



COLORADO

Reach Out and Read Colorado

Overview for Clinics



What is Reach Out and Read Colorado?

25+ YEARS
in Colorado

MORE THAN 325
pediatric clinics
across the state

ALL 64
counties

Reach Out and Read Colorado (RORCO) partners with healthcare providers to improve school readiness and social-emotional skills through trusted literacy guidance and reading together.



96%

**OF CHILDREN UNDER FIVE
SEE THEIR DOCTOR AT LEAST**

ONCE A YEAR



WHY BOOKS?

The most important activity for building knowledge for eventual success in reading is reading aloud to children.



WHY BIRTH TO FIVE?

A child's brain undergoes an amazing period of development from birth to three—producing 700 new neural connections every second. And, 90% of a child's brain develops before age five.



WHY PROVIDERS?

Health care providers have early access to families & are a trusted source of health information. Making books a part of preventative visits allows health care providers to observe fine motor skills, language, literacy & parent-child interaction.

The Impact is Life-Changing

- Participating families demonstrated higher attendance rates for well visits
- 2.5X more likely to read together
- Creates space for healthy, strong bonds from infancy
- Accelerated language development by 3-6 months, increased receptive language
- Fosters resilience and reduces toxic stress
- Contributes to academic success, specifically kindergarten readiness
- Greater retention of providers due to increased provider satisfaction
- Lower rates of maternal depression

Reach Out and Read is Feasible and Effective for Adolescent Mothers: A Pilot Study

Maya M. Kumar^{1,4} · Henry R. Cowan² · Lauren Erdman³ · Miriam Kaufman¹ · Katherine M. Hick¹

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The Role of Clinic Culture in Implementation of Primary Care Interventions: The Case of Reach Out and Read

Tracy M. King, MD, MPH; Samar Muzaffar, MD, MPH; Maureen George, PhD, RN, AE-C

Objective—Reach Out and Read (ROR) is a primary care-based intervention supported by considerable evidence regarding its efficacy. Implementation of ROR, however, varies across participating sites. The objective of this study was to identify practice attributes associated with variability in ROR implementation. **Staff** found their jobs burdensome and communication lacking. They demonstrated disrespect for patients and families. In this context, they experienced difficulty integrating ROR into their daily routines. Staff at successful sites worked as a team and expressed strong commitments to their communities. Integration of

Do Book Giveaway Programs Promote Home Literacy Environment and Child Literacy-Related Behavior and Skills?

Merel de Bondt
Vrije Universiteit Amsterdam

Ingrid A. Willenberg
Australian Catholic University

Adriana G. Bus
University of Stavanger

Factors Associated With Increased Reading Frequency in Children Exposed to Reach Out and Read

Sharon Ritkin, MD; Kevin Glatt, BA; Pippa Simpson, PhD; Yumei Cao, PhD; D; Earnestine Willis, MD, MPH

Evaluating the Effect of Reach Out and Read on Clinic Values, Attitudes, and Knowledge

Heather Burton, MD; Dipesh Navsaria, MPH, MSLIS, MD

ABSTRACT

Objective: Reach Out and Read is a primary care clinic-based early childhood literacy promotion program that facilitates discussion around literacy and encourages shared reading at home. No prior studies have examined the effect of program implementation on clinic staff and clinic values, attitudes, and knowledge related to early literacy. The hypothesis of this study was that Reach Out and Read implementation not only improves early childhood literacy promotion, but also improves aspects of the clinician's work environment. Understanding the potential effects of this program on clinic staff is important, since many clinics will implement this program in the near future.

Methods: Semistructured key informant interviews were performed with 10 study clinics with Reach Out and Read and 7 control clinics. Interviews were transcribed, coded, and analyzed according to standard qualitative research protocol. Comparisons were made for differences in clinic morale and attitudes towards early childhood literacy. A secondary analysis examined practice and workplace changes in study clinics.

Results: The coded transcripts showed that clinicians at the majority of the study clinics believed that the program boosted clinic morale, increased provider satisfaction, improved patient-clinician relationships, and promoted a literacy-rich environment. Compared to clinicians in control clinics, clinicians in study clinics were more likely to report that they played a large role in promoting literacy and reported having more consistent literacy discussion in visits. Funding was the only concern mentioned consistently by clinics with Reach Out and Read.

Conclusion: Understanding potential changes that can occur in clinics because of the Reach Out and Read program is crucial to help clinics adequately prepare for the implementation process. Knowing that this program has many advantages and few disadvantages in clinics may encourage more participation. Further studies should compare clinics with Reach Out and Read to those with no interest in the program to determine if results from this study can be more broadly generalized.

