT MD, FAAP, is a pediatric neurologist. Prior to her move to the national AAP, she was associate professor of pediatrics at the University of Utah Health Sciences Center and bureau director of Children with Special Health Care Needs for the Utah Department of Health. She served as a pediatric neurologist and medical director of neurorehabilitation at Primary Children's Medical Center and the University of Utah Medical Center for 15 years. As bureau director for CSHCN she was responsible for nine statewide programs, and she served on numerous state and national advisory boards, committees and expert panels.

She was principal investigator or co-principal investigator on several system-change grants including the Utah Medical Home Collaborative. Tait was active in the Utah Chapter of the AAP, having served as vice president, president and legislative chair. Nationally, she served as a member of the AAP Committee on State Government Affairs and as chair of the Taskforce on Newborn Hearing.

About Rocky Mountain Health Plans

Founded in Grand Junction, Colo. in 1974, as a locally owned, not-for-profit organization, Rocky Mountain Health Plans provides access to affordable, quality health care enabling its more than 229,000 members across the Western Slope to live longer, healthier lives.

About the Community

Western Colorado is creating an accountable community that uses health IT in a meaningful way, adopts value-based payment models, coordinates care and empowers patients to take charge of their health.

We aspire to ensure the following:

- High-quality health care is affordable and accessible to all.
- Those who purchase health care are assured that care is effective, safe and appropriate.
- Patient care is a team effort, with roles that are well-defined, connected and collaborative.
- Patients have access to the support and information they need to take charge of their health and make their own decisions.
- Payment reform will foster reimbursement models that support accountability for population health and resource use.

- Information technology supports population health, helping providers predict outcomes, prioritize interventions and prevent disease.
- Health data is a community resource used in a secure way to support coordinated care at the population, practice and personal levels.
- Investments in information technology and health system transformation will improve quality of life and economic well-being across the state.
- Health is a community resource that requires leadership, stewardship, individual responsibility, community support and ongoing maintenance.

For more information:



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