PROGRESS REPORTING AND PROGRAM EVALUATION

In this chapter, we will discuss several different kinds of evaluation, all important. The National Center collects information about the scope and shape and progress of individual ROR programs through progress reporting. Individual site coordinators need a way to examine their sites, benchmark their progress, and look for areas that need improvement. And beyond all that, of course, we are all interested in ways of looking at the program itself and trying to measure the effects and outcomes of the intervention.

That final kind of evaluation, which is referred to as “outcomes” research, is often very important to people at every level—from the medical staff and medical providers who want to know the effect of all the extra effort they are making, to the foundations and government agencies which provide Reach Out and Read with funding. However, outcomes research usually requires a large research budget and careful academic oversight to yield meaningful results. The National Center maintains a summary of current research supporting the ROR intervention. A copy of that is included in this chapter, along with a supporting statement about program assessment.

Outcomes research should not be confused with the kind of site-specific “process evaluation” that helps keep individual programs performing to high quality standards—or even with the evaluation and reporting that we can do on a national basis to improve our work with the Reach Out and Read model. In this section, we discuss progress reporting and also some of the tools available to you for program evaluation. We all need to understand these different levels of evaluation, and get comfortable collecting the right kinds of data for program needs—and referring to published studies and data analyzed by others in other situations.

ROR Progress Reports: Helping the National Center Understand the Nationwide Picture

Each ROR program using the ROR name is required to file a brief report form to the National Center every six months. After your program has been up and running for six months, progress report forms will be made available to you in January and July. Most sites now complete these forms online with their unique ROR site ID and password, but they can also be filled out on paper and mailed or faxed to the National Center; they are very brief and can be completed in about 15 or 20 minutes. In order to accurately identify the number of patients you currently serve between the ages of six months and five years of age, you might need to communicate with your administrative office during the
reporting process. Your reporting is crucial: it enables us to understand the size and scope of ROR nationwide, and helps us identify strengths and areas that need attention at a local or national level.

For progress reporting you will need some of the following information at hand:

- Number of well-child visits for 6 months to five year old children in your clinic in the last six months
- Information on numbers of eligible visits and books at satellite programs you support
- Number of books distributed (last six months) to participating children
- Number of providers currently providing ROR in your clinic
- Number of volunteers participating
- Amount of cash raised for your ROR program in the last six months
- In-kind donations of books and non-books contributions to the program
- Average income of patients’ families in relation to the Federal Poverty Level (http://aspe.hhs.gov/poverty/06poverty.shtml)
- Ethnic breakdown and languages spoken by patient population

In order to access the progress report online, login at myror.org. To log into the reports section, you will be required to enter your site’s ID and password, both of which are provided by the ROR National Center. In addition to completing your progress report, from this “password-protected” section of the website, you will also be able to see previously submitted reports, complete and submit Site Observation Scales and Medical Provider Surveys, manage satellite details, and update your site’s contact information as needed.

A new feature of myror.org is that as a ROR program coordinator, you now have the ability indicate whether or not you would like to be contacted by potential volunteers, donors, or staffers interested in setting up a site visit with a local legislator. For example, if you indicate that your program is accepting volunteers, then the name of your site will be included in a list available on www.reachoutandread.org, and potential volunteers will be able to send you a blind email. These preferences can be changed at any time.

The ROR Progress Report includes a very important “Contact Update” page and a brief (approximately one page) series of questions pertaining to program activity over the previous six months. Online, this page can be updated using your password at any time. For example, you will be asked how many books were distributed and how many children were served in well-child visits during the period; how many providers have been trained, and how many are actively participating in the program; and how many
volunteer hours have been donated. You may also be asked about the number of adult literacy referrals made, or your opinion on National Center services. We ask that you explain to us, where applicable, any large discrepancy between the number of health supervision visits and the number of books distributed. Additionally, we ask for demographic data (income, language, and ethnicity) of the patient population. This data is not a requirement for submitting the progress report if it is unavailable.

The Progress Report also asks coordinators to choose if they would like to have their award deposited into their Scholastic prepaid account, or if they would prefer to be reimbursed for book purchases made from book vendors.

At this time, ROR progress reporting is directly tied to eligibility for sustainability book funding from the National Center. A pattern of consistent progress reporting and use of one of the quality assessment tools described below will become increasingly important in the distribution of National Center funds to ROR programs in the future. In some rounds of progress reporting, we may ask you to complete a brief quality assurance survey.

We appreciate the effort that you put into collecting and tracking the information needed to make your progress reports as accurate as possible; the cumulative answers of our site coordinators go directly into the larger reports we prepare for the federal government and for other funders on the progress and achievements of Reach Out and Read. Surveys, to be completed by the ROR Medical Director at each site, are included with progress reports once a year to help us gather data on the program from the point of view of the physicians.