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INTRODUCTION

Reach Out and Read is a primary care clinic-based program that promotes early childhood literacy through providing books and advice within pediatric well-child visits. Prior studies show that parents who participate in the program read aloud to their children more often, own more children's books, and enjoy reading together as a family more than families who do not participate.^{1,3} In addition, children participating in Reach Out and Read were found to have higher vocabulary scores and higher expressive and receptive language scores than their peers.^{4,5} These skills are crucial for children's social, cognitive, and emotional development.⁶ Despite evidence supporting Reach Out and Read, remarkably little research has been performed regarding the effect of the program on the clinic itself and staff. In 2009, King et al examined how clinic culture influenced successful program implementation, but no published research has examined the opposite: how Reach Out and Read affects clinic environment and employees.⁸

In August 2014, the American Academy of Pediatrics (AAP) released a policy statement recommending that early childhood literacy promotion be incorporated into pediatric practices and referenced Reach Out and Read as a successful evidence-based model.⁷ UW Health has funded Reach Out and Read in all of its primary care clinics that see children, although at the time of this study, not all UW Health clinics had yet implemented the program. With the

have lower frequencies of caregiver-child reading, leading to disparities in language development, vocabulary,

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interest.
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RESULTS: A total of 256 caregivers were eligible for analysis; those who reported receiving ≥ 4 books from pediatricians read to children more days per week compared to those receiving fewer books (5.07 vs 3.61, $P < .001$) and were more likely to read daily (odds ratio 3.07, 95% confidence interval 1.80–5.23). Caregivers' interest in reading, number of children's books in the home, reading as part of a bedtime routine, and number of books received from pediatricians were among the most important variables in distinguishing rarely, often, and daily reading caregivers.

CONCLUSIONS: Exposure to ROR-Milwaukee's intervention is associated with increased reading frequency. Identified variables such as reading as a bedtime routine and number of children's books in the home should be targets for future literacy-promoting interventions.

KEYWORDS: literacy; pediatricians; primary care

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Out and Read.
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frequency with
n early life.^{1,3}
Latino families
have lower frequencies of caregiver-child reading,⁷ leading to disparities in language development, vocabulary,

in child development by increasing both reading frequency and child language development in disadvantaged groups.^{9,12} This study seeks to examine the relative importance of ROR and other factors which may influence caregivers' reading frequencies and thus the development of early childhood literacy.

Reading may stimulate cognitive development more than other forms of caregiver-child interaction as reading contains a higher frequency of characteristics that are positive predictors of language development than toy play, mealtime, or dressing.¹³ Caregivers' reading aloud to children from an early age has also been associated with improved development of preschool language skills and interest in reading.¹⁴ Studies have demonstrated that shared reading as early as 6 months is associated with improved language development at 2 years and subsequent reading activities.^{1,2} Additionally,

Program Components



Developmentally appropriate NEW book

*Every Child Pediatrics
Aurora*



Trusted guidance from a health care provider (MD, DO, NP, PA)

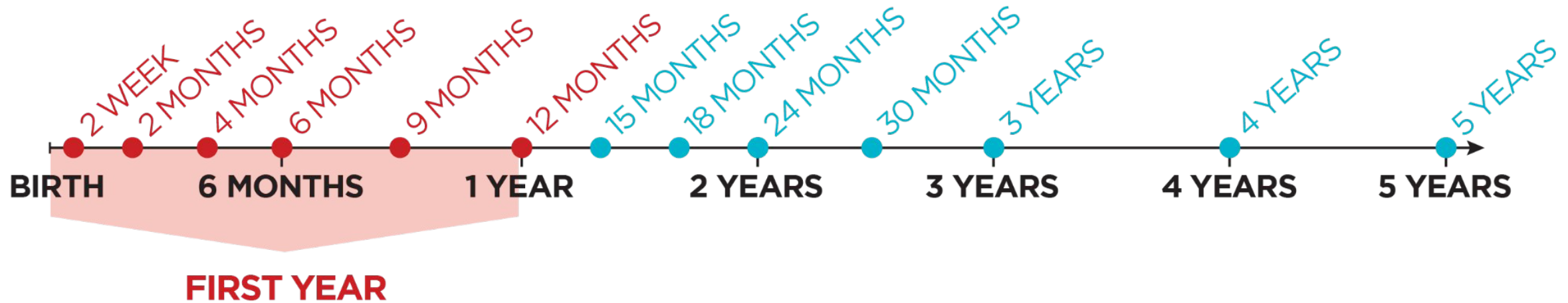
*A Kidz Clinic
Delta*



Literacy rich environment + GENTLY USED book

*Lowry Pediatrics
Denver*

Well-Child Visits



At every well-child visit starting at 2 weeks through age 5, the provider gives a developmentally appropriate brand new book, along with guidance to caregivers about the importance of reading together every day.

A glimpse into the program...