Site Observation and Quality Improvement: Benchmarking Your Site and Troubleshooting Problems

We also understand that many coordinators want or need to look closely at different aspects of their programs for purposes of quality assessment and improvement (QA or QI). The National Center currently offers several tools to help coordinators and medical providers assess their program implementation—known as “process evaluation.”

- The Site Observation Rating Scale looks at the main components of the ROR model and how well they are being implemented. This tool is particularly useful for coordinators who oversee large programs or multiple sites. It is also designed so that coalition leaders or multi-site coordinators can consistently observe sites for which they provide funding and support. This and other useful tools are available in the Program Evaluation section of the main ROR website, along with progress report forms. www.reachoutandread.org

- A ROR Parent Survey has been developed to gather feedback about the program in the waiting area from participating parents. Because of strict new federal HIPPA...
and hospital Internal Review Board requirements, if you plan to use this tool—or if you are developing a QI/QA instrument of your own related to your ROR program—we recommend that you review the form you intend to use with your clinic or hospital administrator. In general, it is easier to get permission to use a tool such as the ROR Parent Survey, which does not identify or track parents or children in any way.

- The Medical Provider Survey seeks ROR providers’ assessment on how they and their colleagues are implementing the Reach Out and Read program in their practice. The ROR Medical Director is asked to complete the survey once each year, during one of the site’s progress reporting periods. This survey is administered and analyzed by the National Center; summary results of the survey are reported in the National Center’s quarterly Programs Newsletter and, in future, will be posted on the main ROR website.

Each of these three process evaluation tools focuses on the success of implementing the three components of the ROR model: books, anticipatory guidance and the waiting room environment/volunteers. We will periodically gather this information from a random group of sites to create “benchmark scores” to which you can compare your program.
One of the most important factors contributing to Reach Out and Read expansion is that published peer-reviewed evidence has accumulated to show its effectiveness. When Reach Out and Read started, physicians and others at pediatric primary care sites gave books to children because they “believed” it was a good thing to do, based on their perception that many low-income families do not have books in their homes, combined with their clinical experience that many low-income children encounter learning difficulties in the early years of school. The hope was that if books were in the home, parents might be more likely to read to their children, which educational experts agree is an essential precursor for the development of school readiness skills, including language proficiencies and early literacy skills.

Research data gathered and published over the past ten years support Reach Out and Read’s effectiveness. As a matter of fact, First Lady Laura Bush’s special support for the program, is grounded in her knowledge that this is more than a good idea; it is an evidence-based intervention of proven effectiveness. Reach Out and Read can thus be compared to immunization; they are two of the only truly “evidence-based” strategies to promote health in primary care pediatrics.

The research findings can be summarized succinctly. Eight studies from different sites show that among families who participated in Reach Out and Read, parents were much more likely to read to their young children than among comparable families who did not receive the intervention. Some studies showed an extraordinary four- to eight-fold increase in parents reading to their children compared to parents who were not involved in Reach Out and Read. More specifically, two recent studies have shown a link between Reach Out and Read and improved child language skills. Specifically, one of the studies, after controlling for confounding variables, found an increase of 8.6 points in One-Word Picture Vocabulary Test scores for receptive language and 4.3 points for expressive language in children receiving the intervention. For a two-year-old, this represents an approximately six-month increase in the child’s language skills. The researchers demonstrated a “dose response effect” in which the more contacts with Reach Out and Read a child had, the higher his expressive and receptive language scores. This change in trajectory of language acquisition goes a long way towards ensuring that when children enter school they will be ready to learn.
Findings from the evaluation of Reach Out and Read support a broader research framework and emerging evidence-based understanding of brain development and early learning. First, evidence of the program’s effectiveness can be related to research which shows that one of the most important effects of early reading aloud is to stimulate verbal language development. Since studies have consistently shown that Reach Out and Read actually increases parent reading aloud, one would expect to find that it has effects on child language. Even more important, preschool language ability is one of the most important predictors of later reading success. Second, findings have been consistently replicated in multiple clinical sites. All the studies, in varying locations, and with varying study designs, control groups, and child literacy measures, have shown a positive effect from the intervention. On the basis of these criteria, Reach Out and Read can be considered, when implemented as described, to be an effective intervention to increase parents reading to their children and subsequently improve language skills.

We do not believe Reach Out and Read needs to be evaluated for each new program. To do a proper evaluation involves a minimum of one-third of the cost of the intervention, which is expensive and again of questionable need given the present state of the data. Reach Out and Read is now an evidenced-based best practice for low-income children; evaluation should focus on compliance with the model. Reach Out and Read needs to be implemented appropriately to ensure effectiveness. In this regard, we recommend that evaluation be conducted to ensure effective implementation. Programs should rigorously evaluate whether:

1. Pediatricians, PNPs, or family physicians are giving books to children at each visit. ROR is not a simple book giveaway; the book must come from the provider.