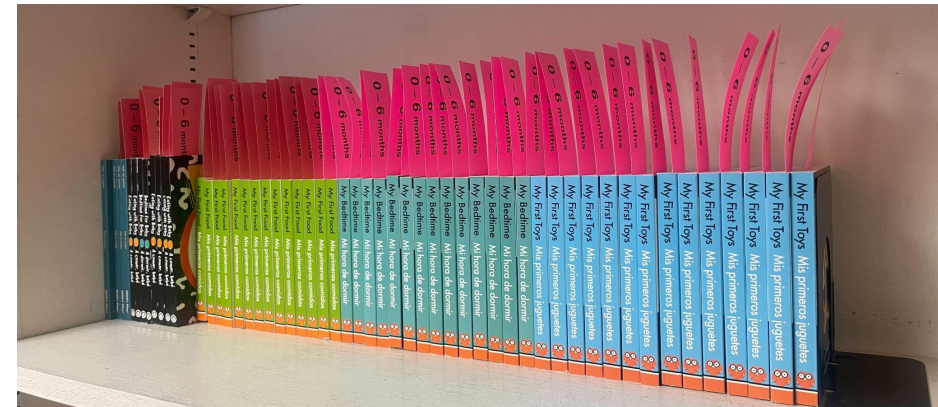
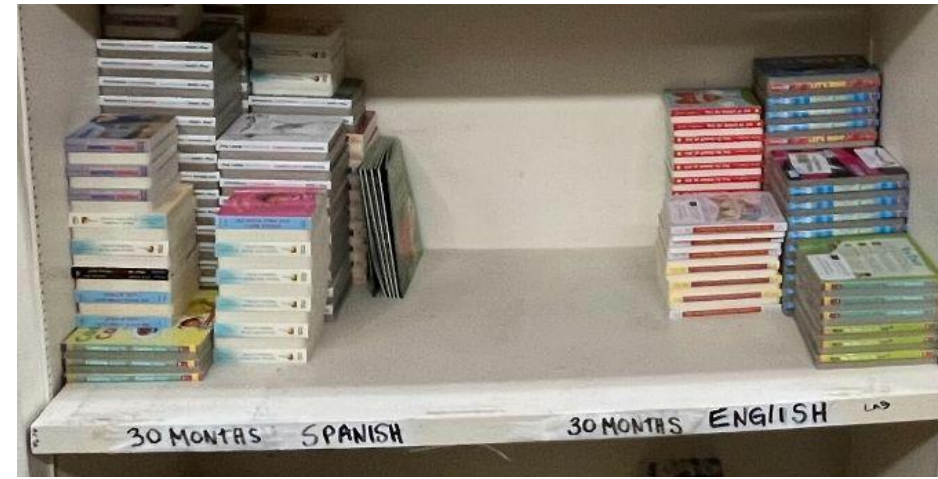
As you watch this video, think about how you see the book being incorporated into the visit.

Workflow in Your Clinic: Ordering Books

- **Who orders books?** Typically this is the ROR Primary Contact/Site Coordinator.
- If anyone in the clinic notices that book stock is low, alert the Site Coordinator. Books can take 3-4 weeks to arrive after an order is placed.
- **When?** Order on a frequency that works for your clinic (monthly, quarterly, bi-annually, etc). And if you run low in between, go ahead and place another order.
- Providers can give feedback about which books families like the most.

Workflow in Your Clinic: Organizing and Tracking Books

- Books should be organized and shelved by age and language.
- You are required to track the number of new books that are handed out at your clinic. Some example ways to track include via EMR, a tally system, or bookmark.
- Reach Out and Read Colorado needs book tracking data organized by two general age categories: 0-5 months and 6 months-5 years.



Reach Out and Read Colorado

Month: _____



Place a tally mark in the corresponding row each time you give a book at a well visit. The table is divided up by birth - 5 months well visits and 6 months - 5 year well visits to help with bi-annual RORCO data requirements.

January - June data due by Sept 1st via www.myror.org

July - December data due by March 1st via www.myror.org

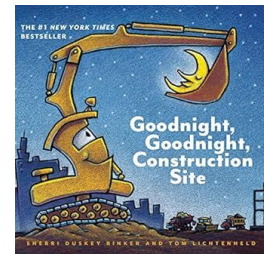
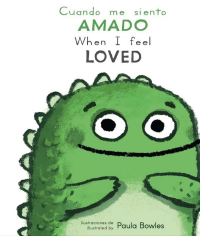
0 - 5 mos	
6 mos - 5 yrs	

Workflow in Your Clinic: How the Book Gets from the Shelves to the Child

Every child should receive a brand-new book during each well-child visit from 2 weeks through 5 years.

Who pulls the book in your clinic?

- An MA? Front desk staff? The provider?
Anyone can pull the book to prepare for the visit.



Who gives the book to the family?

- The provider who is conducting the well-child visit **must** be the one who gives the book to the family and promotes reading at home.

*At the end of the visit, the family takes the book home to read together.

Literacy-Rich Clinic Environment

- RORCO can provide gently used/donated books for your clinic.
 - These can be given to any child age 0-18 who comes into the clinic.
 - You can keep these books in your waiting room and/or exam rooms for families to enjoy and take home. You can also keep these books in the back to give to siblings, during sick visits, etc.
- RORCO can also provide wall clings with family reading tips, bookmarks, and stickers to help you create a literacy-rich environment.



To see an overview of the program in action...



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Questions? Comments?

**Thank you for all you do to
ensure every child is read aloud
to every day to build strong
foundations for success!**



**Reach
Out
& Read®**



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