2. The pediatrician, PNP, or family physician gives age-appropriate advice to parents.

3. Volunteer readers in the waiting room model reading behaviors for parents (unless sites are considered by the National Center to be inappropriate for this activity).

If Reach Out and Read is implemented according to the evidence-based and well-tested model, we would expect the proven positive outcomes for low-income children.
Efficacy of Pediatric Office-Based Interventions to Support Literacy Development

A body of research has accumulated to show that according to the Reach Out and Read (ROR) model, when pediatricians promote literacy, provide anticipatory guidance about the importance of reading to young children, and give an age-appropriate book for the children to take home, there is a significant effect on parental behavior, beliefs, and attitudes toward reading aloud. In addition, several studies have shown improvements in the language scores of young children receiving intervention.

The following studies have been published in peer-reviewed, scientific journals:

<table>
<thead>
<tr>
<th>STUDY</th>
<th>N*</th>
<th>MAIN FINDINGS</th>
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<tbody>
<tr>
<td>Needlman 1991* Boston, MA</td>
<td>79</td>
<td>Among parents in a primary care waiting room, those who had been given books and guidance were four times more likely to report reading aloud or doing it in the last 24 hours.</td>
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<tr>
<td>High 1998* Providence, RI</td>
<td>151</td>
<td>Comparing parents in clinic before ROR was instituted, versus after, there was approximately four times increase in literacy orientation (reading aloud as a favorite activity, or as a regular bedtime activity, or reading aloud more than 3x/week) in the “after” group.</td>
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<td>Golova 1998* Providence, RI</td>
<td>135</td>
<td>In this study, families were randomly chosen to receive books and guidance, or usual care. After 10 weeks, parents were surveyed. There was a ten times increase in parents reading aloud 3 nights/week, and large, statistically-significant increases in “favorite activity” and other measures.</td>
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<tr>
<td>High 2000* Providence, RI</td>
<td>205</td>
<td>A group of parents randomly chosen to get ROR guidance and books had significantly higher literacy orientation (as defined above), compared to a control group that got usual care. Among children 18 months and older, there were also significant increases in language scores using a modified standard language assessment, both for speaking and understanding. Language development is crucial for successful reading acquisition.</td>
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<tr>
<td>Sanders 2000* Palo Alto, CA</td>
<td>122</td>
<td>Among Spanish speaking, immigrant families, those who had been exposed to ROR reported a doubling in the rate of frequent book sharing, defined as reading aloud 3 or more days per week.</td>
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<tr>
<td>Jones 2000* Louisville</td>
<td>352</td>
<td>Parents given books and guidance were twice as likely to report reading aloud as a favorite activity, and rated the pediatrician as significantly more “helpful” than did a comparison group of parents.</td>
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<td>Mendelsohn 2001* NYC</td>
<td>122</td>
<td>One urban clinic had ROR for three years; another which was similar in all other respects, did not have ROR in place. Reading aloud by parents, and children’s book ownership were significantly higher in the ROR clinic. What’s more, scores on standardized vocabulary test were significantly higher in the ROR clinic — 8.6 points higher for receptive language (understanding words) and 4.3 points higher for expressive (picture naming), both large, meaningful effects.</td>
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<td>Sharif 2002* NYC</td>
<td>200</td>
<td>Comparison between two similar clinics in the South Bronx, one with ROR for 3 years, one with ROR for 3 months; otherwise, very similar. Receptive vocabulary (One-Word Picture Vocabulary Tests) was higher (average 81.5 versus 74.3) at the ROR site; parents scored higher on the STIQ reading section (more frequent reading aloud, more book ownership) and on the Literacy Orientation questions (book as favorite activity, and bedtime activity).</td>
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<tr>
<td>Silverstein 2002* Seattle, WA</td>
<td>180</td>
<td>This study sought to determine ROR’s effectiveness among non-English speaking families in a Seattle pediatrics clinic, with patient families of East African and Southeast Asian origin. Using a pre-/post-design, the study showed improved self-reports of home reading attitudes and practices among both English and non-English speaking families given English language books as part of ROR.</td>
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<tr>
<td>Weltzman 2004* New Haven, CT</td>
<td>137</td>
<td>Families with children 18-30 months were studied with waiting room interviews and home visits to determine the effect of ROR on a Child Home Literacy Index and on the HOME measure of the home environment; after adjusting for multiple confounders, ROR was found to contribute positively to a child’s home literacy environment; more frequent ROR encounters had a greater impact.</td>
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*N= number of subjects enrolled (over, for references)
Reference List


